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# 13 Mental health management

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### Attachment tables

Attachment tables are identified in references throughout this chapter by a '13A' prefix (for example, table 13A.1) and are available from the website [www.pc.gov.au/rogs/2018](http://www.pc.gov.au/rogs/2018).

This chapter reports on the Australian, State and Territory governments' management of mental health and mental illnesses. Performance reporting focuses on State and Territory governments' specialised mental health services, and mental health services subsidised under the Medicare Benefits Schedule (MBS) (provided by General Practitioners (GPs), psychiatrists, psychologists and other allied health professionals).

Further information on the Report on Government Services including other reported service areas, the glossary and list of abbreviations is available at [www.pc.gov.au/rogs/2018](http://www.pc.gov.au/rogs/2018).

## 13.1 Profile of mental health management

Mental health relates to an individual's ability to negotiate the daily challenges and social interactions of life without experiencing undue emotional or behavioural incapacity (DHAC 1999). The World Health Organization describes positive mental health as:

... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001).

Mental illness is a term that describes a diverse range of behavioural and psychological conditions. These conditions can affect an individual's mental health, functioning and

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quality of life. Each mental illness is unique in its incidence across the lifespan, causal factors and treatments.

## Service overview

There are a range of services provided or funded by Australian, State and Territory governments that are specifically designed to meet the needs of people with mental health issues; the key services are:

- MBS subsidised mental health specific services that are partially or fully funded under Medicare on a fee-for-service basis and are provided by GPs, psychiatrists, psychologists or other allied health professionals under specific mental health items.
- State and Territory government specialised mental health services (treating mostly low prevalence, but severe, mental illnesses), which include:
  - Admitted patient care in public hospitals — specialised services provided to inpatients in stand-alone psychiatric hospitals or psychiatric units in general acute hospitals.
  - Community-based public mental health services, comprising:
    - ... ambulatory care services provided by outpatient clinics (hospital and clinic based), mobile assessment and treatment teams, day programs and other services dedicated to assessment, treatment, rehabilitation and care
    - ... residential services that provide beds in the community, staffed onsite by mental health professionals.
- Not-for-profit, non-government organisation (NGO) services, funded by the Australian, State and Territory governments to provide community-based support for people with psychiatric disability, including accommodation, outreach to people living in their own homes, residential rehabilitation units, recreational programs, self-help and mutual support groups, carer respite services and system-wide advocacy (DoHA 2010).
- A staged implementation of the National Disability Insurance Scheme (NDIS) began in July 2013. People with a psychiatric disability who have significant and permanent functional impairment will be eligible to access funding through the NDIS. In addition, people with a disability other than a psychiatric disability, may also be eligible for funding for mental health-related services and support if required.

There are also other health services (for example, services for people with disability) provided and/or funded by governments that make a significant contribution to the mental health treatment of people with a mental illness, but are not specialised or specific mental health services. Information on these non-specialised services provided in hospitals can be found in *Mental Health Services in Australia* (AIHW 2017a).

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## Roles and Responsibilities

State and Territory governments are responsible for the funding, delivery and/or management of specialised mental health services including inpatient/admitted care in hospitals, community-based ambulatory care and community-based residential care.

The Australian Government is responsible for the oversight and funding of a range of mental health services and programs that are primarily provided or delivered by private practitioners or NGOs. These services and programs include MBS subsidised services provided by GPs (under both general and specific mental health items), private psychiatrists and allied mental health professionals, Pharmaceutical Benefits Scheme (PBS) funded mental health-related medications and other programs designed to prevent suicide or increase the level of social support and community-based care for people with a mental illness and their carers. The Australian Government also funds State and Territory governments for health services, most recently through the approaches specified in the National Health Reform Agreement (NHRA) which includes a mental health component.

A number of national initiatives and nationally agreed strategies and plans underpin the delivery and monitoring of mental health services in Australia including:

- the *Mental Health Statement of Rights and Responsibilities* (Australian Health Ministers 1991)
- the *National Mental Health Policy 2008*
- the *National Mental Health Strategy* (DoH 2014)
- five-yearly National Mental Health Plans, the most recent of which — the *Fifth National Mental Health and Suicide Prevention Plan* – was endorsed by the COAG Health Council on 4 August 2017.

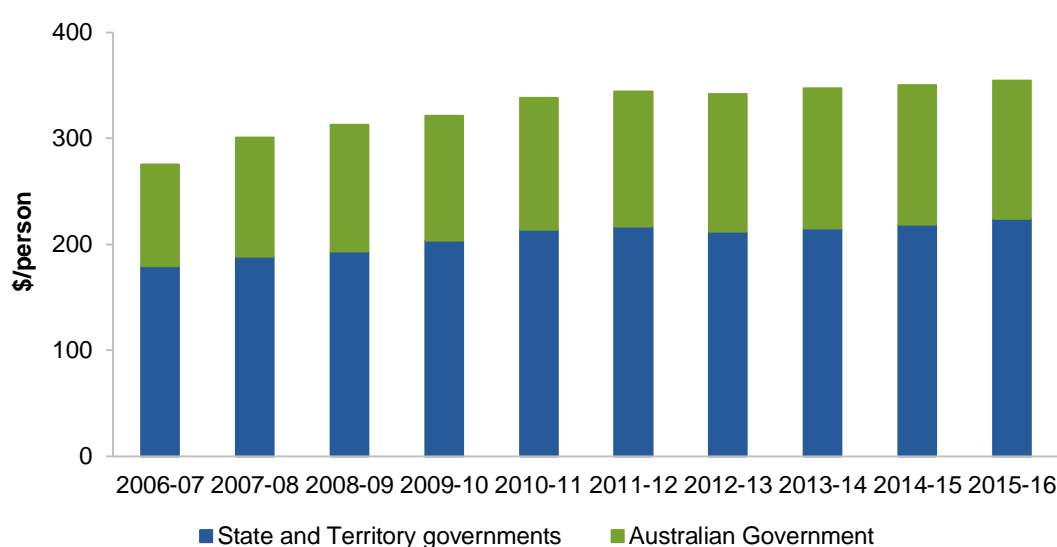
## Funding

Nationally, real government recurrent expenditure of around \$8.5 billion was allocated to mental health services in 2015-16, equivalent to \$354.79 per person in the population (table 13A.1 and figure 13.1). State and Territory governments made the largest contribution (\$5.4 billion or 63.1 per cent, which includes Australian Government funding under the NHRA), with Australian Government expenditure of \$3.1 billion (table 13A.1).

Expenditure on MBS subsidised services was the largest component of Australian Government expenditure on mental health services in 2015-16 (\$1.1 billion or 36.0 per cent) (table 13A.2). This comprised MBS payments for psychologists and other allied health professionals (16.5 per cent), consultant psychiatrists (10.9 per cent) and GP services (8.6 per cent) (table 13A.2). Another significant area of Australian Government expenditure on mental health services in 2015-16 was expenditure under the PBS for mental-health related medications (\$548.6 million) (table 13A.2).

Nationally, expenditure on admitted patient services is the largest component of State and Territory governments' expenditure on specialised mental health services (\$2.4 billion or 44.1 per cent) in 2015-16, followed by expenditure on community-based ambulatory services (\$2.0 billion or 37.6 per cent) (table 13A.3). State and Territory governments' expenditure on specialised mental health services, by source of funds and depreciation (which is excluded from reporting) are in tables 13A.4 and 13A.5 respectively.

**Figure 13.1 Real recurrent governments' expenditure on mental health services, by funding source (2015-16 dollars)<sup>a</sup>**



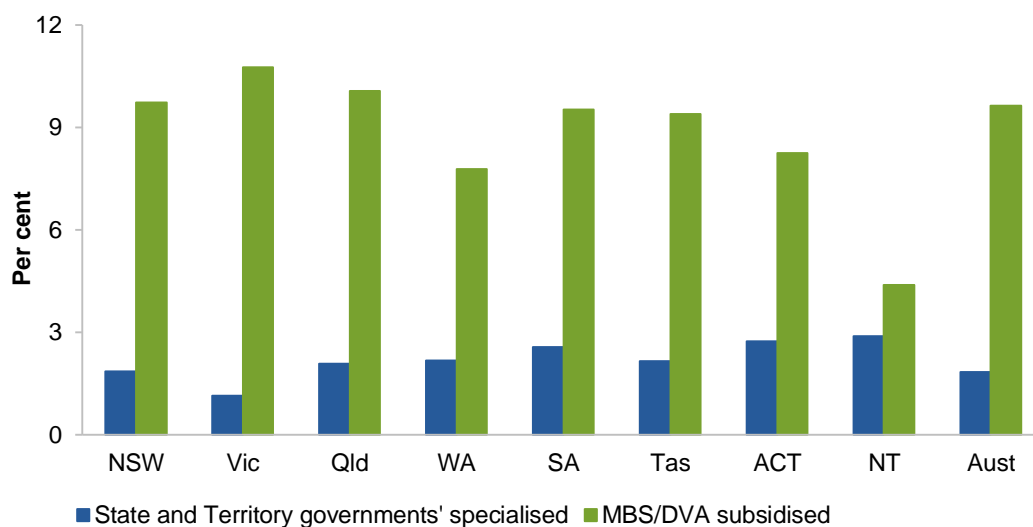
<sup>a</sup> See table 13A.1 for detailed footnotes and caveats.

Source: Department of Health (unpublished); Australian Institute of Health and Welfare (AIHW) (unpublished) Mental Health Establishments (MHE) National Minimum Data Set (NMDS); table 13A.1.

## Size and scope of sector

In 2015-16, 1.8 per cent and 9.6 per cent of the total population received State and Territory governments' specialised mental health services and MBS/ Department of Veterans' Affairs (DVA) services, respectively (figure 13.2). While the proportion of the population using State and Territory governments' specialised mental health services has remained relatively constant, the proportion using MBS/DVA services has increased steadily over time from 5.9 per cent in 2008-09 to 9.6 per cent in 2015-16 (table 13A.7). Much of this growth has come from greater utilisation of GP mental health specific services (from 4.4 per cent to 7.9 per cent) and other allied health services (1.7 per cent to 3.0 per cent) over that period (table 13A.7).

Figure 13.2 **Population receiving mental health services, by service type, 2015-16<sup>a</sup>**



<sup>a</sup> See table 13A.7 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished) derived from data provided by State and Territory governments and Australian Government, Department of Health and DVA; ABS (unpublished) Estimated Residential Population, 30 June (prior to relevant period); table 13A.7.

Information on the proportion of *new* consumers who accessed State and Territory governments' specialised and MBS subsidised mental health services are available in tables 13A.8–9.

### MBS subsidised mental health services

In 2015-16, GPs provided 3.2 million MBS subsidised specific mental health items. A further 7.4 million MBS subsidised mental health services were provided by psychiatrists (2.4 million), psychologists (4.7 million) and allied health professionals (0.4 million). Service usage rates varied across states and territories (table 13A.10).

### State and Territory governments' specialised mental health services

Across states and territories, the mix of admitted patient and community-based services and care types can differ. As the unit of activity varies across these three service types, service mix differences can be partly understood by considering items which have comparable measurement such as expenditure (table 13A.3), numbers of full time equivalent (FTE) direct care staff (table 13A.11), accrued mental health patient days (table 13A.12) and mental health beds (table 13A.13).

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Additional data are also available on the most common principal diagnosis for admitted patients, community-based ambulatory contacts by age group and specialised mental health care by Indigenous status in *Mental Health Services in Australia* (AIHW 2017a).

### Government funded not-for-profit, NGO services

Support services for people whose lives are affected by mental illness are transitioning to the NDIS. By 2019-20, all clients and care recipients will have transitioned to the NDIS or continuity of support arrangements, and Personal Helpers and Mentors and Mental Health Respite Carer Support will be closed (DSS 2016). Historical participation data are available in table 13A.14.

## 13.2 Framework of performance indicators

Box 13.1 describes the vision and objectives for mental health services. The vision and objectives draw on governments' broad objectives as expressed in the *National Mental Health Policy 2008* and the *Fifth National Mental Health and Suicide Prevention Plan*.

### Box 13.1 Objectives

Mental health services aim to:

- promote mental health and wellbeing, and where possible prevent the development of mental health problems, mental illness and suicide, and
- when mental health problems and illness do occur, reduce the impact (including the effects of stigma and discrimination), promote recovery and physical health and encourage meaningful participation in society, by providing services that:
  - are high quality, safe and responsive to consumer and carer goals
  - facilitate early detection of mental health issues and mental illness, followed by appropriate intervention
  - are coordinated and provide continuity of care
  - are timely, affordable and readily available to those who need them
  - are sustainable.

Governments aim for mental health services to meet these objectives in an equitable and efficient manner.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of mental health services (figure 13.3).

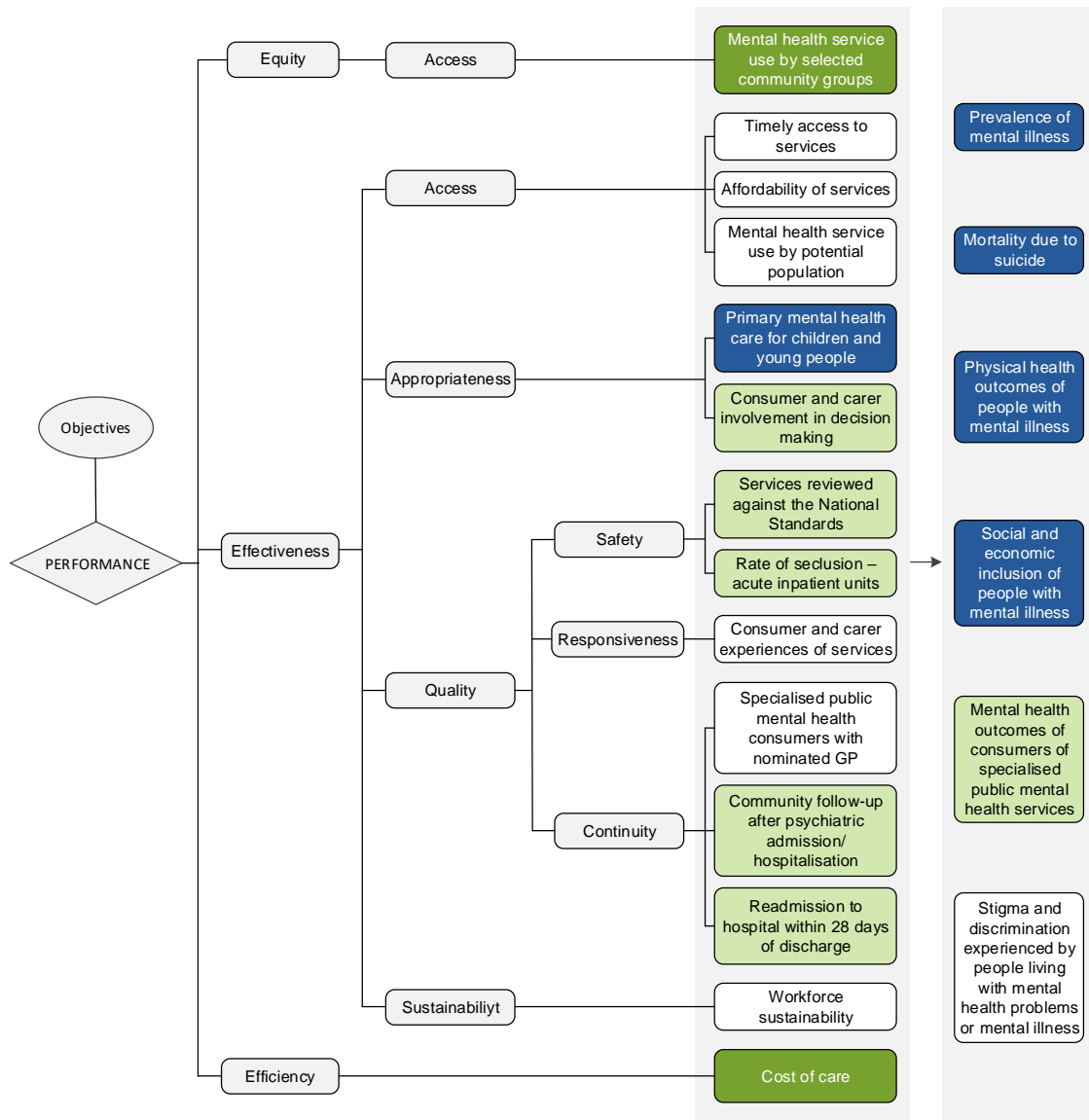
The performance indicator framework shows which data are complete and comparable in the 2018 Report. For data that are not considered directly comparable, text includes relevant

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caveats and supporting commentary. Chapter 1 discusses data comparability, data completeness and information on data quality from a Report wide perspective. In addition to section 13.1, the Report's statistical context chapter (chapter 2) contains data that may assist in interpreting the performance indicators presented in this chapter. Chapters 1 and 2 are available from the website at [www.pc.gov.au/rogs/2018](http://www.pc.gov.au/rogs/2018).

Improvements to performance reporting for mental health services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

Figure 13.3 Mental health management performance indicator framework



Key to indicators\*

- Text Most recent data for all measures are comparable and complete
- Text Most recent data for at least one measure are comparable and complete
- Text Most recent data for all measures are either not comparable and/or not complete
- Text No data reported and/or no measures yet developed

\* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the chapter

### 13.3 Key performance indicator results

Different delivery contexts, locations and types of consumers can affect the equity, effectiveness and efficiency of mental health management services.



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## Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1). Output information is critical for equitable, efficient and effective management of government services.

### Equity

#### *Access — mental health service use by selected community groups*

‘Mental health service use by selected community groups’ is an indicator of governments’ objective to provide mental health services in an equitable manner (box 13.2).

#### **Box 13.2 Mental health service use by selected community groups**

‘Mental health service use by selected community groups’ is defined by two measures:

- the proportion of the population in a selected community group using the service, compared to the proportion of the population outside the selected community group, for each of:
  - State and Territory governments’ specialised public mental health services
  - MBS subsidised mental health services.

The selected community groups reported are Aboriginal and Torres Strait Islander Australians, people from outer regional, remote and very remote locations and people residing in low socioeconomic areas.

Results for this indicator should be interpreted with caution. Variations in use could be due to variations in access, but could also be a result of differences in the prevalence of mental illness. It also does not provide information on whether the services are appropriate for the needs of the people receiving them, or correctly targeted to those most in need.

Data reported for the State and Territory governments’ specialised public mental health services’ measure:

- may not be comparable (subject to caveats) within jurisdictions over time and may not be comparable across jurisdictions
- are complete (subject to caveats) for the current reporting period. All required 2015-16 data are available for all jurisdictions.

Data reported for the MBS subsidised mental health services measure are:

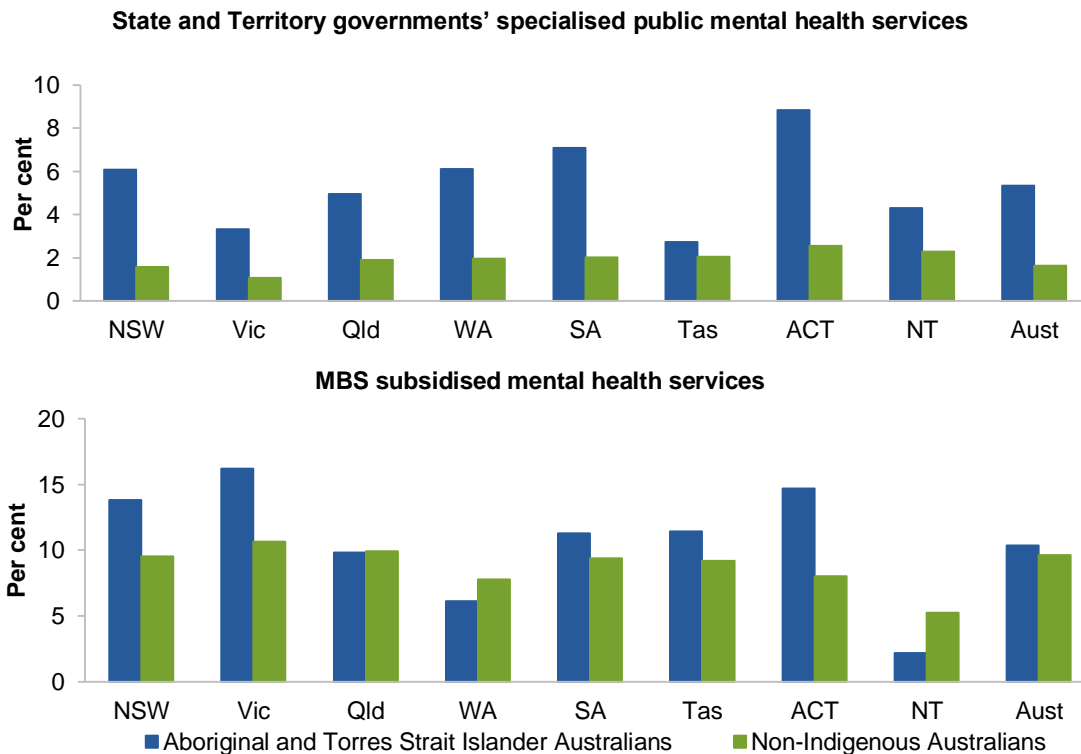
- comparable (subject to caveats) across jurisdictions, but a break in series means that data from 2011-12 onwards by geographic location and Socio-Economic Indexes for Areas (SEIFA) are not comparable to data for previous years’
- complete (subject to caveats) for the current reporting period. All required 2015-16 data are available for all jurisdictions.

While a higher proportion of the population access MBS subsidised mental health services than State and Territory governments’ specialised mental health services, the pattern of

service use across the selected community groups differs. For State and Territory governments specialised public mental health services, across all the selected community groups, higher proportions of people within these groups (Aboriginal and Torres Strait Islander Australians, people from outer regional, remote and very remote areas and people residing in low socioeconomic areas) access these services than those outside these groups (figure 13.4 and table 13A.15–17).

For MBS subsidised mental health services the results are mixed. Nationally, a similar proportion of Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians accessed these services (figure 13.4), likewise for people across different socioeconomic areas (table 13A.15). Results varied across states and territories. However, for people in outer regional, remote and very remote areas, the proportions accessing MBS subsidised services were lower than for people in inner regional and major cities, both nationally and across all states and territories (table 13A.17).

**Figure 13.4 Population using mental health services, by Indigenous status and service type, 2015-16<sup>a</sup>**



<sup>a</sup> See box 13.2 and table 13A.16 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished) derived from data provided by State and Territory governments, Department of Health and DVA; ABS (unpublished) Estimated Residential Population, 30 June (prior to relevant period); table 13A.16.

Data on the use of private hospital mental health services are also contained in tables 13A.16–17 and 13A.7.

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## Effectiveness

### *Access — timely access to services*

‘Timely access to services’ is an indicator of governments’ objective to provide access to services in a timely manner (box 13.3).

#### **Box 13.3 Timely access to services**

‘Timely access to services’ concerns the wait times and response times consumers experience when seeking mental health services. The time it takes to access mental health services, particularly in emergency situations, may have serious implications for patient outcomes. Ideally, mental health service consumers would receive prompt attention in emergencies, as well as reasonable wait times for other non-emergency referrals.

A short or decreasing wait time or response time when consumers seek mental health services is desirable.

Agreed measures and data are not yet available for reporting against this indicator.

### *Access — affordability of mental health care*

‘Affordability of mental health care’ is an indicator of governments’ objective to provide services that are affordable (box 13.4).

#### **Box 13.4 Affordability of mental health care**

‘Affordability of mental health care’ is defined by three measures:

- The proportion of people with a mental health condition who delayed seeing or did not see a GP for their mental health condition at any time in the previous 12 months due to cost.
- The proportion of people with a mental health condition who delayed filling or did not fill a prescription for their mental health condition at any time in the previous 12 months due to cost.
- The proportion of people with a mental health condition who delayed seeing or did not see a psychologist, psychiatrist or other allied health professional for their mental health condition at any time in the previous 12 months due to cost.

A low or decreasing proportion for each measure is desirable.

Data are not yet available for reporting against this indicator.

### *Access — mental health service use by the potential population*

‘Mental health service use by potential population’ is an indicator of governments’ objective to provide services that are readily available to those who need them (box 13.5).

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**Box 13.5 Mental health service use by the potential population**

‘Mental health service use by the potential population’ is defined as the proportion of the potential population using a mental health service.

A high or increasing proportion of the relevant estimated potential population using a particular service suggests greater access to that service. However, not all people in the estimated potential population will need the service or seek to access the service in the relevant period.

Data are not yet available for reporting against this indicator.

*Appropriateness — primary mental health care for children and young people*

‘Primary mental health care for children and young people’ is an indicator of governments’ objective to facilitate early detection of mental health issues and mental illness, followed by appropriate intervention (box 13.6).

**Box 13.6 Primary mental health care for children and young people**

‘Primary mental health care for children and young people’ is defined as the proportion of young people aged under 25 years who received a mental health care service subsidised through the MBS from a GP, psychologist or an allied health professional.

High or increasing proportions of young people who had contact with MBS subsidised primary mental health care services is desirable.

Results for this indicator should be interpreted with caution. Variations in use could be due to variations in access, but could also be a result of differences in the prevalence of mental illness. In addition, this indicator does not provide information on whether the services are appropriate for the needs of the young people receiving them, or correctly targeted to those young people most in need. Further, some primary mental health services for children and young people are excluded from these data; for example, community health centres, school and university counsellors and health nurses and some mental health care provided by State and Territory governments’ specialised mental health services (NMHPSC 2011a).

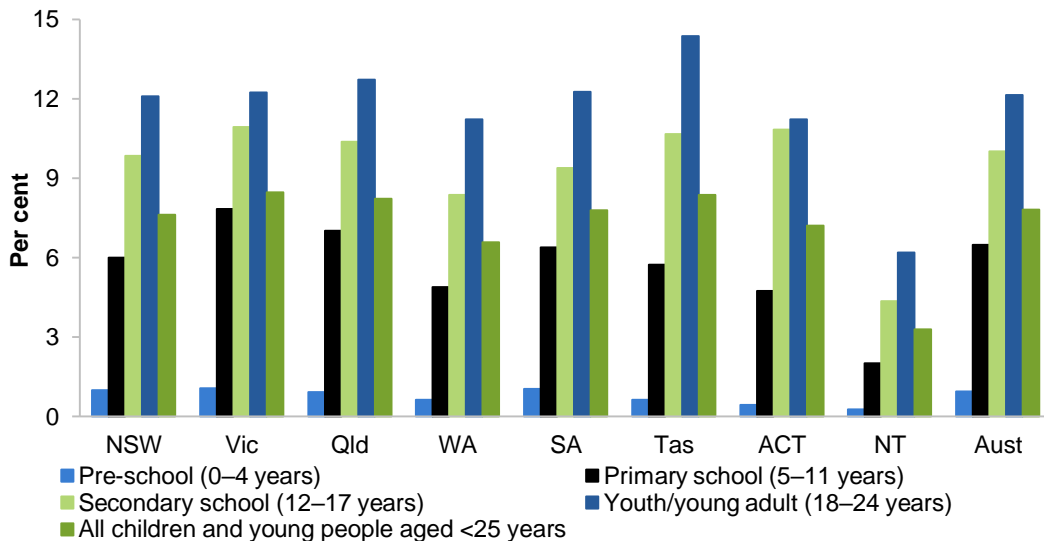
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

The proportion of all children and young people who receive MBS subsidised primary mental health care services has increased gradually over time (table 13A.18). The proportion increases as age increases; with the highest proportion for young people aged 18–24 years (12.2 per cent of this population receiving these primary mental health care services nationally in 2016-17) (figure 13.5). The proportion of young females who had contact with MBS subsidised primary mental health care services is higher than that of males across all

years reported (table 13A.19) Data by Indigenous status, SEIFA, and service type are available in tables 13A.19–20.

**Figure 13.5 Children and young people who received MBS subsidised primary mental health care, by age group, 2016-17<sup>a</sup>**



<sup>a</sup> See box 13.6 and table 13A.18 for detailed definitions, footnotes and caveats.

Source: Australian Government Department of Health (unpublished); table 13A.18.

### *Appropriateness — consumer and carer involvement in decision making*

‘Consumer and carer involvement in decision making’ is an indicator of governments’ objective to provide universal access to services that are responsive to consumer and carer goals (box 13.7).

#### **Box 13.7 Consumer and carer involvement in decision making**

‘Consumer and carer involvement in decision making’ is defined by two measures, the number of paid FTE:

- consumer staff per 1000 FTE direct care staff
- carer staff per 1000 FTE direct care staff.

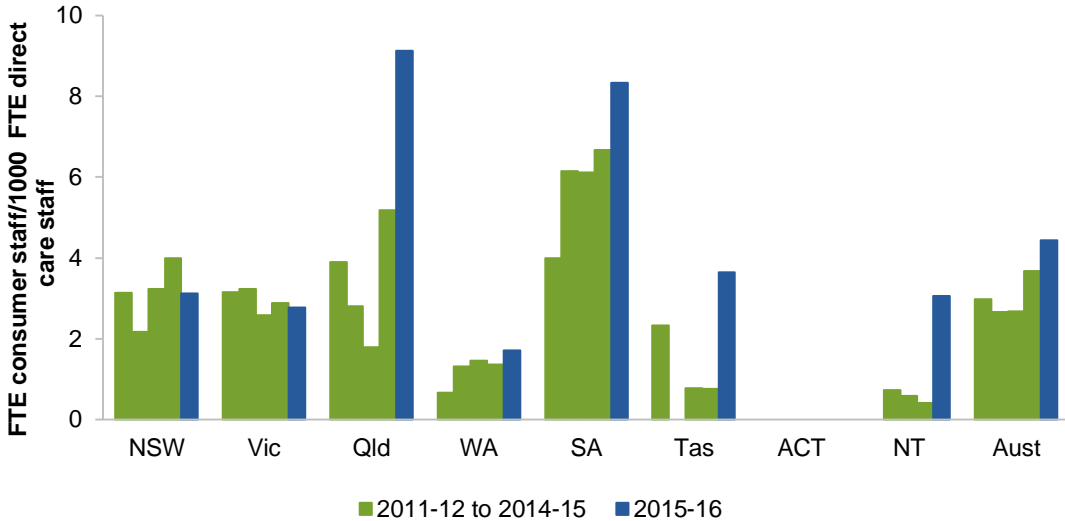
High or increasing proportions of paid FTE direct care staff who are consumer or carer staff implies better opportunities for consumers and carers to influence the services received.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions but a break in series means that data from 2010-11 are not comparable to data for previous years
- not complete (subject to caveats) for the current reporting period. Data are not available from the ACT.

The number of paid FTE consumer and carer staff per 1000 paid FTE direct care staff are reported in figures 13.6 and 13.7 respectively.

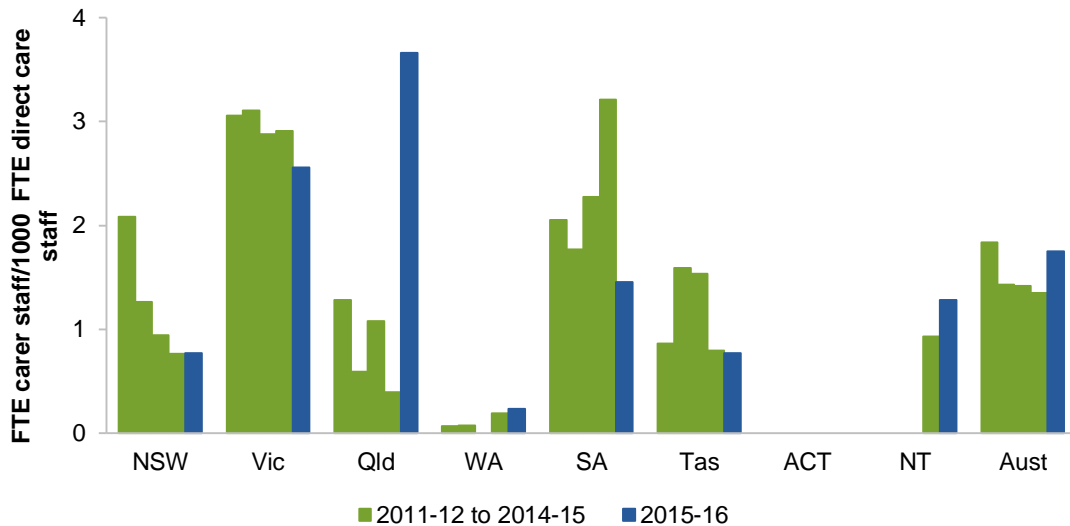
**Figure 13.6 Paid FTE consumer staff per 1000 paid FTE direct care staff<sup>a, b</sup>**



<sup>a</sup> See box 13.7 and table 13A.21 for detailed definitions, footnotes and caveats. <sup>b</sup> Tasmania did not employ consumer staff in 2012-13. Consumer and carer staff could not be separately identified in the ACT. The NT did not employ consumer staff in 2011-12. The Australian total excludes the ACT.

Source: AIHW (unpublished) MHE NMDS; table 13A.21.

Figure 13.7 Paid FTE carer staff per 1000 paid FTE direct care staff<sup>a, b</sup>



<sup>a</sup> See box 13.7 and table 13A.21 for detailed definitions, footnotes and caveats. <sup>b</sup> WA did not employ carer staff in 2013-14. Consumer and carer staff could not be separately identified in the ACT. The NT did not employ any carer staff in 2011-12 to 2013-14. The Australian total excludes the ACT.

Source: AIHW (unpublished) MHE NMDS; table 13A.21.

### Quality — safety — services reviewed against the National Standards

‘Services reviewed against the National Standards’ is an indicator of governments’ objective to provide universal access to services that are high quality (box 13.8).

#### Box 13.8 Services reviewed against the National Standards

‘Services reviewed against the National Standards’ is defined as the proportion of expenditure on State and Territory governments’ specialised public mental health services that had completed a review by an external accreditation agency against the National Standards for Mental Health Services (NSMHS) and met ‘all standards’ (level 1). The assessment levels are defined in section 13.4.

A high or increasing proportion of expenditure on specialised mental health services that had completed a review by an external accreditation agency and had been assessed against the NSMHS as level 1 is desirable.

This is a process indicator of quality, reflecting progress made in meeting the NSMHS. It does not provide information on whether the standards or assessment process are appropriate. In addition, services that had not been assessed do not necessarily deliver services of lower quality. Some services that had not completed an external review included those that were undergoing a review and those that had booked for review and were engaged in self-assessment preparation.

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**Box 13.8** (continued)

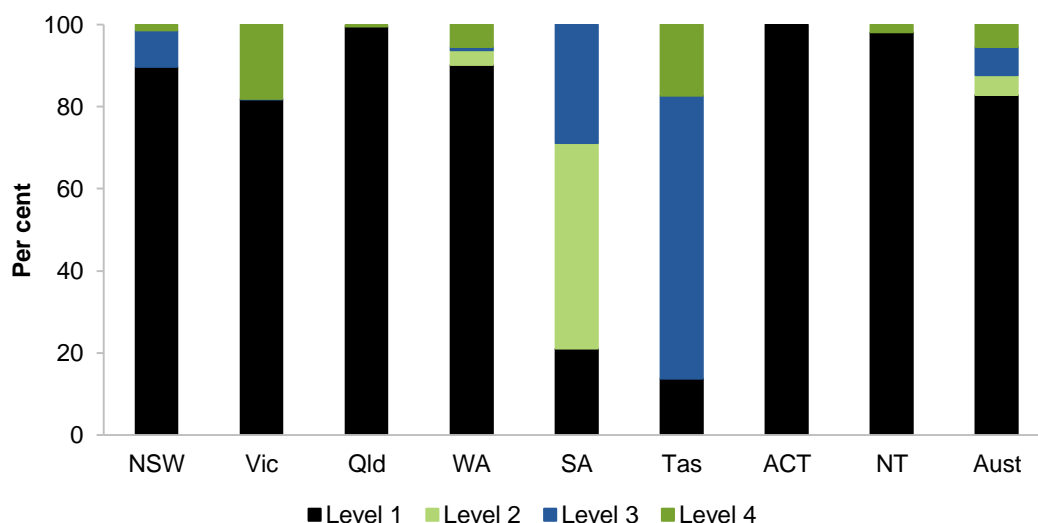
Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2015-16 data are available for all jurisdictions.

Nationally, as at 30 June 2016, 82.9 per cent of expenditure on specialised public mental health services that had completed an external review against the NSMHS was on services that met ‘all standards’ (level 1) (figure 13.8).

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**Figure 13.8 Share of expenditure on specialised public mental health services reviewed against the NSMHS, 30 June 2016<sup>a</sup>**



<sup>a</sup> See box 13.8 and table 13A.22 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished) MHE NMDS; table 13A.22.

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*Quality — safety — rate of seclusion — acute inpatient units*

‘Rate of seclusion — acute inpatient units’ is an indicator of governments’ objective to provide access to services that are safe (box 13.9).



### Box 13.9 Rate of seclusion — acute inpatient units

'Rate of seclusion — acute inpatient units' is defined as the number of seclusion events per 1000 bed days in State and Territory governments' specialised mental health acute inpatient units.

Seclusion involves a patient being confined at any time of the day or night alone in a room or area from which he or she cannot leave (section 13.4 provides further details on seclusion and 'seclusion events'). Legislation or mandatory policy governs the use of seclusion in each State and Territory and may result in exceptions to the definition of a seclusion event and variations in the data collected across jurisdictions (NMHPSC 2011b).

A low or decreasing number of seclusion events per 1000 bed days in specialised public mental health inpatient units is desirable.

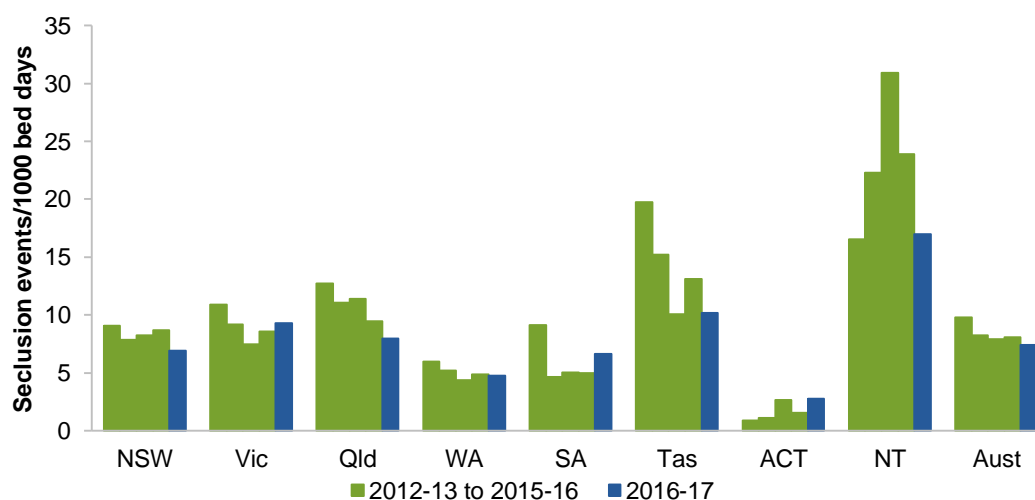
Supporting data on the duration of seclusion events are provided in table 13A.23. These data, when considered with the rate of seclusion, provide information on the use and management of seclusion within each jurisdiction. A low rate of seclusion events combined with shorter average durations is desirable.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required data for 2016-17 are available for all jurisdictions.

Nationally, the number of seclusion events per 1000 bed days decreased from 9.8 in 2012-13 to 7.4 in 2016-17. This downward trend was reflected across most jurisdictions (figure 13.9) and target population groups (table 13A.24). In 2016-17, the lowest seclusion rates were in Older persons units and the highest were in Forensic units (table 13A.24).

Figure 13.9 Rate of seclusion<sup>a</sup>



<sup>a</sup> See box 13.9 and table 13A.23 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished) National Seclusion and Restraint Data Collection; table 13A.23.

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Restraint is defined as the restriction of an individual’s freedom of movement by physical or mechanical means. Nationally in 2016-17, there were 8.3 physical restraint events per 1000 beds days; mechanical restraint was less common (0.9 events per 1000 bed days) (table 13A.25).

*Quality — responsiveness — consumer and carer experiences of services*

‘Consumer and carer experiences of services’ is an indicator of governments’ objective to provide universal access to services that are responsive to consumer and carer goals (box 13.10).

**Box 13.10 Consumer and carer experiences of services**

‘Consumer and carer experiences of services’ is yet to be defined.

*Quality — continuity — specialised public mental health service consumers with nominated GP*

‘Specialised public mental health service consumers with nominated GP’ is an indicator of governments’ objective to provide services that are coordinated and provide continuity of care (box 13.11).

**Box 13.11 Specialised public mental health service consumers with nominated GP**

‘Specialised public mental health service consumers with nominated GP’ is defined as the proportion of specialised public mental health service consumers with a nominated GP.

A high or increasing proportion of specialised public mental health service consumers with a nominated GP is desirable.

Data are not yet available for reporting against this indicator.

GPs are often the first service accessed by people seeking help when suffering from a mental illness (AIHW 2017a), and they can diagnose, manage and treat mental illnesses and refer patients to more specialised service providers. While data are not available on the number of specialised public mental health service consumers with a nominated GP, an estimated 18.0 million GP visits in 2015-16 included management of mental health-related problems (table 13A.26).

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*Quality — continuity — community follow-up after psychiatric admission/hospitalisation*

‘Community follow-up after psychiatric admission/hospitalisation’ is an indicator of governments’ objective to provide services that are coordinated and provide continuity of care (box 13.12).

**Box 13.12 Community follow-up after psychiatric admission/hospitalisation**

‘Community follow-up after psychiatric admission/hospitalisation’ is defined as the proportion of State and Territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

A high or increasing rate of community follow-up within the first seven days of discharge from hospital is desirable.

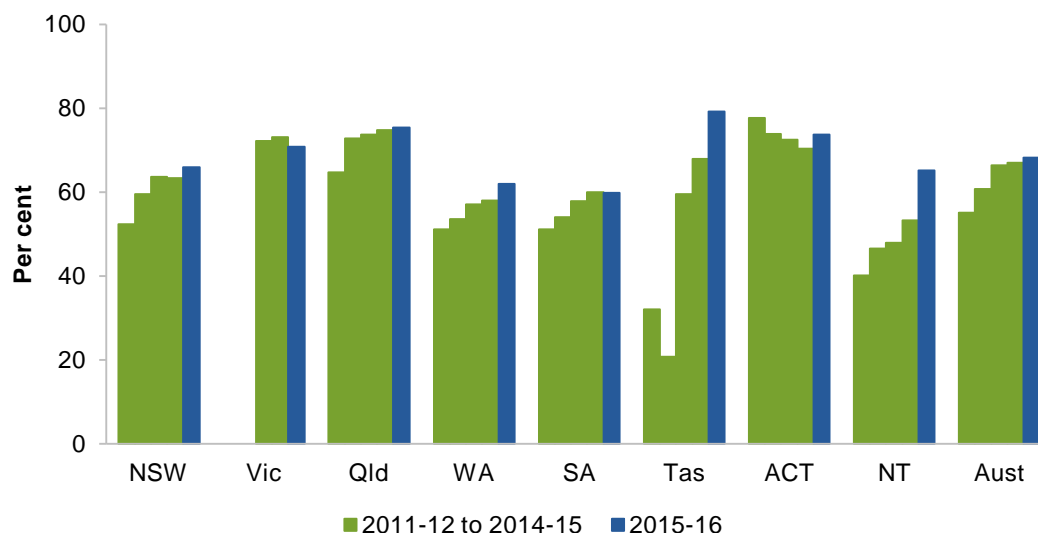
This indicator does not measure the frequency of contacts recorded in the seven days following separation. Neither does it distinguish qualitative differences between the mode of contact. Only follow-up contacts made by State and Territory governments’ specialised public mental health services are included.

Data reported for this indicator are:

- comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2015-16 data are available for all jurisdictions.

Nationally, the rate of community follow-up for people within the first seven days of discharge from an acute inpatient psychiatric unit has increased from 55.1 per cent in 2011-12 to 68.2 per cent in 2015-16 (figure 13.10). Community follow-up rates by Indigenous status, remoteness areas, SEIFA, age groups and gender are in tables 13A.27-28.

Figure 13.10 **Community follow-up for people within the first seven days of discharge from acute inpatient psychiatric units<sup>a, b</sup>**



<sup>a</sup> See box 13.12 and table 13A.29 for detailed definitions, footnotes and caveats. <sup>b</sup> Victorian data are not available for 2011-12 and 2012-13.

Source: AIHW (unpublished), from data provided by State and Territory governments; table 13A.29.

*Quality — continuity — readmissions to hospital within 28 days of discharge*

‘Readmissions to hospital within 28 days of discharge’ is an indicator of governments’ objective to provide services that are coordinated and provide continuity of care (box 13.13).

**Box 13.13 Readmissions to hospital within 28 days of discharge**

‘Readmissions to hospital within 28 days of discharge’ is defined as the proportion of State and Territory governments’ admitted patient overnight separations from psychiatric acute inpatient units that were followed by readmission to the same type of unit within 28 days of discharge.

A low or decreasing rate of readmissions to hospital within 28 days of discharge is desirable.

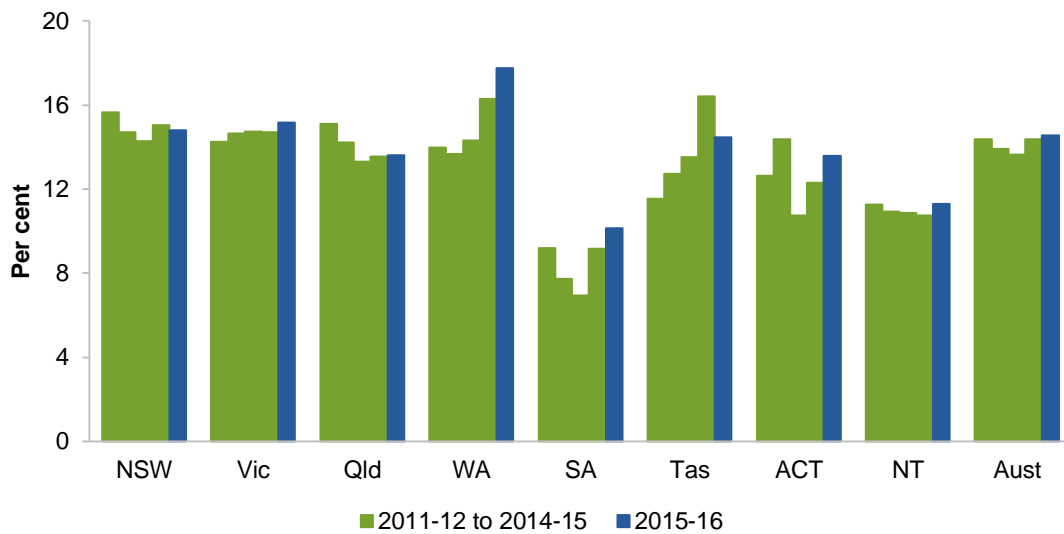
While readmissions can indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was inadequate, they can also be affected by other factors such as the cyclic and episodic nature of some illnesses.

Data reported for this indicator are:

- comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2015-16 data are available for all jurisdictions.

Nationally in 2015-16, the rate of readmission to hospital acute psychiatric units within 28 days of discharge was 14.6 per cent, with rates remaining relatively stable since 2011-12 (figure 13.11). Data by Indigenous status, remoteness areas, SEIFA, age group and sex are in table 13A.30.

Figure 13.11 Readmissions to acute psychiatric units within 28 days of discharge<sup>a</sup>



<sup>a</sup> See box 13.13 and table 13A.31 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished), from data provided by State and Territory governments; table 13A.31.

### Sustainability — workforce sustainability

‘Workforce sustainability’ is an indicator of governments’ objective to provide sustainable mental health services (box 13.14).

#### Box 13.14 Workforce sustainability

‘Workforce sustainability’ reports age profiles for the mental health workforce. It shows the proportions of the mental health workforce (psychologists, psychiatrists and allied health professionals) in ten year age brackets, by jurisdiction.

A high or increasing proportion of the workforce that has newly entered the workforce and/or a low or decreasing proportion of the workforce that is close to retirement is desirable.

These measures are not a substitute for a full workforce analysis comprising assessment of migration patterns, trends in full-time work, recruitment and retention, workforce efficiency, and expected demand increases. They can, however, indicate that further attention should be given to workforce sustainability for mental health services.

Data are not yet available for reporting against this indicator.

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## Efficiency

The efficiency indicators reported here cover State and Territory governments' specialised mental health services. Mainstreaming has occurred at different rates across states and territories, with some jurisdictions treating a greater proportion of consumers with severe mental illnesses in community-based services than other jurisdictions (see section 13.4 for a definition of mainstreaming). This can create differences across states and territories in the mix of consumers, and therefore the costs, within service types.

### *Cost of care*

'Cost of care' is an indicator of governments' objective that mental health services are delivered in an efficient manner (box 13.15).

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#### **Box 13.15 Cost of care**

'Cost of care' has three measures.

'*Cost of inpatient care*', defined by two sub-measures:

- 'Cost per inpatient bed day', defined as expenditure on inpatient services divided by the number of inpatient bed days — data are disaggregated by hospital type (psychiatric and general hospitals) and care type (acute and non-acute units) and by inpatient target population (acute units only).
- 'Average length of stay', defined as the number of inpatient patient days divided by the number of separations in the reference period — data are disaggregated by inpatient target population (acute units only). Patient days for consumers who separated in the reference period (2015-16) that were during the previous period (2014-15) are excluded. Patient days for consumers who remain in hospital (that is, are not included in the separations data) are included.

These sub-measures are considered together for the inpatient acute units by target population to provide a 'proxy' measure to improve understanding of service efficiency. Average inpatient bed day costs can be reduced with longer lengths of stay because the costs of admission, discharge and more intensive treatment early in a stay are spread over more days of care. Data for forensic services are included for costs per inpatient bed day only, as the length of stay is dependent on factors outside the control of these services.

'*Cost of community-based residential care*' is defined as the average cost per patient day. Data are reported for both the care of adults and older people.

'*Cost of ambulatory care*' is defined by two sub-measures:

- average cost per treatment day
- average number of treatment days per episode — this measure is provided, along with average costs, as frequency of servicing is the main driver of variation in care costs.

(continued next page)

**Box 13.15** (continued)

For each measure a low or decreasing cost per input is desirable as this might indicate more efficient service delivery. However, efficiency data need to be interpreted with care as they do not provide information on service quality or patient outcomes.

Data reported for the first and second measures are:

- comparable (subject to caveats) across jurisdictions and over time.

Data reported for the third measure are:

- comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions.

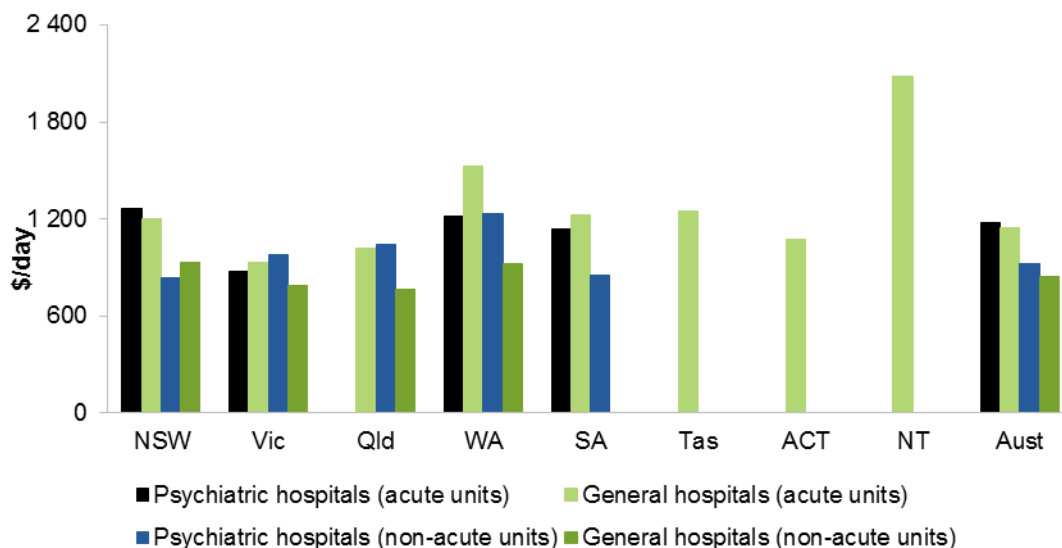
Data reported for all measures for this indicator are:

- complete (subject to caveats) for the current reporting period. All required 2015-16 data are available for all jurisdictions.

*Cost of inpatient care*

Nationally in 2015-16, the average cost per inpatient bed day was higher in acute than non-acute units, and slightly higher in psychiatric hospitals than in general hospitals for both acute and non-acute units (figure 13.12).

**Figure 13.12 Average recurrent cost per inpatient bed day, by public hospital and care type, 2015-16<sup>a, b, c, d</sup>**



<sup>a</sup> See box 13.15 and table 13A.32 for detailed definitions, footnotes and caveats. <sup>b</sup> Queensland does not provide acute services in psychiatric hospitals. <sup>c</sup> Tasmania, the ACT and the NT do not have psychiatric hospitals. <sup>d</sup> SA, the ACT and the NT do not have non-acute units in general hospitals.

Source: AIHW (unpublished) MHE NMDS; table 13A.32.

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Older persons units have lower costs per inpatient day (table 13A.33), but have considerably longer lengths of stay than general adult or child and adolescent units (table 13A.35). Data on the average cost per inpatient bed day by target population for all care types are reported in tables 13A.33-34.

#### *Cost of community-based residential care*

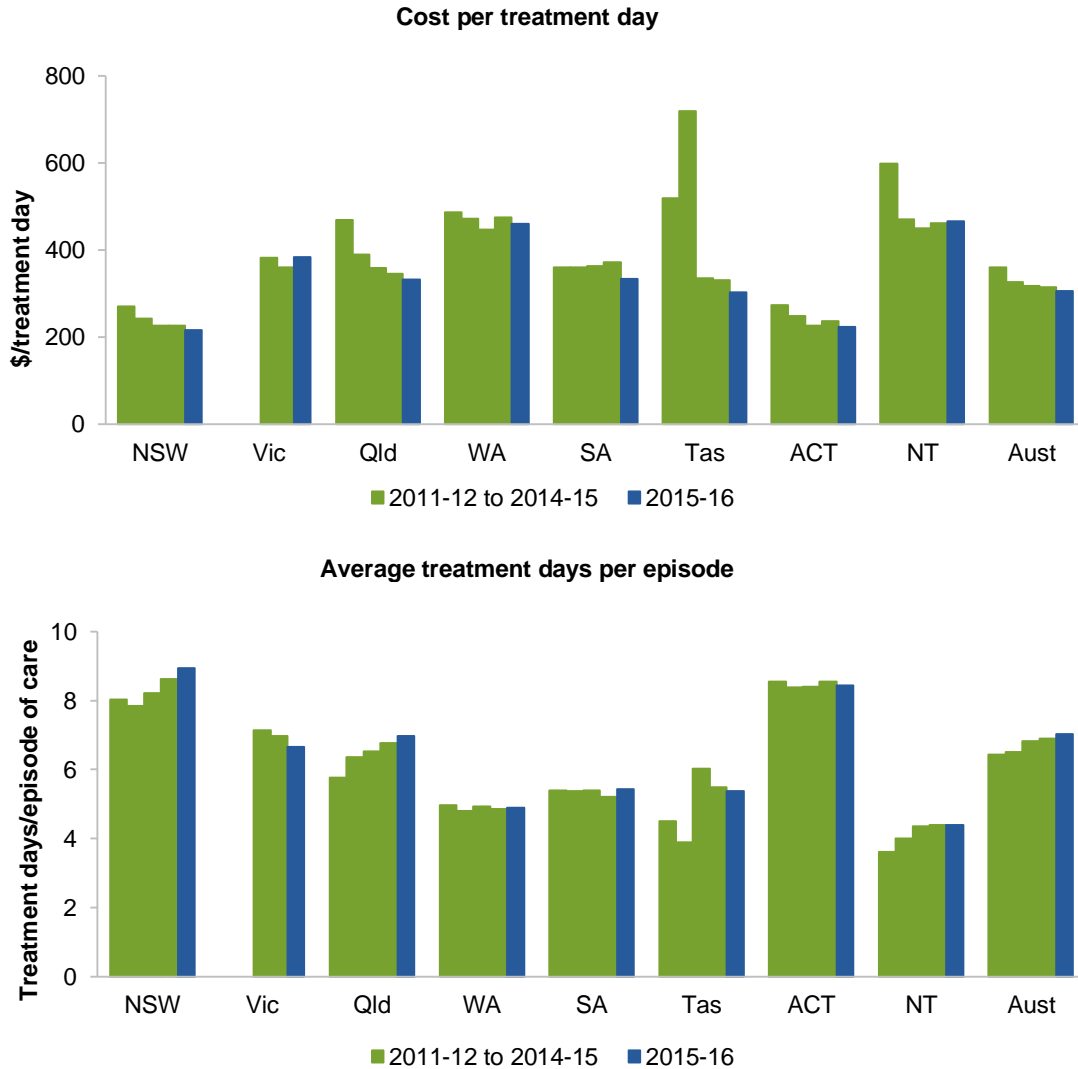
Nationally in 2015-16, the average cost for 24 hour staffed residential care is higher for general adult units (\$514.37 per patient day) compared to older persons care units (\$432.28 per patient day), although this varied across states and territories (table 13A.36). Nationally and for all relevant jurisdictions (except SA), the costs for general adult units were higher for those staffed 24 hours a day compared to those that were not staffed 24 hours a day (table 13A.36).

#### *Cost of ambulatory care*

Nationally in 2015-16, the average recurrent cost per treatment day of ambulatory care was \$305.45, and the average number of treatment days per episode of ambulatory care was 7.0 days (figure 13.13).



Figure 13.13 **Average cost and treatment days per episode of care (2015-16 dollars)<sup>a, b</sup>**



<sup>a</sup> See box 13.15 and table 13A.37 for detailed definitions, footnotes and caveats. <sup>b</sup> Victorian 2011-12 and 2012-13 data are not available.

Source: AIHW (unpublished) Community Mental Health Care (CMHC) NMDS; AIHW (unpublished) MHE NMDS; table 13A.37.

## Outcomes

Outcomes are the impact of services on the status of an individual or group (see chapter 1).

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## Prevalence of mental illness

'Prevalence of mental illness' is an indicator of governments' objective to, where possible, prevent the development of mental health problems, mental illness and suicide (box 13.16).

### Box 13.16 Prevalence of mental illness

'Prevalence of mental illness' is defined as the proportion of the total population who have a mental illness.

A low or decreasing prevalence of mental illness can indicate that measures to prevent mental illness have been effective.

Many of the risk and protective factors that can affect the development of mental health problems and mental illness are outside the scope of the mental health system. These include environmental, sociocultural and economic factors, some of which can increase the risk of mental illness while others can support good mental health.

Not all mental illnesses are preventable and a reduction in the effect of symptoms and an improved quality of life will be a positive outcome for many people with a mental illness.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions (no time series data are reported)
- complete (subject to caveats) for the current reporting period. All required 2007 data are available for all jurisdictions.

Nationally in 2007, the prevalence of a mental illness (with symptoms in the previous 12 months) was 20.0 per cent for people aged 16–85 years, with a further 25.5 per cent reported as having a mental illness at some point in their life (table 13A.38). National data on the prevalence of mental illness by disorder, age and sex are reported in tables 13A.38–40. These prevalence estimates are for the mental disorders that are considered to have the highest incidence rates in the population, but not some severe mental disorders, such as schizophrenia and bipolar disorder. The *National Survey of Psychotic Illness 2010* provides information on the one-month treated prevalence of psychotic illnesses. In 2010, there were an estimated 3.1 cases of psychotic illness per 1000 adult population (aged 18–64 years) (Morgan et al. 2011).

The prevalence of mental illness among children and young people aged 4–17 years was an estimated 13.9 per cent in 2013-14 (Lawrence et al. 2015). Attention deficit/hyperactivity disorder (ADHD) was the most common mental illness overall for this age group, with 7.4 per cent assessed as having ADHD in the previous 12 months, followed by anxiety disorders (6.9 per cent) (Lawrence et al 2015).

A proxy measure of the overall mental health and wellbeing of the population is the Kessler 10 (K10) psychological distress scale. Very high levels of psychological distress may signify a need for professional help and provide an estimate of the need for mental health services (ABS 2012).

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Nationally in 2014-15, higher levels of psychological distress were reported for:

- females compared to males (table 13A.41)
- people with disability compared to those without (tables 13A.42–43)
- people in lower socioeconomic areas compared to those in higher areas (tables 13A.42–43)
- Aboriginal and Torres Strait Islander Australians compared to non-Indigenous Australians (table 13A.44).

High rates of substance use and abuse can contribute to the onset of, and poor recovery from, mental illness. Information on rates of licit and illicit drug use can be found in tables 13A.45–47 and the *National Drug Strategy Household Survey* (AIHW 2017b).

### Mortality due to suicide

‘Mortality due to suicide’ is an indicator of governments’ objective to, where possible, prevent the development of mental health problems, mental illness and suicide (box 13.17).

#### **Box 13.17 Mortality due to suicide**

‘Mortality due to suicide’ is defined as the suicide rate per 100 000 people. Deaths from suicide are defined as causes of death with the International Classification of Diseases (ICD)-10 codes X60–X84 and Y87.0.

A low or decreasing suicide rate per 100 000 people is desirable.

While mental health services contribute to reducing suicides, other services also have a significant role including public mental health programs and suicide prevention programs (addressed through the initiatives of other government agencies, NGOs and other special interest groups).

Many factors outside the control of mental health services can influence a person’s decision to commit suicide. These include environmental, sociocultural and economic risk factors. Often a combination of these factors can increase the risk of suicidal behaviour.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time for some years and disaggregations but not comparable for other years and disaggregations
- complete (subject to caveats) for the current reporting period. All required 2016 data are available for all jurisdictions.

People with a mental illness are at a higher risk of suicide compared to the general population. For the period 2012–2016, 13 974 deaths by suicide were recorded in Australia (table 13A.48) — equivalent to 11.8 deaths per 100 000 people (figure 13.14). The national suicide rate has increased over the past 10 years (from 10.6 deaths per 100 000 people in 2007) (table 13A.48).

Figure 13.14 **Suicide rates, 5 year average, 2012–2016<sup>a</sup>**



<sup>a</sup> See box 13.17 and table 13A.48 for detailed definitions, footnotes and caveats.

Source: ABS (2016) *Causes of Deaths, Australia*, Cat. no. 3303.0; table 13A.48.

For the period 2007–2016, national male suicide rates were over three times the rate for females (in 2016, 17.8 per 100 000 males compared with 5.8 per 100 000 females) (ABS 2017). Suicide rates disaggregated by significant urban areas, Indigenous status and for 15–24 year olds vary across jurisdictions (tables 13A.49–51).

### Physical health outcomes for people with a mental illness

‘Physical health outcomes for people with a mental illness’ is an indicator of governments’ objective to promote recovery and physical health and encourage meaningful participation in society (box 13.18).

#### Box 13.18 **Physical health outcomes for people with a mental illness**

‘Physical health outcomes for people with a mental illness’ is defined as the proportion of adults with a mental illness (compared to those without a mental illness) who experienced a long-term physical health condition: cancer, diabetes, arthritis, cardiovascular disease and asthma.

Low or decreasing proportions of people with a mental illness who experience a long-term physical health condition are desirable.

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**Box 13.18** (continued)

People with a mental illness have poorer physical health outcomes than people without mental illness (Happell et al. 2015; Lawrence, Hancock and Kisely 2013), but the relationship between the two is complex. Poor physical health can exacerbate mental health problems and poor mental health can lead to poor physical health. In addition, some psychiatric medications prescribed to treat mental health conditions may lead to poorer physical health.

Greater exposure to particular health risk factors can also contribute to poorer physical health. Information on selected risk factors by mental illness status can be found in table 13A.52.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions (no time series data are reported)
- complete (subject to caveats) for the current reporting period. All required 2014-15 data are available for all jurisdictions.

A higher proportion of adults with a mental illness had long-term health conditions compared to adults without a mental illness. Nationally in 2014-15, the proportions of adults with a mental illness who had arthritis (26.4 per cent) and cardiovascular disease (8.6 per cent) were higher than those without a mental illness (16.4 per cent and 5.6 per cent respectively) (table 13A.53). Table 13A.53 provides data for cancer, asthma and diabetes.

### Social and economic inclusion of people with a mental illness

‘Social and economic inclusion of people with a mental illness’ is an indicator of governments’ objective to promote recovery and physical health and encourage meaningful participation in society (box 13.19).

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**Box 13.19 Social and economic inclusion of people with a mental illness**

‘Social and economic inclusion of people with a mental illness’ is defined by two measures, with the proportion of people:

- aged 16–64 years with a mental illness who are employed, compared with the proportion for people without a mental illness
- aged 15 years and over with a mental illness who had face-to-face contact with family or friends living outside the household in the past week, compared with the proportion for people without a mental illness.

High or increasing proportions of people with a mental illness who are employed, or who had face-to-face contact with family or friends, are desirable.

This indicator does not provide information on whether the employment, education or social activities participated in were appropriate or meaningful. It also does not provide information on why people who were not employed were not looking for work (for example, those outside the labour force).

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**Box 13.19** (continued)

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions for all surveys, and over time for 2014-15, 2011-12 and 2007-08 (NHS data)
- complete (subject to caveats) for the current reporting period. All required 2014-15 data and 2014 data are available for all jurisdictions.

Nationally in 2014-15, the proportion of people with a mental illness who were employed was lower (62.3 per cent) than the proportion of people without a mental illness who were employed (79.8 per cent) (table 13A.55). The significantly higher proportion of people with a mental illness who do not participate in the labour force, compared to those without a mental illness, is a major contributing factor (29.2 per cent compared to 16.7 per cent) (table 13A.55).

Information on the proportion of people aged 16–30 years with a mental illness who were employed and/or are enrolled for study in a formal secondary or tertiary qualification can be found in table 13A.54.

Nationally in 2014, the proportion of people aged 15 years or over with a mental illness who had face-to-face contact with family or friends living outside the household in the last week (76.5 per cent) was similar to the proportion for people without a mental illness (77.1 per cent) (table 13A.56).

### Mental health outcomes of consumers of specialised public mental health services

‘Mental health outcomes of consumers of specialised public mental health services’ is an indicator of governments’ objective to promote recovery and physical health and encourage meaningful participation in society (box 13.20).

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**Box 13.20** **Mental health outcomes of consumers of specialised public mental health services**

‘Mental health outcomes of consumers of specialised public mental health services’ is defined as the proportion of people receiving care who had a significant improvement in their clinical mental health outcomes, by service type. Section 13.4 provides information on how the consumer outcomes average score is derived.

A high or increasing proportion of people receiving care in State and Territory governments’ specialised public mental health services who had a significant improvement in their clinical mental health outcomes is desirable.

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**Box 13.20** (continued)

Supplementary data are reported on the proportion of people receiving care who experienced no significant change or a significant deterioration in their mental health outcomes.

This indicator has a number of issues. The outcome measurement tool is imprecise as a single 'average score' does not reflect the complex service system in which services are delivered across multiple settings and provided as both discrete, short-term episodes of care and prolonged care over indefinite periods (AHMC 2012). The approach separates a consumer's care into segments (hospital versus the community) rather than tracking his or her overall outcome across treatment settings. Consumers' outcomes are measured from the clinician's perspective rather than the consumer's.

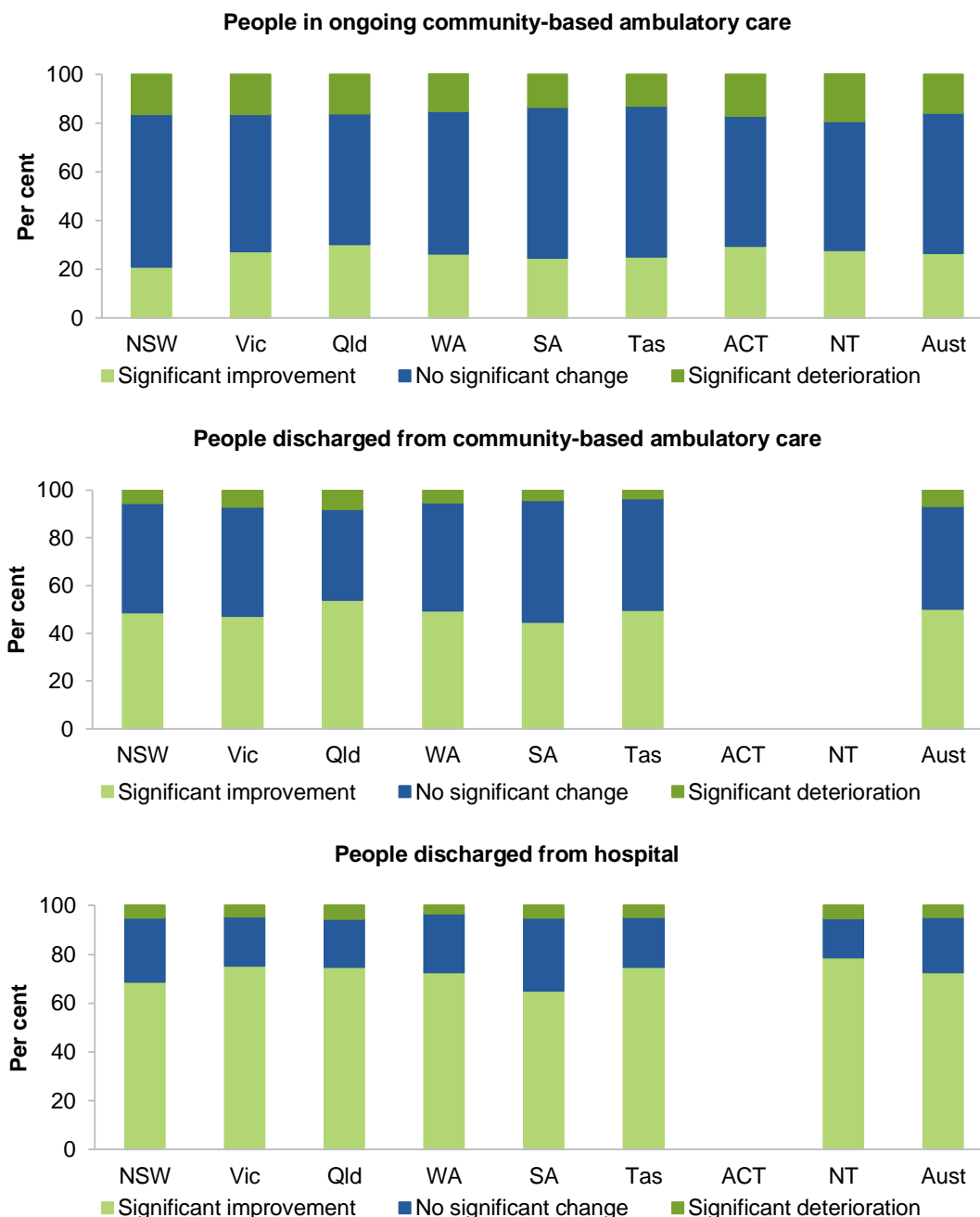
Data reported for this indicator:

- may not be comparable within jurisdictions over time and may not be comparable across jurisdictions due to differences in the quality of the data (refer to caveats in attachment tables) and the proportion of episodes for which completed outcomes data are available (table 13A.57)
- are complete (subject to caveats) for the current reporting period. All required data for 2015-16 are available for all jurisdictions.

Nationally in 2015-16, 26.6 per cent of people in ongoing ambulatory care, 50.2 per cent of people discharged from ambulatory care and 72.5 per cent of people discharged from a hospital psychiatric inpatient unit showed a significant improvement in their mental health clinical outcomes (figure 13.15).

Across age groups and over the reporting years from 2008-09, for those discharged from hospital and community care, a greater proportion of people aged 18–64 years old showed a significant improvement compared to those in other age groups. Nationally in 2015-16, for those in ongoing community care, younger people aged 0–17 years had the highest proportion of people who showed a significant improvement compared to other age groups (table 13A.58).

Figure 13.15 **Mental health outcomes of consumers of State and Territory governments' specialised mental health services, 2015-16<sup>a, b</sup>**



<sup>a</sup> See box 13.20 and table 13A.59 for detailed definitions, footnotes and caveats. <sup>b</sup> Some ACT and NT data are not published due to insufficient observations but are included in Australian totals.

Source: AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network; table 13A.59.



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## Stigma and discrimination experienced by people living with mental health problems or mental illness

‘Stigma and discrimination experienced by people living with mental health problems or mental illness’ is an indicator of governments’ objective to reduce the impact of mental illness (including the effects of stigma and discrimination) (box 13.21).

### **Box 13.21 Stigma and discrimination experienced by people living with mental health problems or mental illness**

Stigma and discrimination experienced by people living with mental health problems or mental illness’ is defined as the proportion of people with a mental health condition who have experienced discrimination or been treated unfairly due to their mental health condition.

A low or decreasing proportion of people experiencing discrimination or being treated unfairly is desirable.

Data are not yet available for reporting against this indicator.

## 13.4 Definitions of key terms

### **Accrued mental health patient days**

Mental health care days are days of admitted patient care provided to admitted patients in psychiatric hospitals, designated psychiatric units and days of residential care provided to residents in residential mental health services. Accrued mental health care days can also be referred to as occupied bed days in specialised mental health services. The days to be counted are only those days occurring within the reference period, which is from 1 July to the following 30 June for the relevant period, even if the patient/resident was admitted prior to the reference period or discharged after the reference period. In short, the number of accrued mental health care days are calculated as follows:

- For a patient admitted and discharged on different days, all days are counted as mental health care days except the day of discharge and any leave days.
- Admission and discharge on the same day are equal to one patient day.
- Leave days involving an overnight absence are not counted.
- A patient day is recorded on the day of return from leave.

### **Acute services**

Services that primarily provide specialised psychiatric care for people with acute episodes of mental illness. These episodes are characterised by recent onset of severe clinical symptoms of mental illness that have potential for prolonged dysfunction or risk to self and/or others. The key characteristic of acute services is that the treatment effort focuses on symptom reduction with a reasonable expectation of substantial improvement. In general, acute psychiatric services provide relatively short term treatment. Acute services can:

- focus on assisting people who have had no prior contact or previous psychiatric history, or individuals with a continuing psychiatric illness for whom there has been an acute exacerbation of symptoms
- target the general population or be specialised in nature, targeting specific clinical populations. The latter group include psychogeriatric, child and adolescent, youth and forensic mental health services.

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<b>Ambulatory care services</b>	Mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted inpatients, including but not confined to crisis assessment and treatment services, mobile assessment and treatment services, outpatient clinic services (whether provided from a hospital or community mental health centre), child and adolescent outpatient treatment teams, social and living skills programs (including day programs, day hospitals and living skills centres), and psychogeriatric assessment teams and day programs.
<b>Anxiety disorders</b>	Feelings of tension, distress or nervousness. Includes agoraphobia, social phobia, panic disorder, generalised anxiety disorder, obsessive–compulsive disorder and post-traumatic stress disorder.
<b>Carer staff</b>	A person specifically employed for the expertise developed from their experience as a mental health carer.
<b>Community-based residential care</b>	Staffed residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. To be defined as community-based residences, services must: provide residential care to people with mental illnesses or psychiatric disability; be located in a community setting external to the campus of a general hospital or psychiatric institution; employ onsite staff for at least some part of the day; and be government funded.
<b>Comparability</b>	Data are considered comparable if (subject to caveats) they can be used to inform an assessment of comparative performance. Typically, data are considered comparable when they are collected in the same way and in accordance with the same definitions. For comparable indicators or measures, significant differences in reported results allow an assessment of differences in performance, rather than being the result of anomalies in the data.
<b>Completeness</b>	Data are considered complete if all required data are available for all jurisdictions that provide the service.
<b>Consumer staff</b>	A person specifically employed for the expertise developed from their lived experience of mental illness.
<b>Forensic mental health services</b>	Services principally providing assessment, treatment and care of mentally ill people whose behaviour has led them to commit criminal offences or makes it likely that they will offend in the future if not adequately treated and contained. This includes prison-based services, but excludes services that are primarily for children and adolescents and for older people even where they include a forensic component.
<b>General mental health services</b>	<p>Services that principally target the general adult population (18–65 years old) but that can provide services to children, adolescents or older people. Includes, therefore, services that cannot be described as specialised child and adolescent services, youth services, services for older people or forensic services.</p> <p>General mental health services include hospital units with a principal function to provide some form of specialised service to the general adult population (for example, inpatient psychotherapy) or to focus on specific clinical disorders within the adult population (for example, postnatal depression, anxiety disorders).</p>
<b>General practice</b>	The organisational structure in which one or more GPs provide and supervise health care for a ‘population’ of patients.
<b>Health management</b>	The ongoing process beginning with initial consumer contact and including all actions relating to the consumer. Includes assessment/evaluation, education of the person, family or carer(s), and diagnosis and treatment. Involves problems with adherence to treatment and liaison with, or referral to, other agencies.
<b>Mainstreaming</b>	The First National Mental Health Plan emphasised decreasing the number of psychiatric beds in favour of community-based options, reducing the reliance on stand-alone psychiatric hospitals, and ‘mainstreaming’ the delivery of acute inpatient care into general hospitals.
<b>Mental health</b>	The capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, the optimal development and use of mental abilities (cognitive, affective and relational) and the achievement of individual and collective goals consistent with justice.

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<b>Mental health problems</b>	Diminished cognitive, emotional or social abilities, but not to the extent of meeting the criteria for a mental illness.
<b>Mental illness</b>	A diagnosable illness that significantly interferes with an individual's cognitive, emotional and/or social abilities.
<b>National Standards for Mental Health Services (NSMHS)</b>	<p>Services at level 1 — services reviewed by an external accreditation agency and judged to have met all National Standards.</p> <p>Services at level 2 — services reviewed by an external accreditation agency and judged to have met some but not all National Standards.</p> <p>Services at level 3 — services (i) in the process of being reviewed by an external accreditation agency but the outcomes are not known, or (ii) booked for review by an external accreditation agency.</p> <p>Services at level 4 — services that do not meet criteria detailed under levels 1 to 3 (AHMC 2010).</p>
<b>Non-acute services</b>	<p>Non-acute services are defined by two categories:</p> <ul style="list-style-type: none"> <li>• Rehabilitation services that have a primary focus on intervention to reduce functional impairments that limit the independence of patients. Rehabilitation services are focused on disability and the promotion of personal recovery. They are characterised by an expectation of substantial improvement over the short to mid-term. Patients treated by rehabilitation services usually have a relatively stable pattern of clinical symptoms.</li> <li>• Extended care services that primarily provide care over an indefinite period for patients who have a stable but severe level of functional impairment and an inability to function independently, thus requiring extensive care and support. Patients of extended care services present a stable pattern of clinical symptoms, which can include high levels of severe unremitting symptoms of mental illness. Treatment is focused on preventing deterioration and reducing impairment; improvement is expected to occur slowly.</li> </ul>
<b>Non-government organisations (NGOs)</b>	Private not-for-profit community managed organisations that receive State and Territory government funding specifically for the purpose of providing community support services for people affected by a mental illness or psychiatric disability. Programs provided by the NGO sector can include supported accommodation services (including community-based crisis and respite beds), vocational rehabilitation programs, advocacy programs (including system advocacy), consumer self-help services, and support services for families and primary carers.
<b>Older persons mental health services</b>	Services principally targeting people in the age group 65 years or over. Classification of services in this category requires recognition by the regional or central funding authority of the special focus of the inpatient service on aged people. These services can include a forensic component. Excludes general mental health services that may treat older people as part of a more general service.
<b>Outcomes measurement — calculating the consumers 'score'.</b>	The assessment of a consumer's clinical mental health outcomes is based on the changes reported in a consumer's 'score' on a rating scale known as the Health of the Nation Outcomes Scale (HoNOS), or for children and adolescents, the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). Outcome scores are classified based on effect size — a statistic used to assess the magnitude of a treatment effect (AHMC 2012). The effect size is based on the ratio of the difference between the pre- and post-scores to the standard deviation of the pre-score. Individual episodes are classified as 'significant improvement' if the effect size index is greater than or equal to positive 0.5; 'no change' if the index is between 0.5 and -0.5; and 'significant deterioration' if the effect size index is less than or equal to -0.5 (AHMC 2012).
<b>Outpatient services — community-based</b>	Services primarily provided to non-admitted patients on an appointment basis and delivered from health centres located in community settings, physically separated within hospital sites. They can include outreach or domiciliary care as an adjunct to services provided from the centre base.
<b>Outpatient services — hospital-based</b>	Services primarily provided to non-admitted patients on an appointment basis and delivered from clinics located within hospitals. They can include outreach or domiciliary care as an adjunct to services provided from the clinic base.

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<b>Prevalence</b>	The number of cases of a disease present in a population at a given time (point prevalence) or during a given period (period prevalence).
<b>Preventive interventions</b>	Programs designed to decrease the incidence, prevalence and negative outcomes of illnesses.
<b>Psychiatric hospitals</b>	<p>Health establishments that are primarily devoted to the treatment and care of inpatients with psychiatric, mental or behavioural disorders, and that are situated at physically separate locations from a general hospital. Stand-alone hospitals may or may not be managed by the mainstream health system. Psychiatric hospitals situated at physically separate locations from a general hospital are included within the 'stand-alone' category regardless of whether they are under the management control of a general hospital. A health establishment that operates in a separate building but is located on, or immediately adjoining, the acute care hospital campus can also be a stand-alone hospital if the following criteria are not met:</p> <ul style="list-style-type: none"> <li>• a single organisational or management structure covers the acute care hospital and the psychiatric hospital</li> <li>• a single employer covers the staff of the acute care hospital and the psychiatric hospital</li> <li>• the location of the acute care hospital and psychiatric hospital can be regarded as part of a single overall hospital campus</li> <li>• the patients of the psychiatric hospital are regarded as patients of the single integrated health service.</li> </ul>
<b>Psychiatrist</b>	A medical practitioner with specialist training in psychiatry.
<b>Public health</b>	The organised, social response to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole or population subgroups. Public health is characterised by a focus on the health of the population (and particular at-risk groups) and complements clinical provision of health care services.
<b>Public (non-psychiatric) hospital</b>	A hospital that provides at least minimum medical, surgical or obstetric services for inpatient treatment and/or care, and around-the-clock, comprehensive, qualified nursing services, as well as other necessary professional services.
<b>Restraint</b>	The restriction of an individual's freedom of movement by physical or mechanical means.
<b>Schizophrenia</b>	A combination of signs and symptoms that can include delusions, hallucinations, disorganised speech or behaviour, a flattening in emotions, and restrictions in thought, speech and goal directed behaviour.
<b>Seclusion</b>	<p>Seclusion is 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. The intended purpose of the confinement is not relevant in determining what is or is not seclusion. Seclusion applies even if the consumer agrees or requests the confinement (NMHPSC 2011b).</p> <p>The awareness of the consumer that they are confined alone and denied exit is not relevant in determining what is or is not seclusion. The structure and dimensions of the area to which the consumer is confined is not relevant in determining what is or is not seclusion. The area may be an open area, for example, a courtyard. Seclusion does not include confinement of consumers to High Dependency sections of gazetted mental health units, unless it meets the definition (AIHW 2015).</p>
<b>Seclusion event</b>	An event is when a consumer enters seclusion and when there is a clinical decision to cease seclusion. Following the clinical decision to cease seclusion, if a consumer re-enters seclusion within a short period of time this would be considered a new seclusion event. The term 'seclusion event' is utilised to differentiate it from the different definitions of 'seclusion episode' used across jurisdictions (NMHPSC 2011b).
<b>Separation</b>	An episode of care for an admitted patient, which can be a total hospital stay, or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care.

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<b>Specialised mental health inpatient services</b>	Services provided to admitted patients in stand-alone psychiatric hospitals or specialised psychiatric units located within general hospitals.
<b>Specialised mental health services</b>	Services whose primary function is specifically to provide treatment, rehabilitation or community support targeted towards people affected by a mental illness or psychiatric disability. Further, such activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health function. This criterion applies regardless of the source of funds.
<b>Specialised residential services</b>	Services provided in the community that are staffed by mental health professionals on a non-24 or 24-hour basis.
<b>Staffing categories (mental health)</b>	<p>Medical officers: all medical officers employed or engaged by the organisation on a full time or part time basis. Includes visiting medical officers who are engaged on an hourly, sessional or fee-for-service basis.</p> <p>Psychiatrists and consultant psychiatrists: medical officers who are registered to practice psychiatry under the relevant State or Territory medical registration board; or who are fellows of the Royal Australian and New Zealand College of Psychiatrists or registered with Health Insurance Commission as a specialist in Psychiatry.</p> <p>Psychiatry registrars and trainees: medical officers who are formal trainees within the Royal Australian and New Zealand College of Psychiatrists' Postgraduate Training Program.</p> <p>Other medical officers: medical officers employed or engaged by the organisation who are not registered as psychiatrists within the State or Territory, or as formal trainees within the Royal Australian and New Zealand College of Psychiatrists' Postgraduate Training Program.</p> <p>Nursing staff: all categories of registered nurses and enrolled nurses, employed or engaged by the organisation.</p> <p>Registered nurses: people with at least a three year training certificate or tertiary qualification who are certified as being a registered nurse with the State or Territory registration board. This is a comprehensive category and includes general and specialised categories of registered nurses.</p> <p>Enrolled nurses: refers to people who are second level nurses who are enrolled in all states except Victoria where they are registered by the state registration board to practise in this capacity. Includes general enrolled nurse and specialist enrolled nurse (e.g. mothercraft nurses in some states).</p> <p>Diagnostic and health professionals (allied health professionals): qualified staff (other than qualified medical or nursing staff) who are engaged in duties of a diagnostic, professional or technical nature. This category covers all allied health professionals, such as social workers, psychologists, occupational therapists, physiotherapists, and other diagnostic and health professionals.</p> <p>Social workers: people who have completed recognised training and are eligible for membership of the Australian Association of Social Workers.</p> <p>Psychologists: people who are registered as psychologists with the relevant State or Territory registration board.</p> <p>Occupational therapists: people who have completed a course of recognised training and who are eligible for membership of the Australian Association of Occupational Therapists.</p> <p>Other personal care staff: attendants, assistants, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants who are engaged primarily in the provision of personal care to patients or residents, and who are not formally qualified or who are undergoing training in nursing or allied health professions.</p> <p>Administrative and clerical staff: staff engaged in administrative and clerical duties. Excludes medical, nursing, diagnostic and health professional and domestic staff wholly or partly involved in administrative and clerical duties, who should be counted under their appropriate occupational categories. Civil engineers and computing staff are included in this category.</p> <p>Domestic and other staff: staff involved in the provision of food and cleaning services including domestic staff primarily engaged in administrative duties such as food services manager. Dieticians are excluded.</p>

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<b>Substance use disorders</b>	Disorders in which drugs or alcohol are used to such an extent that behaviour becomes maladaptive, social and occupational functioning is impaired, and control or abstinence becomes impossible. Reliance on the drug can be psychological (as in substance misuse) or physiological (as in substance dependence).
<b>Youth mental health services</b>	Services principally targeting children and young people generally aged 16-25 years. The classification of a service into this category requires recognition by the regional or central funding authority of the special focus of the service. These services may include a forensic component.

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# 13A Mental health management — attachment

Information on the comparability and completeness of the data for the performance indicators and measures is in sections 13.2-3.

Definitions of key terms in this attachment are in section 13.4 of the chapter. Unsourced information was obtained from the Australian, State and Territory governments.

Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat.

Data reported in the attachment tables are the most accurate available at the time of data collection. Historical data may have been updated since the last edition of RoGS.

This file is available on the Review website at [www.pc.gov.au/rogs/2018](http://www.pc.gov.au/rogs/2018).



## Attachment contents

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**Table 13A.1 Real Australian, State and Territory governments' expenditure on mental health services (2015-16 dollars) (a), (b), (c), (d)**

	<i>State and Territory governments</i>	<i>Australian Government</i>	<i>Total</i>
<i>Real expenditure (\$million)</i>			
2006-07	3 705.4	1 971.3	<b>5 676.8</b>
2007-08	3 954.4	2 363.6	<b>6 318.0</b>
2008-09	4 150.8	2 569.1	<b>6 719.9</b>
2009-10	4 447.2	2 572.2	<b>7 019.4</b>
2010-11	4 739.7	2 762.6	<b>7 502.3</b>
2011-12	4 878.8	2 860.1	<b>7 739.0</b>
2012-13	4 854.6	2 981.7	<b>7 836.3</b>
2013-14	5 015.4	3 088.9	<b>8 104.3</b>
2014-15	5 170.9	3 099.9	<b>8 270.8</b>
2015-16	5 359.3	3 134.4	<b>8 493.7</b>
<i>Real expenditure per person (\$)</i>			
2006-07	179.64	95.57	<b>275.20</b>
2007-08	188.16	112.47	<b>300.63</b>
2008-09	193.28	119.63	<b>312.91</b>
2009-10	203.39	117.64	<b>321.02</b>
2010-11	213.76	124.60	<b>338.36</b>
2011-12	216.98	127.20	<b>344.18</b>
2012-13	211.93	130.17	<b>342.10</b>
2013-14	215.08	132.46	<b>347.53</b>
2014-15	218.87	131.21	<b>350.08</b>
2015-16	223.86	130.93	<b>354.79</b>
<i>Proportion of expenditure (per cent)</i>			
2006-07	65.3	34.7	<b>100.0</b>
2007-08	62.6	37.4	<b>100.0</b>
2008-09	61.8	38.2	<b>100.0</b>
2009-10	63.4	36.6	<b>100.0</b>
2010-11	63.2	36.8	<b>100.0</b>
2011-12	63.0	37.0	<b>100.0</b>
2012-13	62.0	38.0	<b>100.0</b>
2013-14	61.9	38.1	<b>100.0</b>
2014-15	62.5	37.5	<b>100.0</b>
2015-16	63.1	36.9	<b>100.0</b>

(a) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).

(b) The estimate of State and Territory governments' expenditure relates to expenditure on specialised mental health services (tables 13A.4 and 13A.6) less Australian Governments expenditure on 'Mental health specific payments to states and territories' and the Department of Veterans' Affairs as reported in table 13A.4. It includes expenditure sourced from other revenue (as reported in table 13A.4) and Australian Government funding provided under the Australian Health Care Agreement base grants/NHA SPP.

**Table 13A.1 Real Australian, State and Territory governments' expenditure on mental health services (2015-16 dollars) (a), (b), (c), (d)**

	<i>State and Territory governments</i>	<i>Australian Government</i>	<b><i>Total</i></b>
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(c) Depreciation is excluded for all years.

(d) Due to the ongoing validation of the NMDS, data could differ from previous reports.

*Source:* AIHW (unpublished) MHE NMDS; Department of Health (Australian Government), unpublished; table 13A.60.

TABLE 13A.2

Table 13A.2 Real estimated Australian Government expenditure on mental health services (2015-16 dollars) (a), (b), (c)

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
<i>\$ million</i>										
Mental health specific payments to states and territories (d)	92.7	98.5	96.4	4.1	7.2	20.5	54.1	65.1	63.1	39.1
National programs and initiative (Department of Health managed) (e)	110.1	240.2	217.4	212.5	258.6	316.2	436.6	478.5	582.4	619.3
National programs and initiative (Department of Social Services [DSS] or Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] managed) (f)	11.0	102.2	170.3	160.5	159.8	166.9	193.6	219.9	230.3	244.3
National programs and initiative (DVA managed) (g)	177.9	177.4	187.5	180.3	177.4	173.8	181.1	181.9	183.9	190.7
Department of Defence-funded programs (h)	na	na	na	17.1	24.0	23.5	26.1	37.3	41.7	45.5
National Suicide Prevention Program (i)	21.9	23.0	24.5	24.8	27.3	48.5	51.0	50.5	50.0	49.1
Indigenous social and emotional wellbeing programmes (j)	30.5	33.0	39.1	40.3	45.7	44.6	46.5	46.4	39.6	40.0
MBS — Psychiatrists (k)	291.7	294.8	296.2	296.7	305.1	312.3	322.4	334.1	340.4	342.3
MBS — General practitioners (l)	190.5	165.8	206.9	224.7	258.9	218.7	208.4	225.6	246.7	269.0
MBS — Psychologists/Allied Health (m)	70.6	217.1	291.1	345.6	398.6	407.9	440.7	452.8	483.3	517.6
Pharmaceutical Benefits Schedule (n)	839.3	861.0	882.5	883.7	913.9	916.6	823.2	766.4	599.8	548.6
Private Health Insurance Premium Rebates (o)	88.2	96.4	91.7	111.3	110.4	129.5	119.8	137.8	139.9	147.5
Research (p)	46.9	54.1	65.4	70.5	75.7	78.2	71.0	86.2	93.1	75.2
National Mental Health Commission (q)	..	..	..	..	..	2.9	7.2	6.4	5.8	6.2
<b>TOTAL</b>	<b>1 971.3</b>	<b>2 363.6</b>	<b>2 569.1</b>	<b>2 572.2</b>	<b>2 762.6</b>	<b>2 860.1</b>	<b>2 981.7</b>	<b>3 088.9</b>	<b>3 099.9</b>	<b>3 134.4</b>
<i>Per cent</i>										
Mental health specific payments to states and territories (d)	4.7	4.2	3.8	0.2	0.3	0.7	1.8	2.1	2.0	1.2
National programs and initiative (DoHA managed) (e)	5.6	10.2	8.5	8.3	9.4	11.1	14.6	15.5	18.8	19.8
National programs and initiative (FaHCSIA managed) (f)	0.6	4.3	6.6	6.2	5.8	5.8	6.5	7.1	7.4	7.8
National programs and initiative (DVA managed) (g)	9.0	7.5	7.3	7.0	6.4	6.1	6.1	5.9	5.9	6.1
Department of Defence-funded programs (h)	na	na	na	0.7	0.9	0.8	0.9	1.2	1.3	1.5
National Suicide Prevention Program (i)	1.1	1.0	1.0	1.0	1.0	1.7	1.7	1.6	1.6	1.6
Indigenous social and emotional wellbeing programmes (j)	1.5	1.4	1.5	1.6	1.7	1.6	1.6	1.5	1.3	1.3

TABLE 13A.2

Table 13A.2 Real estimated Australian Government expenditure on mental health services (2015-16 dollars) (a), (b), (c)

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
MBS — Psychiatrists (k)	14.8	12.5	11.5	11.5	11.0	10.9	10.8	10.8	11.0	10.9
MBS — General practitioners (l)	9.7	7.0	8.1	8.7	9.4	7.6	7.0	7.3	8.0	8.6
MBS — Psychologists/Allied Health (m)	3.6	9.2	11.3	13.4	14.4	14.3	14.8	14.7	15.6	16.5
Pharmaceutical Benefits Schedule (n)	42.6	36.4	34.4	34.4	33.1	32.0	27.6	24.8	19.3	17.5
Private Health Insurance Premium Rebates (o)	4.5	4.1	3.6	4.3	4.0	4.5	4.0	4.5	4.5	4.7
Research (p)	2.4	2.3	2.5	2.7	2.7	2.7	2.4	2.8	3.0	2.4
National Mental Health Commission (q)	..	..	..	..	..	0.1	0.2	0.2	0.2	0.2
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

- (a) Detailed notes on how estimates specific to Commonwealth mental health expenditure are derived can be found in the AIHW Mental Health Services in Australia online publication. See <http://mhsa.aihw.gov.au/resources/expenditure/data-source/>.
- (b) Estimated Australian Government expenditure shown in the table covers only those areas of expenditure that have a clear and identifiable mental health purpose. A range of other expenditure, both directly and indirectly related to provision of support for people affected by mental illness, is not covered in the table.
- (c) Time series financial data are adjusted to 2015-16 dollars using the implicit price deflator for general government final consumption expenditure on hospital and nursing home services (table 13A.60).
- (d) *Mental health specific payments to states and territories*: For years up to 2008-09, this category covers specific payments made to states and territories by the Australian Government for mental health reform under the Medicare Agreements 1993–98, and Australian Health Care Agreements 1998–2003 and 2008-09. From July 2009, the Australian Government provided special purpose payments (SPP) to State and Territory governments under the National Healthcare Agreement (NHA) that do not specify the amount to be spent on mental health or any other health area. As a consequence, specific mental health funding cannot be identified under the NHA. From 2008-09 onwards, the amounts include: National Perinatal Depression Plan – Payments to States, the National Partnership - Supporting Mental Health Reform and specific payments to Tasmania under the Tasmanian Health Assistance Package. Note that the expenditure reported here excludes payments to states and territories for the development of subacute mental health beds made under Schedule E of the National Partnership Agreement - Improving Public Hospital Services, which total \$175 million over the period 2010-11 to 2013-14. Mental-health specific payments cannot be separately identified from payments for other categories of subacute beds made to states and territories.
- (e) *National programs and initiatives (Department of Health managed)*: This category of expenditure includes the expenditure groups described in the AIHW Mental Health Services in Australia online publication. See <http://mhsa.aihw.gov.au/resources/expenditure/data-source/>. Note that expenditure reported under the item 'Indigenous social and emotional wellbeing programmes' has previously been reported under 'National programs and initiatives (Department of Health managed)'. This expenditure is now separately reported following the transfer of the former OATSIH Social and Emotional Wellbeing program to the Department of the Prime Minister and Cabinet. Adjustments have been made to all years.

Table 13A.2 **Real estimated Australian Government expenditure on mental health services (2015-16 dollars) (a), (b), (c)**

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
(f) <i>National programs and initiatives (DSS/FaHCSIA managed)</i> : Expenditure on FaHCSIA-managed COAG Action Plan programs refers to funding outlays on three initiatives funded by the Australian Government under the COAG Action Plan on Mental Health (Personal Helpers and Mentors [PHaMs], More Respite Care Places to Help Families and Carers, [MHRCS] Family Mental Health Support Services (previously referred to as Community based programmes to help families coping with mental illness). 2013-14 and 2014-15 expenditure also includes expenditure on new Community Mental Health – drought assistance measure. PHaMs and MHRCS funding is in scope to transition to the NDIS, and participation will decrease over the next few years in line with the rollout of the Scheme, DSS will not be providing further data for these programs post 2015-16.										
(g) <i>National programs and initiatives (Department of Veterans' Affairs [DVA] managed)</i> : Refers to payments for mental health care provided in public hospitals for veterans. For years prior to 2012-13, non admitted costs are not included as relevant data sets are incomplete or unavailable. However, for 2012-13, non admitted costs are included for Victoria, Western Australia and South Australia. For 2015-16, non admitted costs are included for all jurisdictions. There were no mental health related public hospital services claimed in the Northern Territory in 2010-11.										
(h) <i>Department of Defence-funded programs</i> : Expenditure reporting commenced in 2009-10, and covers a range of mental health programs and services delivered to ADF personnel. Increased expenditure over the period reflects, in part, increased accuracy of data capture. Details of the ADF Mental Health Strategy are available at <a href="http://www.defence.gov.au/health/dmh/docs/2011ADFMentalHealthandWellbeingStrategy.pdf">http://www.defence.gov.au/health/dmh/docs/2011ADFMentalHealthandWellbeingStrategy.pdf</a> .										
(i) <i>National Suicide Prevention Program</i> : Expenditure reported includes all Australian Government allocations made under the former national program, including additional funding made available under the COAG Action Plan and the 2010-11 and 2011-12 Federal Budgets. Changes in administrative arrangements and financial reporting make the 2015-16 estimate not directly comparable to previous years. Components of the National Suicide Prevention Program are based on estimated expenditure designed to match as closely as possible the former methodology. The Department of Health will explore in future years the option of rolling up expenditure for this item into National Programs and Initiatives (DOHA/Department of Health managed).										
(j) <i>Indigenous social and emotional wellbeing programmes</i> : Previously reported under 'National programmes and initiatives (Health managed)' up to 2012-13 but has been separately identified following the transfer of the former OATSIH Social and Emotional Wellbeing program to the Department of Prime Minister and Cabinet. Social and emotional wellbeing services and activities receive funding through the Indigenous Advancement Strategy Safety and Wellbeing Programme, administered by the Department of the Prime Minister and Cabinet (PM&C). PM&C funded providers do not deliver clinical mental health services but offer a range of support services including counselling to promote social and emotional wellbeing among Indigenous peoples, including those affected by the Stolen Generations.										
(k) <i>Medicare Benefits Schedule – Psychiatrists</i> : Expenditure reported refers to benefits paid for services by consultant psychiatrists processed in each of the index years. The amounts reported exclude payments made by the Department of Veterans' Affairs under the Repatriation Medical Benefits Schedule. These are included under the Department of Veterans' Affairs expenditure.										

Table 13A.2 Real estimated Australian Government expenditure on mental health services (2015-16 dollars) (a), (b), (c)

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
(l) <i>Medicare Benefits Schedule – General Practitioner</i> : Prior to 2006-07, General Practitioner mental health-related expenditure was based on a crude estimate of 6.1 per cent of total MBS benefits paid for GP attendances, and derived from data and assumptions as detailed in the National Mental Health Report 2007. This estimate was historical and aimed to recognise that, although few mental health specific items were available in the MBS to accurately monitor GP mental health service provision, GPs are a significant provider of services to people with mental illness. Commencing November 2006, new mental health specific GP items were introduced under the Better Access to Mental Health Care initiative. To incorporate these changes, GP expenditure reported for 2006-07 is based on total MBS benefits paid against these new mental health specific items, plus an additional 6.1 per cent of total GP Benefits paid in the period preceding the introduction of the new items (July and November 2006). For 2007-08 and future years, expenditure on GP mental health care is based solely on benefits paid against MBS mental health specific GP items, which are predominantly the Better Access GP mental health items plus a small number of other items that were created in the years preceding the introduction of the Better Access initiative. This method provides a significantly lower expenditure figure than obtained using the 6.1 per cent estimate of previous years because it is conservative and does not attempt to assign a cost to the range of GP mental health work that is not billed as a specific mental health item. Comparisons of GP mental health related expenditure reported pre- and post-2006-07 are therefore not valid as the apparent decrease reflects the different approach to counting GP mental health services.										
(m) <i>Medicare Benefits Schedule – Psychologists/Allied Health</i> : Expenditure refers to MBS benefits paid for Clinical Psychologists, Psychologists, Social Workers and Occupational Therapists under the new items introduced through the Better Access to Mental Health Care initiative on 1 November 2006, plus a small number of Psychologist/Allied health items that were created under the Enhanced Primary Care program in the years preceding the introduction of the Better Access initiative.										
(n) <i>Pharmaceutical Benefits Scheme</i> : Expenditure under the Pharmaceutical Benefits Scheme refers to all Australian Government benefits for psychiatric medication in each of the index years, defined as drugs included in the following classes of the Anatomical Therapeutic Chemical Drug Classification System: antipsychotics (except prochlorperazine); anxiolytics; hypnotics and sedatives; psychostimulants; and antidepressants. Expenditure on Clozapine, funded under the Highly Specialised Drugs Program, has been included for all years, including Clozapine dispensed through public hospitals. The amounts reported exclude payments made by the Department of Veterans' Affairs under the Repatriation Pharmaceutical Benefits Schedule. These are included under the Department of Veterans' Affairs expenditure.										
(o) <i>Private Health Insurance Premium Rebates</i> : Estimates of the 'mental health share' of Australian Government Private Health Insurance Rebates are derived from a combination of sources and based on the assumption that a proportion of Australian Government outlays designed to increase public take up of private health insurance have subsidised private psychiatric care in hospitals. The methodology underpinning these estimates is described in the AIHW Mental Health Services in Australia online publication. See <a href="http://mhsa.aihw.gov.au/resources/expenditure/data-source/">http://mhsa.aihw.gov.au/resources/expenditure/data-source/</a> . 2015-16 data are preliminary estimates only, extrapolated from the average annual growth over the preceding five years. Final estimates will be provided when all relevant data sources are available.										
(p) <i>Research</i> : Research funding represents the value of mental health related grants administered by the National Health and Medical Research Council (NHMRC) during the relevant year. Updated data for all financial years was provided by the NHMRC.										
(q) <i>National Mental Health Commission</i> : The Commission commenced operation in January 2012. Source Data: NMHC Annual Report 2016-17, Pg. 65. <a href="http://www.mentalhealthcommission.gov.au/media/178786/Annual%20Report%2015-16.PDF">http://www.mentalhealthcommission.gov.au/media/178786/Annual%20Report%2015-16.PDF</a>										
<b>na</b> Not available. .. Not applicable.										

Source: Department of Health (Australian Government) (unpublished).



TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	NSW (f)	Vic	Qld (g)	WA	SA (h)	Tas	ACT	NT	Aust
<i>2006-07</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	189.2	32.9	70.4	66.9	80.0	..	..	..	439.4
Public acute hospital	310.2	206.2	190.0	98.6	55.0	29.8	14.2	10.3	914.3
<i>Total admitted patient (i)</i>	499.4	239.1	260.4	165.5	135.0	29.8	14.2	10.3	1 353.8
Community residential	27.8	124.7	–	6.5	3.0	18.5	6.9	0.3	187.7
Ambulatory	332.9	283.9	208.9	154.5	88.5	27.7	27.4	15.2	1 139.0
Non-government organisations	40.5	64.3	32.5	18.0	21.8	3.3	5.3	4.1	189.8
Indirect	63.2	43.0	29.3	10.7	4.8	4.3	1.9	2.1	159.1
<b>Total expenditure</b>	<b>963.8</b>	<b>754.9</b>	<b>531.1</b>	<b>355.2</b>	<b>253.1</b>	<b>83.5</b>	<b>55.7</b>	<b>32.1</b>	<b>3 029.3</b>
<i>Per cent</i>									
Public psychiatric hospital	19.6	4.4	13.3	18.8	31.6	..	..	..	14.5
Public acute hospital	32.2	27.3	35.8	27.8	21.7	35.7	25.5	32.1	30.2
<i>Total admitted patient (i)</i>	51.8	31.7	49.0	46.6	53.4	35.7	25.5	32.1	44.7
Community residential	2.9	16.5	–	1.8	1.2	22.1	12.4	1.1	6.2
Ambulatory	34.5	37.6	39.3	43.5	35.0	33.2	49.3	47.5	37.6
Non-government organisations	4.2	8.5	6.1	5.1	8.6	3.9	9.5	12.8	6.3
Indirect	6.6	5.7	5.5	3.0	1.9	5.1	3.4	6.6	5.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2007-08</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	181.5	39.7	77.8	67.5	80.6	..	..	..	447.1
Public acute hospital	340.7	221.1	221.5	113.0	60.2	34.2	16.0	11.7	1 018.5
<i>Total admitted patient (i)</i>	522.2	260.8	299.3	180.6	140.8	34.2	16.0	11.7	1 465.5
Community residential	15.1	131.3	–	9.1	6.3	19.3	7.4	0.5	189.1
Ambulatory	372.7	303.4	249.2	174.6	98.7	29.2	27.1	16.4	1 271.3

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	<i>NSW</i> (f)	<i>Vic</i>	<i>Qld</i> (g)	<i>WA</i>	<i>SA</i> (h)	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Non-government organisations	60.4	65.6	39.4	21.1	24.5	4.7	6.1	3.8	225.6
Indirect	66.8	42.0	33.2	13.7	5.7	4.7	3.3	2.4	171.9
<b>Total expenditure</b>	<b>1 037.1</b>	<b>803.2</b>	<b>621.1</b>	<b>399.1</b>	<b>276.0</b>	<b>92.1</b>	<b>59.9</b>	<b>34.8</b>	<b>3 323.4</b>
<i>Per cent</i>									
Public psychiatric hospital	17.5	4.9	12.5	16.9	29.2	..	..	..	13.5
Public acute hospital	32.9	27.5	35.7	28.3	21.8	37.1	26.7	33.5	30.6
<i>Total admitted patient</i> (i)	50.3	32.5	48.2	45.2	51.0	37.1	26.7	33.5	44.1
Community residential	1.5	16.3	–	2.3	2.3	21.0	12.4	1.3	5.7
Ambulatory	35.9	37.8	40.1	43.7	35.8	31.7	45.2	47.1	38.3
Non-government organisations	5.8	8.2	6.3	5.3	8.9	5.1	10.2	11.0	6.8
Indirect	6.4	5.2	5.3	3.4	2.1	5.2	5.5	7.0	5.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2008-09</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	181.5	37.2	80.6	74.3	80.7	..	..	..	454.4
Public acute hospital	405.6	241.0	227.8	124.4	66.0	35.9	16.4	13.0	1 130.1
<i>Total admitted patient</i> (i)	587.2	278.2	308.4	198.7	146.8	35.9	16.4	13.0	1 584.5
Community residential	13.9	142.2	–	12.9	9.1	19.1	9.9	0.9	208.0
Ambulatory	401.9	323.5	285.2	193.4	113.3	32.1	31.4	17.2	1 397.8
Non-government organisations	57.7	70.0	46.1	23.7	24.0	4.7	6.2	3.6	236.0
Indirect	54.0	45.3	41.8	14.4	6.7	5.3	2.7	3.2	173.3
<b>Total expenditure</b>	<b>1 114.6</b>	<b>859.2</b>	<b>681.5</b>	<b>443.0</b>	<b>299.9</b>	<b>97.0</b>	<b>66.5</b>	<b>37.9</b>	<b>3 599.6</b>
<i>Per cent</i>									
Public psychiatric hospital	16.3	4.3	11.8	16.8	26.9	..	..	..	12.6
Public acute hospital	36.4	28.0	33.4	28.1	22.0	37.0	24.7	34.2	31.4
<i>Total admitted patient</i> (i)	52.7	32.4	45.3	44.9	48.9	37.0	24.7	34.2	44.0

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	<i>NSW (f)</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Community residential	1.2	16.6	–	2.9	3.0	19.7	14.8	2.3	5.8
Ambulatory	36.1	37.7	41.9	43.6	37.8	33.0	47.2	45.4	38.8
Non-government organisations	5.2	8.1	6.8	5.3	8.0	4.8	9.3	9.6	6.6
Indirect	4.8	5.3	6.1	3.2	2.2	5.5	4.0	8.4	4.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2009-10</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	221.2	43.8	86.9	75.4	72.8	..	..	..	500.2
Public acute hospital	416.8	252.1	244.1	131.5	74.8	43.1	16.6	12.9	1 192.0
<i>Total admitted patient (i)</i>	638.0	296.0	331.0	206.8	147.7	43.1	16.6	12.9	1 692.2
Community residential	11.9	152.3	–	14.9	9.0	20.2	10.6	1.3	220.3
Ambulatory	434.3	344.6	338.4	206.6	123.4	34.0	30.9	19.4	1 531.6
Non-government organisations	68.3	74.7	50.3	25.8	30.2	5.5	7.9	3.7	266.3
Indirect	65.5	56.6	46.9	14.1	6.9	6.3	2.5	2.8	201.7
<b>Total expenditure</b>	<b>1 218.1</b>	<b>924.2</b>	<b>766.6</b>	<b>468.2</b>	<b>317.2</b>	<b>109.2</b>	<b>68.6</b>	<b>40.1</b>	<b>3 912.1</b>
<i>Per cent</i>									
Public psychiatric hospital	18.2	4.7	11.3	16.1	23.0	..	..	..	12.8
Public acute hospital	34.2	27.3	31.8	28.1	23.6	39.5	24.3	32.2	30.5
<i>Total admitted patient (i)</i>	52.4	32.0	43.2	44.2	46.6	39.5	24.3	32.2	43.3
Community residential	1.0	16.5	–	3.2	2.9	18.6	15.5	3.2	5.6
Ambulatory	35.7	37.3	44.1	44.1	38.9	31.2	45.1	48.3	39.1
Non-government organisations	5.6	8.1	6.6	5.5	9.5	5.0	11.5	9.3	6.8
Indirect	5.4	6.1	6.1	3.0	2.2	5.8	3.6	7.0	5.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2010-11</i>									
<i>Recurrent expenditure (\$ million)</i>									

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	NSW (f)	Vic	Qld (g)	WA	SA (h)	Tas	ACT	NT	Aust
Public psychiatric hospital	244.0	42.2	90.4	82.1	66.8	..	..	..	525.5
Public acute hospital	449.7	271.3	254.0	151.1	75.0	44.5	18.6	14.3	1 278.5
<i>Total admitted patient (i)</i>	693.7	313.5	344.4	233.2	141.8	44.5	18.6	14.3	1 804.0
Community residential	12.3	164.4	–	17.7	11.8	21.0	10.0	1.5	238.7
Ambulatory	467.4	368.8	364.4	221.4	135.7	36.2	32.3	20.9	1 647.2
Non-government organisations	72.6	80.4	65.6	28.5	36.5	7.7	8.6	3.4	303.2
Indirect	69.2	58.3	60.7	24.6	6.3	7.0	3.0	3.3	232.2
<b>Total expenditure</b>	<b>1 315.3</b>	<b>985.4</b>	<b>835.0</b>	<b>525.5</b>	<b>331.9</b>	<b>116.4</b>	<b>72.5</b>	<b>43.3</b>	<b>4 225.4</b>
<i>Per cent</i>									
Public psychiatric hospital	18.6	4.3	10.8	15.6	20.1	..	..	..	12.4
Public acute hospital	34.2	27.5	30.4	28.8	22.6	38.2	25.6	33.0	30.3
<i>Total admitted patient (i)</i>	52.7	31.8	41.2	44.4	42.7	38.2	25.6	33.0	42.7
Community residential	0.9	16.7	–	3.4	3.5	18.1	13.8	3.4	5.6
Ambulatory	35.5	37.4	43.6	42.1	40.9	31.1	44.6	48.3	39.0
Non-government organisations	5.5	8.2	7.9	5.4	11.0	6.6	11.9	7.8	7.2
Indirect	5.3	5.9	7.3	4.7	1.9	6.0	4.1	7.5	5.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2011-12</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	238.2	40.8	97.4	88.8	63.8	..	..	..	529.0
Public acute hospital	510.0	274.6	267.5	167.2	73.6	40.6	19.4	16.0	1 368.9
<i>Total admitted patient (i)</i>	748.2	315.4	364.9	256.0	137.5	40.6	19.4	16.0	1 897.9
Community residential	12.7	164.1	..	21.6	18.4	19.8	11.0	1.5	249.2
Ambulatory	499.5	394.4	401.5	240.3	144.5	34.3	35.4	23.3	1 773.1
Non-government organisations	70.3	83.6	69.4	31.8	33.5	6.5	10.5	3.6	309.3
Indirect	68.4	56.1	55.5	31.9	8.6	6.3	2.8	4.3	233.9

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	<i>NSW (f)</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Total expenditure</b>	<b>1 399.2</b>	<b>1 013.6</b>	<b>891.3</b>	<b>581.5</b>	<b>342.5</b>	<b>107.5</b>	<b>79.2</b>	<b>48.6</b>	<b>4 463.4</b>
<i>Per cent</i>									
Public psychiatric hospital	17.0	4.0	10.9	15.3	18.6	..	..	..	11.9
Public acute hospital	36.5	27.1	30.0	28.8	21.5	37.7	24.5	32.9	30.7
<i>Total admitted patient (i)</i>	53.5	31.1	40.9	44.0	40.1	37.7	24.5	32.9	42.5
Community residential	0.9	16.2	..	3.7	5.4	18.5	13.9	3.1	5.6
Ambulatory	35.7	38.9	45.0	41.3	42.2	31.9	44.7	47.9	39.7
Non-government organisations	5.0	8.3	7.8	5.5	9.8	6.1	13.3	7.3	6.9
Indirect	4.9	5.5	6.2	5.5	2.5	5.9	3.5	8.8	5.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2012-13</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	251.0	40.5	94.4	91.4	57.9	..	..	..	535.2
Public acute hospital	561.7	286.3	277.7	186.7	72.3	39.7	22.0	17.8	1 464.3
<i>Total admitted patient (i)</i>	812.7	326.8	372.2	278.1	130.1	39.7	22.0	17.8	1 999.4
Community residential	10.9	172.1	..	23.2	19.2	22.2	11.7	2.1	261.5
Ambulatory	498.8	401.6	402.0	248.0	157.0	36.1	35.7	23.5	1 802.6
Non-government organisations	76.1	89.4	58.9	41.7	31.7	6.5	13.3	3.6	321.2
Indirect	72.3	56.4	41.9	32.7	11.2	6.8	3.0	3.3	227.5
<b>Total expenditure</b>	<b>1 470.8</b>	<b>1 046.3</b>	<b>875.0</b>	<b>623.6</b>	<b>349.2</b>	<b>111.2</b>	<b>85.7</b>	<b>50.3</b>	<b>4 612.2</b>
<i>Per cent</i>									
Public psychiatric hospital	17.1	3.9	10.8	14.7	16.6	..	..	..	11.6
Public acute hospital	38.2	27.4	31.7	29.9	20.7	35.7	25.7	35.4	31.7
<i>Total admitted patient (i)</i>	55.3	31.2	42.5	44.6	37.3	35.7	25.7	35.4	43.4
Community residential	0.7	16.4	..	3.7	5.5	20.0	13.7	4.2	5.7
Ambulatory	33.9	38.4	45.9	39.8	45.0	32.4	41.6	46.7	39.1

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	<i>NSW (f)</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Non-government organisations	5.2	8.5	6.7	6.7	9.1	5.8	15.5	7.1	7.0
Indirect	4.9	5.4	4.8	5.2	3.2	6.1	3.5	6.5	4.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2013-14</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	255.0	44.4	87.2	86.3	58.7	..	..	..	531.8
Public acute hospital	615.7	303.4	294.4	205.7	98.2	39.6	23.7	18.6	1 599.2
<i>Total admitted patient (i)</i>	870.7	347.9	381.6	292.0	157.0	39.6	23.7	18.6	2 131.0
Community residential	10.3	190.8	..	26.7	23.0	21.7	12.3	3.1	288.0
Ambulatory	518.9	426.1	402.9	259.8	171.6	37.4	36.2	25.4	1 878.4
Non-government organisations	84.3	101.3	66.5	44.4	36.7	8.3	15.6	4.2	361.4
Indirect	82.9	58.8	41.0	43.5	10.3	4.6	2.9	2.9	247.0
<b>Total expenditure</b>	<b>1 567.1</b>	<b>1 124.9</b>	<b>892.0</b>	<b>666.5</b>	<b>398.6</b>	<b>111.7</b>	<b>90.7</b>	<b>54.2</b>	<b>4 905.7</b>
<i>Per cent</i>									
Public psychiatric hospital	16.3	4.0	9.8	13.0	14.7	..	..	..	10.8
Public acute hospital	39.3	27.0	33.0	30.9	24.6	35.5	26.1	34.3	32.6
<i>Total admitted patient (i)</i>	55.6	30.9	42.8	43.8	39.4	35.5	26.1	34.3	43.4
Community residential	0.7	17.0	..	4.0	5.8	19.5	13.5	5.8	5.9
Ambulatory	33.1	37.9	45.2	39.0	43.1	33.5	39.9	46.8	38.3
Non-government organisations	5.4	9.0	7.5	6.7	9.2	7.4	17.2	7.8	7.4
Indirect	5.3	5.2	4.6	6.5	2.6	4.1	3.2	5.4	5.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2014-15</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	253.2	50.0	82.6	84.2	59.3	–	–	–	529.4
Public acute hospital	650.6	320.3	325.9	224.4	108.7	35.1	23.9	19.5	1 708.4

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	<i>NSW (f)</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Total admitted patient (i)</i>	903.8	370.3	408.5	308.6	168.0	35.1	23.9	19.5	2 237.8
Community residential	10.3	189.9	–	26.8	29.0	29.1	13.0	6.3	304.3
Ambulatory	527.0	424.1	425.8	285.6	182.7	35.7	39.7	27.2	1 947.8
Non-government organisations	91.4	106.8	77.3	50.0	39.7	10.6	17.5	4.1	397.4
Indirect	103.7	68.0	41.5	51.0	10.4	5.5	2.8	2.7	285.6
<b>Total expenditure</b>	<b>1 636.2</b>	<b>1 159.0</b>	<b>953.1</b>	<b>721.9</b>	<b>429.8</b>	<b>116.0</b>	<b>97.0</b>	<b>59.7</b>	<b>5 172.9</b>
<i>Per cent</i>									
Public psychiatric hospital	15.5	4.3	8.7	11.7	13.8	–	–	–	10.2
Public acute hospital	39.8	27.6	34.2	31.1	25.3	30.2	24.7	32.7	33.0
<i>Total admitted patient (i)</i>	55.2	32.0	42.9	42.7	39.1	30.2	24.7	32.7	43.3
Community residential	0.6	16.4	–	3.7	6.7	25.1	13.4	10.6	5.9
Ambulatory	32.2	36.6	44.7	39.6	42.5	30.8	40.9	45.5	37.7
Non-government organisations	5.6	9.2	8.1	6.9	9.2	9.1	18.1	6.8	7.7
Indirect	6.3	5.9	4.4	7.1	2.4	4.8	2.9	4.4	5.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>2015-16</i>									
<i>Recurrent expenditure (\$ million)</i>									
Public psychiatric hospital	271.1	47.5	82.8	84.8	71.9	–	–	–	558.1
Public acute hospital	684.1	342.5	358.4	256.7	117.7	34.8	27.5	21.5	1 843.3
<i>Total admitted patient (i)</i>	955.2	390.0	441.2	341.5	189.7	34.8	27.5	21.5	2 401.4
Community residential	11.6	187.6	–	27.2	29.2	28.4	13.6	6.8	304.4
Ambulatory	562.0	443.6	461.6	295.0	180.1	35.9	40.6	28.5	2 047.1
Non-government organisations	98.5	110.9	81.8	55.1	31.2	11.3	21.1	4.5	414.4
Indirect	94.8	71.0	43.9	43.3	9.6	4.7	2.5	2.4	272.2
<b>Total expenditure</b>	<b>1 722.1</b>	<b>1 203.1</b>	<b>1 028.6</b>	<b>762.1</b>	<b>439.7</b>	<b>115.1</b>	<b>105.2</b>	<b>63.6</b>	<b>5 439.4</b>
<i>Per cent</i>									

TABLE 13A.3

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (current prices) (a), (b), (c), (d), (e)**

	NSW (f)	Vic	Qld (g)	WA	SA (h)	Tas	ACT	NT	Aust
Public psychiatric hospital	15.7	3.9	8.1	11.1	16.4	–	–	–	10.3
Public acute hospital	39.7	28.5	34.8	33.7	26.8	30.2	26.1	33.8	33.9
<i>Total admitted patient (i)</i>	55.5	32.4	42.9	44.8	43.1	30.2	26.1	33.8	44.1
Community residential	0.7	15.6	–	3.6	6.6	24.7	12.9	10.8	5.6
Ambulatory	32.6	36.9	44.9	38.7	41.0	31.2	38.6	44.7	37.6
Non-government organisations	5.7	9.2	8.0	7.2	7.1	9.8	20.0	7.0	7.6
Indirect	5.5	5.9	4.3	5.7	2.2	4.0	2.4	3.7	5.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

- (a) Expenditure is current prices for all years and includes all spending, regardless of source of funds.
- (b) Depreciation is excluded for all years.
- (c) See the AIHW *Mental Health Services in Australia* online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of expenditure estimates.
- (d) Due to the ongoing validation of NMDS, data could differ from previous reports.
- (e) Totals may not add due to rounding.
- (f) The quality of the NSW 2010-11 *MHE NMDS* data has been affected by the reconfiguration of the service system during the year.
- (g) Queensland does not currently classify any services as community residential, however funds a number of extended treatment services that are classified and reported as non-acute inpatient care. Additionally, funding to non-government services for psychiatric disability support services is administered by either Queensland Health or Department of Communities, Child Safety and Disability Services.
- (h) For SA, the increases in admitted patient and ambulatory care expenditure in 2013-14 partly relate to genuine increases in mental health services. However, a significant proportion of the increases relate to improved identification and allocation of direct care and general overhead expenditure to mental health services.
- (i) Includes expenditure on public hospital services managed and operated by private and non-government entities.  
.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished) MHE NMDS.



TABLE 13A.4

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2015-16 dollars) (\$ million) (a), (b), (c), (d)**

	<i>NSW (e)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
<i>2006-07</i>									
State/Territory funds	1 128.8	862.6	658.7	452.9	310.9	98.9	67.4	38.1	3 618.4
Australian Government funds									
Mental health specific payments to states and territories (g)	29.9	21.3	18.3	9.6	7.5	2.2	1.9	2.0	92.7
Department of Veterans' Affairs (h)	9.3	9.7	3.6	3.6	3.9	0.6	0.2	–	30.9
Total Australian Government funds	39.2	31.0	21.9	13.2	11.4	2.8	2.1	2.0	123.5
Other revenue	23.4	37.2	12.7	4.4	4.2	3.5	0.9	–	87.1
<b>Total funds</b>	<b>1 191.4</b>	<b>930.9</b>	<b>693.3</b>	<b>470.5</b>	<b>326.5</b>	<b>105.2</b>	<b>70.4</b>	<b>40.1</b>	<b>3 828.1</b>
<i>2007-08</i>									
State/Territory funds	1 184.9	906.3	750.5	494.5	326.5	105.7	69.6	39.8	3 877.9
Australian Government funds									
Mental health specific payments to states and territories (g)	30.7	23.1	19.5	10.2	7.4	2.7	2.7	2.3	98.5
Department of Veterans' Affairs (h)	9.2	7.5	2.8	3.0	4.5	0.4	0.3	–	27.8
Total Australian Government funds	39.9	30.6	22.3	13.2	11.9	3.1	2.9	2.3	126.2
Other revenue	21.8	28.5	11.4	3.9	5.4	4.0	0.6	0.5	76.5
<b>Total funds</b>	<b>1 246.6</b>	<b>965.4</b>	<b>784.2</b>	<b>511.6</b>	<b>343.8</b>	<b>112.8</b>	<b>73.1</b>	<b>42.7</b>	<b>4 080.1</b>
<i>2008-09</i>									
State/Territory funds	1 251.5	935.1	792.0	529.5	338.5	106.2	75.2	42.7	4 070.7
Australian Government funds									
Mental health specific payments to states and territories (g)	30.3	22.6	19.5	10.2	7.2	2.4	2.3	2.0	96.4
Department of Veterans' Affairs (h)	9.3	11.6	4.3	4.4	5.4	0.7	0.1	–	35.8
Total Australian Government funds	39.7	34.2	23.8	14.6	12.6	3.0	2.3	2.0	132.2
Other revenue	17.1	32.0	12.2	2.8	8.5	6.0	0.9	–	80.0
<b>Total funds</b>	<b>1 308.3</b>	<b>1 001.3</b>	<b>828.1</b>	<b>546.9</b>	<b>359.6</b>	<b>115.2</b>	<b>78.4</b>	<b>44.7</b>	<b>4 282.5</b>

TABLE 13A.4

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2015-16 dollars) (\$ million) (a), (b), (c), (d)**

	<i>NSW (e)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
<i>2009-10</i>									
State/Territory funds	1 358.6	994.4	873.2	547.7	355.1	120.0	76.6	45.6	4 371.3
Australian Government funds									
Mental health specific payments to states and territories (g)	1.1	1.0	0.7	0.5	0.3	0.2	0.2	0.2	4.1
Department of Veterans' Affairs (h)	10.3	10.2	4.5	2.7	4.3	0.6	0.4	–	33.2
Total Australian Government funds	11.4	11.2	5.2	3.3	4.6	0.8	0.6	0.2	37.2
Other revenue	12 600.5	36 348.0	11 905.9	3 097.3	6 187.3	4 527.8	868.9	–	75.9
<b>Total funds</b>	<b>1 382.6</b>	<b>1 042.0</b>	<b>890.3</b>	<b>554.1</b>	<b>365.9</b>	<b>125.3</b>	<b>78.0</b>	<b>45.9</b>	<b>4 484.1</b>
<i>2010-11</i>									
State/Territory funds	1 437.5	1 040.2	928.8	609.4	370.5	129.0	80.0	48.8	4 644.2
Australian Government funds									
Mental health specific payments to states and territories (g)	2.0	1.7	1.4	0.9	0.5	0.2	0.2	0.2	7.2
Department of Veterans' Affairs (h)	10.7	11.1	3.9	2.4	4.8	0.4	0.4	–	33.8
Total Australian Government funds	12.8	12.8	5.4	3.3	5.3	0.7	0.6	0.2	41.0
Other revenue	29.2	41.8	13.7	2.6	3.6	2.6	1.2	0.1	95.4
<b>Total funds</b>	<b>1 479.5</b>	<b>1 094.9</b>	<b>947.8</b>	<b>615.3</b>	<b>379.4</b>	<b>132.3</b>	<b>81.8</b>	<b>49.1</b>	<b>4 780.0</b>
<i>2011-12</i>									
State/Territory funds	1 502.6	1 045.4	961.1	644.9	370.2	115.5	85.1	53.0	4 777.9
Australian Government funds									
Mental health specific payments to states and territories (g)	6.7	4.4	3.6	2.9	1.5	0.4	0.6	0.4	20.5
Department of Veterans' Affairs (h)	10.4	9.8	3.2	1.9	4.3	0.5	0.3	–	30.6
Total Australian Government funds	17.1	14.2	6.8	4.9	5.8	0.9	0.9	0.5	51.0
Other revenue	17.8	48.2	18.0	7.3	5.4	2.9	0.9	0.1	100.9
<b>Total funds</b>	<b>1 537.6</b>	<b>1 107.8</b>	<b>985.9</b>	<b>657.0</b>	<b>381.4</b>	<b>119.3</b>	<b>86.9</b>	<b>53.6</b>	<b>4 929.6</b>

TABLE 13A.4

Table 13A.4 Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2015-16 dollars) (\$ million) (a), (b), (c), (d)

	<i>NSW (e)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
<i>2012-13</i>									
State/Territory funds	1 518.1	1 037.1	904.2	662.9	366.6	113.3	88.5	52.7	4 743.3
Australian Government funds									
Mental health specific payments to states and territories (g)	16.3	11.3	10.8	6.6	4.0	3.1	0.8	1.2	54.1
Department of Veterans' Affairs (h)	12.0	12.3	4.2	4.3	4.5	0.5	0.5	–	38.4
Total Australian Government funds	28.3	23.6	15.0	10.9	8.6	3.6	1.4	1.2	92.5
Other revenue	23.3	55.9	19.7	4.8	3.1	3.1	0.9	0.1	111.3
<b>Total funds</b>	<b>1 569.7</b>	<b>1 116.6</b>	<b>938.9</b>	<b>678.6</b>	<b>378.3</b>	<b>120.1</b>	<b>90.7</b>	<b>54.0</b>	<b>4 946.9</b>
<i>2013-14</i>									
State/Territory funds	1 583.3	1 092.4	888.4	680.1	407.0	104.0	92.2	55.1	4 902.5
Australian Government funds									
Mental health specific payments to states and territories (g)	17.3	12.4	18.2	7.7	4.3	3.1	0.9	1.3	65.1
Department of Veterans' Affairs (h)	13.7	10.8	4.0	4.0	5.0	0.7	0.3	–	38.5
Total Australian Government funds	31.0	23.2	22.2	11.7	9.3	3.8	1.2	1.3	103.7
Other revenue	18.1	53.8	19.6	8.3	2.4	9.8	0.8	0.1	112.9
<b>Total funds</b>	<b>1 632.4</b>	<b>1 169.3</b>	<b>930.2</b>	<b>700.1</b>	<b>418.7</b>	<b>117.7</b>	<b>94.3</b>	<b>56.5</b>	<b>5 119.1</b>
<i>2014-15</i>									
State/Territory funds	1 615.3	1 102.9	922.1	720.8	427.7	111.8	95.9	59.7	5 056.2
Australian Government funds									
Mental health specific payments to states and territories (g)	16.2	11.6	17.6	7.6	4.0	4.2	0.8	1.2	63.1
Department of Veterans' Affairs (h)	13.8	10.3	5.0	3.1	5.3	0.6	0.3	–	38.2
Total Australian Government funds	30.0	21.9	22.5	10.7	9.3	4.8	1.1	1.2	101.4
Other revenue	20.9	54.3	26.0	7.4	2.0	2.2	1.7	0.1	114.7
<b>Total funds</b>	<b>1 666.1</b>	<b>1 179.1</b>	<b>970.6</b>	<b>738.9</b>	<b>439.1</b>	<b>118.8</b>	<b>98.7</b>	<b>61.0</b>	<b>5 272.3</b>

TABLE 13A.4

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2015-16 dollars) (\$ million) (a), (b), (c), (d)**

	NSW (e)	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (f)
<i>2015-16</i>									
State/Territory funds	1 679.0	1 132.0	987.8	744.5	426.1	108.6	103.2	62.9	5 244.1
Australian Government funds									
Mental health specific payments to states and territories (g)	6.8	7.6	10.4	7.0	3.4	2.7	0.6	0.4	39.1
Department of Veterans' Affairs (h)	13.2	10.9	4.7	3.9	7.1	0.7	0.5	0.1	41.1
Total Australian Government funds	20.0	18.5	15.1	10.9	10.6	3.4	1.1	0.5	80.2
Other revenue	23.1	52.6	25.7	6.7	3.1	3.0	0.8	0.2	115.2
<b>Total funds</b>	<b>1 722.1</b>	<b>1 203.1</b>	<b>1 028.6</b>	<b>762.1</b>	<b>439.7</b>	<b>115.1</b>	<b>105.2</b>	<b>63.6</b>	<b>5 439.4</b>

(a) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).

(b) Estimates of State and Territory government funds include Australian government funding provided under the Australian Health Care Agreement base grants/NHA SPP.

(c) Depreciation is excluded for all years.

(d) Due to the ongoing validation of NMDS, data could differ from previous reports.

(e) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.

(f) The Australian total for mental health specific payments to states and territories can differ slightly to those in table 13A.2 as in that table the deflator for Australia is used, whereas in this table State or Territory specific deflators are used and the Australian total is the sum of states and territories.

(g) *Mental health specific payments to states and territories*: For years up to 2008-09, this category covers specific payments made to states and territories by the Australian Government for mental health reform under the Medicare Agreements 1993–1998, and Australian Health Care Agreements 1998–2003 and 2008-09. From July 2009, the Australian Government provided SPP to State and Territory governments under the NHA that do not specify the amount to be spent on mental health or any other health area. As a consequence, specific mental health funding cannot be identified under the NHA. From 2008-09 onwards, the amounts include: National Perinatal Depression Plan – Payments to States, National Partnership – Supporting Mental Health Reform and specific payments to Tasmania under the Tasmanian Health Assistance Package. Note that the expenditure reported here excludes payments to states and territories for the development of subacute mental health beds made under Schedule E of the National Partnership Agreement – Improving Public Hospital Services, which will total \$175 million over the period 2010-11 to 2013-14. Mental-health specific payments cannot be separately identified from payments for other categories of subacute beds made to states and territories.

**Table 13A.4 Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2015-16 dollars) (\$ million) (a), (b), (c), (d)**

	<i>NSW (e)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
(h) <i>Department of Veterans' Affairs:</i> This category of expenditure includes the groups described in the AIHW <i>Mental Health Services in Australia</i> online publication. See <a href="http://mhsa.aihw.gov.au/resources/expenditure/data-source/">http://mhsa.aihw.gov.au/resources/expenditure/data-source/</a> .									

– Nil or rounded to zero.

*Source:* AIHW (unpublished) MHE NMDS; Department of Health (Australian Government) (unpublished).

Table 13A.5 **Depreciation expenditure on State and Territory governments' specialised mental health services (current prices) (\$ million) (a), (b)**

	<i>NSW (c)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2006-07	12.4	7.2	9.7	4.1	–	–	–	–	33.4
2007-08	13.8	11.3	9.1	3.5	0.4	–	–	0.5	38.8
2008-09	9.0	12.9	8.2	4.1	3.2	–	–	–	37.5
2009-10	14.4	19.7	7.7	4.3	2.5	–	–	–	48.5
2010-11	13.2	29.6	9.2	4.3	1.5	–	–	–	57.9
2011-12	13.6	26.3	9.1	4.8	1.1	–	–	–	54.8
2012-13	16.3	20.3	7.1	4.0	–	–	–	–	47.8
2013-14	17.0	18.5	8.3	8.4	5.9	–	–	–	58.0
2014-15	19.3	19.7	9.5	8.9	11.4	–	–	–	68.8
2015-16	15.7	18.9	10.1	6.9	17.4	–	0.3	–	69.3

(a) See the AIHW *Mental Health Services in Australia* online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of expenditure estimates.

(b) Due to the ongoing validation of NMDS, data could differ from previous reports.

(c) The quality of the NSW 2010-11 MHE NMDS data has been affected by the reconfiguration of the service system during the year.

– Nil or rounded to zero.

Source: AIHW (unpublished) MHE NMDS.

TABLE 13A.6

Table 13A.6 **Real estimated recurrent expenditure on State and Territory governments specialised mental health services (2015-16 dollars) (a), (b), (c), (d)**

	NSW (e)	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Real recurrent expenditure (\$ million)</i>									
2006-07	1 191.4	930.9	693.3	470.5	326.5	105.2	70.4	40.1	3 828.1
2007-08	1 246.6	965.4	784.2	511.6	343.8	112.8	73.1	42.7	4 080.1
2008-09	1 308.3	1 001.3	828.1	546.9	359.6	115.2	78.4	44.7	4 282.5
2009-10	1 382.6	1 042.0	890.3	554.1	365.9	125.3	78.0	45.9	4 484.1
2010-11	1 479.5	1 094.9	947.8	615.3	379.4	132.3	81.8	49.1	4 780.0
2011-12	1 537.6	1 107.8	985.9	657.0	381.4	119.3	86.9	53.6	4 929.6
2012-13	1 569.7	1 116.6	938.9	678.6	378.3	120.1	90.7	54.0	4 946.9
2013-14	1 632.4	1 169.3	930.2	700.1	418.7	117.7	94.3	56.5	5 119.1
2014-15	1 666.1	1 179.1	970.6	738.9	439.1	118.8	98.7	61.0	5 272.3
2015-16	1 722.1	1 203.1	1 028.6	762.1	439.7	115.1	105.2	63.6	5 439.4
<i>Real expenditure per person (\$)</i>									
2006-07	175.56	182.38	170.95	226.52	209.13	213.98	207.94	189.87	185.58
2007-08	181.08	185.68	188.52	239.64	217.77	227.43	212.34	196.90	194.14
2008-09	186.85	188.46	193.68	247.58	225.03	229.66	223.42	200.88	199.41
2009-10	194.69	192.27	203.85	244.77	226.04	247.45	218.06	201.39	205.07
2010-11	206.06	199.22	213.63	265.34	232.38	259.26	224.10	213.11	215.58
2011-12	212.15	198.73	218.46	275.22	231.84	233.18	234.53	230.84	219.24
2012-13	213.60	196.60	203.62	274.44	227.59	234.38	239.06	227.79	215.96
2013-14	218.66	201.92	198.29	274.45	249.63	228.95	245.50	232.83	219.52
2014-15	220.23	200.30	204.32	286.27	259.56	230.51	254.63	249.84	223.16
2015-16	224.50	200.63	213.90	292.67	258.24	222.39	267.62	260.83	227.21

(a) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).

**Table 13A.6 Real estimated recurrent expenditure on State and Territory governments specialised mental health services (2015-16 dollars) (a), (b), (c), (d)**

	<i>NSW (e)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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(b) Estimates of expenditure on State and Territory governments' specialised mental health services include revenue from other sources (including patient fees and reimbursement by third party compensation insurers), Australian government funding provided under the Australian Health Care Agreement base grants/NHA SPP, 'other Australian Government funds', Australian Government mental health specific payments to states and territories and funding provided through the Department of Veterans' Affairs.

(c) Depreciation is excluded for all years.

(d) Due to the ongoing validation of National Minimum Data Set (NMDS), data could differ from previous reports.

(e) The quality of the NSW 2010-11 Mental Health Establishments (MHE) NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.

*Source:* Australian Institute of Health and Welfare (AIHW) (unpublished) Mental Health Establishments National Minimum Data Set (MHE NMDS); Australian Government (unpublished); ABS (various issues), *Australian Demographic Statistics, December* (various years), Cat. no. 3101.0.



TABLE 13A.7

Table 13A.7 Proportion of people receiving clinical mental health services by service type (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
<i>2008-09</i>										
Public (b)										
Number	no.	112 751	60 034	74 168	39 886	30 777	9 362	7 371	4 930	339 279
Rate	%	1.6	1.1	1.8	1.8	2.0	1.9	2.1	2.2	1.6
Private (c)										
Number	no.	7 575	6 308	5 270	2 629	np	np	np	..	24 348
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	419 027	346 064	235 222	107 077	91 841	24 501	17 119	5 104	1 247 142
Rate: Total MBS and DVA (d)	%	6.0	6.6	5.6	4.9	5.8	5.1	4.8	2.3	5.9
Rate: Psychiatrist (e)	%	1.4	1.5	1.3	1.1	1.6	1.0	1.1	0.4	1.4
Rate: Clinical psychologist (f)	%	0.8	0.8	0.6	1.2	1.1	1.2	0.7	0.2	0.8
Rate: GP (g)	%	4.6	4.9	4.2	3.7	4.2	3.9	3.4	1.9	4.4
Rate: Other allied health (h)	%	1.7	2.3	1.8	0.8	1.1	1.3	1.5	0.5	1.7
<i>2009-10</i>										
Public (b)										
Number	no.	116 276	61 130	73 903	41 928	31 208	6 209	7 670	5 450	343 774
Rate	%	1.7	1.1	1.7	1.9	2.0	1.3	2.1	2.3	1.6
Private (c)										
Number	no.	8 145	6 544	5 392	3 047	np	np	np	..	25 536
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	460 708	385 085	265 357	119 533	103 225	27 741	18 871	6 146	1 387 297
Rate: Total MBS and DVA (d)	%	6.6	7.2	6.1	5.3	6.5	5.7	5.2	2.7	6.4
Rate: Psychiatrist (e)	%	1.4	1.5	1.3	1.1	1.7	1.1	1.1	0.4	1.4
Rate: Clinical psychologist (f)	%	1.0	1.0	0.7	1.4	1.3	1.3	0.9	0.3	1.0
Rate: GP (g)	%	5.0	5.4	4.7	4.0	4.7	4.3	3.7	2.2	4.8

TABLE 13A.7

Table 13A.7 Proportion of people receiving clinical mental health services by service type (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
Rate: Other allied health (h)	%	2.0	2.6	2.1	1.0	1.2	1.5	1.7	0.7	2.0
<i>2010-11</i>										
Public (b)										
Number	no.	119 380	61 686	78 129	44 980	32 063	7 845	8 101	5 730	357 914
Rate	%	1.7	1.1	1.8	2.0	2.0	1.6	2.2	2.4	1.6
Private (c)										
Number	no.	8 354	7 692	5 673	3 250	np	np	np	..	27 924
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)		511 672	426 982	300 311	131 892	115 088	31 175	20 838	6 775	1 544 744
Rate: Total MBS and DVA (d)		7.2	7.8	6.8	5.7	7.1	6.4	5.6	2.9	7.0
Rate: Psychiatrist (e)		1.4	1.5	1.3	1.1	1.6	1.1	1.2	0.4	1.4
Rate: Clinical psychologist (f)		1.1	1.1	0.9	1.4	1.7	1.4	1.2	0.3	1.1
Rate: GP (g)		5.6	6.1	5.4	4.4	5.4	5.0	4.2	2.4	5.5
Rate: Other allied health (h)		2.3	2.8	2.3	1.2	1.4	1.9	1.7	0.7	2.2
<i>2011-12</i>										
Public (b)										
Number	no.	123 341	na	82 179	47 296	34 090	6 390	8 427	6 437	308 160
Rate	%	1.7	na	1.9	2.0	2.2	1.3	2.3	2.7	1.9
Private (c)										
Number	no.	9 537	8 301	6 578	3 616	np	np	np	..	30 640
Rate	%	0.1	0.1	0.1	0.2	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)		536 353	453 347	320 397	134 105	119 613	32 031	21 926	7 307	1 625 098
Rate: Total MBS and DVA (d)		7.5	8.2	7.2	5.7	7.4	6.5	5.8	3.1	7.3
Rate: Psychiatrist (e)		1.4	1.5	1.4	1.1	1.6	1.1	1.1	0.4	1.4
Rate: Clinical psychologist (f)		1.2	1.3	1.0	1.5	1.9	1.5	1.5	0.4	1.3

TABLE 13A.7

Table 13A.7 Proportion of people receiving clinical mental health services by service type (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
Rate: GP (g)		5.8	6.4	5.6	4.3	5.6	5.1	4.4	2.6	5.7
Rate: Other allied health (h)		2.3	2.9	2.4	1.2	1.5	2.0	1.6	0.7	2.3
<i>2012-13</i>										
Public (b)										
Number	no.	129 183	na	86 469	50 267	35 992	6 678	9 058	7 051	324 698
Rate	%	1.8	na	1.9	2.1	2.3	1.3	2.4	2.9	1.9
Private (c)										
Number	no.	10 539	8 642	7 241	3 785	np	np	np	..	32 944
Rate	%	0.1	0.1	0.2	0.2	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)		580 047	492 618	353 147	143 637	126 345	34 848	24 275	8 097	1 763 028
Rate: Total MBS and DVA (d)		8.0	8.8	7.8	5.9	7.8	7.1	6.3	3.4	7.8
Rate: Psychiatrist (e)		1.5	1.6	1.5	1.1	1.7	1.2	1.0	0.3	1.5
Rate: Clinical psychologist (f)		1.4	1.6	1.2	1.5	2.0	1.9	1.7	0.4	1.5
Rate: GP (g)		6.3	6.9	6.1	4.5	5.9	5.6	4.9	2.9	6.1
Rate: Other allied health (h)		2.5	3.1	2.5	1.2	1.7	2.0	1.8	0.7	2.4
<i>2013-14</i>										
Public (b)										
Number	no.	133 513	64 978	89 119	53 166	37 168	8 440	9 825	7 102	403 311
Rate	%	1.8	1.1	2.0	2.1	2.3	1.7	2.6	2.8	1.8
Private (c)										
Number	no.	10 991	8 988	7 550	3 495	np	np	np	..	33 574
Rate	%	0.1	0.2	0.2	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)		628 834	538 678	394 456	162 357	135 747	37 995	26 809	8 720	1 933 630
Rate: Total MBS and DVA (d)		8.6	9.4	8.6	6.4	8.3	7.8	6.9	3.5	8.4
Rate: Psychiatrist (e)		1.6	1.7	1.7	1.1	1.7	1.3	0.9	0.3	1.5

TABLE 13A.7

Table 13A.7 Proportion of people receiving clinical mental health services by service type (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
Rate: Clinical psychologist (f)		1.6	1.8	1.5	1.6	2.3	2.3	1.8	0.4	1.7
Rate: GP (g)		6.9	7.5	6.8	5.0	6.4	6.1	5.5	3.1	6.7
Rate: Other allied health (h)		2.6	3.2	2.8	1.3	1.8	2.0	2.0	0.8	2.5
<i>2014-15</i>										
Public (b)										
Number	no.	135 125	67 033	91 647	54 048	39 067	10 573	10 003	7 425	414 921
Rate	%	1.8	1.2	2.0	2.1	2.4	2.1	2.6	2.9	1.8
Private (c)										
Number	no.	11 641	9 697	7 707	4 090	np	np	np	np	35 908
Rate	%	0.2	0.2	0.2	0.2	np	np	np	np	0.2
MBS and DVA										
Number: Total MBS and DVA (d)		669 236	576 409	421 761	178 387	144 243	40 761	28 707	9 502	2 069 005
Rate: Total MBS and DVA (d)		9.1	10.0	9.2	7.0	8.9	8.5	7.5	3.8	9.0
Rate: Psychiatrist (e)		1.6	1.7	1.7	1.2	1.7	1.4	1.0	0.3	1.6
Rate: Clinical psychologist (f)		1.7	1.9	1.6	1.7	2.6	2.6	2.0	0.4	1.8
Rate: GP (g)		7.4	8.1	7.4	5.6	6.9	6.7	6.0	3.3	7.2
Rate: Other allied health (h)		2.8	3.4	3.0	1.5	2.0	2.2	2.0	0.9	2.7
<i>2015-16</i>										
Public (b)										
Number	no.	137 600	67 571	96 389	56 512	41 522	10 639	10 643	7 311	428 187
Rate	%	1.9	1.1	2.1	2.2	2.6	2.2	2.7	2.9	1.8
Private (c)										
Number	no.	12 184	10 591	8 066	4 448	np	np	np	np	37 991
Rate	%	0.2	0.2	0.2	0.2	np	np	np	np	0.2
MBS and DVA										
Number: Total MBS and DVA (d)		730 014	633 946	475 240	201 501	157 711	45 401	32 447	10 993	2 287 280
Rate: Total MBS and DVA (d)		9.7	10.8	10.1	7.8	9.5	9.4	8.2	4.4	9.6

TABLE 13A.7

Table 13A.7 Proportion of people receiving clinical mental health services by service type (a)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
Rate: Psychiatrist (e)	1.6	1.7	1.8	1.3	1.7	1.6	1.0	0.4	1.6
Rate: Clinical psychologist (f)	1.8	2.1	1.8	1.8	2.7	2.8	2.1	0.5	1.9
Rate: GP (g)	8.0	8.8	8.1	6.3	7.5	7.4	6.7	3.8	7.9
Rate: Other allied health (h)	3.0	3.7	3.4	1.7	2.2	2.5	2.3	1.0	3.0

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Caution should be taken when making inter-jurisdictional comparisons for public data. South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2012-13. Tasmania 2007-08 and 2008-09 data have been provided using the old scope for this indicator. Remaining years have been provided following the new scope for this indicator. Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Industrial action during 2011-12 and 2012-13 in Tasmania has limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures. Australian totals only include available data and should therefore be interpreted with caution. Australian totals for 2011-12 and 2012-13 should not be compared to previous, or more recent years.

(c) Private psychiatric hospital figures are not published for SA, Tasmania and the ACT due to confidentiality reasons, but are included in the Australian totals.

(d) MBS and DVA services are those provided under any of the Medicare/DVA-funded service types described at footnotes (e) to (h). People seen by more than one provider type are counted only once in the total. MBS data for 2011-12 has been updated since the 2014 report.

(e) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 288, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224 (as relevant across years).

(f) Clinical psychologist services are MBS items: 80000, 80005, 80010, 80015, 80020 and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99 (as relevant across years).

(g) GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2700, 2701, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2715, 2717, 2719, 2721, 2723, 2725, 2727, 20104 (as relevant across years).

(h) Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98 (as relevant across years).

**na** Not available. ... **np** Not published.

*Source:* State and Territory (unpublished) Specialised mental health services data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; Department of Health (unpublished) and DVA (unpublished) MBS Statistics; ABS (unpublished) Estimated Residential Population, 30 June (prior to relevant period).

TABLE 13A.8

Table 13A.8 **New clients as a proportion of total clients under the care of State or Territory specialised public mental health services (a), (b)**

	<i>Unit</i>	<i>NSW (c), (d)</i>	<i>Vic (e)</i>	<i>Qld (f)</i>	<i>WA (g)</i>	<i>SA (h)</i>	<i>Tas (i)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2010-11</i>										
New clients	no.	48 506	22 695	34 440	18 749	13 302	1 691	3 305	2 815	145 503
Total clients	no.	119 380	61 686	78 129	44 980	31 689	7 845	8 093	5 834	357 636
Proportion of total clients who are new	%	40.6	36.8	44.1	41.7	42.0	21.6	40.8	48.3	40.7
<i>2011-12</i>										
New clients	no.	49 590	na	36 655	19 772	14 557	1 204	3 470	3 263	128 511
Total clients	no.	123 341	na	82 179	47 296	34 092	6 390	8 412	6 607	308 317
Proportion of total clients who are new	%	40.2	na	44.6	41.8	42.7	18.8	41.3	49.4	41.7
<i>2012-13</i>										
New clients	no.	51 651	na	39 807	21 448	15 693	3 880	3 751	3 453	139 683
Total clients	no.	129 183	na	86 469	50 267	35 992	6 678	9 046	7 212	324 847
Proportion of total clients who are new	%	40.0	na	46.0	42.7	43.6	58.1	41.5	47.9	43.0
<i>2013-14</i>										
New clients	no.	54 355	23 880	40 445	22 790	15 903	4 707	3 949	3 400	169 429
Total clients	no.	134 465	64 978	89 194	53 166	37 168	10 111	9 825	7 381	406 288
Proportion of total clients who are new	%	40.4	36.8	45.3	42.9	42.8	46.6	40.2	46.1	41.7
<i>2014-15</i>										
New clients	no.	56 968	24 878	41 508	22 586	18 891	4 268	4 055	3 393	176 547
Total clients	no.	135 125	67 033	91 851	54 048	39 067	10 573	10 003	7 425	415 125
Proportion of total clients who are new	%	42.2	37.1	45.2	41.8	48.4	40.4	40.5	45.7	42.5
<i>2015-16</i>										
New clients	no.	58 378	24 590	43 300	23 494	18 654	4 124	4 286	3 167	179 993
Total clients	no.	137 600	67 571	96 389	56 512	41 522	10 639	10 643	7 311	428 187
Proportion of total clients who are new	%	42.4	36.4	44.9	41.6	44.9	38.8	40.3	43.3	42.0

(a) Clients in receipt of services include all people who received one or more community service contacts or had one or more days of inpatient or residential care in the data period.

Table 13A.8 **New clients as a proportion of total clients under the care of State or Territory specialised public mental health services (a), (b)**

	<i>Unit</i>	<i>NSW (c), (d)</i>	<i>Vic (e)</i>	<i>Qld (f)</i>	<i>WA (g)</i>	<i>SA (h)</i>	<i>Tas (i)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(b)	A new client is defined as a consumer who has not been seen in the five years preceding the first contact with a State or Territory specialised public mental health service in the data period.									
(c)	NSW has implemented a Statewide Unique Patient Identifier (SUPI) for mental health care. The identification of prior contacts for mental health (MH) clients is dependent upon the SUPI, both in coverage (all clients having a SUPI) and in the resolution of possible duplicates. There are differences in the completeness of coverage between the Local Health Districts/Networks and over time. The average SUPI coverage at a State level for 2012-13 is 99.9 per cent. The numbers provided are a distinct count of individuals using the SUPI (majority) and a count of individuals at the facility level for a small percentage of clients without a SUPI in the reporting period (which may include some duplicates of those who attended multiple facilities).									
(d)	For NSW, residential clients are not included because their data are manually collected without SUPI assigned, thus making the unique counts of the residential clients together with the inpatient and ambulatory clients not possible. The client base of the NSW MH residential facility is very small which will have minimal effect on the final result (for example, total residential MH clients in 2010-11 was 185 with 59 potential new clients, 243 total residential MH clients with 130 potential new clients in 2011-12 and 237 total residential MH clients with 131 potential new clients in 2012-13).									
(e)	Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Victorian data for 2015-16 was also affected by industrial activity during the financial year, there was no reduction in actual services. The collection of non-clinical and administrative data was affected, with impacts on community mental health service activity and client outcome measures.									
(f)	For Queensland, a linkage program is utilised to link between admitted and community activity and patients.									
(g)	For WA, the matching of mental health community contacts to inpatient episodes is done from 2012-13 between two separate data systems and requires the use of record linkage to be able to identify the same person in both systems. There are delays associated in the use of record linkage and these delays can result in not getting a match between a community contact and a separation when there should be one. The number of unique consumers (both total and new) could be over estimated as a result. Data before 2012-13 are based on data submitted for the National Minimum Data Set (NMDS) and have not been revised. An absence of a statewide unique patient identifier in WA means there is a reliance on data linkage which uses probabilistic matching. Data are preliminary and are subject to change.									
(h)	For SA, the new client (numerator) count is not unique, it is an aggregation of three separate databases with no linkage between them. Similarly, the total client (denominator) count is not unique: it is an aggregation of three separate databases with no linkage between them. However, analysis shows that the impact is low (less than 5 per cent of the total) and affects both the numerator and denominator equally.									
(i)	For Tasmania, information for years before 2012-13 were extracted from three different data sources and linked together with a Statistical Linkage Key (SLK) for each individual present in the extracts for the reporting period. While every attempt has been made to reduce any duplication of identified clients, using an SLK will lead to some duplication and can wrongly identify clients as new clients. Industrial action in Tasmania has limited the available data quality and quantity of data for 2011-12 and 2012-13. Tasmania has been progressively implementing a statewide patient identification system. Data for 2012-13 is considered to be the first collection period with this system fully implemented. It is likely that an improved patient identification system will increase the percentage of post-discharge community care reported by Tasmania. Therefore, Tasmanian data are not comparable across years.									

**na** Not available.

*Source:* AIHW (unpublished) derived from data provided by State and Territory governments.

TABLE 13A.9

Table 13A.9 **New clients as a proportion of total clients of MBS subsidised mental health services (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2013-14</i>										
New clients	no.	218 380	180 387	143 630	62 348	45 668	13 829	10 153	4 211	678 606
Total clients	no.	621 649	535 423	385 785	160 493	133 634	37 678	26 393	8 659	1 909 713
Proportion of total clients who are new	%	35.1	33.7	37.2	38.8	34.2	36.7	38.5	48.6	35.5
<i>2014-15</i>										
New clients	no.	228 067	187 335	151 461	68 405	47 944	14 838	10 710	4 654	713 414
Total clients	no.	669 237	576 409	421 761	178 387	144 243	40 761	28 707	9 502	2 069 005
Proportion of total clients who are new	%	34.1	32.5	35.9	38.3	33.2	36.4	37.3	49.0	34.5
<i>2015-16</i>										
New clients	no.	242 438	201 910	162 351	76 044	51 127	15 823	11 647	5 208	766 549
Total clients	no.	722 868	630 364	465 653	199 516	155 535	44 982	31 934	10 907	2 261 759
Proportion of total clients who are new	%	33.5	32.0	34.9	38.1	32.9	35.2	36.5	47.7	33.9
<i>2016-17</i>										
New clients	no.	246 737	206 296	165 662	78 709	51 019	16 147	12 101	5 315	781 986
Total clients	no.	761 141	668 360	498 761	217 354	161 945	47 720	34 288	11 616	2 401 184
Proportion of total clients who are new	%	32.4	30.9	33.2	36.2	31.5	33.8	35.3	45.8	32.6

(a) Data are calculated based on date of processing of specified MBS mental health items.

(b) State/Territory is allocated based on the postcode recorded for the person at the first service event within each reference period year.

(c) A new client is defined as a patient who has not previously used a MBS mental health item in the five years preceding the first use of a MBS mental health item in the reference period.

Source: Australian Government Department of Health (unpublished).



TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2015-16</i>									
<i>Number of services</i>									
Psychiatrist services									
Initial consultations new patient (c)	45 608	36 287	29 506	11 672	7 404	2 745	1 454	296	135 106
Patient attendances (d)	604 587	625 849	464 750	142 428	149 622	39 456	15 832	2 898	2 045 423
Group psychotherapy	24 001	9 396	2 007	211	216	2 351	253	37	38 472
Interview with non-patient	18 833	11 530	17 106	1 032	2 348	620	346	55	51 870
Telepsychiatry	17 699	4 538	13 811	1 105	2 578	2 828	223	531	43 313
Case conferencing	2 971	3 647	1 009	101	252	24	75	9	8 088
Electroconvulsive therapy (e)	8 243	7 739	9 718	3 493	2 581	626	—	—	32 675
Assessment and treatment of pervasive developmental disorder	85	81	160	—	—	—	—	—	372
<b>Total psychiatrist services</b>	<b>722 027</b>	<b>699 066</b>	<b>538 067</b>	<b>160 087</b>	<b>165 132</b>	<b>48 650</b>	<b>18 435</b>	<b>3 855</b>	<b>2 355 319</b>
GP mental health specific services									
GP mental health care	1 022 717	911 866	644 569	270 117	201 957	54 102	42 513	14 867	3 162 710
Focussed psychological strategies	12 246	11 789	6 520	1 232	1 301	297	367	42	33 793
Family group therapy	5 865	3 771	1 778	67	402	65	—	—	12 050
Electroconvulsive therapy (f)	10 114	8 593	10 370	3 496	2 687	633	—	—	36 236
<b>Total GP mental health specific services</b>	<b>1 050 941</b>	<b>936 019</b>	<b>663 237</b>	<b>274 912</b>	<b>206 348</b>	<b>55 097</b>	<b>43 271</b>	<b>14 964</b>	<b>3 244 789</b>
Clinical psychologist services									
<b>Total clinical psychologist services</b>	<b>602 119</b>	<b>562 050</b>	<b>368 640</b>	<b>213 877</b>	<b>189 817</b>	<b>58 906</b>	<b>37 298</b>	<b>4 399</b>	<b>2 037 106</b>
Other psychologist services									
Focussed psychological strategies — psychologists	836 560	811 127	583 753	161 019	114 465	42 354	33 648	8 347	2 591 273

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Enhanced primary care — psychologists	8 589	7 311	5 012	1 145	929	263	243	90	23 582
Assessment and treatment of pervasive developmental disorder	2 797	6 772	1 796	—	—	—	—	35	13 153
<b>Total other psychologist services (g)</b>	<b>848 252</b>	<b>825 270</b>	<b>591 128</b>	<b>163 099</b>	<b>115 953</b>	<b>42 733</b>	<b>34 058</b>	<b>8 511</b>	<b>2 629 005</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	24 924	16 603	9 704	4 809	5 577	1 093	462	50	63 221
Focussed psychological strategies — social worker	65 808	110 308	60 150	16 145	24 510	3 812	2 436	510	283 679
Enhanced Primary Care — mental health worker (h)	2 310	—	1 537	—	343	56	28	—	5 964
<b>Total allied health services (g)</b>	<b>93 059</b>	<b>128 394</b>	<b>71 434</b>	<b>21 271</b>	<b>30 430</b>	<b>4 961</b>	<b>2 926</b>	<b>567</b>	<b>353 042</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	94.1	116.6	111.9	61.5	97.0	94.0	46.9	15.8	98.4
GP mental health specific services	137.0	156.1	137.9	105.6	121.2	106.5	110.1	61.3	135.5
Clinical psychologist services	78.5	93.7	76.7	82.1	111.5	113.8	94.9	18.0	85.1
Other psychologist services	110.6	137.6	122.9	62.6	68.1	82.6	86.7	34.9	109.8
Other allied health services	12.1	21.4	14.9	8.2	17.9	9.6	7.4	2.3	14.7
<i>2014-15</i>									
<i>Number of services</i>									
Psychiatrist services									
Initial consultations new patient (c)	44 760	34 570	28 934	10 286	7 089	2 079	1 409	272	129 400
Patient attendances (d)	600 329	624 664	451 764	138 137	146 239	35 829	17 260	2 334	2 016 555
Group psychotherapy	24 540	10 141	2 091	190	197	2 246	291	64	39 760
Interview with non-patient	16 363	9 519	13 971	774	1 709	246	343	24	42 949

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Telepsychiatry	14 511	2 755	11 129	743	2 794	2 808	160	539	35 440
Case conferencing	2 530	2 611	711	119	231	25	51	6	6 284
Electroconvulsive therapy (e)	7 514	8 348	9 970	3 042	2 174	605	301	61	32 015
Assessment and treatment of pervasive developmental disorder	109	52	153	15	10	—	—	—	339
<b>Total psychiatrist services</b>	<b>710 656</b>	<b>692 659</b>	<b>518 722</b>	<b>153 306</b>	<b>160 443</b>	<b>43 838</b>	<b>19 816</b>	<b>3 301</b>	<b>2 302 742</b>
GP mental health specific services									
GP mental health care	926 077	819 646	574 271	234 865	184 304	49 580	37 055	13 078	2 838 876
Focussed psychological strategies	13 084	10 266	6 602	799	1 413	454	159	36	32 813
Family group therapy	5 914	3 868	1 390	99	543	135	97	3	12 049
Electroconvulsive therapy (f)	9 496	8 528	10 021	2 940	2 281	604	223	78	34 171
<b>Total GP mental health specific services</b>	<b>954 570</b>	<b>842 309</b>	<b>592 284</b>	<b>238 704</b>	<b>188 541</b>	<b>50 773</b>	<b>37 534</b>	<b>13 195</b>	<b>2 917 909</b>
Clinical psychologist services	566 498	513 822	324 159	197 334	175 392	54 968	34 830	3 275	1 870 276
<b>Total clinical psychologist services</b>	<b>566 498</b>	<b>513 822</b>	<b>324 159</b>	<b>197 334</b>	<b>175 392</b>	<b>54 968</b>	<b>34 830</b>	<b>3 275</b>	<b>1 870 276</b>
Other psychologist services									
Focussed psychological strategies — psychologists	776 850	726 324	529 816	139 895	102 717	36 805	29 740	7 582	2 349 730
Enhanced primary care — psychologists	7 922	5 969	3 968	1 237	721	180	124	79	20 201
Assessment and treatment of pervasive developmental disorder	2 665	5 776	1 716	815	720	104	196	28	12 020
<b>Total other psychologist services (g)</b>	<b>787 724</b>	<b>738 103</b>	<b>535 824</b>	<b>141 967</b>	<b>104 173</b>	<b>37 092</b>	<b>30 061</b>	<b>7 709</b>	<b>2 382 654</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	22 524	15 664	7 305	4 123	5 872	782	466	37	56 773

TABLE 13A.10

Table 13A.10 Mental health care specific MBS items processed (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Focussed psychological strategies — social worker	58 089	100 454	46 928	15 084	21 544	3 340	2 502	701	248 641
Enhanced Primary Care — mental health worker (h)	2 042	1 522	2 072	196	229	65	27	55	6 208
<b>Total allied health services (g)</b>	<b>82 766</b>	<b>117 642</b>	<b>56 389</b>	<b>19 525</b>	<b>27 645</b>	<b>4 187</b>	<b>2 995</b>	<b>798</b>	<b>311 946</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	93.9	117.7	109.2	59.4	94.9	85.1	51.1	13.5	97.5
GP mental health specific services	126.2	143.1	124.7	92.5	111.5	98.5	96.8	54.0	123.5
Clinical psychologist services	74.9	87.3	68.2	76.4	103.7	106.7	89.9	13.4	79.2
Other psychologist services	104.1	125.4	112.8	55.0	61.6	72.0	77.5	31.6	100.9
Other allied health services	10.9	20.0	11.9	7.6	16.3	8.1	7.7	3.3	13.2
<i>2013-14</i>									
<i>Number of services</i>									
Psychiatrist services									
Initial consultations new patient (c)	42 782	33 646	27 072	9 756	6 811	2 077	1 379	251	123 955
Patient attendances (d)	584 616	613 853	425 702	130 938	146 219	34 483	15 895	2 074	1 953 846
Group psychotherapy	27 858	10 742	2 321	269	277	2 448	423	86	44 424
Interview with non-patient	11 995	7 875	10 844	580	1 166	174	222	39	32 895
Telepsychiatry	10 422	1 991	8 089	575	2 114	2 357	105	398	26 051
Case conferencing	2 146	2 287	541	241	238	np	37	np	5 532
Electroconvulsive therapy (e)	6 201	8 040	9 131	3 150	2 305	779	np	np	29 847
Assessment and treatment of pervasive developmental disorder	96	50	142	np	np	—	—	np	298
<b>Total psychiatrist services</b>	<b>686 117</b>	<b>678 483</b>	<b>483 841</b>	<b>145 554</b>	<b>159 271</b>	<b>42 354</b>	<b>18 331</b>	<b>2 897</b>	<b>2 216 848</b>
GP mental health specific services									
GP mental health care	848 618	740 984	522 286	206 941	167 463	45 243	33 549	11 524	2 576 612
Focussed psychological strategies	13 033	9 465	6 124	867	1 407	346	170	43	31 455

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Family group therapy	5 295	3 894	1 318	123	634	94	np	np	11 434
Electroconvulsive therapy (f)	8 404	8 436	9 080	2 906	2 279	852	np	np	32 320
<b>Total GP mental health specific services</b>	<b>875 350</b>	<b>762 778</b>	<b>538 809</b>	<b>210 837</b>	<b>171 783</b>	<b>46 535</b>	<b>34 105</b>	<b>11 620</b>	<b>2 651 821</b>
Clinical psychologist services	525 968	472 076	290 515	184 529	155 356	49 396	30 870	3 309	1 712 018
<b>Total clinical psychologist services</b>	<b>525 968</b>	<b>472 076</b>	<b>290 515</b>	<b>184 529</b>	<b>155 356</b>	<b>49 396</b>	<b>30 870</b>	<b>3 309</b>	<b>1 712 018</b>
Other psychologist services									
Focussed psychological strategies — psychologists	710 516	681 143	486 731	122 368	91 384	33 715	29 157	6 821	2 161 834
Enhanced primary care — psychologists	6 454	4 912	3 437	974	495	117	92	88	16 568
Assessment and treatment of pervasive developmental disorder	2 660	5 099	1 828	np	np	np	np	37	11 390
<b>Total other psychologist services (g)</b>	<b>719 800</b>	<b>691 210</b>	<b>492 217</b>	<b>124 144</b>	<b>92 585</b>	<b>34 007</b>	<b>29 355</b>	<b>6 958</b>	<b>2 190 276</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	19 406	13 370	6 200	2 903	6 027	752	np	np	49 290
Focussed psychological strategies — social worker	55 617	88 854	37 035	14 648	18 348	3 405	2 441	575	220 923
Enhanced Primary Care — mental health worker (h)	np	1 719	2 332	np	217	66	np	np	6 208
<b>Total allied health services (g)</b>	<b>76 951</b>	<b>103 963</b>	<b>45 755</b>	<b>17 720</b>	<b>24 592</b>	<b>4 223</b>	<b>3 028</b>	<b>639</b>	<b>276 870</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	91.9	117.2	103.1	57.1	95.0	82.4	47.7	11.9	95.1
GP mental health specific services	117.3	131.7	114.9	82.7	102.4	90.5	88.8	47.9	113.7
Clinical psychologist services	70.5	81.5	61.9	72.3	92.6	96.1	80.4	13.6	73.4

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Other psychologist services	96.4	119.4	104.9	48.7	55.2	66.2	76.4	28.7	93.9
Other allied health services	10.3	18.0	9.8	6.9	14.7	8.2	7.9	2.6	11.9
<i>2012-13</i>									
<i>Number of services</i>									
Psychiatrist services									
Initial consultations new patient (c)	40 822	31 180	24 188	8 944	7 362	2 019	1 443	226	116 335
Patient attendances (d)	577 986	595 569	401 566	127 066	156 869	35 329	15 793	2 392	1 914 411
Group psychotherapy	26 746	11 591	2 224	208	281	1 942	226	np	43 319
Interview with non-patient	8 112	7 283	8 467	453	1 043	186	174	26	25 790
Telepsychiatry	698	233	1 292	60	31	np	35	np	2 365
Case conferencing	1 256	1 844	427	217	367	26	15	np	4 162
Electroconvulsive therapy (e)	6 326	8 070	8 906	2 788	1 972	921	177	np	29 241
Assessment and treatment of pervasive developmental disorder	89	60	140	np	np	np	np	np	298
<b>Total psychiatrist services</b>	<b>662 042</b>	<b>655 834</b>	<b>447 217</b>	<b>139 745</b>	<b>167 927</b>	<b>40 426</b>	<b>17 870</b>	<b>2 834</b>	<b>2 136 042</b>
GP mental health specific services									
GP mental health care	773 175	672 556	467 101	178 659	156 920	42 226	29 846	11 046	2 333 319
Focussed psychological strategies	13 650	8 818	6 595	1 255	1 825	350	153	np	32 724
Family group therapy	4 977	4 298	1 187	166	717	129	73	7	11 569
Electroconvulsive therapy (f)	7 857	8 313	8 494	3 212	1 990	809	228	np	30 983
<b>Total GP mental health specific services</b>	<b>799 662</b>	<b>693 990</b>	<b>483 378</b>	<b>183 292</b>	<b>161 453</b>	<b>43 514</b>	<b>30 302</b>	<b>11 173</b>	<b>2 408 612</b>
Clinical psychologist services									
<b>Total clinical psychologist services</b>	<b>483 570</b>	<b>427 987</b>	<b>244 465</b>	<b>182 566</b>	<b>139 446</b>	<b>45 195</b>	<b>30 079</b>	<b>3 302</b>	<b>1 558 063</b>
Other psychologist services									

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Focussed psychological strategies — psychologists	734 906	696 416	456 268	112 805	86 778	34 537	27 443	6 878	2 158 106
Enhanced primary care — psychologists	4 219	2 442	1 802	641	219	75	251	np	9 670
Assessment and treatment of pervasive developmental disorder	2 371	5 278	1 602	942	611	114	137	69	11 145
<b>Total other psychologist services (g)</b>	<b>741 606</b>	<b>704 157</b>	<b>459 732</b>	<b>114 388</b>	<b>87 608</b>	<b>34 730</b>	<b>27 871</b>	<b>6 969</b>	<b>2 179 161</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	19 827	12 263	4 988	2 538	7 205	828	434	np	48 123
Focussed psychological strategies — social worker	54 615	80 110	30 181	13 386	17 178	4 289	2 160	258	202 280
Enhanced Primary Care — mental health worker (h)	938	1 364	1 598	381	204	np	np	np	4 513
<b>Total allied health services (g)</b>	<b>75 385</b>	<b>93 793</b>	<b>36 864</b>	<b>16 325</b>	<b>24 590</b>	<b>5 130</b>	<b>2 610</b>	<b>302</b>	<b>255 129</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	90.1	115.5	97.0	56.5	101.0	78.9	47.1	12.0	93.3
GP mental health specific services	108.8	122.2	104.8	74.1	97.1	84.9	79.8	47.2	105.2
Clinical psychologist services	65.8	75.4	53.0	73.8	83.9	88.2	79.2	13.9	68.0
Other psychologist services	100.9	124.0	99.7	46.3	52.7	67.8	73.4	29.4	95.1
Other allied health services	10.3	16.5	8.0	6.6	14.8	10.0	6.9	1.3	11.1
2011-12									
<i>Number of services</i>									
Psychiatrist services									
Initial consultations new patient (c)	37 346	29 634	21 864	9 406	7 124	1 651	1 536	290	108 877
Patient attendances (d)	561 520	590 523	368 265	124 548	154 032	33 233	17 079	3 465	1 852 665
Group psychotherapy	26 936	14 018	3 005	580	254	1 470	208	105	46 576

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Interview with non-patient	6 079	5 614	5 411	374	895	150	174	24	18 721
Telepsychiatry	872	148	1 122	55	47	28	21	8	2 301
Case conferencing	966	1 716	378	161	159	20	15	6	3 421
Electroconvulsive therapy (e)	5 350	7 020	8 094	2 366	2 004	980	139	33	25 986
Assessment and treatment of pervasive developmental disorder	68	78	61	16	np	np	np	np	230
<b>Total psychiatrist services</b>	<b>639 137</b>	<b>648 751</b>	<b>408 200</b>	<b>137 511</b>	<b>164 522</b>	<b>37 536</b>	<b>19 182</b>	<b>3 938</b>	<b>2 058 777</b>
GP mental health specific services									
GP mental health care	699 492	605 877	417 905	167 758	150 998	39 415	25 166	9 506	2 116 117
Focussed psychological strategies	15 866	10 090	7 387	1 428	2 709	817	266	129	38 692
Family group therapy	5 217	4 321	712	137	661	125	58	7	11 238
Electroconvulsive therapy (f)	6 964	6 987	8 406	2 753	2 094	1 084	163	32	28 483
<b>Total GP mental health specific services</b>	<b>727 541</b>	<b>627 275</b>	<b>434 410</b>	<b>172 076</b>	<b>156 462</b>	<b>41 441</b>	<b>25 653</b>	<b>9 674</b>	<b>2 194 532</b>
Clinical psychologist services									
<b>Total clinical psychologist services</b>	<b>428 948</b>	<b>365 900</b>	<b>214 421</b>	<b>174 908</b>	<b>127 577</b>	<b>35 887</b>	<b>27 315</b>	<b>3 133</b>	<b>1 378 089</b>
Other psychologist services									
Focussed psychological strategies — psychologists	677 689	673 360	442 712	111 347	76 946	36 903	24 859	7 086	2 050 902
Enhanced primary care — psychologists	4 119	2 770	1 920	578	410	104	85	42	10 028
Assessment and treatment of pervasive developmental disorder	2 642	4 659	1 660	789	509	90	132	113	10 594
<b>Total other psychologist services (g)</b>	<b>684 502</b>	<b>680 798</b>	<b>446 365</b>	<b>112 717</b>	<b>77 865</b>	<b>37 097</b>	<b>25 076</b>	<b>7 277</b>	<b>2 071 697</b>
Other allied health services									



TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Focussed psychological strategies — occupational therapist	17 266	10 666	4 116	2 354	6 168	770	275	32	41 647
Focussed psychological strategies — social worker	55 398	73 476	26 691	11 812	12 393	4 085	1 709	269	185 833
Enhanced Primary Care — mental health worker (f)	1 128	1 246	659	328	np	np	np	np	3 614
<b>Total allied health services (g)</b>	<b>73 801</b>	<b>85 465</b>	<b>31 466</b>	<b>14 495</b>	<b>18 800</b>	<b>4 863</b>	<b>1 991</b>	<b>301</b>	<b>231 182</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	88.2	116.4	90.4	57.6	100.0	73.4	51.7	16.9	91.6
GP mental health specific services	100.4	112.5	96.3	72.1	95.1	81.0	69.2	41.6	97.6
Clinical psychologist services	59.2	65.6	47.5	73.3	77.6	70.1	73.7	13.5	61.3
Other psychologist services	94.4	122.1	98.9	47.2	47.3	72.5	67.6	31.3	92.1
Other allied health services	10.2	15.3	7.0	6.1	11.4	9.5	5.4	1.3	10.3
<i>2010-11</i>									
<i>Number of services</i>									
<i>Psychiatrist services</i>									
Initial consultations new patient (c)	35 803	27 131	19 866	8 591	7 099	1 741	1 582	312	102 125
Patient attendances (d)	557 867	576 962	344 504	124 555	154 924	35 592	18 856	3 945	1 817 205
Group psychotherapy	22 572	15 306	2 411	557	400	2 818	242	68	44 374
Interview with non-patient	5 953	3 915	4 219	475	668	152	173	16	15 571
Telepsychiatry	941	149	1 184	127	182	18	14	18	2 633
Case conferencing	517	956	209	145	160	22	10	7	2 026
Electroconvulsive therapy (e)	12 621	13 809	15 951	4 404	4 350	2 268	275	72	53 750
Assessment and treatment of pervasive developmental disorder	55	69	54	3	12	4	1	—	198
<b>Total psychiatrist services</b>	<b>636 329</b>	<b>638 297</b>	<b>388 398</b>	<b>138 857</b>	<b>167 795</b>	<b>42 615</b>	<b>21 153</b>	<b>4 438</b>	<b>2 037 882</b>
<i>GP mental health specific services</i>									

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
GP mental health care	676 154	579 248	397 898	175 073	147 956	38 433	24 211	8 728	2 047 701
Focussed psychological strategies	17 504	10 485	8 606	1 512	3 332	716	424	326	42 905
Family group therapy	5 626	4 755	769	212	603	147	95	15	12 222
<b>Total GP mental health specific services</b>	<b>699 284</b>	<b>594 488</b>	<b>407 273</b>	<b>176 797</b>	<b>151 891</b>	<b>39 296</b>	<b>24 730</b>	<b>9 069</b>	<b>2 102 828</b>
Psychologist services									
Psychological therapy — clinical psychologists	399 144	333 786	184 361	175 818	116 009	35 023	23 066	3 043	1 270 250
Focussed psychological strategies — psychologists	694 950	693 592	445 505	111 650	73 850	36 235	28 534	6 933	2 091 249
Enhanced primary care — psychologists	2 844	1 889	1 312	430	217	125	61	9	6 887
Assessment and treatment of pervasive developmental disorder	2 065	3 626	1 367	726	414	39	144	64	8 445
<b>Total psychologist services (g)</b>	<b>1 099 029</b>	<b>1 032 894</b>	<b>632 552</b>	<b>288 627</b>	<b>190 492</b>	<b>71 422</b>	<b>51 805</b>	<b>10 049</b>	<b>3 376 870</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	18 101	10 304	3 672	2 584	5 407	939	350	9	41 366
Focussed psychological strategies — social worker	57 507	71 410	26 016	12 796	12 061	4 478	1 464	259	185 991
Enhanced Primary Care — mental health worker (h)	1 222	1 143	744	341	141	12	4	3	3 610
<b>Total allied health services (g)</b>	<b>76 832</b>	<b>82 857</b>	<b>30 434</b>	<b>15 721</b>	<b>17 609</b>	<b>5 429</b>	<b>1 818</b>	<b>272</b>	<b>230 972</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	87.5	114.3	85.4	59.9	101.7	83.7	58.4	19.3	90.7
GP mental health specific services	96.2	106.4	89.5	76.3	92.0	77.2	68.3	39.5	93.6
Psychologist services	151.1	184.9	139.1	124.6	115.4	140.2	143.1	43.7	150.2
Other allied health services	10.6	14.8	6.7	6.8	10.7	10.7	5.0	1.2	10.3

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2009-10</i>									
<i>Number of services</i>									
<i>Psychiatrist services</i>									
Initial consultations new patient (c)	34 265	26 289	17 780	8 249	7 264	1 902	1 385	366	97 511
Patient attendances (d)	543 765	577 090	338 197	124 506	160 934	36 999	17 554	3 822	1 802 867
Group psychotherapy	22 013	16 144	2 504	669	563	3 190	135	21	45 239
Interview with non-patient	4 238	3 093	2 613	428	593	131	59	18	11 173
Telepsychiatry	733	117	697	29	107	8	19	9	1 719
Case conferencing	302	884	93	93	36	21	5	–	1 434
Electroconvulsive therapy (e)	5 715	6 320	6 642	2 217	1 565	720	123	24	23 326
Assessment and treatment of pervasive developmental disorder	50	69	68	np	16	np	–	–	212
<b>Total psychiatrist services</b>	<b>611 081</b>	<b>630 006</b>	<b>368 594</b>	<b>136 206</b>	<b>171 078</b>	<b>42 976</b>	<b>19 280</b>	<b>4 260</b>	<b>1 983 481</b>
<i>GP mental health specific services</i>									
GP mental health care	581 755	343 420	492 773	154 864	127 135	32 634	8 789	20 543	1 761 913
Focussed psychological strategies	13 609	9 101	6 078	1 289	3 135	451	285	318	34 266
Family group therapy	6 080	895	5 833	244	516	92	13	97	13 770
<b>Total GP mental health specific services</b>	<b>601 444</b>	<b>353 416</b>	<b>504 684</b>	<b>156 397</b>	<b>130 786</b>	<b>33 177</b>	<b>9 087</b>	<b>20 958</b>	<b>1 809 949</b>
<i>Psychologist services</i>									
Psychological therapy — clinical psychologists	343 733	277 745	146 601	168 215	97 566	33 247	17 445	2 617	1 087 169
Focussed psychological strategies — psychologists	614 418	640 812	390 393	93 016	68 990	27 300	28 131	6 143	1 869 203
Enhanced primary care — psychologists	2 968	1 834	1 322	358	239	95	58	28	6 902
Assessment and treatment of pervasive developmental disorder	1 863	3 323	1 170	555	441	93	117	155	7 717

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Total psychologist services (g)</b>	<b>962 998</b>	<b>923 714</b>	<b>539 486</b>	<b>262 144</b>	<b>167 236</b>	<b>60 735</b>	<b>45 751</b>	<b>8 959</b>	<b>2 971 023</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	13 062	9 474	np	3 940	2 267	1 075	259	np	34 194
Focussed psychological strategies — social worker	51 896	58 436	24 164	11 255	10 964	4 001	1 073	292	162 081
Enhanced Primary Care — mental health worker (h)	np	np	680	120	78	8	np	7	2 669
<b>Total allied health services (g)</b>	<b>65 889</b>	<b>68 753</b>	<b>28 960</b>	<b>13 351</b>	<b>15 273</b>	<b>5 084</b>	<b>1 336</b>	<b>307</b>	<b>198 953</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	85.0	114.6	82.4	60.0	104.7	85.0	54.3	18.7	89.5
GP mental health specific services	83.6	64.3	112.8	68.9	80.0	65.6	25.6	92.0	81.7
Psychologist services	133.9	168.1	120.6	115.5	102.4	120.2	128.9	39.3	134.1
Other allied health services	9.2	12.5	6.5	5.9	9.3	10.1	3.8	1.3	9.0
<i>2008-09</i>									
<i>Number of services</i>									
Psychiatrist services									
Initial consultations new patient (c)	31 484	25 495	17 220	8 055	7 418	1 785	1 266	306	93 029
Patient attendances (d)	543 800	583 020	330 605	117 929	162 032	37 344	17 961	3 831	1 796 522
Group psychotherapy	20 082	17 924	2 479	678	574	3 106	201	30	45 074
Interview with non-patient	2 848	2 594	1 948	439	552	112	73	15	8 581
Telepsychiatry	752	78	447	26	8	1	15	29	1 356
Case conferencing	190	734	97	44	37	31	9	2	1 144
Electroconvulsive therapy (e)	5 425	6 326	5 462	1 852	1 628	589	103	6	21 391
Assessment and treatment of pervasive developmental disorder	32	65	22	5	—	—	—	1	125

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Total psychiatrist services</b>	<b>604 613</b>	<b>636 236</b>	<b>358 280</b>	<b>129 023</b>	<b>172 254</b>	<b>42 968</b>	<b>19 628</b>	<b>4 220</b>	<b>1 967 222</b>
GP mental health specific services									
GP mental health care	520 403	434 383	290 904	138 410	111 352	28 783	19 020	6 688	1 549 943
Focussed psychological strategies	13 238	10 693	6 037	1 115	3 261	249	345	226	35 164
Family group therapy	6 696	6 144	1 000	274	560	161	85	16	14 936
<b>Total GP mental health specific services</b>	<b>540 337</b>	<b>451 220</b>	<b>297 941</b>	<b>139 799</b>	<b>115 173</b>	<b>29 193</b>	<b>19 450</b>	<b>6 930</b>	<b>1 600 043</b>
Psychologist services									
Psychological therapy — clinical psychologists	298 137	226 729	111 728	145 385	77 824	28 968	14 297	1 767	904 835
Focussed psychological strategies — psychologists	517 849	550 951	315 067	76 491	59 519	23 591	25 367	4 963	1 573 798
Enhanced primary care — psychologists	2 705	1 858	1 413	267	178	88	68	14	6 591
Assessment and treatment of pervasive developmental disorder	1 180	2 196	399	348	244	101	87	20	4 575
<b>Total psychologist services</b>	<b>819 871</b>	<b>781 734</b>	<b>428 607</b>	<b>222 491</b>	<b>137 765</b>	<b>52 748</b>	<b>39 819</b>	<b>6 764</b>	<b>2 489 799</b>
Other allied health services									
Focussed psychological strategies — occupational therapist	9 207	7 689	3 373	1 951	2 956	519	182	10	25 887
Focussed psychological strategies — social worker	42 707	41 722	17 111	9 107	7 860	2 451	449	133	121 540
Enhanced Primary Care — mental health worker (h)	1 059	742	298	39	169	13	—	2	2 322
<b>Total allied health services</b>	<b>52 973</b>	<b>50 153</b>	<b>20 782</b>	<b>11 097</b>	<b>10 985</b>	<b>2 983</b>	<b>631</b>	<b>145</b>	<b>149 749</b>
<i>Rate per 1000 people (i)</i>									
Psychiatrist services	85.9	118.6	82.4	58.5	106.9	85.9	56.4	19.0	90.9
GP mental health specific services	76.7	84.1	68.5	63.4	71.4	58.4	55.9	31.3	73.9

TABLE 13A.10

Table 13A.10 **Mental health care specific MBS items processed (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Psychologist services	116.4	145.7	98.5	100.9	85.5	105.4	114.5	30.5	115.0
Other allied health services	7.5	9.3	4.8	5.0	6.8	6.0	1.8	0.7	6.9

- (a) State and territory is based on the postcode of the mailing address of the patient as recorded by Medicare Australia. Provider type is based on the MBS item numbers claimed.
- (b) A listing of the MBS items associated with each of the categories is available in the Medicare Benefits Schedule and General practice data source sections of the *Mental Health Services in Australia* (various issues) (<http://mhsa.aihw.gov.au/home/>).
- (c) Includes consultations in consulting room, hospital and home visits.
- (d) Includes attendances in consulting room, hospital and other locations.
- (e) Data for electroconvulsive therapy may include services provided by medical practitioners other than psychiatrists.
- (f) This item is for the initiation of management of anaesthesia for electroconvulsive therapy and includes data for services provided by medical practitioners other than GPs.
- (g) Totals for psychologist/other psychologist and other allied health services include specific services for Aboriginal and Torres Strait Islander Australians that were introduced on 1 November 2008.
- (h) Mental health workers include psychologists, mental health nurses, occupational therapists, social workers and Aboriginal health workers.
- (i) Crude rates based on the preliminary Australian estimated resident population as at 31 December midpoint of financial year.  
– Nil or rounded to zero. **np** Not published.

Source: AIHW (various issues) *Mental Health Services in Australia* (various years) (available at <http://mhsa.aihw.gov.au/home/>).

TABLE 13A.11

Table 13A.11 **FTE direct care staff employed in specialised mental health services, by service setting (per 100 000 people) (a), (b), (c)**

	<i>NSW (d), (e)</i>	<i>Vic</i>	<i>Qld (f), (g)</i>	<i>WA (h)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2006-07									
Admitted patient	55.6	37.3	54.7	63.9	67.4	58.6	28.2	32.3	52.0
Ambulatory	38.8	44.7	40.6	49.7	46.4	40.2	50.5	41.3	42.5
Residential	4.3	21.9	..	3.3	1.4	32.3	16.4	1.4	8.3
<b>Total</b>	<b>98.7</b>	<b>103.9</b>	<b>95.3</b>	<b>116.8</b>	<b>115.2</b>	<b>131.1</b>	<b>95.1</b>	<b>75.0</b>	<b>102.9</b>
2007-08									
Admitted patient	55.8	37.5	57.0	63.9	70.1	56.5	28.3	31.9	52.7
Ambulatory	39.9	44.2	44.5	49.4	50.9	38.9	49.0	43.8	43.8
Residential	2.3	22.2	..	5.5	3.0	31.6	14.0	1.7	8.0
<b>Total</b>	<b>97.9</b>	<b>104.0</b>	<b>101.5</b>	<b>118.8</b>	<b>124.0</b>	<b>126.9</b>	<b>91.4</b>	<b>77.4</b>	<b>104.6</b>
2008-09									
Admitted patient	57.9	38.6	55.8	64.8	67.1	56.6	26.4	38.0	53.4
Ambulatory	40.1	44.6	46.9	49.6	51.2	40.9	48.7	42.8	44.6
Residential	1.8	22.2	..	6.4	5.0	30.3	14.2	6.1	8.1
<b>Total</b>	<b>99.9</b>	<b>105.5</b>	<b>102.7</b>	<b>120.7</b>	<b>123.2</b>	<b>127.8</b>	<b>89.4</b>	<b>86.9</b>	<b>106.0</b>
2009-10									
Admitted patient	59.8	38.5	51.8	63.8	64.2	57.6	28.5	36.6	52.9
Ambulatory	41.7	44.6	47.6	49.4	55.5	42.2	50.1	43.1	45.6
Residential	1.6	21.5	..	6.9	5.0	32.9	14.9	6.4	8.0
<b>Total</b>	<b>103.1</b>	<b>104.6</b>	<b>99.4</b>	<b>120.1</b>	<b>124.7</b>	<b>132.6</b>	<b>93.5</b>	<b>86.1</b>	<b>106.4</b>
2010-11									
Admitted patient	61.2	39.4	53.6	64.1	62.5	58.3	29.8	38.0	53.8
Ambulatory	43.4	46.2	51.6	50.9	60.6	42.3	48.9	44.2	47.9
Residential	1.2	21.3	..	8.1	6.0	31.6	14.1	6.8	8.0
<b>Total</b>	<b>105.9</b>	<b>106.9</b>	<b>105.3</b>	<b>123.0</b>	<b>129.1</b>	<b>132.2</b>	<b>92.7</b>	<b>89.1</b>	<b>109.7</b>
2011-12									
Admitted patient	60.6	39.9	56.2	65.7	55.5	54.9	26.9	37.2	53.8
Ambulatory	43.0	46.9	53.9	51.8	58.2	40.1	51.6	49.2	48.3
Residential	1.2	21.0	..	8.8	9.9	26.8	14.1	6.6	8.2
<b>Total</b>	<b>104.9</b>	<b>107.8</b>	<b>110.0</b>	<b>126.2</b>	<b>123.6</b>	<b>121.8</b>	<b>92.6</b>	<b>93.0</b>	<b>110.3</b>
2012-13									
Admitted patient	61.5	38.6	55.2	65.7	51.2	47.4	29.4	48.5	53.3
Ambulatory	39.4	46.6	51.7	49.8	59.8	42.9	51.9	49.5	46.7
Residential	0.9	20.3	–	7.6	9.8	28.5	17.6	7.8	7.9
<b>Total</b>	<b>101.8</b>	<b>105.6</b>	<b>106.9</b>	<b>123.1</b>	<b>120.7</b>	<b>118.8</b>	<b>98.8</b>	<b>105.7</b>	<b>107.8</b>
2013-14									
Admitted patient	62.2	40.2	51.4	64.2	52.6	52.9	34.1	48.0	53.3
Ambulatory	39.3	47.2	47.6	49.1	61.0	41.4	49.4	55.3	45.9
Residential	0.8	20.7	–	8.4	10.4	29.0	18.2	8.5	8.1
<b>Total</b>	<b>102.2</b>	<b>108.1</b>	<b>99.0</b>	<b>121.7</b>	<b>123.9</b>	<b>123.3</b>	<b>101.7</b>	<b>111.8</b>	<b>107.3</b>
2014-15									
Admitted patient	62.9	41.4	52.1	62.8	55.6	43.8	34.6	48.2	53.8
Ambulatory	35.9	46.4	48.8	47.8	61.0	40.3	54.1	54.4	44.8

Table 13A.11 **FTE direct care staff employed in specialised mental health services, by service setting (per 100 000 people) (a), (b), (c)**

	NSW (d), (e)	Vic	Qld (f), (g)	WA (h)	SA	Tas	ACT	NT	Aust
Residential	0.7	19.9	–	8.1	13.2	37.2	19.3	25.1	8.4
<b>Total</b>	<b>99.6</b>	<b>107.7</b>	<b>100.9</b>	<b>118.8</b>	<b>129.8</b>	<b>121.3</b>	<b>107.9</b>	<b>127.7</b>	<b>107.0</b>
2015-16									
Admitted patient	63.8	41.3	54.6	62.5	57.8	42.3	32.7	51.2	54.6
Ambulatory	37.1	45.8	49.8	48.4	59.2	40.5	60.1	56.3	45.3
Residential	0.8	18.9	–	8.1	12.6	36.9	19.5	21.9	8.1
<b>Total</b>	<b>101.8</b>	<b>106.0</b>	<b>104.4</b>	<b>119.0</b>	<b>129.6</b>	<b>119.7</b>	<b>112.2</b>	<b>129.4</b>	<b>108.0</b>

(a) See AIHW *Mental Health Services in Australia* online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of staffing estimates.

(b) A new organisational overhead setting for reporting FTE was implemented from the 2012–13 collection period, which may result in decreased FTE in the other service setting categories for some jurisdictions. Time series analyses should be approached with caution. Care and consumer worker FTE has been included in service setting reporting since the 2012–13 collection period. These categories are not included in staff type FTE data. Comparisons between these tables should be made with caution.

(c) Due to the ongoing validation of NMDS, data could differ from previous reports.

(d) Caution is required when interpreting NSW data. Seven residential mental health services in 2006–07 were reclassified as non-acute older person specialised hospital services in 2007–08, reflecting a change in function of those units.

(e) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.

(f) Queensland does not currently classify any services as community residential, however funds a number of extended treatment services that are classified and reported as non-acute inpatient care.

(g) Queensland implemented a new method to calculate FTE from the 2009–10 data. The new method is associated with the reduction in reported FTE so caution should be exercised when conducting time series analysis.

(h) For WA in 2015-16, FTE staff data was unavailable for one service. Direct care FTE staff for the service are estimated to be around 70 FTE. Comparisons over time, and between staffing and expenditure, should be made with caution.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished) MHE NMDS.



TABLE 13A.12

Table 13A.12 **Mental health patient days (a), (b), (c)**

	NSW (d), (e)	Vic	Qld (f)	WA (g)	SA	Tas	ACT (h)	NT (h)	Aust
<i>Patient days</i>									
Admitted patient — acute units									
2006-07	502 521	328 817	216 505	165 365	120 755	28 219	16 419	11 854	1 390 455
2007-08	501 388	322 087	222 006	183 741	119 808	30 924	18 539	10 990	1 409 483
2008-09	525 512	334 711	224 395	181 426	115 412	31 291	19 884	11 517	1 444 148
2009-10	531 649	332 677	226 762	182 647	114 605	29 615	21 484	10 877	1 450 316
2010-11	536 310	345 369	228 406	177 733	117 123	29 249	22 941	11 518	1 468 649
2011-12	543 311	343 809	230 274	188 644	115 761	32 148	23 163	10 489	1 487 599
2012-13	557 193	342 192	227 282	192 445	109 927	28 749	26 097	12 943	1 496 828
2013-14	567 255	349 444	230 097	195 461	111 515	27 773	23 068	11 832	1 516 445
2014-15	571 598	350 918	250 010	200 357	118 952	26 520	24 554	10 279	1 553 188
2015-16	574 540	365 785	264 304	206 070	123 592	27 806	25 493	10 327	1 597 917
Admitted patient — non-acute units									
2006-07	252 391	56 837	222 783	50 751	84 637	9 482	..	..	676 881
2007-08	279 349	63 428	219 026	36 838	77 836	7 128	..	..	683 605
2008-09	265 820	54 667	215 715	38 357	65 509	9 125	..	..	649 193
2009-10	285 494	53 712	213 343	40 061	59 746	8 531	..	..	660 887
2010-11	287 011	54 293	216 365	51 600	56 073	9 779	..	..	675 121
2011-12	284 459	51 032	209 993	47 013	46 036	10 011	..	..	648 544
2012-13	288 394	52 982	218 517	44 201	43 626	7 843	..	..	655 563
2013-14	287 286	50 796	190 666	40 745	44 084	9 618	..	..	623 195
2014-15	295 381	60 277	177 917	41 536	45 528	..	..	..	620 639
2015-16	297 615	61 627	194 678	35 897	47 695	..	..	..	637 512
24-hour staffed community residential									
2006-07	73 773	338 377	..	12 006	9 232	34 697	14 023	..	482 108
2007-08	42 051	352 741	..	14 888	15 277	27 194	13 599	1 737	467 487
2008-09	37 375	344 623	..	24 725	20 649	28 727	14 262	3 550	473 911

TABLE 13A.12

Table 13A.12 **Mental health patient days (a), (b), (c)**

	NSW (d), (e)	Vic	Qld (f)	WA (g)	SA	Tas	ACT (h)	NT (h)	Aust
2009-10	35 355	351 719	..	33 008	20 187	30 172	15 416	3 841	489 698
2010-11	34 503	353 996	..	17 605	22 529	29 958	14 961	4 144	477 696
2011-12	38 742	363 985	..	30 073	34 397	27 333	15 367	4 828	514 725
2012-13	38 328	364 505	..	30 459	40 158	22 777	16 045	5 508	517 780
2013-14	36 426	366 237	..	29 229	43 332	24 875	17 155	7 056	524 310
2014-15	35 130	375 730	..	30 831	48 813	35 377	17 119	10 267	553 267
2015-16	36 504	365 446	..	31 630	48 094	33 685	16 380	9 618	541 357
<i>Patient days per 1000 people</i>									
Admitted patient — acute units									
2006-07	74.1	64.4	53.4	79.6	77.3	57.4	48.5	56.2	67.4
2007-08	72.8	61.9	53.4	86.1	75.9	62.4	53.9	50.7	67.1
2008-09	75.1	63.0	52.5	82.1	72.2	62.4	56.6	51.8	67.2
2009-10	74.9	61.4	51.9	80.7	70.8	58.5	60.0	47.8	66.3
2010-11	74.7	62.8	51.5	76.6	71.7	57.3	62.9	50.0	66.2
2011-12	75.0	61.7	51.0	79.0	70.4	62.8	62.5	45.1	66.2
2012-13	75.8	60.2	49.3	77.8	66.1	56.1	68.8	54.6	65.3
2013-14	76.0	60.3	49.1	76.6	66.5	54.0	60.0	48.8	65.0
2014-15	75.6	59.6	52.6	77.6	70.3	51.5	63.3	42.1	65.7
2015-16	74.9	61.0	55.0	79.1	72.6	53.7	64.9	42.3	66.7
Admitted patient — non-acute units									
2006-07	37.2	11.1	54.9	24.4	54.2	19.3	..	..	32.8
2007-08	40.6	12.2	52.7	17.3	49.3	14.4	..	..	32.5
2008-09	38.0	10.3	50.5	17.4	41.0	18.2	..	..	30.2
2009-10	40.2	9.9	48.8	17.7	36.9	16.8	..	..	30.2
2010-11	40.0	9.9	48.8	22.3	34.3	19.2	..	..	30.4
2011-12	39.2	9.2	46.5	19.7	28.0	19.6	..	..	28.8
2012-13	39.2	9.3	47.4	17.9	26.2	15.3	..	..	28.6

TABLE 13A.12

Table 13A.12 **Mental health patient days (a), (b), (c)**

	NSW (d), (e)	Vic	Qld (f)	WA (g)	SA	Tas	ACT (h)	NT (h)	Aust
2013-14	38.5	8.8	40.6	16.0	26.3	18.7	..	..	26.7
2014-15	39.0	10.2	37.5	16.1	26.9	..	..	..	26.3
2015-16	38.8	10.3	40.5	13.8	28.0	..	..	..	26.6
24-hour staffed community residential									
2006-07	10.9	66.3	..	5.8	5.9	70.6	41.4	..	23.4
2007-08	6.1	67.8	..	7.0	9.7	54.8	39.5	8.0	22.2
2008-09	5.3	64.9	..	11.2	12.9	57.3	40.6	16.0	22.1
2009-10	5.0	64.9	..	14.6	12.5	59.6	43.1	16.9	22.4
2010-11	4.8	64.4	..	7.6	13.8	58.7	41.0	18.0	21.5
2011-12	5.3	65.3	..	12.6	20.9	53.4	41.5	20.8	22.9
2012-13	5.2	64.2	..	12.3	24.2	44.4	42.3	23.3	22.6
2013-14	4.9	63.2	..	11.5	25.8	48.4	44.7	29.1	22.5
2014-15	4.6	63.8	..	11.9	28.9	68.7	44.2	42.0	23.4
2015-16	4.8	60.9	..	12.1	28.2	65.1	41.7	39.4	22.6

(a) See AIHW *Mental Health Services in Australia* online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of patient day estimates.

(b) Due to the ongoing validation of NMDS, data could differ from previous reports.

(c) Hospital patient days include those provided in services funded by government, but managed and operated by private and non-government entities.

(d) Caution is required when interpreting NSW data. Seven residential mental health services in 2006–07 were reclassified as non-acute older person specialised hospital services in 2007–08, reflecting a change in function of those units.

(e) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.

(f) Queensland does not currently classify any services as community residential, however funds a number of extended treatment services that are classified and reported as non-acute inpatient care.

(g) Caution is required when interpreting WA data. Several residential services that reported as 24-hour staffed services in 2009-10 transitioned to a non-24-hour staffed model of care as of 1 July 2010. In addition, a review of services resulted in the reclassification of beds between the acute and non-acute categories for the 2010–11 collection, to more accurately reflect the function of these services.

(h) The ACT and the NT do not have non-acute hospital units.

.. Not applicable.

Source: AIHW (unpublished) MHE NMDS; table 13A.61.

TABLE 13A.13

Table 13A.13 Available beds in State and Territory governments' specialised mental health services (a), (b), (c), (d)

	NSW (e), (f)	Vic	Qld (g)	WA (h)	SA	Tas (i)	ACT (i)	NT (i)	Aust
<i>No. of beds</i>									
Psychiatric hospitals									
2006-07	1 060	134	375	254	388	..	..	..	2 211
2007-08	1 024	154	376	245	357	..	..	..	2 156
2008-09	911	154	375	246	343	..	..	..	2 029
2009-10	967	150	375	243	267	..	..	..	2 002
2010-11	1 064	152	375	246	247	..	..	..	2 083
2011-12	902	150	345	246	230	..	..	..	1 873
2012-13	887	152	345	242	205	..	..	..	1 831
2013-14	854	152	335	226	194	..	..	..	1 761
2014-15	838	150	301	226	201	–	–	–	1 717
2015-16	837	151	265	219	225	–	–	–	1 698
Acute hospitals with psychiatric units or wards									
2006-07	1 227	1 050	1 022	415	247	126	70	34	4 191
2007-08	1 400	1 062	1 033	425	243	128	70	34	4 395
2008-09	1 542	1 064	1 029	432	233	130	63	34	4 527
2009-10	1 558	1 082	1 033	452	246	128	63	34	4 597
2010-11	1 586	1 104	1 044	454	252	127	65	33	4 666
2011-12	1 747	1 091	1 057	463	250	131	65	32	4 836
2012-13	1 768	1 092	1 110	479	247	131	70	40	4 937
2013-14	1 838	1 122	1 066	499	268	127	70	41	5 030
2014-15	1 894	1 168	1 109	514	285	97	70	41	5 179
2015-16	1 913	1 184	1 224	533	295	95	73	43	5 360
Community-based residential units									
2006-07	437	1 359	..	85	63	176	75	5	2 200
2007-08	251	1 404	..	130	71	176	77	5	2 114
2008-09	196	1 456	..	178	99	165	83	13	2 190
2009-10	195	1 430	..	260	89	169	83	13	2 239
2010-11	185	1 448	..	283	97	170	83	15	2 281
2011-12	171	1 476	..	303	138	162	82	15	2 347
2012-13	158	1 495	..	298	137	156	95	16	2 356
2013-14	156	1 536	..	315	147	156	95	22	2 427
2014-15	145	1 514	–	302	191	191	94	34	2 471
2015-16	140	1 448	–	299	184	183	94	34	2 383
<i>Proportion of all beds in different settings (%)</i>									
Psychiatric hospitals									
2006-07	38.9	5.3	26.8	33.7	55.6	..	..	..	25.7
2007-08	38.3	5.9	26.7	30.6	53.2	..	..	..	24.9
2008-09	34.4	5.8	26.7	28.7	50.8	..	..	..	23.2
2009-10	35.6	5.6	26.6	25.4	44.3	..	..	..	22.7
2010-11	37.5	5.6	26.4	25.0	41.4	..	..	..	23.1
2011-12	32.0	5.5	24.6	24.3	37.2	..	..	..	20.7

TABLE 13A.13

Table 13A.13 Available beds in State and Territory governments' specialised mental health services (a), (b), (c), (d)

	NSW (e), (f)	Vic	Qld (g)	WA (h)	SA	Tas (i)	ACT (i)	NT (i)	Aust
2012-13	31.5	5.5	23.7	23.7	34.8	..	..	..	20.1
2013-14	30.0	5.4	23.9	21.7	31.9	..	..	..	19.1
2014-15	29.1	5.3	21.3	21.7	29.7	–	–	–	18.3
2015-16	29.0	5.4	17.8	20.8	31.9	–	–	–	18.0
Acute hospitals with psychiatric units or wards									
2006-07	45.0	41.3	73.2	55.0	35.4	41.7	48.3	87.2	48.7
2007-08	52.3	40.5	73.3	53.1	36.2	42.1	47.6	87.2	50.7
2008-09	58.2	39.8	73.3	50.5	34.5	44.1	43.2	72.3	51.8
2009-10	57.3	40.6	73.4	47.3	40.9	43.1	43.2	72.3	52.0
2010-11	55.9	40.8	73.6	46.2	42.3	42.8	43.9	68.9	51.7
2011-12	61.9	40.2	75.4	45.8	40.5	44.7	44.2	68.1	53.4
2012-13	62.9	39.9	76.3	47.0	41.8	45.6	42.4	71.4	54.1
2013-14	64.5	39.9	76.1	48.0	44.0	44.9	42.4	65.1	54.6
2014-15	65.8	41.2	78.7	49.3	42.1	33.7	42.7	54.6	55.3
2015-16	66.2	42.5	82.2	50.7	41.9	34.2	43.7	55.8	56.8
Community-based residential units									
2006-07	16.0	53.4	..	11.3	9.0	58.3	51.7	12.8	25.6
2007-08	9.4	53.6	..	16.3	10.6	57.9	52.4	12.8	24.4
2008-09	7.4	54.5	..	20.8	14.7	55.9	56.8	27.7	25.0
2009-10	7.2	53.7	..	27.2	14.8	56.9	56.8	27.7	25.3
2010-11	6.5	53.6	..	28.8	16.3	57.2	56.1	31.1	25.3
2011-12	6.1	54.3	..	29.9	22.3	55.3	55.8	31.9	25.9
2012-13	5.6	54.6	..	29.3	23.3	54.4	57.6	28.6	25.8
2013-14	5.5	54.7	..	30.3	24.1	55.1	57.6	34.9	26.3
2014-15	5.0	53.5	–	29.0	28.2	66.3	57.3	45.4	26.4
2015-16	4.8	52.0	–	28.5	26.1	65.8	56.3	44.2	25.2
<i>Beds per 100 000 people</i>									
Psychiatric hospitals									
2006-07	15.6	2.6	9.2	12.2	24.9	..	..	..	10.7
2007-08	14.9	3.0	9.0	11.5	22.6	..	..	..	10.3
2008-09	13.0	2.9	8.8	11.1	21.5	..	..	..	9.4
2009-10	13.6	2.8	8.6	10.7	16.5	..	..	..	9.2
2010-11	14.8	2.8	8.5	10.6	15.1	..	..	..	9.4
2011-12	12.4	2.7	7.6	10.3	14.0	..	..	..	8.3
2012-13	12.1	2.7	7.5	9.8	12.4	..	..	..	8.0
2013-14	11.4	2.6	7.1	8.9	11.6	..	..	..	7.6
2014-15	11.1	2.5	6.3	8.8	11.9	–	–	–	7.3
2015-16	10.9	2.5	5.5	8.4	13.2	–	–	–	7.1
Acute hospitals with psychiatric units or wards									
2006-07	18.1	20.6	25.2	20.0	15.8	25.6	20.7	16.1	20.3
2007-08	20.3	20.4	24.8	19.9	15.4	25.8	20.3	15.7	20.9
2008-09	22.0	20.0	24.1	19.6	14.6	25.9	17.9	15.3	21.1

Table 13A.13 **Available beds in State and Territory governments' specialised mental health services (a), (b), (c), (d)**

	NSW (e), (f)	Vic	Qld (g)	WA (h)	SA	Tas (i)	ACT (i)	NT (i)	Aust
2009-10	21.9	20.0	23.7	20.0	15.2	25.3	17.6	14.9	21.0
2010-11	22.1	20.1	23.5	19.6	15.4	24.9	17.8	14.5	21.0
2011-12	24.1	19.6	23.4	19.4	15.2	25.6	17.5	13.8	21.5
2012-13	24.1	19.2	24.1	19.4	14.8	25.6	18.4	16.9	21.6
2013-14	24.6	19.4	22.7	19.6	16.0	24.7	18.2	16.9	21.6
2014-15	25.0	19.8	23.3	19.9	16.9	18.8	18.1	16.8	21.9
2015-16	24.9	19.8	25.5	20.5	17.3	18.4	18.6	17.6	22.4
Community-based residential units									
2006-07	6.4	26.6	..	4.1	4.0	35.8	22.2	2.4	10.7
2007-08	3.6	27.0	..	6.1	4.5	35.5	22.4	2.3	10.1
2008-09	2.8	27.4	..	8.1	6.2	32.9	23.6	5.8	10.2
2009-10	2.7	26.4	..	11.5	5.5	33.3	23.2	5.7	10.2
2010-11	2.6	26.3	..	12.2	6.0	33.3	22.8	6.5	10.3
2011-12	2.4	26.5	..	12.7	8.4	31.7	22.1	6.5	10.4
2012-13	2.1	26.3	..	12.1	8.3	30.4	25.0	6.8	10.3
2013-14	2.1	26.5	..	12.3	8.8	30.4	24.7	9.1	10.4
2014-15	1.9	25.7	–	11.7	11.3	37.1	24.2	14.0	10.5
2015-16	1.8	24.1	–	11.5	10.8	35.4	23.9	13.9	10.0
Total									
2006-07	40.1	49.8	34.4	36.3	44.7	61.4	42.9	18.5	41.7
2007-08	38.9	50.4	33.9	37.5	42.5	61.3	42.7	18.0	41.2
2008-09	37.8	50.3	32.8	38.8	42.2	58.8	41.6	21.1	40.7
2009-10	38.3	49.1	32.2	42.2	37.2	58.6	40.8	20.6	40.4
2010-11	39.5	49.2	32.0	42.4	36.5	58.2	40.6	21.0	40.7
2011-12	38.9	48.7	31.1	42.4	37.6	57.3	39.7	20.2	40.3
2012-13	38.3	48.2	31.6	41.2	35.5	56.0	43.5	23.6	39.8
2013-14	38.1	48.5	29.9	40.8	36.3	55.1	43.0	26.0	39.5
2014-15	38.0	48.1	29.7	40.4	40.0	55.9	42.3	30.7	39.6
2015-16	37.7	46.4	31.0	40.4	41.4	53.7	42.5	31.6	39.4

(a) Bed numbers represent the average number of beds which are immediately available for use by an admitted patient or resident within the establishment. See AIHW *Mental Health Services in Australia* online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the bed estimates. Available beds are counted as the average of monthly available bed numbers. Available beds counts exclude beds in wards that were closed for any reason (except weekend closures for beds/wards staffed and available on weekdays only).

(b) Due to the ongoing validation of NMDS, data could differ from previous reports.

(c) Hospital bed can include government funded beds managed and operated by private and non-government entities.

(d) Community-based residential beds data include 24-hour and non-24-hour staffed units.

(e) Caution is required when interpreting NSW data. Seven residential mental health services in 2006–07 were reclassified as non-acute older person specialised hospital services in 2007–08, reflecting a change in function of those units.

(f) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.

**Table 13A.13 Available beds in State and Territory governments' specialised mental health services (a), (b), (c), (d)**

	<i>NSW (e), (f)</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA (h)</i>	<i>SA</i>	<i>Tas (i)</i>	<i>ACT (i)</i>	<i>NT (i)</i>	<i>Aust</i>
(g)	Queensland does not currently classify any services as community residential, however funds a number of extended treatment services that are classified and reported as non-acute inpatient care. Due to the classification of inpatient beds as either co-located or standalone, psychogeriatric beds co-located with nursing homes are reported as 'standalone'. As a result these beds are reported as psychiatric hospital beds in this report. In 2005-06, there was temporary closure of acute beds in one Queensland hospital and some transitional extended treatment beds permanently closed. In addition, Queensland did not change its method of counting beds until 2007-08 (see 2011 Report for details of previous method).								
(h)	Beds numbers in WA include publicly funded mental health beds in private hospitals for all years. Bed numbers in WA include emergency department observation beds in one hospital for all years prior to 2010-11.								
(i)	Tasmania, the ACT and the NT do not have public psychiatric hospitals.								
	.. Not applicable. <b>na</b> Not available. – Nil or rounded to zero.								

Source: AIHW (unpublished) MHE NMDS; table 13A.61.

TABLE 13A.14

**Table 13A.14 Targeted Community Care (Mental Health) program participants (number)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2014-15</i>									
Personal Helpers and Mentors	5 889	4 485	4 278	2 074	2 152	692	360	407	20 337
Family Mental Health Support Services	14 999	10 352	19 005	10 766	9 224	2 311	2 978	5 553	75 188
Mental Health Respite: Carer Support	8 288	11 083	6 550	4 747	4 080	1 562	496	3 838	40 644
<i>2013-14</i>									
Personal Helpers and Mentors	5 256	4 118	3 919	1 880	2 069	570	326	401	18 539
Family Mental Health Support Services	18 151	11 283	21 211	22 249	10 731	4 206	4 774	6 059	98 664
Mental Health Respite: Carer Support	7 675	12 894	8 364	4 123	4 581	1 262	629	939	40 467
<i>2012-13</i>									
Personal Helpers and Mentors	4 325	3 319	3 173	1 410	1 781	458	266	334	15 066
Family Mental Health Support Services	9 693	12 190	11 701	13 323	8 989	3 337	5 484	3 689	68 406
Mental Health Respite: Carer Support	11 760	8 915	4 179	3 003	4 254	1 163	333	714	34 321

Source: DSS (various issues) *Targeted Community Care (Mental Health) Program – Summary Data* (various years).



TABLE 13A.15

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
	Age standardised proportion (c)									no.
<i>2007-08</i>										
Public (d), (e)										
Quintile 1 (most disadvantaged)	1.8	1.5	1.9	2.0	2.9	2.0	np	1.5	1.9	76 635
Quintile 2	1.9	1.4	2.6	1.4	1.2	2.9	4.3	6.1	1.8	74 505
Quintile 3	1.5	1.2	2.0	2.1	1.0	1.3	3.7	3.8	1.6	67 420
Quintile 4	1.4	0.9	1.7	2.0	1.3	0.9	2.3	0.6	1.4	55 904
Quintile 5 (least disadvantaged)	1.2	0.7	1.2	1.4	2.0	..	1.5	2.5	1.2	48 530
Private (d), (f)										
Quintile 1 (most disadvantaged)	–	0.1	–	0.1	np	np	np	np	0.1	2 556
Quintile 2	–	–	0.1	–	np	np	np	np	0.1	2 351
Quintile 3	0.1	–	0.1	0.1	np	np	np	np	0.1	3 572
Quintile 4	0.1	0.1	0.2	0.1	np	np	np	np	0.1	5 383
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.2	np	..	np	np	0.2	9 074
MBS and DVA										
Quintile 1 (most disadvantaged)	4.4	4.9	4.3	2.3	4.5	3.8	3.7	0.7	4.3	176 364
Quintile 2	5.3	5.2	4.1	3.9	4.8	3.9	4.2	2.0	4.9	200 248
Quintile 3	5.2	5.4	4.6	3.9	4.5	4.2	3.9	1.6	4.8	202 268
Quintile 4	5.3	5.5	4.9	3.9	5.0	6.1	4.0	1.7	5.0	206 586
Quintile 5 (least disadvantaged)	5.4	6.3	4.9	4.8	5.4	..	3.9	1.4	5.4	231 002
<i>2008-09</i>										
Public (d), (e)										
Quintile 1 (most disadvantaged)	1.9	1.5	1.7	2.2	2.7	np	np	1.6	1.8	72 356
Quintile 2	2.0	1.4	2.7	1.5	1.3	np	4.6	6.2	1.9	77 089
Quintile 3	1.5	1.2	2.3	2.1	1.3	np	3.8	4.0	1.7	71 113
Quintile 4	1.4	0.8	1.3	2.0	0.8	np	2.4	0.6	1.2	51 399
Quintile 5 (least disadvantaged)	1.2	0.7	1.0	1.4	3.5	..	1.6	2.4	1.2	50 798

TABLE 13A.15

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Private (d), (f)										
Quintile 1 (most disadvantaged)	–	0.1	–	0.1	np	np	np	np	–	2 036
Quintile 2	–	–	0.1	0.1	np	np	np	np	0.1	2 578
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	np	0.1	3 888
Quintile 4	0.1	0.2	0.2	0.1	np	np	np	np	0.1	6 212
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.2	np	..	np	np	0.2	9 553
MBS and DVA										
Quintile 1 (most disadvantaged)	5.3	5.8	5.4	2.7	5.6	4.6	4.6	0.9	5.2	218 084
Quintile 2	6.3	6.2	5.1	4.7	5.9	4.7	4.8	2.5	5.9	244 695
Quintile 3	6.1	6.5	5.7	4.8	5.7	4.9	4.8	2.2	5.8	247 895
Quintile 4	6.1	6.5	5.8	4.5	5.7	6.7	4.9	2.0	5.9	250 106
Quintile 5 (least disadvantaged)	6.3	7.2	5.6	5.5	6.3	..	4.6	1.8	6.2	270 901
2009-10										
Public (d), (e)										
Quintile 1 (most disadvantaged)	1.9	1.5	2.6	2.2	2.7	1.0	np	2.6	2.0	85 633
Quintile 2	1.9	1.4	1.8	1.5	2.1	4.2	4.8	2.4	1.8	75 384
Quintile 3	1.5	1.2	1.7	2.2	1.7	1.3	3.8	3.3	1.6	69 386
Quintile 4	1.4	0.8	1.4	2.1	1.2	1.0	2.5	1.6	1.3	56 689
Quintile 5 (least disadvantaged)	1.1	0.7	1.0	1.4	1.0	..	1.7	1.7	1.0	45 247
Private (d), (f)										
Quintile 1 (most disadvantaged)	–	0.1	–	0.1	np	np	np	np	–	1 939
Quintile 2	0.1	0.1	0.1	0.1	np	np	np	np	0.1	2 864
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	np	0.1	4 121
Quintile 4	0.1	0.1	0.2	0.2	np	np	np	np	0.1	5 993
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.3	np	..	np	np	0.2	10 565
MBS and DVA										
Quintile 1 (most disadvantaged)	5.9	6.5	6.0	3.1	6.4	5.2	5.2	1.1	5.8	246 684

TABLE 13A.15

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Quintile 2	6.8	6.9	5.7	5.1	6.6	5.1	5.3	3.0	6.5	274 627
Quintile 3	6.6	7.2	6.4	5.2	6.2	5.6	5.2	2.5	6.4	277 661
Quintile 4	6.5	7.1	6.4	4.9	6.2	7.5	5.3	2.3	6.4	278 258
Quintile 5 (least disadvantaged)	6.7	7.6	6.1	5.8	6.9	..	5.0	2.1	6.6	293 715
<i>2010-11</i>										
Public (d), (e)										
Quintile 1 (most disadvantaged)	1.9	1.5	2.9	3.5	2.7	2.0	np	2.9	2.2	93 565
Quintile 2	1.9	1.4	1.9	2.2	2.1	1.4	4.4	2.5	1.9	79 324
Quintile 3	1.6	1.2	1.7	1.9	1.7	1.2	3.7	3.0	1.6	69 526
Quintile 4	1.4	0.8	1.3	1.6	1.3	1.7	2.6	1.7	1.3	55 664
Quintile 5 (least disadvantaged)	1.1	0.7	1.0	1.4	1.0	..	1.7	1.8	1.0	45 973
Private (d), (f)										
Quintile 1 (most disadvantaged)	–	0.1	–	0.1	np	np	np	np	–	2 179.0
Quintile 2	0.1	0.1	0.1	0.1	np	np	np	np	0.1	3 217.0
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	np	0.1	4 752.0
Quintile 4	0.1	0.1	0.2	0.2	np	np	np	np	0.1	6 743.0
Quintile 5 (least disadvantaged)	0.2	0.3	0.2	0.3	np	..	np	np	0.2	10 987.0
MBS and DVA										
Quintile 1 (most disadvantaged)	6.5	7.2	6.6	3.7	7.0	5.9	5.8	1.2	6.5	277 164
Quintile 2	7.6	7.6	6.5	5.5	7.3	5.6	5.9	3.4	7.2	309 010
Quintile 3	7.1	7.9	7.2	5.5	6.7	6.3	5.4	2.8	7.0	307 839
Quintile 4	7.2	7.7	7.2	5.3	6.9	8.0	5.7	2.4	7.0	312 702
Quintile 5 (least disadvantaged)	7.2	8.1	6.6	6.2	7.6	..	5.5	2.2	7.1	319 001

TABLE 13A.15

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
<i>2011-12</i>										
Public (d), (e), (g)										
Quintile 1 (most disadvantaged)	1.9	na	2.8	4.1	3.1	1.7	np	2.9	2.3	81 894
Quintile 2	1.9	na	2.0	2.4	2.1	1.3	3.5	2.9	2.0	64 732
Quintile 3	1.5	na	1.8	2.1	1.7	1.4	3.3	2.9	1.7	58 780
Quintile 4	1.5	na	1.4	1.7	1.5	1.3	2.9	2.6	1.6	46 849
Quintile 5 (least disadvantaged)	1.1	na	1.1	1.5	1.1	..	1.8	2.2	1.3	41 555
Private (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	..	0.1	2 394
Quintile 2	na	na	na	na	na	na	na	..	0.1	3 524
Quintile 3	na	na	na	na	na	na	na	..	0.1	5 461
Quintile 4	na	na	na	na	na	na	na	..	0.2	7 354
Quintile 5 (least disadvantaged)	na	na	na	na	na	..	na	..	0.3	11 868
MBS and DVA										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	7.1	306 636
Quintile 2	na	na	na	na	na	na	na	na	7.2	311 718
Quintile 3	na	na	na	na	na	na	na	na	7.3	322 463
Quintile 4	na	na	na	na	na	na	na	na	7.4	328 411
Quintile 5 (least disadvantaged)	na	na	na	na	na	..	na	na	7.2	320 535
<i>2012-13</i>										
Public (d), (e), (g)										
Quintile 1 (most disadvantaged)	2.2	na	3.3	3.2	3.2	1.7	np	3.2	2.6	90 816
Quintile 2	2.1	na	2.1	2.8	2.4	1.2	7.1	2.4	2.2	74 825
Quintile 3	1.7	na	1.5	2.1	1.9	1.0	4.4	3.9	1.7	56 760
Quintile 4	1.6	na	1.3	1.7	1.4	1.0	2.7	2.6	1.5	47 696
Quintile 5 (least disadvantaged)	1.2	na	1.0	1.3	1.0	0.9	1.8	2.1	1.2	41 679
Private (d)										

TABLE 13A.15

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	..	0.1	2 411
Quintile 2	na	na	na	na	na	na	na	..	0.1	3 998
Quintile 3	na	na	na	na	na	na	na	..	0.1	5 506
Quintile 4	na	na	na	na	na	na	na	..	0.2	7 835
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	..	0.3	13 147
MBS and DVA										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	7.7	336 345
Quintile 2	na	na	na	na	na	na	na	na	7.7	340 118
Quintile 3	na	na	na	na	na	na	na	na	7.9	351 587
Quintile 4	na	na	na	na	na	na	na	na	7.8	355 720
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	7.6	343 452
2013-14										
Public (d), (e), (g)										
Quintile 1 (most disadvantaged)	2.2	1.6	3.4	3.3	3.3	2.1	5.8	2.9	2.5	109 926
Quintile 2	2.1	1.5	2.1	2.9	2.5	1.6	5.0	1.7	2.1	91 951
Quintile 3	1.8	1.2	1.5	2.3	1.9	1.2	3.6	2.2	1.6	73 186
Quintile 4	1.6	0.9	1.4	1.8	1.4	1.3	2.8	2.0	1.4	62 214
Quintile 5 (least disadvantaged)	1.2	0.7	1.0	1.4	1.0	1.1	1.5	1.5	1.1	50 479
Private (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	..	0.1	2 637
Quintile 2	na	na	na	na	na	na	na	..	0.1	4 295
Quintile 3	na	na	na	na	na	na	na	..	0.1	6 007
Quintile 4	na	na	na	na	na	na	na	..	0.2	7 855
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	..	0.3	12 746
MBS and DVA										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	8.4	375 999
Quintile 2	na	na	na	na	na	na	na	na	8.4	380 544

TABLE 13A.15

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Quintile 3	na	na	na	na	na	na	na	na	8.5	390 726
Quintile 4	na	na	na	na	na	na	na	na	8.4	389 627
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	8.1	375 362
<i>2014-15</i>										
Public (d), (e), (f)										
Quintile 1 (most disadvantaged)	2.4	1.6	3.0	3.4	3.3	2.7	10.7	3.1	2.5	113 756
Quintile 2	2.0	1.5	2.3	2.9	2.5	2.0	5.1	3.0	2.1	96 336
Quintile 3	1.6	1.2	1.7	2.1	1.9	1.6	3.8	3.7	1.6	74 299
Quintile 4	1.5	0.9	1.5	1.8	1.3	1.6	2.7	2.6	1.4	64 128
Quintile 5 (least disadvantaged)	1.2	0.7	1.1	1.5	1.1	1.3	1.6	2.1	1.1	52 160
Private (d), (e), (g)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	..	0.1	2 832
Quintile 2	na	na	na	na	na	na	na	..	0.1	4 617
Quintile 3	na	na	na	na	na	na	na	..	0.1	6 659
Quintile 4	na	na	na	na	na	na	na	..	0.2	8 377
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	..	0.3	13 377
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	8.9	406 675
Quintile 2	na	na	na	na	na	na	na	na	9.0	414 296
Quintile 3	na	na	na	na	na	na	na	na	9.1	424 888
Quintile 4	na	na	na	na	na	na	na	na	8.9	420 757
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	8.6	404 600
<i>2015-16</i>										
Public (d), (e), (f)										
Quintile 1 (most disadvantaged)	2.4	1.6	3.6	3.2	3.5	2.7	9.2	3.1	2.6	118 948
Quintile 2	2.1	1.5	2.3	2.6	2.4	2.0	5.0	2.9	2.1	96 444
Quintile 3	1.7	1.2	1.7	2.1	2.2	1.7	4.1	3.7	1.6	76 165

Table 13A.15 Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Quintile 4	1.5	0.9	1.6	1.6	1.4	1.6	2.9	2.5	1.4	65 843
Quintile 5 (least disadvantaged)	1.2	0.7	1.2	1.3	1.2	1.2	1.6	2.2	1.1	52 207
Private (d), (e), (g)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	0.1	3 008
Quintile 2	na	na	na	na	na	na	na	na	0.1	4 832
Quintile 3	na	na	na	na	na	na	na	na	0.2	7 385
Quintile 4	na	na	na	na	na	na	na	na	0.2	8 722
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	0.3	13 992
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	9.6	441 941
Quintile 2	na	na	na	na	na	na	na	na	9.8	453 597
Quintile 3	na	na	na	na	na	na	na	na	10.0	466 454
Quintile 4	na	na	na	na	na	na	na	na	9.7	460 700
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	9.3	440 592

- (a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.
- (b) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.
- (c) Rates are age-standardised to the Australian population as at 30 June 2001.
- (d) For 2007-08 and 2008-09, disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. For these years, the public data should be interpreted with caution as the methodology used to allocate SEIFA varied across jurisdictions. From 2009-10 onwards, disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider. Due to system-related issues impacting data quality, Tasmania was unable to provide data by SEIFA for 2008-09.
- (e) South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2009-10. Therefore caution should be taken when making inter-jurisdictional comparisons.
- (f) Private psychiatric hospital figures are not published for SA, Tasmania, and the ACT due to confidentiality reasons but are included in the Australia figures.

Table 13A.15 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(g)	Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Victorian data during the 2015-16 financial year was affected by industrial activity, but there was no reduction in actual services. The collection of non-clinical and administrative data was affected, with impacts on community mental health service activity and client outcome measures. Industrial action during 2011-12 and 2012-13 in Tasmania limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures. Australian totals only include available data and should therefore be interpreted with caution. Australian totals for 2011-12 and 2012-13 should not be compared to previous, or more recent years. Public 2012-13 data is considered a break in series due to a change of scope between 2011-12 and 2012-13. Historical SEIFA data was not re-supplied due to this change in scope. Therefore, changes in public data from 2012-13 onwards with years prior to 2012-13 should not be made.								

**na** Not available. .. Not applicable. – Nil or rounded to zero. **np** Not published.

*Source:* State and Territory (unpublished) Specialised mental health services data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; Department of Health (unpublished) and DVA (unpublished) MBS Statistics; ABS (unpublished) Estimated Residential Population, 30 June (prior to relevant period).



TABLE 13A.16

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
		Age standardised proportion (%) (a)									
		no.									
<i>2007-08</i>											
Public (b), (c)											
Aboriginal and Torres Strait Islander		3.6	2.6	3.5	3.1	4.3	1.3	4.8	2.9	3.3	19 187
Non-Indigenous		1.2	1.1	1.8	1.6	1.5	2.0	1.6	1.9	1.4	276 005
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		np	np	np	np	np	np	np	np	np	np
Non-Indigenous		np	np	np	np	np	np	np	np	np	np
<i>2008-09</i>											
Public (b), (c)											
Aboriginal and Torres Strait Islander		3.9	2.6	3.4	3.4	4.8	1.1	4.8	3.0	3.4	20 616
Non-Indigenous		1.2	1.1	1.6	1.7	1.6	1.3	1.7	1.9	1.4	277 321
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		5.9	7.6	3.9	2.4	4.7	5.6	6.7	1.0	4.4	24 603
Non-Indigenous		6.0	6.5	5.5	4.9	5.7	5.0	4.6	2.7	5.8	1 200 337

*2009-10*

TABLE 13A.16

Table 13A.16 Proportion of people receiving clinical mental health services by service type and Indigenous status

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
		Age standardised proportion (%) (a)									
		no.									
Public (b), (c)											
Aboriginal and Torres Strait Islander		4.0	2.6	3.5	3.8	4.8	3.0	4.8	3.7	3.7	22 930
Non-Indigenous		1.2	1.1	1.6	1.7	1.6	1.4	1.7	2.0	1.4	282 620
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		6.6	8.3	4.2	2.7	5.1	6.2	7.2	1.3	4.8	28 303
Non-Indigenous		6.5	7.1	6.1	5.3	6.4	5.6	5.0	3.2	6.4	1 337 882
2010-11											
Public (b), (c)											
Aboriginal and Torres Strait Islander		3.9	2.5	3.9	4.3	4.9	1.6	5.3	3.7	3.8	24 250
Non-Indigenous		1.2	1.1	1.7	1.8	1.6	1.6	1.8	2.0	1.4	291 381
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		8.2	9.2	5.2	3.6	6.5	7.6	9.7	1.5	6.0	36 044
Non-Indigenous		7.1	7.8	6.8	5.7	7.0	6.3	5.5	3.4	7.0	1 486 676

TABLE 13A.16

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
		Age standardised proportion (%) (a)									
		no.									
<i>2011-12</i>											
Public (b), (c)											
Aboriginal and Torres Strait Islander		4.5	na	4.2	4.9	5.7	1.0	6.4	3.9	4.3	26 133
Non-Indigenous		1.2	na	1.7	1.8	1.7	0.8	1.9	2.3	1.5	240 556
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		9.7	11.4	6.4	3.7	7.5	7.6	10.7	1.4	7.0	43 634
Non-Indigenous		7.3	8.1	7.1	5.7	7.3	6.4	5.6	3.7	7.2	1 559 298
<i>2012-13</i>											
Public (b), (c)											
Aboriginal and Torres Strait Islander		4.9	na	4.5	5.3	5.9	1.4	6.3	4.1	4.7	29 424
Non-Indigenous		1.5	na	1.8	1.9	1.8	1.2	2.2	2.4	1.7	269 241
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		10.7	12.0	7.1	4.0	8.2	8.8	11.4	1.4	7.7	49 787
Non-Indigenous		7.9	8.7	7.7	5.9	7.6	7.0	6.2	4.1	7.7	1 690 537

TABLE 13A.16

Table 13A.16 Proportion of people receiving clinical mental health services by service type and Indigenous status

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
		Age standardised proportion (%) (a)									
		no.									
<b>2013-14</b>											
Public (b), (c)											
Aboriginal and Torres Strait Islander		5.4	2.9	4.5	5.6	6.0	2.0	8.1	4.2	4.8	32 870
Non-Indigenous		1.5	1.1	1.8	1.9	1.9	1.6	2.4	2.3	1.6	345 219
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		12.0	13.5	8.1	5.1	9.2	9.9	11.8	1.6	8.7	57 620
Non-Indigenous		8.4	9.4	8.4	6.4	8.2	7.7	6.7	4.3	8.3	1 852 094
<b>2014-15</b>											
Public (b), (c)											
Aboriginal and Torres Strait Islander		5.8	3.1	4.6	5.3	6.5	2.7	8.5	4.3	5.0	34 518
Non-Indigenous		1.5	1.1	1.8	1.7	1.9	2.0	2.4	2.4	1.6	351 255
Private (d)											
Aboriginal and Torres Strait Islander		na	na	na	na	na	na	na	..	na	na
Non-Indigenous		na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)											
Aboriginal and Torres Strait Islander		12.8	15.0	9.1	5.5	10.5	10.5	12.4	1.9	9.6	65 153
Non-Indigenous		8.9	9.9	9.1	7.0	8.8	8.3	7.3	4.5	8.9	2 003 852

2015-16

TABLE 13A.16

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (a)									no.
Public (b), (c)										
Aboriginal and Torres Strait Islander	6.1	3.3	4.9	6.1	7.1	2.7	8.8	4.3	5.3	38 033
Non-Indigenous	1.6	1.1	1.9	2.0	2.0	2.1	2.5	2.3	1.6	366 782
Private (d)										
Aboriginal and Torres Strait Islander	na	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na	na
MBS and DVA (e)										
Aboriginal and Torres Strait Islander	13.8	16.2	9.8	6.1	11.3	11.4	14.7	2.2	10.4	72 765
Non-Indigenous	9.5	10.7	9.9	7.8	9.4	9.2	8.0	5.2	9.6	2 188 994

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Excludes people for whom Indigenous status was missing or not reported. The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. All historical data has been recalculated using the revised Indigenous population data.

(c) Caution should be taken when making inter-jurisdictional comparisons for public data. South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2012-13. Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Industrial action during 2011-12 and 2012-13 in Tasmania has limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures. Australian totals only include available data and should therefore be interpreted with caution. Australian totals for 2011-12 and 2012-13 should not be compared to previous, or more recent years.

(d) Indigenous status is not collected for private psychiatric hospitals.

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	Age standardised proportion (%) (a)								
	no.								

(e) DVA data not available by Indigenous status. MBS data are not published for 2007-08. Medicare data presented by Indigenous status have been adjusted for under-identification in the Department of Human Services (DHS) Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to DHS. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (61 per cent nationally as at August 2012) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions. MBS data for 2011-12 has been updated since the 2014 report.

**na** Not available. .. Not applicable. **np** Not published.

*Source:* State and Territory (unpublished) Specialised mental health services data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; Department of Health (unpublished) and DVA (unpublished) MBS Statistics; ABS (unpublished) Estimated Residential Population, 30 June (prior to relevant period).

TABLE 13A.17

Table 13A.17 Proportion of people receiving clinical mental health services by service type and remoteness area (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (b)									no.
<i>2007-08</i>										
Public (c), (d)										
Major cities	1.2	0.9	1.5	1.3	1.6	..	1.8	..	1.2	173 288
Inner regional	2.6	1.7	2.5	3.9	1.7	np	np	..	2.2	85 003
Outer regional	3.5	2.2	2.2	2.2	2.6	np	..	2.0	2.3	43 447
Remote	4.4	4.3	1.9	0.9	2.0	np	..	2.2	1.9	5 744
Very remote	13.0	..	3.9	4.8	2.1	np	..	2.2	3.6	6 297
Private (c), (e)										
Major cities	0.1	0.1	0.1	0.1	np	..	np	..	0.1	19 261
Inner regional	0.1	–	0.1	0.1	np	np	np	..	0.1	2 973
Outer regional	–	–	–	–	np	np	..	..	–	579
Remote	–	–	–	–	np	np	..	..	–	69
Very remote	–	..	–	–	np	np	..	..	–	30
MBS and DVA (c)										
Major cities	5.3	5.8	5.1	4.6	5.2	..	4.0	..	5.3	764 089
Inner regional	5.1	5.3	4.6	3.7	4.5	4.8	4.6	..	4.9	192 134
Outer regional	3.7	3.7	3.1	3.6	3.2	3.4	..	2.4	3.3	62 986
Remote	2.5	4.7	1.9	1.4	2.5	2.1	..	0.9	1.8	5 668
Very remote	2.6	..	1.2	0.7	2.7	5.5	..	1.2	1.3	2 070
<i>2008-09</i>										
Public (c), (d)										
Major cities	1.2	0.9	1.4	1.3	1.9	..	1.9	..	1.2	180 087
Inner regional	2.7	1.5	2.4	4.0	2.0	np	np	..	2.2	85 135
Outer regional	4.0	2.1	2.2	2.3	2.6	np	..	2.0	2.4	44 963
Remote	5.8	1.5	1.6	0.9	2.5	np	..	2.5	2.0	6 193
Very remote	16.2	..	3.1	5.1	2.3	np	..	2.2	3.7	6 544

TABLE 13A.17

Table 13A.17 Proportion of people receiving clinical mental health services by service type and remoteness area (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (b)									no.
Private (c), (e)										
Major cities	0.1	0.1	0.2	0.1	np	..	np	..	0.1	20 251
Inner regional	0.1	–	0.1	0.1	np	np	np	..	0.1	3 205
Outer regional	–	–	–	–	np	np	..	..	–	645
Remote	0.1	–	–	–	np	np	..	..	–	98
Very remote	–	..	–	–	np	np	..	..	–	30
MBS and DVA (c)										
Major cities	6.2	6.7	6.1	5.3	6.3	..	4.8	..	6.2	916 074
Inner regional	6.2	6.6	5.7	4.7	5.5	5.6	5.7	..	6.0	239 453
Outer regional	4.7	4.5	4.0	4.4	4.1	4.2	..	3.0	4.2	80 394
Remote	3.0	6.1	2.5	1.9	3.4	2.7	..	1.3	2.4	7 460
Very remote	4.3	..	1.6	0.8	2.4	6.3	..	1.6	1.5	2 557
<i>2009-10</i>										
Public (c), (d)										
Major cities	1.4	0.9	1.6	1.3	1.8	..	2.0	..	1.3	198 917
Inner regional	2.2	1.6	1.8	4.3	2.1	1.4	np	..	2.0	81 749
Outer regional	2.6	2.1	1.8	2.3	2.5	1.2	..	2.0	2.1	39 579
Remote	3.8	1.0	1.5	1.0	2.6	–	..	2.8	1.9	5 798
Very remote	5.5	..	2.4	5.8	2.1	0.7	..	2.6	3.5	6 416
Private (c), (e)										
Major cities	0.1	0.1	0.2	0.2	np	..	np	..	0.1	21 149
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 416
Outer regional	–	–	–	–	np	np	..	..	–	674
Remote	0.1	0.1	–	–	np	np	..	..	–	105
Very remote	–	..	–	–	np	np	..	..	–	31
MBS and DVA (c)										



TABLE 13A.17

Table 13A.17 Proportion of people receiving clinical mental health services by service type and remoteness area (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
	Age standardised proportion (%) (b)									no.
Major cities	6.6	7.3	6.7	5.7	6.9	..	5.2	..	6.7	1 011 181
Inner regional	6.8	7.4	6.3	5.2	6.5	6.3	6.4	..	6.7	270 641
Outer regional	5.2	5.4	4.7	4.9	4.6	4.8	..	3.4	4.8	93 109
Remote	3.2	6.3	2.8	2.3	4.4	2.8	..	1.6	2.7	8 759
Very remote	4.9	..	1.7	1.0	2.3	4.9	..	2.0	1.7	2 963
<b>2010-11</b>										
Public (c), (d)										
Major cities	1.4	0.9	1.7	1.8	1.8	..	2.1	..	1.4	214 072
Inner regional	2.2	1.6	1.8	1.6	2.1	1.9	np	..	1.9	76 427
Outer regional	2.5	2.0	1.9	2.5	2.4	1.6	..	2.0	2.1	40 932
Remote	3.5	1.2	1.9	3.0	2.6	0.6	..	2.7	2.6	8 115
Very remote	5.1	..	2.9	2.0	2.5	0.7	..	3.1	2.5	4 820
Private (c), (e)										
Major cities	0.1	0.2	0.2	0.2	np	..	np	..	0.1	22 910
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 950
Outer regional	–	–	–	–	np	np	..	..	–	858
Remote	0.1	0.1	–	0.1	np	np	..	..	–	115
Very remote	–	..	–	–	np	np	..	..	–	45
MBS and DVA (c)										
Major cities	7.3	7.9	7.4	6.1	7.6	..	5.6	..	7.3	1 124 293
Inner regional	7.6	8.1	6.9	5.9	7.1	6.9	6.4	..	7.4	301 981
Outer regional	5.7	6.3	5.3	5.5	5.1	5.5	..	3.6	5.4	104 578
Remote	3.2	5.8	3.6	2.6	4.0	3.4	..	1.8	3.0	9 668
Very remote	4.4	..	1.9	1.2	2.3	7.4	..	2.0	1.8	3 314
<b>2011-12</b>										
Public (c), (d)										

TABLE 13A.17

Table 13A.17 Proportion of people receiving clinical mental health services by service type and remoteness area (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (b)									no.
Major cities	1.4	na	1.6	1.8	1.9	..	2.1	..	1.6	181 124
Inner regional	2.2	na	2.1	2.0	2.1	1.7	np	..	2.1	59 145
Outer regional	2.6	na	2.2	2.8	2.8	1.4	..	2.3	2.3	39 567
Remote	3.3	na	2.1	2.8	2.7	1.5	..	2.8	2.6	7 915
Very remote	5.2	..	3.0	2.9	2.4	0.9	..	3.3	3.0	6 164
Private (c), (e)										
Major cities	0.1	0.2	0.2	0.2	np	..	np	..	0.2	25 188
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	4 112
Outer regional	–	–	0.1	0.1	np	np	..	..	0.1	1 104
Remote	0.1	0.2	–	0.1	np	np	..	..	–	122
Very remote	–	..	0.1	–	np	np	..	..	–	75
MBS and DVA (c)										
Major cities	7.5	8.3	7.9	5.9	7.9	..	5.8	..	7.6	1 191 781
Inner regional	7.9	8.2	7.0	5.8	7.4	6.8	6.4	..	7.6	297 015
Outer regional	6.1	6.3	5.5	4.7	5.4	6.0	..	3.0	5.4	106 181
Remote	3.7	5.7	3.4	2.5	4.1	4.3	..	1.8	3.0	9 465
Very remote	3.1	..	1.9	1.3	2.2	6.5	..	0.6	1.5	2 892
2012-13										
Public (c), (d)										
Major cities	1.5	na	1.6	1.8	2.0	..	2.2	..	1.7	193 900
Inner regional	2.4	na	2.0	2.0	2.3	1.4	np	..	2.1	61 745
Outer regional	2.8	na	2.2	2.8	3.0	1.2	..	2.4	2.4	41 122
Remote	3.5	na	2.5	3.4	2.8	1.6	..	3.5	3.1	9 415
Very remote	5.4	..	2.6	2.5	4.2	0.7	..	2.9	2.8	5 814
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	..	np	..	0.2	26 968

TABLE 13A.17

Table 13A.17 Proportion of people receiving clinical mental health services by service type and remoteness area (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (b)									no.
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	4 610
Outer regional	–	0.1	0.1	0.1	np	np	..	..	0.1	1 133
Remote	0.1	0.1	–	0.1	np	np	..	..	–	137
Very remote	–	..	–	–	np	np	..	..	–	49
MBS and DVA (c)										
Major cities	8.0	8.8	8.5	6.1	8.2	..	6.3	..	8.1	1 289 439
Inner regional	8.7	9.0	7.5	6.2	8.0	7.4	5.1	..	8.2	325 303
Outer regional	6.6	6.7	6.0	4.7	5.8	6.6	..	3.4	5.9	116 157
Remote	4.0	6.8	3.5	2.5	4.4	4.8	..	1.9	3.2	10 102
Very remote	2.9	..	1.8	1.3	2.7	5.8	..	0.6	1.5	3 003
2013-14 (f)										
Public (c), (d)										
Major cities	1.6	1.0	1.6	1.9	2.0	..	2.0	..	1.5	243 790
Inner regional	2.4	1.6	2.1	2.2	2.3	1.7	np	..	2.1	81 695
Outer regional	2.9	2.1	2.3	3.1	3.1	1.5	..	2.3	2.5	47 936
Remote	3.4	1.9	2.4	3.6	2.9	1.4	..	3.5	3.1	9 652
Very remote	6.9	..	2.9	2.7	4.8	1.1	..	3.1	3.1	6 415
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	..	np	..	0.2	27 209
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	4 906
Outer regional	0.1	0.1	0.1	0.1	np	np	..	..	0.1	1 220
Remote	0.1	0.1	–	0.1	np	np	..	..	–	144
Very remote	–	..	–	–	np	np	..	..	–	61
MBS and DVA (c)										
Major cities	8.4	9.4	9.2	6.6	8.7	..	6.8	..	8.6	1 404 185
Inner regional	9.6	9.9	8.4	6.9	8.6	8.1	np	..	9.1	362 877

TABLE 13A.17

Table 13A.17 Proportion of people receiving clinical mental health services by service type and remoteness area (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (b)									no.
Outer regional	7.5	7.5	6.9	5.4	6.3	7.3	..	3.5	6.6	131 005
Remote	4.8	7.4	3.9	3.0	4.9	5.2	..	2.0	3.6	11 456
Very remote	3.6	..	2.2	1.6	3.3	5.3	..	0.6	1.7	3 512
<i>2014-15</i>										
Public (c), (d)										
Major cities	1.6	1.0	1.7	1.9	2.0	..	2.1	..	1.5	251 307
Inner regional	2.3	1.7	2.0	2.2	2.4	2.2	np	..	2.1	82 505
Outer regional	2.7	2.1	2.6	3.1	3.5	1.9	..	2.2	2.6	50 497
Remote	3.4	1.9	2.6	3.6	3.2	1.6	..	4.3	3.3	10 374
Very remote	7.0	..	3.0	2.6	4.9	2.4	..	3.0	3.1	6 385
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	..	np	..	0.2	28 924
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	5 509
Outer regional	0.1	0.1	0.1	0.1	np	np	..	..	0.1	1 214
Remote	0.1	0.3	0.1	0.1	np	np	..	..	–	161
Very remote	–	..	–	–	np	np	..	..	–	54
MBS and DVA (c)										
Major cities	9.0	9.9	9.9	7.4	9.4	..	7.5	..	9.2	1 527 229
Inner regional	10.3	11.0	9.3	7.4	9.5	8.8	..	..	9.9	400 462
Outer regional	8.5	8.6	7.6	6.4	6.6	8.0	..	4.9	7.5	148 248
Remote	5.1	7.3	4.4	3.5	5.1	6.2	..	2.3	4.0	12 899
Very remote	3.4	..	2.3	1.8	3.3	6.4	..	2.3	2.2	4 585
<i>2015-16</i>										
Public (c), (d)										
Major cities	1.6	1.0	1.8	1.8	2.0	..	2.2	..	1.5	253 825
Inner regional	2.5	1.7	2.4	2.1	2.5	2.3	10.0	..	2.2	88 590

TABLE 13A.17

Table 13A.17 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
	Age standardised proportion (%) (b)									no.
Outer regional	2.7	2.2	2.7	2.9	3.8	1.9	..	2.2	2.7	51 463
Remote	3.2	2.5	2.7	3.2	3.2	1.6	..	4.3	3.2	9 867
Very remote	6.8		3.1	2.7	5.1	1.2	..	3.1	3.1	6 385
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	np	np	np	0.2	30 194
Inner regional	0.1	0.2	0.1	0.2	np	np	np	np	0.1	6 151
Outer regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	1 385
Remote	0.1	0.3	0.1	0.1	np	np	np	np	–	161
Very remote	–		–	–	np	np	np	np	–	48
MBS and DVA (c)										
Major cities	9.5	10.6	10.7	8.2	10.0	..	8.3	..	9.9	1 664 715
Inner regional	11.1	12.2	10.2	8.3	10.2	9.8	0.4	..	10.9	439 229
Outer regional	9.2	9.7	8.5	7.2	7.4	8.8	..	5.6	8.3	163 806
Remote	5.8	7.7	5.0	4.0	5.8	7.8	..	2.9	4.6	14 547
Very remote	3.5	..	2.6	2.1	3.3	7.6	..	2.3	2.4	4 916

- (a) Not all remoteness areas are represented in each State or Territory. Where a state/territory does not have a particular remoteness category a rate cannot be calculated. Excludes contacts for which demographic information was missing and/or not reported.
- (b) Rates are age-standardised to the Australian population as at 30 June 2001.
- (c) For 2007-08 and 2008-09, disaggregation by remoteness area is based on a person's usual residence, the location of the service provider or a combination of both. For these years, the public data should be interpreted with caution as the methodology used to allocate remoteness area varied across jurisdictions. For 2009-10 data onwards, disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. State/territory is the state/territory of the service provider.
- (d) Caution should be taken when making inter-jurisdictional comparisons for public data. South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2012-13. Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Industrial action during 2011-12 and 2012-13 in Tasmania has limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures. Australian totals only include available data and should therefore be interpreted with caution. Australian totals for 2011-12 and 2012-13 should not be compared to previous, or more recent years.

Table 13A.17 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	Age standardised proportion (%) (b)								
	no.								

- (e) Private psychiatric hospital figures are not published for SA, Tasmania, and the ACT due to confidentiality reasons, but are included in the Australia figures.
- (f) Public 2012-13 data is considered a break in series due to a change of scope between 2011-12 and 2012-13. Historical remoteness area data was not re-supplied due to this change in scope. Therefore, comparison in public data from 2012-13 onwards with years prior to 2012-13 should not be made.
- .. Not applicable. – Nil or rounded to zero. **np** Not published.

*Source:* AIHW (unpublished) derived from data provided by State and Territory governments; State and Territory (unpublished) Specialised mental health services data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; Department of Health (unpublished) and DVA (unpublished), MBS Statistics; ABS (unpublished) Estimated Residential Population, 30 June (prior to relevant period).

TABLE 13A.18

Table 13A.18 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
<i>2011-12</i>										
<i>Number of children or young adults who have had contact</i>										
Pre-school (0-<5 years)	no.	3 249	2 783	1 485	724	765	129	97	33	9 266
Primary school (5-<12 years)	no.	23 830	22 469	14 868	5 618	5 510	1 383	866	283	74 830
Secondary school (12-<18 years)	no.	32 882	28 198	19 921	8 282	7 399	2 311	1 515	439	100 950
Youth/young adult (18-<25 years)	no.	53 901	46 621	33 628	14 626	12 716	3 782	2 790	870	168 937
<b>All children and young people aged &lt;25 years</b>	<b>no.</b>	<b>113 861</b>	<b>100 072</b>	<b>69 902</b>	<b>29 250</b>	<b>26 391</b>	<b>7 605</b>	<b>5 268</b>	<b>1 624</b>	<b>353 982</b>
<i>Proportion of population who had contact with MBS-subsidised primary mental health services</i>										
Pre-school (0-<5 years)	%	0.7	0.8	0.5	0.5	0.8	0.4	0.4	0.2	0.6
Primary school (5-<12 years)	%	3.8	4.8	3.6	2.7	4.1	3.1	2.8	1.2	3.8
Secondary school (12-<18 years)	%	6.1	6.9	5.6	4.5	6.1	5.7	5.8	2.3	5.9
Youth/young adult (18-<25 years)	%	7.8	8.4	7.5	6.0	8.1	8.3	6.3	3.4	7.7
<b>All children and young people aged &lt;25 years</b>	<b>%</b>	<b>4.9</b>	<b>5.6</b>	<b>4.6</b>	<b>3.7</b>	<b>5.2</b>	<b>4.7</b>	<b>4.2</b>	<b>1.8</b>	<b>4.8</b>
<i>2012-13</i>										
<i>Number of children or young adults who have had contact</i>										
Pre-school (0-<5 years)	no.	3 778	3 279	1 914	763	841	119	83	28	10 805
Primary school (5-<12 years)	no.	27 396	26 535	17 774	6 551	6 195	1 586	983	302	87 325
Secondary school (12-<18 years)	no.	38 242	33 217	24 143	10 293	8 528	2 703	1 985	427	119 542
Youth/young adult (18-<25 years)	no.	60 739	52 016	38 351	16 055	13 774	4 285	3 220	992	189 438
<b>All children and young people aged &lt;25 years</b>	<b>no.</b>	<b>130 155</b>	<b>115 047</b>	<b>82 181</b>	<b>33 662</b>	<b>29 337</b>	<b>8 693</b>	<b>6 272</b>	<b>1 749</b>	<b>407 110</b>
<i>Proportion of population who had contact with MBS-subsidised primary mental health services</i>										
Pre-school (0-<5 years)	%	0.8	0.9	0.6	0.5	0.8	0.4	0.3	0.1	0.7
Primary school (5-<12 years)	%	4.3	5.6	4.2	3.0	4.6	3.6	3.2	1.2	4.4
Secondary school (12-<18 years)	%	7.0	8.1	6.7	5.5	7.0	6.8	7.6	2.2	7.0
Youth/young adult (18-<25 years)	%	8.8	9.3	8.5	6.4	8.7	9.5	7.4	3.8	8.5
<b>All children and young people aged &lt;25 years</b>	<b>%</b>	<b>5.5</b>	<b>6.4</b>	<b>5.3</b>	<b>4.1</b>	<b>5.7</b>	<b>5.4</b>	<b>5.0</b>	<b>2.0</b>	<b>5.5</b>

TABLE 13A.18

Table 13A.18 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
<i>2013-14</i>										
<i>Number of children or young adults who have had contact</i>										
Pre-school (0-<5 years)	no.	4 191	3 417	2 292	840	971	159	98	51	12 019
Primary school (5-<12 years)	no.	30 859	29 925	21 884	7 784	7 342	1 948	1 163	357	101 264
Secondary school (12-<18 years)	no.	42 464	35 174	27 742	11 273	9 259	3 024	2 246	469	131 657
Youth/young adult (18-<25 years)	no.	66 526	56 911	43 070	18 648	15 051	4 736	3 588	1 054	209 589
<b>All children and young people aged &lt;25 years</b>	<b>no.</b>	<b>144 040</b>	<b>125 428</b>	<b>94 988</b>	<b>38 545</b>	<b>32 624</b>	<b>9 866</b>	<b>7 095</b>	<b>1 930</b>	<b>454 528</b>
<i>Proportion of population who had contact with MBS-subsidised primary mental health services</i>										
Pre-school (0-<5 years)	%	0.9	0.9	0.7	0.5	1.0	0.5	0.4	0.3	0.8
Primary school (5-<12 years)	%	4.8	6.1	5.1	3.5	5.4	4.4	3.6	1.4	5.0
Secondary school (12-<18 years)	%	7.8	8.6	7.6	6.0	7.7	7.7	8.6	2.4	7.7
Youth/young adult (18-<25 years)	%	9.5	10.1	9.4	7.4	9.6	10.5	8.4	4.0	9.3
<b>All children and young people aged &lt;25 years</b>	<b>%</b>	<b>6.0</b>	<b>6.8</b>	<b>6.0</b>	<b>4.6</b>	<b>6.3</b>	<b>6.2</b>	<b>5.6</b>	<b>2.1</b>	<b>6.1</b>
<i>2014-15</i>										
<i>Number of children or young adults who have had contact</i>										
Pre-school (0-<5 years)	no.	4 609	3 652	2 599	928	1 066	168	128	56	13 206
Primary school (5-<12 years)	no.	34 639	33 696	25 440	9 029	8 184	2 222	1 375	406	114 992
Secondary school (12-<18 years)	no.	46 246	37 731	30 973	12 581	10 111	3 381	2 359	582	143 965
Youth/young adult (18-<25 years)	no.	73 402	62 085	48 032	21 225	16 616	5 108	4 038	1 191	231 697
<b>All children and young people aged &lt;25 years</b>	<b>no.</b>	<b>158 896</b>	<b>137 165</b>	<b>107 045</b>	<b>43 763</b>	<b>35 978</b>	<b>10 878</b>	<b>7 900</b>	<b>2 235</b>	<b>503 859</b>
<i>Proportion of population who had contact with MBS-subsidised primary mental health services</i>										
Pre-school (0-<5 years)	%	1.0	1.0	0.8	0.5	1.1	0.5	0.5	0.3	0.9
Primary school (5-<12 years)	%	5.3	6.8	5.8	3.9	5.9	5.0	4.2	1.6	5.6
Secondary school (12-<18 years)	%	8.5	9.2	8.5	6.7	8.5	8.7	9.1	2.9	8.4
Youth/young adult (18-<25 years)	%	10.3	10.9	10.4	8.5	10.6	11.3	9.8	4.7	10.2
<b>All children and young people aged &lt;25 years</b>	<b>%</b>	<b>6.6</b>	<b>7.4</b>	<b>6.8</b>	<b>5.2</b>	<b>7.0</b>	<b>6.8</b>	<b>6.2</b>	<b>2.5</b>	<b>6.7</b>



TABLE 13A.18

Table 13A.18 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
<b>2015-16</b>										
<i>Number of children or young adults who have had contact</i>										
Pre-school (0-<5 years)	no.	4 977	4 107	2 991	994	1 085	193	145	53	14 545
Primary school (5-<12 years)	no.	38 448	37 754	29 312	10 136	8 587	2 519	1 575	394	128 726
Secondary school (12-<18 years)	no.	50 895	42 475	35 082	13 991	10 958	3 791	2 619	710	160 521
Youth/young adult (18-<25 years)	no.	81 730	69 997	54 674	24 229	18 406	5 817	4 533	1 423	260 809
<b>All children and young people aged &lt;25 years</b>	<b>no.</b>	<b>176 050</b>	<b>154 334</b>	<b>122 058</b>	<b>49 350</b>	<b>39 037</b>	<b>12 320</b>	<b>8 872</b>	<b>2 580</b>	<b>564 601</b>
<i>Proportion of population who had contact with MBS-subsidised primary mental health services</i>										
Pre-school (0-<5 years)	%	1.0	1.1	0.9	0.6	1.1	0.6	0.5	0.3	0.9
Primary school (5-<12 years)	%	5.8	7.5	6.6	4.4	6.2	5.6	4.7	1.6	6.2
Secondary school (12-<18 years)	%	9.3	10.3	9.6	7.5	9.2	9.8	10.0	3.6	9.4
Youth/young adult (18-<25 years)	%	11.4	12.1	11.8	9.9	11.7	12.8	11.1	5.6	11.5
<b>All children and young people aged &lt;25 years</b>	<b>%</b>	<b>7.3</b>	<b>8.3</b>	<b>7.7</b>	<b>5.9</b>	<b>7.5</b>	<b>7.7</b>	<b>6.9</b>	<b>2.9</b>	<b>7.4</b>
<b>2016-17</b>										
<i>Number of children or young adults who have had contact</i>										
Pre-school (0-<5 years)	no.	5 002	4 303	2 977	1 113	1 082	190	125	53	14 844
Primary school (5-<12 years)	no.	41 029	41 592	32 011	11 417	9 166	2 598	1 677	499	139 989
Secondary school (12-<18 years)	no.	53 443	46 059	37 839	15 281	11 172	4 014	2 864	805	171 476
Youth/young adult (18-<25 years)	no.	87 314	74 599	59 288	26 574	19 485	6 375	5 030	1 510	280 175
<b>All children and young people aged &lt;25 years</b>	<b>no.</b>	<b>186 788</b>	<b>166 552</b>	<b>132 115</b>	<b>54 386</b>	<b>40 905</b>	<b>13 177</b>	<b>9 695</b>	<b>2 866</b>	<b>606 484</b>
<i>Proportion of population who had contact with MBS subsidised primary mental health services</i>										
Pre-school (0-<5 years)	%	1.0	1.1	0.9	0.6	1.0	0.6	0.4	0.3	0.9
Primary school (5-<12 years)	%	6.0	7.8	7.0	4.9	6.4	5.7	4.8	2.0	6.5
Secondary school (12-<18 years)	%	9.9	10.9	10.4	8.4	9.4	10.7	10.9	4.4	10.0
Youth/young adult (18-<25 years)	%	12.1	12.2	12.7	11.2	12.3	14.4	11.2	6.2	12.2
<b>All children and young people aged &lt;25 years</b>	<b>%</b>	<b>7.6</b>	<b>8.5</b>	<b>8.2</b>	<b>6.6</b>	<b>7.8</b>	<b>8.4</b>	<b>7.2</b>	<b>3.3</b>	<b>7.8</b>

**Table 13A.18 Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
(a)	Totals do not equal the sum of all mental health providers as data excludes psychiatrists. MBS items included for this indicator are as follows:									
	– Clinical psychologist services: MBS items 80000, 80005, 80010, 80015, 80020									
	– GP services: MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2700, 2701, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2715, 2717, 2719, 2721, 2723, 2725, 2727									
	– Other allied health services: MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.									
(b)	Data are based on the date the claim was processed.									
(c)	Age of the patient is based on age at last service during the reporting period. Note that in previous years, data supplied for this indicator calculated patient age at 30 June of each reference year. The derived rates may differ to those published in previous reports.									
(d)	A person is counted if any of the specified mental health items has been used in the reference period.									
(e)	A patient is allocated to a State/Territory based on their location as at the last service in the reference period.									
(f)	Allocation to a State or Territory uses a concordance (ABS ASGS 2011 Postcode to Remoteness Area/State) and splits a person where the postcode covers more than one state/territory, therefore the totals may not equal the sum of the individual cells due to rounding.									
(g)	The population data used in this table are the June estimate before the relevant financial year. For 2012-13 data, the estimate is June 2012. The derived rates may differ to those published in previous reports.									
(h)	The sum of the states and territories may not add to the Australian totals as the Australian totals include young people who could not be allocated to a State or Territory.									

*Source:* Australian Government Department of Health (unpublished); ABS (unpublished) *Australian Demographic Statistics*, Cat. no. 3101.0.

TABLE 13A.19

**Table 13A.19 Proportion of young people (aged < 25 years) who had contact with MBS subsidised primary mental health care services, by selected characteristics (per cent) (a), (b), (c), (d), (e), (f), (g)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (h)
<b>2011-12</b>									
Gender									
Male	4.2	4.8	3.9	3.0	4.4	3.8	3.2	1.5	4.1
Female	5.6	6.4	5.3	4.4	6.0	5.7	5.2	2.3	5.6
Remoteness areas (f)									
Major cities	4.7	5.5	5.0	3.8	5.5	..	4.2	..	4.9
Inner regional	5.6	6.2	4.8	4.1	5.5	4.9	–	..	5.4
Outer regional	4.1	5.0	3.6	3.0	3.7	4.2	..	2.0	3.7
Remote	2.4	3.6	1.9	1.4	2.6	2.6	..	1.2	1.8
Very Remote	1.6	..	0.9	0.8	0.8	3.6	..	0.3	0.7
SEIFA quintiles (f)									
Quintile 1 (most disadvantaged)	4.5	5.6	4.1	5.6	4.7	3.4	2.0	0.5	4.5
Quintile 2	4.3	5.2	5.2	5.5	5.2	7.4	5.7	2.8	4.9
Quintile 3	4.9	6.3	5.4	2.4	6.7	5.2	13.6	2.0	4.9
Quintile 4	5.7	5.3	4.2	3.0	5.8	6.1	6.8	2.1	4.8
Quintile 5 (least disadvantaged)	5.6	5.6	4.2	4.9	3.7	..	3.3	1.3	5.0
Indigenous status									
Aboriginal and Torres Strait Islander	6.1	7.9	3.8	2.2	4.5	6.2	6.5	0.8	4.5
Non-Indigenous	4.8	5.6	4.7	3.8	5.2	4.6	4.1	2.6	4.9
<b>2012-13</b>									
Gender									
Male	4.7	5.4	4.4	3.2	4.8	4.3	3.8	1.5	4.6
Female	6.4	7.3	6.2	5.0	6.6	6.6	6.2	2.4	6.4
Remoteness areas (f)									
Major cities	5.4	6.2	5.8	4.3	6.0	..	4.9	..	5.6
Inner regional	6.5	7.2	5.4	4.8	6.3	5.6	–	..	6.2
Outer regional	4.7	5.4	4.2	3.3	4.1	5.0	..	2.2	4.3
Remote	2.7	4.0	1.9	1.7	3.1	3.3	..	1.3	2.0
Very Remote	1.5	..	0.9	0.9	1.3	3.6	..	0.3	0.8
SEIFA quintiles (f)									
Quintile 1 (most disadvantaged)	5.1	5.8	5.3	3.4	5.6	5.1	5.8	0.5	5.1
Quintile 2	5.6	6.4	5.5	3.9	5.7	5.4	5.1	2.1	5.5
Quintile 3	5.9	6.7	5.5	4.1	5.6	5.4	5.1	2.0	5.7
Quintile 4	5.6	6.5	5.3	4.1	5.9	5.9	5.2	2.1	5.6
Quintile 5 (least disadvantaged)	5.6	6.3	5.1	4.3	5.7	6.2	4.8	2.0	5.4
Indigenous status									

TABLE 13A.19

**Table 13A.19 Proportion of young people (aged < 25 years) who had contact with MBS subsidised primary mental health care services, by selected characteristics (per cent) (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
Aboriginal and Torres Strait Islander	7.1	9.1	4.6	2.4	5.3	6.6	8.1	0.8	5.2
Non-Indigenous	5.5	6.4	5.4	4.3	5.7	5.3	4.9	2.8	5.5
<b>2013-14</b>									
Gender									
Male	5.2	5.9	5.2	3.7	5.4	4.9	4.3	1.7	5.1
Female	7.0	7.8	7.0	5.6	7.3	7.5	6.9	2.6	7.0
Remoteness areas (f)									
Major cities	5.8	6.6	6.4	4.7	6.6	..	5.5	..	6.0
Inner regional	7.3	7.9	6.3	5.5	7.1	6.4	–	..	7.1
Outer regional	5.5	6.0	5.0	4.0	4.6	5.6	..	2.5	4.9
Remote	3.7	5.3	2.5	2.0	3.6	3.7	..	1.1	2.4
Very Remote	2.3	..	1.1	1.3	1.6	4.4	..	0.3	1.0
SEIFA quintiles (f)									
Quintile 1 (most disadvantaged)	5.6	6.2	6.0	3.7	6.2	5.6	6.3	0.5	5.6
Quintile 2	6.2	7.0	6.3	4.3	6.4	6.3	5.8	2.3	6.2
Quintile 3	6.4	7.1	6.2	4.9	6.2	6.2	5.9	1.9	6.3
Quintile 4	6.0	7.0	6.0	4.5	6.6	6.8	5.9	2.4	6.2
Quintile 5 (least disadvantaged)	6.1	6.7	5.7	4.7	6.3	7.2	5.3	2.2	5.9
Indigenous status									
Aboriginal and Torres Strait Islander	7.7	10.4	5.7	2.9	5.7	6.7	8.6	0.9	5.9
Non-Indigenous	6.0	6.8	6.1	4.8	6.4	6.1	5.5	3.0	6.1
<b>2014-15 (i)</b>									
Gender									
Male	5.7	6.4	5.9	4.3	6.1	5.6	4.8	2.1	5.7
Female	7.6	8.4	7.7	6.2	7.9	8.1	7.6	3.0	7.6
Remoteness areas (f)									
Major cities	6.3	7.1	7.1	5.4	7.3	..	6.2	..	6.6
Inner regional	8.1	8.9	7.2	6.1	8.0	7.1	2.1	..	7.9
Outer regional	6.3	7.0	5.6	4.7	4.9	6.3	..	3.6	5.7
Remote	3.6	5.7	2.9	2.3	3.9	4.8	..	1.3	2.7
Very Remote	2.5	..	1.3	1.6	1.6	3.6	..	1.1	1.4
Indigenous status									
Aboriginal and Torres Strait Islander	8.8	11.2	6.3	3.4	7.2	7.3	9.9	1.2	6.7
Non-Indigenous	6.5	7.4	6.8	5.3	7.0	6.8	6.1	3.4	6.7

2015-16

TABLE 13A.19

**Table 13A.19 Proportion of young people (aged < 25 years) who had contact with MBS subsidised primary mental health care services, by selected characteristics (per cent) (a), (b), (c), (d), (e), (f), (g)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (h)
Gender									
Male	6.3	7.1	6.7	4.8	6.4	6.3	5.4	2.3	6.4
Female	8.3	9.4	8.7	7.0	8.7	9.2	8.6	3.6	8.5
Remoteness areas (f)									
Major cities	6.9	7.8	8.0	6.1	7.8	..	7.0	..	7.3
Inner regional	8.9	10.0	8.2	6.9	8.6	8.1	1.0	..	8.8
Outer regional	7.2	8.1	6.4	5.2	5.7	7.0	..	4.0	6.5
Remote	4.3	7.0	3.4	3.0	4.5	6.4	..	1.9	3.4
Very Remote	2.6	..	1.6	1.8	2.0	3.8	..	1.4	1.6
Indigenous status									
Aboriginal and Torres Strait Islander	9.9	12.1	7.0	4.0	7.4	9.0	11.7	1.6	7.5
Non-Indigenous	7.1	8.2	7.7	6.0	7.5	7.6	6.8	3.8	7.4
<b>2016-17</b>									
Gender									
Male	6.6	7.4	7.2	5.4	6.7	6.8	5.5	2.8	6.7
Female	8.7	9.6	9.3	7.8	9.0	10.0	9.0	3.8	9.0
Remoteness areas (f)									
Major cities	7.2	8.1	8.6	6.8	8.2	..	7.3	..	7.7
Inner regional	9.4	10.1	8.7	7.7	8.6	8.7	..	..	9.2
Outer regional	7.7	8.3	7.0	5.9	5.7	7.8	..	4.5	6.9
Remote	4.4	5.6	4.0	3.3	4.4	6.7	..	2.3	3.7
Very Remote	3.4	..	1.9	2.0	2.3	3.3	..	1.5	1.9
Indigenous status									
Aboriginal and Torres Strait Islander	10.2	12.6	7.4	4.6	8.2	9.7	10.0	1.8	8.0
Non-Indigenous	7.5	8.4	8.3	6.7	7.8	8.2	7.1	4.4	7.8

(a) Totals do not equal the sum of all mental health providers as data excludes psychiatrists. MBS items included for this indicator are as follows:

- Clinical psychologist services: MBS items 80000, 80005, 80010, 80015, 80020
- GP services: MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2700, 2701, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2715, 2717, 2719, 2721, 2723, 2725, 2727
- Other allied health services: MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.

(b) Data are based on the date the claim was processed.

(c) Age of the patient is based on age at last service during the reporting period. Note that in previous years, data supplied for this indicator calculated each patient's age at 30 June of each reference year. The derived rates may differ to those published in previous reports.

(d) A person is counted if any of the specified mental health item has been used in the reference period.

(e) A patient is allocated to a state/territory based on their location as at the last service in the reference period.

**Table 13A.19 Proportion of young people (aged < 25 years) who had contact with MBS subsidised primary mental health care services, by selected characteristics (per cent) (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
(f) Allocation to a state or territory uses a concordance (ABS ASGS 2011 Postcode to Remoteness Area/State) and splits a person where the postcode covers more than one state/territory, therefore the totals may not equal the sum of the individual cells due to rounding.									
(g) The derived rates may differ to those published in previous reports as they may be derived using updated populations.									
(h) The sum of the states and territories may not add to the Australian totals as the Australian totals include young people who could not be allocated to a State or Territory.									
(i) SEIFA quintile proportions are not available as the populations required to derive them are not available.									
.. Not applicable. – Nil or rounded to zero.									

*Source:* Australian Government Department of Health (unpublished); ABS (unpublished) *Australian Demographic Statistics*, Cat. no. 3101.0.

TABLE 13A.20

**Table 13A.20 Proportion of young people (aged < 25 years) who had contact with MBS subsidised primary mental health care services, by service type (per cent) (a), (b), (c), (d), (e), (f)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (g)</i>
<i>2011-12</i>									
GP services	4.2	4.7	4.0	3.1	4.4	3.9	3.6	1.6	4.1
Clinical psychologist services	1.0	1.1	0.9	1.2	1.9	1.2	1.3	0.2	1.1
Other allied health services	2.0	2.5	1.9	1.0	1.3	1.8	1.4	0.7	1.9
<i>2012-13</i>									
GP services	4.8	5.4	4.6	3.5	4.9	4.5	4.2	1.7	4.7
Clinical psychologist services	1.2	1.3	1.0	1.3	2.0	1.6	1.5	0.2	1.3
Other allied health services	2.2	2.8	2.2	1.1	1.5	1.9	1.7	0.6	2.1
<i>2013-14</i>									
GP services	5.2	5.8	5.3	4.0	5.4	5.2	4.8	1.9	5.2
Clinical psychologist services	1.4	1.5	1.2	1.4	2.3	2.0	1.7	0.2	1.5
Other allied health services	2.3	2.9	2.5	1.3	1.7	2.0	1.9	0.7	2.3
<i>2014-15</i>									
GP services	5.8	6.4	5.9	4.6	6.0	5.8	5.3	2.3	5.8
Clinical psychologist services	1.5	1.6	1.3	1.5	2.6	2.2	2.0	0.2	1.6
Other allied health services	2.5	3.2	2.8	1.5	1.8	2.2	2.0	0.8	2.5
<i>2015-16</i>									
GP services	6.4	7.1	6.7	5.2	6.5	6.6	6.0	2.6	6.5
Clinical psychologist services	1.6	1.8	1.6	1.5	2.7	2.4	2.0	..	1.7
Other allied health services	2.8	3.7	3.2	1.7	2.1	2.6	2.4	0.8	2.9
<i>2016-17</i>									
GP services	6.7	7.3	7.2	5.8	6.7	7.2	6.2	3.0	6.8
Clinical psychologist services	1.7	1.8	1.7	1.8	2.7	2.7	2.1	0.4	1.8
Other allied health services	2.9	3.8	3.4	2.0	2.3	2.8	2.4	0.9	3.1

(a) Data excludes psychiatrists. MBS items included for this indicator are as follows:

– Clinical psychologist services: MBS items 80000, 80005, 80010, 80015, 80020

– GP services: MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2700, 2701, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2715, 2717, 2719, 2721, 2723, 2725, 2727

– Other allied health services: MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.

(b) Data are based on the date the claim was processed.

(c) Age of the patient is based on age at last service during the reporting period. Note that in previous years, data supplied for this indicator calculated each patient's age at 30 June of each reference year.

(d) A person is counted if any of the specified mental health item has been used in the reference period.

(e) A patient is allocated to a state/territory based on their location as at the last service in the reference period.

(f) The population data used in this table are the June estimate before the relevant financial year. For 2012-13 data, the estimate is June 2012.

(g) The Australian total rates include young people who could not be allocated to a State or Territory.

.. Not applicable.

*Source:* Australian Government Department of Health (unpublished); ABS (unpublished) *Australian Demographic Statistics*, Cat. no. 3101.0; ABS (2015) *Australian Demographic Statistics*, Cat. no. 3101.0.

TABLE 13A.21

Table 13A.21 **Consumer and carer participation (a), (b), (c), (d)**

	NSW (e), (f)	Vic	Qld	WA (g)	SA	Tas	ACT (h)	NT (h)	Aust
<i>Number of consumer and carer consultants</i>									
Number of paid consumer workers (FTE)									
2006-07	24.8	19.0	10.3	0.8	2.1	–	–	–	57.0
2007-08	27.9	20.0	9.7	1.2	4.7	–	–	–	63.5
2008-09	23.5	17.1	13.6	3.6	6.3	0.5	–	–	64.6
2009-10	21.5	17.7	14.1	5.1	5.7	0.5	–	–	64.6
2010-11	20.5	17.9	17.8	3.3	8.4	0.5	–	–	68.5
2011-12	23.9	19.1	19.5	2.0	8.2	1.5	–	–	74.2
2012-13	17.5	19.4	14.3	4.2	12.5	–	–	0.2	68.0
2013-14	26.5	16.2	8.6	4.7	12.9	0.5	–	0.2	69.5
2014-15	32.6	18.7	25.9	4.3	14.9	0.5	–	0.1	96.9
2015-16	26.4	18.0	47.9	5.5	18.6	2.3	–	1.0	119.7
Number of paid carer workers (FTE)									
2006-07	8.6	13.6	0.9	–	–	–	–	–	23.1
2007-08	7.0	15.5	1.5	0.8	1.8	–	–	–	26.6
2008-09	10.3	14.3	2.7	0.5	2.4	0.5	–	–	30.6
2009-10	13.7	15.8	4.8	1.0	1.5	0.5	–	–	37.3
2010-11	13.7	17.9	5.3	1.0	5.0	0.5	–	–	43.4
2011-12	15.9	18.5	6.4	0.2	4.2	0.6	–	–	45.8
2012-13	10.2	18.6	3.0	0.2	3.6	1.0	–	–	36.6
2013-14	7.7	18.0	5.2	–	4.8	1.0	–	–	36.8
2014-15	6.3	18.8	2.0	0.6	7.2	0.5	–	0.3	35.6
2015-16	6.5	16.6	19.2	0.8	3.3	0.5	–	0.4	47.2
Number of paid direct care workers (including, consumer and carer worker positions) (FTE)									
2006-07	6 732.0	5 338.0	3 875.8	2 427.1	1 800.9	656.2	321.8	158.5	21 310.3
2007-08	6 777.3	5 440.8	4 233.4	2 537.7	1 963.3	639.7	314.7	167.5	22 074.4
2008-09	7 025.6	5 634.4	4 405.7	2 670.5	1 977.3	652.6	313.8	193.3	22 873.2



TABLE 13A.21

Table 13A.21 **Consumer and carer participation (a), (b), (c), (d)**

	<i>NSW (e), (f)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (g)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (h)</i>	<i>NT (h)</i>	<i>Aust</i>
2009-10	7 357.2	5 703.9	4 361.7	2 724.8	2 025.3	682.5	334.5	196.3	23 386.1
2010-11	7 637.3	5 912.7	4 694.2	2 856.0	2 121.6	687.3	338.4	205.3	24 452.7
2011-12	7 642.6	6 049.5	4 991.9	3 017.4	2 045.6	646.8	345.1	216.1	24 954.9
2012-13	8 032.6	6 000.9	5 086.1	3 146.3	2 033.7	628.9	375.5	249.4	25 553.3
2013-14	8 174.4	6 262.7	4 839.6	3 189.6	2 102.5	650.1	390.8	271.2	25 880.9
2014-15	8 152.3	6 455.5	4 993.9	3 158.3	2 227.8	640.4	417.4	311.6	26 357.2
2015-16	8 473.7	6 488.1	5 242.1	3 182.8	2 228.6	632.5	428.6	327.5	27 003.9
Paid consumer workers (FTE) per 1000 paid direct care workers (h)									
2006-07	3.7	3.6	2.7	0.3	1.2	–	–	–	2.7
2007-08	4.1	3.7	2.3	0.5	2.4	–	–	–	2.9
2008-09	3.3	3.0	3.1	1.4	3.2	0.8	–	–	2.8
2009-10	2.9	3.1	3.2	1.9	2.8	0.7	–	–	2.8
2010-11	2.7	3.0	3.8	1.2	4.0	0.7	–	–	2.8
2011-12	3.1	3.2	3.9	0.7	4.0	2.3	–	–	3.0
2012-13	2.2	3.2	2.8	1.3	6.1	–	–	0.7	2.7
2013-14	3.2	2.6	1.8	1.5	6.1	0.8	–	0.6	2.7
2014-15	4.0	2.9	5.2	1.4	6.7	0.8	–	0.4	3.7
2015-16	3.1	2.8	9.1	1.7	8.3	3.7	–	3.1	4.4
Paid carer workers (FTE) per 1000 paid direct care workers (h)									
2006-07	1.3	2.5	0.2	–	–	–	–	–	1.1
2007-08	1.0	2.9	0.4	0.3	0.9	–	–	–	1.2
2008-09	1.5	2.5	0.6	0.2	1.2	0.8	–	–	1.3
2009-10	1.9	2.8	1.1	0.4	0.8	0.7	–	–	1.6
2010-11	1.8	3.0	1.1	0.4	2.4	0.7	–	–	1.8
2011-12	2.1	3.1	1.3	0.1	2.1	0.9	–	–	1.8
2012-13	1.3	3.1	0.6	0.1	1.8	1.6	–	–	1.4
2013-14	0.9	2.9	1.1	–	2.3	1.5	–	–	1.4

TABLE 13A.21

Table 13A.21 **Consumer and carer participation (a), (b), (c), (d)**

	<i>NSW</i> (e), (f)	<i>Vic</i>	<i>Qld</i>	<i>WA</i> (g)	<i>SA</i>	<i>Tas</i>	<i>ACT</i> (h)	<i>NT</i> (h)	<i>Aust</i>
2014-15	0.8	2.9	0.4	0.2	3.2	0.8	–	0.9	1.3
2015-16	0.8	2.6	3.7	0.2	1.5	0.8	–	1.3	1.7

- (a) Non-government organisations are included only where they provide staffed residential services. A new organisational overhead setting for reporting FTE was implemented from the 2012–13 collection period, which may result in decreased FTE in the other service setting categories for some jurisdictions. Time series analyses should be approached with caution. Care and consumer worker FTE has been included in service setting reporting since the 2012–13 collection period. These categories are not included in staff type FTE data. Comparisons between these tables should be made with caution.
- (b) See AIHW Mental Health Services in Australia online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of relevant items.
- (c) Due to the ongoing validation of NMDS, data could differ from previous reports.
- (d) Data up to 2009-10 were restricted to consumer/carers consultants. In 2010-11, the definitions were altered to include a broader range of roles in the contemporary mental health environment, transitioning to mental health consumer and carer workers. These improved definitions should promote greater consistency between jurisdictions. Comparisons between data up to 2009-10 with data from 2010-11 should not be made.
- (e) NSW advised that the government has no authority to require consumer participation in services delivered through the primary care program.
- (f) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.
- (g) WA has advised that this information does not represent the full range of consumer and carer participation. Genuine engagement with consumers and carers is one of the key principles of the Mental Health Commission's Strategic Policy document Mental Health 2020. The Commission has allocated funding to establish and support Consumers of Mental Health WA Inc., a peak body that provides systemic advocacy and is run for and by consumers. Other examples include provision of funding to develop the capacity of non-government organisations to employ people with a lived experience of mental illness and awarding scholarships to people with a lived experience to complete approved university and polytechnic studies in mental health. Several key consumer and carer advisory groups are supported and provided with financial assistance and collectively, these groups provide advice and representations on consumer and carer issues. The Commission funds Carers Association of WA for the provision of systemic advocacy services and the Mental Health Carers ARAFMI (WA) for a range of services including individual advocacy.
- (h) Consumer and carer staff could not be separately identified in the ACT. The NT did not employ carer staff in 2010-11 to 2013-14 or consumer staff prior to 2012-13.
- Nil or rounded to zero.

Source: AIHW (unpublished) MHE NMDS.

TABLE 13A.22

Table 13A.22 **Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June (a)**

		<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (c)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Expenditure on services assessed at level 1										
2007	\$'000	556 183	586 248	410 814	95 750	190 360	33 997	46 838	25 537	1 945 727
2008	\$'000	770 511	635 893	526 682	134 530	104 592	42 635	48 458	28 062	2 291 362
2009	\$'000	880 733	681 385	586 763	187 961	100 433	50 559	54 558	30 202	2 572 592
2010	\$'000	851 044	714 515	611 262	178 483	270 545	16 252	54 835	32 326	2 729 262
2011	\$'000	921 406	762 949	699 580	212 630	276 680	45 469	57 536	35 230	3 011 479
2012	\$'000	901 034	525 579	759 987	299 748	124 058	–	62 122	39 291	2 711 818
2013	\$'000	1 069 928	667 682	768 420	432 525	127 752	8 272	64 666	–	3 139 245
2014	\$'000	998 999	615 783	640 373	431 270	–	–	67 471	45 466	2 799 361
2015	\$'000	1 258 471	650 903	830 214	534 279	–	13 823	71 981	47 999	3 407 671
2016	\$'000	1 369 523	782 342	896 543	536 716	82 312	12 369	76 090	50 467	3 806 363
Expenditure on services assessed at level 2										
2007	\$'000	18 413	–	236	168 105	1 409	3 363	–	–	191 526
2008	\$'000	33 962	190	1 770	170 831	1 594	–	–	–	208 347
2009	\$'000	44 946	70	1 234	171 349	1 175	6 171	–	–	224 946
2010	\$'000	217 392	4 117	1 671	174 807	–	–	–	–	397 987
2011	\$'000	236 712	86	–	–	–	49 232	–	–	286 030
2012	\$'000	64 055	272	1 330	53 701	157 099	–	–	–	276 456
2013	\$'000	2 767	103	–	10 096	81 609	–	–	41 329	135 904
2014	\$'000	–	–	–	5 786	220 192	–	–	–	225 978
2015	\$'000	–	–	–	21 377	331 876	–	–	–	353 254
2016	\$'000	–	–	–	20 996	196 534	–	–	–	217 530
Expenditure on services assessed at level 3										
2007	\$'000	220 311	13 383	51 891	45 173	31 781	8 970	–	–	371 509
2008	\$'000	63 334	148	16 771	38 271	135 413	18 753	–	–	272 689
2009	\$'000	71 549	21 630	1 772	16 283	164 555	21 880	–	–	297 669
2010	\$'000	486	23 010	52 296	38 423	2 116	74 572	–	–	190 903
2011	\$'000	490	16 128	3 692	124 290	10 518	–	–	–	155 119
2012	\$'000	177 030	15 709	–	84 463	–	88 003	–	–	365 206
2013	\$'000	168 117	61 161	1 492	54 206	78 580	5 165	–	–	368 720
2014	\$'000	245 526	52 865	141 737	71 053	128 496	90 603	–	–	730 280
2015	\$'000	139 420	22 258	–	–	42 220	61 925	–	–	265 823
2016	\$'000	135 925	1 992	–	5 344	113 223	62 343	–	–	318 827
Expenditure on services assessed at level 4										
2007	\$'000	61 105	1 107	3 694	–	2 180	24 165	–	–	92 252
2008	\$'000	37 887	4 911	462	2 220	3 507	16 235	–	–	65 223
2009	\$'000	3 107	4 143	655	6 304	2 220	2 653	–	–	19 082
2010	\$'000	12 602	8 940	815	7 927	6 611	–	–	–	36 895
2011	\$'000	12 122	15 616	1 971	98 024	1 124	–	–	–	128 858
2012	\$'000	101 432	287 982	926	38 667	16 194	–	–	–	445 201
2013	\$'000	69 759	122 910	940	7 041	15 526	76 378	–	572	293 127
2014	\$'000	145 364	238 818	1 065	19 934	–	–	–	–	405 180
2015	\$'000	35 879	250 754	2 146	18 174	–	15 717	–	–	322 669

TABLE 13A.22

Table 13A.22 **Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June (a)**

		<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (c)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2016	\$'000	20 943	173 215	4 211	31 892	–	15 654	–	976	246 892
Expenditure on specialised public mental health services										
2007	\$'000	856 012	600 739	466 636	309 027	225 730	70 494	46 838	25 537	2 601 014
2008	\$'000	905 693	641 143	545 686	345 852	245 106	77 623	48 458	28 062	2 837 621
2009	\$'000	1 000 336	707 227	590 424	381 897	268 383	81 263	54 558	30 202	3 114 289
2010	\$'000	1 081 524	750 582	666 043	399 640	279 273	90 824	54 835	32 326	3 355 046
2011	\$'000	1 170 730	794 780	705 243	434 944	288 323	94 701	57 536	35 230	3 581 486
2012	\$'000	1 243 551	829 543	762 243	476 579	297 351	88 003	62 122	39 291	3 798 683
2013	\$'000	1 310 571	851 856	770 852	503 868	303 467	89 815	64 666	41 901	3 936 995
2014	\$'000	1 389 889	907 465	783 174	528 043	348 688	90 603	67 471	45 466	4 160 799
2015	\$'000	1 433 770	923 914	832 360	573 830	374 096	91 465	71 981	47 999	4 349 416
2016	\$'000	1 526 392	957 548	900 755	594 948	392 070	90 366	76 090	51 444	4 589 612
Per cent of expenditure on services assessed at level 1										
2007	%	65.0	97.6	88.0	31.0	84.3	48.2	100.0	100.0	74.8
2008	%	85.1	99.2	96.5	38.9	42.7	54.9	100.0	100.0	80.7
2009	%	88.0	96.3	99.4	49.2	37.4	62.2	100.0	100.0	82.6
2010	%	78.7	95.2	91.8	44.7	96.9	17.9	100.0	100.0	81.3
2011	%	78.7	96.0	99.2	48.9	96.0	48.0	100.0	100.0	84.1
2012	%	72.5	63.4	99.7	62.9	41.7	–	100.0	100.0	71.4
2013	%	81.6	78.4	99.7	85.8	42.1	9.2	100.0	–	79.7
2014	%	71.9	67.9	81.8	81.7	–	–	100.0	100.0	67.3
2015	%	87.8	70.5	99.7	93.1	–	15.1	100.0	100.0	78.3
2016	%	89.7	81.7	99.5	90.2	21.0	13.7	100.0	98.1	82.9
Per cent of expenditure on services assessed at level 2										
2007	%	2.2	–	0.1	54.4	0.6	4.8	–	–	7.4
2008	%	3.7	–	0.3	49.4	0.7	–	–	–	7.3
2009	%	4.5	–	0.2	44.9	0.4	7.6	–	–	7.2
2010	%	20.1	0.5	0.3	43.7	–	–	–	–	11.9
2011	%	20.2	–	–	–	–	52.0	–	–	8.0
2012	%	5.2	–	0.2	11.3	52.8	–	–	–	7.3
2013	%	0.2	–	–	2.0	26.9	–	–	98.6	3.5
2014	%	–	–	–	1.1	63.1	–	–	–	5.4
2015	%	–	–	–	3.7	88.7	–	–	–	8.1
2016	%	–	–	–	3.5	50.1	–	–	–	4.7
Per cent of expenditure on services assessed at level 3										
2007	%	25.7	2.2	11.1	14.6	14.1	12.7	–	–	14.3
2008	%	7.0	–	3.1	11.1	55.2	24.2	–	–	9.6
2009	%	7.2	3.1	0.3	4.3	61.3	26.9	–	–	9.6
2010	%	–	3.1	7.9	9.6	0.8	82.1	–	–	5.7
2011	%	–	2.0	0.5	28.6	3.6	–	–	–	4.3
2012	%	14.2	1.9	–	17.7	–	100.0	–	–	9.6
2013	%	12.8	7.2	0.2	10.8	25.9	5.8	–	–	9.4
2014	%	17.7	5.8	18.1	13.5	36.9	100.0	–	–	17.6

Table 13A.22 **Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June (a)**

		<i>NSW</i> (b)	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i> (c)	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2015	%	9.7	2.4	–	–	11.3	67.7	–	–	6.1
2016	%	8.9	0.2	–	0.9	28.9	69.0	–	–	6.9
Per cent of expenditure on services assessed at level 4										
2007	%	7.1	0.2	0.8	–	1.0	34.3	–	–	3.5
2008	%	4.2	0.8	0.1	0.6	1.4	20.9	–	–	2.3
2009	%	0.3	0.6	0.1	1.7	0.8	3.3	–	–	0.6
2010	%	1.2	1.2	0.1	2.0	2.4	–	–	–	1.1
2011	%	1.0	2.0	0.3	22.5	0.4	–	–	–	3.6
2012	%	8.2	34.7	0.1	8.1	5.4	–	–	–	11.7
2013	%	5.3	14.4	0.1	1.4	5.1	85.0	–	1.4	7.4
2014	%	10.5	26.3	0.1	3.8	–	–	–	–	9.7
2015	%	2.5	27.1	0.3	3.2	–	17.2	–	–	7.4
2016	%	1.4	18.1	0.5	5.4	–	17.3	–	1.9	5.4

- (a) There is variation across jurisdictions in the method used to assign an assessment level (1, 2, 3 or 4) to service units. In some jurisdictions, if an organisation with multiple service units is assessed at a particular level all the expenditure on the organisation's units is 'counted' at that assessment level. In other jurisdictions, assessment levels are assigned at the service unit and this may or may not be consistent with the other units within the organisation. The approach can also vary across organisations within a single jurisdiction.
- (b) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.
- (c) SA notes that for 2013-14 to 2015-16 most of its public local health network (LHN) mental health services were accredited against the National Safety and Quality Health Service Standards. Those standards, and the accreditation process applied, do not address all of the National Standards for Mental Health Services. This underpins the data for SA that shows a significant proportion of its mental health services accredited to Level 2 but not Level 1.
- Nil or rounded to zero.

Source: AIHW (unpublished) MHE NMDS.

**Table 13A.23 Rate and duration of seclusion events in public specialised mental health acute inpatient units (a)**

	NSW (b)	Vic (c)	Qld (d)	WA (e)	SA (f)	Tas (g)	ACT (d), (h)	NT (d), (i)	Aust
<i>Seclusion events per 1000 bed days</i>									
2008-09	11.1	18.8	18.2	15.3	na	15.4	13.3	na	15.6
2009-10	12.4	19.4	15.0	11.6	7.6	11.5	1.7	23.8	13.9
2010-11	10.2	15.1	17.2	8.3	7.7	14.7	0.7	19.9	12.1
2011-12	9.9	13.3	13.3	4.7	10.1	11.9	1.3	26.2	10.6
2012-13	9.1	10.9	12.7	6.0	9.1	19.7	0.9	16.6	9.8
2013-14	7.9	9.2	11.1	5.2	4.6	15.2	1.1	22.3	8.2
2014-15	8.2	7.5	11.4	4.3	5.0	10.1	2.7	30.9	7.9
2015-16	8.7	8.6	9.4	4.8	5.0	13.1	1.6	23.9	8.1
2016-17	6.9	9.3	7.9	4.8	6.6	10.2	2.8	17.0	7.4
<i>Average duration of seclusion events (no. of hours) (j), (k)</i>									
2013-14	6.0	9.5	3.8	2.4	na	4.1	2.1	6.4	6.0
2014-15	5.8	8.0	3.4	2.7	na	2.5	2.2	7.9	5.4
2015-16	5.3	8.3	3.3	2.3	na	2.4	1.9	4.9	5.3
2016-17	5.5	10.0	2.7	2.5	na	1.8	2.3	6.4	5.8

- (a) Variation in jurisdictional legislation may result in differences in the definition of a seclusion event. Data reported by jurisdictions may therefore vary and comparisons should be made with caution.
- (b) NSW does not have a centralised database for the collection of seclusion data. Services report seclusion rates regularly to the NSW Ministry of Health. Services are required to maintain local seclusion registers, which may be audited by NSW Official Visitors. Seclusion rates are a Key Performance Indicator (KPI) in regular performance reporting to NSW Local Health Districts. NSW seclusion rates include bed days for some forensic services managed by correctional facilities.
- (c) Victoria's service delivery model produces a higher threshold for acute admission and the seclusion and restraint metrics may be inflated compared to other jurisdictions.
- (d) Queensland, the ACT and the NT do not report any acute forensic services, however forensic patients can and do access acute care through general units.
- (e) WA data include seclusion events (numerator) and patient days (denominator) for both acute and non-acute specialised public mental health units. WA also does not have a centralised data base for the collection of seclusion data. Services provide seclusion data from their own data bases.
- (f) For SA, bed days for 2009-10 to 2012-13 were estimated based on 100 per cent occupancy, with bed numbers themselves fluctuating due to new infrastructure projects (service renewal / re-modelling). From 2013-14 onwards bed days data have been calculated accurately based on actual occupancy. For 2008-09, SA was unable to supply seclusion data. During 2010-11, a substantial number of seclusion events in one particular hospital were for a small number of patients, with over half of these being patient-requested events. This may have impacted on the overall seclusion rate reported for that year.
- (g) The increase in the statewide Tasmanian seclusion rate for 2012-13 and 2013-14 data is due to a small number of clients having an above average number of seclusion events.
- (h) For the ACT, when interpreting these data, the relative small size of the ACT should be noted, with a total of between 63 and 70 acute inpatient beds reported between 2008-09 and 2013-14. ACT activities initiated as part of the Beacon Site project included the implementation of a clinical review committee inclusive of clinical staff, consumers and carer representation to review episodes of seclusion for systemic issues on a case-by-case basis. This has led to a number of reforms over several years that had a direct impact on the use of seclusion and its reduction to the low levels now reported. In the ACT, work is progressive and ongoing as part of a larger process of providing a place of improved safety and security, both for people experiencing an acute episode of mental ill health leading to an inpatient admission, visitors and for the staff who work in this challenging environment.

**Table 13A.23 Rate and duration of seclusion events in public specialised mental health acute inpatient units (a)**

	<i>NSW</i> (b)	<i>Vic</i> (c)	<i>Qld</i> (d)	<i>WA</i> (e)	<i>SA</i> (f)	<i>Tas</i> (g)	<i>ACT</i> (d), (h)	<i>NT</i> (d), (i)	<i>Aust</i>
(i)	Due to the low ratio of beds per person in the NT compared with other jurisdictions, the apparent rate of seclusion is inflated when reporting seclusion per patient day compared with reporting on a population basis. Due to the low number of beds in the NT, high rates of seclusion for a few individuals has a disproportional effect on the rate of seclusion reported. The NT was unable to supply seclusion data for 2008-09.								
(j)	SA report seclusion duration in 4 hour blocks and therefore the mean duration cannot be calculated. The national average seclusion duration figure excludes SA.								
(k)	Due to data comparability issues for events occurring in Forensic services, all Forensic service events are excluded from the average duration analysis.								

**na** Not available.

*Source:* AIHW (unpublished) National Seclusion and Restraint Data Collection.

Table 13A.24 **Rate and duration of seclusion events in public specialised mental health acute inpatient units (per 1000 bed days), by target population (a), (b)**

	<i>Events per 1000 bed days</i>								<i>Average duration of events (no. of hours) (c)</i>
	<i>2009-10</i>	<i>2010-11</i>	<i>2011-12</i>	<i>2012-13</i>	<i>2013-14</i>	<i>2014-15</i>	<i>2015-16</i>	<i>2016-17</i>	<i>2016-17</i>
General	15.4	13.1	11.6	10.3	9.6	9.1	9.2	8.0	6.1
Child and adolescent	11.4	16.6	18.1	14.5	9.6	12.0	10.3	11.1	1.3
Older person	3.2	1.3	0.7	0.8	0.6	0.4	0.5	0.6	4.7
Mixed	13.3	12.3	10.3	10.0	..	..	..	..	..
Forensic (b)	12.0	8.7	10.7	13.6	7.7	7.1	9.2	14.7	59.1
<b>Total</b>	<b>13.9</b>	<b>12.1</b>	<b>10.6</b>	<b>9.8</b>	<b>8.2</b>	<b>7.9</b>	<b>8.1</b>	<b>7.4</b>	<b>5.8</b>

(a) See table 13A.23 for general caveats regarding seclusion data.

(b) Excludes some public sector acute forensic mental health hospital services operated in correctional facilities.

(c) SA report seclusion duration in 4 hour blocks and therefore the mean duration cannot be calculated. The national average seclusion duration figure excludes SA.

.. Not applicable.

Source: AIHW (unpublished) National Seclusion and Restraint Data Collection.



Table 13A.25 **Restraint events per 1000 bed days**

	NSW	Vic (a)	Qld (b)	WA	SA	Tas	ACT (b)	NT (b), (c)	Aust
<i>Rate of mechanical restraint</i>									
2015-16	0.6	5.8	0.2	–	1.4	1.0	–	na	1.7
2016-17	0.5	2.0	–	–	3.6	0.1	0.2	na	0.9
<i>Rate of physical restraint</i>									
2015-16	8.8	23.2	na	3.5	1.7	11.1	2.0	12.4	9.2
2016-17	8.9	17.8	na	4.5	2.5	10.4	5.5	9.2	8.3
<i>Rate of unspecified restraint</i>									
2015-16	–	–	–	0.6	–	1.0	–	–	0.1
2016-17	..	..	..	..	..	..	..	..	..

(a) Victoria's service delivery model produces a higher threshold for acute admission and the seclusion and restraint metrics may be inflated compared to other jurisdictions. Victoria uses a specific methodology to derive the total number of restraint events.

(b) Queensland, the ACT and the NT do not report any acute forensic services, however forensic patients can and do access acute care through general units.

(c) Due to the low ratio of beds per person in the NT compared with other jurisdictions, the apparent rate of restraint is inflated when reporting restraint per patient day compared with reporting on a population basis. Due to the low number of beds in the NT, high rates of restraint for a few individuals has a disproportional effect on the rate of restraint reported.

na Not available. .. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished) National Seclusion and Restraint Data Collection.

TABLE 13A.26

Table 13A.26 **GP mental health-related encounters (general and mental health specific) (a)**

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Total GP encounters that are mental health-related (per cent)	10.8	11.7	11.4	11.7	12.1	12.3	12.8	12.7	12.4
Estimated number of mental health-related encounters (b)	11 862 000	13 202 000	13 283 000	13 931 000	14 956 000	15 842 000	17 131 180	17 635 320	17 952 000
<i>Lower 95% confidence limit</i>	11 280 000	12 661 000	12 714 000	13 353 000	14 250 000	15 187 000	16 355 184	16 875 070	17 241 000
<i>Upper 95% confidence limit</i>	12 375 000	13 678 000	13 881 000	14 426 000	15 614 000	16 474 000	17 907 070	18 395 705	18 663 000
Estimated number of mental health-related encounters per 1000 population (b), (c)	564.4	614.8	607.5	628.3	664.3	691.6	735.0	746.5	749.9
<i>Lower 95% confidence limit</i>	536.7	589.6	581.5	602.2	633.0	663.0	701.0	714.3	720.2
<i>Upper 95% confidence limit</i>	588.9	636.9	634.8	650.6	693.6	719.2	768.0	778.6	779.6

(a) The confidence intervals show that the difference between some of the years is not statistically significant.

(b) The estimated number of encounters is based on the proportion of encounters in the BEACH survey of general practice activity that are mental health-related, multiplied by the total number of Medicare services for non-Referred (GP) Attendances (excluding practice nurse items) as reported by the Department of Human Services (see Mental Health Services in Australia for more details).

(c) Crude rate is based on the Australian estimated resident population as at 31 December of the reference year.

Source: AIHW (2016) *Mental Health Services in Australia* (available at <http://mhsa.aihw.gov.au/home/>).

TABLE 13A.27

**Table 13A.27 Rates of community follow-up within first seven days of discharge from a psychiatric admission, by State and Territory, by Indigenous status and remoteness (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA (e)</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>2011-12</b>										
Indigenous status										
Aboriginal and Torres Strait Islander	%	45.2	na	61.3	40.3	45.4	na	87.9	32.5	48.3
Non-Indigenous	%	53.0	na	65.4	52.3	52.6	na	78.2	47.9	56.6
Remoteness										
Major cities	%	52.5	na	71.2	52.9	53.5	na	79.5	50.0	55.2
Inner regional	%	54.6	na	63.5	50.7	41.3	na	51.9	25.0	59.3
Outer regional	%	52.8	na	67.7	43.9	41.4	na	100.0	48.9	56.7
Remote	%	39.5	na	59.3	47.5	31.0	na	..	43.1	45.4
Very remote	%	36.4	na	61.9	28.4	34.5	na	..	25.8	33.4
<b>2012-13</b>										
Indigenous status										
Aboriginal and Torres Strait Islander	%	53.9	na	72.2	47.3	39.4	15.1	68.3	40.2	55.3
Non-Indigenous	%	60.0	na	73.2	54.3	55.9	21.3	74.5	53.1	61.4
Remoteness										
Major cities	%	59.4	na	71.2	55.1	56.8	–	75.6	16.7	61.6
Inner regional	%	62.7	na	78.2	52.2	40.2	18.6	32.6	33.3	61.0
Outer regional	%	59.8	na	76.3	47.4	38.6	24.6	19.3	53.8	60.6
Remote	%	38.7	na	64.8	55.7	47.4	31.5	..	54.8	52.3
Very remote	%	60.9	na	72.2	40.4	39.2	22.2	..	33.1	41.7
<b>2013-14</b>										
Indigenous status										
Aboriginal and Torres Strait Islander	%	59.5	69.3	72.9	55.8	39.0	55.6	70.8	39.3	60.5
Non-Indigenous	%	64.2	72.4	74.0	57.2	59.7	59.8	72.7	55.1	66.9
Remoteness										
Major cities	%	65.1	72.2	71.4	57.4	59.8	14.4	76.2	21.1	66.8
Inner regional	%	61.9	73.3	81.1	57.3	50.0	59.6	10.6	37.5	67.6
Outer regional	%	63.2	76.2	78.4	58.3	53.8	63.3	–	49.6	68.4
Remote	%	48.2	69.2	69.6	60.2	40.0	44.7	..	66.7	59.6
Very remote	%	57.7	62.5	74.7	47.0	34.7	53.8	..	29.5	44.0
<b>2014-15</b>										
Indigenous status										
Aboriginal and Torres Strait Islander	%	58.4	66.9	75.3	57.6	52.3	66.7	74.5	49.9	62.4
Non-Indigenous	%	64.0	73.4	74.9	58.1	61.0	68.2	71.0	55.7	67.5
Remoteness										
Major cities	%	64.6	74.0	72.4	57.8	58.8	14.0	71.2	18.8	66.9
Inner regional	%	63.9	72.2	81.3	64.2	58.7	68.4	60.0	22.3	69.5

**Table 13A.27 Rates of community follow-up within first seven days of discharge from a psychiatric admission, by State and Territory, by Indigenous status and remoteness (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA (e)</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Outer regional	%	64.1	76.0	79.4	59.2	70.3	67.8	–	54.9	70.8
Remote	%	56.8	65.7	77.3	63.0	70.6	58.9	–	66.2	65.5
Very remote	%	61.1	–	74.0	51.7	67.9	70.6	–	40.1	52.0
<i>2015-16</i>										
Indigenous status										
Aboriginal and Torres Strait Islander	%	59.9	62.7	73.2	61.7	59.3	78.5	66.2	56.4	63.9
Non-Indigenous	%	66.7	71.1	75.8	61.9	60.6	79.4	74.5	72.9	68.8
Remoteness										
Major cities	%	67.3	72.1	74.2	61.2	58.6	63.7	75.8	–	68.1
Inner regional	%	67.6	66.2	81.9	67.4	58.3	79.9	22.2	–	70.9
Outer regional	%	65.7	72.5	77.3	69.7	72.5	77.6	50.0	67.6	72.7
Remote	%	39.6	62.4	76.1	70.3	72.2	80.9	–	76.5	69.6
Very remote	%	59.6	67.2	74.4	43.9	71.4	76.4	–	49.8	55.0

- (a) Caution should be taken when making inter-jurisdictional comparisons for public data. South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2012-13. Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Industrial action during 2011-12 and 2012-13 in Tasmania has limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures. Australian totals only include available data and should therefore be interpreted with caution. Australian totals for 2011-12 and 2012-13 should not be compared to previous, or more recent years.
- (b) The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. Excludes people for whom demographic information was missing or not reported.
- (c) Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. State/territory is the state/territory of the service provider. Excludes people for whom demographic information was missing or not reported.
- (d) For public sector community mental health services, Victorian data for 2011-12 and 2012-13 are unavailable due to service level collection gaps resulting from protected industrial action during this period.
- (e) SA submitted data that was not based on unique patient identifier but is based on a limited data matching approach. Therefore caution needs to be taken when making interjurisdictional comparisons.
- (f) Industrial action in Tasmania limited the available data quality and quantity of 2011-12 and 2012-13 community data.

**na** Not available. ... Not applicable. – Nil or rounded to zero.

*Source:* State and Territory (unpublished) Admitted patient and community mental health care data.

TABLE 13A.28

Table 13A.28 Rates of community follow-up within first seven days of discharge from a psychiatric admission, by age group, gender and SEIFA quintiles (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>2015-16</b>										
<i>Age group</i>										
Less than 15 years	%	62.4	74.3	68.6	75.0	54.3	–	100.0	55.6	68.4
15–24 years	%	65.9	69.8	72.9	60.1	60.6	79.3	79.7	60.9	67.5
25–34 years	%	63.7	68.6	74.3	61.3	59.4	82.1	77.3	65.2	66.7
35–44 years	%	65.5	71.9	75.0	62.5	59.3	74.8	75.2	68.9	68.3
45–54 years	%	68.0	73.7	79.2	62.1	62.2	77.7	71.8	63.9	70.4
55–64 years	%	68.5	72.5	79.6	61.0	64.1	81.0	67.3	75.0	70.5
65+ years	%	68.6	68.0	80.6	65.0	54.5	86.7	57.3	72.7	67.9
<b>All ages</b>	<b>%</b>	<b>66.0</b>	<b>70.7</b>	<b>75.4</b>	<b>61.9</b>	<b>59.8</b>	<b>79.2</b>	<b>73.7</b>	<b>65.1</b>	<b>68.2</b>
<i>Gender</i>										
Male	%	63.2	70.0	74.9	59.5	57.4	76.7	70.8	61.9	66.5
Female	%	69.1	71.5	76.0	64.2	62.4	81.6	76.5	69.7	70.1
<i>SEIFA quintiles</i>										
Quintile 1 (most disadvantaged)	%	66.8	72.3	77.3	64.2	64.8	79.8	33.3	56.2	70.1
Quintile 2	%	65.1	68.4	79.7	67.9	57.8	77.7	68.6	72.0	68.1
Quintile 3	%	67.1	71.0	76.2	64.6	58.7	77.2	62.2	79.3	69.7
Quintile 4	%	68.5	72.2	73.8	58.6	59.2	79.7	79.4	68.0	68.9
Quintile 5 (least disadvantaged)	%	70.2	70.5	71.4	55.9	55.0	100.0	71.9	61.9	67.3
<b>2014-15</b>										
<i>Age group</i>										
Less than 15 years	%	65.2	72.4	67.8	58.4	69.2	–	–	66.7	67.4
15–24 years	%	64.8	71.7	71.5	59.4	58.6	65.7	79.6	45.2	66.6
25–34 years	%	61.4	72.8	73.9	55.2	62.6	66.7	76.5	54.0	65.9
35–44 years	%	62.4	73.6	76.1	56.7	64.1	66.7	70.5	54.4	67.1
45–54 years	%	64.9	77.4	77.5	60.8	61.9	69.0	63.0	57.2	69.2
55–64 years	%	64.8	74.0	78.8	57.6	64.4	70.5	65.1	61.5	68.5
65+ years	%	62.6	68.2	77.9	61.9	44.1	78.6	52.0	78.6	64.3
<b>All ages</b>	<b>%</b>	<b>63.3</b>	<b>73.1</b>	<b>74.8</b>	<b>58.0</b>	<b>59.9</b>	<b>67.9</b>	<b>70.3</b>	<b>53.2</b>	<b>67.0</b>
<i>Gender</i>										
Male	%	61.1	72.5	74.3	56.0	58.5	65.3	69.9	53.1	65.6
Female	%	65.9	73.7	75.3	59.9	61.4	70.7	70.6	53.4	68.4
<i>SEIFA quintiles</i>										
Quintile 1 (most disadvantaged)	%	66.1	74.3	77.4	64.9	62.6	70.9	33.3	41.1	69.4
Quintile 2	%	62.7	72.2	78.7	62.1	58.4	64.2	87.1	56.5	66.8
Quintile 3	%	61.3	74.4	74.9	60.0	59.7	71.5	56.8	66.6	67.8
Quintile 4	%	64.0	73.8	73.2	55.6	60.5	61.9	73.2	58.1	67.6

**Table 13A.28 Rates of community follow-up within first seven days of discharge from a psychiatric admission, by age group, gender and SEIFA quintiles (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Quintile 5 (least disadvantaged)	%	67.3	73.8	69.7	51.6	57.0	36.4	71.1	53.8	66.0

- (a) Caution should be taken when making inter-jurisdictional comparisons for public data. South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2012-13. Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Industrial action during 2011-12 and 2012-13 in Tasmania has limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures.
- (b) Australian totals only include available data and should therefore be interpreted with caution.  
– Nil or rounded to zero.

*Source:* State and Territory (unpublished) Admitted patient and community mental health care data.

TABLE 13A.29

Table 13A.29 Rates of community follow-up for people within the first seven days of discharge from hospital (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA (c)</i>	<i>Tas (d)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
<i>2007-08</i>										
Overnight separations from acute psychiatric inpatient services	no.	27 103	16 400	13 600	5 863	5 590	2 116	1 148	854	72 674
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	10 856	9 803	7 094	2 778	1 941	433	827	348	34 080
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	40.1	59.8	52.2	47.4	34.7	20.5	72.0	40.7	46.9
<i>2008-09</i>										
Overnight separations from acute psychiatric inpatient services	no.	27 035	16 429	14 147	6 272	5 435	2 121	1 233	780	73 452
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	11 078	10 132	6 228	3 070	2 222	461	901	323	34 415
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	41.0	61.7	44.0	48.9	40.9	21.7	73.1	41.4	46.9
<i>2009-10</i>										
Overnight separations from acute psychiatric inpatient services	no.	26 403	16 552	14 061	6 439	5 509	1 758	1 184	742	72 648
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	11 864	10 591	6 417	3 227	2 301	456	873	289	36 018
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	44.9	64.0	45.6	50.1	41.8	25.9	73.7	38.9	49.6

TABLE 13A.29

Table 13A.29 Rates of community follow-up for people within the first seven days of discharge from hospital (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA (c)</i>	<i>Tas (d)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
<i>2010-11</i>										
Overnight separations from acute psychiatric inpatient services	no.	26 932	17 156	14 634	7 524	5 825	1 730	1 185	771	75 757
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	12 811	11 730	7 696	3 683	2 662	505	932	308	40 327
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	47.6	68.4	52.6	49.0	45.7	29.2	78.6	39.9	53.2
<i>2011-12</i>										
Overnight separations from acute psychiatric inpatient services	no.	27 407	na	15 187	7 800	5 987	1 655	1 306	781	60 123
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	14 348	na	9 838	3 992	3 064	531	1 015	313	33 101
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	52.4	na	64.8	51.2	51.2	32.1	77.7	40.1	55.1
<i>2012-13</i>										
Overnight separations from acute psychiatric inpatient services	no.	28 297	na	15 916	8 705	5 436	1 667	1 307	889	62 217
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	16 828	na	11 598	4 669	2 935	347	966	414	37 757
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	59.5	na	72.9	53.6	54.0	20.8	73.9	46.6	60.7



TABLE 13A.29

Table 13A.29 Rates of community follow-up for people within the first seven days of discharge from hospital (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA (c)</i>	<i>Tas (d)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
<i>2013-14</i>										
Overnight separations from acute psychiatric inpatient services	no.	29 200	18 214	16 401	9 144	4 909	1 855	1 238	952	81 913
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	18 603	13 159	12 081	5 215	2 836	1 103	898	456	54 351
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	63.7	72.2	73.7	57.0	57.8	59.5	72.5	47.9	66.4
<i>2014-15</i>										
Overnight separations from acute psychiatric inpatient services	no.	30 212	18 715	17 016	9 957	5 951	1 876	1 169	926	85 822
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	19 133	13 676	12 724	5 779	3 566	1 274	822	493	57 467
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	63.3	73.1	74.8	58.0	59.9	67.9	70.3	53.2	67.0
<i>2015-16</i>										
Overnight separations from acute psychiatric inpatient services	no.	31 297	20 415	18 908	11 616	7 816	1 890	1 199	875	94 016
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	20 642	14 442	14 260	7 191	4 676	1 496	884	570	64 161
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	66.0	70.7	75.4	61.9	59.8	79.2	73.7	65.1	68.2

Table 13A.29 Rates of community follow-up for people within the first seven days of discharge from hospital (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA (c)</i>	<i>Tas (d)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
(a)	Caution should be taken when making inter-jurisdictional comparisons. South Australia submitted data that were not based on unique patient identifier or data matching approaches. This was also the case for data submitted by Tasmania prior to 2012-13. Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. Industrial action during 2011-12 and 2012-13 in Tasmania has limited the available data quality and quantity of the community mental health care data; which represents a large proportion of the overall figures. Australian totals only include available data and should therefore be interpreted with caution. Australian totals for 2011-12 and 2012-13 should not be compared to previous, or more recent years.									
(b)	For public sector community mental health services, Victorian data are unavailable for 2011-12 and 2012-13 due to service level collection gaps resulting from protected industrial action during this period.									
(c)	SA submitted data that was not based on unique patient identifier but is based on a limited data matching approach. Therefore caution needs to be taken when making interjurisdictional comparisons.									
(d)	Industrial action in Tasmania limited the available data quality and quantity of 2011-12 and 2012-13 community data. Tasmanian data are not available for 2005-06 and 2006-07. Data submitted up to 2012-13 were not based on unique patient identifiers or data matching approaches.									
(e)	From 2012-13, the ACT has refined its calculation methodology and as such, comparisons to previous years' results should be viewed with caution.									
	<b>na</b> Not available.									

Source: State and Territory (unpublished) Admitted patient and community mental health care data.

**Table 13A.30 Readmissions to hospital within 28 days of discharge, by selected characteristics, 2015-16 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (f)</i>	<i>WA (g)</i>	<i>SA (h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Age group</i>										
Less than 15 years	%	14.8	22.6	11.2	22.3	23.3	na	na	np	17.0
15–24 years	%	14.9	18.0	14.7	20.0	12.5	15.7	17.3	10.7	15.9
25–34 years	%	16.7	16.0	14.6	17.1	10.1	17.4	16.3	10.7	15.6
35–44 years	%	15.7	14.9	14.1	17.6	9.5	12.1	13.7	15.9	14.8
45–54 years	%	13.3	14.6	13.3	18.9	10.2	13.9	11.2	5.2	13.9
55–64 years	%	13.0	12.0	11.7	16.6	6.9	14.7	10.6	8.3	12.4
65–74 years	%	10.8	10.7	6.5	14.2	6.5	12.2	8.3	np	10.0
75 years or over	%	7.7	6.0	8.1	10.0	9.6	np	np	na	7.6
<i>Gender</i>										
Male	%	14.1	13.9	13.3	15.0	8.8	12.4	11.8	9.7	13.5
Female	%	15.5	16.4	13.9	20.4	11.5	16.5	15.2	13.7	15.7
<i>SEIFA quintiles</i>										
Quintile 1 (most disadvantaged)	%	15.0	15.2	11.6	13.7	9.3	14.1	–	9.5	13.6
Quintile 2	%	14.6	14.7	13.0	16.2	11.0	11.3	17.1	15.2	14.1
Quintile 3	%	13.8	16.2	13.8	17.9	8.1	16.8	21.6	15.5	14.9
Quintile 4	%	14.2	14.6	15.3	20.5	11.8	16.2	12.4	12.0	15.2
Quintile 5 (least disadvantaged)	%	13.5	14.4	15.1	17.8	8.9	np	12.3	8.0	14.4
<i>Indigenous status</i>										
Aboriginal and Torres Strait Islander	%	18.2	16.9	16.5	16.4	9.7	6.6	20.3	10.0	16.4
Non-Indigenous	%	14.4	15.2	13.3	17.9	10.8	15.1	13.3	12.5	14.5
<i>Remoteness</i>										
Major cities	%	14.8	15.5	13.9	18.5	10.6	np	13.2	na	14.9
Inner regional	%	13.3	13.6	10.8	11.9	8.9	15.2	–	na	12.7
Outer regional	%	12.6	14.0	15.6	16.1	9.1	12.6	na	12.9	14.0
Remote	%	9.9	16.8	2.7	11.5	4.1	np	na	14.1	10.1
Very remote	%	6.4	np	12.8	6.0	np	np	na	6.9	7.0

(a) Data are based on all 'in scope' separations from State and Territory psychiatric inpatient units, defined as those for which it is meaningful to examine readmission rates. The following separations were excluded: same day separations; overnight separations that occur through discharge/transfer to another hospital; statistical discharge — type change; left against medical advice/discharge at own risk and death.

(b) For the purposes of this indicator, a readmission for any of the separations identified as 'in-scope' is defined as an admission to any other public psychiatric acute unit within the jurisdiction that occurs within 28 days of the date of the original separation. For this to occur a system of unique client identifiers needs to be in place that allows individuals to be 'tracked' across units. Such systems have been available in all states/territories for the reported time series, with the exception of Tasmania (which introduced such a system in 2012-13) and SA and WA (who have not yet introduced such a system). Undercounting of readmissions may have occurred in these jurisdictions in the years that a system of unique identifiers was not in place. Caution should be taken when making comparisons across jurisdictions.

**Table 13A.30 Readmissions to hospital within 28 days of discharge, by selected characteristics, 2015-16 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>(f)</i>	<i>WA</i>	<i>(g)</i>	<i>SA</i>	<i>(h)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(c)	No distinction is made between planned and unplanned readmissions because data collection systems in most Australian mental health services do not include a reliable and consistent method to distinguish a planned from an unplanned admission to hospital.												
(d)	For data before 2012-13, states and territories differed in the overnight separations that they counted as 'in scope'. NSW and Queensland excluded separations where length of stay was one night only and the procedure code for ECT is recorded and the ACT excluded all overnight separations with the procedure code for ECT, whereas the others (Victoria, WA, SA, Tasmania and the NT) include all overnight separations for the procedure code for ECT. For 2012-13, the exclusion of overnight stays of one night with an ECT procedure code became a business rule for the calculation of data for this indicator. The change was considered likely to be minimal, therefore, historical data updates were not considered mandatory. The change is also unlikely to alter the interpretability of long term data trends.												
(e)	Remoteness and socioeconomic status have been allocated using the client's usual residence, not the location of the service provider. State/territory is reported for the state/territory of the service provider. Records for which age is unknown are excluded. Therefore, the sum of the disaggregation by state/territory may not equal totals reported elsewhere.												
(f)	For Queensland inpatient identifiers are generally unique at the facility level. A unique statewide identifier is created for reporting purposes through a routine linkage process.												
(g)	An absence of a statewide unique patient identifier in WA means there is a reliance on data linkage which uses probabilistic matching. Data are preliminary and are subject to change.												
(h)	SA has limited ability to accurately identify unique consumers for this indicator due to unique patient identifier being applied at hospital level only with no higher level linkage being applied. Consequently the result may appear lower than it actually is, as readmissions are only identified to the same hospital not any hospital.												

**na** Not available. – Nil or rounded to zero. **np** Not published.

*Source:* AIHW (unpublished), from data provided by State and Territory governments.

TABLE 13A.31

Table 13A.31 Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA (g)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2006-07</i>										
Overnight separations from psychiatric acute inpatient services	no.	26 767	15 602	13 432	6 476	5 430	1 901	1 100	888	71 596
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 526	2 309	2 110	822	491	126	123	123	10 630
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	16.9	14.8	15.7	12.7	9.0	6.6	11.2	13.9	14.8
<i>2007-08</i>										
Overnight separations from psychiatric acute inpatient services	no.	27 202	16 400	13 296	6 447	5 590	2 046	1 148	848	72 977
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 716	2 484	2 059	857	616	167	114	111	11 124
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	17.3	15.1	15.5	13.3	11.0	8.2	9.9	13.1	15.2
<i>2008-09</i>										
Overnight separations from psychiatric acute inpatient services	no.	27 101	16 429	13 827	6 881	5 431	1 823	1 233	780	73 505
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 344	2 317	2 124	956	507	113	68	86	10 515

TABLE 13A.31

Table 13A.31 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA (g)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	16.0	14.1	15.4	13.9	9.3	6.2	5.5	11.0	14.3
<i>2009-10</i>										
Overnight separations from psychiatric acute inpatient services	no.	26 447	16 552	13 928	7 321	5 503	1 758	1 184	742	73 435
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 094	2 300	2 106	1 009	455	196	51	75	10 286
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	15.5	13.9	15.1	13.8	8.3	11.1	4.3	10.1	14.0
<i>2010-11</i>										
Overnight separations from psychiatric acute inpatient services	no.	27 083	17 156	14 457	8 403	5 825	1 730	1 185	771	76 610
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 274	2 427	2 207	1 187	523	242	63	105	11 028
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	15.8	14.1	15.3	14.1	9.0	14.0	5.3	13.6	14.4

TABLE 13A.31

Table 13A.31 Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA (g)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>2011-12</i>										
Overnight separations from psychiatric acute inpatient services	no.	27 463	17 910	15 192	8 719	5 987	1 655	1 306	781	79 013
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 298	2 554	2 294	1 218	551	191	165	88	11 359
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	15.7	14.3	15.1	14.0	9.2	11.5	12.6	11.3	14.4
<i>2012-13</i>										
Overnight separations from psychiatric acute inpatient services	no.	28 157	18 912	15 916	9 638	5 437	1 667	1 307	895	81 929
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 141	2 771	2 262	1 317	420	212	188	98	11 409
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	14.7	14.7	14.2	13.7	7.7	12.7	14.4	10.9	13.9
<i>2013-14</i>										
Overnight separations from psychiatric acute inpatient services	no.	29 204	19 281	16 401	10 095	5 101	1 856	1 238	965	84 141
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 170	2 842	2 184	1 444	354	251	133	105	11 483

TABLE 13A.31

Table 13A.31 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA (g)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	14.3	14.7	13.3	14.3	6.9	13.5	10.7	10.9	13.6
<i>2014-15</i>										
Overnight separations from psychiatric acute inpatient services	no.	30 230	19 791	17 016	10 932	6 116	1 876	1 169	929	88 059
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 544	2 911	2 305	1 781	560	308	144	100	12 653
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	15.0	14.7	13.5	16.3	9.2	16.4	12.3	10.8	14.4
<i>2015-16</i>										
Overnight separations from psychiatric acute inpatient services	no.	31 336	21 587	18 908	11 693	8 137	1 895	1 199	867	95 622
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 636	3 275	2 572	2 078	825	274	163	98	13 921
Proportion of overnight separations from psychiatric acute inpatient services that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	%	14.8	15.2	13.6	17.8	10.1	14.5	13.6	11.3	14.6



Table 13A.31 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA (g)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(a)	Data are based on all 'in scope' separations from State and Territory psychiatric inpatient units, defined as those for which it is meaningful to examine readmission rates. The following separations were excluded: same day separations; overnight separations that occur through discharge/transfer to another hospital; statistical discharge — type change; left against medical advice/discharge at own risk and death.									
(b)	For the purposes of this indicator, a readmission for any of the separations identified as 'in-scope' is defined as an admission to any other public psychiatric acute unit within the jurisdiction that occurs within 28 days of the date of the original separation. For this to occur a system of unique client identifiers needs to be in place that allows individuals to be 'tracked' across units. Such systems have been available in all states/territories for the reported time series, with the exception of Tasmania (which introduced such a system in 2012-13) and SA and WA (who have not yet introduced such a system). Undercounting of readmissions may have occurred in these jurisdictions in the years that a system of unique identifiers was not in place. Caution should be taken when making comparisons across jurisdictions.									
(c)	No distinction is made between planned and unplanned readmissions because data collection systems in most Australian mental health services do not include a reliable and consistent method to distinguish a planned from an unplanned admission to hospital.									
(d)	For data before 2012-13, states and territories differed in the overnight separations that they counted as 'in scope'. NSW and Queensland excluded separations where length of stay was one night only and the procedure code for ECT is recorded and the ACT excluded all overnight separations with the procedure code for ECT, whereas the others (Victoria, WA, SA, Tasmania and the NT) include all overnight separations for the procedure code for ECT. For 2012-13, the exclusion of overnight stays of one night with an ECT procedure code became a business rule for the calculation of data for this indicator. The change was considered likely to be minimal, therefore, historical data updates were not considered mandatory. The change is also unlikely to alter the interpretability of long term data trends.									
(e)	For Queensland inpatient identifiers are generally unique at the facility level. A unique statewide identifier is created for reporting purposes through a routine linkage process.									
(f)	An absence of a statewide unique patient identifier in WA means there is a reliance on data linkage which uses probabilistic matching. Data are preliminary and are subject to change.									
(g)	SA has limited ability to accurately identify unique consumers for this indicator due to unique patient identifier being applied at hospital level only with no higher level linkage being applied. Consequently the result may appear lower than it actually is, as readmissions are only identified to the same hospital not any hospital.									

Source: AIHW (unpublished), from data provided by State and Territory governments.

TABLE 13A.32

Table 13A.32 **Average recurrent cost per inpatient bed day, by public hospital type (2015-16 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g), (h)	Vic (i)	Qld (j)	WA (k)	SA (l)	Tas (m)	ACT (m), (n)	NT (m), (n)	Aust
Psychiatric hospitals (acute units)									
2006-07	849.98	1 100.17	..	1 052.94	1 133.22	..	..	..	966.69
2007-08	795.35	991.48	..	1 031.20	1 224.84	..	..	..	944.58
2008-09	808.36	900.51	..	1 104.26	1 185.28	..	..	..	973.04
2009-10	1 047.51	1 025.68	..	1 101.27	1 233.29	..	..	..	1 085.75
2010-11	1 027.23	977.13	..	1 295.28	1 034.75	..	..	..	1 077.10
2011-12	1 167.88	845.98	..	1 337.10	989.71	..	..	..	1 128.88
2012-13	1 227.89	844.28	..	1 401.66	1 110.99	..	..	..	1 191.43
2013-14	1 228.09	834.62	..	1 381.48	1 361.49	..	..	..	1 209.02
2014-15	1 176.79	863.00	..	1 272.44	1 212.55	..	..	..	1 149.64
2015-16	1 267.42	872.57	..	1 219.87	1 139.69	..	..	..	1 173.13
Psychiatric hospitals (non-acute units)									
2006-07	586.23	763.52	777.75	1 047.04	630.07	..	..	..	684.26
2007-08	600.91	881.68	856.88	1 033.41	705.48	..	..	..	722.37
2008-09	690.82	712.37	841.26	1 106.49	807.95	..	..	..	771.48
2009-10	681.10	864.61	863.83	1 090.39	783.70	..	..	..	771.38
2010-11	752.15	819.01	882.45	1 039.41	785.22	..	..	..	815.86
2011-12	807.31	901.72	973.86	1 078.06	872.25	..	..	..	887.07
2012-13	807.66	870.42	944.22	1 121.34	766.76	..	..	..	868.72
2013-14	821.70	1 028.38	916.65	1 180.01	760.08	..	..	..	876.32
2014-15	811.42	1 191.00	936.81	1 027.39	717.06	..	..	..	867.60
2015-16	835.51	979.47	1 044.73	1 235.90	850.93	..	..	..	919.10
Psychiatric hospitals (all units)									
2006-07	679.03	920.88	777.75	1 050.33	802.34	..	..	..	775.64
2007-08	667.27	930.72	856.88	1 031.84	873.18	..	..	..	796.67
2008-09	723.11	826.51	841.26	1 104.90	944.19	..	..	..	836.41
2009-10	783.69	964.97	863.83	1 098.13	934.51	..	..	..	871.25

TABLE 13A.32

Table 13A.32 **Average recurrent cost per inpatient bed day, by public hospital type (2015-16 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g), (h)	Vic (i)	Qld (j)	WA (k)	SA (l)	Tas (m)	ACT (m), (n)	NT (m), (n)	Aust
2010-11	832.15	917.69	882.45	1 172.26	874.49	..	..	..	894.89
2011-12	917.28	867.79	973.86	1 227.44	919.75	..	..	..	965.51
2012-13	940.70	854.59	944.22	1 284.21	896.28	..	..	..	973.78
2013-14	955.87	905.41	916.65	1 300.98	952.30	..	..	..	986.71
2014-15	933.13	984.98	936.81	1 172.73	883.65	..	..	..	963.89
2015-16	979.03	912.06	1 044.73	1 225.42	956.55	..	..	..	1 009.94
General acute hospital with a psychiatric unit or ward (acute units)									
2007-08	942.07	820.28	983.22	1 054.26	907.29	1 119.48	1 054.15	1 300.48	938.04
2008-09	973.17	855.08	965.48	1 129.10	1 009.79	1 124.56	972.70	1 329.31	967.70
2009-10	957.42	869.59	968.82	1 135.59	1 022.11	1 405.45	880.92	1 358.69	973.44
2010-11	1 031.51	882.77	973.67	1 219.08	997.47	1 454.85	912.32	1 406.12	1 013.00
2011-12	1 035.80	876.94	985.49	1 247.19	970.21	1 149.85	921.14	1 682.27	1 013.28
2012-13	1 088.33	893.18	1 012.35	1 310.58	936.31	1 213.65	892.86	1 477.25	1 046.58
2013-14	1 149.20	909.27	1 057.78	1 331.38	1 136.40	1 244.53	1 065.95	1 636.86	1 101.23
2014-15	1 170.05	922.19	1 045.13	1 393.71	1 157.79	1 353.02	992.14	1 939.61	1 120.21
2015-16	1 200.75	928.56	1 021.30	1 527.71	1 225.40	1 250.66	1 077.12	2 081.99	1 146.64
General acute hospital with a psychiatric unit or ward (non-acute units)									
2007-08	659.69	580.20	587.84	1 119.00	..	1 016.42	..	..	650.96
2008-09	833.60	642.47	605.46	1 073.54	..	815.27	..	..	710.30
2009-10	911.96	659.83	661.27	829.54	..	920.09	..	..	749.89
2010-11	971.60	704.48	659.05	1 004.29	..	818.77	..	..	773.00
2011-12	1 019.59	841.58	693.76	1 003.30	..	804.18	..	..	851.12
2012-13	972.56	824.91	610.76	840.60	..	1 019.80	..	..	792.86
2013-14	937.93	843.09	695.05	896.47	..	747.33	..	..	826.21
2014-15	912.89	783.15	801.34	961.28	..	..	..	..	854.95
2015-16	928.66	787.10	766.85	924.82	..	..	..	..	841.15
General acute hospital with a psychiatric unit or ward (all units)									

TABLE 13A.32

Table 13A.32 **Average recurrent cost per inpatient bed day, by public hospital type (2015-16 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g), (h)	Vic (i)	Qld (j)	WA (k)	SA (l)	Tas (m)	ACT (m), (n)	NT (m), (n)	Aust
2007-08	902.23	795.11	856.71	1 060.24	907.29	1 100.18	1 054.15	1 300.48	892.30
2008-09	958.51	833.60	855.08	1 123.14	1 009.79	1 054.73	972.70	1 329.31	930.42
2009-10	952.40	848.06	877.00	1 099.73	1 022.11	1 296.90	880.92	1 358.69	940.97
2010-11	1 025.06	864.83	877.81	1 201.36	997.47	1 295.47	912.32	1 406.12	978.85
2011-12	1 033.22	873.76	897.53	1 227.50	970.21	1 067.77	921.14	1 682.27	987.96
2012-13	1 068.97	886.63	880.40	1 275.88	936.31	1 172.10	892.86	1 477.25	1 004.74
2013-14	1 112.14	903.18	954.64	1 297.69	1 136.40	1 116.64	1 065.95	1 636.86	1 058.11
2014-15	1 121.68	906.31	981.60	1 363.83	1 157.79	1 353.02	992.14	1 939.61	1 078.81
2015-16	1 149.22	912.58	943.96	1 485.99	1 225.40	1 250.66	1 077.12	2 081.99	1 095.36

- (a) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).
- (b) Depreciation is excluded for all years.
- (c) See AIHW Mental Health Services in Australia online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of expenditure items.
- (d) Due to the ongoing validation of NMDS, data could differ from previous reports.
- (e) Hospital inpatient expenditure can include expenditure on government funded public hospital services managed and operated by private and non-government entities.
- (f) Mainstreaming has occurred at different rates across jurisdictions. The client profile and service costs can be very different for those of a jurisdiction in which general psychiatric treatment still occurs mostly in psychiatric hospitals. For example, Victorian data for psychiatric hospitals comprise mainly Forensic services as nearly all general psychiatric treatment occurs in mainstreamed units in general acute hospitals.
- (g) Caution is required when interpreting NSW data. Seven residential mental health services in 2006-07 were reclassified as non-acute older person specialised hospital services in 2007-08, reflecting a change in function of those units.
- (h) The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.
- (i) Mainstreaming has occurred at different rates in different jurisdictions. In Victoria's case, the data for psychiatric hospitals comprises mainly Forensic services, since nearly all general psychiatric treatment occurs in mainstreamed units in general acute hospitals. This means that the client profile and service costs are very different from those of a jurisdiction where general psychiatric treatment still occurs mostly in psychiatric hospitals.
- (j) Queensland data for public acute hospitals include costs associated with extended treatment services (campus-based and non-campus-based) that report through general acute hospitals. Queensland does not provide acute services in psychiatric hospitals.

Table 13A.32 **Average recurrent cost per inpatient bed day, by public hospital type (2015-16 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g), (h)	Vic (i)	Qld (j)	WA (k)	SA (l)	Tas (m)	ACT (m), (n)	NT (m), (n)	Aust
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(k) Caution is required when interpreting WA data. A review of services resulted in the reclassification of beds between the acute and non-acute categories for the 2010-11 collection, to more accurately reflect the function of these services.

(l) For SA, increases in admitted patient expenditure in 2013-14 partly relate to genuine increases in mental health services. However, a significant proportion of the increases relate to improved identification and allocation of direct care and general overhead expenditure to mental health services, with the improved allocation methodology being applied in all subsequent years.

(m) Tasmania, the ACT and the NT do not have public psychiatric hospitals.

(n) SA, the ACT and the NT do not have non-acute units in public acute hospitals with a psychiatric unit or ward.

.. Not applicable.

Source: AIHW (unpublished) MHE NMDS.

TABLE 13A.33

Table 13A.33 **Average recurrent real costs per inpatient bed day, public hospitals, by target population (2015-16 dollars)**  
**(a), (b), (c), (d), (e), (f)**

	<i>NSW (g)</i>	<i>Vic</i>	<i>Qld (h)</i>	<i>WA</i>	<i>SA (i)</i>	<i>Tas (j)</i>	<i>ACT (j), (k)</i>	<i>NT (j)</i>	<i>Aust</i>
<b>General mental health services</b>									
2006-07	838.17	732.36	735.97	1 026.74	920.55	962.36	1 011.92	1 087.78	830.91
2007-08	826.54	787.12	819.21	1 085.73	953.82	992.68	1 052.15	1 300.48	865.09
2008-09	866.77	827.75	811.60	1 133.88	1 049.15	937.91	943.73	1 329.31	895.92
2009-10	871.09	841.51	858.29	1 124.35	1 036.39	1 150.58	934.45	1 358.69	911.52
2010-11	921.91	855.62	856.72	1 240.53	991.49	1 123.41	980.58	1 406.12	943.30
2011-12	975.81	870.19	892.12	1 242.31	998.37	968.04	999.24	1 682.27	975.40
2012-13	1 001.71	878.61	880.20	1 307.75	945.34	979.68	918.80	1 477.25	986.74
2013-14	1 037.84	904.73	921.81	1 308.21	1 182.67	946.86	1 106.00	1 636.86	1 032.17
2014-15	1 044.17	902.31	958.98	1 313.42	1 143.79	1 118.41	1 061.45	1 939.61	1 044.53
2015-16	1 078.68	910.24	923.87	1 461.19	1 210.23	1 054.11	1 170.32	2 081.99	1 070.39
<b>Child and adolescent mental health services</b>									
2006-07	1 537.17	1 530.52	1 629.07	1 711.17	1 694.01	..	..	..	1 581.60
2007-08	1 546.29	1 542.98	1 719.18	1 287.49	2 265.82	..	..	..	1 577.50
2008-09	1 518.83	1 687.86	1 815.88	1 730.60	2 037.53	..	..	..	1 658.76
2009-10	1 774.92	1 647.44	1 745.14	1 721.41	2 200.01	..	..	..	1 744.81
2010-11	2 082.63	1 644.62	1 742.97	2 232.43	1 973.14	..	..	..	1 897.59
2011-12	1 892.41	1 547.24	1 761.54	2 409.92	1 975.96	..	..	..	1 828.78
2012-13	1 680.72	1 565.08	1 413.01	2 236.57	2 275.11	..	..	..	1 639.82
2013-14	1 869.27	1 461.28	1 548.96	2 365.07	2 271.68	..	..	..	1 759.84
2014-15	2 197.57	1 657.01	1 750.46	2 949.43	1 942.25	..	..	..	2 033.70
2015-16	2 594.97	1 497.50	1 637.22	3 068.98	2 348.86	..	..	..	2 115.67
<b>Older persons mental health services</b>									
2006-07	700.43	650.26	595.32	853.87	632.12	..	2 806.91	..	682.23
2007-08	690.00	695.47	637.77	857.84	682.77	..	1 062.59	..	704.65
2008-09	744.12	704.04	642.10	922.72	774.52	..	1 109.15	..	749.66

TABLE 13A.33

Table 13A.33 **Average recurrent real costs per inpatient bed day, public hospitals, by target population (2015-16 dollars) (a), (b), (c), (d), (e), (f)**

	<i>NSW (g)</i>	<i>Vic</i>	<i>Qld (h)</i>	<i>WA</i>	<i>SA (i)</i>	<i>Tas (j)</i>	<i>ACT (j), (k)</i>	<i>NT (j)</i>	<i>Aust</i>
2009-10	751.67	712.35	655.78	892.26	787.93	..	679.26	..	749.62
2010-11	821.70	742.72	669.52	913.20	734.83	..	679.13	..	776.48
2011-12	841.51	743.37	678.92	1 021.37	754.42	..	662.69	..	801.87
2012-13	921.93	765.68	645.22	1 074.33	794.76	..	792.52	..	841.77
2013-14	875.26	769.38	713.51	1 106.62	774.90	..	908.77	..	852.18
2014-15	902.87	778.53	691.49	1 119.86	755.50	..	720.22	..	857.39
2015-16	935.49	796.41	813.43	1 105.14	785.44	..	707.93	..	891.01
Forensic mental health services									
2006-07	568.71	920.88	975.94	1 154.25	1 143.66	1 151.12	..	768.11	855.13
2007-08	578.94	930.72	1 105.91	1 107.47	1 176.42	1 661.08	..	..	903.44
2008-09	854.30	826.51	1 083.94	1 320.28	1 106.78	1 694.04	..	..	975.26
2009-10	922.60	964.97	1 141.52	1 226.18	1 104.93	2 156.09	..	..	1 032.76
2010-11	1 019.73	917.69	1 247.01	1 121.51	1 080.95	2 526.20	..	..	1 067.46
2011-12	1 006.26	867.79	1 386.72	1 303.93	1 080.15	1 557.90	..	..	1 056.51
2012-13	1 067.59	854.59	1 378.42	1 271.55	944.15	2 572.71	..	..	1 087.45
2013-14	1 141.06	905.41	1 211.95	1 389.04	997.21	2 287.52	..	..	1 121.57
2014-15	1 018.23	984.98	1 124.43	1 234.18	1 078.05	2 400.70	..	..	1 073.84
2015-16	984.00	912.06	1 271.87	1 323.62	1 180.28	2 062.24	..	..	1 066.45

- (a) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).
- (b) Depreciation is excluded for all years.
- (c) See AIHW Mental Health Services in Australia online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of expenditure items.
- (d) Due to the ongoing validation of NMDS, data could differ from previous reports.
- (e) Includes government expenditure and funded patients days in services managed and operated by private and non-government entities.

**Table 13A.33 Average recurrent real costs per inpatient bed day, public hospitals, by target population (2015-16 dollars)**  
**(a), (b), (c), (d), (e), (f)**

	<i>NSW (g)</i>	<i>Vic</i>	<i>Qld (h)</i>	<i>WA</i>	<i>SA (i)</i>	<i>Tas (j)</i>	<i>ACT (j), (k)</i>	<i>NT (j)</i>	<i>Aust</i>
(f)	Expenditure for a small number of hospital beds reported by Victoria, Queensland, Western Australia and the Northern Territory as Youth specialised mental health hospital beds were included in the General category at the request of those jurisdictions.								
(g)	The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.								
(h)	Queensland Government has advised that it provides older persons mental health inpatient services using a number of different service models including campus and noncampus based options. All service types are reported as older persons mental health services, which may have the effect of lowering the average patient day costs compared to jurisdictions who report 'older persons care units' separately.								
(i)	For SA, increases in admitted patient expenditure in 2013-14 partly relate to genuine increases in mental health services. However, a significant proportion of the increases relate to improved identification and allocation of direct care and general overhead expenditure to mental health services, with the improved allocation methodology being applied in all subsequent years.								
(j)	Child and adolescent mental health services were not available, or could not be separately identified, in Tasmania, the ACT and the NT. Older persons mental health services programs were not available, or could not be separately identified, in Tasmania and the NT. Tasmanian figures include child and adolescent mental health services within the general mental health services category. Forensic mental health services were not provided separately in the ACT from 2006–07 and in the NT from 2007–08.								
(k)	ACT average costs for older persons mental health services are based on a new 20 bed unit opened in March 2007. During 2006-07, only 6–10 beds operated due to issues related to staffing resources. This has artificially inflated the average cost of older persons mental health services relative to other jurisdictions and other years.								
	.. Not applicable.								

Source: AIHW (unpublished) MHE NMDS.



TABLE 13A.34

Table 13A.34 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g)	Vic (h)	Qld (i), (j), (k)	WA (l)	SA (h), (m)	Tas (h)	ACT (h), (n)	NT (h)	Aust
General mental health services									
<i>Acute</i>									
2006-07	956.77	752.78	821.16	1 025.22	1 006.68	1 028.54	1 011.92	1 087.78	905.85
2007-08	935.48	820.16	942.30	1 076.79	1 006.98	985.85	1 052.15	1 300.48	943.46
2008-09	949.27	856.20	924.13	1 136.26	1 094.44	982.59	943.73	1 329.31	965.19
2009-10	961.98	869.76	935.19	1 138.47	1 078.01	1 232.29	934.45	1 358.69	978.98
2010-11	1 005.55	878.32	937.32	1 289.68	1 012.53	1 245.19	980.58	1 406.12	1 007.79
2011-12	1 051.96	874.00	950.58	1 268.76	962.75	1 033.60	999.24	1 682.27	1 020.84
2012-13	1 095.75	886.31	991.77	1 347.86	974.60	966.74	918.80	1 477.25	1 054.93
2013-14	1 137.21	913.23	1 036.49	1 352.00	1 197.49	1 030.17	1 106.00	1 636.86	1 106.83
2014-15	1 156.02	923.05	1 013.67	1 369.19	1 180.62	1 118.41	1 061.45	1 939.61	1 115.35
2015-16	1 210.95	931.17	983.63	1 509.04	1 250.82	1 054.11	1 170.32	2 081.99	1 153.42
<i>Non-acute</i>									
2006-07	554.72	594.28	599.61	1 032.29	656.04	810.91	..	..	..
2007-08	573.77	580.20	618.28	1 144.30	757.41	1 016.42	..	..	..
2008-09	663.74	642.47	632.12	1 119.68	853.15	815.27	..	..	692.85
2009-10	665.94	659.83	753.35	1 043.72	849.30	920.09	..	..	731.33
2010-11	732.55	704.48	748.68	1 096.16	899.60	818.77	..	..	779.95
2011-12	792.00	841.58	807.73	1 148.07	1 216.32	804.18	..	..	849.26
2012-13	770.63	824.91	729.17	1 153.40	760.50	1 019.80	..	..	797.81
2013-14	786.55	843.09	748.43	1 123.13	1 082.26	747.33	..	..	814.50
2014-15	777.21	783.15	857.97	1 071.18	894.91	..	..	..	831.13
2015-16	775.30	787.10	825.38	1 217.13	934.54	..	..	..	829.12

## Child and adolescent mental health services

*Acute*

TABLE 13A.34

Table 13A.34 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g)	Vic (h)	Qld (i), (j), (k)	WA (l)	SA (h), (m)	Tas (h)	ACT (h), (n)	NT (h)	Aust
2006-07	1 471.18	1 530.52	1 732.98	1 648.43	1 694.01	..	..	..	1 576.85
2007-08	1 595.71	1 542.98	1 728.06	1 168.88	2 265.82	..	..	..	1 577.62
2008-09	1 630.59	1 687.86	1 784.72	1 618.68	2 037.53	..	..	..	1 696.39
2009-10	1 876.42	1 647.44	1 609.47	1 489.72	2 200.01	..	..	..	1 721.95
2010-11	2 041.66	1 644.62	1 651.35	2 014.59	1 973.14	..	..	..	1 831.03
2011-12	1 957.51	1 547.24	1 602.33	2 285.08	1 975.96	..	..	..	1 798.24
2012-13	1 908.91	1 565.08	1 353.42	2 236.57	2 275.11	..	..	..	1 720.56
2013-14	2 144.82	1 461.28	1 462.18	2 147.94	2 271.68	..	..	..	1 809.58
2014-15	2 365.41	1 657.01	1 750.46	2 851.19	1 942.25	..	..	..	2 069.79
2015-16	2 688.14	1 497.50	1 637.22	3 068.98	2 348.86	..	..	..	2 096.57
<i>Non-acute</i>									
2006-07	1 699.45	..	1 321.78	1 983.18	..	..	..	..	1 601.32
2007-08	1 438.56	..	1 690.65	2 171.60	..	..	..	..	1 576.99
2008-09	1 285.32	..	1 938.64	2 268.92	..	..	..	..	1 513.38
2009-10	1 505.25	..	2 323.72	3 354.17	..	..	..	..	1 856.36
2010-11	2 262.19	..	2 172.64	5 034.97	..	..	..	..	2 374.49
2011-12	1 702.01	..	2 627.11	5 041.62	..	..	..	..	1 997.92
2012-13	1 032.99	..	1 714.15	..	..	..	..	..	1 214.46
2013-14	1 117.90	..	2 685.32	6 269.24	..	..	..	..	1 457.53
2014-15	1 582.33	..	..	4 942.91	..	..	..	..	1 708.01
2015-16	2 293.35	..	..	..	..	..	..	..	2 293.35
Older persons mental health services									
<i>Acute</i>									
2006-07	758.29	650.26	880.64	898.46	876.42	..	2 806.91	..	776.62
2007-08	775.07	695.47	968.38	885.38	887.80	..	1 062.59	..	801.13

TABLE 13A.34

Table 13A.34 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g)	Vic (h)	Qld (i), (j), (k)	WA (l)	SA (h), (m)	Tas (h)	ACT (h), (n)	NT (h)	Aust
2008-09	808.99	704.04	880.04	953.53	866.73	..	1 109.15	..	814.95
2009-10	803.68	712.35	915.10	993.26	959.25	..	679.26	..	829.53
2010-11	885.63	742.72	909.87	981.59	868.73	..	679.13	..	852.97
2011-12	868.74	743.37	936.52	1 110.06	897.15	..	662.69	..	878.12
2012-13	960.95	765.68	926.62	1 152.29	901.62	..	792.52	..	923.90
2013-14	969.16	769.38	892.17	1 192.20	1 001.03	..	908.77	..	945.74
2014-15	972.20	778.53	789.19	1 191.32	1 020.33	..	720.22	..	941.05
2015-16 (n)	935.34	796.41	933.69	1 167.06	940.57	..	707.93	..	932.92
<i>Non-acute</i>									
2006-07	617.90	..	494.43	704.47	502.65	..	..	..	546.47
2007-08	616.29	..	520.73	764.04	563.63	..	..	..	583.94
2008-09	680.88	..	547.91	817.76	708.86	..	..	..	656.91
2009-10	695.34	..	558.32	570.09	647.33	..	..	..	631.65
2010-11	754.62	..	579.31	503.67	600.84	..	..	..	653.59
2011-12	810.72	..	584.06	491.80	578.19	..	..	..	672.39
2012-13	876.26	..	550.45	556.19	668.33	..	..	..	701.03
2013-14	760.37	..	635.85	552.04	501.93	..	..	..	663.00
2014-15	812.28	..	645.53	584.50	452.83	..	..	..	680.36
2015-16 (n)	935.73	..	743.20	563.91	594.69	..	..	..	790.41
Forensic mental health services									
<i>Acute</i>									
2006-07	512.37	1 100.17	..	1 167.81	1 302.34	1 151.12	..	768.11	866.50
2007-08	488.71	991.48	..	1 107.57	1 241.12	1 661.08	..	..	848.58
2008-09	773.46	900.51	..	1 320.28	1 373.84	1 694.04	..	..	966.04
2009-10	930.31	1 025.68	..	1 226.18	1 454.20	2 156.09	..	..	1 089.86

TABLE 13A.34

Table 13A.34 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g)	Vic (h)	Qld (i), (j), (k)	WA (l)	SA (h), (m)	Tas (h)	ACT (h), (n)	NT (h)	Aust
2010-11	1 070.16	977.13	..	1 219.39	1 452.86	2 526.20	..	..	1 143.81
2011-12	917.43	845.98	..	1 417.77	1 494.45	1 557.90	..	..	1 012.27
2012-13	1 012.32	844.28	..	1 400.36	957.19	2 572.71	..	..	1 072.51
2013-14	1 132.68	834.62	..	1 356.28	1 438.88	2 287.52	..	..	1 120.74
2014-15	982.75	863.00	..	1 359.15	1 376.52	2 400.70	..	..	1 067.93
2015-16	966.82	872.57	..	1 323.62	1 327.69	2 062.24	..	..	1 045.51
<i>Non-acute</i>									
2006-07	609.37	763.52	975.94	1 140.20	1 100.65	..	..	..	849.60
2007-08	653.21	881.68	1 105.91	1 107.32	1 159.12	..	..	..	932.66
2008-09	934.10	712.37	1 083.94	1 320.29	1 037.87	..	..	..	981.56
2009-10	915.45	864.61	1 141.52	1 226.18	1 018.08	..	..	..	982.98
2010-11	971.37	819.01	1 247.01	729.61	985.40	..	..	..	995.61
2011-12	1 082.48	901.72	1 386.72	848.16	975.52	..	..	..	1 095.60
2012-13	1 111.45	870.42	1 378.42	787.06	940.71	..	..	..	1 099.65
2013-14	1 147.73	1 028.38	1 211.95	1 656.92	882.10	..	..	..	1 122.26
2014-15	1 045.02	1 191.00	1 124.43	764.05	999.32	..	..	..	1 078.41
2015-16	997.82	979.47	1 271.87	1 323.62	1 149.45	..	..	..	1 083.40

- (a) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).
- (b) Depreciation is excluded for all years.
- (c) See AIHW Mental Health Services in Australia online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of expenditure items.
- (d) Hospital inpatient expenditure can include expenditure on government funded public hospital services managed and operated by private and non government entities.
- (e) Mainstreaming has occurred at different rates across jurisdictions. Differences in costs can reflect differences in the rate of this institutional change (that is, the mainstreaming of mental health services).

**Table 13A.34 Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g)	Vic (h)	Qld (i), (j), (k)	WA (l)	SA (h), (m)	Tas (h)	ACT (h), (n)	NT (h)	Aust
(f)	Caution is required when interpreting NSW data. Seven residential mental health services in 2006-07 were reclassified as non-acute older person specialised hospital services in 2007-08, reflecting a change in function of those units.								
(g)	The quality of the NSW 2010-11 MHE NMDS data used for this Report has been affected by the reconfiguration of the service system during the year.								
(h)	Child and adolescent mental health services were not available, or could not be separately identified, in Tasmania, the ACT and the NT. Tasmanian figures include child and adolescent mental health services within the general mental health services category. Victoria and SA did not have non-acute child and adolescent mental health services units. Older People's Mental Health Services programs were not available, or could not be separately identified, in Tasmania and the NT. Older People's Mental Health Services in non-acute units were not available in Victoria and the ACT. Forensic mental health services were not provided separately in the ACT from 2006-07 and in the NT from 2007-08. Separations for a small number of hospital beds reported by Victoria, Queensland, Western Australia and the Northern Territory as Youth specialised mental health hospital beds were included in the General category at the request of those jurisdictions.								
(i)	Queensland Government has advised that it provides older persons mental health inpatient services using a number of different service models including campus and non-campus based options. All service types are reported as older persons mental health services, which may have the effect of lowering the average patient day costs compared to jurisdictions who report 'older persons care units' separately.								
(j)	Caution is required when interpreting Queensland data. Several Forensic services reported in 2008-09 were reclassified as General services in 2009-10 to more accurately reflect the function of these services. Queensland does not report any acute forensic services; however, forensic patients can and do access acute care through general units, which may also impact on the comparability of both cost and length of stay data.								
(k)	Data for a small number of hospital beds reported by Queensland as youth specialised mental health hospital beds are included in the General category at the request of Queensland Government.								
(l)	Caution is required when interpreting WA data. A review of services resulted in the reclassification of beds between the acute and non-acute categories for the 2010-11 collection, to more accurately reflect the function of these services. In addition, during 2010-11, the child and adolescent non-acute inpatient service initiated the closure of beds in order to carry out a complete refurbishment. The service ceased operating in late 2011, but reopened in 2013-14. A small number of Youth services in WA that commenced operation in 2014/15 have been included in General services.								
(m)	For SA, increases in admitted patient expenditure in 2013-14 partly relate to genuine increases in mental health services. However, a significant proportion of the increases relate to improved identification and allocation of direct care and general overhead expenditure to mental health services, with the improved allocation methodology being applied in all subsequent years.								
(n)	ACT average costs for older persons mental health services are based on a new 20 bed unit opened in March 2007. During 2006-07, only 6-10 beds operated due to issues related to staffing resources. This has artificially inflated the average cost of older persons mental health services relative to other jurisdictions and other years.								
	.. Not applicable.								

Source: AIHW (unpublished) MHE NMDS.

TABLE 13A.35

Table 13A.35 **Average length of stay, public hospitals acute units, by target population (number of days) (a), (b)**

	NSW (c)	Vic (d)	Qld (d)	WA (d)	SA	Tas (e)	ACT (e)	NT (d), (e)	Aust
<i>2011-12</i>									
General mental health services	14.6	14.4	11.6	13.8	12.2	12.6	14.5	10.7	13.5
Child and adolescent mental health services	22.1	7.3	11.5	7.2	3.1	..	..	..	10.5
Older persons mental health services	41.2	30.5	11.3	49.8	41.2	..	36.8	..	31.9
<b>Total</b>	<b>16.0</b>	<b>15.4</b>	<b>11.6</b>	<b>16.0</b>	<b>13.8</b>	<b>12.6</b>	<b>16.9</b>	<b>10.7</b>	<b>14.6</b>
<i>2012-13</i>									
General mental health services	13.9	13.8	10.2	15.2	15.0	12.9	15.9	11.8	13.2
Child and adolescent mental health services	21.7	7.5	11.1	6.4	3.6	..	..	..	10.7
Older persons mental health services	42.2	29.7	21.9	50.3	39.1	..	40.3	..	35.7
<b>Total</b>	<b>15.3</b>	<b>14.9</b>	<b>10.7</b>	<b>17.3</b>	<b>16.4</b>	<b>12.9</b>	<b>18.2</b>	<b>11.8</b>	<b>14.4</b>
<i>2013-14</i>									
General mental health services	14.0	13.4	10.0	14.3	13.6	11.3	15.3	10.6	12.9
Child and adolescent mental health services	19.8	7.9	10.3	10.2	4.7	..	..	..	11.1
Older persons mental health services	43.0	31.1	20.2	41.6	38.8	..	30.2	..	35.3
<b>Total</b>	<b>15.4</b>	<b>14.7</b>	<b>10.3</b>	<b>16.5</b>	<b>15.3</b>	<b>11.3</b>	<b>17.0</b>	<b>10.6</b>	<b>14.1</b>
<i>2014-15</i>									
General mental health services	14.2	13.0	11.2	13.5	11.9	10.4	16.8	10.7	13.0
Child and adolescent mental health services	19.5	7.5	11.0	7.8	4.5	..	..	..	10.7
Older persons mental health services	40.0	31.0	19.4	45.3	39.1	..	40.5	..	35.2
<b>Total</b>	<b>15.5</b>	<b>14.3</b>	<b>11.5</b>	<b>15.7</b>	<b>13.4</b>	<b>10.4</b>	<b>19.0</b>	<b>10.7</b>	<b>14.2</b>
<i>2015-16</i>									
General mental health services	13.7	12.5	10.6	12.1	9.3	10.8	12.6	11.3	12.1
Child and adolescent mental health services	16.8	7.9	10.0	8.2	3.4	..	..	..	9.9
Older persons mental health services	42.6	29.1	20.9	40.5	29.8	..	36.4	..	33.5

**Table 13A.35 Average length of stay, public hospitals acute units, by target population (number of days) (a), (b)**

	NSW (c)	Vic (d)	Qld (d)	WA (d)	SA	Tas (e)	ACT (e)	NT (d), (e)	Aust
<b>Total</b>	<b>15.1</b>	<b>13.8</b>	<b>10.8</b>	<b>14.1</b>	<b>10.5</b>	<b>10.8</b>	<b>14.5</b>	<b>11.3</b>	<b>13.2</b>

- (a) The quality of the separations data used to derive the results in this table is variable across jurisdictions. Until recently, these separations data were not subject to in depth scrutiny. It is expected that the quality of these data will improve over time.
- (b) There is a mismatch between the inpatient bed days and the separations used to derive this indicator for the relevant reference periods.
- Patients days for clients who separated in the reference period (for example, 2012-13) that were during the previous period (2011-12) are excluded.
  - Patient days for clients who remain in hospital (that is, are not included in the separations data) are included.
- The 'average length of stay' data reported here may not match data reported elsewhere (such as the Australian Institute of Health and Welfare's [AIHW's] Mental Health Services in Australia publication) due to differences in scope, for example these data include separations and days within the reference period only.
- (c) The quality of the NSW 2010-11 MHE NMDS data has been affected by the reconfiguration of the service system during the year.
- (d) Separations for a small number of hospital beds reported by Victoria, Queensland, Western Australia and the Northern Territory as Youth specialised mental health hospital beds were included in the General category at the request of those jurisdictions.
- (e) Child and adolescent mental health services were not available, or could not be separately identified, in Tasmania, the ACT and the NT. Tasmanian figures include child and adolescent mental health services within the general mental health services category. Older persons mental health services programs were not available, or could not be separately identified, in Tasmania and the NT. Separations for a small number of hospital beds reported by Victoria, Queensland, Western Australia and the Northern Territory as Youth specialised mental health hospital beds were included in the General category at the request of those jurisdictions.

.. Not applicable.

Source: AIHW (unpublished) MHE NMDS.

TABLE 13A.36

Table 13A.36 **Average recurrent cost per patient day for community residential services (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g), (h)	Vic (h)	Qld (i)	WA (j), (k), (h)	SA (k), (l)	Tas (m), (n)	ACT (h), (n)	NT (k), (l), (o)	Aust
General adult units									
2006-07									
24-hour staffed units	317.34	499.17	..	529.47	284.48	502.07	638.02	..	468.04
non-24-hour staffed units	100.82	164.46	..	169.85	341.39	251.99	127.71	315.19	157.08
2007-08									
24-hour staffed units	293.85	484.12	..	568.19	444.31	575.95	645.50	321.70	471.06
non-24-hour staffed units	193.57	161.15	..	210.47	545.41	254.87	119.48	na	181.88
2008-09									
24-hour staffed units	331.83	518.70	..	483.07	447.99	612.75	787.37	291.42	501.28
non-24-hour staffed units	250.52	160.67	..	192.04	330.71	287.25	114.17	..	186.97
2009-10									
24-hour staffed units	285.06	551.62	..	374.67	434.57	471.71	748.31	378.30	490.59
non-24-hour staffed units	215.60	166.45	..	175.35	293.95	260.52	129.04	..	183.37
2010-11									
24-hour staffed units	327.80	589.47	..	597.87	515.45	532.92	717.72	398.44	551.92
non-24-hour staffed units	201.63	172.27	..	157.07	299.83	249.88	121.54	..	177.83
2011-12									
24-hour staffed units	297.75	533.64	..	415.95	539.03	543.81	713.45	339.40	500.15
non-24-hour staffed units	192.35	172.95	..	166.69	368.69	220.20	145.96	..	179.76
2012-13									
24-hour staffed units	271.13	543.28	..	444.16	494.06	692.70	711.07	415.29	508.16
non-24-hour staffed units	140.86	166.62	..	186.14	246.64	267.99	126.73	..	180.55
2013-14									
24-hour staffed units	260.00	611.10	..	573.07	536.83	544.74	694.85	460.72	558.57
non-24-hour staffed units	136.19	168.71	..	190.95	251.21	240.93	99.77	..	178.07
2014-15									
24-hour staffed units	252.53	508.31	..	534.03	499.51	640.00	718.14	627.52	510.34



TABLE 13A.36

Table 13A.36 **Average recurrent cost per patient day for community residential services (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g), (h)	Vic (h)	Qld (i)	WA (j), (k), (h)	SA (k), (l)	Tas (m), (n)	ACT (h), (n)	NT (k), (l), (o)	Aust
non-24-hour staffed units	199.08	182.04	..	185.16	613.24	238.55	93.18	..	200.95
2015-16									
24-hour staffed units	284.28	510.48	..	511.93	509.89	606.26	772.85	712.11	514.37
non-24-hour staffed units	272.81	193.47	..	196.54	540.02	234.63	100.93	..	209.48
Older persons care units									
2006-07									
24-hour staffed units	417.86	346.49	..	..	..	562.37	196.33	..	365.44
non-24-hour staffed units	343.79	..	..	..	..	..	..	..	343.79
2007-08									
24-hour staffed units	231.50	344.30	..	na	na	883.67	201.62	na	359.46
non-24-hour staffed units	184.77	na	..	na	na	na	na	na	184.77
2008-09									
24-hour staffed units	206.21	375.17	..	..	..	586.05	268.68	..	381.96
non-24-hour staffed units	245.10	..	..	..	..	..	..	..	245.10
2009-10									
24-hour staffed units	239.23	368.25	..	..	..	838.89	216.56	..	383.87
non-24-hour staffed units	237.27	..	..	..	..	..	..	..	237.27
2010-11									
24-hour staffed units	254.12	381.65	..	..	..	779.04	231.68	..	394.39
non-24-hour staffed units	311.99	..	..	..	..	..	..	..	311.99
2011-12									
24-hour staffed units	257.09	379.00	..	..	..	757.41	272.89	..	392.12
non-24-hour staffed units	na	..	..	..	..	..	..	..	na
2012-13									
24-hour staffed units	253.27	391.25	..	..	..	895.09	271.48	..	408.00
non-24-hour staffed units	..	..	..	..	..	..	..	..	na
2013-14									

TABLE 13A.36

Table 13A.36 **Average recurrent cost per patient day for community residential services (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g), (h)	Vic (h)	Qld (i)	WA (j), (k), (h)	SA (k), (l)	Tas (m), (n)	ACT (h), (n)	NT (k), (l), (o)	Aust
24-hour staffed units	282.78	403.13	..	..	..	867.73	204.12	..	419.78
non-24-hour staffed units	na	..	..	..	..	..	..	..	na
2014-15									
24-hour staffed units	294.04	429.53	na	na	na	741.27	241.55	na	442.44
non-24-hour staffed units	na	..	..	..	..	..	..	..	na
2015-16									
24-hour staffed units	293.21	415.81	..	..	..	818.46	296.43	..	432.28
non-24-hour staffed units	..	..	..	..	..	..	..	..	..

(a) Depreciation is excluded for all years.

(b) Unit costs are not casemix adjusted.

(c) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).

(d) See AIHW Mental Health Services in Australia online publication (<http://mhsa.aihw.gov.au/resources/expenditure/data-source/>) for a full description of the derivation of expenditure items.

(e) Due to the ongoing validation of the NMDS, data could differ from previous reports.

(f) Caution is required when interpreting NSW data. Seven residential mental health services in 2006–07 were reclassified as non-acute older person specialised hospital services in 2007–08, reflecting a change in function of those units.

(g) The quality of the NSW 2010-11 *MHE NMDS* data used for this Report has been affected by the reconfiguration of the service system during the year.

(h) A small number of residential beds reported by NSW and the ACT as child and adolescent residential mental health service beds were included in the general category at the request of these jurisdictions. Expenditure for a small number of residential beds reported by Victoria, WA and the ACT as youth specialised mental health residential beds were included in the general category at the request of these jurisdictions. Separations for a small number of hospital beds reported by Victoria, Queensland, Western Australia and the Northern Territory as Youth specialised mental health hospital beds were included in the General category at the request of those jurisdictions.

(i) Queensland does not currently classify any services as community residential, however funds a number of extended treatment services that are classified and reported as non-acute inpatient care.

(j) Caution is required when interpreting WA data. Several residential services reported as 24-hour staffed services in 2009-10 transitioned to a non-24-hour staffed model of care as of 1 July 2010.

(k) WA, SA and the NT do not have any community residential services that are aged care units.

Table 13A.36 **Average recurrent cost per patient day for community residential services (2015-16 dollars) (a), (b), (c), (d), (e)**

	NSW (f), (g), (h)	Vic (h)	Qld (i)	WA (j), (k), (h)	SA (k), (l)	Tas (m), (n)	ACT (h), (n)	NT (k), (l), (o)	Aust
(l)	A small number of residential services reported by SA in 2013-14, and the NT in 2012-13 and 2013-14, as Forensic are included in the General category at the request of those jurisdictions.								
(m)	Tasmanian services include both acute and rehabilitation units which have higher unit costs than extended care units.								
(n)	Tasmania and the ACT do not have any community-based residential services that are non-24 hour staffed older people's units. From 2011-12, NSW did not have non-24 hour staffed older people's units.								
(o)	General adult 24-hour residential services were not provided in the NT until 2007-08. From 2007-08, general non-24-hour staffed units are not provided.								
	.. Not applicable. <b>na</b> Not available.								
	Source: AIHW (unpublished) MHE NMDS.								

**Table 13A.37 Average cost, and treatment days per episode, of ambulatory care (a), (b), (c)**

	NSW (d)	Vic (e)	Qld	WA	SA	Tas (f)	ACT	NT	Aust
<i>Average treatment days per episode of ambulatory care</i>									
2006-07	6.8	7.7	5.2	4.5	5.0	4.1	8.0	4.0	6.1
2007-08	8.0	7.7	5.4	4.6	5.2	5.9	8.0	3.9	6.5
2008-09	7.2	7.6	4.5	4.8	5.3	6.0	8.0	3.9	6.1
2009-10	7.6	7.6	4.9	4.9	5.3	5.2	8.2	3.5	6.3
2010-11	7.5	7.7	5.2	5.0	5.5	5.5	8.2	3.6	6.4
2011-12	8.0	na	5.8	5.0	5.4	4.5	8.6	3.6	6.4
2012-13	7.8	na	6.4	4.8	5.4	3.9	8.4	4.0	6.5
2013-14	8.2	7.1	6.5	4.9	5.4	6.0	8.4	4.4	6.8
2014-15	8.6	7.0	6.8	4.9	5.2	5.5	8.6	4.4	6.9
2015-16	8.9	6.6	7.0	4.9	5.4	5.4	8.4	4.4	7.0
<i>Average cost per treatment day of ambulatory care (2015-16 \$) (g)</i>									
2006-07	285.71	293.09	356.01	493.19	392.75	622.82	324.56	570.13	338.97
2007-08	276.25	314.60	382.56	526.47	351.16	481.67	303.72	640.68	343.18
2008-09	289.01	327.77	476.34	511.89	339.29	447.63	315.56	589.85	363.49
2009-10	275.03	330.77	546.67	479.69	346.85	434.07	276.85	646.59	364.60
2010-11	284.60	355.73	502.67	468.48	366.31	371.49	275.89	653.11	368.90
2011-12	270.70	na	468.54	486.75	360.48	518.55	273.01	598.21	362.10
2012-13	242.27	na	389.25	472.73	360.08	719.11	248.05	471.32	328.03
2013-14	227.26	382.04	358.74	447.87	362.75	334.78	225.97	449.65	317.87
2014-15	226.31	360.19	345.25	474.57	371.89	330.90	236.53	462.50	315.48
2015-16	216.34	384.61	333.02	460.72	333.73	303.53	223.81	466.43	305.45

- (a) Non-uniquely identifiable consumers' have been excluded from the episodes of ambulatory care and treatment days data.
- (b) Recurrent expenditure data used to derive this measure have been adjusted (that is, reduced) to account for proportion of clients in the *CMHC NMDS* that were defined as 'non-uniquely identifiable consumers'. Therefore, it does not match recurrent expenditure on ambulatory care reported elsewhere.
- (c) Due to the ongoing validation of *NMDS*, data could differ from previous reports.
- (d) The quality of the NSW 2010-11 *MHE NMDS* data used for this Report has been affected by the reconfiguration of the service system during the year. For further details see the *Mental health establishments NMDS 2013–14: National Mental Health Establishments Database, 2015; Quality Statement*.
- (e) Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. The total only includes those jurisdictions that have provided data. Victorian data was affected by industrial activity during the 2015–16 financial year, there was no reduction in actual services. The collection of non-clinical and administrative data was affected, with impacts on community mental health service activity and client outcome measures.
- (f) Industrial action in Tasmania has limited the available data quality and quantity of the 2011-12 and 2012-13 data.
- (g) Time series financial data are adjusted to 2015-16 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.60).

na Not available.

Source: AIHW (unpublished) Community mental health care (CMHC) NMDS and MHE NMDS.

TABLE 13A.38

Table 13A.38 Prevalence of lifetime mental disorders among adults aged 16–85 years, 2007 (per cent) (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (c)	Aust
Any 12-month mental disorder (d)									
Anxiety disorders	14.4 ± 1.7	15.4 ± 2.0	13.1 ± 2.5	15.1 ± 3.7	14.4 ± 3.3	np	np	np	14.4 ± 0.9
Affective disorders	6.4 ± 1.2	6.6 ± 1.7	6.1 ± 1.6	6.2 ± 1.8	6.3 ± 2.3	np	np	np	6.2 ± 0.7
Substance use disorders	4.2 ± 1.1	5.5 ± 1.3	5.8 ± 1.8	6.0 ± 2.2	5.5 ± 2.0	np	np	np	5.1 ± 0.7
Any 12-month mental disorder (d), (e)	20.1 ± 2.2	20.7 ± 2.3	19.2 ± 2.6	21.4 ± 4.1	19.1 ± 3.4	14.1 ± 5.4	np	np	20.0 ± 1.1
Lifetime mental disorder, with no 12-month symptoms (f)	23.2 ± 1.9	26.3 ± 2.9	28.1 ± 3.4	23.6 ± 4.1	26.3 ± 4.1	30.7 ± 6.9	np	33.3 ± 12.9	25.5 ± 1.4
Without lifetime mental disorders (g)	56.7 ± 2.2	53.0 ± 3.6	52.6 ± 3.8	55.1 ± 5.2	54.6 ± 4.5	55.2 ± 8.2	53.1 ± 11.9	49.0 ± 18.8	54.5 ± 1.4

(a) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent).

(b) Estimates with RSEs greater than 25 per cent are considered unreliable. These estimates are not published.

(c) Data for NT should be interpreted with caution as the 2007 Survey of Mental Health and Wellbeing excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 23 per cent of the estimated resident population of the NT. For more information see *Regional Population Growth, Australia, 2006-07* (cat. no. 3218.0).

(d) People who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview.

(e) A person can have had more than one 12-month mental disorder. Therefore, the components may not add to the total.

(f) People who had experienced a mental disorder at some point in their life, but who did not have symptoms in the previous 12 months.

(g) People who did not meet criteria for diagnosis of a lifetime mental disorder.

**np** Not published.

Source: ABS (unpublished) *2007 Survey of Mental Health and Wellbeing*, Cat. no. 4326.0.

TABLE 13A.39

Table 13A.39 **Prevalence of lifetime mental disorders among adults aged 16–85 years, by sex, 2007 (per cent) (a)**

	<i>Males</i>	<i>Females</i>	<i>People</i>
Any 12-month mental disorder (b), (c)			
Anxiety disorders			
Panic disorders	2.3 ± 0.7	2.8 ± 0.6	2.6 ± 0.5
Agoraphobia	2.1 ± 0.7	3.5 ± 0.7	2.8 ± 0.5
Social phobia	3.8 ± 1.0	5.7 ± 0.8	4.7 ± 0.6
Generalised anxiety disorder	2.0 ± 0.7	3.5 ± 0.8	2.7 ± 0.6
Obsessive compulsive disorder	1.6 ± 0.6	2.2 ± 0.5	1.9 ± 0.4
Post traumatic stress disorder	4.6 ± 1.0	8.3 ± 1.0	6.4 ± 0.6
<i>Any anxiety disorder (c)</i>	10.8 ± 1.4	17.9 ± 1.3	14.4 ± 0.9
Affective disorders			
Depression (d)	3.1 ± 0.8	5.1 ± 0.8	4.1 ± 0.6
Dysthymia	1.0 ± 0.4	1.5 ± 0.5	1.3 ± 0.3
Bipolar	1.8 ± 0.6	1.7 ± 0.4	1.8 ± 0.4
<i>Any affective disorder (c)</i>	5.3 ± 1.0	7.1 ± 1.0	6.2 ± 0.7
Substance use disorders			
Alcohol harmful use	3.8 ± 0.8	2.1 ± 0.6	2.9 ± 0.5
Alcohol dependence	2.2 ± 0.7	0.7 ± 0.2	1.4 ± 0.3
Drug use (e)	2.1 ± 0.6	0.8 ± 0.3	1.4 ± 0.3
<i>Any substance use disorder (c), (e)</i>	7.0 ± 1.2	3.3 ± 0.7	5.1 ± 0.7
<b>Any 12-month mental disorder (c)</b>	<b>17.6 ± 1.9</b>	<b>22.3 ± 1.3</b>	<b>20.0 ± 1.1</b>
<b>Lifetime mental disorder, with no 12-month symptoms (f)</b>	<b>30.5 ± 2.2</b>	<b>20.7 ± 1.4</b>	<b>25.5 ± 1.4</b>
<b>No lifetime mental disorder (g)</b>	<b>51.9 ± 2.0</b>	<b>57.0 ± 1.7</b>	<b>54.5 ± 1.4</b>

(a) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent).

(b) People who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview.

(c) A person can have had more than one 12-month mental disorder. Therefore, the components may not add to the total.

(d) Includes severe depressive episode, moderate depressive episode and mild depressive episode.

(e) Includes harmful use and dependence.

(f) People who had experienced a mental disorder at some point in their life, but who did not have symptoms in the previous 12 months.

(g) People who did not meet criteria for diagnosis of a lifetime mental disorder.

Source: ABS (unpublished) *2007 Survey of Mental Health and Wellbeing*, Cat. no. 4326.0.

TABLE 13A.40

Table 13A.40 **Prevalence of lifetime mental disorders among adults, by age, 2007 (per cent) (a), (b)**

	16–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–85 years
Any 12-month mental disorder (c), (d)							
Anxiety disorders	15.4 ± 2.0	16.3 ± 2.8	18.1 ± 3.0	17.6 ± 3.0	11.3 ± 1.9	6.3 ± 1.5	4.0 ± 1.8
Affective disorders	6.3 ± 1.5	7.9 ± 2.1	8.3 ± 2.1	7.1 ± 2.2	4.2 ± 1.3	2.8 ± 1.2	np
Substance use disorders	12.7 ± 2.0	7.3 ± 2.2	4.6 ± 1.6	3.8 ± 1.6	np	np	np
Any 12-month mental disorder (c), (d)	26.4 ± 2.7	24.8 ± 3.2	23.3 ± 3.3	21.5 ± 3.5	13.6 ± 2.1	8.6 ± 1.6	5.9 ± 2.1
Lifetime mental disorder, with no 12-month symptoms (e)	13.2 ± 2.0	29.0 ± 4.4	30.7 ± 3.3	30.4 ± 4.2	27.6 ± 3.6	23.1 ± 2.6	16.2 ± 4.1
No lifetime mental disorder (f)	60.5 ± 3.0	46.2 ± 3.9	46.0 ± 3.3	48.2 ± 4.6	58.8 ± 4.1	68.3 ± 3.0	77.8 ± 4.6

(a) Estimates with RSEs greater than 25 per cent are considered unreliable. These estimates are not published.

(b) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent).

(c) People who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview.

(d) A person can have had more than one 12-month mental disorder. Therefore, the components may not add to the total.

(e) People who had experienced a mental disorder at some point in their life, but who did not have symptoms in the previous 12 months.

(f) People who did not meet criteria for diagnosis of a lifetime mental disorder.

**np** Not published.

Source: ABS (unpublished) *2007 Survey of Mental Health and Wellbeing*, Cat. no. 4326.0.

TABLE 13A.41

Table 13A.41 **Age-standardised rate of adults with very high levels of psychological distress, by State and Territory (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
<i>2014-15</i>										
<i>Age-standardised proportion</i>										
Males	%	2.9	3.8	3.2	2.7	3.8	3.3*	1.5*	np	3.1
Females	%	4.5	4.2	4.1	3.4	5.5	4.7	6.4	np	4.3
<b>Total</b>	<b>%</b>	<b>3.8</b>	<b>4.1</b>	<b>3.8</b>	<b>2.9</b>	<b>4.9</b>	<b>4.3</b>	<b>3.7</b>	<b>2.0*</b>	<b>3.7</b>
<i>Relative standard errors</i>										
Males	%	22.1	18.3	19.3	20.9	21.5	26.2	42.6	np	8.9
Females	%	13.8	15.5	13.1	18.2	16.8	16.8	16.5	np	7.1
<b>Total</b>	<b>%</b>	<b>11.5</b>	<b>12.3</b>	<b>10.7</b>	<b>14.2</b>	<b>13.4</b>	<b>14.6</b>	<b>15.6</b>	<b>34.1</b>	<b>5.5</b>
<i>95 per cent confidence intervals</i>										
Males	±	1.3	1.4	1.2	1.1	1.6	1.7	1.3	np	0.5
Females	±	1.2	1.3	1.1	1.2	1.8	1.6	2.1	np	0.6
<b>Total</b>	<b>±</b>	<b>0.8</b>	<b>1.0</b>	<b>0.8</b>	<b>0.8</b>	<b>1.3</b>	<b>1.2</b>	<b>1.1</b>	<b>1.4</b>	<b>0.4</b>
<i>2011-12</i>										
<i>Age standardised proportion</i>										
Males	%	2.5	3.3	2.9	2.1	2.8	2.3*	2.5	2.4*	2.7
Females	%	3.8	4.0	4.8	3.8	3.7	4.0	3.1	4.0	4.1
<b>Total</b>	<b>%</b>	<b>3.2</b>	<b>3.7</b>	<b>3.9</b>	<b>3.0</b>	<b>3.3</b>	<b>3.2</b>	<b>2.8</b>	<b>3.2</b>	<b>3.4</b>
<i>Relative standard errors</i>										
Males	%	20.2	15.5	18.6	23.9	20.3	32.2	22.1	34.5	9.5
Females	%	13.4	15.7	13.2	14.1	16.8	20.7	20.7	23.0	7.1
<b>Total</b>	<b>%</b>	<b>12.0</b>	<b>11.7</b>	<b>12.1</b>	<b>13.0</b>	<b>12.7</b>	<b>17.7</b>	<b>15.4</b>	<b>20.1</b>	<b>5.9</b>
<i>95 per cent confidence intervals</i>										
Males	±	1.0	1.0	1.1	1.0	1.1	1.5	1.1	1.6	0.5
Females	±	1.0	1.2	1.2	1.0	1.2	1.6	1.3	1.8	0.6
<b>Total</b>	<b>±</b>	<b>0.7</b>	<b>0.8</b>	<b>0.9</b>	<b>0.8</b>	<b>0.8</b>	<b>1.1</b>	<b>0.9</b>	<b>1.3</b>	<b>0.4</b>



TABLE 13A.41

Table 13A.41 **Age-standardised rate of adults with very high levels of psychological distress, by State and Territory (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
<i>2007-08</i>										
<i>Age standardised proportion</i>										
Males	%	3.2	3.0	2.0	2.3	3.5	2.5*	np	np	2.8
Females	%	4.8	4.0	4.1	3.3	3.5	4.0*	np	np	4.1
<b>Total</b>	<b>%</b>	<b>4.0</b>	<b>3.5</b>	<b>3.1</b>	<b>2.8</b>	<b>3.5</b>	<b>3.3</b>	<b>3.4</b>	<b>np</b>	<b>3.5</b>
<i>Relative standard errors</i>										
Males	%	18.0	23.0	20.3	22.1	19.8	31.4	np	np	9.2
Females	%	16.1	16.0	15.5	17.8	18.6	26.0	np	np	9.3
<b>Total</b>	<b>%</b>	<b>11.9</b>	<b>13.3</b>	<b>13.5</b>	<b>13.6</b>	<b>13.8</b>	<b>20.0</b>	<b>17.6</b>	<b>np</b>	<b>6.7</b>
<i>95 per cent confidence intervals</i>										
Males	±	1.1	1.3	0.8	1.0	1.4	1.5	np	np	0.5
Females	±	1.5	1.2	1.2	1.2	1.3	2.0	np	np	0.8
<b>Total</b>	<b>±</b>	<b>0.9</b>	<b>0.9</b>	<b>0.8</b>	<b>0.8</b>	<b>1.0</b>	<b>1.3</b>	<b>1.2</b>	<b>np</b>	<b>0.5</b>

(a) Levels of psychological distress are derived from the Kessler Psychological Distress Scale (K10). Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age-standardised by State and Territory, to the June 2001 Estimated Resident Population.

(d) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent). A '\*' indicates a Relative Standard Error (RSE) of between 25 per cent and 50 per cent. Proportions with RSEs greater than 25 per cent should be used with caution.

(e) Data for NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.

**np** Not published.

*Source:* ABS (unpublished) National Health Survey, 2014-15; Australian Health Survey, 2011-13 (2011-12 NHS component); National Health Survey, 2007-08, Cat. no. 4364.0.

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
2014-15										
<i>Age-standardised proportion</i>										
<i>Remoteness of residence</i>										
Major cities	%	11.4	11.8	12.0	10.7	13.3	..	10.9	..	11.6
Inner regional	%	10.6	16.3	12.8	np	15.8*	13.2	..	..	14.4
Outer regional/remote	%	8.3*	11.9*	8.9*	10.0*	15.5	8.1	..	10.1	12.7*
Very remote	%	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	%	17.4	19.3	17.0	15.6*	23.6	17.0	np	np	17.9
Quintile 2	%	12.3	13.8	11.4	11.1	12.6	15.1	np	9.7*	12.1
Quintile 3	%	12.3	12.4	15.3	10.1	10.3	11.8	11.8*	8.7*	12.1
Quintile 4	%	6.6	10.8	9.0	9.3	9.8	15.5	9.9	7.3*	9.4
Quintile 5	%	5.2	9.3	6.9*	8.7	10.0	np	10.6	5.2*	7.4
<i>Disability status</i>										
With disability or restrictive long-term health condition	%	28.4	36.4	34.2	30.2	39.1	30.5	32.0	17.8*	32.5
No disability or restrictive long-term health condition	%	6.6	7.2	7.5	6.9	7.7	8.0	6.9	5.7	7.0
<b>Total</b>	<b>%</b>	<b>11.0</b>	<b>12.5</b>	<b>12.0</b>	<b>9.9</b>	<b>13.7</b>	<b>14.0</b>	<b>10.9</b>	<b>7.8</b>	<b>11.7</b>
<i>Relative standard errors</i>										
<i>Remoteness of residence</i>										
Major cities	%	8.0	6.4	7.5	9.6	7.1	..	9.6	..	3.2
Inner regional	%	18.3	15.2	12.9	np	35.0	3.6	..	..	17.2
Outer regional/remote	%	27.9	31.4	25.1	34.2	18.9	15.3	..	3.3	33.8
Very remote	%	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Quintile 1	%	11.7	12.7	10.2	26.8	11.8	10.7	np	np	5.1
Quintile 2	%	11.5	13.2	14.1	17.6	11.0	11.5	np	32.7	6.1
Quintile 3	%	17.2	9.5	11.2	13.3	17.1	23.4	28.8	26.8	6.1
Quintile 4	%	21.3	13.9	14.9	15.3	21.9	19.6	21.5	29.2	4.4
Quintile 5	%	19.7	16.3	26.8	23.3	22.2	np	15.5	29.1	8.1
<i>Disability status</i>										
With disability or restrictive long-term health condition	%	9.9	6.7	8.7	12.3	8.3	10.8	11.0	28.8	3.9
No disability or restrictive long-term health condition	%	10.0	10.5	9.3	12.2	9.9	11.4	14.3	16.6	4.5
<b>Total</b>	<b>%</b>	<b>7.0</b>	<b>6.1</b>	<b>5.6</b>	<b>9.0</b>	<b>6.9</b>	<b>7.3</b>	<b>9.6</b>	<b>12.8</b>	<b>2.7</b>
<i>95 per cent confidence intervals</i>										
<i>Remoteness of residence</i>										
Major cities	±	1.8	1.5	1.8	2.0	1.9	..	2.1	..	0.7
Inner regional	±	3.8	4.9	3.2	np	10.9	0.9	..	..	4.9
Outer regional/remote	±	4.5	7.3	4.4	6.7	5.7	2.4	..	0.7	8.4
Very remote	±	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	±	4.0	4.8	3.4	8.2	5.4	3.6	np	np	1.8
Quintile 2	±	2.8	3.6	3.2	3.8	2.7	3.4	np	6.2	1.4
Quintile 3	±	4.1	2.3	3.4	2.6	3.5	5.4	6.7	4.5	1.5
Quintile 4	±	2.7	3.0	2.6	2.8	4.2	5.9	4.2	4.2	0.8
Quintile 5	±	2.0	3.0	3.6	4.0	4.3	np	3.2	3.0	1.2
<i>Disability status</i>										
With disability or restrictive long-term health condition	±	5.5	4.8	5.8	7.3	6.3	6.4	6.9	10.0	2.5

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
No disability or restrictive long-term health condition	±	1.3	1.5	1.4	1.7	1.5	1.8	2.0	1.8	0.6
<b>Total</b>	<b>±</b>	<b>1.5</b>	<b>1.5</b>	<b>1.3</b>	<b>1.8</b>	<b>1.8</b>	<b>2.0</b>	<b>2.1</b>	<b>2.0</b>	<b>0.6</b>
<i>2011-12</i>										
<i>Age standardised proportion</i>										
<i>Remoteness of residence</i>										
Major cities	%	10.6	10.7	10.6	10.3	10.5	..	9.1	..	10.6
Inner regional	%	9.9	13.1	11.9	13.3	11.0*	8.8	..	..	11.4
Outer regional/remote	%	8.3*	13.2*	9.9	9.8	16.8	10.4	..	9.0	10.8
Very remote	%	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	%	15.9	16.4	19.6	16.5	17.6	11.2	np	11.1	16.7
Quintile 2	%	14.0	13.0	11.9	13.4	12.5	9.3	11.4*	6.8*	12.9
Quintile 3	%	11.0	11.6	11.3	10.3	8.2	10.2	11.0*	10.0*	10.9
Quintile 4	%	8.3	9.6	7.7	6.7	5.9*	6.7*	10.6	9.1*	8.1
Quintile 5	%	5.7	7.8	8.1	8.3	10.1	5.9*	7.3	6.8*	7.4
<i>Disability status</i>										
With disability or restrictive long-term health condition	%	21.2	26.6	21.4	22.1	24.3	17.4	17.5	20.4	22.7
No disability or restrictive long-term health condition	%	5.2	4.8	5.1	4.7	5.1	3.8	4.4	3.8	5.0
<b>Total</b>	<b>%</b>	<b>10.4</b>	<b>11.4</b>	<b>10.8</b>	<b>10.6</b>	<b>11.4</b>	<b>9.1</b>	<b>9.1</b>	<b>9.0</b>	<b>10.8</b>
<i>Relative standard errors</i>										
<i>Remoteness of residence</i>										
Major cities	%	6.5	6.9	8.4	8.0	8.5	..	9.7	..	3.4
Inner regional	%	16.9	13.4	13.7	22.4	29.3	10.5	..	..	7.3

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Outer regional/remote	%	44.2	31.7	22.0	19.2	19.2	16.9	..	15.0	11.5
Very remote	%	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	%	12.7	11.9	17.3	13.4	13.1	14.2	np	23.5	7.8
Quintile 2	%	12.2	12.6	11.9	15.2	11.9	17.4	34.7	36.8	5.2
Quintile 3	%	17.6	12.2	10.6	17.4	21.2	16.5	26.4	30.6	6.1
Quintile 4	%	17.1	15.9	16.1	16.5	29.7	28.7	15.9	25.6	9.6
Quintile 5	%	19.8	20.9	16.4	19.2	24.7	47.7	16.9	28.4	9.0
<i>Disability status</i>										
With disability or restrictive long-term health condition	%	9.5	7.1	7.7	8.1	8.5	11.5	13.1	15.3	3.7
No disability or restrictive long-term health condition	%	11.0	10.6	11.7	14.2	12.6	18.7	16.1	21.8	4.8
<b>Total</b>	<b>%</b>	<b>6.7</b>	<b>6.2</b>	<b>6.3</b>	<b>7.2</b>	<b>7.3</b>	<b>8.8</b>	<b>9.7</b>	<b>15.0</b>	<b>3.2</b>
<i>95 per cent confidence intervals</i>										
<i>Remoteness of residence</i>										
Major cities	±	1.4	1.4	1.7	1.6	1.8	..	1.7	..	0.7
Inner regional	±	3.3	3.4	3.2	5.8	6.3	1.8	..	..	1.6
Outer regional/remote	±	7.2	8.2	4.3	3.7	6.3	3.5	..	2.7	2.4
Very remote	±	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	±	4.0	3.8	6.6	4.3	4.5	3.1	np	5.1	2.5
Quintile 2	±	3.3	3.2	2.8	4.0	2.9	3.2	7.7	4.9	1.3
Quintile 3	±	3.8	2.8	2.4	3.5	3.4	3.3	5.7	6.0	1.3
Quintile 4	±	2.8	3.0	2.4	2.1	3.4	3.8	3.3	4.5	1.5
Quintile 5	±	2.2	3.2	2.6	3.1	4.9	5.5	2.4	3.8	1.3

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
<i>Disability status</i>										
With disability or restrictive long-term health condition	±	3.9	3.7	3.2	3.5	4.1	3.9	4.5	6.1	1.7
No disability or restrictive long-term health condition	±	1.1	1.0	1.2	1.3	1.3	1.4	1.4	1.6	0.5
<b>Total</b>	<b>±</b>	<b>1.4</b>	<b>1.4</b>	<b>1.3</b>	<b>1.5</b>	<b>1.6</b>	<b>1.6</b>	<b>1.7</b>	<b>2.7</b>	<b>0.7</b>
<i>2007-08</i>										
<i>Age standardised proportion</i>										
<i>Remoteness of residence</i>										
Major cities	%	13.4	11.9	11.2	9.7	12.3	..	10.9	..	12.1
Inner regional	%	12.1	11.7	11.9	10.9	13.3*	11.6	–	..	11.9
Outer regional/remote	%	12.2*	8.5	13.0	9.6*	14.2	9.9	..	13.4*	11.8
Very remote	%	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles)</i>										
Quintile 1	%	20.1	18.6	15.8	19.3	20.4	15.9	np	np	18.6
Quintile 2	%	13.2	14.0	12.4	9.3	13.8	8.7	np	np	12.6
Quintile 3	%	11.4	11.5	11.4	14.3	13.1	9.0	20.5*	np	11.9
Quintile 4	%	9.8	8.5	7.8*	8.2	9.0	6.7*	12.4	np	8.9
Quintile 5	%	10.1	10.0	9.5	3.9*	9.9	9.4*	7.1	23.4*	9.2
<i>Disability status</i>										
With disability or restrictive long-term health condition	%	23.4	21.0	18.7	17.9	24.8	19.9	19.4	np	21.0
No disability or restrictive long-term health condition	%	6.3	5.3	6.8	5.1	5.2	4.8	4.6	np	5.9
<i>Gender</i>										
Males	%	10.2	8.5	9.0	8.6	12.2	9.0	9.8	np	9.6

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Females	%	15.4	15.0	14.0	11.4	13.8	12.5	12.0	15.1	14.4
<b>Total</b>	<b>%</b>	<b>12.8</b>	<b>11.8</b>	<b>11.5</b>	<b>10.0</b>	<b>13.0</b>	<b>10.8</b>	<b>10.9</b>	<b>13.4*</b>	<b>12.0</b>
<i>Relative standard errors</i>										
<i>Remoteness of residence</i>										
Major cities	%	6.6	7.9	10.1	8.7	8.3	..	9.3	..	3.6
Inner regional	%	14.9	15.8	14.1	22.3	26.3	12.6	–	..	7.0
Outer regional/remote	%	26.4	24.4	12.2	27.4	19.8	14.0	..	36.8	7.3
Very remote	%	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	%	8.2	12.6	11.3	13.7	12.9	12.6	np	np	5.1
Quintile 2	%	15.3	14.3	11.6	16.9	18.5	16.9	np	np	7.0
Quintile 3	%	15.5	13.7	12.0	16.3	17.0	24.2	29.9	np	6.9
Quintile 4	%	13.6	17.8	25.7	17.0	22.1	28.8	15.9	np	8.6
Quintile 5	%	15.2	17.6	21.5	29.8	16.6	32.4	16.1	44.5	7.8
<i>Disability status</i>										
With disability or restrictive long-term health condition	%	6.7	7.8	9.2	8.5	8.0	11.8	9.4	np	3.9
No disability or restrictive long-term health condition	%	9.4	12.5	14.5	14.0	15.5	19.6	17.4	np	5.5
<i>Gender</i>										
Males	%	9.6	11.3	12.9	10.8	12.1	14.3	14.3	np	4.5
Females	%	7.2	8.0	7.8	9.3	9.9	14.1	10.4	18.3	4.0
<b>Total</b>	<b>%</b>	<b>5.7</b>	<b>6.6</b>	<b>7.7</b>	<b>7.2</b>	<b>8.3</b>	<b>9.3</b>	<b>9.4</b>	<b>36.8</b>	<b>3.1</b>
<i>95 per cent confidence intervals</i>										
<i>Remoteness of residence</i>										
Major cities	±	1.7	1.8	2.2	1.6	2.0	..	2.0	..	0.9

TABLE 13A.42

Table 13A.42 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Inner regional	±	3.5	3.6	3.3	4.7	6.9	2.8	–	..	1.6
Outer regional/remote	±	6.3	4.1	3.1	5.2	5.5	2.7	..	9.7	1.7
Very remote	±	..	..	..	..	..	..	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>										
Quintile 1	±	3.2	4.6	3.5	5.2	5.2	3.9	np	np	1.8
Quintile 2	±	4.0	3.9	2.8	3.1	5.0	2.9	np	np	1.7
Quintile 3	±	3.5	3.1	2.7	4.6	4.4	4.3	12.0	np	1.6
Quintile 4	±	2.6	3.0	3.9	2.7	3.9	3.8	3.9	np	1.5
Quintile 5	±	3.0	3.5	4.0	2.3	3.2	5.9	2.2	20.4	1.4
<i>Disability status</i>										
With disability or restrictive long-term health condition	±	3.1	3.2	3.4	3.0	3.9	4.6	3.6	np	1.6
No disability or restrictive long-term health condition	±	1.2	1.3	1.9	1.4	1.6	1.8	1.6	np	0.6
<i>Gender</i>										
Males	±	1.9	1.9	2.3	1.8	2.9	2.5	2.7	np	0.8
Females	±	2.2	2.4	2.1	2.1	2.7	3.4	2.4	5.4	1.1
<b>Total</b>	<b>±</b>	<b>1.4</b>	<b>1.5</b>	<b>1.7</b>	<b>1.4</b>	<b>2.1</b>	<b>2.0</b>	<b>2.0</b>	<b>9.7</b>	<b>0.7</b>

SEIFA = Socio-Economic Indexes for Areas

- (a) Levels of psychological distress are derived from the Kessler Psychological Distress Scale (K10). Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.
- (b) Adults are defined as persons aged 18 years and over.
- (c) Rates are age standardised by State and Territory, to the June 2001 Estimated Resident Population.
- (d) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent). A '\*' indicates a Relative Standard Error (RSE) of between 25 per cent and 50 per cent. Proportions with RSEs greater than 25 per cent should be used with caution.



**Table 13A.42 Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, remoteness, SEIFA IRSD quintiles, and disability status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
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(e) Data for NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.

(f) For the SEIFA Index of relative disadvantage data, quintile 1 contains areas of most disadvantage.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: ABS (unpublished) National Health Survey, 2014-15; AHS 2011-13 (2011-12 NHS component); NHS 2007-08, Cat. no. 4364.0.

TABLE 13A.43

Table 13A.43 **Age-standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles, SEIFA IRSD deciles, and disability status (a), (b), (c), (d)**

	<i>Age-standardised proportion (%)</i>	<i>Relative standard error (%)</i>	<i>95% confidence interval (±)</i>
<b>2014-15</b>			
<i>Remoteness of residence</i>			
Major cities	3.6	7.4	0.5
Inner regional	4.6	10.6	1.0
Outer regional	3.3	19.4	1.3
Remote	2.4*	37.3	1.8
Very remote (e)	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>			
Quintile 1	6.3	9.2	1.1
Quintile 2	4.0	12.3	1.0
Quintile 3	4.3	10.6	0.9
Quintile 4	2.5	14.2	0.7
Quintile 5	1.9	16.2	0.6
<i>SEIFA of residence (deciles) (f)</i>			
Decile 1	7.9	12.0	1.9
Decile 2	5.0	16.0	1.6
Decile 3	5.2	16.8	1.7
Decile 4	3.0	20.3	1.2
Decile 5	5.5	13.4	1.4
Decile 6	3.5	17.7	1.2
Decile 7	2.8	18.8	1.0
Decile 8	2.3	20.9	1.0
Decile 9	1.8*	26.7	0.9
Decile 10	1.9	22.0	0.8
<i>Disability status</i>			
With disability or restrictive long-term health condition	14.5	7.7	2.2
No disability or restrictive long-term health condition	1.5	9.6	0.3
<b>2011-12</b>			
<i>Remoteness of residence</i>			
Major cities	3.3	8.0	0.5
Inner regional	3.8	12.8	0.9
Outer regional	3.5	19.2	1.3
Remote	2.9*	42.1	2.4
Very remote (e)	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>			
Quintile 1	5.4	12.6	1.3
Quintile 2	4.1	8.8	0.7
Quintile 3	3.5	12.7	0.9

TABLE 13A.43

Table 13A.43 **Age-standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles, SEIFA IRSD deciles, and disability status (a), (b), (c), (d)**

	<i>Age-standardised proportion (%)</i>	<i>Relative standard error (%)</i>	<i>95% confidence interval (±)</i>
Quintile 4	2.8	13.3	0.7
Quintile 5	1.9	17.2	0.6
<i>SEIFA of residence (deciles) (f)</i>			
Decile 1	5.7	15.9	1.8
Decile 2	5.2	17.4	1.8
Decile 3	3.9	14.8	1.1
Decile 4	4.2	14.5	1.2
Decile 5	4.1	17.5	1.4
Decile 6	2.9	15.8	0.9
Decile 7	3.0	18.8	1.1
Decile 8	2.7	21.5	1.1
Decile 9	2.0	23.8	1.0
Decile 10	1.7*	25.3	0.9
<i>Disability status</i>			
With disability or restrictive long-term health condition	8.2	6.7	1.1
No disability or restrictive long-term health condition	1.1	9.4	0.2
<i>2007-08</i>			
<i>Remoteness of residence</i>			
Major cities	3.6	8.0	0.6
Inner regional	3.3	11.5	0.8
Outer regional	3.0	14.7	0.9
Remote	3.2*	32.5	2.0
Very remote (e)	..	..	..
<i>SEIFA of residence (quintiles) (f)</i>			
Quintile 1	6.5	9.5	1.2
Quintile 2	3.7	12.7	0.9
Quintile 3	3.3	15.1	1.0
Quintile 4	2.1	16.1	0.7
Quintile 5	2.3	19.0	0.9
<i>SEIFA of residence (deciles) (f)</i>			
Decile 1	8.1	12.2	1.9
Decile 2	5.1	12.3	1.2
Decile 3	4.1	16.1	1.3
Decile 4	3.2	19.3	1.2
Decile 5	3.7	23.7	1.7
Decile 6	2.7	17.0	0.9
Decile 7	2.1	22.6	0.9
Decile 8	2.2	22.1	1.0

Table 13A.43 **Age-standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles, SEIFA IRSD deciles, and disability status (a), (b), (c), (d)**

	<i>Age-standardised proportion (%)</i>	<i>Relative standard error (%)</i>	<i>95% confidence interval (±)</i>
Decile 9	2.9*	25.2	1.4
Decile 10	1.5*	27.0	0.8
<i>Disability status</i>			
With disability or restrictive long-term health condition	7.3	6.4	0.9
No disability or restrictive long-term health condition	1.0	16.4	0.3
<b>Total</b>	<b>3.5</b>	<b>6.7</b>	<b>0.5</b>

SEIFA = Socio-Economic Indexes for Areas

- (a) Levels of psychological distress are derived from the Kessler Psychological Distress Scale (K10). Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.
- (b) Adults are defined as persons aged 18 years and over.
- (c) Rates are age-standardised by State and Territory to the June 2001 Estimated Resident Population.
- (d) Proportions with a "\*" have a relative standard error between 25 per cent and 50 per cent and should be used with caution.
- (e) Very remote data was not collected in the 2014-15 NHS, the 2011-12 NHS component of the 2011-13 AHS or the 2007-08 NHS.
- (f) For the SEIFA Index of relative disadvantage data, quintile/decile 1 contains areas of most disadvantage.
- .. Not applicable.

Source: ABS (unpublished) National Health Survey, 2014-15; Australian Health Survey 2011-13 (2011-12 National Health Survey component); National Health Survey, 2007-08, Cat. no. 4364.0.

TABLE 13A.44

Table 13A.44 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by Indigenous status (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
<i>2014-15</i>										
<i>Age-standardised proportion</i>										
Aboriginal and Torres Strait Islander	%	32.6	35.8	31.4	36.3	34.3	27.0	30.9	31.1	32.5
Non-Indigenous	%	11.4	14.0	11.9	11.0	13.9	13.0	11.2	7.7	12.3
<i>Relative standard errors</i>										
Aboriginal and Torres Strait Islander	%	6.2	6.7	7.2	6.9	7.7	8.1	11.4	7.9	3.1
Non-Indigenous	%	6.4	6.3	5.6	9.6	8.0	7.2	9.3	14.8	2.7
<i>95 per cent confidence intervals</i>										
Aboriginal and Torres Strait Islander	±	3.9	4.7	4.4	4.9	5.2	4.3	6.9	4.8	2.0
Non-Indigenous	±	1.4	1.7	1.3	2.1	2.2	1.8	2.0	2.2	0.7
<i>2011-13</i>										
<i>Age-standardised proportion</i>										
Aboriginal and Torres Strait Islander (2012-13)	%	30.5	31.5	30.3	28.5	32.8	26.3	30.9	21.6	29.4
Non-Indigenous (2011-12)	%	9.9	11.3	11.5	10.9	12.2	9.9	8.9	8.2	10.8
<i>Relative standard errors</i>										
Aboriginal and Torres Strait Islander (2012-13)	%	8.2	7.8	7.0	5.9	7.4	10.4	16.8	8.8	3.6
Non-Indigenous (2011-12)	%	6.8	6.1	6.5	7.8	7.4	9.0	9.1	13.2	3.0
<i>95 per cent confidence intervals</i>										
Aboriginal and Torres Strait Islander (2012-13)	±	4.9	4.8	4.1	3.3	4.8	5.4	10.2	3.7	2.1
Non-Indigenous (2011-12)	±	1.3	1.3	1.5	1.7	1.8	1.8	1.6	2.1	0.6

**Table 13A.44 Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by Indigenous status (a), (b), (c), (d)**

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
(a) Levels of psychological distress are derived from the Kessler Psychological Distress Scale (K5). Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.									
(b) Rates are age standardised by State and Territory, to the June 2001 Estimated Resident Population.									
(c) Adults are defined as persons aged 18 years and over.									
(d) Totals for Aboriginal and Torres Strait Islander people exclude a small number of persons for whom responses were provided by proxy but who were not present at interview.									
(e) NT data for non-Indigenous people are not directly comparable with data for Aboriginal and Torres Strait Islander people as the AHS 2011–13 (2011-12 NHS component) and 2014-15 NHS exclude discrete Aboriginal and Torres Strait Islander communities and very remote areas. Communities and very remote areas comprised around 28 per cent of the total NT estimated resident population in 2014-15. Around 60 per cent of Aboriginal and Torres Strait Islander people in the NT were living in very remote areas.									
<i>Source:</i> ABS (unpublished) Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13 (National Aboriginal and Torres Strait Islander Health Survey component); AHS 2011–13 (2011-12 NHS component); National Aboriginal and Torres Strait Islander Social Survey, 2014-15; National Health Survey, 2014-15.									

TABLE 13A.45

Table 13A.45 Risk status recent drinkers (in last 12 months) aged 14 years or over (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>2016</b>									
<i>Lifetime status</i>									
Abstainers (a)	24.0	23.3	20.6	25.5	21.6	18.0	20.4	23.6	22.9
Low risk (b)	59.4	61.4	60.1	56.1	62.6	64.5	65.3	48.9	60.0
Risky (c)	16.7	15.3	19.3	18.4	15.8	17.5	14.3	27.5	17.1
<i>Single occasion</i>									
Abstainers (a)	24.0	23.3	20.6	25.5	21.6	18.0	20.4	23.6	22.9
Low risk (d)	41.1	40.8	37.8	37.2	40.4	41.0	40.2	27.9	39.7
Risky									
At least yearly (e)	11.1	11.5	12.8	10.4	12.6	14.3	16.8	12.9	11.8
At least monthly (f)	10.7	12.6	13.5	13.5	12.9	12.3	12.0	13.5	12.2
At least weekly (g)	13.2	11.8	15.3	13.5	12.5	14.4	10.7	22.1	13.3
Total risky	35.0	35.9	41.6	37.3	38.0	41.0	39.4	48.5	37.3
<b>2013</b>									
<i>Lifetime status</i>									
Abstainers (a)	24.3	23.5	19.9	18.3	20.6	16.9	17.5	16.7	22.0
Low risk (b)	58.9	60.4	60.0	60.0	60.9	64.4	60.5	53.6	59.9
Risky (c)	16.7	16.1	20.2	21.6	18.5	18.6	22.0	29.7	18.2
<i>Single occasion</i>									
Abstainers (a)	24.3	23.5	19.9	18.3	20.6	16.9	17.5	16.7	22.0
Low risk (d)	41.2	40.8	39.5	38.2	39.5	42.4	38.3	31.4	40.2
Risky									
At least yearly (e)	10.7	10.8	12.4	12.1	12.1	11.2	15.0	12.2	11.4
At least monthly (f)	11.3	11.8	12.8	13.6	12.9	14.3	13.1	14.0	12.2
At least weekly (g)	12.4	13.1	15.4	17.8	14.9	15.2	16.1	25.7	14.2
Total risky	34.5	35.7	40.6	43.5	39.9	40.7	44.2	51.9	37.8
<b>2010</b>									
<i>Lifetime status</i>									
Abstainers (a)	22.2	21.3	17.1	17.3	19.3	14.6	13.7	13.9	19.9
Low risk (b)	58.8	59.9	59.1	59.6	60.9	65.7	66.5	56.2	59.6
Risky (c)	19.0	18.8	23.7	23.0	19.7	19.7	19.8	29.8	20.5
<i>Single occasion</i>									
Abstainers (a)	22.2	21.3	17.1	17.3	19.3	14.6	13.7	13.9	19.9
Low risk (d)	40.5	39.9	37.0	38.6	41.6	44.3	41.1	34.5	39.6
Risky									
At least yearly (e)	10.8	11.6	12.0	12.5	11.2	11.7	15.3	11.4	11.6
At least monthly (f)	11.2	12.5	15.3	13.4	11.4	13.3	16.1	15.1	12.8
At least weekly (g)	15.3	14.6	18.5	18.2	16.5	16.0	13.8	25.1	16.2
Total risky	37.3	38.8	45.9	44.0	39.1	41.0	45.2	51.6	40.6

- (a) Not consumed alcohol in the previous 12 months.  
(b) On average, had no more than 2 standard drinks per day.  
(c) On average, had more than 2 standard drinks per day.

**Table 13A.45 Risk status recent drinkers (in last 12 months) aged 14 years or over (per cent)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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(d) Never had more than 4 standard drinks on any occasion.

(e) Had more than 4 standard drinks at least once a year, but not as often as monthly.

(f) Had more than 4 standard drinks at least once a month, but not as often as weekly.

(g) Had more than 4 standard drinks at least once a week.

Source: AIHW (2017) *National Drug Strategy Household Survey detailed report 2016*, Drug statistics series no. 31, Cat. no. PHE 214, Canberra.



Table 13A.46 Selected illicit drug use, by substance and age group (per cent) (a), (b)

	2001	2004	2007	2010	2013	2016
<i>Cannabis</i>						
14–19 years	24.6	17.9	12.9	15.7	14.7	12.2
20–29 years	29.3	26.0	20.8	21.3	20.8	22.1
30–39 years	16.1	15.9	12.1	13.6	12.3	12.7
40–49 years	8.7	8.7	8.3	9.4	9.5	10.7
50–59 years	3.3	3.2	3.8	5.5	7.3	7.2
60 years or over	0.5	0.3	0.5	0.5	1.2	1.9
14 years or over	12.9	11.3	9.1	10.3	10.2	10.4
<i>Ecstasy</i>						
14–19 years	5.0	4.3	5.0	2.8	3.0	3.2
20–29 years	10.4	12.0	11.2	9.9	8.6	7.0
30–39 years	2.4	4.0	4.7	3.9	2.6	2.6
40–49 years	0.6*	0.9	1.5	1.2	0.9	1.0
50 years or over	<0.1*	<0.1*	0.1*	0.1*	0.2*	0.2*
14 years or over	2.9	3.4	3.5	3.0	2.5	2.2
<i>Meth/amphetamines</i>						
14–19 years	6.2	4.4	1.6	1.6	2.0*	0.8*
20–29 years	11.2	10.7	7.3	5.9	5.7	2.8
30–39 years	3.1	4.1	3.9	3.4	3.1	2.4
40–49 years	1.0	1.2	1.0	1.1	1.4	2.0
50 years or over	0.2*	<0.1*	0.1*	0.2	0.2	0.3
14 years or over	3.4	3.2	2.3	2.1	2.1	1.4
<i>Cocaine</i>						
14–19 years	1.5	1.0*	1.1*	1.3	1.1*	1.0*
20–29 years	4.3	3.0	5.1	6.5	5.9	6.9
30–39 years	1.5	1.8	2.9	3.7	3.5	4.6
40–49 years	0.6	0.4*	0.7	1.0	1.7	2.2
50 years or over	0.1*	<0.1*	0.1*	0.1*	0.3	0.2
14 years or over	1.3	1.0	1.6	2.1	2.1	2.5

(a) Used in the previous 12 months.

(b) Results subject to Relative Standard Errors (RSEs) of between 25 per cent and 50 per cent are marked with " \* " and should be considered with caution.

Source: AIHW (2017) *National Drug Strategy Household Survey detailed report 2016*, Drug statistics series no. 31, Cat. no. PHE 214, Canberra.

TABLE 13A.47

Table 13A.47 **Selected illicit drug use by people aged 18 years or over, by level of psychological distress and self-reported health conditions (per cent)**  
**(a), (b)**

	<i>Not used drug in last 12 months</i>				<i>Used drug in last 12 months</i>				<i>All people (18+)</i>
	<i>2007</i>	<i>2010</i>	<i>2013</i>	<i>2016</i>	<i>2007</i>	<i>2010</i>	<i>2013</i>	<i>2016</i>	<i>2016</i>
<i>Any illicit drug</i>									
<i>Level of psychological distress</i>									
Low	71.7	71.8	71.6	70.7	52.7	57.3	56.7	51.7	67.7
Moderate	19.9	19.6	19.7	19.6	29.2	25.8	25.9	26.1	20.7
High	6.6	6.5	6.5	7.3	13.4	12.8	11.1	14.6	8.4
Very high	1.7	2.1	2.1	2.4	4.7	4.1	6.4	7.6	3.2
<i>Self-reported health condition (c)</i>									
Diabetes	5.9	5.7	6.7	6.7	2.8	3.3	3.6	3.9	6.4
Heart diseases (d)	19.6	20.4	21.7	21.1	8.8	10.1	11.6	11.9	19.8
Asthma	8.2	8.3	9.2	9.1	10.5	10.3	10.9	12.2	9.6
Cancer	2.9	3.0	3.1	4.0	1.1	1.4	2.0	2.2	3.8
Mental illness (e)	10.3	10.8	12.6	13.9	16.1	18.7	20.7	26.5	15.9
<i>Cannabis</i>									
<i>Level of psychological distress</i>									
Low	70.1	71.1	70.7	69.9	52.8	56.7	57.1	49.6	67.7
Moderate	20.8	19.8	20.1	19.9	28.0	27.0	25.9	26.6	20.7
High	7.2	6.8	6.8	7.6	14.6	12.7	11.0	15.4	8.4
Very high	1.9	2.3	2.4	2.6	4.6	3.6	5.9	8.4	3.2
<i>Self-reported health condition (c)</i>									
Diabetes	5.8	5.8	6.8	6.7	1.4	2.0	1.4	2.6	6.4
Heart diseases (d)	19.0	20.5	21.8	21.3	5.8	5.9	7.2	6.7	19.8
Asthma	8.4	8.5	9.5	9.4	10.5	10.0	9.8	11.1	9.6
Cancer	2.8	3.0	3.2	4.0	0.8	0.9	1.1	1.6	3.8
Mental illness (e)	10.8	11.3	13.0	14.4	15.7	18.7	21.2	28.2	15.9
<i>Ecstasy</i>									
<i>Level of psychological distress</i>									
Low	69.9	70.1	70.0	68.2	49.5	55.9	51.4	47.8	67.7
Moderate	20.7	20.2	20.4	20.5	31.3	28.9	30.7	25.7	20.7
High	7.3	7.3	7.0	8.2	16.0	12.1	12.0	19.6	8.4
Very high	2.1	2.4	2.6	3.1	3.2	3.0	6.0	7.0	3.2
<i>Self-reported health condition (c)</i>									
Diabetes	5.7	5.5	6.5	6.4	1.1	1.0**	0.8**	1.1**	6.4
Heart diseases (d)	18.9	19.5	20.9	20.2	3.2	1.2*	1.7*	1.8*	19.8
Asthma	8.4	8.6	9.5	9.5	11.2	11.0	9.8	10.7	9.6
Cancer	2.8	2.9	3.0	3.8	0.3	0.2**	0.6**	0.5**	3.8
Mental illness (e)	10.9	11.9	13.6	15.6	16.0	16.2	17.9	26.5	15.9

**Table 13A.47 Selected illicit drug use by people aged 18 years or over, by level of psychological distress and self-reported health conditions (per cent) (a), (b)**

	<i>Not used drug in last 12 months</i>				<i>Used drug in last 12 months</i>				<i>All people (18+)</i>
	<i>2007</i>	<i>2010</i>	<i>2013</i>	<i>2016</i>	<i>2007</i>	<i>2010</i>	<i>2013</i>	<i>2016</i>	<i>2016</i>
<i>Meth/amphetamines</i>									
<i>Level of psychological distress</i>									
Low	69.9	70.1	70.0	68.2	44.7	51.2	41.7	35.7	67.7
Moderate	20.9	20.3	20.4	20.5	31.7	28.0	31.8	27.1	20.7
High	7.2	7.3	7.0	8.2	19.0	13.3	15.6	21.6	8.4
Very high	2.0	2.3	2.6	3.0	4.6	7.5	10.9	15.7	3.2
<i>Self-reported health condition (c)</i>									
Diabetes	5.7	5.5	6.4	6.4	0.9	1.5*	1.4*	3.4*	6.4
Heart diseases (d)	18.8	19.3	20.7	20.0	3.7	4.5	5.2	4.7*	19.8
Asthma	8.4	8.6	9.5	9.5	11.4	11.2	11.5	14.0	9.6
Cancer	2.8	2.9	3.0	3.8	0.1	0.7*	1.9*	0.7**	3.8
Mental illness (e)	10.9	11.7	13.5	15.5	20.3	25.6	29.0	42.3	15.9
<i>Cocaine</i>									
<i>Level of psychological distress</i>									
Low	69.6	70.0	69.8	68.2	45.8	55.0	55.3	50.4	67.7
Moderate	20.9	20.3	20.4	20.5	35.8	27.4	27.4	27.7	20.7
High	7.4	7.3	7.1	8.2	14.4	14.1	11.7	16.9	8.4
Very high	2.1	2.4	2.7	3.1	3.9	3.4	5.6	5.1	3.2
<i>Self-reported health condition (c)</i>									
Diabetes	5.6	5.5	6.4	6.4	0.9	0.5**	0.8**	1.6*	6.4
Heart diseases (d)	18.6	19.4	20.7	20.2	4.4	2.3*	3.5*	3.0*	19.8
Asthma	8.4	8.7	9.6	9.5	12.1	6.7	7.8	9.5	9.6
Cancer	2.7	2.9	3.0	3.8	0.2	0.4**	1.0**	0.8*	3.8
Mental illness (e)	11.1	11.9	13.7	15.6	15.2	17.4	17.4	24.6	15.9

(a) Recent use means used in the previous 12 months.

(b) Results subject to Relative Standard Errors (RSEs) of between 25 per cent and 50 per cent should be considered with caution and those with relative standard errors greater than 50 per cent should be considered as unreliable for most practical purposes. Estimates that have RSEs greater than 50 per cent are marked with " \*\* " and those with RSEs of between 25 per cent and 50 per cent are marked

(c) Respondents could select more than one condition in response to the question 'In the last 12 months have you been diagnosed or treated for...?'

(d) Includes heart disease and hypertension (high blood pressure).

(e) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other form of psychosis.

Source: AIHW (2017) *National Drug Strategy Household Survey detailed report 2013*, Drug statistics series no. 31, Cat. no. PHE 214, Canberra.

Table 13A.48 **Suicide deaths and death rate (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Number of suicide deaths</i>									
2007	611	474	520	266	205	66	32	55	2 229
2008	620	545	553	300	175	73	36	38	2 341
2009	623	576	525	279	185	79	32	37	2 337
2010	674	558	588	313	197	64	41	45	2 480
2011	617	526	578	309	212	74	33	44	2 393
2012	727	514	631	367	198	71	24	48	2 580
2013	718	533	676	336	203	74	37	33	2 610
2014	807	652	659	368	242	69	38	56	2 891
2015	815	654	746	394	236	85	46	50	3 027
2016	805	624	674	371	225	92	28	46	2 866
2012–2016	3 872	2 977	3 386	1 836	1 104	391	173	233	13 974
<i>Suicide death rate per 100 000 people</i>									
2007	8.9	9.0	12.7	12.5	12.8	13.5	9.5	29.8	10.6
2008	8.8	10.2	13.2	13.8	11.0	15.0	10.1	17.5	10.9
2009	8.7	10.5	12.1	12.3	11.5	15.4	8.9	17.4	10.7
2010	9.3	10.1	13.4	13.6	11.8	13.0	11.3	18.8	11.2
2011	8.4	9.2	12.9	12.9	12.9	14.1	9.3	18.5	10.5
2012	9.8	9.0	13.8	14.9	11.7	13.6	6.2	19.1	11.2
2013	9.4	8.7	14.4	13.2	11.6	13.8	9.6	14.3	10.9
2014	10.5	10.8	14.0	14.5	14.3	12.8	9.8	21.7	12.1
2015	10.6	10.6	15.7	15.3	13.4	16.3	11.4	21.0	12.6
2016	10.3	9.9	13.9	14.4	13.3	17.0	7.2	19.3	11.7
2012–2016	10.1	9.9	14.4	14.4	12.9	14.8	8.9	19.0	11.8

- (a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2013 (final), 2014 (revised), 2015-2016 (preliminary). See Explanatory Notes 55-58 and A More Timely Annual Collection: Changes to ABS Processes (Technical Note) and Causes of Death Revisions, 2013 Final Data (Technical Note) in Causes of Death, Australia, 2015 (cat. no. 3303.0).
- (b) Data cells with small values have been randomly assigned to protect the confidentiality of individuals. As a result, some totals will not equal the sum of their components. Cells with a zero value have not been affected by confidentialisation.
- (c) Deaths registered on Norfolk Island from 1 July 2016 are included in this publication for the first time. This is due to the introduction of the Norfolk Island Legislation Amendment Act 2015. Norfolk Island deaths are included in statistics for 'Other Territories' as well as totals for all of Australia. Deaths registered on Norfolk Island prior to 1 July 2016 were not in scope for death statistics. See Explanatory Note 13 for more information. Prior to 1 July 2016, deaths of people that occurred in Australia with a usual residence of Norfolk Island were included in Australian totals, but assigned a usual residence of 'overseas'. With the inclusion of Norfolk Island as a territory of Australia in the ASGS 2016, those deaths which occurred in Australia between January and June 2016 with a usual residence of Norfolk Island were allocated to the Norfolk Island SA2 code instead of the 'overseas' category.

Source: ABS (2017) *Causes of Death, Australia 2016*, Cat. no. 3303.0, Canberra.

Table 13A.49 **Suicide deaths and death rate of people aged 15–24 years (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (h)</i>
<i>Number of suicide deaths of people aged 15–24 years</i>									
2007	74	61	74	41	25	9	6	8	298
2008	54	74	81	46	19	4	3	21	300
2009	62	63	80	44	21	np	6	9	288
2010	63	60	63	47	21	8	np	11	276
2011	65	79	76	37	22	7	3	11	299
2012	61	65	89	53	36	10	5	16	335
2013	90	73	94	51	28	9	5	12	362
2014	99	82	79	53	25	8	5	16	367
2015	96	66	119	55	21	12	9	13	391
2016	110	97	101	54	23	7	1	7	403
2012–2016	456	383	482	266	133	46	25	64	1 858
<i>Suicide death rate per 100 000 people aged 15–24 years</i>									
2007	8.0	8.5	12.8	13.8	11.7	13.8	11.1	24.5	10.3
2008	5.7	10.1	13.6	15.1	8.8	4.6	3.6	62.6	10.1
2009	6.4	8.3	13.0	14.0	9.6	np	11.0	26.1	9.5
2010	6.5	7.8	10.3	14.5	9.6	12.1	7.0	30.8	9.1
2011	6.7	10.3	12.2	11.3	9.9	10.5	np	30.4	9.8
2012	6.4	8.5	14.2	16.0	16.3	15.1	8.5	45.1	10.9
2013	9.3	9.3	14.7	14.9	12.7	13.8	8.6	33.0	11.6
2014	10.1	10.3	12.2	15.7	11.3	12.3	8.6	45.1	11.7
2015	9.7	8.2	18.4	16.5	9.5	18.6	15.5	37.6	12.4
2016	11.0	11.8	15.6	16.4	10.5	11.0	np	21.0	12.7
2012–2016	9.6	9.6	14.7	15.9	10.6	14.2	8.9	37.2	11.8

- (a) Intentional self-harm [suicide] includes ICD-10 codes X60-X84 and Y87.0. Care needs to be taken in interpreting figures relating to suicide. See Explanatory Notes 88-96 in Causes of Death, Australia, 2016 (cat. no. 3303.0).
- (b) Data cells with small values have been randomly assigned to protect the confidentiality of individuals. As a result, some totals will not equal the sum of their components. Cells with a zero value have not been affected by confidentialisation.
- (c) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2012 and 2013 (final), 2014 (revised), 2015 and 2016 (preliminary). See Explanatory Notes 55-58 in Causes of Death, Australia, 2016 (cat. no. 3303.0). and Causes of Death Revisions, 2013 Final Data (Technical Note) in Causes of Death, Australia, 2015 (cat. no. 3303.0).
- (d) Rate per 100 000 estimated resident population at 30 June of the relevant single year or for five year average the mid-point year (2012–2016). 2012–2016 rate includes final 2012 and 2013 data, revised 2014 data and preliminary 2015 and 2016 data.
- (e) All footnotes and caveats, including this notice, must remain attached to data at all times.
- (f) Rates are derived using ERPs based on the 2016 Census.

Table 13A.49 **Suicide deaths and death rate of people aged 15–24 years (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (h)
(g) Deaths registered on Norfolk Island from 1 July 2016 are included for the first time. This is due to the introduction of the Norfolk Island Legislation Amendment Act 2015. Norfolk Island deaths are included in statistics for 'Other Territories' as well as totals for all of Australia. Deaths registered on Norfolk Island prior to 1 July 2016 were not in scope for death statistics. See Explanatory Note 13 in Causes of Deaths, Australia, 2016 (cat. no. 3303.0) for more information. Prior to 1 July 2016, deaths of people that occurred in Australia with a usual residence of Norfolk Island were included in Australian totals, but assigned a usual residence of 'overseas'. With the inclusion of Norfolk Island as a territory of Australia in the ASGS 2016, those deaths which occurred in Australia between January and June 2016 with a usual residence of Norfolk Island were allocated to the Norfolk Island SA2 code instead of the 'overseas' category.									
(h) Includes other territories.									
<b>np</b> not published.									

Source: ABS (2017) *Causes of Death, Australia 2016*, Cat. no. 3303.0, Canberra; ABS (unpublished) *Causes of Death, Australia*, Cat. no. 3303.0.

Table 13A.50 **Suicide deaths and suicide death rate, by area (a), (b), (c), (d), (e)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
<i>Number of suicide deaths by area</i>									
2012									
Greater capital city	387	358	263	267	145	36	..	17	1 497
Rest of state/territory	337	151	361	95	53	33	24	28	1 058
2013									
Greater capital city	398	369	315	242	156	31	..	14	1 562
Rest of state/territory	316	161	354	87	45	41	37	19	1 023
2014									
Greater capital city	468	433	264	263	183	23	..	28	1 699
Rest of state/territory	330	212	389	99	56	45	37	27	1 158
2015									
Greater capital city	420	456	301	287	186	28	..	25	1 748
Rest of state/territory	392	193	439	104	50	57	45	21	1 256
2016									
Greater capital city	407	435	290	247	174	36	..	30	1 647
Rest of state/territory	396	183	379	115	51	56	28	14	1 194
<i>Suicide death rate per 100 000 people by area</i>									
2012									
Greater capital city	8.1	8.2	12.0	13.8	11.0	16.4	..	np	9.8
Rest of state/territory	13.3	11.1	15.3	18.4	14.8	10.3	6.2	25.9	14.0
2013									
Greater capital city	8.2	8.1	14.2	12.3	11.7	14.4	..	np	10.0
Rest of state/territory	12.2	11.2	14.7	16.8	12.5	13.5	9.6	np	13.2
2014									
Greater capital city	9.4	9.4	11.6	13.1	14.0	9.9	..	18.5	10.7
Rest of state/territory	12.4	14.9	16.1	18.6	14.6	14.7	9.5	24.4	14.9
2015									
Greater capital city	8.4	9.7	12.9	14.1	13.6	12.5	..	19.2	10.8
Rest of state/territory	15.1	13.6	18.1	19.8	13.2	19.2	11.1	18.5	16.2
2016									
Greater capital city	7.9	8.9	12.2	12.1	13.3	15.2	..	21.3	10.0
Rest of state/territory	14.9	13.1	15.4	22.0	13.5	18.4	7.2	np	15.3

(a) Suicide deaths include ICD-10 codes X60–X84 and Y87.0. Care needs to be taken in interpreting data relating to suicide. See *ABS Causes of Death, 2016* (Cat. no. 3303.0) Explanatory Notes 87–93.

(b) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2013 (final), 2014 (revised), 2015-2016 (preliminary). See Explanatory Notes 55-58 and A More Timely Annual Collection: Changes to ABS Processes (Technical Note) and Causes of Death Revisions, 2013 Final Data (Technical Note) in *Causes of Death, Australia, 2016* (cat. no. 3303.0).

Table 13A.50 **Suicide deaths and suicide death rate, by area (a), (b), (c), (d), (e)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (f)
(c)	Greater capital cities and remainders of state/territory are Statistical Area Level 4s (SA4s) grouped in accordance with the classification from ASGS: Volume 1 - Main structure and greater capital city statistical areas, July 2011 (cat. no. 1270.0.55.001). In previous Causes of Death publications, this table has been based on the July 2011 version of the ASGS. The figures presented in this table have been re-calculated based on the July 2016 version of the ASGS. This may result in small changes when comparing the data in this table with that of previous years.								
(d)	The age-standardised death rates (SDRs) presented in this table are calculated using estimated resident population (ERP) figures which have been revised since these rates were last published in Causes of Death, Australia, 2014 (cat. no. 3303.0). The revision of ERP figures may result in small changes to the SDRs, which are independent of any changes to the number of deaths due to intentional self-harm.								
(e)	Deaths registered on Norfolk Island from 1 July 2016 are included in this publication for the first time. This is due to the introduction of the Norfolk Island Legislation Amendment Act 2015. Norfolk Island deaths are included in statistics for 'Other Territories' as well as totals for all of Australia. Deaths registered on Norfolk Island prior to 1 July 2016 were not in scope for death statistics. See Explanatory Note 13 for more information. Prior to 1 July 2016, deaths of people that occurred in Australia with a usual residence of Norfolk Island were included in Australian totals, but assigned a usual residence of 'overseas'. With the inclusion of Norfolk Island as a territory of Australia in the ASGS 2016, those deaths which occurred in Australia between January and June 2016 with a usual residence of Norfolk Island were allocated to the Norfolk Island SA2 code instead of the 'overseas' category.								
(f)	Includes other territories.								
	.. Not applicable. <b>np</b> Not published.								

Source: ABS (2017) *Causes of Death, Australia*, Cat. no. 3303.0.



Table 13A.51 **Suicide deaths, by Indigenous status, 2012–2016 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (c)
<i>Number</i>									
Aboriginal and Torres Strait Islander (d)	150	32	226	202	37	5	6	106	721
Non-Indigenous	3 679	2 938	3 104	1 549	1 058	386	162	127	9 517
<b>Total</b>	<b>3 872</b>	<b>2 977</b>	<b>3 386</b>	<b>1 836</b>	<b>1 104</b>	<b>391</b>	<b>173</b>	<b>233</b>	<b>10 431</b>
<i>Suicide rate per 100 000 (e)</i>									
Aboriginal and Torres Strait Islander	16.1	np	23.4	40.6	21.3	np	np	26.4	23.7
Non-Indigenous	9.9	np	13.6	12.3	12.6	np	np	14.4	11.6

- (a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2012-2013 (final), 2014 (revised), 2015-2016 (preliminary). See Explanatory Notes 55-58 and A More Timely Annual Collection: Changes to ABS Processes (Technical Note) and Causes of Death Revisions, 2016 Final Data (Technical Note) in Causes of Death, Australia, 2016 (cat. no. 3303.0).
- (b) The population projections used in calculating the Aboriginal and Torres Strait Islander population in this table are for 2014 and are based on the 2011 Census. Non-Indigenous population estimates have been derived by subtracting the Aboriginal and Torres Strait Islander population projection from the total 2011-Census-based estimated resident population (ERP) for 2014. For rates calculated for the 2016 reference year, which appear in other data tables, the Aboriginal and Torres Strait Islander population component has been based on 2016-Census-based population estimates. The non-Indigenous component has been derived by subtracting the 2016-Census-based Aboriginal and Torres Strait Islander population estimates from the total 2016-Census-based ERP. Rates calculated from population denominators derived from different Censuses may cause artificially large rate differences. Rate comparisons made between 2016 and prior reference years should therefore be made with extreme caution. See Explanatory Note 67 for further information. Aboriginal and Torres Strait Islander population projections based on the 2016 Census will be released in Estimates and Projections, Aboriginal and Torres Strait Islander Australians (cat. no. 3238.0) in 2019.
- (c) Total includes data for NSW, Qld, SA, Wa and NT only. Data for Victoria, Tasmania and the Australian Capital Territory have been excluded in line with national reporting guidelines.
- (d) Although most deaths of Aboriginal and Torres Strait Islander people are registered, it is likely that some are not accurately identified as Aboriginal and Torres Strait Islander. Therefore, these data are likely to underestimate the Aboriginal and Torres Strait Islander mortality rate. See Explanatory Notes 59-70 for further details.
- (e) Age-standardised death rates (SDRs) enable the comparison of death rates between populations with different age structures. The SDRs in this table are presented on a per 100 000 population basis, using the estimated mid-year population (30 June) for the mid-point year (2014). Some rates are unreliable due to small numbers of deaths over the reference period. This can result in greater volatility of rates. As such, age-standardised death rates based on a death count of fewer than 20 have not been published, and appear as 'np'. See Explanatory Notes 42-45 and the Glossary in Causes of Death, Australia, 2016 (cat. no. 3303.0) for further information.
- np** Not published.

Source: □ ABS (2017) *Causes of Death, Australia*, Cat. no. 3303.0.

TABLE 13A.52

Table 13A.52 **Age-standardised proportions of adults by health risk factors and mental illness status (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
<i>2014-15</i>									
<i>Overweight/obese</i>									
People with mental or behavioural problems (e), (f)	64.1 ± 6.1	62.7 ± 4.0	63.3 ± 5.8	62.1 ± 7.5	66.2 ± 4.1	71.1 ± 6.4	69.9 ± 5.4	64.8 ± 12.0	63.7 ± 2.3
People without mental or behavioural problems	62.3 ± 2.5	63.1 ± 2.4	63.2 ± 2.2	59.7 ± 3.1	64.2 ± 2.9	64.6 ± 3.5	61.2 ± 2.7	65.2 ± 4.0	62.6 ± 1.1
All people	62.6 ± 2.5	62.8 ± 2.0	63.3 ± 2.1	60.3 ± 2.7	64.5 ± 2.4	65.9 ± 2.5	63.5 ± 2.6	64.6 ± 3.8	62.8 ± 1.0
<i>Daily smoker</i>									
People with mental or behavioural problems (e), (f)	21.7 ± 4.2	20.4 ± 4.9	22.3 ± 5.0	22.7 ± 4.7	20.0 ± 4.7	26.9 ± 4.9	18.4 ± 5.7	30.1 ± 10.4	21.8 ± 2.4
People without mental or behavioural problems	12.2 ± 1.8	12.6 ± 2.1	14.6 ± 1.7	12.8 ± 2.1	11.5 ± 1.8	17.0 ± 2.4	10.3 ± 1.9	18.1 ± 3.1	12.9 ± 0.8
All people	14.4 ± 1.7	13.9 ± 1.9	16.3 ± 1.9	14.2 ± 1.8	13.5 ± 1.9	19.3 ± 2.2	12.2 ± 1.7	19.9 ± 3.1	14.7 ± 0.9
<i>At risk of long term harm from alcohol (g)</i>									
People with mental or behavioural problems (e), (f)	18.3 ± 4.0	16.7 ± 4.2	20.4 ± 4.3	19.6 ± 5.1	15.7 ± 4.7	15.0 ± 4.4	21.7 ± 5.7	19.1* ± 9.8	18.2 ± 2.2
People without mental or behavioural problems	17.6 ± 2.1	15.1 ± 2.2	17.3 ± 1.9	20.4 ± 2.7	17.1 ± 2.2	20.1 ± 2.7	14.8 ± 2.4	18.4 ± 4.3	17.0 ± 0.9
All people	17.6 ± 1.9	15.6 ± 1.9	17.8 ± 1.7	20.5 ± 2.5	16.7 ± 2.1	19.1 ± 2.2	15.8 ± 2.2	18.7 ± 3.7	17.3 ± 0.9
<i>2011-12</i>									
<i>Overweight/obese</i>									
People with mental or behavioural problems (e), (f)	64.7 ± 5.9	66.3 ± 5.9	65.4 ± 6.4	73.6 ± 5.3	69.9 ± 6.2	65.4 ± 8.4	61.8 ± 6.7	68.1 ± 13.3	67.0 ± 2.5
People without mental or behavioural problems	60.2 ± 2.4	61.0 ± 2.3	65.3 ± 2.5	64.7 ± 2.3	65.5 ± 2.5	63.5 ± 2.7	63.9 ± 4.2	63.1 ± 4.5	62.4 ± 1.2
All people	61.1 ± 2.1	61.9 ± 2.2	65.4 ± 2.3	66.0 ± 2.1	66.1 ± 2.2	64.1 ± 2.5	63.6 ± 3.9	63.7 ± 3.9	63.2 ± 1.1
<i>Daily smoker</i>									

TABLE 13A.52

Table 13A.52 **Age-standardised proportions of adults by health risk factors and mental illness status (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
People with mental or behavioural problems (e), (f)	23.6 ± 4.5	28.9 ± 6.4	25.7 ± 4.6	26.0 ± 5.8	26.7 ± 4.9	32.4 ± 5.7	20.0 ± 5.6	29.1 ± 10.1	26.1 ± 2.4
People without mental or behavioural problems	13.4 ± 1.5	14.7 ± 1.7	15.8 ± 2.1	15.0 ± 1.9	15.5 ± 2.1	21.5 ± 2.3	11.7 ± 2.7	21.8 ± 3.0	14.7 ± 0.8
All people	14.8 ± 1.4	16.8 ± 1.8	17.5 ± 1.9	16.9 ± 2.1	17.4 ± 1.8	23.2 ± 2.2	13.4 ± 2.6	22.6 ± 2.8	16.5 ± 0.7
<i>At risk of long term harm from alcohol (g)</i>									
People with mental or behavioural problems (e), (f)	21.7 ± 4.9	20.5 ± 3.8	20.4 ± 4.4	25.1 ± 4.7	17.8 ± 5.3	22.2 ± 6.0	22.4 ± 6.9	19.8 ± 9.0	21.3 ± 2.0
People without mental or behavioural problems	17.9 ± 1.7	17.0 ± 1.8	19.8 ± 2.0	25.2 ± 2.4	18.2 ± 1.9	23.0 ± 2.7	20.6 ± 2.3	25.0 ± 3.8	19.0 ± 0.9
All people	18.5 ± 1.5	17.5 ± 1.6	19.9 ± 1.8	25.3 ± 2.1	18.2 ± 1.8	22.8 ± 2.4	21.0 ± 2.4	24.2 ± 3.5	19.4 ± 0.8

- (a) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent). A '\*' indicates a Relative Standard Error (RSE) of between 25 per cent and 50 per cent. Proportions with RSEs greater than 25 per cent should be used with caution.
- (b) Numerators — Proportion of adults (aged 18 years or over) who are overweight or obese, a daily smoker or at risk of long term harm from alcohol, by mental health status, by state. Denominators — Proportion of adults (aged 18 years or over) by mental health status, by state.
- (c) As State and Territory comparisons are affected by age, proportions have been age standardised to the 2001 estimated resident population.
- (d) Data for NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.
- (e) People with a mental or behavioural condition are defined as having a current self-reported mental and behavioural problem that has lasted for six months, or which the respondent expects to last for six months or more.
- (f) Includes organic mental conditions, alcohol and drug conditions, mood conditions and other mental and behavioural conditions.
- (g) 'At risk of long term harm' is based on the 2009 National Health and Medical Research Council (NHMRC) guidelines.

Source: ABS (unpublished) National Health Survey 2014-15; Australian Health Survey 2011-13 (2011-12 NHS component), Cat. no. 4364.0.

TABLE 13A.53

Table 13A.53 **Age-standardised proportions of adults by long-term health conditions and mental illness status (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
<i>2014-15</i>									
<i>Cancer</i>									
People with mental or behavioural problems (e), (f)	3.4 ± 1.6	1.5* ± 1.1	3.5* ± 2.3	2.2* ± 1.5	3.5* ± 2.2	2.6* ± 2.0	4.1* ± 2.6	–	2.6 ± 0.6
People without mental or behavioural problems	1.7 ± 0.6	1.5 ± 0.5	2.5 ± 0.8	1.2 ± 0.6	1.8 ± 0.6	0.9* ± 0.7	1.6* ± 1.0	1.0* ± 0.9	1.8 ± 0.3
All people	2.0 ± 0.6	1.5 ± 0.4	2.6 ± 0.7	1.5 ± 0.5	2.1 ± 0.6	1.3 ± 0.6	2.4 ± 0.8	np	2.0 ± 0.3
<i>Diabetes</i>									
People with mental or behavioural problems (e), (f)	9.9 ± 2.5	7.6 ± 3.1	7.8 ± 2.8	8.9 ± 4.0	9.2 ± 3.6	6.9 ± 2.6	4.7* ± 4.3	11.7* ± 6.6	8.8 ± 1.3
People without mental or behavioural problems	5.3 ± 1.0	5.9 ± 1.1	4.9 ± 1.0	5.6 ± 1.0	5.3 ± 1.1	4.9 ± 1.2	5.8 ± 1.7	6.3 ± 2.6	5.4 ± 0.4
All people	6.4 ± 0.9	6.2 ± 0.9	5.4 ± 1.0	6.0 ± 1.0	6.1 ± 1.3	5.5 ± 1.1	5.7 ± 1.7	6.7 ± 2.4	6.1 ± 0.4
<i>Arthritis</i>									
People with mental or behavioural problems (e), (f)	28.3 ± 3.0	25.0 ± 4.1	26.4 ± 4.1	19.8 ± 4.7	25.9 ± 5.1	32.7 ± 3.8	25.7 ± 4.7	24.4 ± 10.7	26.4 ± 1.7
People without mental or behavioural problems	17.0 ± 1.6	16.5 ± 1.3	14.4 ± 1.4	15.4 ± 1.9	18.6 ± 1.8	22.7 ± 2.6	16.8 ± 2.5	11.3 ± 3.2	16.4 ± 0.7
All people	19.3 ± 1.4	18.1 ± 1.3	16.4 ± 1.4	16.5 ± 1.8	20.2 ± 1.6	25.2 ± 2.2	18.3 ± 2.1	13.4 ± 3.0	18.4 ± 0.7
<i>Cardiovascular disease</i>									
People with mental or behavioural problems (e), (f)	6.2 ± 2.0	10.4 ± 2.3	8.8 ± 3.1	9.0 ± 3.3	10.8 ± 3.0	11.8 ± 4.2	9.4 ± 4.4	6.3* ± 5.5	8.6 ± 1.0
People without mental or behavioural problems	5.5 ± 1.0	5.8 ± 0.9	6.3 ± 1.3	4.9 ± 1.2	4.7 ± 1.0	7.5 ± 1.5	4.4 ± 1.4	4.5 ± 2.1	5.6 ± 0.5
All people	5.8 ± 1.0	6.5 ± 0.9	6.8 ± 1.1	5.6 ± 1.1	5.9 ± 1.0	8.3 ± 1.5	5.5 ± 1.4	5.1 ± 1.8	6.2 ± 0.4
<i>Asthma</i>									

TABLE 13A.53

Table 13A.53 **Age-standardised proportions of adults by long-term health conditions and mental illness status (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
People with mental or behavioural problems (e), (f)	18.1 ± 3.9	19.1 ± 3.6	16.3 ± 4.3	14.1 ± 4.5	16.9 ± 5.0	18.5 ± 4.6	18.4 ± 5.3	13.7 ± 6.6	17.4 ± 1.6
People without mental or behavioural problems	8.1 ± 1.5	10.1 ± 1.6	9.1 ± 1.5	8.1 ± 1.5	9.8 ± 1.6	11.2 ± 2.1	9.9 ± 2.3	8.9 ± 3.6	9.0 ± 0.7
All people	10.1 ± 1.4	11.7 ± 1.6	10.9 ± 1.6	9.3 ± 1.6	11.4 ± 1.7	12.8 ± 1.9	11.5 ± 2.1	10.1 ± 2.9	10.7 ± 0.7
<i>2011-12</i>									
<i>Cancer</i>									
People with mental or behavioural problems (e), (f)	3.0* ± 1.9	3.9* ± 2.2	3.2* ± 1.8	6.6 ± 3.0	1.5* ± 1.2	4.4* ± 2.7	3.4* ± 2.7	13.4* ± 7.3	3.5 ± 0.9
People without mental or behavioural problems	1.1 ± 0.4	1.6 ± 0.5	2.1 ± 0.6	1.5 ± 0.5	1.4 ± 0.5	1.6 ± 0.7	2.1* ± 1.0	1.7* ± 0.9	1.5 ± 0.2
All people	1.4 ± 0.4	2.0 ± 0.6	2.2 ± 0.6	2.3 ± 0.6	1.4 ± 0.5	2.2 ± 0.7	2.3 ± 1.0	2.8 ± 1.3	1.8 ± 0.2
<i>Diabetes</i>									
People with mental or behavioural problems (e), (f)	7.5 ± 2.9	5.9 ± 2.1	7.2 ± 2.5	6.4 ± 2.5	6.1 ± 2.5	6.4 ± 3.0	3.4* ± 2.5	10.5* ± 9.9	6.6 ± 1.1
People without mental or behavioural problems	5.5 ± 0.8	5.0 ± 0.8	4.7 ± 1.0	5.5 ± 1.2	5.7 ± 1.2	5.3 ± 1.3	5.8 ± 1.6	6.9 ± 2.6	5.3 ± 0.4
All people	5.8 ± 0.8	5.2 ± 0.8	5.2 ± 1.0	5.6 ± 1.1	5.8 ± 1.0	5.6 ± 1.2	5.4 ± 1.3	7.5 ± 2.1	5.5 ± 0.4
<i>Arthritis</i>									
People with mental or behavioural problems (e), (f)	29.1 ± 5.5	25.4 ± 4.1	25.1 ± 4.2	24.2 ± 5.1	26.3 ± 4.2	29.4 ± 4.9	31.9 ± 4.6	26.2 ± 11.5	26.9 ± 2.4
People without mental or behavioural problems	17.0 ± 1.3	15.9 ± 1.4	16.1 ± 1.6	17.3 ± 1.8	17.7 ± 1.9	19.8 ± 2.0	16.8 ± 2.5	14.1 ± 3.2	16.7 ± 0.7
All people	18.9 ± 1.1	17.4 ± 1.4	17.6 ± 1.6	18.6 ± 1.8	19.2 ± 1.9	21.6 ± 2.0	19.3 ± 2.5	15.5 ± 3.2	18.3 ± 0.7
<i>Cardiovascular disease</i>									
People with mental or behavioural problems (e), (f)	7.6 ± 2.4	9.6 ± 2.9	12.9 ± 3.4	8.2 ± 2.8	9.9 ± 2.6	11.9 ± 4.0	15.6 ± 4.4	14.5* ± 10.7	9.5 ± 1.2

TABLE 13A.53

Table 13A.53 **Age-standardised proportions of adults by long-term health conditions and mental illness status (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Total
People without mental or behavioural problems	5.8 ± 0.9	4.3 ± 0.8	5.8 ± 0.9	4.6 ± 0.9	4.9 ± 1.0	6.2 ± 1.2	5.6 ± 1.4	4.3 ± 1.9	5.2 ± 0.4
All people	6.1 ± 0.9	5.1 ± 0.8	6.8 ± 0.9	5.2 ± 0.9	5.7 ± 0.9	7.0 ± 1.1	7.4 ± 1.4	5.5 ± 2.4	5.9 ± 0.4
<i>Asthma</i>									
People with mental or behavioural problems (e), (f)	16.5 ± 3.9	18.8 ± 4.0	15.5 ± 3.4	16.0 ± 5.0	14.7 ± 4.3	17.0 ± 5.6	18.8 ± 5.7	17.6* ± 10.9	16.7 ± 1.8
People without mental or behavioural problems	8.8 ± 1.5	9.4 ± 1.2	9.3 ± 1.3	9.7 ± 1.5	9.8 ± 1.7	9.8 ± 2.0	8.3 ± 1.7	7.7 ± 2.5	9.2 ± 0.7
All people	9.9 ± 1.5	10.8 ± 1.2	10.3 ± 1.3	10.8 ± 1.4	10.7 ± 1.6	11.1 ± 2.0	10.0 ± 1.7	8.7 ± 2.3	10.4 ± 0.7

(a) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent). A '\*' indicates a Relative Standard Error (RSE) of between 25 per cent and 50 per cent. Proportions with RSEs greater than 25 per cent should be used with caution.

(b) Numerators — Proportion of adults (aged 18 years or over) who have the specific long-term health condition, by mental health status, by state. Denominators — Proportion of adults (aged 18 years or over), by mental health status, by state.

(c) As State and Territory comparisons are affected by age, proportions have been age standardised to the 2001 estimated resident population.

(d) Data for NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.

(e) People with a mental or behavioural condition are defined as having a current self-reported mental and behavioural problem that has lasted for six months, or which the respondent expects to last for six months or more.

(f) Includes organic mental conditions, alcohol and drug conditions, mood conditions and other mental and behavioural conditions.

**np** Not published. – Nil or rounded to zero.

Source: ABS (unpublished) National Health Survey 2014-15; Australian Health Survey 2011-13 (2011-12 NHS component), Cat. no. 4364.0.

TABLE 13A.54

Table 13A.54 **Age-standardised proportion of the population aged 16–30 years who are employed and/or are enrolled for study in a formal secondary or tertiary qualification (full or part-time), by mental health status (per cent) (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Total
<b>2014-15</b>									
People with mental or behavioural problems (e), (f)	81.9 ± 11.6	82.2 ± 13.3	75.6 ± 11.3	80.6 ± 17.6	72.9 ± 14.1	74.9 ± 13.1	84.3 ± 10.1	87.1 ± 15.8	79.5 ± 4.8
People without mental or behavioural problems	92.4 ± 2.2	94.3 ± 2.0	89.6 ± 3.1	90.9 ± 3.8	89.7 ± 3.1	87.4 ± 4.6	100.0 ± 7.8	88.4 ± 1.3	91.3 ± 1.3
All people	89.8 ± 3.5	90.3 ± 2.4	87.1 ± 3.4	88.4 ± 3.6	86.9 ± 4.2	83.6 ± 5.2	95.2 ± 2.8	89.3 ± 3.6	88.8 ± 1.6
<b>2011-12</b>									
People with mental or behavioural problems (e), (f)	80.8 ± 9.1	80.4 ± 12.2	79.4 ± 8.3	70.9 ± 11.9	84.2 ± 10.2	74.8 ± 11.0	82.2 ± 12.3	55.2* ± 27.9	79.2 ± 4.2
People without mental or behavioural problems	93.2 ± 2.4	90.5 ± 2.7	87.0 ± 3.4	88.7 ± 3.7	85.5 ± 4.7	86.6 ± 4.8	97.2 ± 2.1	87.5 ± 5.4	90.2 ± 1.2
All people	91.8 ± 2.3	89.2 ± 2.8	85.8 ± 3.3	85.7 ± 4.0	85.4 ± 4.4	84.5 ± 4.3	94.9 ± 2.6	83.2 ± 6.1	88.7 ± 1.1
<b>2007-08</b>									
People with a mental illness (e), (f)	78.1 ± 11.8	80.7 ± 10.0	83.6 ± 11.3	84.0 ± 10.6	66.1 ± 9.8	63.0 ± 17.5	88.3 ± 7.2	np	79.6 ± 5.7
People without a mental illness	89.8 ± 2.9	91.8 ± 2.7	86.9 ± 4.4	89.8 ± 3.9	89.1 ± 3.1	87.0 ± 5.1	94.7 ± 2.3	88.0 ± 24.9	89.7 ± 1.7
All people	88.4 ± 2.8	90.3 ± 2.6	86.4 ± 3.9	88.9 ± 4.0	85.9 ± 3.3	83.3 ± 6.0	93.8 ± 2.1	88.0 ± 24.9	88.4 ± 1.6

(a) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent). A '\*' indicates a Relative Standard Error (RSE) of between 25 per cent and 50 per cent. Estimates with RSEs greater than 25 per cent should be used with caution.

(b) Numerators – Number of people aged 16–30 years who are employed and/or are enrolled for study in a formal secondary or tertiary qualification (full or part-time), by mental health status, by state. Denominators – Number of people aged 16–30 years, by mental health status, by state.

(c) As State and Territory comparisons are affected by age, proportions have been age standardised to the 2001 estimated resident population.

(d) Data for NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.

(e) People with a mental or behavioural condition are defined as having a current self-reported mental and behavioural problem that has lasted for six months, or which the respondent expects to last for six months or more.

(f) Includes organic mental conditions, alcohol and drug conditions, mood conditions and other mental and behavioural conditions.

**np** Not published.

Source: ABS (unpublished) National Health Survey 2014-15; Australian Health Survey 2011-13 (2011-12 NHS component), 2007-08 National Health Survey, Cat. no. 4364.0.

TABLE 13A.55

Table 13A.55 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
<b>2014-15</b>									
People aged 16–64 years who are employed									
People with mental or behavioural problems (e), (f)	61.2 ± 5.5	60.8 ± 5.4	61.2 ± 5.2	67.4 ± 7.8	62.9 ± 7.2	57.6 ± 6.6	73.5 ± 6.4	70.1 ± 8.0	62.3 ± 2.4
People without mental or behavioural problems	79.4 ± 2.8	79.7 ± 2.2	79.6 ± 2.2	80.9 ± 2.4	78.6 ± 2.6	78.8 ± 4.0	87.2 ± 2.1	86.4 ± 2.9	79.8 ± 1.4
All people	76.0 ± 2.6	76.0 ± 2.2	76.1 ± 1.9	78.9 ± 2.4	75.0 ± 2.7	73.4 ± 3.3	83.1 ± 2.1	85.5 ± 2.9	76.3 ± 1.3
People aged 16–64 years who are unemployed									
People with mental or behavioural problems (e), (f)	8.9 ± 3.7	10.5 ± 4.5	6.8 ± 3.2	6.6* ± 3.3	7.4* ± 4.6	9.7 ± 3.6	7.5* ± 4.5	np	8.6 ± 1.6
People without mental or behavioural problems	3.3 ± 1.1	3.3 ± 1.1	4.8 ± 1.3	2.8 ± 1.3	3.8 ± 1.4	4.4 ± 2.1	1.9* ± 1.0	np	3.5 ± 0.6
All people	4.3 ± 1.0	4.7 ± 1.2	5.5 ± 1.4	3.4 ± 1.2	4.6 ± 1.4	5.0 ± 1.8	2.7 ± 1.1	2.3* ± 1.6	4.5 ± 0.6
People aged 16–64 years who are in the labour force									
People with mental or behavioural problems (e), (f)	69.8 ± 5.7	71.9 ± 5.4	68.5 ± 4.9	73.3 ± 5.2	71.0 ± 4.8	66.1 ± 6.6	81.5 ± 4.7	77.4 ± 4.0	70.7 ± 2.6
People without mental or behavioural problems	82.5 ± 2.3	82.5 ± 2.3	84.6 ± 1.9	83.7 ± 2.3	82.3 ± 2.5	83.1 ± 3.4	88.8 ± 2.5	89.0 ± 2.8	83.3 ± 1.3
All people	80.3 ± 2.2	80.8 ± 2.1	81.3 ± 1.7	82.1 ± 2.4	79.5 ± 2.3	78.2 ± 2.7	86.1 ± 2.0	87.5 ± 2.5	80.8 ± 1.1
People aged 16–64 years who are not in the labour force									
People with mental or behavioural problems (e), (f)	31.9 ± 5.0	27.8 ± 4.7	31.4 ± 5.1	25.7 ± 7.3	30.6 ± 6.8	35.4 ± 5.9	22.0 ± 5.8	25.0 ± 9.4	29.2 ± 2.3
People without mental or behavioural problems	17.3 ± 2.1	17.1 ± 2.0	15.4 ± 1.9	16.5 ± 2.5	17.6 ± 2.4	17.4 ± 2.7	11.4 ± 2.1	10.9 ± 2.6	16.7 ± 1.0
All people	19.9 ± 2.3	19.2 ± 2.1	18.7 ± 1.8	18.0 ± 2.5	20.5 ± 2.4	21.7 ± 2.7	14.0 ± 2.1	11.9 ± 2.6	19.2 ± 1.1

**2011-12**

People aged 16–64 years who are employed



TABLE 13A.55

Table 13A.55 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
People with mental or behavioural problems (e), (f)	65.2 ± 7.7	59.4 ± 6.4	57.7 ± 6.7	65.0 ± 5.9	61.2 ± 7.2	51.6 ± 8.7	72.5 ± 8.2	63.2 ± 10.3	61.7 ± 3.1
People without mental or behavioural problems	78.7 ± 1.7	81.0 ± 1.8	81.8 ± 2.0	81.5 ± 1.9	78.7 ± 2.4	76.1 ± 2.9	85.6 ± 2.1	84.8 ± 3.1	80.3 ± 0.9
All people	76.6 ± 2.0	77.7 ± 1.8	77.7 ± 2.1	78.7 ± 1.9	76.0 ± 2.5	71.8 ± 3.2	83.4 ± 2.3	81.9 ± 3.1	77.4 ± 1.0
People aged 16–64 years who are unemployed									
People with mental or behavioural problems (e), (f)	4.3* ± 2.7	6.0* ± 3.2	9.6 ± 3.3	5.5* ± 3.6	7.0* ± 3.6	8.7* ± 4.6	2.9* ± 2.7	5.6** ± 7.0	6.3 ± 1.4
People without mental or behavioural problems	2.8 ± 0.9	2.8 ± 1.0	3.2 ± 1.0	2.8 ± 1.1	3.8 ± 1.3	3.6 ± 1.2	1.4* ± 0.9	2.0* ± 1.2	3.0 ± 0.4
All people	3.0 ± 0.8	3.4 ± 1.0	4.3 ± 1.0	3.3 ± 1.0	4.3 ± 1.2	4.4 ± 1.3	1.8* ± 0.9	2.4* ± 1.2	3.5 ± 0.4
People aged 16–64 years who are in the labour force									
People with mental or behavioural problems (e), (f)	69.5 ± 7.3	65.4 ± 6.5	67.3 ± 6.6	70.6 ± 6.2	68.2 ± 7.2	60.3 ± 8.7	75.4 ± 7.9	68.7 ± 11.2	68.0 ± 3.2
People without mental or behavioural problems	81.5 ± 1.6	83.8 ± 1.7	85.1 ± 1.8	84.4 ± 1.8	82.5 ± 2.1	79.6 ± 2.9	87.0 ± 2.0	86.8 ± 2.7	83.3 ± 0.9
All people	79.7 ± 1.8	81.1 ± 1.7	82.0 ± 1.8	81.9 ± 1.6	80.3 ± 2.2	76.2 ± 3.0	85.1 ± 2.0	84.3 ± 2.7	80.8 ± 0.9
People aged 16–64 years who are not in the labour force									
People with mental or behavioural problems (e), (f)	30.5 ± 7.3	34.6 ± 6.5	32.7 ± 6.6	29.4 ± 6.2	31.8 ± 7.2	39.7 ± 8.8	24.6 ± 7.9	31.3 ± 11.1	32.0 ± 3.2
People without mental or behavioural problems	18.5 ± 1.6	16.2 ± 1.7	14.9 ± 1.8	15.6 ± 1.8	17.5 ± 2.1	20.4 ± 2.9	13.0 ± 2.0	13.2 ± 2.7	16.7 ± 0.9
All people	20.3 ± 1.8	18.9 ± 1.7	18.0 ± 1.8	18.1 ± 1.6	19.7 ± 2.2	23.8 ± 3.0	14.9 ± 2.0	15.7 ± 2.7	19.2 ± 0.9
<i>2007-08</i>									
People aged 16–64 years who are employed									
People with mental or behavioural problems (e), (f)	59.3 ± 6.2	68.2 ± 5.8	65.4 ± 6.9	70.8 ± 7.5	48.6 ± 6.9	55.7 ± 8.3	75.4 ± 5.9	57.2 ± 23.7	63.8 ± 3.2

TABLE 13A.55

Table 13A.55 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
People without mental or behavioural problems	78.0 ± 2.3	79.8 ± 2.0	79.0 ± 2.3	83.1 ± 2.3	79.3 ± 2.6	74.2 ± 3.1	85.9 ± 2.1	83.4 ± 11.1	79.4 ± 1.0
All people	75.6 ± 2.2	78.4 ± 1.8	77.0 ± 2.2	81.3 ± 2.4	75.1 ± 2.6	71.6 ± 3.1	84.5 ± 2.0	83.9 ± 8.8	77.3 ± 1.0
People aged 16–64 years who are unemployed									
People with mental or behavioural problems (e), (f)	7.2 ± 3.3	4.2 ± 2.0	4.2* ± 3.2	3.1* ± 2.5	8.7 ± 3.5	6.6* ± 5.9	3.6* ± 3.5	–	5.3 ± 1.2
People without mental or behavioural problems	2.4 ± 0.8	2.3 ± 0.8	2.9 ± 1.1	2.3 ± 1.1	3.1 ± 1.0	4.1 ± 2.0	np	np	2.5 ± 0.4
All people	3.1 ± 0.8	2.5 ± 0.7	3.1 ± 1.0	2.4 ± 1.0	3.9 ± 1.0	4.3 ± 1.7	np	np	2.9 ± 0.4
People aged 16–64 years who are in the labour force									
People with mental or behavioural problems (e), (f)	66.4 ± 5.7	72.4 ± 6.1	69.6 ± 6.2	73.9 ± 7.2	57.3 ± 7.2	62.3 ± 9.5	79.1 ± 5.9	57.2 ± 23.7	69.1 ± 2.8
People without mental or behavioural problems	80.4 ± 2.2	82.1 ± 2.0	81.9 ± 2.1	85.4 ± 2.1	82.4 ± 2.2	78.3 ± 2.8	87.4 ± 2.0	85.1 ± 10.5	81.9 ± 1.0
All people	78.7 ± 2.1	80.9 ± 1.8	80.1 ± 1.9	83.7 ± 2.2	79.0 ± 2.1	75.9 ± 3.1	86.2 ± 1.9	85.6 ± 8.1	80.2 ± 1.0
People aged 16–64 years who are not in the labour force									
People with mental or behavioural problems (e), (f)	33.6 ± 5.7	27.6 ± 6.1	30.4 ± 6.2	26.1 ± 7.2	42.7 ± 7.2	37.7 ± 9.5	np	np	30.9 ± 2.8
People without mental or behavioural problems	19.6 ± 2.2	17.9 ± 2.0	18.1 ± 2.1	14.6 ± 2.1	17.6 ± 2.2	21.7 ± 2.8	np	np	18.1 ± 1.0
All people	21.3 ± 2.1	19.1 ± 1.8	19.9 ± 1.9	16.3 ± 2.2	21.0 ± 2.1	24.1 ± 3.1	13.8 ± 1.9	14.4* ± 8.1	19.8 ± 1.0

(a) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent). A <sup>†</sup> indicates a Relative Standard Error (RSE) of between 25 per cent and 50 per cent. Proportions with RSEs greater than 25 per cent should be used with caution. A <sup>†††</sup> indicates a RSE of greater than 50 per cent. Proportions with RSEs greater than 50 per cent are considered too unreliable for general use.

(b) Numerators — Number of people aged 16–64 years who are employed, unemployed, in the labour force or not in the labour force, by mental health status, by state. Denominators — Number of people aged 16–64 years, by mental health status, by state.

(c) As State and Territory comparisons are affected by age, proportions have been age standardised to the 2001 estimated resident population.

**Table 13A.55 Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Total</i>
(d) Data for NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.									
(e) People with a mental or behavioural condition are defined as having a current self-reported mental and behavioural problem that has lasted for six months, or which the respondent expects to last for six months or more.									
(f) Includes organic mental conditions, alcohol and drug conditions, mood conditions and other mental and behavioural conditions. – Nil or rounded to zero. <b>np</b> Not published.									

*Source:* ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component), Cat. no. 4364.0; ABS (unpublished) National Health Survey 2014-15.

TABLE 13A.56

Table 13A.56 **Proportion of people who had face-to-face contact with family or friends living outside the household in the last week, by mental illness status, 2014 (per cent) (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Total</i>
People with a mental illness	75.4 ± 7.3	79.0 ± 5.3	72.5 ± 5.2	77.0 ± 6.6	81.7 ± 8.1	78.1 ± 5.2	76.3 ± 5.9	54.8 ± 11.5	76.5 ± 3.1
People without a mental illness	75.1 ± 2.8	77.9 ± 3.1	75.6 ± 3.3	77.4 ± 3.1	85.1 ± 2.1	86.5 ± 2.8	75.8 ± 2.6	69.6 ± 4.6	77.1 ± 1.4
All people	75.2 ± 2.4	78.2 ± 2.4	75.0 ± 2.9	77.3 ± 3.0	84.2 ± 2.0	84.6 ± 2.2	75.6 ± 2.7	68.2 ± 4.5	77.0 ± 1.2

- (a) People with a mental illness is a self-reported data item. The data item refers to clinically recognised emotional and behavioural disorders, and perceived mental health problems such as feeling depressed, feeling anxious, stress and sadness.
- (b) People who had face-to-face contact with family or friends living outside the household in the last week refers to those who reported having contact everyday or at least weekly.
- (c) The rates reported in this table include 95 per cent confidence intervals (for example, X per cent ± X per cent).
- (d) Cells in this table may have been randomly adjusted to avoid the release of confidential data.
- (e) Data for NT should be interpreted with caution as the 2014 General Social Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 28 per cent of the estimated resident population of the NT living in private dwellings.

Source: ABS (unpublished) General Social Survey 2014, Cat. no. 4159.0 (derived using Table Builder product).

TABLE 13A.57

**Table 13A.57 Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)**

<i>Unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>
<b>2008-09</b>									
Group A: People discharged from hospital (d)									
no.	5 605	6 350	2 205	2 944	2 360	321	46	104	19 935
%	27.8	46.5	20.6	47.9	46.3	20.2	4.9	18.2	33.8
Group B: People discharged from community-based ambulatory care (e)									
no.	1 985	6 804	3 577	1 162	1 420	305	np	25	15 278
%	10.3	62.3	19.3	18.8	27.2	21.2	np	3.3	23.7
Group C: People in ongoing community-based ambulatory care (f)									
no.	5 108	6 472	5 759	3 558	3 340	712	175	383	25 507
%	16.1	34.0	34.0	30.9	37.7	21.3	5.6	25.0	27.1
<b>2009-10</b>									
Group A: People discharged from hospital (d)									
no.	5 726	7 652	1 586	2 833	2 303	275	62	132	20 569
%	28.2	54.3	14.8	42.7	43.4	–	7.0	23.8	34.2
Group B: People discharged from community-based ambulatory care (e)									
no.	1 740	5 399	2 117	1 282	1 402	230	–	40	12 210
%	8.8	48.4	13.9	19.8	26.8	18.8	–	5.0	20.1
Group C: People in ongoing community-based ambulatory care (f)									
no.	6 479	7 895	6 544	4 064	3 201	685	335	396	29 599
%	19.1	44.1	32.0	34.9	36.3	29.8	9.9	23.8	29.9
<b>2010-11</b>									
Group A: People discharged from hospital (d)									
no.	5 497	8 044	2 367	3 104	2 128	401	79	183	21 803
%	27.9	55.7	21.3	43.4	36.6	27.9	8.1	31.7	35.6
Group B: People discharged from community-based ambulatory care (e)									
no.	1 753	6 286	2 590	1 300	1 381	313	–	39	13 662
%	8.4	49.3	15.9	17.7	23.6	20.9	–	5.2	20.0
Group C: People in ongoing community-based ambulatory care (f)									
no.	6 020	8 165	7 146	4 453	3 150	703	466	354	30 457
%	18.0	45.7	35.1	36.2	36.3	31.6	13.8	20.3	30.7
<b>2011-12</b>									
Group A: People discharged from hospital (d)									
no.	5 632	na	3 200	3 454	2 151	673	30	201	15 341
%	27.1	na	27.3	47.3	39.6	43.8	3.0	32.6	31.7
Group B: People discharged from community-based ambulatory care (e)									
no.	2 022	na	2 419	1 242	1 369	232	–	44	7 328
%	10.3	na	13.6	15.5	21.5	13.9	–	4.7	13.2
Group C: People in ongoing community-based ambulatory care (f)									
no.	7 498	na	7 133	3 651	3 200	541	276	402	22 701
%	21.1	na	34.1	29.1	34.8	22.9	7.8	19.6	26.5
<b>2012-13</b>									
Group A: People discharged from hospital (d)									

**Table 13A.57 Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)**

<i>Unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>
no.	6 413	na	4 395	3 435	2 025	913	63	202	17 446
%	29.3	na	34.4	43.4	39.9	49.5	5.8	30.3	34.0
Group B: People discharged from community-based ambulatory care (e)									
no.	2 123	na	3 590	1 328	1 331	340	2	49	8 763
%	10.7	na	18.7	14.8	19.4	35.3	–	4.2	15.1
Group C: People in ongoing community-based ambulatory care (f)									
no.	7 057	na	8 254	3 855	3 409	618	302	412	23 907
%	20.4	na	38.9	29.5	36.1	38.9	8.1	17.9	28.0
<b>2013-14 (c)</b>									
Group A: People discharged from hospital (d)									
no.	5 647	7 086	5 187	3 633	1 699	571	237	218	24 278
%	25.1	44.6	40.2	44.3	35.2	31.5	23.3	32.5	35.8
Group B: People discharged from community-based ambulatory care (e)									
no.	2 247	5 722	4 269	1 476	1 433	366	–	29	15 542
%	10.9	50.9	22.8	15.3	19.2	21.5	–	2.6	21.5
Group C: People in ongoing community-based ambulatory care (f)									
no.	6 407	6 836	8 684	3 864	3 634	843	294	396	30 958
%	19.8	37.2	41.2	28.6	35.7	34.3	6.9	16.6	30.1
<b>2014-15 (c)</b>									
Group A: People discharged from hospital (d)									
no.	5 729	7 025	6 457	4 383	1 640	716	44	259	26 253
%	24.2	41.9	48.6	51.8	30.5	39.1	4.3	40.1	37.0
Group B: People discharged from community-based ambulatory care (e)									
no.	1 866	6 219	5 985	1 534	1 285	312	–	21	17 222
%	8.9	51.6	31.4	16.2	17.3	18.2	–	1.7	23.3
Group C: People in ongoing community-based ambulatory care (f)									
no.	6 912	6 726	10 273	4 197	3 538	761	103	429	32 939
%	19.9	36.7	50.1	28.4	35.0	33.8	2.4	18.0	31.6
<b>2015-16</b>									
Group A: People discharged from hospital (d)									
no.	5 308	7 240	6 777	4 719	2 175	840	42	244	27 345
%	21.6	40.3	45.8	52.8	32.8	46.0	3.9	34.7	35.7
Group B: People discharged from community-based ambulatory care (e)									
no.	1 955	6 153	7 517	2 217	1 192	321	–	21	19 376
%	9.1	50.8	37.2	21.4	14.7	19.6	–	1.8	24.9
Group C: People in ongoing community-based ambulatory care (f)									
no.	6 617	6 154	11 339	4 509	3 356	741	281	434	33 431
%	19.8	34.7	54.9	32.5	33.2	31.7	6.1	17.2	32.8

(a) These data were prepared by the Australian Mental Health Outcomes and Classification Network, using data submitted by State and Territory governments to the Australian Government Department of Health. To be counted as an episode for which consumer outcome measures are collected, data need to be completed correctly (a specified minimum number of items completed) and have a 'matching pair' — that is, a beginning and end rating are needed to enable an outcome score to be determined.

**Table 13A.57 Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>
(b)	Estimates of the number of episodes with complete outcome data for state and territory mental health services for all years are based on an analytic approach that compares the number of episodes with 'matched pairs' outcomes data to data submitted for the various mental health National Minimum Data Sets.									
(c)	Data are not available for Victoria for 2011-12 and 2012-13. All totals for 2011-12 and 2012-13 exclude Victoria. Industrial action in Tasmania has limited the available data quality and quantity of the 2011-12 and 2012-13 data.									
(d)	Group A covers people who received a discrete episode of inpatient care within a state/territory designated psychiatric inpatient unit during the reference year. The defining characteristic of the group is that the episode of inpatient care commenced, and was completed, within the year.									
(e)	Group B covers people who received relatively short term community care from a state/territory mental health service during the reference year. The defining characteristic of the group is that the episode of community care commenced, and was completed, within the year.									
(f)	Group C covers people receiving relatively long term community care from a state/territory mental health service. It includes people who were receiving care for the whole of the reference year, and those who commenced community care sometime after 1 July who continued under care for the rest of the year. The defining characteristic of the group is that all remained in ongoing care when the year ended (30 June).									

**na** Not available. – Nil or rounded to zero. **np** Not published.

*Source:* AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network.

TABLE 13A.58

**Table 13A.58 People who received mental health care provided by State and Territory public mental health services and who significantly improved, by service type and age group (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
<b>2008-09</b>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	59.4	74.3	74.3	74.2	np	np	np	np	69.1
Aged 18–64 years	76.2	77.0	74.7	78.2	71.5	77.5	np	np	76.0
Aged 65 years or over	69.5	72.0	np	64.1	70.7	np	np	np	69.2
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	57.2	48.4	60.0	np	40.5	np	np	np	51.8
Aged 18–64 years	59.6	51.5	58.6	55.8	57.0	np	np	np	54.8
Aged 65 years or over	47.4	47.9	50.3	44.0	np	np	np	np	47.5
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	37.7	41.5	40.3	38.7	28.9	np	np	np	36.9
Aged 18–64 years	22.6	27.6	27.7	24.0	26.1	24.5	np	27.0	25.8
Aged 65 years or over	19.4	29.1	25.0	21.2	26.6	np	np	np	24.2
<b>2009-10</b>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	52.3	67.9	np	67.5	np	np	np	np	62.2
Aged 18–64 years	72.3	74.8	75.9	76.2	71.8	77.3	np	np	74.0
Aged 65 years or over	59.5	70.2	np	60.7	68.7	np	np	np	65.4
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	61.8	51.8	58.9	64.5	42.9	np	np	np	52.9
Aged 18–64 years	55.7	55.4	62.4	55.2	58.1	np	np	np	57.1
Aged 65 years or over	43.1	50.5	51.5	45.8	np	np	np	np	49.3
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	33.3	38.2	41.5	39.3	28.4	np	np	np	36.4
Aged 18–64 years	21.6	26.9	30.2	26.5	24.5	27.4	16.4	24.7	26.0
Aged 65 years or over	21.7	25.9	25.6	20.4	20.2	np	np	np	22.9
<b>2010-11</b>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	60.4	62.5	np	67.6	np	np	np	np	60.6
Aged 18–64 years	71.5	74.4	75.5	77.5	74.5	77.3	np	np	74.3
Aged 65 years or over	60.1	74.7	64.9	61.6	81.2	np	np	np	68.5
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	60.5	55.0	58.4	64.6	39.1	np	np	np	53.2
Aged 18–64 years	54.8	46.5	64.7	53.5	61.1	np	np	np	52.9
Aged 65 years or over	47.1	45.5	50.0	45.9	np	np	np	np	46.5
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	37.8	38.4	46.0	39.4	25.2	np	np	np	37.0
Aged 18–64 years	20.6	24.9	28.0	23.1	25.2	24.3	15.4	27.3	24.4
Aged 65 years or over	22.0	28.6	24.3	20.0	19.7	np	np	np	23.8
<b>2011-12</b>									
Group A: People discharged from hospital who significantly improved (g)									



**Table 13A.58 People who received mental health care provided by State and Territory public mental health services and who significantly improved, by service type and age group (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
Aged 0–17 years	53.7	na	52.0	np	np	np	np	np	53.6
Aged 18–64 years	71.1	na	76.7	74.4	73.4	73.2	np	np	73.4
Aged 65 years or over	59.6	na	71.1	60.3	77.3	np	np	np	64.5
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	59.5	na	61.2	63.2	40.4	np	np	np	52.7
Aged 18–64 years	49.9	na	56.6	51.6	62.0	np	np	np	54.6
Aged 65 years or over	47.8	na	49.8	39.7	np	np	np	np	46.8
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	38.1	na	43.0	36.6	27.4	np	np	np	36.5
Aged 18–64 years	21.0	na	27.1	23.5	21.0	22.5	np	25.9	23.6
Aged 65 years or over	20.6	na	30.4	20.4	23.9	np	np	np	23.5
<b>2012-13</b>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	55.5	na	52.1	np	np	np	np	np	52.5
Aged 18–64 years	72.5	na	75.6	76.7	76.4	77.1	np	np	74.8
Aged 65 years or over	61.8	na	74.0	60.4	np	np	np	np	65.6
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	59.0	na	62.7	58.7	38.8	np	np	np	52.9
Aged 18–64 years	51.5	na	57.5	51.8	54.1	np	np	np	55.3
Aged 65 years or over	46.4	na	47.4	42.0	np	np	np	np	46.6
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	33.8	na	42.0	38.7	29.2	np	np	np	36.2
Aged 18–64 years	20.8	na	28.4	23.1	18.8	17.7	np	27.7	23.7
Aged 65 years or over	19.4	na	27.1	19.3	23.8	np	np	np	22.1
<b>2013-14</b>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	60.2	59.1	55.8	67.1	np	np	np	np	57.9
Aged 18–64 years	71.6	75.2	78.1	77.0	72.5	77.6	40.9	80.0	74.8
Aged 65 years or over	59.2	72.6	67.0	61.7	np	np	np	np	67.0
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	56.3	46.7	58.4	64.2	42.2	np	np	np	51.0
Aged 18–64 years	49.8	50.8	57.7	54.5	54.5	np	np	np	53.6
Aged 65 years or over	40.9	47.0	47.8	42.3	np	np	np	np	45.4
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	34.2	36.2	41.7	40.5	31.5	np	np	np	37.0
Aged 18–64 years	20.8	27.4	24.3	25.4	23.0	23.3	np	26.0	24.2
Aged 65 years or over	19.0	27.5	23.6	18.6	30.3	np	np	np	23.6
<b>2014-15</b>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	63.4	54.0	56.9	61.8	np	np	np	np	56.9
Aged 18–64 years	70.0	76.3	78.2	75.4	71.6	75.9	np	75.0	74.8

**Table 13A.58 People who received mental health care provided by State and Territory public mental health services and who significantly improved, by service type and age group (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
Aged 65 years or over	61.0	70.8	71.2	66.4	np	np	np	np	67.5
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	57.8	45.3	57.1	60.9	41.0	np	np	np	51.0
Aged 18–64 years	52.9	49.5	55.8	51.9	55.7	np	np	np	53.0
Aged 65 years or over	43.5	47.6	49.7	41.7	np	np	np	np	46.9
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	34.3	35.2	40.4	41.6	29.6	np	np	np	36.2
Aged 18–64 years	23.5	26.5	28.4	24.6	21.3	22.4	np	31.0	25.7
Aged 65 years or over	20.9	25.1	26.4	22.3	26.2	np	np	np	24.2
<i>2015-16</i>									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	59.2	57.9	59.1	np	np	np	np	np	57.4
Aged 18–64 years	69.9	77.3	76.9	73.9	67.4	75.1	np	78.4	74.2
Aged 65 years or over	64.8	74.7	69.1	62.5	np	np	np	np	69.5
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	58.4	45.3	56.6	61.9	41.8	np	np	np	51.7
Aged 18–64 years	48.4	47.0	53.4	47.9	53.0	np	np	np	50.4
Aged 65 years or over	40.8	49.2	52.2	40.8	np	np	np	np	47.8
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	31.4	36.8	40.0	42.2	31.0	np	np	np	36.4
Aged 18–64 years	18.7	25.8	28.0	23.9	20.9	22.6	np	27.9	24.4
Aged 65 years or over	21.2	23.1	25.6	21.5	25.4	np	np	np	23.5

- (a) These data were prepared by the Australian Mental Health Outcomes and Classification Network, using data submitted by State and Territory governments to the Australian Government Department of Health. Assessment of clinical outcomes is based on the changes reported in a consumer's score on a rating scale known as the Health of the Nation Outcomes Scale (HoNOS), or in the case of children and adolescent consumers, the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). Developed originally in England in the 1990s, these ratings scales comprise standard items that are rated by a clinician to measure the severity of the consumer's symptoms or disability across a range of domains (for example, depressed mood, hallucinations, substance use, suicidality, overactivity, activities of daily living, cognitive impairment). The HoNOS/HoNOSCA form part of small suite of standardised rating scales used to monitor outcomes across state and territory public sector mental health services and private hospitals with a specialised psychiatric unit. To be considered valid, HoNOS, or the HoNOSCA data needs to be completed correctly (a specified minimum number of items completed) and have a "matching pair" — that is, a beginning and end rating are needed to enable an outcome score to be determined.
- (b) Proportions may not add to 100 per cent due to rounding.
- (c) For all consumer groups, outcome scores for each episode are classified as either 'significant improvement', 'significant deterioration' or 'no significant change', based on Effect Size. Effect size is a statistic used to assess the magnitude of a treatment effect. It is based on the ratio of the difference between pre- and post- scores to the standard deviation of the pre- score. As a rule of thumb, effect sizes of 0.2 are considered small, 0.5 considered medium and 0.8 considered large. Based on this rule, a medium effect size of 0.5 was used to assign outcome scores to the three outcome categories. Thus individual episodes were classified as either: 'significant improvement' if the Effect Size index was greater than or equal to positive 0.5; 'significant deterioration' if the Effect Size index was less than or equal to negative 0.5; or 'no change' if the index was between -0.5 and 0.5.

**Table 13A.58 People who received mental health care provided by State and Territory public mental health services and who significantly improved, by service type and age group (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
(d)	Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. All national averages for 2011-12 and 2012-13 exclude Victoria.								
(e)	Industrial action in Tasmania has limited the available data quality and quantity of data for 2011-12.								
(f)	Some data for Tas, the ACT and the NT are np (not published) due to insufficient observations. The number of observations of consumer outcomes for some care types is too low to publish because conclusions based on such low numbers are known to have high levels of unreliability. For the purposes of this indicator, the threshold for the minimum number of observations to be reached was set at 200.								
(g)	Group A covers people who received a discrete episode of inpatient care within a state/territory designated psychiatric inpatient unit during the reference year. The defining characteristic of the group is that the episode of inpatient care commenced, and was completed, within the year. Outcome scores were calculated as the difference between the total score recorded at admission and discharge. The analysis excludes episodes where length of stay was three days or less because it is not meaningful to compare admission and discharge ratings for short duration episodes.								
(h)	Group B covers people who received relatively short term community care from a state/territory mental health service during the reference year. The defining characteristic of the group is that the episode of community care commenced, and was completed, within the year. Outcome scores were calculated as the difference between the total score recorded at admission to, and discharge from, community care. A subgroup of people whose episode of community care completed because they were admitted to hospital is not included in this analysis.								
(i)	Group C covers people receiving relatively long term community care from a state/territory mental health service. It includes people who were receiving care for the whole of the reference year, and those who commenced community care sometime after 1 July who continued under care for the rest of the year. The defining characteristic of the group is that all remained in ongoing care when the year ended (30 June). Outcome scores were calculated as the difference between the total score recorded on the first occasion rated in the year and the last occasion rated in the year.								
	<b>na</b> Not available. <b>np</b> Not published.								

*Source:* AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network.

TABLE 13A.59

**Table 13A.59 Clinical outcomes of people receiving various types of mental health care provided by State and Territory public mental health services (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
<i>2008-09</i>									
Group A: People discharged from hospital (g)									
Significant improvement	74.7	76.2	73.9	75.8	70.3	76.9	np	np	74.7
No significant change	21.2	20.1	21.2	20.2	25.4	20.2	np	np	21.2
Significant deterioration	4.0	3.7	4.9	4.0	4.4	2.8	np	np	4.0
Group B: People discharged from community ambulatory care (h)									
Significant improvement	55.9	50.3	57.8	52.9	46.3	45.9	np	np	52.6
No significant change	41.6	44.2	36.3	39.8	48.9	46.9	np	np	42.1
Significant deterioration	2.6	5.5	5.9	7.2	4.8	7.2	np	np	5.3
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	23.6	29.4	29.4	25.6	27.1	27.2	np	27.2	27.3
No significant change	61.9	56.2	53.3	58.7	57.7	58.0	np	49.9	57.2
Significant deterioration	14.5	14.4	17.3	15.7	15.2	14.7	np	23.0	15.5
<i>2009-10</i>									
Group A: People discharged from hospital (g)									
Significant improvement	69.7	73.8	74.0	73.1	70.3	77.5	np	np	72.2
No significant change	25.0	22.4	21.2	22.3	25.5	19.6	np	np	23.4
Significant deterioration	5.2	3.8	4.8	4.6	4.2	2.9	np	np	4.4
Group B: People discharged from community ambulatory care (h)									
Significant improvement	53.6	53.4	59.8	53.7	48.4	52.2	np	np	54.0
No significant change	42.4	40.7	34.0	41.4	47.5	42.6	np	np	40.6
Significant deterioration	4.0	5.9	6.3	4.9	4.1	5.2	np	np	5.4
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	22.5	28.3	31.9	27.2	25.2	27.4	18.5	25.5	27.2
No significant change	61.5	56.8	52.7	58.2	58.7	56.6	68.7	52.0	57.4
Significant deterioration	16.0	14.9	15.4	14.5	16.1	15.9	12.8	22.5	15.4
<i>2010-11</i>									
Group A: People discharged from hospital (g)									
Significant improvement	69.5	73.7	73.4	74.6	73.1	77.6	np	np	72.7
No significant change	25.0	22.6	20.3	21.6	23.4	20.0	np	np	22.9
Significant deterioration	5.6	3.7	6.3	3.7	3.6	2.5	np	np	4.4
Group B: People discharged from community ambulatory care (h)									
Significant improvement	54.5	47.3	60.6	52.7	45.6	52.1	np	np	51.3
No significant change	42.4	41.8	33.9	41.8	50.0	45.7	np	np	41.3
Significant deterioration	3.1	10.9	5.5	5.5	4.4	2.2	np	np	7.5
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	22.8	27.4	30.6	24.7	24.6	25.9	18.7	28.5	26.4
No significant change	62.2	57.3	53.5	59.3	61.1	57.3	67.8	50.3	58.1
Significant deterioration	15.0	15.3	15.9	16.0	14.3	16.8	13.5	21.2	15.4
<i>2011-12</i>									
Group A: People discharged from hospital (g)									

TABLE 13A.59

**Table 13A.59 Clinical outcomes of people receiving various types of mental health care provided by State and Territory public mental health services (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
Significant improvement	68.6	na	73.3	72.5	71.8	73.0	np	78.1	71.1
No significant change	26.5	na	19.7	22.6	24.3	21.8	np	15.4	23.6
Significant deterioration	4.9	na	7.0	4.9	4.0	5.2	np	6.5	5.3
Group B: People discharged from community ambulatory care (h)									
Significant improvement	52.4	na	56.5	47.7	47.4	50.4	np	np	51.9
No significant change	43.9	na	37.1	46.6	48.4	43.1	np	np	43.0
Significant deterioration	3.8	na	6.4	5.7	4.2	6.5	np	np	5.1
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	23.0	na	30.4	24.6	23.8	27.5	29.0	27.4	26.0
No significant change	61.1	na	54.0	60.4	60.9	50.8	56.5	53.5	58.3
Significant deterioration	15.8	na	15.6	15.0	15.3	21.6	14.5	19.2	15.7
<b>2012-13</b>									
Group A: People discharged from hospital (g)									
Significant improvement	70.1	np	72.7	74.2	73.0	76.3	np	78.7	72.2
No significant change	25.6	np	20.7	21.6	22.3	19.6	np	14.9	22.9
Significant deterioration	4.3	np	6.6	4.2	4.6	4.1	np	6.4	4.9
Group B: People discharged from community ambulatory care (h)									
Significant improvement	51.6	np	56.9	49.1	42.9	55.9	np	np	52.4
No significant change	44.9	np	37.6	46.1	52.7	41.2	np	np	43.1
Significant deterioration	3.5	np	5.5	4.8	4.4	2.9	np	np	4.6
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	22.4	np	31.3	24.4	23.5	21.2	22.8	29.9	26.0
No significant change	61.6	np	53.5	59.3	61.2	59.9	61.9	51.9	58.2
Significant deterioration	16.0	np	15.2	16.3	15.3	18.9	15.2	18.2	15.8
<b>2013-14</b>									
Group A: People discharged from hospital (g)									
Significant improvement	69.4	73.4	75.2	74.9	69.9	76.9	40.1	78.9	72.6
No significant change	25.7	21.5	19.6	22.0	25.1	19.1	53.2	18.3	22.6
Significant deterioration	4.9	5.1	5.1	3.1	5.1	4.0	6.8	2.8	4.7
Group B: People discharged from community ambulatory care (h)									
Significant improvement	49.4	49.0	56.3	52.4	45.2	43.7	np	np	50.9
No significant change	45.8	44.7	36.9	43.2	50.7	52.5	np	np	43.3
Significant deterioration	4.8	6.3	6.8	4.4	4.1	3.8	np	np	5.8
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	22.4	28.8	27.9	26.5	26.9	26.6	26.9	26.8	26.6
No significant change	62.2	55.1	54.1	58.2	60.0	55.8	53.1	49.2	57.2
Significant deterioration	15.4	16.1	18.0	15.3	13.1	17.7	20.1	24.0	16.2
<b>2014-15</b>									
Group A: People discharged from hospital (g)									
Significant improvement	68.5	73.7	75.8	73.6	68.0	76.1	np	73.7	72.7
No significant change	26.3	21.4	18.8	22.9	27.0	20.1	np	22.0	22.5

**Table 13A.59 Clinical outcomes of people receiving various types of mental health care provided by State and Territory public mental health services (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
Significant deterioration	5.2	4.9	5.4	3.5	5.1	3.8	np	4.2	4.8
Group B: People discharged from community ambulatory care (h)									
Significant improvement	51.1	48.2	55.3	51.6	46.4	46.2	np	np	51.1
No significant change	44.5	45.2	37.1	43.7	48.5	50.3	np	np	42.5
Significant deterioration	4.4	6.7	7.7	4.7	5.1	3.5	np	np	6.4
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	24.5	27.6	30.6	26.7	24.7	25.2	np	30.3	27.5
No significant change	61.1	56.3	53.7	59.6	62.4	58.2	np	48.7	57.5
Significant deterioration	14.4	16.1	15.6	13.8	12.8	16.6	np	21.0	15.0
<b>2015-16</b>									
Group A: People discharged from hospital (g)									
Significant improvement	68.7	75.2	74.7	72.5	65.1	74.8	np	78.7	72.5
No significant change	26.4	20.2	19.8	24.1	29.9	20.5	np	16.0	22.8
Significant deterioration	4.9	4.6	5.5	3.4	5.1	4.8	np	5.3	4.7
Group B: People discharged from community ambulatory care (h)									
Significant improvement	48.8	47.3	54.0	49.4	44.7	49.8	np	np	50.2
No significant change	45.7	45.8	38.1	45.4	51.1	46.7	np	np	43.1
Significant deterioration	5.5	6.8	7.8	5.1	4.2	3.4	np	np	6.7
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	20.9	27.3	30.3	26.3	24.6	25.1	29.5	27.9	26.6
No significant change	62.8	56.3	53.5	58.5	61.9	61.9	53.4	52.8	57.5
Significant deterioration	16.2	16.4	16.2	15.3	13.4	13.0	17.1	19.4	15.8

- (a) These data were prepared by the Australian Mental Health Outcomes and Classification Network, using data submitted by State and Territory governments to the Australian Government Department of Health. Assessment of clinical outcomes is based on the changes reported in a consumer's score on a rating scale known as the Health of the Nation Outcomes Scale (HoNOS), or in the case of children and adolescent consumers, the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). Developed originally in England in the 1990s, these ratings scales comprise standard items that are rated by a clinician to measure the severity of the consumer's symptoms or disability across a range of domains (for example, depressed mood, hallucinations, substance use, suicidality, overactivity, activities of daily living, cognitive impairment). The HoNOS/HoNOSCA form part of small suite of standardised rating scales used to monitor outcomes across state and territory public sector mental health services and private hospitals with a specialised psychiatric unit. To be considered valid, HoNOS, or the HoNOSCA data needs to be completed correctly (a specified minimum number of items completed) and have a "matching pair" — that is, a beginning and end rating are needed to enable an outcome score to be determined.
- (b) Proportions may not add to 100 per cent due to rounding.
- (c) For all consumer groups, outcome scores for each episode are classified as either 'significant improvement', 'significant deterioration' or 'no significant change', based on Effect Size. Effect size is a statistic used to assess the magnitude of a treatment effect. It is based on the ratio of the difference between pre- and post- scores to the standard deviation of the pre- score. As a rule of thumb, effect sizes of 0.2 are considered small, 0.5 considered medium and 0.8 considered large. Based on this rule, a medium effect size of 0.5 was used to assign outcome scores to the three outcome categories. Thus individual episodes were classified as either: 'significant improvement' if the Effect Size index was greater than or equal to positive 0.5; 'significant deterioration' if the Effect Size index was less than or equal to negative 0.5; or 'no change' if the index was between -0.5 and 0.5.

**Table 13A.59 Clinical outcomes of people receiving various types of mental health care provided by State and Territory public mental health services (per cent) (a), (b), (c)**

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (f)</i>	<i>NT (f)</i>	<i>Aust (d)</i>
(d)	Victorian 2011-12 and 2012-13 data are unavailable due to service level collection gaps resulting from protected industrial action during this period. All national averages for 2011-12 and 2012-13 exclude Victoria.								
(e)	Industrial action in Tasmania has limited the available data quality and quantity of data for 2011-12 and 2012-13.								
(f)	Some data for the ACT and the NT are np (not published) due to insufficient observations. The number of observations of consumer outcomes for some care types is too low to publish because conclusions based on such low numbers are known to have high levels of unreliability. For the purposes of this indicator, the threshold for the minimum number of observations to be reached was set at 200.								
(g)	Group A covers people who received a discrete episode of inpatient care within a state/territory designated psychiatric inpatient unit during the reference year. The defining characteristic of the group is that the episode of inpatient care commenced, and was completed, within the year. Outcome scores were calculated as the difference between the total score recorded at admission and discharge. The analysis excludes episodes where length of stay was three days or less because it is not meaningful to compare admission and discharge ratings for short duration episodes.								
(h)	Group B covers people who received relatively short term community care from a state/territory mental health service during the reference year. The defining characteristic of the group is that the episode of community care commenced, and was completed, within the year. Outcome scores were calculated as the difference between the total score recorded at admission to, and discharge from, community care. A subgroup of people whose episode of community care completed because they were admitted to hospital is not included in this analysis.								
(i)	Group C covers people receiving relatively long term community care from a state/territory mental health service. It includes people who were receiving care for the whole of the reference year, and those who commenced community care sometime after 1 July who continued under care for the rest of the year. The defining characteristic of the group is that all remained in ongoing care when the year ended (30 June). Outcome scores were calculated as the difference between the total score recorded on the first occasion rated in the year and the last occasion rated in the year.								
	<b>na</b> Not available. <b>np</b> Not published.								

*Source:* AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network.

Table 13A.60 **Deflators used to calculate real State and Territory mental health expenditure (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2006-07	80.9	81.1	76.6	75.5	77.5	79.4	79.1	80.1	79.1
2007-08	83.2	83.2	79.2	78.0	80.3	81.7	81.9	81.6	81.5
2008-09	85.2	85.8	82.3	81.0	83.4	84.2	84.8	84.8	84.1
2009-10	88.1	88.7	86.1	84.5	86.7	87.1	87.9	87.5	87.3
2010-11	88.9	90.0	88.1	85.4	87.5	88.0	88.7	88.3	88.5
2011-12	91.0	91.5	90.4	88.5	89.8	90.1	91.1	90.7	90.6
2012-13	93.7	93.7	93.2	91.9	92.3	92.6	94.5	93.2	93.3
2013-14	96.0	96.2	95.9	95.2	95.2	94.9	96.2	96.0	95.9
2014-15	98.2	98.3	98.2	97.7	97.9	97.7	98.3	97.9	98.2
2015-16	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) The deflators used are the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services.

Source: ABS (unpublished) *Australian National Accounts: National Income, Expenditure and Product*, Cat. no. 5204.0.



TABLE 13A.61

Table 13A.61 **Estimated resident populations used in mental health per head calculations (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
2006-07	6 786 160	5 103 965	4 055 845	2 076 867	1 561 300	491 515	338 381	211 029	20 627 547
2007-08	6 883 852	5 199 503	4 159 990	2 135 006	1 578 489	495 858	344 176	216 618	21 016 121
2008-09	7 001 782	5 313 285	4 275 551	2 208 928	1 597 880	501 774	351 101	222 526	21 475 625
2009-10	7 101 504	5 419 249	4 367 454	2 263 747	1 618 578	506 461	357 859	227 783	21 865 623
2010-11	7 179 891	5 495 711	4 436 882	2 319 063	1 632 482	510 219	364 833	230 299	22 172 469
2011-12	7 247 669	5 574 455	4 513 009	2 387 232	1 645 040	511 718	370 729	232 365	22 485 340
2012-13	7 348 899	5 679 633	4 610 932	2 472 717	1 662 169	512 422	379 554	236 869	22 906 352
2013-14	7 465 497	5 790 990	4 690 910	2 550 874	1 677 250	513 955	384 147	242 573	23 319 385
2014-15	7 565 497	5 886 436	4 750 513	2 581 250	1 691 503	515 235	387 640	244 265	23 625 561
2015-16	7 670 742	5 996 385	4 808 771	2 603 899	1 702 785	517 404	393 013	244 031	23 940 278

(a) The data represent the midpoint of the relevant financial year. For example, for 2011-12 data, the midpoint is 31 December 2011.

(b) Includes other territories.

Source: ABS (various issues), *Australian Demographic Statistics, December (various years)*, Cat. no. 3101.0; table 2A.2.