12 Mental health management

CONTENTS

Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an '12A' prefix (for example, in this chapter, table 12A.1). As the data are directly sourced from the 2013 Report, the Compendium also notes where the original table, figure or text in the 2013 Report can be found. For example, where the Compendium refers to '2013 Report, p. 12.15' this is page 15 of chapter 12 of the 2013 Report, and '2013 Report, table 12A.1' is attachment table 1 of attachment 12A of the 2013 Report. A list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the full attachment tables are available from the Review website at www.pc.gov.au/gsp.

The Mental health management chapter (chapter 12) in the *Report on Government Services 2013* (2013 Report) reports on the management of mental health in Australia. Data are reported for Indigenous Australians for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Health management is concerned with the management of diseases, illnesses and injuries using a range of services (promotion, prevention/early detection and intervention) in a variety of settings (for example, public hospitals, community health centres and general practice). This chapter reports on the Australian, State and Territory governments' management of mental health and mental illnesses through a variety of service types and delivery settings.

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 and AIHW 1999). The World Health Organization (WHO) 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 quality of life. Each mental illness is unique in its incidence across the lifespan, causal factors and treatments. The most common mental illnesses are anxiety, affective (mood) and substance use disorders. Mental illness also includes 'low prevalence' conditions such as schizophrenia, bipolar disorder and other psychoses, and severe personality disorder (DoHA 2010). While of lower prevalence, these conditions can severely affect people's ability to function in their daily lives (Morgan et al. 2011).

Specialised mental health management services offered by a range of government and non-government service providers include promotion, prevention, treatment, management, and rehabilitation services. Community mental health facilities, psychiatrists, clinical psychologists, psychotherapists, mental health clinicians in private practice, counsellors, Aboriginal health workers, Aboriginal mental health workers, public hospitals with specialised psychiatric units and stand-alone psychiatric hospitals all provide specialised mental health care. In addition, a number of health services provide care to mental health patients in a non-specialised health setting — for example, general practitioners (GPs), Aboriginal community controlled health services, public hospital emergency departments and outpatient departments, and public hospital general wards (as distinct from specialist psychiatric wards). Some people with a mental illness are cared for in residential aged care services.

Mental health is also the subject of programs designed to improve public health. Public health programs require the participation of public hospitals, primary and community health services, and other services. The performance of public hospitals

is reported in chapter 10 and the performance of primary and community health services generally is reported in chapter 11.

Indigenous data in the Mental health management chapter

The Mental health management chapter or attachment in the 2013 Report contains the following data for Indigenous Australians:

- age standardised rate of adults with high/very high levels of psychological distress, by State and Territory
- use of State and Territory specialised public mental health services, by service type
- proportion of the population using State and Territory specialised public mental health services
- proportion of the population using MBS-subsidised ambulatory mental health services suicide deaths.

Size and scope of sector

Prevalence and impact of mental illness

According to the National Survey of Mental Health and Wellbeing (SMHWB), in 2007, 20.0 ± 1.1 per cent of adults aged 16–85 years (or approximately 3.2 million adults) met the criteria for diagnosis of a lifetime mental disorder and had symptoms in the 12 months before the survey. A further 25.5 ± 1.4 per cent of adults aged 16–85 years had experienced a mental disorder at some point in their life, but did not have symptoms in the previous 12 months (2013 Report, table 12A.55).

A proxy measure of the overall mental health and wellbeing of the population is the Kessler 10 (K10) psychological distress scale. Data from the 2007 SMHWB show that people with a lifetime mental disorder who had symptoms in the previous 12 months (20.0 ± 1.1 per cent of the total population), were significantly overrepresented in the populations who had high or very high levels of psychological distress — 57.1 ± 5.1 per cent and 79.6 ± 7.2 per cent of these populations respectively (2013 Report, table 12A.7). Analysis of the 1997 SMHWB showed a strong association between a high/very high K10 score and a current diagnosis of anxiety and affective disorders (ABS 2012).

According to the ABS, which use the K10 instrument in the SMHWB and National Health Surveys, the K10:

> …. is a scale designed to measure non-specific psychological distress, based on questions about negative emotional states experienced in the past 30 days. ….it is not a diagnostic tool, but an indicator of current psychological distress, where very high levels of distress may signify a need for professional help. It is also useful for estimating population need for mental health services (ABS 2012).

Females had higher proportions of very high levels of psychological distress than males in 2011-12 (2013 Report, figure 12.5). People with disability or restrictive long-term health condition and people in low socio-economic areas also reported higher proportions of very high levels of psychological distress than other community groups (2013 Report, table 12A.9). In 2008, 31.2 per cent of Indigenous Australians aged 18 years or over reported high/very high levels of psychological distress (table 12A.15). After adjusting for age, this was 2.5 times the rate for non-Indigenous adults. Tables 12A.8–16 in the 2013 Report contain additional data on high/very high levels of psychological distress from National Health Surveys conducted in 2004-05, 2007-08 and 2011-12.

Admitted patient care and community-based mental health services — service use, patient days, beds and staffing

Estimating activity across the publicly funded specialised mental health services sector, which comprises admitted patient care and community-based mental health services, is problematic as the service types differ. Service activity is reported by separations for admitted patient care, episodes for community-based residential care and contacts for community-based ambulatory care. Service use data for the NGO sector are not available.

There were 80 506 separations with specialised psychiatric care in public acute hospitals and 10 997 specialised psychiatric care separations in public psychiatric hospitals in 2009-10 (2013 Report, table 12A.19). Schizophrenia accounted for a large proportion of separations with specialised psychiatric care in public hospitals (21.3 per cent in public acute hospitals and 22.2 per cent in public psychiatric hospitals) (2013 Report, table 12A.19). There were a further 5193 ambulatory equivalent same day separations with specialised psychiatric care in public acute hospitals and 132 in public psychiatric hospitals (AIHW 2012).

There were 3964 episodes of community-based residential care in 2009-10 (table 12A.21). Schizophrenia, schizotypal and delusional disorders as a principal diagnosis accounted for the largest proportion of these episodes (61.9 per cent) (AIHW 2012). There were 6.6 million community-based ambulatory

care patient contacts, equivalent to 299.9 contacts per 1000 people, in 2009-10 (table 12A.21). For those contacts in 2009-10 where a principal diagnosis was available, the largest proportion was for schizophrenia (30.1 per cent) (AIHW 2012).

Data on service use by the Indigenous status of patients are available, but comparisons not necessarily accurate because Indigenous patients are not always correctly identified. Differences in rates of service use could also reflect other factors, including the range of social and physical infrastructure services available to Indigenous Australians, and differences in the complexity, incidence and prevalence of illnesses. Table 12A.21 contains information on use of these services by Indigenous status.

Framework of performance indicators for mental health management

Preventing the onset of mental illness is challenging, primarily because individual illnesses have many origins. Most efforts have been directed at treating mental illness when it occurs, determining the most appropriate setting for providing treatment and emphasising early intervention.

Data for Indigenous Australians are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

The framework of performance indicators for mental health services draws on governments' broad objectives for national mental health policy, as encompassed in the *National Mental Health Policy 2008* (box 12.1). The performance indicator framework reports on the equity, effectiveness and efficiency of mental health services. It covers a number of service delivery types (MBS-subsidised, admitted patient and community-based services) and includes outcome indicators of system-wide performance (figure 12.1).

Box 12.1 **Broad objectives and policy directions of National Mental Health Policy**

The *National Mental Health Policy 2008* has an emphasis on whole-of-government mental health reform and commits the Australian, State and Territory governments to the continual improvement of Australia's mental health system. The key broad objectives are to:

- promote the mental health and well-being of the Australian community and, where possible, prevent the development of mental health problems and mental illness
- reduce the impact of mental health problems and mental illness, including the effects of stigma on individuals, families and the community
- promote recovery from mental health problems and mental illness
- assure the rights of people with mental health problems and mental illness, and enable them to participate meaningfully in society.

The key policy directions are summarised as follows:

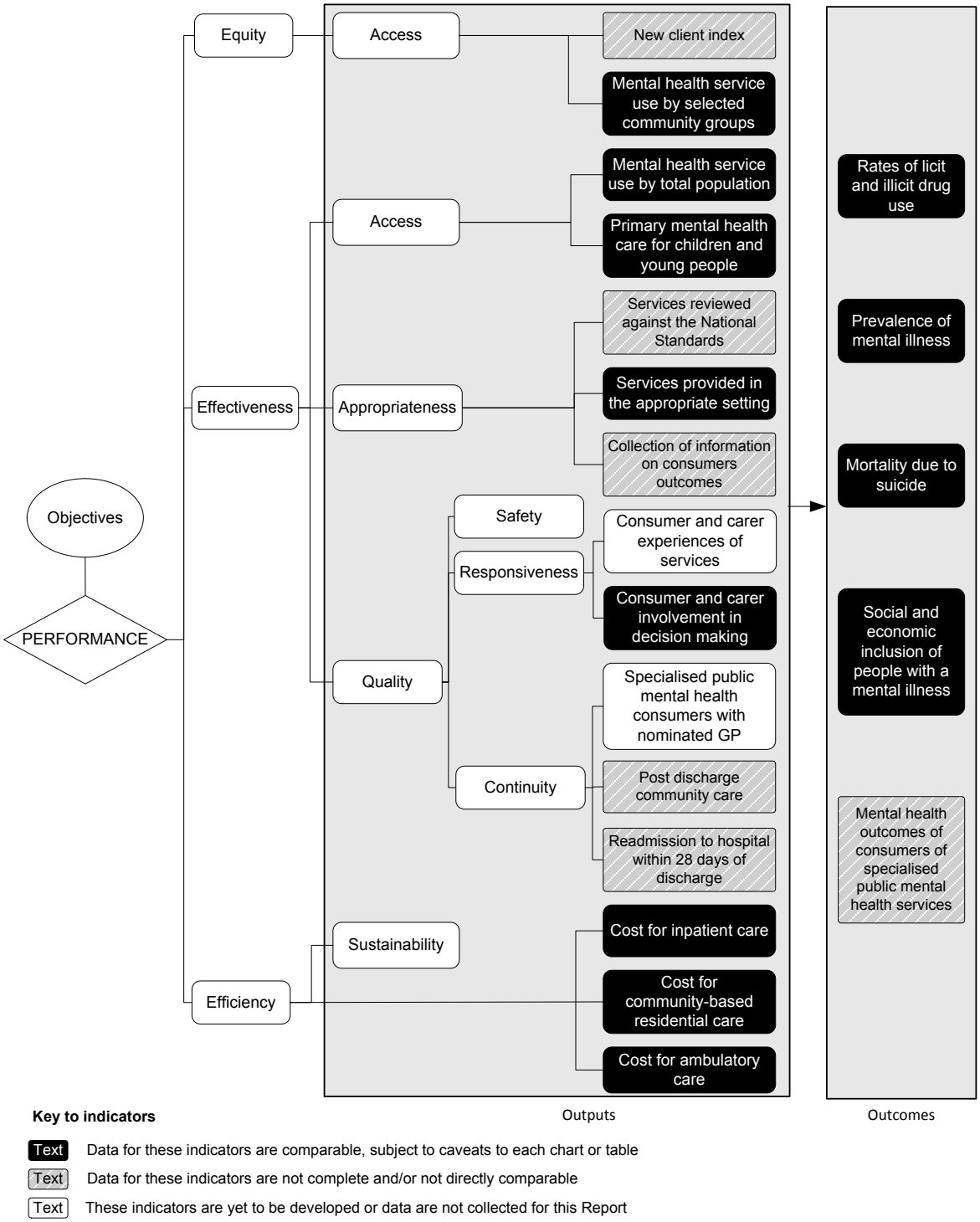
- Rights and responsibilities of people with mental health problems and mental illness will be acknowledged and respected.
- Mental health promotion will support destigmatisation and assist people to be emotionally resilient, cope with negative experiences and participate in the community.
- The proportion of people with mental health problems, mental illness and people at risk of suicide will be reduced.
- Emerging mental health problems or mental illnesses will receive early intervention to minimise the severity and duration of the condition and to reduce its broader impacts.
- People will receive timely access to high quality, coordinated care appropriate to their conditions and circumstances.
- People with mental health problems and mental illness will enjoy full social, political and economic participation in their communities.
- The crucial role of carers will be acknowledged and respected and they will be provided with appropriate support to enable them to fulfil their role.
- The mental health workforce will be appropriately trained and adequate in size and distribution to meet the need for care.
- Across all sectors, mental health services should be monitored and evaluated to ensure they are of high quality and achieving positive outcomes.
- Research and evaluation efforts will generate new knowledge about mental health problems and mental illness that can reduce the impact of these conditions.

The performance indicator framework shows which data are comparable in the 2013 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 of the 2013 Report

discusses data comparability from a Report-wide perspective (see 2013 Report, section 1.6).

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 12.1 **Mental health management performance indicator framework**



Source: 2013 Report, figure 12.9, p. 12.19.

Equity — mental health service use by special needs groups

'Mental health service use by selected community groups' is an indicator of governments' objective to provide mental health services in an equitable manner, including access to services by selected community groups such as Indigenous Australians (box 12.2).

Box 12.2 **Mental health service use by special needs groups**

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

- proportion of the population in a selected community group using State and Territory specialised public mental health services, compared with the proportion of the population outside the selected community group using State and Territory specialised public mental health services
- proportion of the population in a selected community group using MBS-subsidised ambulatory mental health services provided by private psychiatrists, GPs and allied health providers (psychologists, social workers, occupational therapists, mental health nurses and Aboriginal health workers), compared with the proportion of the population outside the selected community group using MBS-subsidised ambulatory mental health services.

The selected community groups reported are Indigenous Australians, people from outer regional, remote and very remote locations and people residing in low socio-economic areas.

This indicator is difficult to interpret. It does not measure access according to need, that is, according to the prevalence of mental illness across the selected community group. 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 this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

The proportions of the population using State and Territory specialised public mental health services in 2010-11, by selected community group are reported in figure 12.2. The results at the national level show that the proportion of the population using these services is higher:

- for Indigenous Australians, than for non-Indigenous Australians (figure 12.2a)
- in remote and very remote locations, than in other locations (figure 12.2b)

- for people in the three most disadvantaged Socio-Economic Indexes for Areas (SEIFA) quintiles (1, 2 and 3), than the more advantaged quintiles (figure 12.2c).

These results, which are derived using community-based ambulatory care data, should be interpreted with care, as:

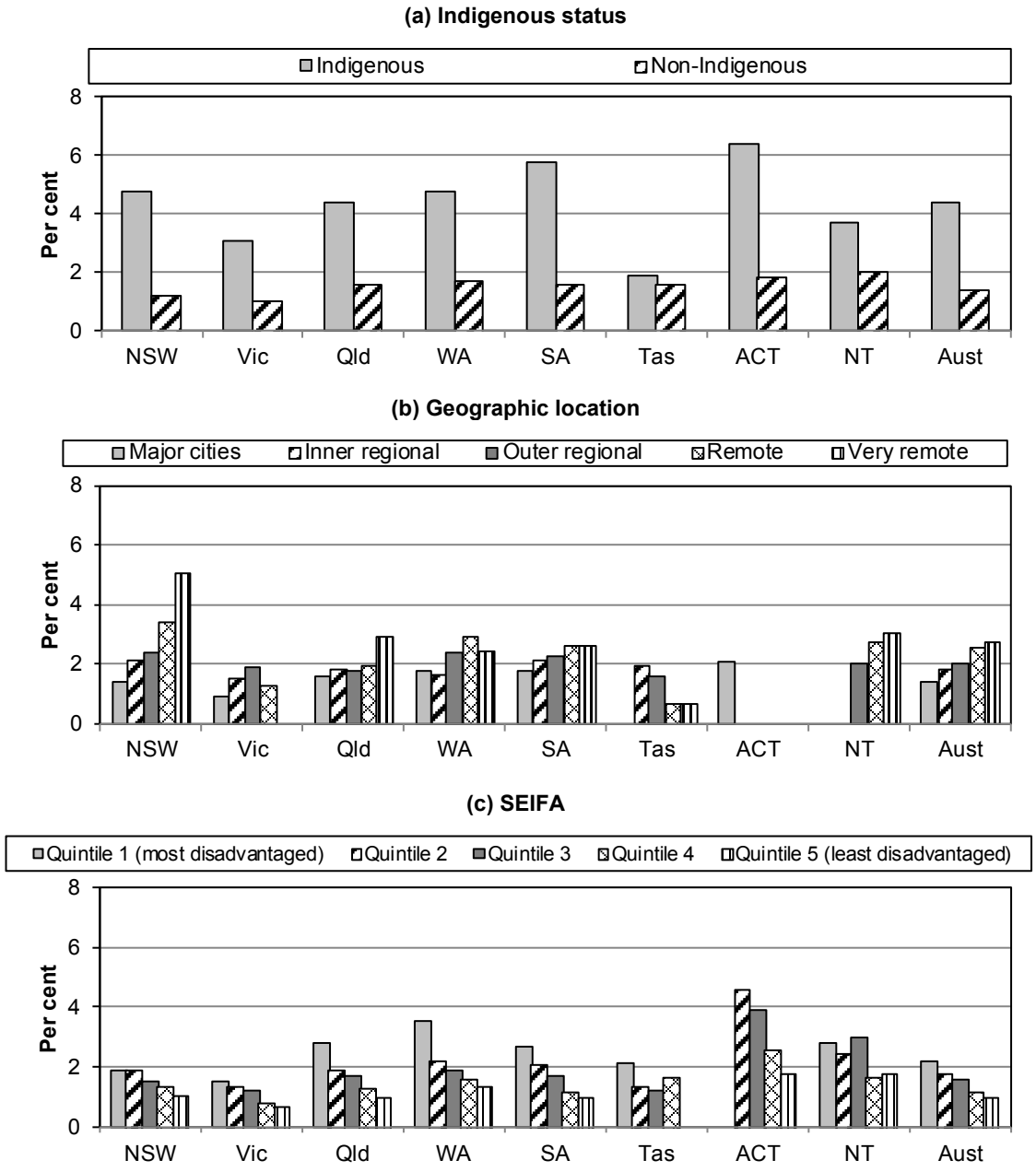
- people receiving only admitted and/or community-based residential services are not included in the proportion of people accessing services or in rates of service use
- there is no identifier to distinguish 'treatment' versus 'non-treatment' service contacts in the community mental health care data set
- jurisdictions differ in their collection and reporting of community-based ambulatory care data — there are variations in local business rules and in the interpretation of the national definitions.

The proportions of the population using MBS-subsidised ambulatory mental health services, by selected community group are reported in figure 12.3. The results at the national level show that the proportion of the population using MBS-subsidised ambulatory mental health services is similar for Indigenous Australians, than for non-Indigenous Australians (figure 12.3a), but lower:

- in remote and very remote locations than in other locations (figure 12.3b)
- for those in the most disadvantaged SEIFA quintile 1, than for those in the more advantaged quintiles (figure 12.3c).

Data on the use of State and Territory community-based specialised public mental health services and MBS-subsidised ambulatory mental health services by age group are in 2013 Report, table 12A.29. Data on the use of private hospital mental health services are also contained in table 12A.26 and 2013 Report, tables 12A.27–29.

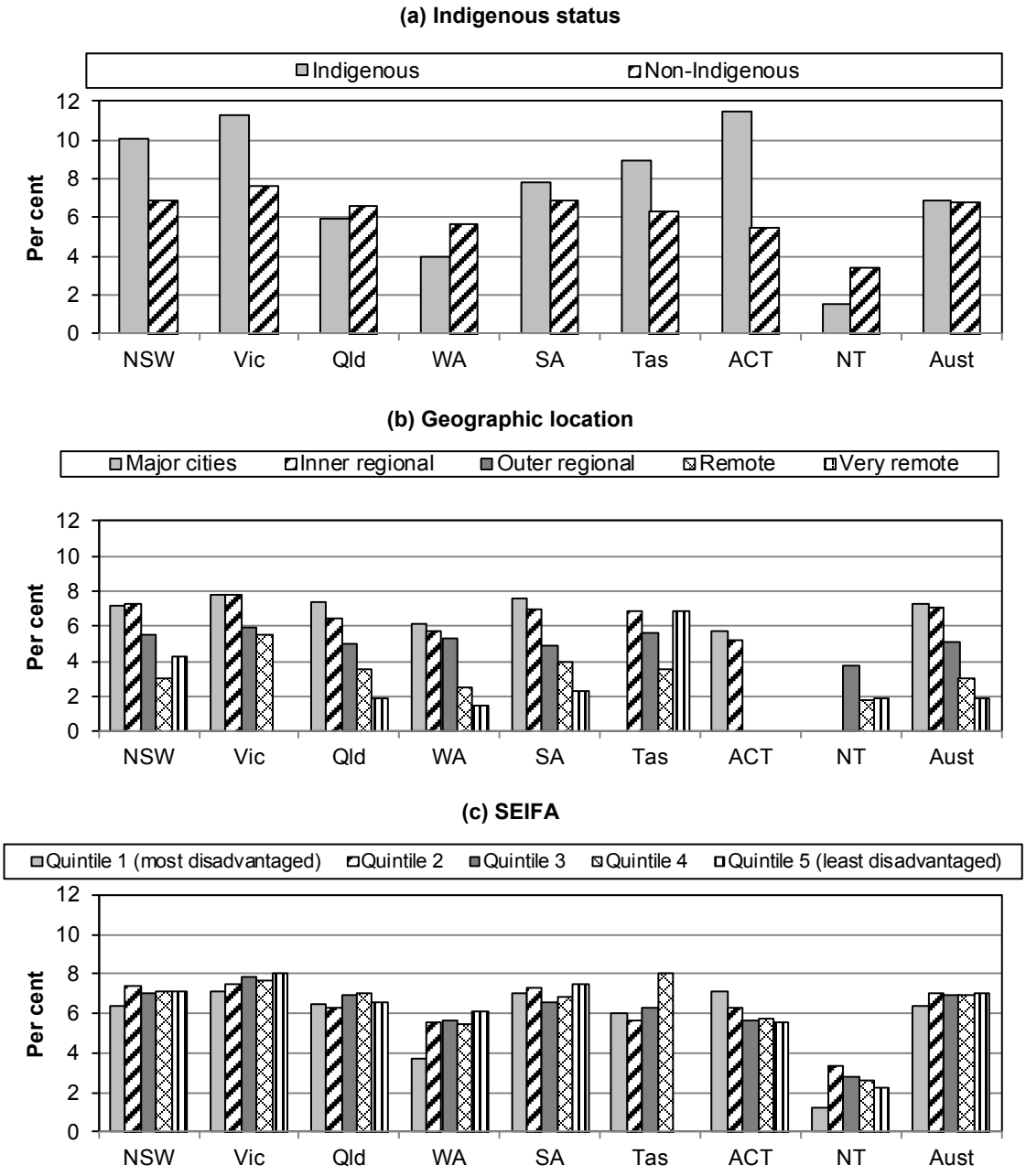
Figure 12.2 **Population using State and Territory specialised public mental health services, by selected community group, 2010-11[a, b, c, d, e, f, g]**



SEIFA = Socio-Economic Indexes for Areas. **a** Proportions are age-standardised to the Australian population as at 30 June 2001. **b** Counts for State and Territory specialised public mental health services are counts of people receiving one or more service contacts provided by community-based ambulatory services. **c** SA submitted data that were not based on unique patient identifiers or data matching approaches. Therefore, caution needs to be taken when making jurisdictional comparisons. **d** Victoria does not have very remote locations. **e** Tasmania does not have major cities. SEIFA Quintile 5 is not applicable for Tasmania. **f** The ACT does not have outer regional, remote or very remote locations. ACT data are not published for inner regional areas. Data for quintile 1 are not published for the ACT. **g** The NT does not have major cities or inner regional locations.

Source: State and Territory governments (unpublished) Community Mental Health Care (CMHC) data; table 12A.26 and 2013 Report, tables 12A.27-28; 2013 Report, figure 12.11, p. 12.24.

Figure 12.3 **Population using MBS-subsidised ambulatory mental health services, by selected community group, 2010-11[a, b, c, d]**



SEIFA = Socio-Economic Indexes for Areas. **a** Proportions are age-standardised to the Australian population as at 30 June 2001. **b** MBS-subsidised services are those mental health-specific services provided under the general MBS and by DVA. The specific Medicare items included are detailed in 2013 Report, table 12A.30. **c** Victoria does not have very remote areas. Tasmania does not have major cities. The ACT does not have outer regional, remote or very remote locations. The NT does not have major cities or inner regional locations. **d** SEIFA Quintile 5 is not applicable for Tasmania.

Source: DoHA (unpublished) MBS Statistics data; DVA (unpublished); table 12A.26 and 2013 Report, tables 12A.27-28; 2013 Report, figure 12.12, p. 12.25.

Mortality due to suicide

'Mortality due to suicide' is an indicator of governments' objective under the NMHS to prevent mental health problems, mental illness and suicide, and identify and intervene early with people at risk (box 12.3).

Box 12.3 **Mortality due to suicide**

'Mortality due to suicide' is defined as the suicide rate per 100 000 people. The suicide rate is reported for all people, for males and females, for people of different ages (including those aged 15–24 years), people living in capital cities, people living in other urban areas, people living in rural areas, Indigenous and non-Indigenous Australians.

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

While mental health services contribute to reducing suicides, other government services also have a significant role. Public mental health programs are primarily concerned with providing treatment and support services for individual clients affected by severe mental illness, some of whom have either attempted, or indicated an intention, to commit suicide. Suicide prevention targeted at the wider population is also addressed through the initiatives of other government agencies, non-government organisations and other special interest groups. Any effect on suicide rates, therefore, will be a result of a coordinated response across a range of collaborating agencies, including education, housing, justice and community services.

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 — for example, adverse childhood experiences (such as sexual abuse) can increase the risk of suicide, particularly in adolescents and young adults. Alcohol and other drugs are also often associated with an increased risk of suicidal behaviour. Other factors that can influence suicide rates include economic growth rates, which affect unemployment rates and social disadvantage. Often a combination of these factors can increase the risk of suicidal behaviour.

Data reported for this indicator are comparable.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2013.

People with a mental illness are at higher risk of suicide than are the general population. They are also at higher risk of death from other causes, such as cardiovascular disease (Coghlan et al. 2001; Joukamaa et al. 2001; Sartorius 2007).

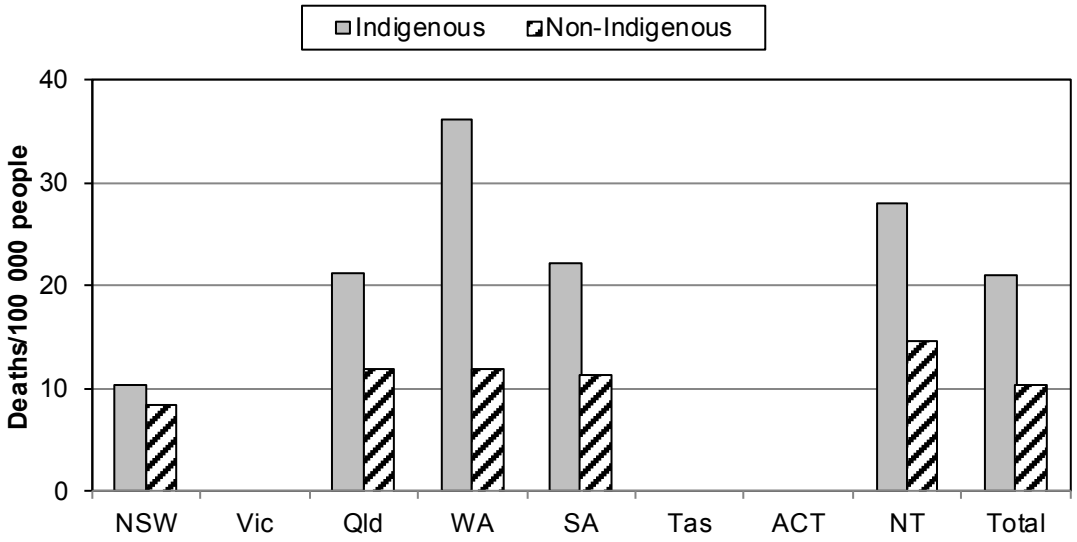
All Coroner certified deaths registered after 1 January 2006 are subject to a revisions process. The revisions process enables the use of additional information relating to Coroner certified deaths either 12 or 24 months after initial processing. This increases the specificity of the assigned ICD-10 codes over time (ABS 2010).

Each year of data is now released as preliminary, revised and final. For further information on this revisions process see the DQI for this indicator.

Indigenous suicide rates are presented for NSW, Queensland, WA, SA and the NT (figure 12.4). After adjusting for differences in the age structure of the two populations, the suicide rate for Indigenous Australians during the period 2006–2010, for the reported jurisdictions, was higher than the corresponding rate for non-Indigenous Australians.

Care needs to be taken when interpreting these data because data for Indigenous Australians are incomplete and data for some jurisdictions are not published. Indigenous Australians are not always accurately identified in administrative collections (such as hospital records, and birth and death registrations) due to definition variations, different data collection methods and failure to record Indigenous status. The rate calculations have not been adjusted for differences in the completeness of identification of Indigenous deaths across jurisdictions.

Figure 12.4 **Suicide rates, by Indigenous status, 2006–2010**[a, b, c, d, e, f]



[a] Deaths from suicides are deaths with ICD-10 codes X60–X84 and Y87.0. [b] Suicide rate are age-standardised. [c] Data on deaths of Indigenous Australians are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between Indigenous and non-Indigenous data. [d] Deaths with a 'not stated' Indigenous status are included in the data for non-Indigenous. [e] Causes of death data for 2006, 2007 and 2008 have undergone revisions and are now considered final. Causes of death data for 2009 have been revised and are subject to further revisions. Causes of death data for 2010 are preliminary and subject to a revisions process. [f] Total data are for NSW, Queensland, WA, SA, and the NT combined, based on State or Territory of usual residence. These four states and one Territory have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support Indigenous mortality analysis. Victoria, Tasmania and the ACT are excluded due to insufficient levels of identification or numbers of deaths.

Source: ABS (unpublished) *Causes of Deaths, Australia,* Cat. no. 3303.0; table 12A.62; 2013 Report, figure 12.29, p. 12.59.

Future directions for reporting on mental health management

Key challenges for improving the reporting on mental health include improving the reporting of effectiveness and efficiency indicators for Indigenous Australians, rural/remote and other selected community groups.

Definitions of key terms and indicators

General terms

General practice The organisational structure in which one or more GPs provide and supervise health care for a 'population' of patients. This definition includes medical practitioners who work solely with one specific population, such as women's health or Indigenous health.

Health management The ongoing process beginning with initial client contact and including all actions relating to the client. 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.

Separation 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.

Mental health

Affective disorders A mood disturbance, including mania, hypomania, bipolar affective disorder, depression and dysthymia.

Community-based residential services 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, the 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.

Depression A state of gloom, despondency or sadness lasting at least two weeks. The person usually suffers from low mood, loss of interest and enjoyment, and reduced energy. Sleep, appetite and concentration can be affected.

Mental illness A diagnosable illness that significantly interferes with an individual's cognitive, emotional and/or social abilities.

Mental health 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.

Mental health problems Diminished cognitive, emotional or social abilities, but not to the extent of meeting the criteria for a mental illness.

Mental health promotion Actions taken to maximise mental health and wellbeing among populations and individuals. It is aimed at changing environments (social, physical, economic, educational, cultural) and enhancing the 'coping' capacity of communities, families and individuals by giving power, knowledge, skills and necessary resources.

Non-government organisations 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 non-government organisation 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.
Prevalence	The number of cases of a disease present in a population at a given time (point prevalence) or during a given period (period prevalence).
Psychiatrist	A medical practitioner with specialist training in psychiatry.
Schizophrenia	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.
Specialised mental health services	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.

List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '12A' prefix (for example, table 12A.1 is table 1 in the Mental health management attachment). Attachment tables are on the Review website (www.pc.gov.au/gsp).

Table 12A.15	Age standardised rate of adults with high/very high levels of psychological distress, by State and Territory, by Indigenous status, 2008
Table 12A.21	Specialised mental health care reported, by Indigenous status
Table 12A.26	Proportion of people receiving clinical mental health services by service type and Indigenous status
Table 12A.62	Suicide deaths, by Indigenous status, 2006–2010

References

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12A Mental health management — attachment

Tables in this attachment are sourced from the Mental health management attachment of the 2013 Report. Table numbers refer to the 2013 Report, for example, a reference to '2013 Report, table 12A.15' refers to attachment table 15 of attachment 12A of the 2013 Report.

Definitions for indicators and descriptors in this attachment are in the Mental health management chapter of the Compendium.

Data in this Compendium are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp).

Attachment contents

Table 12A.15 **Age standardised rate of adults with high/very high levels of psychological distress, by State and Territory, by Indigenous status, 2008 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Age standardised proportion (%) (c)					
Indigenous	rate	33.8	33.3	29.3	30.5	34.4	29.0	28.8	28.0	31.2
Non-Indigenous	rate	12.9	12.5	11.6	10.6	13.2	11.7	10.9	*11.4	12.3
					Relative standard errors (d)					
Indigenous	%	7.0	5.5	6.9	5.7	8.2	10.9	17.4	9.3	3.3
Non-Indigenous	%	5.6	6.7	7.2	7.4	7.0	9.4	9.4	42.8	3.0
					95 per cent confidence intervals					
Indigenous	±	4.6	3.6	4.0	3.4	5.5	6.2	9.8	5.1	2.0
Non-Indigenous	±	1.4	1.6	1.6	1.5	1.8	2.2	2.0	9.6	0.7

(a) Denominator includes a small number of people for whom levels of psychological distress were unable to be determined.

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

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults)

(d) Estimate with a "*" have a relative standard error between 25 per cent and 50 per cent and should be used with caution.

Source: ABS unpublished, National Aboriginal and Torres Strait Islander Social Survey, 2008; ABS unpublished, National Health Survey 2007-08.

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
2005-06										
Episodes of community-based residential mental health care (a), (b), (c)										
Number										
Indigenous (d)	no.	23	11	..	5	8	16	1	..	64
Non-Indigenous	no.	403	778	..	172	130	565	48	..	2 096
Not reported	no.	10	2	..	–	2	160	11	..	185
Total	no.	436	791	..	177	140	741	60	..	2 345
Rate per 10 000 people (e)										
Indigenous (d)	per 10 000 people	2.0	3.7	..	0.7	3.6	18.5	2.1	..	1.9
Non-Indigenous	per 10 000 people	0.6	1.6	..	0.9	0.9	15.4	1.8	..	1.1
Rate ratio (f)		3.3	2.3	..	0.8	4.0	1.2	1.2	..	1.7
Total	per 10 000 people	0.6	1.6	..	0.9	1.0	14.1	1.8	..	1.1
Community-based ambulatory mental health service contacts (g)										
Number										
Aboriginal	no.	97 430	21 682	49 225	23 006	11 255	950	5 275	10 654	219 477
Torres Strait Islander	no.	1 697	2 146	5 314	171	158	22	39	27	9 574
Both Aboriginal and Torres Strait Islander	no.	9 518	2 474	2 704	1 953	762	7	412	382	18 212
Indigenous (d)	no.	108 645	26 302	57 243	25 130	12 175	979	5 726	11 063	247 263
Neither Aboriginal nor Torres Strait Islander	no.	1 040 517	1 800 406	832 841	440 820	271 101	47 412	135 872	24 807	4 593 776
Not reported	no.	683 015	6 497	2 309	26 518	19 124	17 185	69 235	486	824 369
Total	no.	1 832 177	1 833 205	892 393	492 468	302 400	65 576	210 833	36 356	5 665 408
Rate per 10 000 people (e)										
Indigenous (d)	per 1 000 people	822.1	936.6	435.5	375.9	446.3	153.5	1138.6	187.2	531.7
Non-Indigenous (h)	per 1 000 people	254.2	356.4	216.6	239.5	191.4	133.0	612.6	168.4	270.3
Rate ratio (f)		3.2	2.6	2.0	1.6	2.3	1.2	1.9	1.1	2.0

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total	per 1 000 people	265.1	357.3	221.5	242.2	195.6	130.5	616.3	170.8	274.9
Admitted patient mental health-related separations with specialised psychiatric care (i), (j), (k), (l)										
Indigenous (d)										
Separations	no.	1 709	316	1 007	623	328	np	np	np	4 478
Separation rate (e)	per 1 000 people	13.6	10.9	8.2	9.3	12.2	np	np	np	10.4
Patient days	no.	30 049	4506	22 285	14 339	4 641	np	np	np	80 616
Psychiatric care days	no.	29 549	4502	22 167	14 288	4 641	np	np	np	79 907
Average length of stay (overnight)	no.	18.0	14.5	22.5	23.3	15.0	np	np	np	18.5
Non-Indigenous (h)										
Separations	no.	36 704	25 380	25 438	10 976	9 990	np	np	np	109 139
Separation rate (e)	per 1 000 people	5.5	5.0	6.6	5.6	6.4	np	np	np	5.7
Patient days	no.	790 150	466 353	458 231	205 605	236 494	np	np	np	2 162 881
Psychiatric care days	no.	766 667	465 514	454 165	202 744	236 494	np	np	np	2 131 599
Average length of stay (overnight)	no.	23.0	19.4	21.3	19.9	27.2	np	np	np	21.7
Rate ratio (f)		2.5	2.2	1.2	1.7	1.9	np	np	np	1.8
2006-07										
Episodes of community-based residential mental health care (a), (b), (c)										
Number										
Indigenous (d)	no.	15	26	..	np	2	10	1	np	60
Non-Indigenous	no.	377	968	..	178	115	627	73	6	2 344
Not reported	no.	1	9	..	np	4	106	7	np	127
Total	no.	393	1 003	..	181	121	743	81	9	2 531
Rate per 10 000 people										
Indigenous (d)	per 10 000 people	1.8	10.3	..	np	0.8	15.4	1.6	np	1.8

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Non-Indigenous	per 10 000 people	0.6	1.9	..	0.9	0.8	12.8	2.1	0.5	1.2
Rate ratio (f)		3.0	5.4	..	np	1.0	1.2	0.8	np	1.5
Total	per 10 000 people	0.6	2.0	..	0.9	0.8	14.7	2.3	0.5	1.2
Community-based ambulatory mental health service contacts (g)										
Number										
Aboriginal	no.	114 468	25 636	65 117	23 967	14 042	2 598	3 710	10 897	260 435
Torres Strait Islander	no.	2 402	1 681	7 514	123	166	31	8	62	11 987
Both Aboriginal and Torres Strait Islander	no.	12 137	1 760	4 299	1 335	763	23	199	297	20 813
Indigenous (d)	no.	129 007	29 077	76 930	25 425	14 971	2 652	3 917	11 256	293 235
Neither Aboriginal nor Torres Strait Islander	no.	1 288 558	1 789 065	970 751	489 271	333 057	77 479	177 633	24 799	5 150 613
Not reported	no.	410 903	12 136	3 279	21 113	34 276	13 055	25 937	1 730	522 429
Total	no.	1 828 468	1 830 278	1 050 960	535 809	382 304	93 186	207 487	37 785	5 966 277
Rate per 1000 people (e)										
Indigenous	per 1 000 people	996.3	1 022.1	595.3	359.7	528.9	181.3	902.5	180.8	629.3
Non-Indigenous (h)	per 1 000 people	255.4	349.3	245.8	253.3	243.1	189.4	596.8	167.2	279.8
Rate ratio (f)		3.9	2.9	2.4	1.4	2.2	1.0	1.5	1.1	2.2
Total	per 1 000 people	269.7	353.3	256.7	257.9	249.3	189.2	602.9	172.3	288.0

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Admitted patient mental health-related separations with specialised psychiatric care (i), (j), (k), (l)										
Indigenous (d)										
Separations	no.	1 915	361	1 219	607	362	np	np	440	4 904
Separation rate (e)	per 1 000 people	15.1	12.6	10.1	8.4	13.5	np	np	7.0	11.3
Patient days	no.	37 458	6 008	40 405	14 216	6 833	np	np	5 369	110 289
Psychiatric care days	no.	36 981	5 997	40 265	14 134	6 833	np	np	5 339	109 549
Average length of stay (overnight)	no.	19.7	16.7	34.9	23.6	19.5	np	np	12.8	23.0
Non-Indigenous (h)										
Separations	no.	37 344	27 095	24 791	11 389	10 775	np	np	544	111 938
Separation rate (e)	per 1 000 people	5.6	5.2	6.2	5.6	6.8	np	np	3.3	5.7
Patient days	no.	808 262	536 843	481 912	226 377	207 442	np	np	5 957	2 266 793
Psychiatric care days	no.	782 915	536 176	477 831	223 946	207 442	np	np	5 886	2 234 196
Average length of stay (overnight)	no.	22.6	20.6	23.4	21.3	22.3	np	np	11.2	22.0
Rate ratio (f)		2.7	2.4	1.6	1.5	2.0	np	np	2.1	1.8
2007-08										
Episodes of community-based residential mental health care (a), (b), (c)										
Number										
Indigenous (d)	no.	np	np	..	np	np	np	np	np	87
Non-Indigenous	no.	np	np	..	np	np	np	np	np	2 962
Not reported	no.	np	np	..	np	np	np	np	np	np
Total	no.	305	1 498	..	240	192	907	75	5	3 222
Rate per 10 000 people										
Indigenous (d)	per 10 000 people	np	np	..	np	np	np	np	np	1.9
Non-Indigenous (h)	per 10 000 people	np	np	..	np	np	np	np	np	1.4

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Rate ratio (f)		np	np	..	np	np	np	np	np	1.4
Total	per 10 000 people	0.4	2.8	..	1.1	1.3	17.3	2.1	0.3	1.5
Community-based ambulatory mental health service contacts (g)										
Number										
Aboriginal	no.	154 648	25 248	81 047	27 339	19 616	3 371	4 399	10 788	326 456
Torres Strait Islander	no.	3 088	1 516	7 942	98	248	41	24	37	12 994
Both Aboriginal and Torres Strait Islander	no.	12 511	2 646	5 164	1 394	817	113	–	334	22 979
Indigenous (d)	no.	170 247	29 410	94 153	28 831	20 681	3 525	4 423	11 159	362 429
Neither Aboriginal nor Torres Strait Islander	no.	1 602 002	1 691 539	1 066 035	508 389	388 682	120 633	179 059	21 081	5 577 420
Not reported	no.	300 191	15 507	2 369	17 338	47 579	23 543	23 985	3 906	434 418
Total		**2 072 440**	**1 736 456**	**1 162 557**	**554 558**	**456 942**	**147 701**	**207 467**	**36 146**	**6 374 267**
Rate per 1000 people (e)										
Indigenous (d)	per 1 000 people	1228.5	940.5	678.2	412.4	729.0	193.7	1077.2	172.0	735.7
Non-Indigenous (h)	per 1 000 people	262.9	302.5	253.5	231.6	261.1	254.1	552.0	151.1	271.6
Rate ratio (f)		4.7	3.1	2.7	1.8	2.8	0.8	2.0	1.1	2.7
Total	per 1 000 people	289.8	327.1	276.7	256.6	279.4	280.9	591.8	158.6	295.7
Admitted patient mental health-related separations with specialised psychiatric care (i), (j), (k), (l)										
Indigenous (d)										
Separations	no.	1 940	362	1 227	590	302	np	np	404	4 825
Separation rate (e)	per 1 000 people	14.1	11.9	9.3	8.3	11.3	np	np	5.9	10.5
Patient days	no.	38 573	6 463	45 785	14 307	4 984	np	np	5 074	115 186
Psychiatric care days	no.	37 795	6 351	45 011	14 171	4 984	np	np	5 050	113 362

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (overnight)	no.	20.0	18.2	39.1	24.4	16.7	np	np	12.9	24.3
Non-Indigenous										
Separations	no.	38 256	28 910	24 429	12 494	9 549	np	np	553	114 191
Separation rate (e)	per 1 000 people	5.6	5.5	5.9	6.0	6.0	np	np	3.4	5.7
Patient days	no.	874 557	537 322	469 727	238 391	188 967	np	np	5 376	2 314 340
Psychiatric care days	no.	856 734	536 505	465 016	235 522	188 967	np	np	5 343	2 288 087
Average length of stay (overnight)	no.	24.0	19.5	22.7	21.9	22.7	np	np	10.2	22.2
Rate ratio (f)		2.5	2.2	1.6	1.4	1.9	np	np	1.7	1.8
2008-09										
Episodes of community-based residential mental health care (a), (b), (c)										
Number										
Indigenous (d)	no.	13	34	..	5	11	9	–	9	81
Non-Indigenous	no.	200	1 685	..	249	219	822	45	40	3 260
Total	no.	213	1 730	..	254	237	968	46	49	3 497
Rate per 10 000 people (e)										
Indigenous	per 10 000 people	np	np	..	np	np	np	np	np	1.7
Non-Indigenous	per 10 000 people	np	np	..	np	np	np	np	np	1.5
Rate ratio (f)		np	np	..	np	np	np	np	np	1.1
Total	per 10 000 people	0.3	3.2	..	1.1	1.6	18.4	1.3	2.2	1.6
Community-based ambulatory mental health service contacts (g)										
Number										
Aboriginal	no.	155 180	26 648	67 758	32 355	26 639	3 645	5 332	12 100	329 657
Torres Strait Islander	no.	3 647	1 755	7 181	81	417	48	33	70	13 232

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Both Aboriginal and Torres Strait Islander	no.	12 899	2 570	4 419	1 469	890	641	–	348	23 236
Indigenous (d)	no.	171 726	30 973	79 358	33 905	27 946	4 334	5 365	12 518	366 125
Neither Aboriginal nor Torres Strait Islander	no.	1 441 593	1 643 674	872 221	557 448	434 958	142 697	191 895	21 500	5 305 986
Not reported	no.	438 260	14 681	7 342	17 923	62 313	26 757	26 068	5 310	598 654
Total		**2 051 579**	**1 689 328**	**958 921**	**609 276**	**525 217**	**173 788**	**223 328**	**39 328**	**6 270 765**
Rate per 1000 people (e)										
Indigenous (d)	per 1 000 people	1 224	975.0	556.7	482.7	943.6	269.5	1108.3	188.1	731.2
Non-Indigenous	per 1 000 people	211.5	308.8	212.1	264.5	283.8	300.5	549.2	131.3	254.0
Rate ratio (f)		5.8	3.2	2.6	1.8	3.3	0.9	2.0	1.4	2.9
Total	per 1 000 people	**294.8**	**313.6**	**223.5**	**277.1**	**335.5**	**351.5**	**632.5**	**167.4**	**291.9**
Admitted patient mental health-related separations with specialised psychiatric care (i), (j), (k), (l)										
Indigenous (d)										
Separations	no.	np	np	np	np	np	np	np	np	4 951
Separation rate (e)	per 1 000 people	np	np	np	np	np	np	np	np	10.6
Non-Indigenous (h)										
Separations	no.	np	np	np	np	np	np	np	np	122 255
Separation rate (e)	per 1 000 people	np	np	np	np	np	np	np	np	6.0
Rate ratio (f)		np	np	np	np	np	np	np	np	1.8
2009-10										
Episodes of community-based residential mental health care (a), (b), (c)										
Number										
Indigenous (d)	no.	18	27	..	8	19	16	–	33	121
Non-Indigenous	no.	196	2 200	..	215	190	780	55	49	3 685
Total	no.	214	2 240	..	223	219	929	57	82	3 964
Rate per 10 000 people (e)										

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous (d)	per 10 000 people	np	np	np	np	np	np	np	np	2.5
Non-Indigenous	per 10 000 people	np	np	np	np	np	np	np	np	1.7
Rate ratio (f)		np	np	np	np	np	np	np	np	1.5
Total	per 10 000 people	np	np	np	np	np	np	np	np	1.8
Community-based ambulatory mental health service contacts (g)										
Number										
Aboriginal	no.	190 299	25 973	67 059	38 366	27 363	18 496	7 632	14 483	389 671
Torres Strait Islander	no.	3 227	2 091	6 382	202	310	587	172	107	13 078
Both Aboriginal and Torres Strait Islander	no.	16 017	4 138	4 633	1 552	860	527	–	418	28 145
Indigenous (d)	no.	209 543	32 202	78 074	40 120	28 533	19 610	7 804	15 008	430 894
Neither Aboriginal nor Torres Strait Islander	no.	1 604 984	1 681 351	803 254	617 936	446 762	178 757	226 842	23 514	5 583 400
Not reported	no.	427 507	22 457	2 130	22 078	68 053	14 232	22 851	462	579 770
Total		**2 242 034**	**1 736 010**	**883 458**	**680 134**	**543 348**	**212 599**	**257 497**	**38 984**	**6 594 064**
Rate per 1000 people (e)										
Indigenous (d)	per 1 000 people	1 459.1	971.2	530.2	554.4	941.3	1211.1	1767.0	217.4	841.8
Non-Indigenous (h)	per 1 000 people	231.7	309.4	190.6	284.5	288.8	380.4	649.0	141.6	262.0
Rate ratio (f)		6.3	3.1	2.8	1.9	3.3	3.2	2.7	1.5	3.2
Total	**per 1 000 people**	**315.5**	**314.4**	**200.5**	**300.5**	**343.1**	**434.2**	**724.8**	**161.9**	**299.9**

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Admitted patient mental health-related separations with specialised psychiatric care (i), (j), (k), (l)										
Indigenous (d)										
Separations	no.	np	np	np	np	np	np	np	np	5 075
Separation rate (e)	per 1 000 people	np	np	np	np	np	np	np	np	10.6
Non-Indigenous (h)										
Separations	no.	np	np	np	np	np	np	np	np	122 489
Separation rate (e)	per 1 000 people	np	np	np	np	np	np	np	np	5.9
Rate ratio (f)		np	np	np	np	np	np	np	np	1.8

(a) Data for episodes of community residential care should be interpreted with caution due to the varying quality and completeness of Indigenous identification across jurisdictions.

(b) Queensland does not have any government-operated residential mental health services. Tasmanian information contains data for government-funded residential units operated by the non-government sector in that state, being the only jurisdiction providing this level of reporting. NT Did not have any community residential units in 2005-06.

(c) For NSW, Confused and Disturbed Elderly (CADE) residential mental health services were reclassified as admitted patient hospital services from 1 July 2007. All data relating to these services have been reclassified from 2007–08 onwards. Comparison of NSW data over time therefore should be approached with caution.

(d) Includes patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin.

(e) The rates were directly aged standardised against the Australian Estimated Resident Population as at 30 June 2001.

(f) The rate ratio is equal to the service use (episodes, contacts or separations) rate for Indigenous Australians divided by the service use rate for non-Indigenous Australians.

(g) Data for community mental heath contacts should be interpreted with caution. Across jurisdictions, the data quality and completeness of Indigenous identification varies or is unknown. Data were reported by the following states and territories to be of acceptable quality: Queensland, WA, Tasmania, the ACT and the NT.

(h) Includes data for people where Indigenous status was missing or not reported.

(i) Separations for which care type was reported as Newborn with no qualified days and records for Hospital boarders and Posthumous organ procurement have been excluded. Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

Table 12A.21 **Specialised mental health care reported, by Indigenous status**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*

(j) Interpretation of differences between jurisdictions needs to be undertaken with care as they may reflect different service delivery and admission practices and/or differences in the types of establishments categorised as hospitals.

(k) Includes only public hospital separations for the NT.

(l) Indigenous status data for NSW, Victoria, Queensland, WA, SA and the NT public hospitals are considered to be of acceptable quality for analytical purposes. Indigenous identification is likely to be incomplete and to vary among jurisdictions. Total includes data for these jurisdictions only.

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

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

Table 12A.26 **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.
2007-08										
Public (b), (c)										
Indigenous	4.5	3.1	3.9	3.5	5.0	1.5	5.1	2.9	3.8	19 187
Non-Indigenous	1.2	1.1	1.7	1.6	1.5	2.0	1.6	1.9	1.3	276 005
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	np	np	np	np	np	np	np	np	np	np
Non-Indigenous	np	np	np	np	np	np	np	np	np	np
2008-09										
Public (b), (c)										
Indigenous	4.7	3.2	3.8	3.8	5.7	1.3	5.6	3.1	4.0	20 616
Non-Indigenous	1.2	1.1	1.6	1.6	1.6	1.3	1.7	1.9	1.3	277 321
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	7.2	9.2	4.5	2.7	5.5	6.5	7.8	1.0	5.1	24 603
Non-Indigenous	5.9	6.4	5.3	4.9	5.6	5.0	4.6	2.7	5.7	1 200 337
2009-10										
Public (b), (c)										
Indigenous	4.9	3.2	4.0	4.2	5.7	np	5.8	3.7	4.3	22 930
Non-Indigenous	1.2	1.0	1.6	1.7	1.6	1.3	1.8	2.0	1.3	282 620
Private (d)										

Table 12A.26 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	8.1	10.2	4.7	3.0	6.1	7.2	8.6	1.3	5.6	28 303
Non-Indigenous	6.3	7.0	5.9	5.3	6.3	5.6	5.1	3.2	6.2	1 337 882
2010-11										
Public (b), (c)										
Indigenous	4.8	3.1	4.4	4.8	5.8	1.9	6.4	3.7	4.4	24 250
Non-Indigenous	1.2	1.0	1.6	1.7	1.6	1.6	1.8	2.0	1.4	291 381
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	10.1	11.3	5.9	4.0	7.8	8.9	11.5	1.5	6.9	36 044
Non-Indigenous	6.9	7.6	6.6	5.7	6.9	6.3	5.5	3.4	6.8	1 486 676

(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.

(c) SA submitted data that was not based on unique patient identifier or data matching approaches. This was also the case for 2007-08 and 2008-09 data submitted by Tasmania. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

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

Table 12A.26 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(e) DVA data not available by Indigenous status. MBS data 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 (56 per cent nationally as at August 2011) 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.

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

Source : State and territory unpublished, community mental health care data; Private Mental Health Alliance unpublished, Centralised Data Management Service data; Department of Health and Ageing (DoHA) unpublished, MBS statistics; Department of Veterans' Affairs (DVA) unpublished data; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June (prior to relevant period)* , Series B, Cat. no. 3238.0.

Table 12A.62 **Suicide deaths, by Indigenous status, 2006–2010 (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (f)
Number									
Indigenous	69	np	156	127	33	np	np	107	492
Non-Indigenous	2 930	np	2 488	1 272	910	np	np	101	7 701
Total	2 999	np	2 644	1 399	943	np	np	208	8 193
Suicide rate per 100 000 (g)									
Indigenous	10.3	np	21.1	36.1	22.2	np	np	27.9	21.0
Non-Indigenous	8.4	np	11.9	11.9	11.3	np	np	14.5	10.2

(a) Suicide deaths include ICD-10 codes X60-X84 and Y87.0. Care needs to be taken in interpreting figures relating to suicide. See ABS Causes of Death (3303.0) 2010 Explanatory Notes 98-101.

(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. For all other years, data has been confidentialised through cell suppression.

(c) Data on deaths of Aboriginal and Torres Strait Islander Australians are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between the Indigenous and non-Indigenous data.

(d) Causes of death data for 2006, 2007 and 2008 have undergone revisions and are now considered final. Causes of death data for 2009 have been revised and are subject to further revisions. Causes of death data for 2010 are preliminary and subject to a revisions process. See ABS *Causes of Death, Australia, 2010* , Cat. no. 3303.0 for more information.

(e) Based on State or Territory of usual residence.

(f) Total includes data for NSW, Queensland, WA, SA and the NT only. These four states and one territory have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(g) Age-standardised death rate per 100,000 population.

np Not published.

Source : ABS unpublished, *Causes of Death, Australia* , Cat. no. 3303.0.