Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF DR PEGGY BROWN AO

I, Peggy Brown, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Background and experience

2 I completed my medical training in 1983 and trained as a specialist psychiatrist with the Royal Australian and New Zealand College of Psychiatrists (**RANZCP**). I was admitted as a Fellow of RANZCP in 1991.

3 I have held a number of leadership positions in the mental health sector and the broader health sector in Australia:

(a) Chief Executive of ACT Health. ACT Health is the equivalent to the Department of Health and Human Services in Victoria, and my role included oversight of all aspects of public health service delivery and health policy for the ACT, including mental health;

(b) Chair of the Australian Health Ministers' Advisory Council (**AHMAC**). The membership of AHMAC comprises the Chief Executive, Director-General, Secretary or equivalent of each State and Territory Health Department, the Commonwealth Health Department and the New Zealand Health Department. AHMAC is the advisory and support body to the Council of Australian Governments (**COAG**) Health Council. The COAG Health Council comprises State, Territory, Federal and New Zealand Health Ministers;

(c) Acting Director of Medical Services, Metro South Addiction and Mental Health Services. Metro South Hospital and Health Service is one of the two Health Services which cover the city of Brisbane;

(d) Chief Psychiatrist for the Northern Territory. In the Northern Territory (unlike Victoria), this is not a statutory role. The role is responsible for consulting to government and public healthcare services about clinical matters including in relation to quality and safety;

(e) Chief Psychiatrist in the Australian Capital Territory which was not a statutory role at the time that I held the position but has since been formally established as a statutory entity under the Mental Health Act 2015.

(f) Director of Mental Health in Queensland which was a statutory role at the time I held the position but has now been retitled as the Chief Psychiatrist role under the Mental Health Act 2016.

(g) Chair of the Advisory Council of the Queensland Mental Health Commission (**QMHC**). The role of the QMHC is to encourage and facilitate change to improve the mental health and wellbeing of all Queenslanders. The QMHC is independent from Queensland Health and is established under its own legislation, the *Queensland Mental Health Commission Act 2013* (Qld);

(h) Chief Executive Officer of the National Mental Health Commission (**NMHC**). The role of the NMHC is to provide insight and advice on ways to improve Australia's mental health and suicide prevention systems, and to act as a catalyst for change to achieve those improvements.

4 In January 2018 I was awarded Officer (AO) in the General Division for distinguished service to medical administration in the area of mental health through leadership roles at state and national level, to the discipline of psychiatry, to education and to health care standards.

5 Attached to this statement and marked **PB-1** is a copy of my curriculum vitae.

How can the prioritisation of mental health within government be ensured?

6 There are a number of ways to ensure that mental health is prioritised within government.

7 In my view what is crucial is the engagement of both the relevant Minister and the First Minister (be it Premier or Prime Minister). Both are necessary because the work needed for people with lived experience falls both within and outside of service delivery that is explicitly addressed to mental health (for example, housing). Having the committed engagement of Ministers with a breadth of authority at both levels will facilitate the prioritisation of an integrated mental health system.

8 A Mental Health Commission can also play a role. The role of a Commission is to advise government and to advocate for reform. In my experience effective Commissions sit outside the relevant department and must have the ear of the Minister and the First Minister on a regular basis. A Commission should be a "thorn in the side" of the Minister and First Minister regarding whether progress is occurring quickly enough. They can and should act as a conduit to relay community experience. It is essential that Commissions have sufficient power to make them effective and sufficient independence to enable them to be courageous.

What governance and accountability mechanisms can improve the performance of a State mental health system faced with demand pressures?

9 The state health systems operate within a devolved governance system. There are local hospital networks, each with a range of health services within their management. A key issue with respect to governance and accountability is finding the right balance between making a health service accountable to deliver safe, high quality services while not being micromanaged by the department.

10 In my opinion, part of the problem is that historically the focus has largely been on activity and dollars. For example, it is known how much we spend on mental health, how many people are seen by community mental health teams, how many people are admitted to hospital, how many come to emergency departments, and how many called the crisis team. However, what is not known is how many people have not attended for treatment or care, how many did attend and left before treatment because they may have had a bad experience in the waiting area or while being triaged, or how many attended but ceased treatment early. So we are only getting one part of the story if we focus only on the activity delivered. We don't know the outcomes for either of these groups, those who received care and those who didn't. What was their experience of the treatment and care provided and did it make a difference to their life and their functioning? We should have a much stronger focus on the outcomes that are being achieved for the dollars that are being spent, not just on the activity, and in particular the outcomes that matter to the people who seek our assistance, not the outcomes we choose to measure. Knowing and monitoring the level of activity is still useful but alone, it is not sufficient to tell you whether the need is being met.

11 A Chief Psychiatrist plays an important role. This should be a statutory role, focused on standards of care, specifically safety and quality, and clinical oversight and leadership. The Chief Psychiatrist's role is not to advocate for the prioritisation of mental health but rather to assess the standards of care, to determine whether they are being met, and to report on outcomes to government. The role should be statutory to ensure its independence is protected and the Chief Psychiatrist is able to give frank and fearless advice to government. A Chief Psychiatrist should have a clear reporting line to the Minister for Health for matters which the Chief Psychiatrist considers should be brought to the Minister's attention. The role should also have a regular line of reporting to the Secretary of the Department of Health. A Chief Psychiatrist should have the opportunity to meet with the Secretary and Minister on a regular basis.

What is the relationship between the State and Commonwealth regarding mental health and what needs to be done to increase collaboration between the jurisdictions?

12 In my view, the mental health system is unnecessarily complicated by the fact that the differentiation between the respective responsibilities of the Commonwealth and the States has become increasingly blurred and, partially as a result of that, the system has become even more fragmented and possibly less accountable. This has been the case for some time now. For instance, the Commonwealth has traditionally been responsible for primary care, Medicare Benefits Scheme services and the Pharmaceutical Benefits Scheme. The states have traditionally been responsible for hospitals and specialist community mental health services. Both undertake activity in suicide prevention, sometimes in the same region without adequate coordination. Health promotion and prevention activity is mostly funded by the Commonwealth, although the States probably should take a more substantial role in this. Until the last ten years or so, the States tended to fund non-government agencies (NGOs) to deliver support services and the Commonwealth tended to fund the peak bodies. The Commonwealth then commenced a range of support programs delivered through NGOs (e.g. Personal Helpers and Mentors, Day to Day Living) which were positive additions for consumers but added to the complexity of the service landscape. Now with the NDIS operating, the NGO service landscape is changing and is probably best described as volatile. The States have decreased what they were previously funding because they cashed-out those services to the NDIS, but the NDIS is not yet meeting the needs of everyone and there are many who will never meet the NDIS criteria. So other non-NDIS NGO services are being commissioned to fill the gaps and the Commonwealth and the States are doing this separately. The Commonwealth funds Headspace, which is a primary care initiative providing early intervention services to young people, but Headspace operate alongside the community mental health services provided by the State, often with little or no interface, and nobody funds a service for the young people who are too unwell for Headspace but not unwell enough for the community mental health team. It is an increasingly complex system to attempt to navigate.

13 Some have been critical of the Commonwealth putting initiatives in what traditionally is State space, but in my view, the Commonwealth has done this to address service gaps. An important goal is for the two levels of government to work together to determine the needs of the region, and be clear about how needs will be met. That is, what is needed and who will fund what services to meet that need, whether it is health promotion, prevention, early intervention, primary care treatment for mild-to-moderate illness or specialist acute care and rehabilitation services for those with severe illness? In my view, this is not currently happening in a meaningful way in most regions. There needs to be a much greater focus on planning and delivering services at a regional level that collectively provide what is needed to meet the region's needs, irrespective of whether it

is funded by the Commonwealth or the State. This is what was set out as a priority in the Fifth National Mental Health and Suicide Prevention Plan but is not yet effectively in place yet in most parts of Australia.

What are examples of current mental health system performance measures and what they reveal about how a system is performing?

14 There are a number of indicators that are used to measure the performance of a mental health system. They include:

(a) **Emergency department presentations**. Measuring the number of emergency department presentations can be seen, to an extent, as a measure of the adequacy of mental health services in the community. However, it is important to note that not all emergency presentations coded as mental health are from people with a diagnosed mental illness, nor do they indicate that more acute mental health services are required. For example, people who are distressed may attend an emergency department when they do not know where else to go. In these circumstances, the presentation may be more as a result of a situational crisis, rather than a diagnosable mental illness. They may not be seeking acute mental health treatment at all; rather, they may be looking for other forms of support which if it had been available to them, would have reduced the likelihood that they presented to a health service at all.

(b) **Readmissions within 28 days.** This measure can be an indication of the integration between inpatient and community mental health services. For example, once a person has been discharged from an inpatient setting, there should be follow up and support for them in the community. If that person is readmitted within 28 days, this may indicate that there is a lack of integration and support between the inpatient services and the services available in the community. Importantly, the target in Victoria (as set out in the *Victorian health services performance monitoring framework 2018-19*) is currently set at 14 per cent. This effectively means that it is accepted that one in seven inpatients will return to the acute system within 28 days. In my view, this level of readmission is not acceptable elsewhere in the health system, and should not be acceptable in mental health. Readmission rates may also provide an indication of system demand, as it may suggest that consumers are having to be discharged prematurely due to demand pressures.

(c) **Community follow up within seven days**. In Victoria, the benchmark for community follow up is 80 per cent. The national target is closer to 65 per cent. Some jurisdictions require that follow up be face-to-face, while a telephone contact is acceptable for others. Further, some jurisdictions only count the

people they expect to follow up in the denominator (which will tend to give a higher result). The national figure of 65 is lower, because it takes into account all of the people who have been discharged from the inpatient unit when calculating the denominator but recognises that some people will not be seen by the public service for follow up because they are returning to see their GP or a private practitioners or may be going interstate. However, regardless of the outcome, this indicator does not address the quality of the follow up. If, for example, the follow-up is a perfunctory telephone call with a very simple and superficial conversation performed by someone who has never met the consumer, then it probably does not add much in the way of real value.

(d) **Rates of seclusion events**. Seclusion should be used as a last resort in circumstances where there is a behavioural emergency or risk, to maintain the safety of the individual and those around them. The rates of seclusion events may be indicative of the culture within an inpatient unit, or the staffing ratios and the skill mix of employees. The mental health inpatient sector is a challenging environment in which to work with the rising acuity and complexity of consumers who get admitted, and in my opinion, it is becoming more and more challenging to get skilled nursing staff who want to work in the area. Services are increasingly operating with more casual staff who may not know the ward environment well or have any knowledge of the current consumers on the unit. Increasingly, staff do not have specialist mental health skills either. The staffing ratios need to reflect the acuity of the consumes and the skills of the staff to appropriately care for them, but the issue is whether organisations are resourcing inpatient units to the level that allow staffs to adequately and safely care for acute patients. If that does not occur, higher rates of seclusion are more likely to be seen.

How should the performance of a mental health system be measured?

15 Over the last decade, there has been a push to improve the breadth of reporting on the performance of mental health services. In particular, there has been an increased focus on measuring consumer and carer outcomes, rather than simply measuring service inputs or outputs.

16 The National Productivity Commission releases an annual Report on Government Services (**ROGS**). The Mental Health Management chapter of the ROGS reports on the performance of Australia, and state and territory governments' management of mental health and mental illness. The framework of performance indicators draws on the vision and objectives for mental health services set out in the National Mental Health Policy 2008 and the Fifth National Mental Health and Suicide Prevention Plan endorsed by Council of Australian Governments in 2017.

17 The Mental Health Management Performance Indicator Framework distinguishes between outputs (timely access to health care, rates of seclusion, rates of readmission) and outcomes (physical health outcomes of people with mental illness and social and economic inclusion of people with mental illness). Attached to this statement and marked **PB-2** is a copy of the mental health management performance indicator framework included in the 2019 ROGS report at page 13.7.

18 In my view, measuring outcomes (as well as outputs) provides a broader and more meaningful indication of the performance of the mental health system. However, there is a lack of data which means that measuring outcomes is difficult.

19 For example, in the 2019 ROGS report, the outcome measure of 'social and economic inclusion of people with a mental illness' is defined by two measures, being the proportion of people:

(a) aged 16–64 years with a mental illness who are employed, compared with the proportion for people without a mental illness; and

(b) 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 past week, compared with the proportion for people without a mental illness.[1]

20 As the report states, the indicator does not provide information on whether the employment, education or social activities participated in were appropriate or meaningful.[2]

21 The National Mental Health Service Planning Framework (**NMHSPF**) was developed in 2011 to progress a commitment by the Ministers of Health under the Fourth National Mental Health Plan to develop a national service planning framework. Attached to this statement and marked **PB-3** is a copy of a document entitled Introduction to the National Mental Health Service Planning Framework.

22 The NMHSPF is a national tool designed to help plan, coordinate and resource mental health services to meet population needs. It provides national average benchmarks for optimal service delivery across the mental health system in Australia. However, I am not aware of any jurisdiction that, as yet, sets its service targets or funding at the levels indicated by this tool. At best, jurisdictions have used to tool to inform their strategic planning and to identify the gaps between what they currently have and what they reasonably should have. While the tool is only indicative and needs to be tailored to account for local factors, it can indicate the size of the gap in funding and service

[1] 2019 ROGS Report, Chapter 13, page 13.32.

[2] 2019 ROGS Report, Chapter 13, page 13.32.

availability. In my view, it would be useful for that information to be made more transparent, as it is not generally made publically available. I note also that it does not take account of the gaps in services outside of the health sector either (e.g. accommodation services, etc) but that the level of health-funded services indicated by the tool is predicated on optimal support services being available in other sectors. When these services are not adequate, there tends to be even greater demand placed on acute health services.

sign here ▸ 

print name Peggy Brown

date 22/7/19

Royal Commission into
Victoria's Mental Health System

ATTACHMENT PB-1

This is the attachment marked '**PB-1**' referred to in the witness statement of Peggy Brown dated 22 July 2019.

Dr Peggy Brown AO

Qualifications

- Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP), 1991
- Bachelor of Medicine and Bachelor of Surgery (MB,BS) with Second Class Honours, University of Queensland, 1983

Medical Registration

- Australian Health Practitioner's Regulation Agency: MED 0000960796

Professional Organisations

- Fellow, Royal Australian and New Zealand College of Psychiatrists
- Associate Fellow, Australian College of Health Service Managers
- Member, Australian Healthcare and Hospitals Association
- Member, Australian Medical Association

Awards

- RANZCP College Citation , 2019
- Officer in the General Division of the Order of Australia, 2018
- ACT AMA President's Award, 2015
- Margaret Tobin Award (RANZCP - for significant contribution to administrative psychiatry), 2013
- Australia Day Medallion (ACT Health), 2007
- Queensland Health Gold Award - Excellence in Policy and Outcomes, 2000
- Telstra Queensland Business Woman of the Year, including Shell Corporate and Government Category, 2000
- Maddison Medal (RANZCP - for meritorious performance throughout the College training and examination process) 1991

Appointments

Nov 2015 – Current Director, Quality, Safety and Leadership, Metro South Addictions and Mental Health Service

- 0.5 FTE position until October 2016; 0.2 FTE from October 2016 – July 2018; 0.4FTE from July 2018 – current; reducing to 0.2 FTE from August 2019
- Provide high level clinical and strategic advice and support effective clinical governance systems
- Promote and support research and innovation
- Promote and support medical education and training
- Support professional leadership for medical staff

July 2018 – Current Senior Clinical Advisor, Australian Commission on Safety and Quality in Health Care

- Provide strategic and clinical advice in relation to a project on the development of National Standards and a Certification Framework for Digital Mental Health Services

Oct 2016 – June 2018 Chief Executive Officer, National Mental Health Commission

- Lead the strategic and operational management of the National Mental Health Commission
- Monitor and report on mental health and suicide prevention services
- Provide advice to the Australian Government and the community in relation to mental health and suicide prevention systems
- Facilitate and support mental health reform across the nation

Nov 2015 – Oct 2016 Chief Psychiatrist, Northern Territory Department of Health

- 0.5FTE position
- Provide expert clinical advice to the Mental Health Directorate, Department of Health and other NT Health Services as required

- Support high quality strategic policy and planning for mental health services in the NT
- Oversight effective clinical governance mechanisms for mental health services to support the system manager role
- Support the implementation of strategic priorities related to mental health services in the NT, including the roll out of the National Disability Insurance Scheme and the review of the NT Mental Health and Related Services Act
- Represent the NT at intergovernmental and inter-jurisdictional meetings as required

Jan 2010 – Oct 2015 Director-General, ACT Health

- Provided leadership and accountability for ACT Health, with over 7000 full time equivalent staff and a budget of $1.4 Billion
- Directly supported the Minister for Health and the ACT Government in the machinery of government
- Delivered integrated public sector health services through Canberra Hospital and community teams
- Implemented the Health Infrastructure Program with commitments of > $890 Million
- Oversaw population health programs for the ACT, including preventative health programs
- Supported the Canberra Hospital Foundation, which received donations and bequests to support patients and staff of the Canberra Hospital and community teams
- Participated as a Member of the Strategic Board, ACT Government Public Service

Sept 2005 – Jan 2010 Director of Mental Health/ Chief Psychiatrist, Mental Health ACT

- Provided leadership and accountability for Mental Health ACT, with responsibility for inpatient and community based mental health services across the lifespan
- Exercised statutory responsibilities under the Mental Health (Treatment and Care Act) 1994

Oct 2004- Sept 2005 Director of Clinical Services/Chief Psychiatrist, Mental Health ACT

- Provided leadership of medical staff and accountability for clinical governance across all clinical programs within Mental Health ACT
- Exercised statutory responsibilities under the Mental Health (Treatment and Care Act) 1994

Apr 2003 - Sept 2004 Consultant Psychiatrist, Biggleswade Community Mental Health Team, Bedfordshire and Luton Community NHS Trust, United Kingdom

- Provided public mental health services across inpatient and community services as part of a multidisciplinary mental health and social care team
- Participated in teaching and education of psychiatry trainees and junior medical staff

Feb 2000 - Mar 2003 Director of Mental Health, Queensland Health

- Provided leadership and accountability for Mental Health Unit within the corporate office of Queensland Health, responsible for state wide policy development, strategic planning, strategic capital works and funding enhancements of mental health services across Queensland
- Exercised statutory responsibilities under the Mental Health (Treatment and Care Act) 1994

Jan 1997- Feb 2000 Chief Psychiatrist and Acting Director of Mental Health, Queensland Health

- Provided clinical advice to the staff of the Mental Health Unit, Queensland Health to support policy, planning, capital works and funding decisions
- Provided leadership for Clinical Directors of Mental Health state wide
- Exercised statutory responsibilities under the Mental Health (Treatment and Care Act) 1994

1996 - Jan 1997 Acting Director, Mental Health Centre, Royal Brisbane Hospital

- Provided leadership and accountability for the efficient and effective running of inpatient mental health services, including consultation liaison services

1995 - Jan 1997 Director of Consultation-Liaison Psychiatry, Royal Brisbane Hospital

- Provided leadership for consultation liaison mental health services and supported the Director of Mental Health Services across a range of other program areas

1991- 1995 Staff Psychiatrist, The Prince Charles Hospital, Brisbane and Visiting Psychiatrist, Aspley Community Mental Health Service

- Provided public mental health services across inpatient and community services as part of a multidisciplinary mental health and social care team
- Participated in teaching and education of psychiatry trainees and junior medical staff

1984 -1990 Junior Medical Officer at Royal Brisbane Hospital, The Prince Charles Hospital and Wolston Park Hospital

- Provided health and mental health services as an intern, junior medical officer, and registrar

Academic Appointments

- Adjunct Professor, University of Canberra 2010 – 2015
- Adjunct Associate Professor, Australian National University, 2005 – 2010
- Clinical Associate Professor, University of Queensland, 2000 - 2003
- Clinical Senior Lecturer, Department of Psychiatry, University of Queensland, 1993 - 1999

Other relevant training

- Intensive Course on Medical Ethics, Imperial College, London, 2015
- Company Directors Course, Australian Institute of Company Directors, 2015
- Lean Thinking Yellow Belt, Canberra, 2015
- Australasian Incident Management System training, ACT Government, 2008

Professional Activities

International

2008 – Current	Co-Chair, Council of Clinical Leaders, International Initiative for Mental Health Leadership
2017 – Current	Member, Sponsoring Countries Leadership Group, International Initiative for Mental Health Leadership
2005 – 2007	Steering Committee of the International Initiative for Mental Health Leadership

National (Australia)

2019 - Current	Chair, Research Advisory Committee, Clear Thinking Queensland
2019 - Current	Member, RANZCP Foundation Board
2018 - Current	Patron, Borderline Personality Disorder Foundation
2018 –2019	Member, Safe in Care, Safe at Work Advisory Panel 2018, Australian College of Mental Health Nurses
2018	Chair, Mental Health Expert Reference Panel for Fifth National Mental Health and Suicide Prevention Plan
2018 -2019	Member, GAP Taskforce on Australia's Health 2040
2017 – 2018	Co-Chair, Primary Health Network Mental Health Advisory Panel
2016 - Current	Member, Pharmaceutical Benefits Advisory Committee
2016 - Current	Member, Agency Management Committee, Australian Health Practitioner Regulation Authority (Chair, Regulatory Performance Committee; Previous Member, Finance, Audit and Risk Management Committee)
2015	Expert Reference Group to advise Commonwealth Minister for Health on the Report of the Review of Mental Health Services and Programmes
2010– 2015	Australian Health Ministers Advisory Council (Chair 2013 - 2015, Deputy Chair 2011 – 2013) (Chair, Health Priorities Principal Committee, 2010-2012) (Chair, Mental Health, Drug and Alcohol Principal Committee, 2012-13)
2010 – 2013	Board Member, Health Workforce Australia

(Member, Audit & Risk Management Committee, 2011-2013)
(Chair, Standing Advisory Committee for Higher Education and Training, 2012-13)

2010 - 2015 Board Member, National E-Health Transition Authority
(Member, Audit & Risk Committee, 2013-2015)

2000 – 2018 Various roles on a range of national mental health committees

- Mentally Health Workplace Alliance, 2016 -2018
- Health Expert Advisory Group (Department of Home Affairs), 2017 – 2018
- National Mental Health Stakeholder Reform Advisory Group, 2016 – 2018
- Expert Advisory Group for Evaluation of the PHN Mental Health Reform, 2016 - 2018
- Safety and Quality Partnership Standing Committee, 2002-2003 (Member), 2005 – 2010 (Chair), 2016-2018 (Member)
- National Mental Health Service Planning Framework Jurisdictional Working Group, 2016 (Member)
- Mental Health Principal Committee (formerly the National Mental Health Working Group, Mental Health Standing Committee, Mental Health Drug and Alcohol Principal Committee), 2005 - 2010 (Deputy Chair), 2015-16 (Member)
- Cross Sectoral Working Group for 4th National Mental Health Plan (Chair) 2011- 2012
- National Standards for Mental Health Implementation Steering Committee, 2009 – 2010 (Deputy Chair)
- National Co-morbidity Collaborative (Mental Health), 2008 – 2010
- Joint Officer's Group, Multicultural Mental Health Australia, 2008 – 2010
- National Mental Health Performance Subcommittee, 2006 – 2010
- Reference Group for Development of *4th National Mental Health Pla*n, 2008 –2009
- Steering Committee for Review of the *National Mental Health Policy*, 2007 – 2008
- Steering Committee for Review of the *National Mental Health Sta*ndards, 2006 – 2008 (Chair)
- Seclusion and Restraint Working Party, 2006 – 2009 (Chair)
- Promotion and Prevention Working Party, 2005 – 2007
- Burden of Disease Working Group, 2005 – 2007
- National Practice Standards Implementation Group, 2004 - 2005
- Information Strategy Subcommittee, 2001 – 2003 (Chair)
- National Expert Reference Group on Forensic Mental Health, 2001 –2003 (Chair)
- Steering Committee for Development of *the National Mental Health Plan 2003 – 2008,* 2002 – 2003
- Steering Committee for Evaluation of the *Second National Mental Health Plan*, 2002 – 2003
- States and Territories Forum, National Advisory Council on Suicide Prevention, 2000 – 2003
- National Health Priority Action Council Advisory Group on Mental Health, 2002 – 2003
- Better Outcomes Implementation Advisory Group, 2002 – 2003
- Compass National Reference Group, 2002 – 2003

- Primary Health Care Subcommittee, 2001 - 2002 (Chair)
- Workforce Subcommittee, 2001 (Chair)
- National Committee to review the status of State/Territory Mental Health Legislation 1998 - 1999
- National Expert Reference Group, Mental Health Shared Care, 1997 – 2000

2008 – 2010	Board member, beyondblue
2005 – 2010	Surveyor, Australian Council on Healthcare Standards
1998 – 2000	Member, Australian Medical Workforce Advisory Committee – Psychiatry Workforce Working Party

ACT

2013 – 2015	Advisory Board, Centre for Personalised Immunology, Australian National University
2008 – 2010	Professional Standards Committee, ACT Medical Board
2005 – 2010	ACT Disaster Recovery Counselling Committee (Chair)
2005 – 2009	ACT Influenza Pandemic Advisory Committee
2004 – 2006	Clinical Audit Committee, ACT Health
2004 – 2006	Clinical Review Committee, Mental Health ACT (Chair)
2004 – 2006	Consumer Management Planning Forum, Mental Health ACT (Chair)

United Kingdom

2003 – 2004	Guest speaker on NHS International Fellowships
2003 – 2004	Secretary, Medical Staff Committee, Bedfordshire and Luton Community NHS Trust (BLCT)
2003 – 2004	Clinical Policies Committee, BLCT
2003 – 2004	Crisis Resolution and Home Treatment Team Development Group, BLCT

Queensland

2016	Chair, Queensland Mental Health and Drug Advisory Committee, Queensland Mental Health Commission
1998 – 2003	Various roles associated with mental health policy, planning, funding and service delivery, including ○ Workforce Development ○ Intersectoral Reference Group on Challenging Behaviour ○ Mental Health Information Systems Management Advisory Group ○ Consumer and Carer Participation Project Reference Group ○ Centenary of Federation Suicide Prevention Early Intervention Steering Committee ○ Queensland Police/ Queensland Health Partnerships Steering Committee ○ Mental Health Inter-sectoral Reference Group ○ Responsible Gambling Advisory Committee ○ General Practice and Psychiatry Program Reference Group ○ Mental Health Act 2000 Reference Group
1998 –2002	Member, Queensland Community Recovery Committee
1992 - 1995	Research Planning Committee of the Mood Disorders Unit, The Prince Charles Hospital (Chair)
1991 - 1993	Full-Time Medical Specialists Association of Queensland

Royal Australian and New Zealand College of Psychiatrists

2005 – 2008	Chair, ACT Branch, RANZCP
1997 – 2003	Member, Committee for Examinations, RANZCP
1991 – 1997	Member, Committee for Training, RANZCP

1995 – 2002	Various roles in relation to RANZCP training in Qld (including Chair, Qld Rotational Training Committee; Chair, Qld Branch Training Committee; Chair, Qld Training Monitoring Committee)
1991 – 2003	Various roles on the Qld Branch Committee, RANZCP (including Assistant Secretary, Honorary Secretary, and co-opted Member)

Other Professional Commitments

- Reviewer, Australasian Psychiatry

Professional Interests

- Health services planning, management, quality improvement and evaluation
- Health workforce including planning and regulation
- Leadership
- Medical ethics

Examiner

1993 – 1996	Royal Australian and New Zealand College of Psychiatrists First Year Exams
1997 – 2003	Royal Australian and New Zealand College of Psychiatrists Fellowship Exams – Member, Committee for Examinations

Royal Commission into
Victoria's Mental Health System

ATTACHMENT PB-2

This is the attachment marked '**PB-2**' referred to in the witness statement of Peggy Brown dated 22 July 2019.

13 Mental Health Management

CONTENTS

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 https://www.pc.gov.au/research/ongoing/report-on-government-services.

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 https://www.pc.gov.au/research/ongoing/report-on-government-services.

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 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[1].
  - Community-based public mental health services, comprising:
    - ambulatory care services and other services dedicated to assessment, treatment, rehabilitation and care, and
    - 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 focused on providing well-being, support and assistance to people who live with a mental illness.
- The National Disability Insurance Scheme (NDIS), which began full roll out in July 2016. 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, specialist homelessness services) 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 2018).

1 Whilst not a State and Territory government specialised mental health service, this chapter also reports on emergency department presentations for mental health related care needs (where data are available).

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 other 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, with the most recent — the *Fifth National Mental Health and Suicide Prevention Plan* — endorsed in August 2017 (COAG 2017).

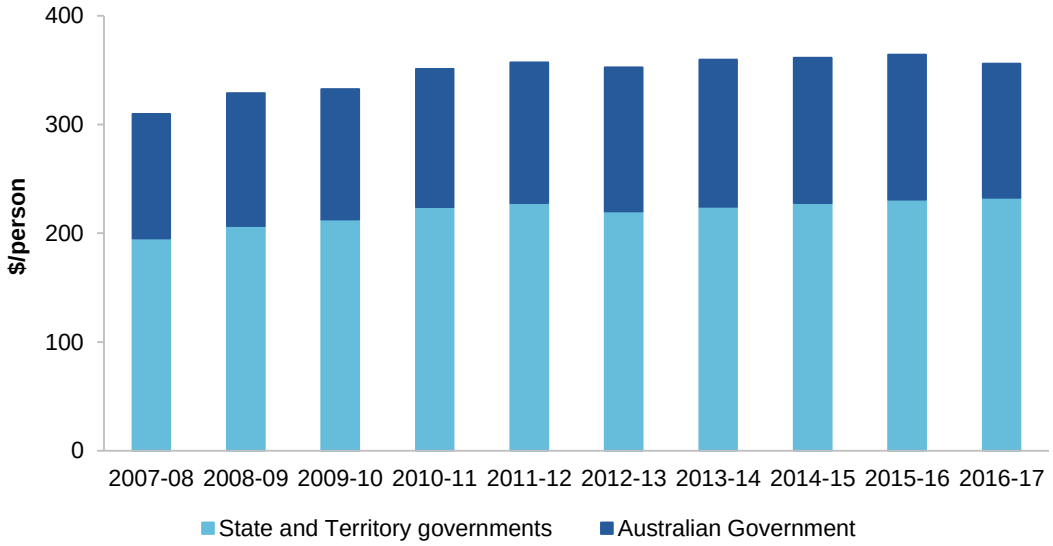
Funding

Nationally, real government recurrent expenditure of around $8.7 billion was allocated to mental health services in 2016-17, equivalent to $355.94 per person in the population (table 13A.1 and figure 13.1). State and Territory governments made the largest contribution ($5.7 billion or 65.4 per cent, which includes Australian Government funding under the NHRA), with Australian Government expenditure of $3.0 billion (table 13A.1).

Expenditure on MBS subsidised services was the largest component of Australian Government expenditure on mental health services in 2016-17 ($1.2 billion or 39.3 per cent) (table 13A.2). This comprised MBS payments for psychologists and other allied health professionals (18.2 per cent), consultant psychiatrists (11.6 per cent) and GP services (9.5 per cent) (table 13A.2). Another significant area of Australian Government expenditure on mental health services in 2016-17 was expenditure under the PBS for mental health related medications ($496.1 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 ($2.6 billion or 45.0 per cent) in 2016-17, followed by expenditure on community-based ambulatory services ($2.1 billion or 36.9 per cent) (table 13A.3). State and Territory governments' expenditure on specialised mental health services, by source of funds and depreciation (which is excluded Community-based from reporting) are in tables 13A.4 and 13A.5 respectively.

Figure 13.1 **Real government recurrent expenditure on mental health services, by funding source (2016-17 dollars)[a]**



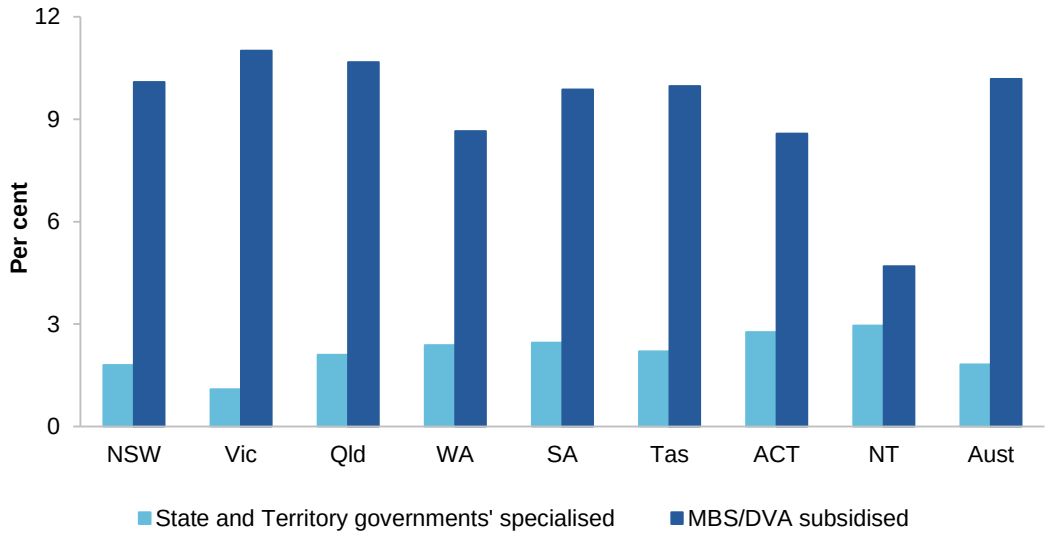
[a] See tables 13A.1; 13A.2 and 13A.4 for detailed footnotes and caveats.

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 2016-17, 1.8 per cent and 10.2 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 10.2 per cent in 2016-17 (table 13A.7). Much of this growth has come from greater utilisation of GP mental health specific services (from 4.4 per cent to 8.3 per cent) and other allied health services (1.7 per cent to 3.2 per cent) over that period (table 13A.7).

Figure 13.2 **Population receiving mental health services, by service type, 2016-17[a]**



[a] 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 2016-17, GPs provided 3.4 million MBS subsidised specific mental health items. A further 7.7 million MBS subsidised mental health services were provided by psychiatrists (2.4 million), psychologists (4.9 million) and other 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).

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 2018).

National Disability Insurance Scheme

By 2019-20, the number of participants in the NDIS with a significant and enduring primary psychosocial disability is estimated to be approximately 64 000 (NDIA 2017). In 2017-18, there were 13 482 NDIS participants (active with an approved plan) with a psychosocial disability (NDIA 2018).

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.

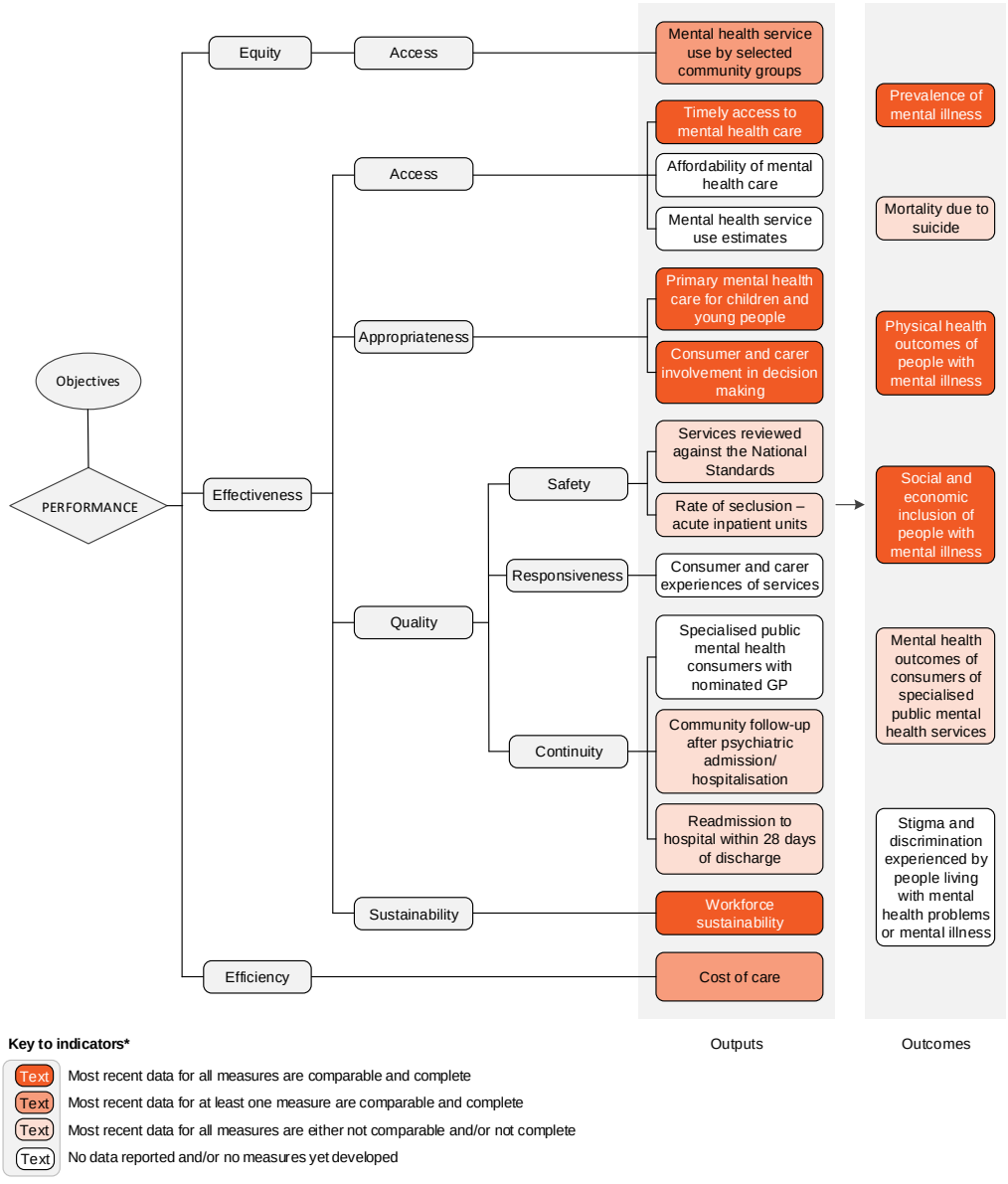
The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of mental health services (figure 13.3).

The performance indicator framework shows which data are complete and comparable in the 2019 Report. For data that are not considered directly comparable, text includes relevant 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 https://www.pc.gov.au/research/ongoing/report-on-government-services.

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**



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.

The comparability of performance indicator results are shaded in indicator interpretation boxes, figures and chapter and attachment tables as follows:

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

Data are either not comparable (subject to caveats) within jurisdictions over time or are not comparable across jurisdictions or both.

The completeness of performance indicator results are shaded in indicator interpretation boxes, figures and chapter and attachment tables as follows:

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

Data are incomplete for the current reporting period. At least some data were not available.

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 (Socio Economic Indexes for Areas (SEIFA) quintiles 1 and 2).

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:

are not comparable across jurisdictions or within jurisdictions over time.

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

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

comparable (subject to caveats) across jurisdictions and over time (from 2011-12 onwards by geographic location and SEIFA).

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

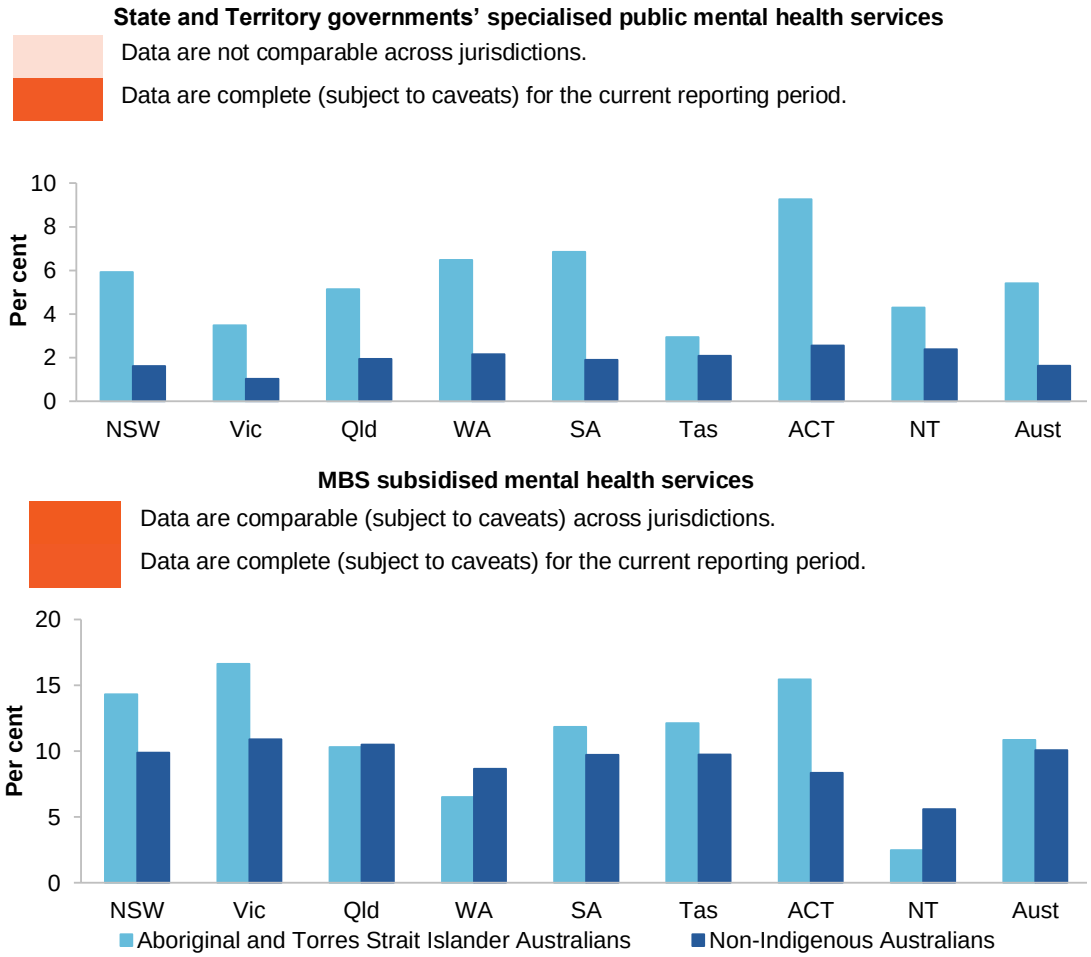
While a higher proportion of the population access MBS subsidised mental health services than State and Territory governments' specialised mental health services, the pattern of service use across the selected community groups differs (tables 13A.14-16).

For State and Territory governments' specialised mental health services, a higher proportion of Aboriginal and Torres Strait Islander Australians access these services than non-Indigenous Australians (figure 13.4 and table 13A.15). This is similar for people residing in low socioeconomic areas (SEIFA quintiles 1 and 2) compared to people residing in high socioeconomic areas (SEIFA quintiles 4 and 5) (table 13A.14). Nationally, for people in outer regional, remote and very remote areas, the proportion of people accessing these services is higher than in inner regional areas and major cities, but results varied across jurisdictions (table 13A.16).

For MBS subsidised mental health services nationally, a similar proportion of Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians accessed these services, but results varied across jurisdictions (figure 13.4 and table 13A.15). A higher proportion of people who reside in low socioeconomic areas (SEIFA quintiles 1 and 2) are accessing MBS services than people who reside in high socioeconomic areas (SEIFA

quintiles 4 and 5), both nationally and across all states and territories (table 13A.14). 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.16).

Figure 13.4 **Population using mental health services, by Indigenous status and service type, 2016-17[a]**



[a] See box 13.2 and table 13A.15 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.15.

Data on the use of private hospital mental health services are also contained in tables 13A.14–16 and 13A.7.

Effectiveness

Access — timely access to mental health care

'Timely access to mental health care' is an indicator of governments' objective to provide services in a timely manner (box 13.3). Measures and data are reported for the first time in this Report.

Box 13.3 Timely access to mental health care

'Timely access to mental health care' is defined as the proportion of people who present to an emergency department with a mental health related care need (principal diagnosis of F00–F99) seen within clinically recommended waiting times.

The proportion of people seen within clinically recommended waiting times is defined as the proportion of patients seen within the benchmarks set by the Australasian Triage Scale. The Australasian Triage Scale is a scale for rating clinical urgency, designed for use in hospital-based emergency services in Australia and New Zealand. The benchmarks, set according to triage category, are as follows:

- triage category 1: need for resuscitation — patients seen immediately
- triage category 2: emergency — patients seen within 10 minutes
- triage category 3: urgent — patients seen within 30 minutes
- triage category 4: semi-urgent — patients seen within 60 minutes
- triage category 5: non-urgent — patients seen within 120 minutes.

High or increasing proportions of patients seen within the recommended waiting times is desirable. Contextual data for all presentations (not just those with a mental health related care need) are reported in chapter 12.

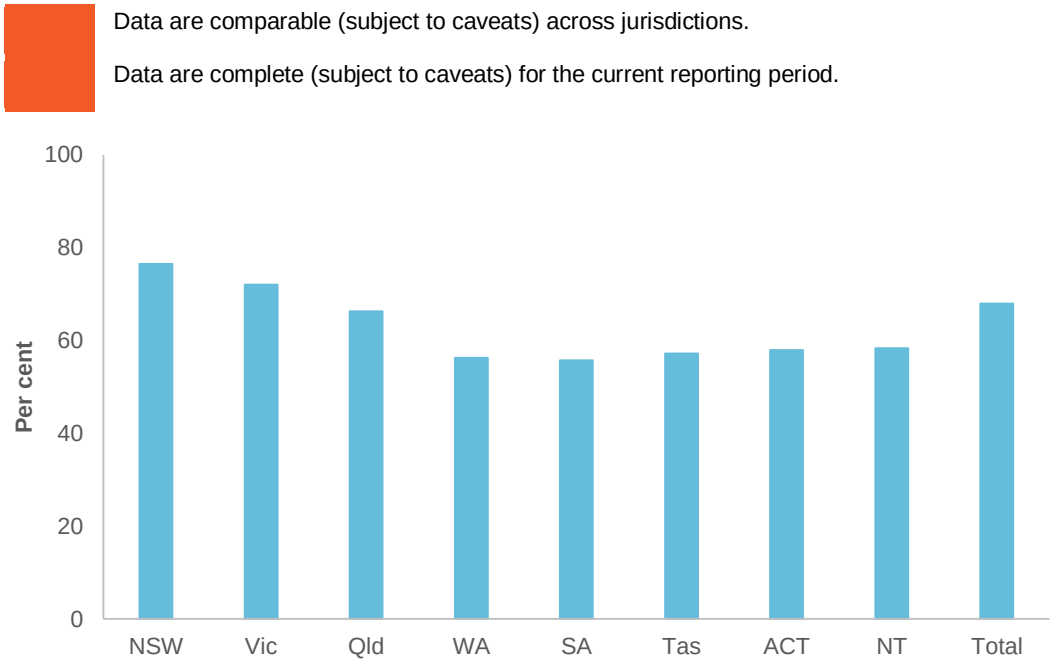
This is a partial measure for this indicator as emergency departments are only one of many services that provide access to mental health care. Future reporting will focus on timely access to State and Territory governments' specialised public mental health services and MBS subsidised mental health services. Contextual information on the proportion of people with a mental health condition who waited longer than they felt acceptable to get an appointment with a medical specialist can be found in table 13A.18. However, the data do not provide information on whether the person saw the specialist for their mental health condition.

Data reported for this indicator are:

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

Nationally in 2016-17, 68.0 per cent of people who presented to an emergency department with a mental health related care need were seen within clinically recommended waiting times. Proportions varied across jurisdictions (figure 13.5).

Figure 13.5 **Proportion of mental health related emergency department presentations seen within clinically recommended waiting times, 2016-17[a]**



[a] See box 13.3 and table 13A.17 for detailed definitions, footnotes and caveats.

Source: AIHW (2018) *Mental Health Services in Australia*; table 13A.17.

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 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 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 mental health professional for their mental health condition due to cost.

A low or decreasing proportion for each measure is desirable.

Data are not yet available for reporting against this indicator.

Contextual information on self-reported cost barriers in accessing health services by people with a mental health condition are in table 13A.19, but these data do not distinguish if the intended access was specifically related to their mental health condition.

Access — mental health service use estimates

'Mental health service use estimates' is an indicator of governments' objective to provide services that are readily available to those who need them (box 13.5).

Box 13.5 Mental health service use estimates

'Mental health service use estimates' is defined as the estimated proportion of the population with a mental health condition receiving a mental health service.

A high or increasing proportion of the population with a mental health condition receiving mental health services suggests greater access to treatment. However, not all people with a mental health condition will want or need treatment. Furthermore, accessing a service does not guarantee that the service will be effective.

An agreed method for reporting against this indicator is not yet available.

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 other 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:

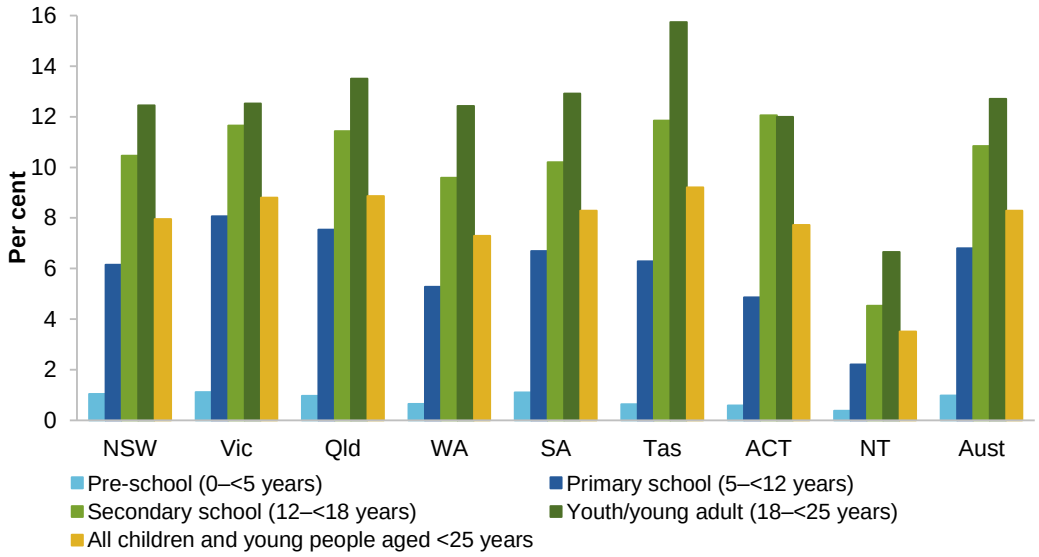
- comparable (subject to caveats) across jurisdictions and over time.
- complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions.

The proportion of all children and young people who receive MBS subsidised primary mental health care services has increased gradually over time (table 13A.20). The proportion increases as age increases; with the highest proportion for young people aged 18–24 years (12.7 per cent of this population receiving these primary mental health care services nationally in 2017-18) (figure 13.6). 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.21) Data by Indigenous status and service type are available in tables 13A.21–22.

Figure 13.6 **Children and young people who received MBS subsidised primary mental health care, by age group, 2017-18[a]**

Data are comparable (subject to caveats) across jurisdictions.

Data are complete (subject to caveats) for the current reporting period.



[a] See box 13.6 and table 13A.20 for detailed definitions, footnotes and caveats.

Source: Australian Government Department of Health (unpublished); table 13A.20.

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:

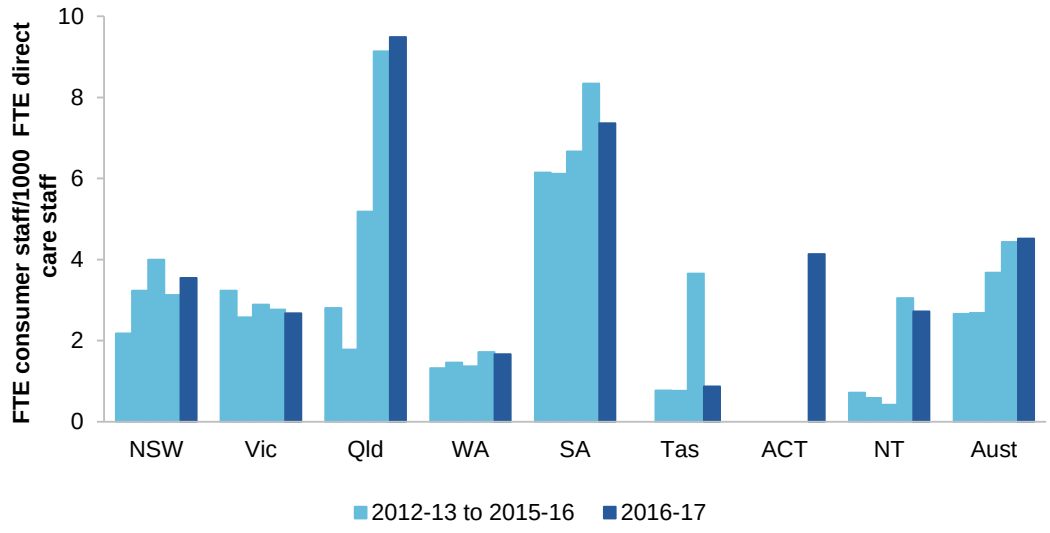
- comparable (subject to caveats) across jurisdictions and (from 2010-11) over time.
- complete for the current reporting period. All required 2016-17 data are available for all jurisdictions.

The number of paid FTE consumer and carer staff per 1000 paid FTE direct care staff are reported in figures 13.7 and 13.8 respectively.

Figure 13.7 Paid FTE consumer staff per 1000 paid FTE direct care staff[a, b]

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

Data are complete for the current reporting period.



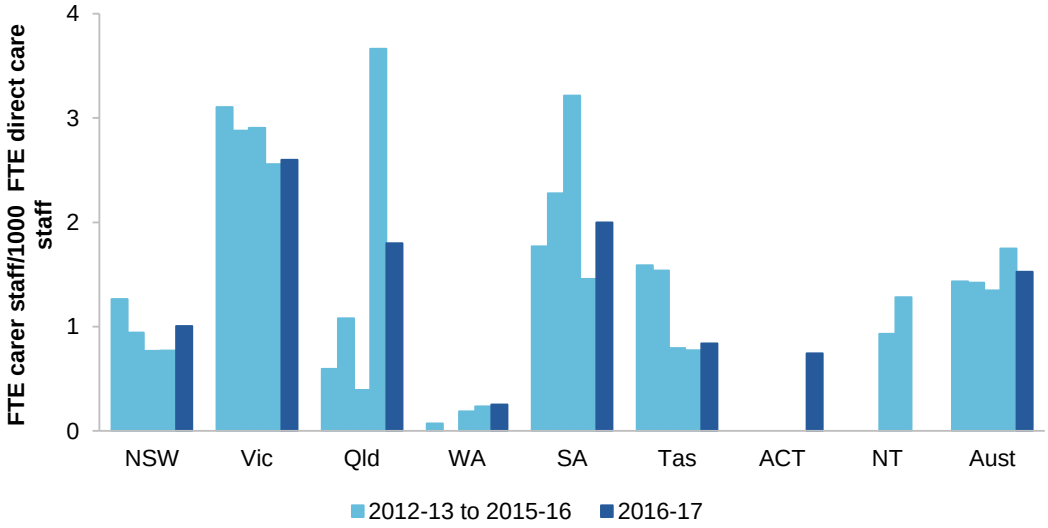
[a] See box 13.7 and table 13A.23 for detailed definitions, footnotes and caveats. [b] Tasmania did not employ consumer staff in 2012-13. Consumer and carer staff could not be separately identified in the ACT for 2012-13 to 2015-16. The Australian total excludes ACT for 2012-13 to 2015-16.

Source: AIHW (unpublished) MHE NMDS; table 13A.23.

Figure 13.8 **Paid FTE carer staff per 1000 paid FTE direct care staff[a, b]**

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

Data are complete for the current reporting period.



a See box 13.7 and table 13A.23 for detailed definitions, footnotes and caveats. **b** WA did not employ carer staff in 2013-14. The NT did not employ carer staff in 2010-11 to 2013-14 or in 2016-17. Consumer and carer staff could not be separately identified in the ACT for 2012-13 to 2015-16. The Australian total excludes ACT for 2012-13 to 2015-16.

Source: AIHW (unpublished) MHE NMDS; table 13A.23.

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.

(continued next page)

Box 13.8 (continued)

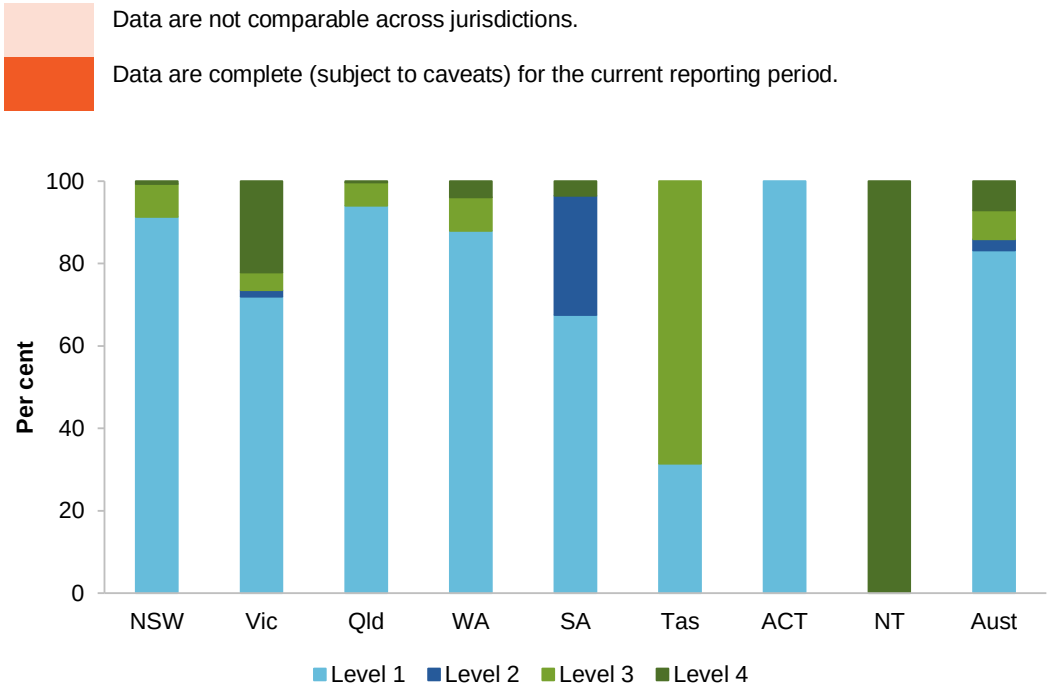
This is a process indicator of quality, reflecting progress made in meeting the NSMHS. It does not provide information on whether the standards or assessment process are appropriate. In addition, services that had not been assessed do not necessarily deliver services of lower quality. Some services that 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.

Data reported for this indicator are:

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

Nationally, as at 30 June 2017, 83.2 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 13.9).

Figure 13.9 **Share of expenditure on specialised public mental health services reviewed against the NSMHS, 30 June 2017[a]**



[a] See box 13.8 and table 13A.24 for detailed definitions, footnotes and caveats..

Source: AIHW (unpublished) MHE NMDS; table 13A.24.

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.25. 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.

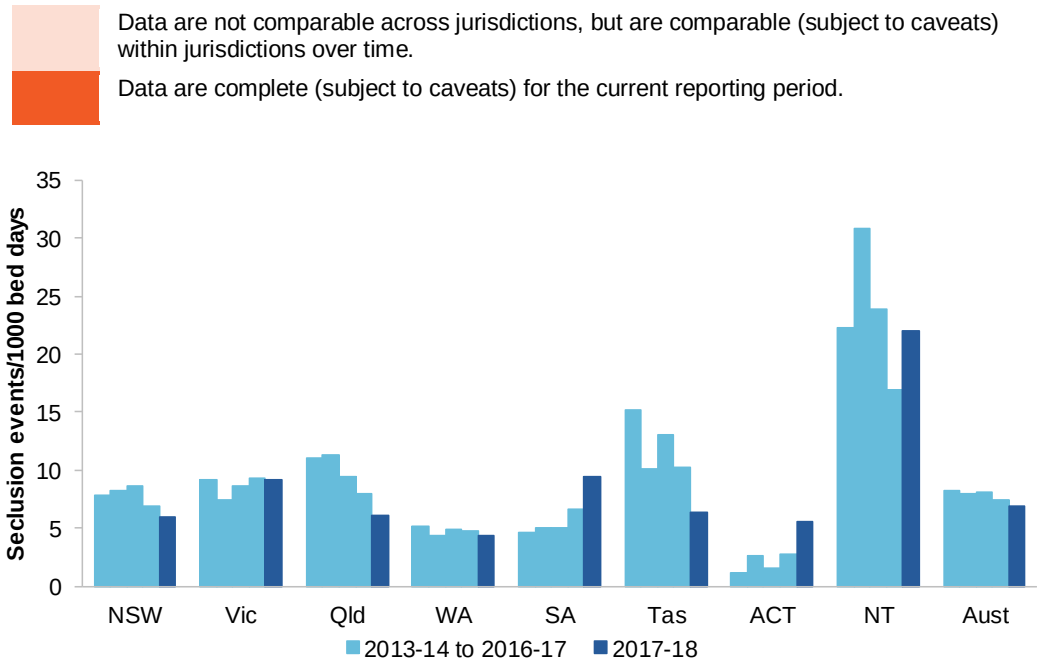
Data reported for this indicator are:

- not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.
- complete (subject to caveats) for the current reporting period. All required data for 2017-18 are available for all jurisdictions.

Nationally, the number of seclusion events per 1000 bed days decreased from 8.2 in 2013-14 to 6.9 in 2017-18 (table 13A.25). Results varied across jurisdictions (figure 13.10) and target population groups (table 13A.26). In 2017-18, the lowest seclusion rates were in Older persons units and the highest were in Forensic units (table 13A.26).

Restraint is defined as the restriction of an individual's freedom of movement by physical or mechanical means. Nationally in 2017-18, there were 10.2 physical restraint events per 1000 beds days; mechanical restraint was less common (0.5 events per 1000 bed days) (table 13A.27). In 2017-18, the lowest restraint rates were in Older persons units and the highest were in Forensic units (table 13A.28).

Figure 13.10 **Rate of seclusion**[a]



[a] See box 13.9 and table 13A.25 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished) National Seclusion and Restraint Data Collection; table 13A.25.

Quality — responsiveness — consumer and carer experiences of mental health services

'Consumer and carer experiences of mental health 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 mental health services**

Consumer and carer experiences of mental health services' is defined as the proportion of mental health service consumers reporting positive experiences of mental health services.

Data derived from the Your Experience of Service (YES) survey will be used to enumerate this indicator. The YES survey is designed to gather information from consumers about their experiences of mental health services. It aims to help mental health services and consumers to work together to build better services.

A high or increasing proportion of mental health consumers with positive experiences of service is desirable.

Data were not available in time for inclusion in this report.

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 universal access to 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 2018), and they can diagnose, manage and treat mental illnesses and refer patients to more specialised service providers. A recent report from the Royal Australian College of General Practitioners found that mental health issues are the most common single reason patients are visiting their GP (RACGP 2018). Data from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity has been previously reported in this chapter as contextual information — an estimated 18.0 million GP visits in 2015-16 included management of mental health related problems (12.4 per cent of all GP encounters) (table 13A.29). The BEACH survey has been de-commissioned leaving a data gap on mental health-related services provided by GPs.

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.

(continued next page)

Box 13.12 (continued)

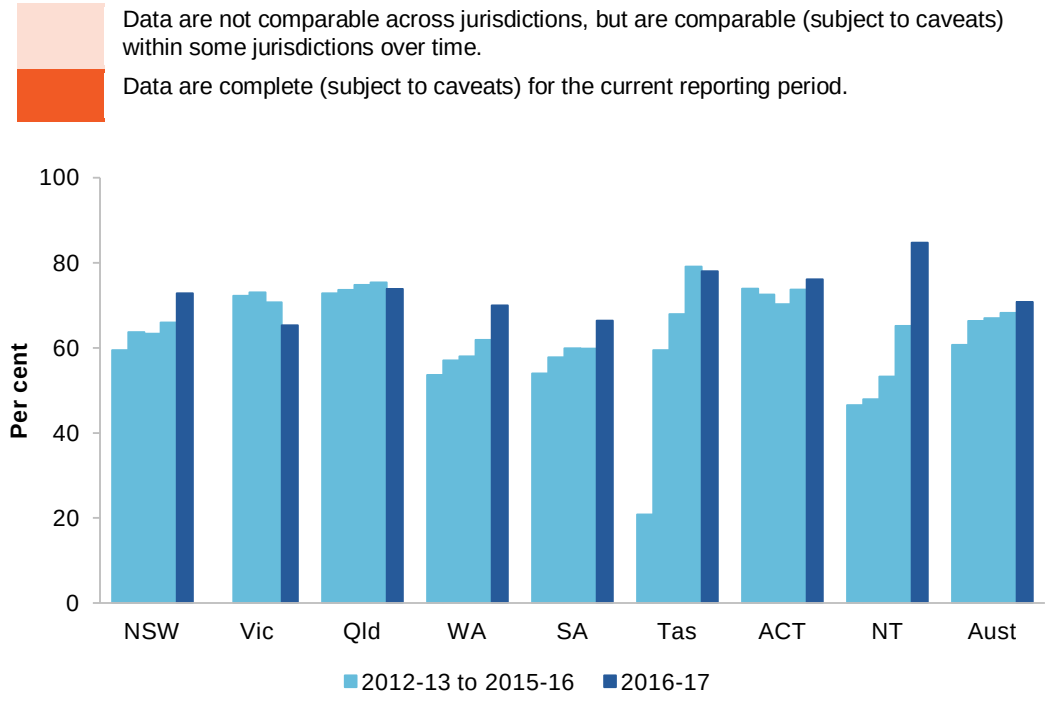
This indicator does not measure the frequency of contacts recorded in the seven days following separation. Neither does it distinguish qualitative differences between the mode of contact. Only follow-up contacts made by State and Territory governments' specialised public mental health services are included.

Data reported for this indicator are:

- not comparable across jurisdictions, but are comparable (subject to caveats) within some jurisdictions over time.
- complete (subject to caveats) for the current reporting period. All required 2016-17 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 60.7 per cent in 2012-13 to 70.8 per cent in 2016-17 (figure 13.11). Community follow up rates by Indigenous status, remoteness areas, SEIFA, age groups and gender are in tables 13A.30-31.

Figure 13.11 **Community follow-up for people within the first seven days of discharge from acute inpatient psychiatric units[a, b]**



[a] See box 13.12 and table 13A.32 for detailed definitions, footnotes and caveats. [b] Victorian data are not available for 2012-13.

Source: AIHW (unpublished), from data provided by State and Territory governments; table 13A.32.

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 (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.

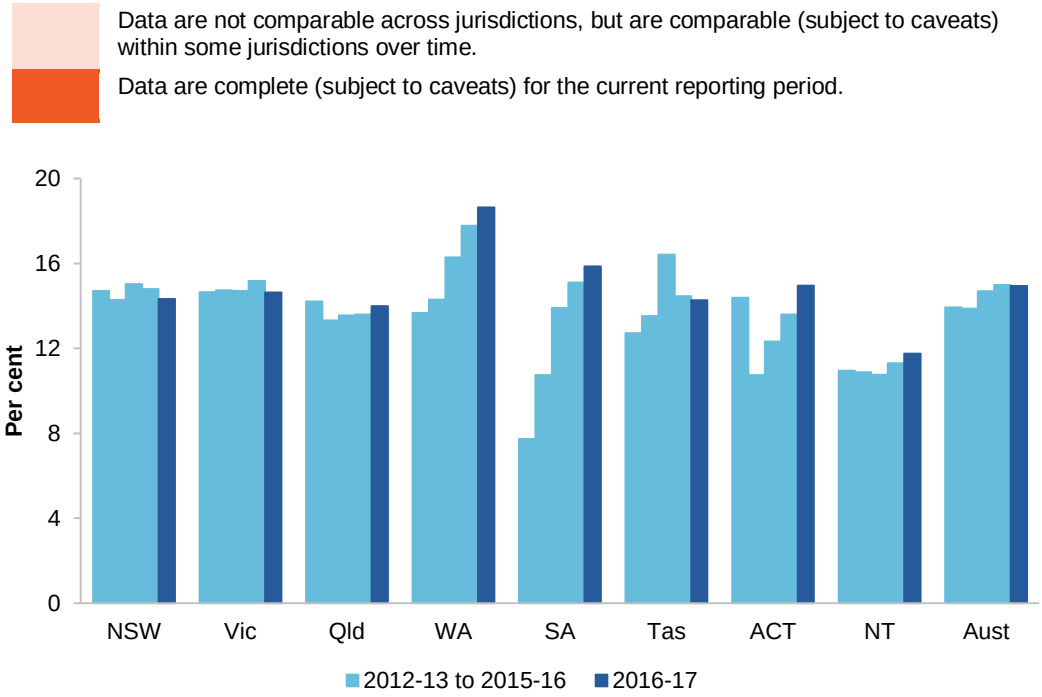
While readmissions can indicate that inpatient treatment was either incomplete or ineffective, or that follow up care was inadequate, they can also be affected by other factors such as the cyclic and episodic nature of some illnesses.

Data reported for this indicator are:

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

Nationally in 2016-17, the rate of readmission to hospital acute psychiatric units within 28 days of discharge was 14.9 per cent, with rates remaining relatively stable since 2012-13 (figure 13.12). Data by Indigenous status, remoteness areas, SEIFA, age group and sex are in table 13A.33.

Figure 13.12 **Readmissions to acute psychiatric units within 28 days of discharge[a]**



a See box 13.13 and table 13A.34 for detailed definitions, footnotes and caveats.

Source: AIHW (unpublished), from data provided by State and Territory governments; table 13A.34.

Sustainability — workforce sustainability

'Workforce sustainability' is an indicator of governments' objective to provide sustainable mental health services (box 13.14). Data are reported for the first time in this Report.

Box 13.14 **Workforce sustainability**

'Workforce sustainability' reports age profiles for the mental health workforce. It shows the proportion of employed psychiatrists, mental health nurses and registered psychologists 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, service quality and expected demand increases. They can, however, indicate that further attention should be given to workforce sustainability for mental health services.

(continued next page)

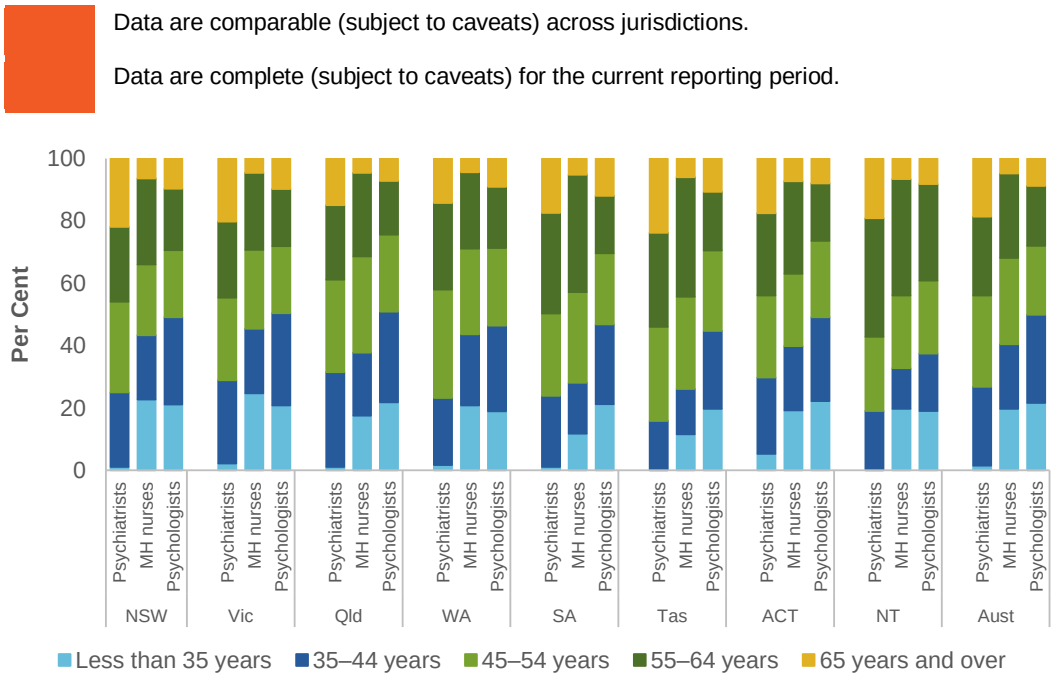
Box 13.14 (continued)

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 data are available for all jurisdictions.

Nationally in 2016, the registered psychologist workforce and mental health nurses had higher proportions of employees who were aged less than 35 years, compared with the psychiatrist workforce. The psychiatrist workforce had a higher proportion of employees aged 65 years or over (almost one in five). This pattern was observed across all states and territories (figure 13.13) and over time (table 13A.35).

Figure 13.13 **Proportion of employed psychiatrists, mental health nurses and registered psychologists, by age, 2016[a, b, c]**



[a] See box 13.14 and table 13A.35 for detailed definitions, footnotes and caveats. [b] MH Nurse = Mental health nurse. [c] Tasmania and the NT do not have any psychiatrists less than 35 years old.

Source: AIHW, National health workforce dataset; table 13A.35.

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).

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 (2016-17) that were admitted during the previous period (2015-16) 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.

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.

(continued next page)

Box 13.15 (continued)

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:

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

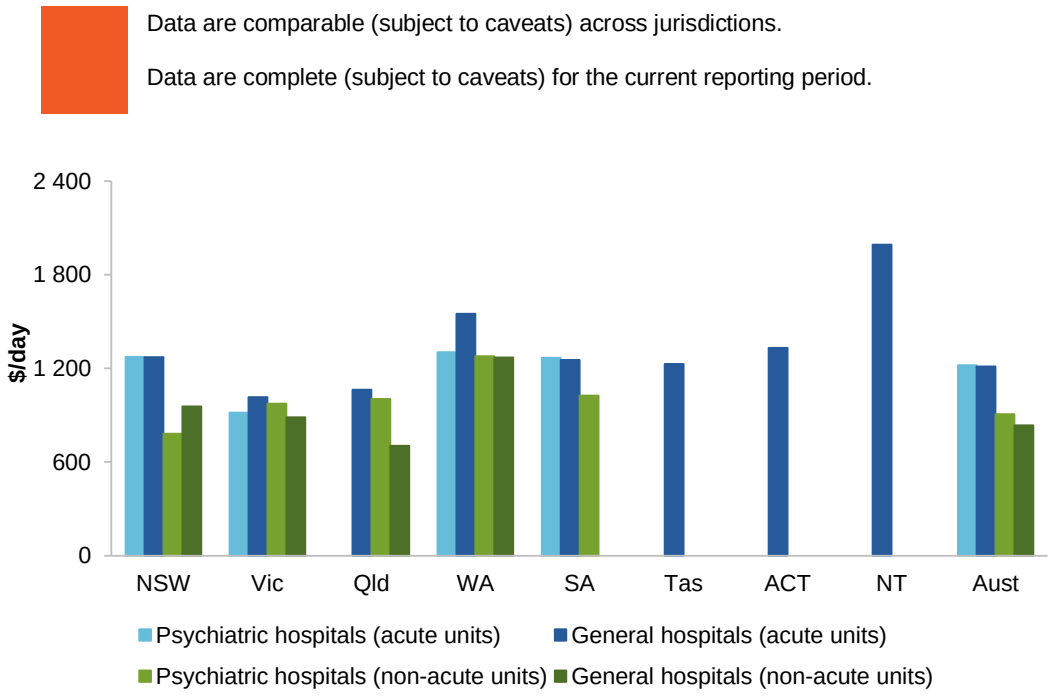
Data reported for all three measures are:

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

Cost of inpatient care

Nationally in 2016-17, 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 13.14).

Figure 13.14 **Average recurrent cost per inpatient bed day, by public hospital and care type, 2016-17**[a, b, c, d]



[a] See box 13.15 and table 13A.36 for detailed definitions, footnotes and caveats. [b] Queensland does not provide acute services in psychiatric hospitals. [c] Tasmania, the ACT and the NT do not have psychiatric hospitals. [d] SA, the ACT and the NT do not have non-acute units in general hospitals.

Source: AIHW (unpublished) MHE NMDS; table 13A.36.

Older persons units have lower costs per inpatient day (table 13A.37), but have considerably longer lengths of stay than general adult or child and adolescent units (table 13A.39). Data on the average cost per inpatient bed day by target population for all care types are reported in tables 13A.37–38.

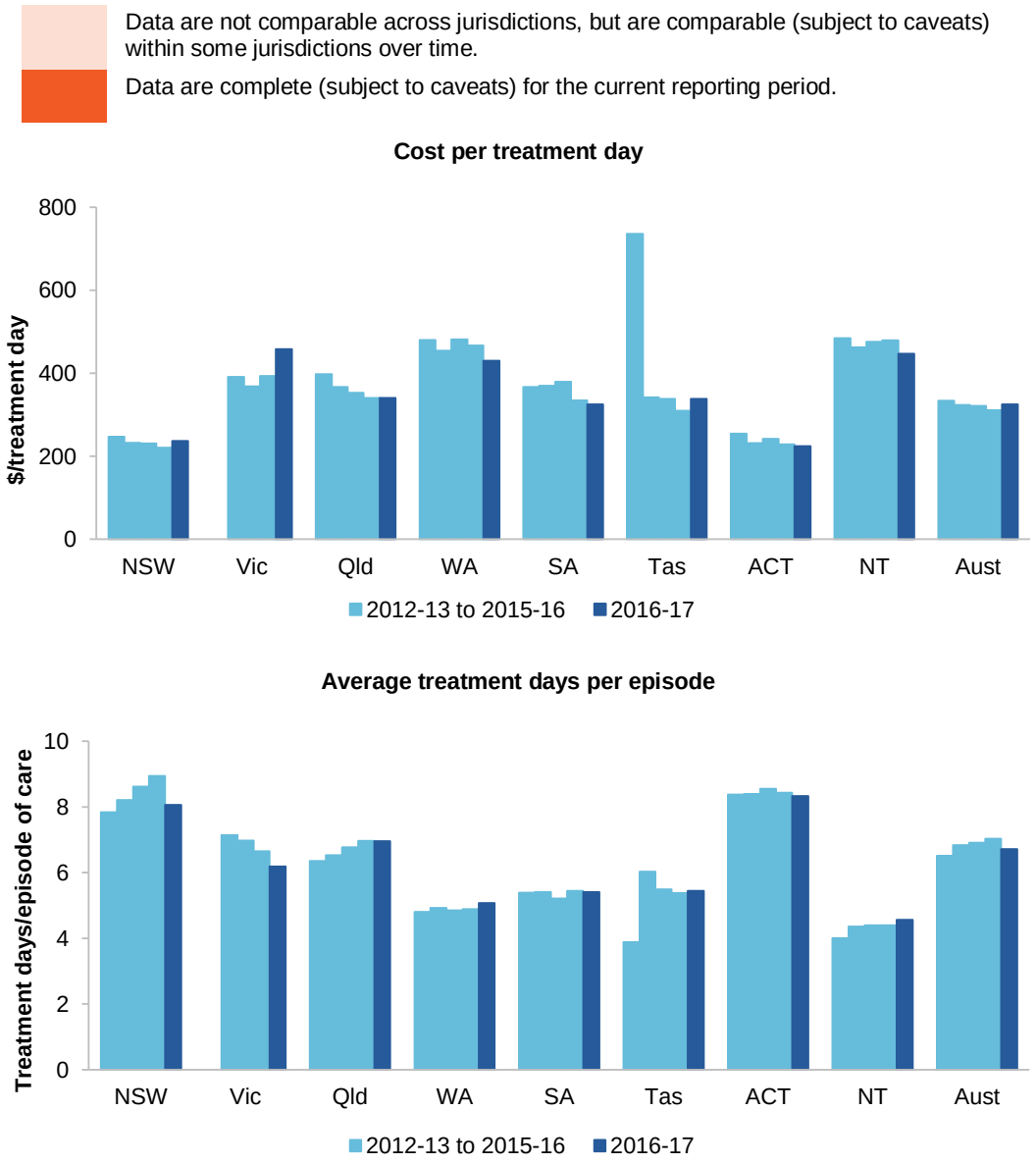
Cost of community-based residential care

Nationally in 2016-17, the average cost for 24-hour staffed residential care is higher for general adult units ($529.59 per patient day) compared to older persons care units ($479.43 per patient day), although this varied across states and territories (table 13A.40). Nationally and for all relevant jurisdictions, 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.40).

Cost of ambulatory care

Nationally in 2016-17, the average recurrent cost per treatment day of ambulatory care was $325.04, and the average number of treatment days per episode of ambulatory care was 6.7 days (figure 13.15).

Figure 13.15 **Average cost and treatment days per episode of care (2016-17 dollars)[a, b]**



a See box 13.15 and table 13A.41 for detailed definitions, footnotes and caveats. **b** Victorian 2012-13 data are not available.

Source: AIHW (unpublished) Community Mental Health Care (CMHC) NMDS; AIHW (unpublished) MHE NMDS; table 13A.41.

Outcomes

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

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.
- complete (subject to caveats) for the current reporting period.

Adult prevalence data are now more than 10 years old. Nationally in 2007, the prevalence of a mental illness 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.42). Data by disorder, age and sex are reported in tables 13A.42–44.

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 (7.4 per cent) 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).

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

- females compared to males (table 13A.45)
- people with disability compared to those without (tables 13A.46–47)
- people in lower compared to higher socioeconomic areas (tables 13A.46–47)
- Aboriginal and Torres Strait Islander compared to non-Indigenous Australians (table 13A.48).

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.49–51 and the National Drug Strategy Household Survey (AIHW 2017).

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.

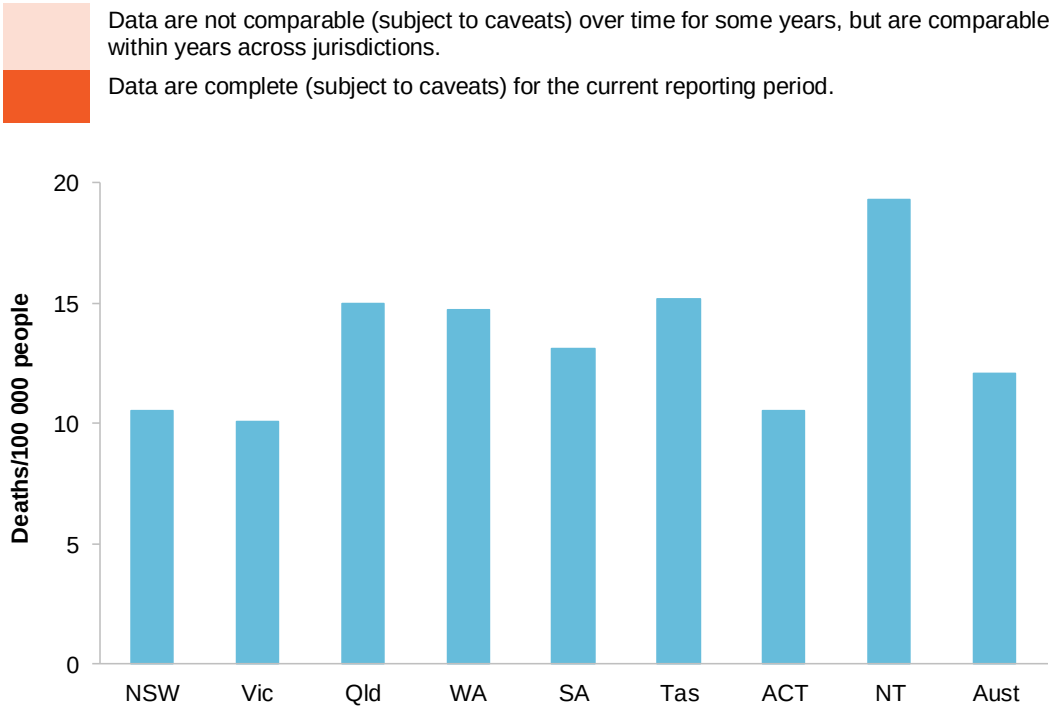
Data reported for this indicator are:

- not comparable (subject to caveats) over time for some years, but comparable within years across jurisdictions.
- complete (subject to caveats) for the current reporting period. All required 2017 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 2013–2017, 14 591 suicides were recorded in Australia (table 13A.52) — equivalent to 12.1 deaths per 100 000 people (figure 13.16). The rate for people aged 5–17 years was 2.4 deaths per 100 000 people in this age group (table 13A.53).

Nationally, suicide rates per 100 000 population for 2017 show that rates are lower for females compared to males (6.2 deaths compared to 19.1 deaths, ABS 2018), lower in capital cities compared to other areas (10.7 deaths compared to 16.6 deaths, table 13A.54) and lower (2013–2017) for non-Indigenous compared to Aboriginal and Torres Strait Islander Australians (12.0 deaths compared to 24.9 deaths, table 13A.55).

Figure 13.16 **Suicide rates, 5 year average, 2013–2017[a]**



a See box 13.17 and table 13A.52 for detailed definitions, footnotes and caveats.

Source: ABS (2017) Causes of Deaths, Australia, Cat. no. 3303.0; table 13A.52.

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.

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.

(continued next page)

Box 13.18 (continued)

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.56.

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 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.57). Table 13A.57 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).

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 or 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).

Data reported for both measures are:

- comparable (subject to caveats) across jurisdictions, and (for measure 1) over time (no time series reported for measure 2).
- complete (subject to caveats) for the current reporting period. All required 2014-15 (measure 1) and 2014 (measure 2) data are available for all jurisdictions.

Nationally in 2014-15, the proportion of 16–64 year olds with a mental illness who were employed was lower (62.3 per cent) than the proportion of the same age without a mental illness who were employed (79.8 per cent) (table 13A.59). 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.59).

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.58.

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.60).

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).

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.

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. Information on the proportion of episodes for which completed outcomes data are available is in table 13A.61.

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).

(continued next page)

Box 13.20 (continued)

- 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 are:

not comparable within jurisdictions over time or across jurisdictions.

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

Nationally in 2016-17, 26.3 per cent of people in ongoing ambulatory care, 52.1 per cent of people discharged from ambulatory care and 71.4 per cent of people discharged from a hospital psychiatric inpatient unit showed a significant improvement in their mental health clinical outcomes (figure 13.17).

Over the reporting years from 2007-08, 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.62).

Figure 13.17 **Mental health outcomes of consumers of State and Territory governments' specialised mental health services, 2016-17[a, b]**

a See box 13.20 and table 13A.63 for detailed definitions, footnotes and caveats. **b** 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.63.

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 with a mental health condition' is defined as the proportion of people with a mental health condition who have experienced discrimination or been treated unfairly.

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.

Ambulatory care services

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.
Anxiety disorders	Feelings of tension, distress or nervousness. Includes agoraphobia, social phobia, panic disorder, generalised anxiety disorder, obsessive–compulsive disorder and post-traumatic stress disorder.
Carer staff	A person specifically employed for the expertise developed from their experience as a mental health carer.
Child and adolescent services	These services principally target children and young people under the age of 18 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.
Community-based residential care	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.
Comparability	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.
Completeness	Data are considered complete if all required data are available for all jurisdictions that provide the service.
Consumer staff	A person specifically employed for the expertise developed from their lived experience of mental illness.
Forensic mental health services	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.
General mental health services	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. 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).
General practice	The organisational structure in which one or more GPs provide and supervise health care for a 'population' of patients.
Health management	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.
Mainstreaming	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.
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 illness	A diagnosable illness that significantly interferes with an individual's cognitive, emotional and/or social abilities.
National Standards for	Services at level 1 — services reviewed by an external accreditation agency and

Mental Health Services (NSMHS)	judged to have met all National Standards. Services at level 2 — services reviewed by an external accreditation agency and judged to have met some but not all National Standards. 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. Services at level 4 — services that do not meet criteria detailed under levels 1 to 3 (AHMC 2010).
Non-acute services	Non acute services are defined by two categories: • 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 midterm. Patients treated by rehabilitation services usually have a relatively stable pattern of clinical symptoms. • 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.
Non-government organisations (NGOs)	Private not for profit community managed organisations that receive 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.
Older persons mental health services	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.
Outcomes measurement — calculating the consumers 'score'.	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).
Outpatient services — community-based	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.
Outpatient services — hospital based	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.
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).
Preventive interventions	Programs designed to decrease the incidence, prevalence and negative outcomes of illnesses.
Psychiatric hospitals	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 hospitals if the following criteria are not met: • a single organisational or management structure covers the acute care hospital and the psychiatric hospital • a single employer covers the staff of the acute care hospital and the psychiatric hospital • the location of the acute care hospital and psychiatric hospital can be regarded as part of a single overall hospital campus • the patients of the psychiatric hospital are regarded as patients of the single integrated health service.
Psychiatrist	A medical practitioner with specialist training in psychiatry.
Public health	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.
Public (non-psychiatric) hospital	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.
Restraint	The restriction of an individual's freedom of movement by physical or mechanical means.
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.
Seclusion	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). 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).
Seclusion event	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).
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.
Specialised mental health inpatient services	Services provided to admitted patients in stand-alone psychiatric hospitals or specialised psychiatric units located within general hospitals.
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.
Specialised residential services	Services provided in the community that are staffed by mental health professionals on a non 24 or 24 hour basis.

Staffing categories (mental health)	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. 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. Psychiatry registrars and trainees: medical officers who are formal trainees within the Royal Australian and New Zealand College of Psychiatrists' Postgraduate Training Program. 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. Nursing staff: all categories of registered nurses and enrolled nurses, employed or engaged by the organisation. 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. 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). 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. Social workers: people who have completed recognised training and are eligible for membership of the Australian Association of Social Workers. Psychologists: people who are registered as psychologists with the relevant State or Territory registration board. Occupational therapists: people who have completed a course of recognised training and who are eligible for membership of the Australian Association of Occupational Therapists. 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. 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. 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.
Substance use disorders	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).
Youth mental health services	Services principally targeting children and young people generally aged 16-24 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.

13.5 References

ABS (Australian Bureau of Statistics), 2018, *Causes of Death, Australia, 2017*, Cat. no. 3303.0, Canberra.

—— 2012, *Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys*, Australia, 2007-08, Cat. no. 4817.0.55.001, Canberra.

Australian Health Ministers 1991, *Mental Health Statement of Rights and Responsibilities*, Australian Government Publishing Service, Canberra.

AHMC (Australian Health Ministers' Conference) 2010, *National Standards for Mental Health Services 2010*, Canberra.

—— 2012, Council of Australian Governments National Action Plan for Mental Health 2006–2011: Progress Report 2009-10, Report prepared under the auspice of the Mental Health Standing Committee of the Australian Health Ministers' Advisory Council).

AIHW (Australian Institute of Health and Welfare) 2015, *Seclusion*, Meteor Metadata Online Registry, http://meteor.aihw.gov.au/content/index.phtml/itemId/557975 (accessed 18 December 2017)

—— 2017, *National Drug Strategy Household Survey detailed report 2016*, Drug statistics series no. 31, Cat. no. PHE 214, Canberra.

—— 2018, *Mental Health Services in Australia Online*, https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary (accessed 11 December 2018).

COAG (Council of Australian Governments), 2017, *The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)*, apo.org.au/system/files/114356/apo-nid114356-451131.pdf (accessed 18 October 2018).

DoH (Department of Health) 2014, *National mental health strategy*, available at www.health.gov.au/internet/main/publishing.nsf/Content/mental-strat (accessed 1 December 2017).

DHAC (Australian Government Department of Health and Community Services) and AIHW 1999, *National Health Priority Areas Report: Mental Health 1998*, AIHW Cat. no. PHE 13, Canberra.

Happell, B., Platania-Phung, C., Webster, S., McKenna, B., Millar, F., Stanton, R., Galletly, C., Castle, D., Furness, T., Liu, D. and Scott, D 2015, 'Applying the World Health Organization Mental Health Action Plan to evaluate policy on addressing co-occurrence of physical and mental illnesses in Australia', *Australian Health Review*, Vol. 39, pp. 370–378, CSIRO Publishing (available at http://dx.doi.org/10.1071/AH14098).

Lawrence, D., Hancock, K. and Kisely S. 2013, 'The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers', *British Medical Journal*, Vol. 346.

Lawrence, D., Johnson, S., Hafekost, J., Boterhoven, K., Sawyer, M., Ainley, J., Zubrick, S. 2015, *The Mental Health of Children and Adolescents. Report on the second Australian*

Child and Adolescent Survey of Mental Health and Wellbeing, Department of Health, Canberra.

NDIA (National Disability Insurance Agency) 2017, *Key Data on Psychosocial Disability and the NDIS - as at 31 December 2017*, https://www.ndis.gov.au/medias/documents/key-data-nmhsrg-dec17/Key-Data-on-NDIS-and-Psychosocial-Disability-dec2017.pdf (accessed 4 October 2018)

—— 2018, *COAG Disability Reform Council Quarterly Report 30 June 2018*, https://www.ndis.gov.au/medias/documents/coag-report-q4-y5-full/2018-Q4-June-COAG-report-Full.pdf (accessed 25 September 2018)

NMHPSC (National Mental Health Performance Subcommittee) 2011a, *The Fourth National Mental Health Plan Measurement Strategy 2011*, Report produced for the Australian Health Ministers Advisory Council Mental Health Standing Committee, https://mhsa.aihw.gov.au/committees/publications/ (accessed 1 December 2017).

—— 2011b, *Key performance indicators for Australian public mental health services: second edition 2011*, Report produced for the Australian Health Ministers Advisory Council Mental Health Standing Committee, https://mhsa.aihw.gov.au/committees/publications/ (accessed 1 December 2017).

RACGP (Royal Australian College of General Practitioners) 2018, *General Practice: Health of the Nation 2018*. East Melbourne, Vic.

WHO (World Health Organization) 2001, *Strengthening mental health promotion*, Fact sheet no. 220, Geneva.

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 https://www.pc.gov.au/research/ongoing/report-on-government-services

Attachment contents

Attachment contents

Attachment contents

Table 13A.1 **Real Australian, State and Territory governments' expenditure on mental health services (2016-17 dollars) (a), (b), (c), (d)**

	State and Territory governments	*Australian Government*	***Total***
Real expenditure ($million)			
2016-17	5 672.5	3 007.4	**8 679.9**
2015-16	5 540.1	3 195.1	**8 735.2**
2014-15	5 381.8	3 161.0	**8 542.9**
2013-14	5 229.3	3 151.3	**8 380.6**
2012-13	5 044.0	3 040.3	**8 084.3**
2011-12	5 129.6	2 914.8	**8 044.4**
2010-11	4 969.4	2 816.7	**7 786.1**
2009-10	4 648.7	2 623.3	**7 271.9**
2008-09	4 440.2	2 618.9	**7 059.1**
2007-08	4 103.1	2 407.9	**6 511.0**
Real expenditure per person ($)			
2016-17	232.62	123.33	**355.94**
2015-16	230.99	133.22	**364.20**
2014-15	227.65	133.71	**361.37**
2013-14	224.46	135.26	**359.72**
2012-13	219.99	132.60	**352.59**
2011-12	227.76	129.42	**357.18**
2010-11	224.12	127.04	**351.16**
2009-10	212.60	119.97	**332.57**
2008-09	206.75	121.95	**328.70**
2007-08	195.23	114.58	**309.81**
Proportion of expenditure (per cent)			
2016-17	65.4	34.6	**100.0**
2015-16	63.4	36.6	**100.0**
2014-15	63.0	37.0	**100.0**
2013-14	62.4	37.6	**100.0**
2012-13	62.4	37.6	**100.0**
2011-12	63.8	36.2	**100.0**
2010-11	63.8	36.2	**100.0**
2009-10	63.9	36.1	**100.0**
2008-09	62.9	37.1	**100.0**
2007-08	63.0	37.0	**100.0**

(a) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

Table 13A.1 **Real Australian, State and Territory governments' expenditure on mental health services (2016-17 dollars) (a), (b), (c), (d)**

	State and Territory governments	*Australian Government*	***Total***

(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.

(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.64.

Table 13A.2 **Real estimated Australian Government expenditure on mental health services (2016-17 dollars) (a), (b), (c)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*	*2014-15*	*2015-16*	*2016-17*
$ million										
Mental health specific payments to states and territories (d)	100.4	98.3	4.2	7.4	20.9	55.1	66.5	64.4	39.8	–
National programs and initiative (Department of Health managed) (e)	244.7	221.6	216.7	263.7	322.2	445.2	488.2	593.9	631.3	715.4
National programs and initiative (Department of Social Services [DSS] or Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] managed) (f)	104.1	173.7	163.6	162.9	170.1	197.4	224.3	234.8	249.0	47.4
National programs and initiative (DVA managed) (g)	180.8	191.1	183.8	180.9	177.1	184.6	185.6	187.5	194.4	196.1
Department of Defence-funded programs (h)	na	na	17.5	24.4	24.0	26.6	38.1	42.6	46.4	47.9
National Suicide Prevention Program (i)	23.4	24.9	25.3	27.8	49.4	52.0	51.5	51.0	50.0	49.2
Indigenous social and emotional wellbeing programmes (j)	33.6	39.9	41.1	46.5	45.4	47.4	47.4	40.4	40.7	41.4
MBS — Psychiatrists (k)	300.3	302.0	302.6	311.1	318.3	328.7	340.8	347.1	349.0	349.5
MBS — General practitioners (l)	168.9	210.9	229.2	264.0	222.8	212.5	230.2	251.5	274.2	285.1
MBS — Psychologists/Allied Health (m)	221.2	296.8	352.5	406.4	415.7	449.4	462.0	492.8	527.6	548.4
Pharmaceutical Benefits Schedule (n)	877.2	899.6	901.2	931.8	934.1	839.4	781.9	611.6	559.2	496.1
Private Health Insurance Premium Rebates (o)	98.2	93.5	113.5	112.6	132.0	122.2	140.6	142.7	150.4	155.1
Research (p)	55.1	66.6	71.9	77.2	79.7	72.4	87.9	94.9	76.7	70.2
National Mental Health Commission (q)	..	..	..	..	3.0	7.4	6.5	5.9	6.4	5.7
TOTAL	**2 407.9**	**2 618.9**	**2 623.3**	**2 816.7**	**2 914.8**	**3 040.3**	**3 151.3**	**3 161.0**	**3 195.1**	**3 007.4**
Per cent										
Mental health specific payments to states and territories (d)	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)	10.2	8.5	8.3	9.4	11.1	14.6	15.5	18.8	19.8	23.8
National programs and initiative (FaHCSIA managed) (f)	4.3	6.6	6.2	5.8	5.8	6.5	7.1	7.4	7.8	1.6
National programs and initiative (DVA managed) (g)	7.5	7.3	7.0	6.4	6.1	6.1	5.9	5.9	6.1	6.5
Department of Defence-funded programs (h)	na	na	0.7	0.9	0.8	0.9	1.2	1.3	1.5	1.6
National Suicide Prevention Program (i)	1.0	1.0	1.0	1.0	1.7	1.7	1.6	1.6	1.6	1.6

Table 13A.2 **Real estimated Australian Government expenditure on mental health services (2016-17 dollars) (a), (b), (c)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*	*2014-15*	*2015-16*	*2016-17*
Indigenous social and emotional wellbeing programmes (j)	1.4	1.5	1.6	1.7	1.6	1.6	1.5	1.3	1.3	1.4
MBS — Psychiatrists (k)	12.5	11.5	11.5	11.0	10.9	10.8	10.8	11.0	10.9	11.6
MBS — General practitioners (l)	7.0	8.1	8.7	9.4	7.6	7.0	7.3	8.0	8.6	9.5
MBS — Psychologists/Allied Health (m)	9.2	11.3	13.4	14.4	14.3	14.8	14.7	15.6	16.5	18.2
Pharmaceutical Benefits Schedule (n)	36.4	34.4	34.4	33.1	32.0	27.6	24.8	19.3	17.5	16.5
Private Health Insurance Premium Rebates (o)	4.1	3.6	4.3	4.0	4.5	4.0	4.5	4.5	4.7	5.2
Research (p)	2.3	2.5	2.7	2.7	2.7	2.4	2.8	3.0	2.4	2.3
National Mental Health Commission (q)	..	..	..	..	0.1	0.2	0.2	0.2	0.2	0.2
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Detailed notes on how estimates specific to Commonwealth mental health specific expenditure are derived are provided in the AIHW Mental Health Services in Australia online publication. See https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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 2016-17 dollars using the implicit price deflator for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

(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 2009-10 onward.
From 2008-09 to 2014-15, the amounts shown include: National Partnership - National Perinatal Depression Plan – Payments to States.
From 2008-09 onward to 2015-16, the amounts shown include: National Partnership - Supporting Mental Health Reform and specific payments to Tasmania under the Tasmanian Health Assistance Package.
Nil payments are shown for 2016-17 as all three National Partnerships were completed by 2015-16.

Table 13A.2 **Real estimated Australian Government expenditure on mental health services (2016-17 dollars) (a), (b), (c)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*	*2014-15*	*2015-16*	*2016-17*

(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 on-line publication. See See https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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 Prime Minister and Cabinet. Adjustments have been made to all years.

(f) National programs and initiatives DSS/FaHCSIA managed): Expenditure on DSS (previously 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, Mental Health Respite, Family Mental Health Support Services (previously referred to as Community based programmes to help families coping with mental illness).
DSS has advised that, from 2016-17, it will no longer be reporting on expenditure for those programs transitioning to the NDIS (Personal Helpers and Mentors, Mental Health Respite Care, Community Mental Health) as this would be misleading. As a result, from 2016-17, there is significant discontinuity in DSS-managed mental health expenditure compared with earlier years.
Expenditure reported for 2016-17 covers three program areas: Family Mental Health Support Services, 'A Better Life', Carers and Work, and Individual Placement and Support Trial.

(g) *National programs and initiatives (Department of Veterans' Affairs [DVA] managed)* : This category of expenditure includes the groups described in the AIHW Mental Health Services in Australia on-line publication. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/data-source

(h) *Department of Defence-funded programs:* Expenditure reporting commences at 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 http://www.defence.gov.au/health/dmh/docs/2011ADFMentalHealthandWellbeingStrategy.pdf

(i) *National Suicide Prevention Program* : Expenditure reported includes all Australian Government allocations made under the former national program, including additional funding made available under the COAG Action Plan and subsequent Federal Budgets. Changes in administrative arrangements and financial reporting make the estimates from 2015-16 not directly comparable. Components of the National Suicide Prevention Program are based on estimated expenditure to as closely matched 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)'.

Table 13A.2 **Real estimated Australian Government expenditure on mental health services (2016-17 dollars) (a), (b), (c)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*	*2014-15*	*2015-16*	*2016-17*

(j) *Indigenous social and emotional wellbeing programmes:* 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). Some activities were previously reported under 'National programmes and initiatives (Health managed)' up to 2012-13 but have been separately identified following the transfer of the former OATSIH Social and Emotional Wellbeing programme to 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 amongst Indigenous peoples, including those affected by the Stolen Generations.
Note that Indigenous-specific mental health funding provided through the health portfolio is included under Department of Health-managed.

(k) *Medicare Benefits Schedule – Psychiatrists* : 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.

(l) *Medicare Benefits Schedule – General Practitioner* : 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.

(m) *Medicare Benefits Schedule – Psychologists/Allied Health:* 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) *Pharmaceutical Benefits Scheme:* 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 prochloperazine); 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) *Private Health Insurance Premium Rebates:* 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 and other services paid by private health insurers. The methodology underpinning these estimates is described in the AIHW Mental Health Services in Australia on-line publication. See https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/data-source
A new element introduced in 2015-16 is the inclusion of estimates of the PHI Premium Rebates contribution to ancillary benefits paid by private health insurers for private psychologists. All years have been adjusted to included this component.

Table 13A.2 **Real estimated Australian Government expenditure on mental health services (2016-17 dollars) (a), (b), (c)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*	*2012-13*	*2013-14*	*2014-15*	*2015-16*	*2016-17*

(p) *Research:* Research funding represents the value of mental health related grants administered by the National Health and Medical Research Council (NHMRC) during the relevant year. Data were provided by the NHMRC.

(q) *National Mental Health Commission:* The Commission commenced operation in January 2012. Source Data: NMHC Annual Report 2016-17, Pg. 32

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

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

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
2016-17									
Recurrent expenditure ($ million)									
Public psychiatric hospital	260.0	48.6	76.6	88.2	81.4	–	–	–	554.8
Public acute hospital	736.6	385.5	382.1	274.3	121.5	35.5	35.6	26.5	1 997.7
Total admitted patient (i)	996.6	434.1	458.7	362.5	202.9	35.5	35.6	26.5	2 552.5
Community residential	11.5	192.8	–	28.9	23.0	28.0	11.4	7.0	302.6
Ambulatory	560.7	471.5	484.4	300.4	168.0	36.9	41.3	28.4	2 091.6
Non-government organisations	117.8	113.9	88.3	48.0	30.3	11.6	9.5	4.3	423.7
Indirect	105.4	75.0	57.0	41.1	12.4	4.1	4.0	2.8	302.0
Total expenditure	**1 792.1**	**1 287.3**	**1 088.5**	**780.9**	**436.7**	**116.1**	**101.8**	**69.1**	**5 672.4**
Per cent									
Public psychiatric hospital	14.5	3.8	7.0	11.3	18.6	–	–	–	9.8
Public acute hospital	41.1	29.9	35.1	35.1	27.8	30.6	35.0	38.4	35.2
Total admitted patient (i)	55.6	33.7	42.1	46.4	46.5	30.6	35.0	38.4	45.0
Community residential	0.6	15.0	–	3.7	5.3	24.1	11.2	10.2	5.3
Ambulatory	31.3	36.6	44.5	38.5	38.5	31.8	40.6	41.1	36.9
Non-government organisations	6.6	8.8	8.1	6.1	6.9	10.0	9.4	6.2	7.5
Indirect	5.9	5.8	5.2	5.3	2.8	3.6	3.9	4.0	5.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2015-16									
Recurrent expenditure ($ million)									
Public psychiatric hospital	276.6	48.6	84.7	86.0	72.5	–	–	–	568.2
Public acute hospital	698.0	350.2	366.5	260.4	112.3	35.5	28.1	22.1	1 871.2
Total admitted patient (i)	974.7	398.8	451.2	346.4	184.8	35.5	28.1	22.1	2 439.4
Community residential	11.8	191.8	–	27.6	29.5	29.1	13.9	7.0	310.0

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
Ambulatory	573.4	453.6	472.0	299.2	181.7	36.6	41.5	29.2	2 084.8
Non-government organisations	100.5	113.4	83.7	55.9	31.8	11.6	21.6	4.6	422.4
Indirect	96.8	72.6	44.9	43.9	9.7	4.8	2.6	2.5	277.5
Total expenditure	**1 757.2**	**1 230.1**	**1 051.7**	**772.9**	**437.6**	**117.5**	**107.7**	**65.4**	**5 534.1**
Per cent									
Public psychiatric hospital	15.7	3.9	8.1	11.1	16.6	–	–	–	10.3
Public acute hospital	39.7	28.5	34.8	33.7	25.7	30.2	26.1	33.8	33.8
Total admitted patient (i)	55.5	32.4	42.9	44.8	42.2	30.2	26.1	33.8	44.1
Community residential	0.7	15.6	–	3.6	6.7	24.7	12.9	10.8	5.6
Ambulatory	32.6	36.9	44.9	38.7	41.5	31.2	38.6	44.7	37.7
Non-government organisations	5.7	9.2	8.0	7.2	7.3	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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2014-15									
Recurrent expenditure ($ million)									
Public psychiatric hospital	263.5	52.1	86.0	87.5	61.9	–	–	–	549.7
Public acute hospital	677.0	333.7	339.5	233.3	113.3	36.7	24.9	20.5	1 774.1
Total admitted patient (i)	940.5	385.8	425.6	320.8	175.2	36.7	24.9	20.5	2 323.8
Community residential	10.7	197.8	–	27.8	30.2	30.4	13.6	6.6	316.0
Ambulatory	548.4	441.7	443.6	296.9	190.5	37.4	41.4	28.6	2 022.7
Non-government organisations	95.2	111.2	80.5	52.0	41.4	11.1	18.2	4.3	412.6
Indirect	107.9	70.9	43.2	53.0	10.9	5.8	2.9	2.8	296.6
Total expenditure	**1 702.5**	**1 207.3**	**992.9**	**750.5**	**448.2**	**121.4**	**101.1**	**62.8**	**5 371.7**
Per cent									
Public psychiatric hospital	15.5	4.3	8.7	11.7	13.8	–	–	–	10.2

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
Public acute hospital	39.8	27.6	34.2	31.1	25.3	30.2	24.7	32.7	33.0
Total admitted patient (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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2013-14									
Recurrent expenditure ($ million)									
Public psychiatric hospital	271.6	47.3	93.0	92.0	63.0	–	–	–	565.7
Public acute hospital	655.6	322.8	313.8	219.3	105.3	42.7	25.2	19.9	1 701.3
Total admitted patient (i)	927.2	370.1	406.8	311.3	168.3	42.7	25.2	19.9	2 267.0
Community residential	10.9	203.0	–	28.5	24.6	23.4	13.1	3.3	306.3
Ambulatory	552.6	453.3	429.6	276.9	184.0	40.3	38.6	27.2	1 998.2
Non-government organisations	89.8	107.8	70.9	47.4	39.4	8.9	16.7	4.5	384.5
Indirect	88.3	62.6	43.7	46.4	11.0	5.0	3.1	3.2	262.8
Total expenditure	**1 668.9**	**1 196.7**	**951.0**	**710.5**	**427.2**	**120.3**	**96.6**	**58.1**	**5 218.9**
Per cent									
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
Total admitted patient (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

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2012-13									
Recurrent expenditure ($ million)									
Public psychiatric hospital	273.7	44.2	103.7	101.1	63.9	–	–	–	584.9
Public acute hospital	612.6	312.6	304.9	206.5	79.8	43.9	23.9	19.7	1 600.3
Total admitted patient (i)	886.3	356.7	408.5	307.6	143.8	43.9	23.9	19.7	2 185.2
Community residential	11.9	187.9	–	25.6	21.2	24.6	12.7	2.4	285.7
Ambulatory	543.9	438.4	441.3	274.4	173.5	39.8	38.7	25.9	1 970.1
Non-government organisations	83.0	97.6	64.7	46.1	35.1	7.1	14.4	3.9	351.0
Indirect	78.8	61.6	46.0	36.2	12.3	7.5	3.3	3.6	248.7
Total expenditure	**1 603.9**	**1 142.2**	**960.5**	**689.9**	**385.8**	**122.9**	**93.0**	**55.5**	**5 040.7**
Per cent									
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
Total admitted patient (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
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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011-12									
Recurrent expenditure ($ million)									
Public psychiatric hospital	267.6	45.7	110.3	101.9	72.5	..	..	..	595.0
Public acute hospital	573.1	307.1	302.9	192.0	83.7	46.0	21.9	18.1	1 539.9
Total admitted patient (i)	840.7	352.8	413.2	293.9	156.2	46.0	21.9	18.1	2 134.9

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
Community residential	14.3	183.6	–	24.7	21.0	22.5	12.4	1.7	280.3
Ambulatory	561.2	441.1	454.7	275.8	164.2	38.9	39.9	26.4	1 994.5
Non-government organisations	79.0	93.6	78.6	36.5	38.0	7.4	11.8	4.0	347.9
Indirect	76.9	62.7	62.9	36.6	9.8	7.2	3.1	4.9	263.1
Total expenditure	**1 572.1**	**1 133.8**	**1 009.4**	**667.6**	**389.2**	**122.0**	**89.1**	**55.2**	**5 020.7**
Per cent									
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
Total admitted patient (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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010-11									
Recurrent expenditure ($ million)									
Public psychiatric hospital	280.4	48.0	105.0	97.8	78.0	..	..	..	605.5
Public acute hospital	516.9	308.6	295.0	179.9	87.5	51.7	21.4	16.6	1 472.9
Total admitted patient (i)	797.4	356.7	400.0	277.7	165.4	51.7	21.4	16.6	2 078.4
Community residential	14.2	187.0	–	21.1	13.7	24.5	11.6	1.7	275.0
Ambulatory	537.3	419.5	423.2	263.6	158.3	42.1	37.3	24.4	1 897.7
Non-government organisations	83.4	91.5	76.2	33.9	42.6	8.9	10.0	3.9	349.4
Indirect	79.5	66.4	70.5	29.3	7.3	8.1	3.4	3.8	267.5
Total expenditure	**1 511.8**	**1 121.0**	**969.9**	**625.6**	**387.3**	**135.4**	**83.6**	**50.5**	**4 868.0**
Per cent									

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
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
Total admitted patient (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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2009-10									
Recurrent expenditure ($ million)									
Public psychiatric hospital	256.6	50.6	103.2	90.6	85.8	..	..	..	584.3
Public acute hospital	483.5	291.2	289.9	158.0	88.1	50.6	19.4	15.2	1 392.5
Total admitted patient (i)	740.2	341.8	393.1	248.6	173.9	50.6	19.4	15.2	1 976.8
Community residential	13.8	175.9	–	17.9	10.7	23.8	12.4	1.5	257.4
Ambulatory	503.8	397.9	401.9	248.3	145.3	40.0	36.1	22.8	1 789.2
Non-government organisations	79.2	86.2	59.7	31.0	35.6	6.5	9.2	4.4	311.1
Indirect	76.0	65.4	55.8	17.0	8.2	7.4	2.9	3.3	235.7
Total expenditure	**1 413.1**	**1 067.2**	**910.4**	**562.7**	**373.6**	**128.3**	**79.9**	**47.2**	**4 570.3**
Per cent									
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
Total admitted patient (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

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
Indirect	5.4	6.1	6.1	3.0	2.2	5.8	3.6	7.0	5.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2008-09									
Recurrent expenditure ($ million)									
Public psychiatric hospital	217.6	44.3	100.2	93.1	98.7	..	..	..	550.7
Public acute hospital	486.4	287.2	282.9	155.9	80.7	43.6	19.8	15.8	1 369.8
Total admitted patient (i)	704.0	331.6	383.1	249.0	179.4	43.6	19.8	15.8	1 920.6
Community residential	16.7	169.5	–	16.1	11.2	23.2	11.9	1.1	252.1
Ambulatory	481.8	385.6	354.3	242.3	138.5	39.0	37.9	20.9	1 694.4
Non-government organisations	69.2	83.4	57.3	29.7	29.4	5.7	7.5	4.4	286.1
Indirect	64.8	54.0	51.9	18.0	8.2	6.5	3.2	3.9	210.1
Total expenditure	**1 336.5**	**1 024.0**	**846.6**	**555.1**	**366.6**	**117.9**	**80.3**	**46.0**	**4 363.2**
Per cent									
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
Total admitted patient (i)	52.7	32.4	45.3	44.9	48.9	37.0	24.7	34.2	44.0
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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2007-08									
Recurrent expenditure ($ million)									
Public psychiatric hospital	222.9	48.9	100.5	88.0	102.4	..	..	..	558.8
Public acute hospital	418.6	271.9	286.2	147.4	76.5	42.8	20.0	14.7	1 273.1

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*
Total admitted patient (i)	641.5	320.8	386.6	235.4	179.0	42.8	20.0	14.7	1 831.9
Community residential	18.6	161.5	–	11.9	8.1	24.2	9.3	0.6	236.3
Ambulatory	457.8	373.2	322.0	227.6	125.4	36.5	33.9	20.7	1 589.1
Non-government organisations	74.2	80.7	51.0	27.5	31.1	5.9	7.7	4.8	282.0
Indirect	82.1	51.7	42.9	17.9	7.2	5.9	4.1	3.1	214.9
Total expenditure	**1 274.1**	**988.0**	**802.5**	**520.3**	**350.7**	**115.3**	**74.9**	**43.9**	**4 154.2**
Per cent									
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
Total admitted patient (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
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Time series financial data are adjusted to 2016-17 dollars using the implicit price deflator for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

(b) Depreciation is excluded for all years.

(c) See the AIHW *Mental Health Services in Australia* online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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.

Table 13A.3 **Total State and Territory recurrent expenditure on specialised mental health services (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA* (h)	*Tas*	*ACT*	*NT*	*Aust*

(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 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2016-17 dollars) ($ million) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
2016-17									
State/Territory funds	1 763.2	1 241.8	1 059.4	774.7	433.0	112.8	100.9	68.9	5 554.7
Australian Government funds									
Mental health specific payments to states and territories (g)	–	–	–	–	–	–	–	–	–
Department of Veterans' Affairs (h)	12.9	9.3	5.0	4.2	7.8	0.6	0.4	0.1	40.2
Total Australian Government funds	12.9	9.3	5.0	4.2	7.8	0.6	0.4	0.1	40.2
Other revenue	28.9	45.6	29.1	6.2	3.7	3.3	0.9	0.2	117.8
Total funds	**1 792.1**	**1 287.4**	**1 088.5**	**780.9**	**436.7**	**116.1**	**101.8**	**69.1**	**5 672.5**
2015-16									
State/Territory funds	1 733.6	1 176.4	1 025.5	766.1	434.5	114.4	106.8	65.2	5 422.4
Australian Government funds									
Mental health specific payments to states and territories (g)	6.9	7.8	10.7	7.1	3.5	2.8	0.6	0.5	39.8
Department of Veterans' Affairs (h)	13.5	11.2	4.8	4.0	7.3	0.7	0.5	0.1	42.0
Total Australian Government funds	20.4	18.9	15.5	11.1	10.8	3.5	1.2	0.5	81.8
Other revenue	23.6	53.8	26.2	6.8	3.1	3.1	0.8	0.3	117.7
Total funds	**1 757.2**	**1 230.1**	**1 051.7**	**772.9**	**437.6**	**117.5**	**107.7**	**65.4**	**5 540.2**
2014-15									
State/Territory funds	1 681.2	1 151.7	966.3	742.9	446.1	119.1	99.3	62.6	5 269.2
Australian Government funds									
Mental health specific payments to states and territories (g)	16.5	11.9	18.0	7.7	4.1	4.3	0.9	1.2	64.6
Department of Veterans' Affairs (h)	14.1	10.5	5.1	3.2	5.4	0.6	0.3	–	39.1
Total Australian Government funds	30.6	22.4	23.0	10.8	9.5	4.9	1.2	1.2	103.6

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2016-17 dollars) ($ million) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Other revenue	21.3	55.6	26.6	7.5	2.1	2.3	1.8	0.2	112.7
Total funds	**1 702.5**	**1 207.3**	**992.9**	**750.5**	**448.2**	**121.4**	**101.1**	**62.8**	**5 386.6**
2013-14									
State/Territory funds	1 650.4	1 141.6	930.9	702.1	424.8	110.3	95.8	58.0	5 113.9
Australian Government funds									
Mental health specific payments to states and territories (g)	17.7	12.7	18.6	7.8	4.4	3.2	1.0	1.3	66.6
Department of Veterans' Affairs (h)	14.0	11.0	4.1	4.1	5.1	0.7	0.3	–	39.4
Total Australian Government funds	31.7	23.7	22.7	11.9	9.5	3.9	1.3	1.3	106.0
Other revenue	18.5	55.1	20.0	8.4	2.4	10.1	0.9	0.1	115.4
Total funds	**1 668.9**	**1 196.7**	**951.0**	**710.5**	**427.2**	**120.3**	**96.6**	**58.1**	**5 229.4**
2012-13									
State/Territory funds	1 580.1	1 085.0	940.3	685.0	382.6	119.7	92.1	55.4	4 940.1
Australian Government funds									
Mental health specific payments to states and territories (g)	16.7	11.6	11.1	6.7	4.1	3.2	0.8	1.2	55.3
Department of Veterans' Affairs (h)	12.2	12.6	4.3	4.4	4.6	0.5	0.5	–	39.3
Total Australian Government funds	28.9	24.2	15.3	11.1	8.7	3.7	1.4	1.2	94.6
Other revenue	23.8	57.2	20.2	4.9	3.2	3.2	0.9	0.1	103.8
Total funds	**1 603.9**	**1 142.2**	**960.5**	**689.9**	**385.8**	**122.9**	**93.0**	**55.5**	**5 053.8**
2011-12									
State/Territory funds	1 572.1	1 133.7	1 009.3	667.6	389.2	122.0	89.1	55.2	5 038.2
Australian Government funds									
Mental health specific payments to states and territories (g)	6.8	4.5	3.7	3.0	1.5	0.4	0.6	0.4	20.9
Department of Veterans' Affairs (h)	10.7	10.1	3.2	2.0	4.4	0.5	0.3	–	31.2

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2016-17 dollars) ($ million) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Total Australian Government funds	17.5	14.6	6.9	5.0	5.9	0.9	0.9	0.5	52.2
Other revenue	18.2	49.3	18.4	7.4	5.5	3.0	0.9	0.1	91.4
Total funds	**1 572.1**	**1 133.8**	**1 009.4**	**667.6**	**389.2**	**122.0**	**89.1**	**55.2**	**5 038.3**
2010-11									
State/Territory funds	1 511.7	1 121.0	969.8	625.6	387.3	135.4	83.6	50.4	4 884.9
Australian Government funds									
Mental health specific payments to states and territories (g)	2.1	1.7	1.5	0.9	0.5	0.2	0.2	0.2	6.4
Department of Veterans' Affairs (h)	11.0	11.4	4.0	2.4	4.9	0.5	0.4	–	29.9
Total Australian Government funds	13.1	13.1	5.5	3.3	5.4	0.7	0.6	0.2	41.9
Other revenue	29.8	42.8	14.0	2.7	3.6	2.7	1.3	0.1	84.5
Total funds	**1 511.8**	**1 121.0**	**969.9**	**625.6**	**387.3**	**135.4**	**83.6**	**50.5**	**4 885.1**
2009-10									
State/Territory funds	1 413.1	1 067.2	910.4	562.7	373.6	128.3	79.9	47.2	4 582.4
Australian Government funds									
Mental health specific payments to states and territories (g)	1.1	1.0	0.7	0.6	0.3	0.2	0.2	0.2	3.6
Department of Veterans' Affairs (h)	10.5	10.5	4.6	2.8	4.4	0.6	0.4	–	29.0
Total Australian Government funds	11.6	11.5	5.3	3.3	4.7	0.8	0.6	0.2	38.1
Other revenue	12.9	37.2	12.2	3.1	6.3	4.6	0.9	–	66.3
Total funds	**1 413.1**	**1 067.2**	**910.4**	**562.7**	**373.6**	**128.3**	**79.9**	**47.2**	**4 582.5**
2008-09									
State/Territory funds	1 336.4	1 023.9	846.6	555.1	366.6	117.9	80.3	46.0	4 372.8
Australian Government funds									
Mental health specific payments to states and territories (g)	31.0	23.1	20.0	10.3	7.3	2.4	2.3	2.0	98.3

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2016-17 dollars) ($ million) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Department of Veterans' Affairs (h)	9.5	11.9	4.4	4.5	5.5	0.7	0.1	–	30.1
Total Australian Government funds	40.5	35.0	24.3	14.8	12.8	3.1	2.4	2.0	135.0
Other revenue	17.5	32.8	12.5	2.9	8.7	6.1	0.9	–	67.3
Total funds	**1 336.5**	**1 024.0**	**846.6**	**555.1**	**366.6**	**117.9**	**80.3**	**46.0**	**4 373.1**
2007-08									
State/Territory funds	1 233.3	956.7	779.6	506.9	338.6	112.2	71.9	41.5	4 040.7
Australian Government funds									
Mental health specific payments to states and territories (g)	31.4	23.6	19.9	10.3	7.5	2.8	2.7	2.4	80.3
Department of Veterans' Affairs (h)	9.4	7.7	2.9	3.1	4.6	0.4	0.3	–	22.6
Total Australian Government funds	40.8	31.3	22.8	13.4	12.1	3.1	3.0	2.4	129.0
Other revenue	22.2	29.2	11.6	4.0	5.5	4.1	0.6	0.5	62.4
Total funds	**1 274.1**	**988.0**	**802.5**	**520.3**	**350.7**	**115.3**	**74.9**	**43.9**	**4 169.7**

(a) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

(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.3 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.

Table 13A.4 **Real estimated expenditure on State and Territory governments' specialised mental health services, by funding source (2016-17 dollars) ($ million) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)

(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 1993-98, and Australian Health Care Agreements 1998-2003 and 2008-09. From July 2009 to June 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 2009-10 onward.
From 2008-09 to 2014-15, the amounts shown include: National Partnership - National Perinatal Depression Plan – Payments to States.
From 2008-09 onward to 2015-16, the amounts shown include: National Partnership - Supporting Mental Health Reform and specific payments to Tasmania under the Tasmanian Health Assistance Package.
Nil payments are shown for 2016-17 as all three National Partnerships were completed by 2015-16.

(h) *Department of Veterans' Affairs:* 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.

– 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)**

	NSW (c)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2016-17	17.3	23.8	10.4	3.3	6.6	–	0.5	–	61.8
2015-16	15.7	18.9	10.1	6.9	17.4	–	0.3	–	69.3
2014-15	19.3	19.7	9.5	8.9	11.4	–	–	–	68.8
2013-14	17.0	18.5	8.3	8.4	5.9	–	–	–	58.0
2012-13	16.3	20.3	7.1	4.0	–	–	–	–	47.8
2011-12	13.6	26.3	9.1	4.8	1.1	–	–	–	54.8
2010-11	13.2	29.6	9.2	4.3	1.5	–	–	–	57.9
2009-10	14.4	19.7	7.7	4.3	2.5	–	–	–	48.5
2008-09	9.0	12.9	8.2	4.1	3.2	–	–	–	37.5
2007-08	13.8	11.3	9.1	3.5	0.4	–	–	0.5	38.8

(a) See the AIHW *Mental Health Services in Australia* online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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 **Real estimated recurrent expenditure on State and Territory governments specialised mental health services (2016-17 dollars) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Real recurrent expenditure ($ million)									
2016-17	1 792.1	1 287.4	1 088.5	780.9	436.7	116.1	101.8	69.1	5 672.5
2015-16	1 757.2	1 230.1	1 051.7	772.9	437.6	117.5	107.7	65.4	5 540.2
2014-15	1 702.5	1 207.3	992.9	750.5	448.2	121.4	101.1	62.8	5 386.6
2013-14	1 668.9	1 196.7	951.0	710.5	427.2	120.3	96.6	58.1	5 229.4
2012-13	1 603.9	1 142.2	960.5	689.9	385.8	122.9	93.0	55.5	5 053.8
2011-12	1 572.1	1 133.8	1 009.4	667.6	389.2	122.0	89.1	55.2	5 038.3
2010-11	1 511.8	1 121.0	969.9	625.6	387.3	135.4	83.6	50.5	4 885.1
2009-10	1 413.1	1 067.2	910.4	562.7	373.6	128.3	79.9	47.2	4 582.5
2008-09	1 336.5	1 024.0	846.6	555.1	366.6	117.9	80.3	46.0	4 373.1
2007-08	1 274.1	988.0	802.5	520.3	350.7	115.3	74.9	43.9	4 169.7
Real expenditure per person ($)									
2016-17	229.82	206.17	222.88	304.12	254.34	223.72	250.53	281.84	232.62
2015-16	229.06	201.89	218.88	303.37	256.52	227.91	269.89	268.00	230.99
2014-15	225.14	202.66	209.14	296.79	264.72	236.12	257.84	258.53	227.86
2013-14	223.87	205.18	202.97	283.97	254.59	234.56	250.10	239.83	224.46
2012-13	218.13	200.06	208.30	280.72	231.99	240.11	244.85	232.50	220.42
2011-12	216.58	202.76	223.38	279.80	236.28	238.47	239.47	236.78	223.71
2010-11	210.56	203.98	218.59	269.77	237.26	265.29	229.27	219.06	220.32
2009-10	198.98	196.93	208.45	248.59	230.84	253.27	223.39	207.31	209.58
2008-09	190.88	192.73	198.01	251.31	229.43	234.96	228.81	206.73	203.63
2007-08	185.09	190.02	192.90	243.70	222.20	232.56	217.65	202.62	198.41

(a) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

Table 13A.6 **Real estimated recurrent expenditure on State and Territory governments specialised mental health services (2016-17 dollars) (a), (b), (c), (d)**

	NSW (e)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(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 **Proportion of people receiving clinical mental health services by service type (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
2016-17										
Public (b)										
Number	no.	135 516	66 589	98 846	60 008	40 056	10 885	11 153	7 418	430 471
Rate	%	1.8	1.1	2.1	2.4	2.5	2.2	2.8	3.0	1.8
Private (c)										
Number	no.	12 700	11 422	8 727	4 345	np	np	np	np	39 873
Rate	%	0.2	0.2	0.2	0.2	np	np	np	np	0.2
MBS and DVA										
Number: Total MBS and DVA (d)	no.	768 308	672 036	509 151	219 466	164 159	48 215	34 827	11 739	2 427 962
Rate: Total MBS and DVA (d)	%	10.1	11.0	10.7	8.7	9.9	10.0	8.6	4.7	10.2
Rate: Psychiatrist (e)	%	1.7	1.7	1.9	1.3	1.7	1.7	1.0	0.4	1.7
Rate: Clinical psychologist (f)	%	1.9	2.2	2.0	2.0	2.8	3.1	2.3	0.6	2.1
Rate: GP (g)	%	8.3	9.0	8.7	7.0	7.8	7.9	7.0	4.1	8.3
Rate: Other allied health (h)	%	3.1	3.8	3.5	2.0	2.4	2.7	2.4	1.0	3.2
2015-16										
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)	no.	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	10.6	10.1	8.0	9.5	9.4	8.1	4.4	9.6
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

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Rate: GP (g)	%	8.0	8.7	8.2	6.5	7.5	7.4	6.6	3.8	7.9
Rate: Other allied health (h)	%	3.0	3.6	3.4	1.8	2.2	2.5	2.3	1.0	3.0
2014-15										
Public (b)										
Number	no.	135 125	67 033	91 851	54 048	39 067	10 573	10 003	7 425	415 125
Rate	%	1.8	1.1	2.0	2.2	2.4	2.1	2.6	3.0	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)	no.	676 361	579 878	430 801	180 347	146 437	41 139	29 184	9 572	2 093 755
Rate: Total MBS and DVA (d)	%	9.1	9.9	9.2	7.2	8.9	8.5	7.4	3.8	9.0
Rate: Psychiatrist (e)	%	1.6	1.7	1.8	1.2	1.7	1.4	1.0	0.4	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	8.0	7.4	5.7	6.9	6.7	5.9	3.3	7.2
Rate: Other allied health (h)	%	2.8	3.3	3.0	1.5	2.0	2.2	2.0	0.9	2.7
2013-14										
Public (b)										
Number	no.	134 465	64 978	89 194	53 166	37 168	10 111	9 825	7 381	406 288
Rate	%	1.9	1.1	2.0	2.2	2.3	2.0	2.5	2.9	1.8
Private (c)										
Number	no.	10 991	8 988	7 550	3 495	np	np	np	np	33 574
Rate	%	0.1	0.2	0.2	0.1	np	np	np	np	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	628 834	538 679	394 456	162 357	135 747	37 995	26 809	8 720	1 933 631
Rate: Total MBS and DVA (d)	%	8.6	9.4	8.6	6.5	8.3	7.8	6.9	3.5	8.4

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Rate: Psychiatrist (e)	%	1.6	1.7	1.7	1.2	1.7	1.3	0.9	0.3	1.5
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	5.1	6.4	6.1	5.5	3.1	6.7
Rate: Other allied health (h)	%	2.6	3.1	2.8	1.4	1.8	2.0	1.9	0.8	2.5
2012-13										
Public (b)										
Number	no.	129 183	na	86 469	50 267	35 992	6 678	9 058	7 210	324 857
Rate	%	1.8	na	1.9	2.1	2.2	1.3	2.4	2.9	1.9
Private (c)										
Number	no.	10 539	8 642	7 241	3 785	np	np	np	np	32 944
Rate	%	0.1	0.1	0.2	0.2	np	np	np	np	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	580 048	492 618	353 147	143 637	126 345	34 848	24 275	8 097	1 763 029
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	1.5	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	3.0	2.5	1.2	1.7	2.0	1.8	0.7	2.4
2011-12										
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										

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Number: Total MBS and DVA (d)	no.	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
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
2010-11										
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)	no.	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
2009-10										
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

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
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	1387 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
Rate: Other allied health (h)	%	2.0	2.6	2.1	1.0	1.2	1.5	1.7	0.7	2.0
2008-09										
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

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

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)

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

	Unit	*NSW* (c), (d)	*Vic* (e)	*Qld* (f)	*WA* (g)	*SA* (h)	*Tas* (i)	*ACT*	*NT*	*Aust*
2016-17										
New clients	no.	58 054	24 927	43 524	25 087	16 638	4 168	4 587	3 250	180 235
Total clients	no.	135 516	66 589	98 846	60 008	40 056	10 885	11 153	7 418	430 471
Proportion of total clients who are new	%	42.8	37.4	44.0	41.8	41.5	38.3	41.1	43.8	41.9
2015-16										
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
2014-15										
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
2013-14										
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
2012-13										
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
2011-12										
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
2010-11										

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)

	Unit	*NSW* (c), (d)	*Vic* (e)	*Qld* (f)	*WA* (g)	*SA* (h)	*Tas* (i)	*ACT*	*NT*	*Aust*
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
2009-10										
New clients	no.	46 323	22 717	32 301	17 059	13 206	1 369	3 210	2 652	138 837
Total clients	no.	116 276	61 129	73 903	41 928	31 186	6 209	7 661	5 552	343 844
Proportion of total clients who are new	%	39.8	37.2	43.7	40.7	42.3	22.0	41.9	47.8	40.4

(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.

(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). New South Wales data was affected by the introduction of a new system in the Justice Health Network in 2016–17. This resulted in reduced data coverage (see the data quality statement for the Community mental health care NMDS).

(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. Victorian data was affected by industrial activity during the 2016-17 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.

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)**

	Unit	*NSW* (c), (d)	*Vic* (e)	*Qld* (f)	*WA* (g)	*SA* (h)	*Tas* (i)	*ACT*	*NT*	*Aust*

(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 has showed 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 **New clients as a proportion of total clients of MBS subsidised mental health services (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2017-18										
New clients	no.	240 508	201 890	162 455	79 232	49 333	15 741	12 024	5 373	766 556
Total clients	no.	797 601	704 309	529 884	236 836	169 232	51 500	37 123	12 298	2 538 783
Proportion of total clients who are new	%	30.2	28.7	30.7	33.5	29.2	30.6	32.4	43.7	30.2
2016-17										
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
2015-16										
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
2014-15										
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
2013-14										
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
2012-13										
New clients	no.	207 845	170 671	133 286	54 394	43 915	13 091	9 367	3 930	636 500
Total clients	no.	573 106	489 338	345 281	141 813	124 312	34 532	23 892	8 050	1 740 323
Proportion of total clients who are new	%	36.3	34.9	38.6	38.4	35.3	37.9	39.2	48.8	36.6

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

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

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

(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 **Mental health care specific MBS items processed (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2016-17									
Number of services									
Psychiatrist services									
Initial consultations new patient (c)	47 630	36 865	30 287	11 979	7 554	2 988	1 402	323	139 050
Patient attendances (d)	593 899	628 571	476 824	146 666	148 799	41 602	16 587	3 329	2 056 276
Group psychotherapy	23 527	10 684	2 249	481	324	2 048	313	44	39 671
Interview with non-patient	24 617	15 031	19 773	1 453	3 577	741	433	71	65 696
Telepsychiatry	18 259	5 700	15 750	1 238	2 699	2 655	211	695	47 207
Case conferencing	3 994	3 420	1 941	71	255	31	np	np	9 834
Electroconvulsive therapy (e)	7 480	8 623	8 653	4 391	2 495	615	339	113	32 708
Assessment and treatment of pervasive developmental disorder	59	50	196	np	29	–	np	–	346
Total psychiatrist services	**719 465**	**708 945**	**555 673**	**166 302**	**165 733**	**50 680**	**19 402**	**4 588**	**2 390 788**
GP mental health specific services									
GP mental health care	1 080 484	958 529	699 007	297 981	211 056	56 871	45 977	15 968	3 365 874
Focussed psychological strategies	11 553	10 115	6 916	1 324	1 542	460	401	109	32 419
Family group therapy	5 123	3 637	1 528	56	506	69	96	8	11 023
Electroconvulsive therapy (f)	9 424	9 919	9 436	4 513	2 562	607	385	109	36 955
Total GP mental health specific services	**1 106 583**	**982 200**	**716 887**	**303 874**	**215 665**	**58 007**	**46 859**	**16 194**	**3 446 271**
Clinical psychologist services									
Total clinical psychologist services	**625 983**	**602 225**	**398 347**	**232 191**	**194 241**	**63 806**	**41 130**	**4 729**	**2 162 652**
Other psychologist services									
Focussed psychological strategies — psychologists	865 074	844 076	598 799	182 696	122 785	44 269	37 644	8 493	2 703 836

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Enhanced primary care — psychologists	9 801	9 054	5 994	1 515	1 105	516	307	99	28 390
Assessment and treatment of pervasive developmental disorder	2 928	7 790	2 245	1 073	np	np	134	42	14 903
Total other psychologist services (g)	**878 248**	**861 037**	**607 801**	**185 314**	**124 501**	**44 883**	**38 097**	**8 668**	**2 748 548**
Other allied health services									
Focussed psychological strategies — occupational therapist	25 361	18 362	11 848	6 302	5 568	np	383	np	69 322
Focussed psychological strategies — social worker	71 590	119 962	66 395	21 066	27 196	3 280	2 548	459	312 496
Enhanced Primary Care — mental health worker (h)	2 049	np	1 181	np	486	np	42	np	6 026
Total other allied health services (g)	**99 001**	**139 957**	**79 424**	**27 945**	**33 250**	**4 727**	**2 973**	**568**	**387 844**
Rate per 1000 people (i)									
Psychiatrist services	92.3	113.5	113.8	64.8	96.5	97.6	47.7	18.7	98.0
GP mental health specific services	141.9	157.3	146.8	118.3	125.6	111.8	115.3	66.1	141.3
Clinical psychologist services	80.3	96.4	81.6	90.4	113.1	122.9	101.2	19.3	88.7
Other psychologist services	112.6	137.9	124.5	72.2	72.5	86.5	93.7	35.4	112.7
Other allied health services	12.7	22.4	16.3	10.9	19.4	9.1	7.3	2.3	15.9
2015-16									
Number of services									
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Total psychiatrist services	**722 027**	**699 066**	**538 067**	**160 087**	**165 132**	**48 650**	**18 435**	**3 855**	**2 355 319**
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
Total GP mental health specific services	**1 050 941**	**936 019**	**663 237**	**274 912**	**206 348**	**55 097**	**43 271**	**14 964**	**3 244 789**
Clinical psychologist services									
Total clinical psychologist services	**602 119**	**562 050**	**368 640**	**213 877**	**189 817**	**58 906**	**37 298**	**4 399**	**2 037 106**
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
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total other psychologist services (g)	**848 252**	**825 270**	**591 128**	**163 099**	**115 953**	**42 733**	**34 058**	**8 511**	**2 629 005**
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
Total other allied health services (g)	**93 059**	**128 394**	**71 434**	**21 271**	**30 430**	**4 961**	**2 926**	**567**	**353 042**
Rate per 1000 people (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
2014-15									
Number of services									
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
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Total psychiatrist services	**710 656**	**692 659**	**518 722**	**153 306**	**160 443**	**43 838**	**19 816**	**3 301**	**2 302 742**
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
Total GP mental health specific services	**954 570**	**842 309**	**592 284**	**238 704**	**188 541**	**50 773**	**37 534**	**13 195**	**2 917 909**
Clinical psychologist services	566 498	513 822	324 159	197 334	175 392	54 968	34 830	3 275	1 870 276
Total clinical psychologist services	**566 498**	**513 822**	**324 159**	**197 334**	**175 392**	**54 968**	**34 830**	**3 275**	**1 870 276**
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
Total other psychologist services (g)	**787 724**	**738 103**	**535 824**	**141 967**	**104 173**	**37 092**	**30 061**	**7 709**	**2 382 654**
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 **Mental health care specific MBS items processed (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Total other allied health services (g)	**82 766**	**117 642**	**56 389**	**19 525**	**27 645**	**4 187**	**2 995**	**798**	**311 946**
Rate per 1000 people (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
2013-14									
Number of services									
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
Total psychiatrist services	**686 117**	**678 483**	**483 841**	**145 554**	**159 271**	**42 354**	**18 331**	**2 897**	**2 216 848**
GP mental health specific services									

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
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
Total GP mental health specific services	**875 350**	**762 778**	**538 809**	**210 837**	**171 783**	**46 535**	**34 105**	**11 620**	**2 651 821**
Clinical psychologist services	525 968	472 076	290 515	184 529	155 356	49 396	30 870	3 309	1 712 018
Total clinical psychologist services	**525 968**	**472 076**	**290 515**	**184 529**	**155 356**	**49 396**	**30 870**	**3 309**	**1 712 018**
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
Total other psychologist services (g)	**719 800**	**691 210**	**492 217**	**124 144**	**92 585**	**34 007**	**29 355**	**6 958**	**2 190 276**
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
Total other allied health services (g)	**76 951**	**103 963**	**45 755**	**17 720**	**24 592**	**4 223**	**3 028**	**639**	**276 870**

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Rate per 1000 people (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
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
2012-13									
Number of services									
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
Total psychiatrist services	**662 042**	**655 834**	**447 217**	**139 745**	**167 927**	**40 426**	**17 870**	**2 834**	**2 136 042**
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
Total GP mental health specific services	**799 662**	**693 990**	**483 378**	**183 292**	**161 453**	**43 514**	**30 302**	**11 173**	**2 408 612**

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Clinical psychologist services									
Total clinical psychologist services	**483 570**	**427 987**	**244 465**	**182 566**	**139 446**	**45 195**	**30 079**	**3 302**	**1 558 063**
Other psychologist services									
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
Total other psychologist services (g)	**741 606**	**704 157**	**459 732**	**114 388**	**87 608**	**34 730**	**27 871**	**6 969**	**2 179 161**
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
Total other allied health services (g)	**75 385**	**93 793**	**36 864**	**16 325**	**24 590**	**5 130**	**2 610**	**302**	**255 129**
Rate per 1000 people (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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
Number of services									
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
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
Total psychiatrist services	**639 137**	**648 751**	**408 200**	**137 511**	**164 522**	**37 536**	**19 182**	**3 938**	**2 058 777**
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
Total GP mental health specific services	**727 541**	**627 275**	**434 410**	**172 076**	**156 462**	**41 441**	**25 653**	**9 674**	**2 194 532**
Clinical psychologist services									
Total clinical psychologist services	**428 948**	**365 900**	**214 421**	**174 908**	**127 577**	**35 887**	**27 315**	**3 133**	**1 378 089**
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Total other psychologist services (g)	**684 502**	**680 798**	**446 365**	**112 717**	**77 865**	**37 097**	**25 076**	**7 277**	**2 071 697**
Other allied health services									
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
Total other allied health services (g)	**73 801**	**85 465**	**31 466**	**14 495**	**18 800**	**4 863**	**1 991**	**301**	**231 182**
Rate per 1000 people (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
2010-11									
Number of services									
Psychiatrist services									
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Total psychiatrist services	**636 329**	**638 297**	**388 398**	**138 857**	**167 795**	**42 615**	**21 153**	**4 438**	**2 037 882**
GP mental health specific services									
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
Total GP mental health specific services	**699 284**	**594 488**	**407 273**	**176 797**	**151 891**	**39 296**	**24 730**	**9 069**	**2 102 828**
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
Total psychologist services (g)	**1 099 029**	**1 032 894**	**632 552**	**288 627**	**190 492**	**71 422**	**51 805**	**10 049**	**3 376 870**
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Enhanced Primary Care — mental health worker (h)	1 222	1 143	744	341	141	12	4	3	3 610
Total other allied health services (g)	**76 832**	**82 857**	**30 434**	**15 721**	**17 609**	**5 429**	**1 818**	**272**	**230 972**
Rate per 1000 people (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
2009-10									
Number of services									
Psychiatrist services									
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
Total psychiatrist services	**611 081**	**630 006**	**368 594**	**136 206**	**171 078**	**42 976**	**19 280**	**4 260**	**1 983 481**
GP mental health specific services									
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total GP mental health specific services	**601 444**	**353 416**	**504 684**	**156 397**	**130 786**	**33 177**	**9 087**	**20 958**	**1 809 949**
Psychologist services									
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
Total psychologist services (g)	**962 998**	**923 714**	**539 486**	**262 144**	**167 236**	**60 735**	**45 751**	**8 959**	**2 971 023**
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
Total other allied health services (g)	**65 889**	**68 753**	**28 960**	**13 351**	**15 273**	**5 084**	**1 336**	**307**	**198 953**
Rate per 1000 people (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

2008-09

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number of services									
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
Total psychiatrist services	**604 613**	**636 236**	**358 280**	**129 023**	**172 254**	**42 968**	**19 628**	**4 220**	**1 967 222**
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
Total GP mental health specific services	**540 337**	**451 220**	**297 941**	**139 799**	**115 173**	**29 193**	**19 450**	**6 930**	**1 600 043**
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

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Assessment and treatment of pervasive developmental disorder	1 180	2 196	399	348	244	101	87	20	4 575
Total psychologist services	**819 871**	**781 734**	**428 607**	**222 491**	**137 765**	**52 748**	**39 819**	**6 764**	**2 489 799**
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
Total other allied health services	**52 973**	**50 153**	**20 782**	**11 097**	**10 985**	**2 983**	**631**	**145**	**149 749**
Rate per 1000 people (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
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) https://www.aihw.gov.au/reports-data/health-welfare-services/mental-health-services/overview

(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.

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

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

(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) (https://www.aihw.gov.au/reports-data/health-welfare-services/mental-health-services/overview).

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

	NSW	*Vic*	*Qld* (d)	*WA* (e)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2016-17									
Admitted patient	63.0	42.2	54.9	61.5	59.9	43.4	44.2	61.3	54.9
Ambulatory	36.8	45.8	50.4	48.4	56.1	40.1	59.2	57.6	45.1
Residential	0.9	18.0	–	8.1	9.2	38.0	15.6	23.4	7.7
Total	**100.7**	**105.9**	**105.3**	**118.0**	**125.3**	**121.5**	**119.0**	**142.3**	**107.7**
2015-16									
Admitted patient	63.8	40.6	54.6	63.9	57.7	42.4	32.2	51.2	54.5
Ambulatory	37.0	45.1	49.9	49.5	59.1	40.7	59.2	56.3	45.2
Residential	0.8	18.6	–	8.3	12.6	37.0	19.2	21.9	8.1
Total	**101.6**	**104.3**	**104.5**	**121.6**	**129.4**	**120.1**	**110.6**	**129.4**	**107.8**
2014-15									
Admitted patient	62.9	40.9	52.1	64.1	55.5	43.9	34.2	48.5	53.8
Ambulatory	36.0	45.9	48.8	48.8	60.9	40.3	53.5	54.7	44.8
Residential	0.7	19.7	–	8.3	13.2	37.3	19.0	25.3	8.4
Total	**99.6**	**106.4**	**100.9**	**121.2**	**129.7**	**121.6**	**106.8**	**128.5**	**106.9**
2013-14									
Admitted patient	62.3	39.9	51.5	65.5	52.5	53.0	33.9	48.0	53.3
Ambulatory	39.3	46.9	47.6	50.1	60.9	41.5	49.2	55.3	46.0
Residential	0.8	20.5	–	8.5	10.4	29.1	18.1	8.5	8.1
Total	**102.4**	**107.4**	**99.1**	**124.1**	**123.9**	**123.5**	**101.2**	**111.9**	**107.4**
2012-13									
Admitted patient	61.4	38.4	55.2	66.1	51.2	47.5	29.3	48.1	53.2
Ambulatory	39.4	46.4	51.7	50.1	59.7	42.9	51.9	49.1	46.6
Residential	0.9	20.2	–	7.7	9.8	28.6	17.6	7.7	7.9
Total	**101.7**	**105.1**	**106.9**	**123.9**	**120.7**	**119.0**	**98.8**	**104.9**	**107.7**
2011-12									
Admitted patient	60.5	39.7	56.1	65.7	55.4	54.9	26.8	37.1	53.7
Ambulatory	43.0	46.8	53.8	51.8	58.2	40.1	51.4	49.1	48.3
Residential	1.2	21.0	..	8.8	9.9	26.8	14.1	6.6	8.2
Total	**104.7**	**107.5**	**109.9**	**126.3**	**123.4**	**121.8**	**92.3**	**92.8**	**110.2**
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
Total	**105.9**	**106.9**	**105.3**	**123.0**	**129.1**	**132.2**	**92.7**	**89.1**	**109.7**
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
Total	**103.1**	**104.6**	**99.4**	**120.1**	**124.7**	**132.6**	**93.5**	**86.1**	**106.4**
2008-09									
Admitted patient	57.9	38.6	55.8	64.8	67.1	56.6	26.4	38.0	53.4

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

	NSW	*Vic*	*Qld* (d)	*WA* (e)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Total	**99.9**	**105.5**	**102.7**	**120.7**	**123.2**	**127.8**	**89.4**	**86.9**	**106.0**
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
Total	**97.9**	**104.0**	**101.5**	**118.8**	**124.0**	**126.9**	**91.4**	**77.4**	**104.6**

(a) See AIHW *Mental Health Services in Australia* online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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) 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.
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.

(e) FTE staff data was unavailable for one service in WA. Direct care FTE for the service are estimated to be around 120 FTE. Time series staffing figures will be impacted. Also, comparisons between staffing and expenditure should be made with caution.

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

Source: AIHW (unpublished) MHE NMDS.

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

	NSW (d)	*Vic*	*Qld* (e)	*WA* (f)	*SA*	*Tas*	*ACT* (g)	*NT* (g)	*Aust*
Patient days									
Admitted patient — acute units									
2016-17	589 833	371 555	270 421	218 570	123 929	28 915	28 213	13 316	1 644 752
2015-16	574 540	365 785	264 304	206 070	123 592	27 806	25 493	10 327	1 597 917
2014-15	571 598	350 918	250 010	200 357	118 952	26 520	24 554	10 279	1 553 188
2013-14	567 255	349 444	230 097	195 461	111 515	27 773	23 068	11 832	1 516 445
2012-13	557 193	342 192	227 282	192 445	109 927	28 749	26 097	12 943	1 496 828
2011-12	543 311	343 809	230 274	188 644	115 761	32 148	23 163	10 489	1 487 599
2010-11	536 310	345 369	228 406	177 733	117 123	29 249	22 941	11 518	1 468 649
2009-10	531 649	332 677	226 762	182 647	114 605	29 615	21 484	10 877	1 450 316
2008-09	525 512	334 711	224 395	181 426	115 412	31 291	19 884	11 517	1 444 148
2007-08	501 388	322 087	222 006	183 741	119 808	30 924	18 539	10 990	1 409 483
Admitted patient — non-acute units									
2016-17	290 420	66 041	210 334	27 166	45 874	..	..	..	639 835
2015-16	297 615	61 627	194 678	35 897	47 695	..	..	..	637 512
2014-15	295 381	60 277	177 917	41 536	45 528	..	..	..	620 639
2013-14	287 286	50 796	190 666	40 745	44 084	9 618	..	..	623 195
2012-13	288 394	52 982	218 517	44 201	43 626	7 843	..	..	655 563
2011-12	284 459	51 032	209 993	47 013	46 036	10 011	..	..	648 544
2010-11	287 011	54 293	216 365	51 600	56 073	9 779	..	..	675 121
2009-10	285 494	53 712	213 343	40 061	59 746	8 531	..	..	660 887
2008-09	265 820	54 667	215 715	38 357	65 509	9 125	..	..	649 193
2007-08	279 349	63 428	219 026	36 838	77 836	7 128	..	..	683 605
24-hour staffed community residential									
2016-17	25 833	352 749	..	33 572	38 916	33 211	16 543	10 473	511 297
2015-16	36 504	365 446	..	31 630	48 094	33 685	16 380	9 618	541 357

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

	NSW (d)	*Vic*	*Qld* (e)	*WA* (f)	*SA*	*Tas*	*ACT* (g)	*NT* (g)	*Aust*
2014-15	35 130	375 730	..	30 831	48 813	35 377	17 119	10 267	553 267
2013-14	36 426	366 237	..	29 229	43 332	24 875	17 155	7 056	524 310
2012-13	38 328	364 505	..	30 459	40 158	22 777	16 045	5 508	517 780
2011-12	38 742	363 985	..	30 073	34 397	27 333	15 367	4 828	514 725
2010-11	34 503	353 996	..	17 605	22 529	29 958	14 961	4 144	477 696
2009-10	35 355	351 719	..	33 008	20 187	30 172	15 416	3 841	489 698
2008-09	37 375	344 623	..	24 725	20 649	28 727	14 262	3 550	473 911
2007-08	42 051	352 741	..	14 888	15 277	27 194	13 599	1 737	467 487
Patient days per 1000 people									
Admitted patient — acute units									
2016-17	75.6	59.5	55.4	85.1	72.2	55.7	69.4	54.3	67.4
2015-16	74.9	60.0	55.0	80.9	72.4	53.9	63.9	42.3	66.6
2014-15	75.6	58.9	52.7	79.2	70.3	51.6	62.6	42.3	65.7
2013-14	76.1	59.9	49.1	78.1	66.5	54.1	59.7	48.8	65.1
2012-13	75.8	59.9	49.3	78.3	66.1	56.2	68.7	54.2	65.3
2011-12	74.8	61.5	51.0	79.1	70.3	62.8	62.3	45.0	66.1
2010-11	74.7	62.8	51.5	76.6	71.7	57.3	62.9	50.0	66.2
2009-10	74.9	61.4	51.9	80.7	70.8	58.5	60.0	47.8	66.3
2008-09	75.1	63.0	52.5	82.1	72.2	62.4	56.6	51.8	67.2
2007-08	72.8	61.9	53.4	86.1	75.9	62.4	53.9	50.7	67.1
Admitted patient — non-acute units									
2016-17	37.2	10.6	43.1	10.6	26.7	..	..	..	26.2
2015-16	38.8	10.1	40.5	14.1	28.0	..	..	..	26.6
2014-15	39.1	10.1	37.5	16.4	26.9	..	..	..	26.3
2013-14	38.5	8.7	40.7	16.3	26.3	18.7	..	..	26.7
2012-13	39.2	9.3	47.4	18.0	26.2	15.3	..	..	28.6

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

	NSW (d)	*Vic*	*Qld* (e)	*WA* (f)	*SA*	*Tas*	*ACT* (g)	*NT* (g)	*Aust*
2011-12	39.2	9.1	46.5	19.7	27.9	19.6	..	..	28.8
2010-11	40.0	9.9	48.8	22.3	34.3	19.2	..	..	30.4
2009-10	40.2	9.9	48.8	17.7	36.9	16.8	..	..	30.2
2008-09	38.0	10.3	50.5	17.4	41.0	18.2	..	..	30.2
2007-08	40.6	12.2	52.7	17.3	49.3	14.4	..	..	32.5
24-hour staffed community residential									
2016-17	3.3	56.5	..	13.1	22.7	64.0	40.7	42.7	21.0
2015-16	4.8	60.0	..	12.4	28.2	65.3	41.1	39.4	22.6
2014-15	4.6	63.1	..	12.2	28.8	68.8	43.7	42.3	23.4
2013-14	4.9	62.8	..	11.7	25.8	48.5	44.4	29.1	22.5
2012-13	5.2	63.8	..	12.4	24.1	44.5	42.2	23.1	22.6
2011-12	5.3	65.1	..	12.6	20.9	53.4	41.3	20.7	22.9
2010-11	4.8	64.4	..	7.6	13.8	58.7	41.0	18.0	21.5
2009-10	5.0	64.9	..	14.6	12.5	59.6	43.1	16.9	22.4
2008-09	5.3	64.9	..	11.2	12.9	57.3	40.6	16.0	22.1
2007-08	6.1	67.8	..	7.0	9.7	54.8	39.5	8.0	22.2

(a) See AIHW *Mental Health Services in Australia* online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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) 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.

(e) 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.

(f) 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.

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

	NSW (d)	*Vic*	*Qld* (e)	*WA* (f)	*SA*	*Tas*	*ACT* (g)	*NT* (g)	*Aust*

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

.. Not applicable.

Source : AIHW (unpublished) MHE NMDS; table 13A.65.

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

	NSW (e)	*Vic*	*Qld* (f)	*WA* (g)	*SA*	*Tas* (h)	*ACT* (h)	*NT* (h)	*Aust*
No. of beds									
Psychiatric hospitals									
2016-17	838	152	255	212	225	..	..	..	1 682
2015-16	837	151	265	219	225	..	..	..	1 698
2014-15	838	150	301	226	201	..	..	..	1 717
2013-14	854	152	335	226	194	..	..	..	1 761
2012-13	887	152	345	242	205	..	..	..	1 831
2011-12	902	150	345	246	230	..	..	..	1 873
2010-11	1 064	152	375	246	247	..	..	..	2 083
2009-10	967	150	375	243	267	..	..	..	2 002
2008-09	911	154	375	246	343	..	..	..	2 029
2007-08	1 024	154	376	245	357	..	..	..	2 156
Acute hospitals with psychiatric units or wards									
2016-17	1 930	1 224	1 270	540	303	94	89	43	5 493
2015-16	1 913	1 184	1 224	533	295	95	73	43	5 360
2014-15	1 894	1 168	1 109	514	285	97	70	41	5 179
2013-14	1 838	1 122	1 066	499	268	127	70	41	5 030
2012-13	1 768	1 092	1 110	479	247	131	70	40	4 937
2011-12	1 747	1 091	1 057	463	250	131	65	32	4 836
2010-11	1 586	1 104	1 044	454	252	127	65	33	4 666
2009-10	1 558	1 082	1 033	452	246	128	63	34	4 597
2008-09	1 542	1 064	1 029	432	233	130	63	34	4 527
2007-08	1 400	1 062	1 033	425	243	128	70	34	4 395
Community-based residential units									
2016-17	117	1 431	..	310	154	183	53	34	2 281
2015-16	140	1 448	..	299	184	183	94	34	2 383
2014-15	145	1 514	..	302	191	191	94	34	2 471
2013-14	156	1 536	..	315	147	156	95	22	2 427
2012-13	158	1 495	..	298	137	156	95	16	2 356
2011-12	171	1 476	..	303	138	162	82	15	2 347
2010-11	185	1 448	..	283	97	170	83	15	2 281
2009-10	195	1 430	..	260	89	169	83	13	2 239
2008-09	196	1 456	..	178	99	165	83	13	2 190
2007-08	251	1 404	..	130	71	176	77	5	2 114
Proportion of all beds in different settings (%)									
Psychiatric hospitals									
2016-17	29.1	5.4	16.7	20.0	33.0	..	..	..	17.8
2015-16	29.0	5.4	17.8	20.8	31.9	..	..	..	18.0
2014-15	29.1	5.3	21.3	21.7	29.7	..	..	..	18.3
2013-14	30.0	5.4	23.9	21.7	31.9	..	..	..	19.1

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

	NSW (e)	*Vic*	*Qld* (f)	*WA* (g)	*SA*	*Tas* (h)	*ACT* (h)	*NT* (h)	*Aust*
2012-13	31.5	5.5	23.7	23.7	34.8	..	..	..	20.1
2011-12	32.0	5.5	24.6	24.3	37.2	..	..	..	20.7
2010-11	37.5	5.6	26.4	25.0	41.4	..	..	..	23.1
2009-10	35.6	5.6	26.6	25.4	44.3	..	..	..	22.7
2008-09	34.4	5.8	26.7	28.7	50.8	..	..	..	23.2
2007-08	38.3	5.9	26.7	30.6	53.2	..	..	..	24.9
Acute hospitals with psychiatric units or wards									
2016-17	66.9	43.6	83.3	50.9	44.4	33.9	62.7	56.0	58.1
2015-16	66.2	42.5	82.2	50.7	41.9	34.2	na	55.8	56.8
2014-15	65.8	41.2	78.7	49.3	42.1	33.7	42.7	54.6	55.3
2013-14	64.5	39.9	76.1	48.0	44.0	44.9	42.4	65.1	54.6
2012-13	62.9	39.9	76.3	47.0	41.8	45.6	42.4	71.4	54.1
2011-12	61.9	40.2	75.4	45.8	40.5	44.7	44.2	68.1	53.4
2010-11	55.9	40.8	73.6	46.2	42.3	42.8	43.9	68.9	51.7
2009-10	57.3	40.6	73.4	47.3	40.9	43.1	43.2	72.3	52.0
2008-09	58.2	39.8	73.3	50.5	34.5	44.1	43.2	72.3	51.8
2007-08	52.3	40.5	73.3	53.1	36.2	42.1	47.6	87.2	50.7
Community-based residential units									
2016-17	4.1	51.0	..	29.1	22.6	66.1	37.3	44.0	24.1
2015-16	4.8	52.0	..	28.5	26.1	65.8	na	44.2	25.2
2014-15	5.0	53.5	..	29.0	28.2	66.3	57.3	45.4	26.4
2013-14	5.5	54.7	..	30.3	24.1	55.1	57.6	34.9	26.3
2012-13	5.6	54.6	..	29.3	23.3	54.4	57.6	28.6	25.8
2011-12	6.1	54.3	..	29.9	22.3	55.3	55.8	31.9	25.9
2010-11	6.5	53.6	..	28.8	16.3	57.2	56.1	31.1	25.3
2009-10	7.2	53.7	..	27.2	14.8	56.9	56.8	27.7	25.3
2008-09	7.4	54.5	..	20.8	14.7	55.9	56.8	27.7	25.0
2007-08	9.4	53.6	..	16.3	10.6	57.9	52.4	12.8	24.4
Beds per 100 000 people									
Psychiatric hospitals									
2016-17	10.7	2.4	5.2	8.3	13.1	..	..	..	6.9
2015-16	10.9	2.5	5.5	8.6	13.2	..	..	..	7.1
2014-15	11.1	2.5	6.3	9.0	11.9	..	..	..	7.3
2013-14	11.5	2.6	7.1	9.0	11.6	..	..	..	7.6
2012-13	12.1	2.7	7.5	9.8	12.4	..	..	..	8.0
2011-12	12.4	2.7	7.6	10.3	14.0	..	..	..	8.3
2010-11	14.8	2.8	8.5	10.6	15.1	..	..	..	9.4
2009-10	13.6	2.8	8.6	10.7	16.5	..	..	..	9.2
2008-09	13.0	2.9	8.8	11.1	21.5	..	..	..	9.4
2007-08	14.9	3.0	9.0	11.5	22.6	..	..	..	10.3

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

	NSW (e)	*Vic*	*Qld* (f)	*WA* (g)	*SA*	*Tas* (h)	*ACT* (h)	*NT* (h)	*Aust*
Acute hospitals with psychiatric units or wards									
2016-17	24.7	19.6	26.0	21.0	17.6	18.1	21.9	17.5	22.5
2015-16	24.9	19.4	25.5	20.9	17.3	18.4	18.3	17.6	22.3
2014-15	25.1	19.6	23.4	20.3	16.8	18.9	17.9	16.9	21.9
2013-14	24.6	19.2	22.8	19.9	16.0	24.8	18.1	16.9	21.6
2012-13	24.0	19.1	24.1	19.5	14.8	25.6	18.4	16.8	21.5
2011-12	24.1	19.5	23.4	19.4	15.2	25.6	17.5	13.7	21.5
2010-11	22.1	20.1	23.5	19.6	15.4	24.9	17.8	14.5	21.0
2009-10	21.9	20.0	23.7	20.0	15.2	25.3	17.6	14.9	21.0
2008-09	22.0	20.0	24.1	19.6	14.6	25.9	17.9	15.3	21.1
2007-08	20.3	20.4	24.8	19.9	15.4	25.8	20.3	15.7	20.9
Community-based residential units									
2016-17	1.5	22.9	..	12.1	9.0	35.3	13.0	13.8	9.4
2015-16	1.8	23.8	..	11.8	10.8	35.5	23.6	13.9	9.9
2014-15	1.9	25.4	..	11.9	11.3	37.2	24.0	14.0	10.5
2013-14	2.1	26.3	..	12.6	8.8	30.4	24.6	9.1	10.4
2012-13	2.1	26.2	..	12.1	8.3	30.5	25.0	6.7	10.3
2011-12	2.4	26.4	..	12.7	8.4	31.7	22.0	6.4	10.4
2010-11	2.6	26.3	..	12.2	6.0	33.3	22.8	6.5	10.3
2009-10	2.7	26.4	..	11.5	5.5	33.3	23.2	5.7	10.2
2008-09	2.8	27.4	..	8.1	6.2	32.9	23.6	5.8	10.2
2007-08	3.6	27.0	..	6.1	4.5	35.5	22.4	2.3	10.1
Total									
2016-17	37.0	44.9	31.2	41.4	39.7	53.4	34.9	31.3	38.8
2015-16	37.7	45.7	31.0	41.3	41.3	53.9	na	31.5	39.4
2014-15	38.0	47.5	29.7	41.2	40.0	56.0	41.8	30.9	39.6
2013-14	38.2	48.2	29.9	41.5	36.3	55.2	42.7	26.0	39.6
2012-13	38.3	48.0	31.6	41.5	35.4	56.1	43.4	23.5	39.8
2011-12	38.8	48.6	31.0	42.4	37.5	57.3	39.5	20.2	40.2
2010-11	39.5	49.2	32.0	42.4	36.5	58.2	40.6	21.0	40.7
2009-10	38.3	49.1	32.2	42.2	37.2	58.6	40.8	20.6	40.4
2008-09	37.8	50.3	32.8	38.8	42.2	58.8	41.6	21.1	40.7
2007-08	38.9	50.4	33.9	37.5	42.5	61.3	42.7	18.0	41.2

(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 (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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.

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

	NSW (e)	*Vic*	*Qld* (f)	*WA* (g)	*SA*	*Tas* (h)	*ACT* (h)	*NT* (h)	*Aust*

(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) 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. 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.

(g) 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.

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

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

Source : AIHW (unpublished) MHE NMDS; table 13A.65.

Table 13A.14 **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.
2016-17										
Public (d), (e), (f)										
Quintile 1 (most disadvantaged)	1.2	0.7	1.6	1.9	1.7	1.3	13.6	1.7	1.3	118 721
Quintile 2	1.1	0.7	1.2	1.5	1.1	1.0	3.5	1.5	1.0	96 580
Quintile 3	0.8	0.6	0.9	1.2	1.1	0.9	1.6	1.8	0.8	78 962
Quintile 4	0.7	0.5	0.8	0.9	0.8	0.8	1.5	1.4	0.7	68 163
Quintile 5 (least disadvantaged)	0.6	0.3	0.6	0.9	0.5	0.5	1.1	0.9	0.6	55 871
Private (d), (e), (g)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	–	3 124
Quintile 2	na	na	na	na	na	na	na	na	0.1	5 200
Quintile 3	na	na	na	na	na	na	na	na	0.1	7 857
Quintile 4	na	na	na	na	na	na	na	na	0.1	9 414
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	0.1	14 218
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	5.0	464 206
Quintile 2	na	na	na	na	na	na	na	na	5.1	478 889
Quintile 3	na	na	na	na	na	na	na	na	5.2	497 472
Quintile 4	na	na	na	na	na	na	na	na	5.1	492 501
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	4.9	469 817
2015-16										
Public (d), (e), (f)										
Quintile 1 (most disadvantaged)	2.4	1.6	3.6	3.3	3.5	2.6	8.7	3.2	2.6	118 948
Quintile 2	2.1	1.5	2.2	2.7	2.4	2.1	5.1	3.0	2.1	96 444
Quintile 3	1.7	1.1	1.8	2.2	2.2	1.7	4.1	3.9	1.6	76 165
Quintile 4	1.5	0.9	1.6	1.6	1.5	1.6	2.8	2.5	1.4	65 843

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Quintile 5 (least disadvantaged)	1.2	0.7	1.1	1.3	1.1	1.2	1.6	2.0	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	9.7	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
2014-15										
Public (d), (e), (f)										
Quintile 1 (most disadvantaged)	2.4	1.6	3.5	3.6	3.3	2.7	10.1	3.2	2.6	117 709
Quintile 2	2.1	1.5	2.1	3.0	2.3	2.0	5.1	3.0	2.1	94 489
Quintile 3	1.6	1.2	1.6	2.2	2.1	1.6	3.8	3.9	1.6	74 020
Quintile 4	1.5	0.9	1.5	1.8	1.4	1.6	2.7	2.6	1.4	64 420
Quintile 5 (least disadvantaged)	1.2	0.7	1.1	1.5	1.1	1.3	1.5	2.1	1.1	52 089
Private (d), (e), (g)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	0.1	2 832
Quintile 2	na	na	na	na	na	na	na	na	0.1	4 617
Quintile 3	na	na	na	na	na	na	na	na	0.1	6 659
Quintile 4	na	na	na	na	na	na	na	na	0.2	8 377
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	0.3	13 377

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	8.9	406 681
Quintile 2	na	na	na	na	na	na	na	na	9.0	414 297
Quintile 3	na	na	na	na	na	na	na	na	9.2	424 889
Quintile 4	na	na	na	na	na	na	na	na	9.0	420 754
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	8.6	404 600
2013-14										
Public (d), (e), (g)										
Quintile 1 (most disadvantaged)	2.5	1.6	3.0	3.5	3.3	2.5	5.6	3.2	2.5	111 551
Quintile 2	2.1	1.5	2.3	2.9	2.5	1.9	5.1	3.0	2.1	94 868
Quintile 3	1.7	1.2	1.6	2.3	1.9	1.6	3.6	3.6	1.6	73 432
Quintile 4	1.5	0.9	1.4	1.8	1.4	1.5	2.8	2.6	1.4	62 770
Quintile 5 (least disadvantaged)	1.2	0.7	1.1	1.4	1.0	1.2	1.5	2.2	1.1	50 489
Private (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	0.1	2 637
Quintile 2	na	na	na	na	na	na	na	na	0.1	4 295
Quintile 3	na	na	na	na	na	na	na	na	0.1	6 007
Quintile 4	na	na	na	na	na	na	na	na	0.2	7 855
Quintile 5 (least disadvantaged)	na	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
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
2012-13										

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Public (d), (e), (g)										
Quintile 1 (most disadvantaged)	2.2	–	3.3	3.2	3.2	1.7	21.0	3.1	2.6	90 734
Quintile 2	2.1	–	2.0	2.8	2.4	1.2	7.1	2.9	2.2	74 980
Quintile 3	1.7	–	1.5	2.1	1.9	1.0	4.3	3.4	1.7	56 561
Quintile 4	1.6	–	1.3	1.7	1.4	1.0	2.7	2.7	1.5	47 791
Quintile 5 (least disadvantaged)	1.2	–	1.0	1.3	1.0	0.9	1.8	2.3	1.2	41 772
Private (d)										
Quintile 1 (most disadvantaged)	na	na	na	na	na	na	na	na	0.1	2 411
Quintile 2	na	na	na	na	na	na	na	na	0.1	3 998
Quintile 3	na	na	na	na	na	na	na	na	0.1	5 506
Quintile 4	na	na	na	na	na	na	na	na	0.2	7 835
Quintile 5 (least disadvantaged)	na	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	339 820
Quintile 2	na	na	na	na	na	na	na	na	7.7	343 662
Quintile 3	na	na	na	na	na	na	na	na	7.9	354 699
Quintile 4	na	na	na	na	na	na	na	na	7.8	358 634
Quintile 5 (least disadvantaged)	na	na	na	na	na	na	na	na	7.6	346 370
2011-12										
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)										

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
2010-11										
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

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
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
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
2008-09										
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

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
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
2007-08										
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

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

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

Data are not comparable for State and Territory governments' specialised public mental health services' within jurisdictions over time or across jurisdictions.

Data are complete (subject to caveats) for the State and Territory governments' specialised public mental health services' measure for the current reporting period. All required 2016-17 data are available for all jurisdictions.

Data are comparable (subject to caveats) across jurisdictions and over time for MBS and DVA data (from 2011 12 onwards by geographic location and Socio Economic Indexes for Areas (SEIFA))

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.

Table 13A.14 **Proportion of people receiving clinical mental health services by service type and SEIFA (a), (b)**

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

(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.

(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.15 **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.
2016-17										
Public (b), (c)										
Aboriginal and Torres Strait Islander	5.9	3.5	5.1	6.5	6.9	2.9	9.3	4.3	5.4	39 579
Non-Indigenous	1.6	1.0	1.9	2.2	1.9	2.1	2.6	2.4	1.6	373 673
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	14.3	16.6	10.3	6.5	11.8	12.1	15.4	2.5	10.8	77 995
Non-Indigenous	9.9	10.9	10.5	8.7	9.7	9.8	8.3	5.6	10.1	2 323 189
2015-16										
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

Table 13A.15 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Non-Indigenous	9.5	10.5	9.9	8.0	9.4	9.2	7.9	5.3	9.6	2 188 994
2014-15										
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	34 577
Non-Indigenous	1.5	1.1	1.9	1.8	1.9	2.0	2.4	2.4	1.6	351 420
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	12.8	15.0	9.1	5.5	10.5	10.5	12.4	1.9	9.6	65 153
Non-Indigenous	8.9	9.8	9.1	7.2	8.7	8.3	7.2	4.6	8.9	2 003 852
2013-14										
Public (b), (c)										
Aboriginal and Torres Strait Islander	5.5	2.9	4.4	5.6	6.0	2.7	8.1	4.3	4.9	33 140
Non-Indigenous	1.5	1.1	1.8	1.9	1.9	1.9	2.3	2.4	1.6	347 681
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	12.0	13.5	8.1	5.1	9.2	9.9	11.8	1.6	8.7	57 620
Non-Indigenous	8.4	9.3	8.4	6.5	8.2	7.7	6.7	4.3	8.3	1 852 094

Table 13A.15 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
2012-13										
Public (b), (c)										
Aboriginal and Torres Strait Islander	4.9	na	4.5	5.3	5.9	1.4	6.3	4.2	4.7	29 556
Non-Indigenous	1.5	na	1.8	1.9	1.8	1.2	2.1	2.4	1.7	269 278
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	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	6.1	4.1	7.7	1 690 537
2011-12										
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
2010-11										

Table 13A.15 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
2009-10										
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
2008-09										
Public (b), (c)										

Table 13A.15 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
2007-08										
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

Data are not comparable for State and Territory governments' specialised public mental health services' within jurisdictions over time or across jurisdictions.

Table 13A.15 **Proportion of people receiving clinical mental health services by service type and Indigenous status**

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

Data are complete (subject to caveats) for the State and Territory governments' specialised public mental health services' measure for the current reporting period.

Data are comparable (subject to caveats) across jurisdictions reported for MBS subsidised mental health services.

Data are complete (subject to caveats) for the current reporting period.

(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.

(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.16 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.
2016-17										
Public (c), (d)										
Major cities	1.6	0.9	1.8	2.1	1.9	..	2.5	..	1.5	262 554
Inner regional	2.4	1.6	2.5	2.5	2.2	2.2	19.2	..	2.2	88 309
Outer regional	2.7	2.1	2.7	3.4	3.9	2.0	..	2.2	2.7	51 435
Remote	2.9	2.5	2.9	4.0	3.1	1.8	..	4.7	3.6	10 142
Very remote	7.3	..	3.7	3.0	4.6	1.1	..	3.2	3.3	6 538
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	np	np	np	0.2	31 388
Inner regional	0.1	0.2	0.1	0.2	np	np	np	np	0.2	6 648
Outer regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	1 558
Remote	0.1	0.3	0.1	0.1	np	np	np	np	0.1	160
Very remote	–		0.1	–	np	np	np	np	–	59
MBS and DVA (c)										
Major cities	9.8	10.9	11.3	9.0	10.4	..	8.6	..	10.3	1 771 613
Inner regional	11.8	12.3	10.8	9.7	9.6	10.2	0.4	..	11.4	464 487
Outer regional	9.8	9.6	9.1	7.7	7.9	9.6	..	5.9	8.8	171 302
Remote	5.8	9.0	5.6	4.9	6.0	8.4	..	3.1	5.2	15 056
Very remote	5.3	..	3.0	2.2	4.1	6.3	..	2.7	2.7	5 386
2015-16										
Public (c), (d)										
Major cities	1.6	1.0	1.7	1.8	2.0	..	2.1	..	1.5	253 825
Inner regional	2.5	1.7	2.4	2.1	2.5	2.3	8.1	..	2.2	88 590
Outer regional	2.8	2.1	2.7	2.9	3.7	1.9	..	2.2	2.7	51 463
Remote	3.4	2.3	2.8	3.3	3.3	1.7	..	4.4	3.3	9 867

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Very remote	7.0	..	3.2	2.7	5.4	1.1	..	3.2	3.2	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	0.1	161
Very remote	–	..	–	–	np	np	np	np	–	48
MBS and DVA (c)										
Major cities	9.5	10.5	10.6	8.4	10.1	..	8.2	..	9.9	1 664 715
Inner regional	11.2	11.8	10.3	8.3	10.0	9.7	0.2	..	10.8	439 229
Outer regional	9.3	9.3	8.7	7.2	7.2	8.9	..	5.5	8.3	163 806
Remote	6.2	7.2	5.2	4.2	6.0	8.0	..	3.0	4.8	14 547
Very remote	3.6	..	2.7	2.1	3.5	6.6	..	2.4	2.5	4 916
2014-15										
Public (c), (d)										
Major cities	1.6	1.0	1.7	2.0	2.0	..	2.1	..	1.5	251 261
Inner regional	2.3	1.6	2.3	2.2	2.3	2.2	..	..	2.1	84 655
Outer regional	2.8	2.1	2.6	3.2	3.4	1.9	..	2.2	2.6	50 486
Remote	3.6	1.9	2.7	3.8	3.2	1.6	..	4.5	3.5	10 367
Very remote	7.2	..	3.1	2.6	5.1	2.2	..	3.1	3.2	6 381
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	np	np	np	0.2	28 924
Inner regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	5 509
Outer regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	1 214
Remote	0.1	0.3	0.1	0.1	np	np	np	np	0.1	161
Very remote	–	..	–	–	np	np	np	np	–	54

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
MBS and DVA (c)										
Major cities	9.0	9.9	9.8	7.6	9.4	..	7.4	..	9.2	1 527 229
Inner regional	10.4	10.8	9.3	7.5	9.3	8.8	..	..	9.9	400 462
Outer regional	8.5	8.4	7.7	6.5	6.6	8.1	..	4.9	7.5	148 248
Remote	5.4	7.2	4.6	3.6	5.3	6.4	..	2.4	4.2	12 899
Very remote	3.5	..	2.4	1.9	3.4	5.9	..	2.3	2.3	4 585
2013-14										
Public (c), (d)										
Major cities	1.6	1.0	1.7	2.0	2.0	..	2.0	..	1.5	246 753
Inner regional	2.5	1.6	2.0	2.2	2.3	2.1	..	..	2.1	82 100
Outer regional	2.7	2.1	2.4	3.1	3.1	1.8	..	2.3	2.5	48 417
Remote	3.3	1.9	2.6	3.7	2.9	1.6	..	4.0	3.2	9 889
Very remote	6.6	..	3.1	2.7	5.0	2.0	..	3.1	3.1	6 432
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	np	np	np	0.2	27 209
Inner regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	4 906
Outer regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	1 220
Remote	0.1	0.1	–	0.1	np	np	np	np	–	144
Very remote	–	..	–	–	np	np	np	np	–	61
MBS and DVA (c)										
Major cities	8.4	9.4	9.2	6.7	8.8	..	6.8	..	8.6	1 404 185
Inner regional	9.6	9.7	8.4	6.9	8.5	8.1	..		9.0	362 877
Outer regional	7.5	7.4	7.0	5.5	6.3	7.3	..	3.5	6.6	131 005
Remote	5.0	7.3	4.0	3.0	4.9	5.3	..	2.1	3.7	11 456
Very remote	3.7	..	2.3	1.6	3.4	5.0	..	0.6	1.7	3 512
2012-13 (f)										

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Public (c), (d)										
Major cities	1.5	na	1.6	1.8	2.0	..	2.2	..	1.7	193 905
Inner regional	2.4	na	2.0	2.0	2.3	1.4	..	..	2.1	61 740
Outer regional	2.8	na	2.2	2.9	3.0	1.2	..	2.4	2.4	41 162
Remote	3.6	na	2.6	3.4	2.8	1.6	..	3.8	3.2	9 523
Very remote	5.5	na	2.7	2.5	4.3	0.6	..	2.9	2.8	5 739
Private (c), (e)										
Major cities	0.2	0.2	0.2	0.2	np	np	np	np	0.2	26 968
Inner regional	0.1	0.1	0.1	0.1	np	np	np	np	0.1	4 610
Outer regional	–	0.1	0.1	0.1	np	np	np	np	0.1	1 133
Remote	0.1	0.1	–	0.1	np	np	np	np	–	137
Very remote	–		–	–	np	np	np	np	–	49
MBS and DVA (c)										
Major cities	8.0	8.8	8.5	6.1	8.2	..	6.2	..	8.0	1 289 439
Inner regional	8.7	8.9	7.5	6.1	7.9	7.4	..	..	8.2	325 303
Outer regional	6.6	6.7	6.1	4.7	5.8	6.6	..	3.3	5.9	116 157
Remote	4.0	6.8	3.5	2.6	4.5	4.8	..	1.9	3.2	10 102
Very remote	2.9	..	1.9	1.3	2.8	5.5	..	0.6	1.5	3 003
2011-12										
Public (c), (d)										
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)										

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
2010-11										
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

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
2009-10										
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)										
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
2008-09										
Public (c), (d)										
Major cities	1.2	0.9	1.4	1.3	1.9	..	1.9	..	1.2	180 087

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
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
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
2007-08										
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

Table 13A.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

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

Data are not comparable for State and Territory governments' specialised public mental health services' within jurisdictions over time or across jurisdictions.

Data are complete (subject to caveats) for the State and Territory governments' specialised public mental health services' measure for the current reporting period.

Data are comparable (subject to caveats) across jurisdictions and over time for MBS and DVA data (from 2011-12 onwards by geographic location and Socio Economic Indexes for Areas (SEIFA))

Data are complete (subject to caveats) for the current reporting period.

(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.16 **Proportion of people receiving clinical mental health services by service type and remoteness area (a)**

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

(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.17 **Proportion of mental health-related emergency department presentations and all emergency department presentations seen within clinically recommended waiting times, 2016–17 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas*	*ACT*	*NT*	*Total* (d)
Mental health related presentations (e), (f)	%	76.5	72.0	66.3	56.3	55.8	57.2	57.9	58.3	68.0
All emergency department presentations	%	81.0	73.0	69.0	64.0	64.0	65.0	62.0	61.0	73.0

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(a) Waiting time is the time from presentation to clinical care commencement.

(b) Further information on data quality can be found on the AIHW website http://meteor.aihw.gov.au/content/index.phtml/itemId/659714

(c) Waiting times information could not be calculated for emergency department presentations for a Public acute group B hospital in WA for about 23,000 presentations in 2016–17.

(d) Total does not include emergency department presentations for which information on waiting time was missing or not reported.

(e) Excludes presentations where missing or not reported information prevented an evaluation of timeliness of assessment.

(f) Emergency department presentations included are those that had a principal diagnosis that fell within the Mental and behavioural disorders chapter (Chapter 5) of ICD-10-AM (codes F00–F99) or the equivalent ICD-9-CM or SNOMED codes.

Source: AIHW (2018) *Mental Health Services in Australia,* Emergency departments 2016–17 tables. https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/hospital-emergency-services; Table 12A.13.

Table 13A.18 **Respondents who waited longer than they felt acceptable to get an appointment with a medical specialist, 2017-18 (per cent) (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f)	*Aust*
With a mental health condition	%	34.4	34.9	25.5	23.9	34.4	38.0	#40.1	#33.3	31.7
	CI	7.4	7.2	10.9	9.8	9.2	12.9	22.0	22.8	4.4
	RSE	5.0	4.9	5.4	4.6	6.2	9.6	17.3	14.9	2.7
Without a mental health condition	%	23.1	23.1	18.0	18.3	20.0	24.0	27.9	32.4	21.5
	CI	4.7	3.4	7.0	6.7	6.2	8.4	9.4	10.6	2.8
	RSE	2.1	1.5	2.5	2.4	2.4	4.0	5.1	6.7	1.2
Total	**%**	**23.5**	**23.4**	**18.4**	**18.2**	**20.5**	**24.3**	**27.7**	**33.2**	**22.0**
	CI	**4.5**	**4.1**	**7.2**	**6.3**	**5.4**	**7.8**	**9.3**	**9.0**	**2.9**
	RSE	**2.1**	**1.9**	**2.6**	**2.2**	**2.2**	**3.7**	**5.0**	**5.9**	**1.3**

CI = Confidence Interval. **RSE** = Relative standard error.

(a) Persons aged 15 years and over who needed to see a medical specialist for their own health in the last 12 months, excluding persons aged 15-17 years who were interviewed by proxy.

(b) Cells have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(c) The rates reported in this table include 95 per cent confidence intervals.

(d) # Proportion has a high margin of error and should be used with caution. Proportions with an MOE (or 95 per cent confidence interval) of greater than 10 per cent are subject to high sample variability and particular consideration should be given to the MOE (or 95 per cent confidence interval) when using them. Depending on how the proportion is to be used, an MOE (or 95 per cent confidence interval) greater than 10 per cent may be considered too large to inform decisions. For more information on data quality, including collection methodologies and data limitations, see the Patient Experience Survey (cat. no. 4839.0) on the ABS website.

(e) Caution should be taken when comparing across ABS surveys and with administrative by-product data that address the access and use of health services. Estimates from the Patient Experience Survey may differ from those obtained from other surveys (such as the National Aboriginal and Torres Strait Islander Health Survey, National Aboriginal and Torres Strait Islander Social Survey, National Health Survey, General Social Survey and Survey of Disability, Ageing and Carers) due to differences in survey mode, methodology and questionnaire design.

(f) Data for the NT should be interpreted with caution as the Patient Experience Survey excluded persons resident in the Indigenous Community Strata (ICS), which comprise about 20 per cent of the estimated resident population of the NT.

Source: ABS (unpublished), Patient Experience Survey, 2017-18 Cat. no. 4839.0.

Table 13A.19 **Respondents for whom cost was a factor in delaying or not seeking health care 2017-18 (per cent) (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Delayed going or did not go to see a general practitioner because of the cost (f)										
With a mental health condition	%	6.0	8.3	8.7	7.4	8.2	15.4	13.5	8.9	7.8
	CI	14.3	17.4	17.3	18.4	18.1	13.3	26.7	46.5	7.7
	RSE	1.7	2.8	2.9	2.7	2.9	4.0	7.1	8.1	1.2
Without a mental health condition	%	2.6	4.2	4.5	4.1	3.2	8.1	7.6	2.9	3.8
	CI	9.6	9.6	5.7	11.5	15.1	10.5	12.3	21.5	4.1
	RSE	0.5	0.8	0.5	0.9	0.9	1.7	1.8	1.2	0.3
Total	**%**	**2.8**	**4.4**	**4.5**	**4.2**	**3.5**	**8.7**	**8.0**	**2.9**	**4.0**
	CI	**8.2**	**9.3**	**6.7**	**11.1**	**13.2**	**10.4**	**11.5**	**20.7**	**3.9**
	RSE	**0.5**	**0.8**	**0.6**	**0.9**	**0.9**	**1.8**	**1.8**	**1.2**	**0.3**
Delayed getting or did not get prescribed medication because of the cost (g)										
With a mental health condition	%	15.7	15.4	14.6	13.6	13.9	15.9	17.5	13.0	15.3
	CI	7.2	11.5	13.5	15.1	8.0	14.6	26.8	32.6	4.9
	RSE	2.2	3.5	3.9	4.0	2.2	4.5	9.2	8.3	1.5
Without a mental health condition	%	7.1	5.9	6.9	6.9	6.0	7.7	6.5	5.8	6.6
	CI	6.7	7.9	6.9	9.1	8.4	12.0	16.5	20.3	3.7
	RSE	0.9	0.9	0.9	1.2	1.0	1.8	2.1	2.3	0.5
Total	**%**	**7.2**	**6.4**	**7.2**	**7.7**	**6.3**	**8.2**	**7.1**	**6.0**	**7.0**
	CI	**5.8**	**8.0**	**6.9**	**7.5**	**8.0**	**11.3**	**15.5**	**18.9**	**3.6**
	RSE	**0.8**	**1.0**	**1.0**	**1.1**	**1.0**	**1.8**	**2.2**	**2.2**	**0.5**
Delayed going or did not go to see a medical specialist because of the cost (h)										
With a mental health condition	%	19.0	15.1	12.8	12.4	10.1	13.5	19.9	#12.2	15.3
	CI	11.7	15.4	13.9	22.1	16.9	16.6	24.8	45.7	6.6
	RSE	4.4	4.6	3.5	5.4	3.3	4.4	9.7	10.9	2.0
Without a mental health condition	%	8.9	7.3	7.0	6.4	4.2	6.6	8.8	4.3	7.4
	CI	8.7	10.0	8.3	11.9	16.7	13.1	22.4	33.2	4.6

Table 13A.19 **Respondents for whom cost was a factor in delaying or not seeking health care 2017-18 (per cent) (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
	RSE	1.5	1.4	1.1	1.5	1.4	1.7	3.9	2.8	0.7
Total	**%**	**9.1**	**7.9**	**7.1**	**6.9**	**4.4**	**7.1**	**9.7**	**5.2**	**7.9**
	CI	**8.6**	**9.8**	**8.0**	**11.4**	**15.6**	**12.9**	**21.5**	**26.1**	**4.2**
	RSE	**1.5**	**1.5**	**1.1**	**1.5**	**1.3**	**1.8**	**4.1**	**2.7**	**0.7**

CI = Confidence Interval. **RSE** = Relative standard error.

(a) Cells have been randomly adjusted to avoid the release of confidential data. Discrepancies may occur between sums of the component items and totals.

(b) The rates reported in this table include 95 per cent confidence intervals.

(c) # Proportion has a high margin of error (MOE) and should be used with caution. Proportions with an MOE (or 95 per cent confidence interval) of greater than 10 per cent are subject to high sample variability and particular consideration should be given to the MOE (or 95 per cent confidence interval) when using them. Depending on how the proportion is to be used, an MOE (or 95 per cent confidence interval) greater than 10 per cent may be considered too large to inform decisions. For more information on data quality, including collection methodologies and data limitations, see the Patient Experience Survey (cat. no. 4839.0) on the ABS website.

(d) Caution should be taken when comparing across ABS surveys and with administrative by-product data that address the access and use of health services. Estimates from the Patient Experience Survey may differ from those obtained from other surveys (such as the National Aboriginal and Torres Strait Islander Health Survey, National Aboriginal and Torres Strait Islander Social Survey, National Health Survey, General Social Survey and Survey of Disability, Ageing and Carers) due to differences in survey mode, methodology and questionnaire design.

(e) Data for the NT should be interpreted with caution as the Patient Experience Survey excluded persons resident in the Indigenous Community Strata (ICS), which comprise about 20 per cent of the estimated resident population of the NT.

(f) Persons aged 15 years and over who needed to see a GP in the last 12 months in the last 12 months

(g) Persons aged 15 years and over who needed a prescription for medication in last 12 months

(h) Persons aged 15 years and over who needed to see a medical specialist in the last 12 months

Source: ABS (unpublished), Patient Experience Survey, various years, Cat. no. 4839.0.

Table 13A.20 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (h)
2017-18										
Number of children or young adults who have had contact										
Pre-school (0-<5 years)	no.	5 126	4 549	3 066	1 119	1 119	188	165	71	15 403
Primary school (5-<12 years)	no.	42 965	44 137	35 052	12 534	9 732	2 857	1 781	558	149 617
Secondary school (12-<18 years)	no.	57 273	49 740	42 290	17 552	12 105	4 429	3 201	840	187 430
Youth/young adult (18-<25 years)	no.	91 409	78 165	63 207	29 189	20 500	7 007	5 376	1 561	296 414
All children and young people aged <25 years	**no.**	**196 774**	**176 591**	**143 615**	**60 395**	**43 457**	**14 481**	**10 522**	**3 029**	**648 864**
Proportion of population who had contact with MBS subsidised primary mental health services										
Pre-school (0-<5 years)	%	1.0	1.1	1.0	0.6	1.1	0.6	0.6	0.4	1.0
Primary school (5-<12 years)	%	6.2	8.1	7.5	5.3	6.7	6.3	4.9	2.2	6.8
Secondary school (12-<18 years)	%	10.5	11.7	11.4	9.6	10.2	11.9	12.1	4.5	10.8
Youth/young adult (18-<25 years)	%	12.4	12.5	13.5	12.4	12.9	15.7	12.0	6.6	12.7
All children and young people aged <25 years	**%**	**8.0**	**8.8**	**8.9**	**7.3**	**8.3**	**9.2**	**7.7**	**3.5**	**8.3**
2016-17										
Number of children or young adults who have had contact										
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
All children and young people aged <25 years	**no.**	**186 788**	**166 552**	**132 115**	**54 386**	**40 905**	**13 177**	**9 695**	**2 866**	**606 484**
Proportion of population who had contact with MBS-subsidised primary mental health services										
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

Table 13A.20 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (h)
All children and young people aged <25 years	**%**	**7.6**	**8.5**	**8.2**	**6.6**	**7.8**	**8.4**	**7.2**	**3.3**	**7.8**
2015-16										
Number of children or young adults who have had contact										
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
All children and young people aged <25 years	**no.**	**176 050**	**154 334**	**122 058**	**49 350**	**39 037**	**12 320**	**8 872**	**2 580**	**564 601**
Proportion of population who had contact with MBS-subsidised primary mental health services										
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
All children and young people aged <25 years	**%**	**7.3**	**8.3**	**7.7**	**5.9**	**7.5**	**7.7**	**6.9**	**2.9**	**7.4**
2014-15										
Number of children or young adults who have had contact										
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
All children and young people aged <25 years	**no.**	**158 896**	**137 165**	**107 045**	**43 763**	**35 978**	**10 878**	**7 900**	**2 235**	**503 859**
Proportion of population who had contact with MBS-subsidised primary mental health services										
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

Table 13A.20 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (h)
Youth/young adult (18-<25 years)	%	10.3	10.9	10.4	8.5	10.6	11.3	9.8	4.7	10.2
All children and young people aged <25 years	**%**	**6.6**	**7.4**	**6.8**	**5.2**	**7.0**	**6.8**	**6.2**	**2.5**	**6.7**
2013-14										
Number of children or young adults who have had contact										
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
All children and young people aged <25 years	**no.**	**144 040**	**125 428**	**94 988**	**38 545**	**32 624**	**9 866**	**7 095**	**1 930**	**454 528**
Proportion of population who had contact with MBS-subsidised primary mental health services										
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
All children and young people aged <25 years	**%**	**6.0**	**6.8**	**6.0**	**4.6**	**6.3**	**6.2**	**5.6**	**2.1**	**6.1**
2012-13										
Number of children or young adults who have had contact										
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
All children and young people aged <25 years	**no.**	**130 155**	**115 047**	**82 181**	**33 662**	**29 337**	**8 693**	**6 272**	**1 749**	**407 110**
Proportion of population who had contact with MBS-subsidised primary mental health services										
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

Table 13A.20 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (h)
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
All children and young people aged <25 years	**%**	**5.5**	**6.4**	**5.3**	**4.1**	**5.7**	**5.4**	**5.0**	**2.0**	**4.8**
2011-12										
Number of children or young adults who have had contact										
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
All children and young people aged <25 years	**no.**	**113 861**	**100 072**	**69 902**	**29 250**	**26 391**	**7 605**	**5 268**	**1 624**	**353 982**
Proportion of population who had contact with MBS-subsidised primary mental health services										
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
All children and young people aged <25 years	**%**	**4.9**	**5.6**	**4.6**	**3.7**	**5.2**	**4.7**	**4.2**	**1.8**	**4.8**
2010-11										
Number of children or young adults who have had contact										
Pre-school (0-<5 years)	no.	2 868	2 527	1 326	645	760	114	76	25	8 341
Primary school (5-<12 years)	no.	21 250	18 890	12 749	5 106	5 037	1 180	803	225	65 242
Secondary school (12-<18 years)	no.	29 381	24 940	17 697	7 392	6 685	2 059	1 384	359	89 900
Youth/young adult (18-<25 years)	no.	49 576	42 417	30 564	14 091	11 699	3 693	2 538	758	155 338
All children and young people aged <25 years	**no.**	**103 075**	**88 774**	**62 335**	**27 235**	**24 181**	**7 045**	**4 800**	**1 366**	**318 819**
Proportion of population who had contact with MBS-subsidised primary mental health services										
Pre-school (0-<5 years)	%	0.6	0.7	0.4	0.4	0.8	0.4	0.3	0.1	0.6

Table 13A.20 **Young people who had contact with MBS subsidised primary mental health care services, by age group (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (h)
Primary school (5-<12 years)	%	3.4	4.1	3.1	2.5	3.8	2.7	2.7	0.9	3.4
Secondary school (12-<18 years)	%	5.4	6.1	5.0	4.1	5.5	5.1	5.2	1.8	5.3
Youth/young adult (18-<25 years)	%	7.2	7.6	6.9	5.9	7.4	8.1	5.7	2.9	7.1
All children and young people aged <25 years	**%**	**4.4**	**5.0**	**4.1**	**3.5**	**4.7**	**4.3**	**3.8**	**1.5**	**4.4**

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

Data are complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions.

(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 example, 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.21 **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)
2017-18 (f), (i)									
Gender									
Male	6.8	7.6	7.7	6.0	7.0	7.5	6.1	2.9	7.1
Female	9.1	10.0	10.1	8.6	9.6	11.1	9.4	4.1	9.5
Remoteness areas									
Major cities	7.5	8.4	9.2	7.5	8.7	..	7.7	..	8.1
Inner regional	9.9	10.7	9.4	9.3	7.9	9.3	..	..	9.8
Outer regional	8.0	8.4	7.6	6.1	6.8	9.0	..	4.7	7.4
Remote	4.9	9.9	4.4	4.1	4.0	9.0	..	2.3	4.1
Very Remote	6.0	..	2.1	1.6	2.6	3.6	..	1.7	2.0
Indigenous status									
Aboriginal and Torres Strait Islander	10.2	13.1	8.2	4.5	8.4	10.0	11.8	2.1	8.3
Non-Indigenous	7.8	8.7	8.9	7.5	8.3	9.2	7.6	4.5	8.3
2016-17 (f), (i)									
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									
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
2015-16 (f), (i)									
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									
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

Table 13A.21 **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)
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
2014-15 (f), (i)									
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									
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
2013-14									
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									
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									
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									

Table 13A.21 **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)
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
2012-13									
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									
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									
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									
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
2011-12									
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									
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									
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

Table 13A.21 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)
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
2010-11									
Gender									
Male	3.8	4.3	3.5	2.8	4.0	3.4	2.9	1.2	3.7
Female	5.1	5.7	4.8	4.3	5.5	5.3	4.8	1.9	5.1
Remoteness areas									
Major cities	4.3	4.8	4.4	3.7	5.0	..	3.8	..	4.4
Inner regional	5.1	5.7	4.5	3.5	4.8	4.7	..	..	5.0
Outer regional	3.7	4.7	3.2	3.1	3.5	3.6	..	1.8	3.4
Remote	1.9	3.2	2.0	1.5	2.6	2.2	..	0.9	1.8
Very Remote	1.5	..	1.0	0.7	0.9	2.9	..	0.2	0.7
SEIFA quintiles									
Quintile 1 (most disadvantaged)	4.5	4.7	3.6	4.8	3.8	2.9	4.3	0.4	4.1
Quintile 2	3.7	5.2	4.9	3.2	6.3	9.6	2.4	3.7	4.4
Quintile 3	5.0	5.0	5.3	2.4	4.5	4.6	3.9	1.2	4.5
Quintile 4	4.1	5.3	3.7	3.2	5.6	6.1	4.9	1.5	4.3
Quintile 5 (least disadvantaged)	5.1	4.6	3.5	5.2	3.6	..	3.5	2.0	4.5
Indigenous status									
Aboriginal and Torres Strait Islander	5.3	7.1	3.3	2.0	3.9	5.8	6.3	0.6	3.9
Non-Indigenous	4.4	5.0	4.2	3.6	4.8	4.2	3.8	2.2	4.4

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

Data are complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions.

(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.

Table 13A.21 **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) 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.

(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.22 **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)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g)
2017-18									
GP services	7.0	7.5	7.7	6.3	7.1	7.8	6.7	3.1	7.2
Clinical psychologist services	1.7	1.9	1.8	2.0	2.8	3.1	2.2	0.4	1.9
Other allied health services	3.1	4.0	3.7	2.4	2.4	2.8	2.7	0.9	3.3
2016-17									
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
2015-16									
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
2014-15									
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
2013-14									
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
2012-13									
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
2011-12									
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
2010-11									
GP services	3.8	4.2	3.6	3.0	4.1	3.6	3.3	1.4	3.8
Clinical psychologist services	0.9	0.9	0.7	1.1	1.6	1.1	1.0	0.2	0.9
Other allied health services	1.8	2.2	1.7	0.9	1.1	1.6	1.5	0.5	1.7

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

Data are complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions.

Table 13A.22 **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)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g)

(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 example, 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.23 **Consumer and carer participation (a), (b), (c), (d)**

	NSW (e), (f)	*Vic*	*Qld*	*WA* (g)	*SA*	*Tas*	*ACT* (h)	*NT* (h)	*Aust*
Number of consumer and carer consultants									
Number of paid consumer workers (FTE)									
2016-17	30.6	18.2	51.4	5.2	16.0	0.6	2.0	1.0	125.0
2015-16	26.4	18.0	47.9	5.5	18.6	2.3	–	1.0	119.7
2014-15	32.6	18.7	25.9	4.3	14.9	0.5	–	0.1	96.9
2013-14	26.5	16.2	8.6	4.7	12.9	0.5	–	0.2	69.5
2012-13	17.5	19.4	14.3	4.2	12.5	–	–	0.2	68.0
2011-12	23.9	19.1	19.5	2.0	8.2	1.5	–	–	74.2
2010-11	20.5	17.9	17.8	3.3	8.4	0.5	–	–	68.5
2009-10	21.5	17.7	14.1	5.1	5.7	0.5	–	–	64.6
2008-09	23.5	17.1	13.6	3.6	6.3	0.5	–	–	64.6
2007-08	27.9	20.0	9.7	1.2	4.7	–	–	–	63.5
Number of paid carer workers (FTE)									
2016-17	8.7	17.7	9.8	0.8	4.4	0.5	0.4	–	42.2
2015-16	6.5	16.6	19.2	0.8	3.3	0.5	–	0.4	47.2
2014-15	6.3	18.8	2.0	0.6	7.2	0.5	–	0.3	35.6
2013-14	7.7	18.0	5.2	–	4.8	1.0	–	–	36.8
2012-13	10.2	18.6	3.0	0.2	3.6	1.0	–	–	36.6
2011-12	15.9	18.5	6.4	0.2	4.2	0.6	–	–	45.8
2010-11	13.7	17.9	5.3	1.0	5.0	0.5	–	–	43.4
2009-10	13.7	15.8	4.8	1.0	1.5	0.5	–	–	37.3
2008-09	10.3	14.3	2.7	0.5	2.4	0.5	–	–	30.6
2007-08	7.0	15.5	1.5	0.8	1.8	–	–	–	26.6
Number of paid direct care workers (including, consumer and carer worker positions) (FTE)									
2016-17	8 623.0	6 802.8	5 421.3	3 130.6	2 175.0	642.1	483.5	363.9	27 642.1
2015-16	8 461.9	6 488.1	5 242.1	3 182.8	2 228.6	632.5	428.6	327.5	26 992.1

Table 13A.23 **Consumer and carer participation (a), (b), (c), (d)**

	NSW (e), (f)	*Vic*	*Qld*	*WA* (g)	*SA*	*Tas*	*ACT* (h)	*NT* (h)	*Aust*
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
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
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
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
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
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
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
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
Paid consumer workers (FTE) per 1000 paid direct care workers (h)									
2016-17	3.5	2.7	9.5	1.7	7.4	0.9	4.1	2.7	4.5
2015-16	3.1	2.8	9.1	1.7	8.3	3.7	–	3.1	4.4
2014-15	4.0	2.9	5.2	1.4	6.7	0.8	–	0.4	3.7
2013-14	3.2	2.6	1.8	1.5	6.1	0.8	–	0.6	2.7
2012-13	2.2	3.2	2.8	1.3	6.1	–	–	0.7	2.7
2011-12	3.1	3.2	3.9	0.7	4.0	2.3	–	–	3.0
2010-11	2.7	3.0	3.8	1.2	4.0	0.7	–	–	2.8
2009-10	2.9	3.1	3.2	1.9	2.8	0.7	–	–	2.8
2008-09	3.3	3.0	3.1	1.4	3.2	0.8	–	–	2.8
2007-08	4.1	3.7	2.3	0.5	2.4	–	–	–	2.9
Paid carer workers (FTE) per 1000 paid direct care workers (h)									
2016-17	1.0	2.6	1.8	0.3	2.0	0.8	0.7	–	1.5
2015-16	0.8	2.6	3.7	0.2	1.5	0.8	–	1.3	1.7
2014-15	0.8	2.9	0.4	0.2	3.2	0.8	–	0.9	1.3
2013-14	0.9	2.9	1.1	–	2.3	1.5	–	–	1.4
2012-13	1.3	3.1	0.6	0.1	1.8	1.6	–	–	1.4
2011-12	2.1	3.1	1.3	0.1	2.1	0.9	–	–	1.8

Table 13A.23 **Consumer and carer participation (a), (b), (c), (d)**

	NSW (e), (f)	*Vic*	*Qld*	*WA* (g)	*SA*	*Tas*	*ACT* (h)	*NT* (h)	*Aust*
2010-11	1.8	3.0	1.1	0.4	2.4	0.7	–	–	1.8
2009-10	1.9	2.8	1.1	0.4	0.8	0.7	–	–	1.6
2008-09	1.5	2.5	0.6	0.2	1.2	0.8	–	–	1.3
2007-08	1.0	2.9	0.4	0.3	0.9	–	–	–	1.2

Data 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.

Data are complete for the current reporting period. All required data are available for 2016-17.

(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 (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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/carer 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.

Table 13A.23 **Consumer and carer participation (a), (b), (c), (d)**

	NSW (e), (f)	*Vic*	*Qld*	*WA* (g)	*SA*	*Tas*	*ACT* (h)	*NT* (h)	*Aust*

(h) Consumer and carer staff could not be separately identified in the ACT for 2012-13 to 2015-16. The NT did not employ carer staff in 2010-11 to 2013-14 or in 2016-17 or consumer staff prior to 2012-13.

– Nil or rounded to zero.

Source : AIHW (unpublished) MHE NMDS.

Table 13A.24 Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June (a)

		NSW (b)	*Vic*	*Qld*	*WA*	*SA* (c)	*Tas*	*ACT*	*NT*	*Aust*
Expenditure on services assessed at level 1										
2017	$'000	1 430 586	743 350	884 541	536 410	263 639	28 752	84 794	–	3 972 072
2016	$'000	1 369 523	782 342	896 543	536 716	82 312	12 369	76 090	50 467	3 806 363
2015	$'000	1 258 471	650 903	830 214	534 279	–	13 823	71 981	47 999	3 407 671
2014	$'000	998 999	615 783	640 373	431 270	–	–	67 471	45 466	2 799 361
2013	$'000	1 069 928	667 682	768 420	432 525	127 752	8 272	64 666	–	3 139 245
2012	$'000	901 034	525 579	759 987	299 748	124 058	–	62 122	39 291	2 711 818
2011	$'000	921 406	762 949	699 580	212 630	276 680	45 469	57 536	35 230	3 011 479
2010	$'000	851 044	714 515	611 262	178 483	270 545	16 252	54 835	32 326	2 729 262
2009	$'000	880 733	681 385	586 763	187 961	100 433	50 559	54 558	30 202	2 572 592
2008	$'000	770 511	635 893	526 682	134 530	104 592	42 635	48 458	28 062	2 291 362
Expenditure on services assessed at level 2										
2017	$'000	–	16 070	–	–	113 096	–	–	–	129 165
2016	$'000	–	–	–	20 996	196 534	–	–	–	217 530
2015	$'000	–	–	–	21 377	331 876	–	–	–	353 254
2014	$'000	–	–	–	5 786	220 192	–	–	–	225 978
2013	$'000	2 767	103	–	10 096	81 609	–	–	41 329	135 904
2012	$'000	64 055	272	1 330	53 701	157 099	–	–	–	276 456
2011	$'000	236 712	86	–	–	–	49 232	–	–	286 030
2010	$'000	217 392	4 117	1 671	174 807	–	–	–	–	397 987
2009	$'000	44 946	70	1 234	171 349	1 175	6 171	–	–	224 946
2008	$'000	33 962	190	1 770	170 831	1 594	–	–	–	208 347
Expenditure on services assessed at level 3										
2017	$'000	124 450	44 764	53 627	49 652	–	62 782	–	–	335 275
2016	$'000	135 925	1 992	–	5 344	102 790	62 343	–	–	308 393
2015	$'000	139 420	22 258	–	–	42 220	61 925	–	–	265 823
2014	$'000	245 526	52 865	141 737	71 053	128 496	90 603	–	–	730 280
2013	$'000	168 117	61 161	1 492	54 206	78 580	5 165	–	–	368 720
2012	$'000	177 030	15 709	–	84 463	–	88 003	–	–	365 206
2011	$'000	490	16 128	3 692	124 290	10 518	–	–	–	155 119
2010	$'000	486	23 010	52 296	38 423	2 116	74 572	–	–	190 903
2009	$'000	71 549	21 630	1 772	16 283	164 555	21 880	–	–	297 669
2008	$'000	63 334	148	16 771	38 271	135 413	18 753	–	–	272 689
Expenditure on services assessed at level 4										
2017	$'000	11 105	228 875	2 737	24 148	13 918	–	–	56 933	337 715
2016	$'000	20 943	173 215	4 211	31 892	–	15 654	–	976	246 892
2015	$'000	35 879	250 754	2 146	18 174	–	15 717	–	–	322 669
2014	$'000	145 364	238 818	1 065	19 934	–	–	–	–	405 180
2013	$'000	69 759	122 910	940	7 041	15 526	76 378	–	572	293 127
2012	$'000	101 432	287 982	926	38 667	16 194	–	–	–	445 201
2011	$'000	12 122	15 616	1 971	98 024	1 124	–	–	–	128 858
2010	$'000	12 602	8 940	815	7 927	6 611	–	–	–	36 895

Table 13A.24 **Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June (a)**

		NSW (b)	*Vic*	*Qld*	*WA*	*SA* (c)	*Tas*	*ACT*	*NT*	*Aust*
2009	$'000	3 107	4 143	655	6 304	2 220	2 653	–	–	19 082
2008	$'000	37 887	4 911	462	2 220	3 507	16 235	–	–	65 223
Expenditure on specialised public mental health services										
2017	$'000	1 566 141	1 033 058	940 905	610 211	390 652	91 533	84 794	56 933	4 774 227
2016	$'000	1 526 392	957 548	900 755	594 948	381 636	90 366	76 090	51 444	4 579 178
2015	$'000	1 433 770	923 914	832 360	573 830	374 096	91 465	71 981	47 999	4 349 416
2014	$'000	1 389 889	907 465	783 174	528 043	348 688	90 603	67 471	45 466	4 160 799
2013	$'000	1 310 571	851 856	770 852	503 868	303 467	89 815	64 666	41 901	3 936 995
2012	$'000	1 243 551	829 543	762 243	476 579	297 351	88 003	62 122	39 291	3 798 683
2011	$'000	1 170 730	794 780	705 243	434 944	288 323	94 701	57 536	35 230	3 581 486
2010	$'000	1 081 524	750 582	666 043	399 640	279 273	90 824	54 835	32 326	3 355 046
2009	$'000	1 000 336	707 227	590 424	381 897	268 383	81 263	54 558	30 202	3 114 289
2008	$'000	905 693	641 143	545 686	345 852	245 106	77 623	48 458	28 062	2 837 621
Per cent of expenditure on services assessed at level 1										
2017	%	91.3	72.0	94.0	87.9	67.5	31.4	100.0	–	83.2
2016	%	89.7	81.7	99.5	90.2	21.6	13.7	100.0	98.1	83.1
2015	%	87.8	70.5	99.7	93.1	–	15.1	100.0	100.0	78.3
2014	%	71.9	67.9	81.8	81.7	–	–	100.0	100.0	67.3
2013	%	81.6	78.4	99.7	85.8	42.1	9.2	100.0	–	79.7
2012	%	72.5	63.4	99.7	62.9	41.7	–	100.0	100.0	71.4
2011	%	78.7	96.0	99.2	48.9	96.0	48.0	100.0	100.0	84.1
2010	%	78.7	95.2	91.8	44.7	96.9	17.9	100.0	100.0	81.3
2009	%	88.0	96.3	99.4	49.2	37.4	62.2	100.0	100.0	82.6
2008	%	85.1	99.2	96.5	38.9	42.7	54.9	100.0	100.0	80.7
Per cent of expenditure on services assessed at level 2										
2017	%	–	1.6	–	–	29.0	–	–	–	2.7
2016	%	–	–	–	3.5	51.5	–	–	–	4.8
2015	%	–	–	–	3.7	88.7	–	–	–	8.1
2014	%	–	–	–	1.1	63.1	–	–	–	5.4
2013	%	0.2	–	–	2.0	26.9	–	–	98.6	3.5
2012	%	5.2	–	0.2	11.3	52.8	–	–	–	7.3
2011	%	20.2	–	–	–	–	52.0	–	–	8.0
2010	%	20.1	0.5	0.3	43.7	–	–	–	–	11.9
2009	%	4.5	–	0.2	44.9	0.4	7.6	–	–	7.2
2008	%	3.7	–	0.3	49.4	0.7	–	–	–	7.3
Per cent of expenditure on services assessed at level 3										
2017	%	7.9	4.3	5.7	8.1	–	68.6	–	–	7.0
2016	%	8.9	0.2	–	0.9	26.9	69.0	–	–	6.7
2015	%	9.7	2.4	–	–	11.3	67.7	–	–	6.1
2014	%	17.7	5.8	18.1	13.5	36.9	100.0	–	–	17.6
2013	%	12.8	7.2	0.2	10.8	25.9	5.8	–	–	9.4
2012	%	14.2	1.9	–	17.7	–	100.0	–	–	9.6

Table 13A.24 Specialised public mental health services reviewed against National Standards for Mental Health Services, 30 June (a)

		NSW (b)	Vic	Qld	WA	SA (c)	Tas	ACT	NT	Aust
2011	%	–	2.0	0.5	28.6	3.6	–	–	–	4.3
2010	%	–	3.1	7.9	9.6	0.8	82.1	–	–	5.7
2009	%	7.2	3.1	0.3	4.3	61.3	26.9	–	–	9.6
2008	%	7.0	–	3.1	11.1	55.2	24.2	–	–	9.6
Per cent of expenditure on services assessed at level 4										
2017	%	0.7	22.2	0.3	4.0	3.6	–	–	100.0	7.1
2016	%	1.4	18.1	0.5	5.4	–	17.3	–	1.9	5.4
2015	%	2.5	27.1	0.3	3.2	–	17.2	–	–	7.4
2014	%	10.5	26.3	0.1	3.8	–	–	–	–	9.7
2013	%	5.3	14.4	0.1	1.4	5.1	85.0	–	1.4	7.4
2012	%	8.2	34.7	0.1	8.1	5.4	–	–	–	11.7
2011	%	1.0	2.0	0.3	22.5	0.4	–	–	–	3.6
2010	%	1.2	1.2	0.1	2.0	2.4	–	–	–	1.1
2009	%	0.3	0.6	0.1	1.7	0.8	3.3	–	–	0.6
2008	%	4.2	0.8	0.1	0.6	1.4	20.9	–	–	2.3

Data are comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions.

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.25 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*
Seclusion events per 1000 bed days									
2017-18	6.0	9.1	6.1	4.3	9.4	6.4	5.6	22.0	6.9
2016-17	6.9	9.3	7.9	4.8	6.6	10.2	2.8	17.0	7.4
2015-16	8.7	8.6	9.4	4.8	5.0	13.1	1.6	23.9	8.1
2014-15	8.2	7.5	11.4	4.3	5.0	10.1	2.7	30.9	7.9
2013-14	7.9	9.2	11.1	5.2	4.6	15.2	1.1	22.3	8.2
2012-13	9.1	10.9	12.7	6.0	9.1	19.7	0.9	16.6	9.8
2011-12	9.9	13.3	13.3	4.7	10.1	11.9	1.3	26.2	10.6
2010-11	10.2	15.1	17.2	8.3	7.7	14.7	0.7	19.9	12.1
2009-10	12.4	19.4	15.0	11.6	7.6	11.5	1.7	23.8	13.9
2008-09	11.1	18.8	18.2	15.3	na	15.4	13.3	na	15.6
Average duration of seclusion events (no. of hours) (j), (k)									
2017-18	4.7	8.3	2.6	2.2	na	2.4	2.5	6.2	5.1
2016-17	5.5	10.0	2.7	2.5	na	1.8	2.2	6.4	5.8
2015-16	5.3	8.3	3.3	2.3	na	2.4	1.9	4.9	5.3
2014-15	5.8	8.0	3.4	2.7	na	2.5	2.2	7.9	5.4
2013-14	6.0	9.5	3.8	2.4	na	4.1	2.1	6.4	6.0

Data are comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions.

Data are complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions.

(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 and the NT do not report any acute forensic services, however forensic patients can and do access acute care through general units. The ACT now provides forensic mental health acute inpatient services as of 2016-17 with the establishment of an acute inpatient service (ie Dhulwa Mental Health Unit).

(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.

Table 13A.25 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*

(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.

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

	Events per 1000 bed days									*Average duration of events (no. of hours)* (c)
	2009-10	*2010-11*	*2011-12*	*2012-13*	*2013-14*	*2014-15*	*2015-16*	*2016-17*	*2017-18*	*2017-18*
General (d)	15.4	13.1	11.6	10.3	9.6	9.1	9.2	8.0	7.4	5.3
Child and adolescent	11.4	16.6	18.1	14.5	9.6	12.0	10.3	11.1	8.1	1.3
Older person	3.2	1.3	0.7	0.8	0.6	0.4	0.5	0.6	0.4	5.2
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	15.0	20.0	57.0
Total	**13.9**	**12.1**	**10.6**	**9.8**	**8.2**	**7.9**	**8.1**	**7.4**	**6.9**	**5.1**

Data are comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions.

Data are complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions.

(a) See table 13A.25 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.

(d) Seclusion metrics for a small number of Youth hospital beds reported by Victoria and the NT are included in the General category.

.. Not applicable.

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

Table 13A.27 **Restraint events per 1000 bed days**

	NSW	*Vic* (a)	*Qld* (b), (c)	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (b), (d)	*Aust* (e)
Rate of mechanical restraint									
2017-18	0.3	1.4	0.1	–	0.5	0.7	–	–	0.5
2016-17	0.5	2.0	–	–	3.6	0.1	0.2	–	0.9
2015-16	0.6	5.8	0.2	–	1.4	1.0	–	–	1.7
Rate of physical restraint									
2017-18	8.0	22.0	5.5	5.1	2.5	11.4	8.4	19.6	10.2
2016-17	8.9	17.8	na	4.5	2.5	10.4	5.5	9.2	10.1
2015-16	8.8	23.2	na	3.5	1.7	11.1	2.0	12.4	11.2
Rate of unspecified restraint									
2017-18	..	..	..	..	..	..	..	..	..
2016-17	..	..	..	..	..	..	..	..	..
2015-16	–	–	–	0.6	–	1.0	–	–	0.1

Data are comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions.

Data are complete (subject to caveats) for the current reporting period. All required 2017-18 data are available for all jurisdictions

(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 and the NT do not report any acute forensic services, however forensic patients can and do access acute care through general units. The ACT now provides forensic mental health acute inpatient services as of 2016-17 with the establishment of an acute inpatient service (ie Dhulwa Mental Health Unit).

(c) Changes to Queensland's clinical information system in March 2017 has enabled recording information on physical restraint. As a new collection, caution is required when interpreting comparisons over time as these may be reflecting differences in business processes for recording data rather than a true variation in the use of physical restraint.

(d) 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.

(e) The national rate of physical restraint only includes jurisdictions that have supplied data. For 2015–16 and 2016–17, Queensland is excluded from the physical restraint analysis.

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

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

Table 13A.28 Restraint events in public specialised mental health acute inpatient units (per 1000 bed days), by target population (a), (b)

	Events per 1000 bed days		
	2015-16	*2016-17*	*2017-18*
General (c)			
Mechanical restraint	0.4	0.4	0.4
Physical restraint	6.2	5.9	6.1
Unspecified restraint	0.1	..	..
Child and adolescent			
Mechanical restraint	0.2	0.4	0.6
Physical restraint	15.3	16.6	22.2
Unspecified restraint	–	..	..
Older person			
Mechanical restraint	1.9	2.6	0.3
Physical restraint	2.5	3.5	3.1
Unspecified restraint	0.1	..	..
Forensic			
Mechanical restraint	26.2	4.8	3.0
Physical restraint	110.2	89.1	107.2
Unspecified restraint	–	..	..

Data are comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions.

Data are complete (subject to caveats) for the current reporting period.

(a) See table 13A.27 for general caveats regarding restraint data.

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

(c) Restraint rates for a small number of Youth hospital beds reported by Victoria, Queensland, WA, and the NT are included in the General category.

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

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

Table 13A.29 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
Lower 95% confidence limit	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
Upper 95% confidence limit	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
Lower 95% confidence limit	536.7	589.6	581.5	602.2	633.0	663.0	701.0	714.3	720.2
Upper 95% confidence limit	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* (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/general-practice).

Table 13A.30 **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)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA*	*SA* (e)	*Tas* (f)	*ACT*	*NT*	*Aust*
2016-17										
Indigenous status										
Aboriginal and Torres Strait Islander	%	66.8	61.3	72.4	61.3	66.6	80.7	72.3	80.8	68.1
Non-Indigenous	%	73.7	65.7	74.2	70.9	67.5	78.1	76.5	88.6	71.3
Remoteness										
Major cities	%	73.7	67.9	72.0	71.5	65.4	63.6	78.5	91.7	71.0
Inner regional	%	73.9	56.8	81.0	70.5	67.9	78.2	37.8	74.2	71.4
Outer regional	%	76.1	67.5	78.0	61.9	80.0	78.1	33.3	87.0	75.3
Remote	%	56.6	57.5	70.5	68.7	74.5	81.6	–	86.4	73.1
Very remote	%	61.4	46.9	70.1	56.2	70.0	50.7	–	79.8	70.3
2015-16										
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
2014-15										
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
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
2013-14										
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										

Table 13A.30 **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)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA*	*SA* (e)	*Tas* (f)	*ACT*	*NT*	*Aust*
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
2012-13										
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
2011-12										
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

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.

Table 13A.30 **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)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA*	*SA* (e)	*Tas* (f)	*ACT*	*NT*	*Aust*

(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.31 **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*
2016-17										
Age group										
Less than 15 years	%	73.2	67.4	64.1	71.7	66.7	50.0	100.0	85.7	68.1
15–24 years	%	72.1	65.9	72.0	68.2	64.0	78.9	77.4	86.5	70.0
25–34 years	%	71.2	64.8	71.4	69.7	63.6	77.9	76.6	83.7	69.4
35–44 years	%	72.3	67.0	74.5	70.3	65.4	76.6	79.1	82.4	71.0
45–54 years	%	73.6	67.4	76.3	72.6	66.9	78.7	72.2	89.0	72.3
55–64 years	%	75.4	66.3	79.5	67.2	69.2	78.3	70.9	78.4	72.8
65+ years	%	77.4	56.0	83.9	73.0	77.3	79.8	75.3	90.9	72.1
All ages	**%**	**72.8**	**65.3**	**73.9**	**70.0**	**66.4**	**78.0**	**76.2**	**84.7**	**70.8**
Gender										
Male	%	70.4	64.4	72.9	67.4	63.4	76.0	76.1	85.0	69.1
Female	%	75.5	66.3	75.0	72.3	69.6	79.6	76.3	84.3	72.6
SEIFA quintiles										
Quintile 1 (most disadvantaged)	%	73.1	66.2	76.5	71.3	70.5	78.4	52.8	79.3	72.4
Quintile 2	%	73.6	63.5	77.4	73.6	67.2	81.4	75.0	88.5	71.9
Quintile 3	%	73.8	64.9	74.8	71.0	62.6	76.1	62.7	88.6	70.8
Quintile 4	%	74.1	66.5	72.7	69.2	65.6	74.7	81.9	88.2	70.6
Quintile 5 (least disadvantaged)	%	75.3	68.4	68.8	67.0	63.0	84.0	75.6	86.2	71.0
2015-16										
Age group										
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
All ages	**%**	**66.0**	**70.7**	**75.4**	**61.9**	**59.8**	**79.2**	**73.7**	**65.1**	**68.2**
Gender										
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
SEIFA quintiles										
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

Table 13A.31 **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*
Quintile 5 (least disadvantaged)	%	70.2	70.5	71.4	55.9	55.0	100.0	71.9	61.9	67.3
2014-15										
Age group										
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
All ages	**%**	**63.3**	**73.1**	**74.8**	**58.0**	**59.9**	**67.9**	**70.3**	**53.2**	**67.0**
Gender										
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
SEIFA quintiles										
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
Quintile 5 (least disadvantaged)	%	67.3	73.8	69.7	51.6	57.0	36.4	71.1	53.8	66.0

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.32 **Rates of community follow-up for people within the first seven days of discharge from hospital (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA*	*SA* (c)	*Tas* (d)	*ACT* (e)	*NT*	*Aust*
2016-17										
Overnight separations from acute psychiatric inpatient services	no.	31 979	20 984	20 601	11 441	8 736	1 844	1 250	865	97 700
Overnight acute separations with community mental health contact recorded in the seven days following separation	no.	23 288	13 711	15 222	8 011	5 802	1 439	952	733	69 158
Overnight separations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	72.8	65.3	73.9	70.0	66.4	78.0	76.2	84.7	70.8
2015-16										
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
2014-15										
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

Table 13A.32 **Rates of community follow-up for people within the first seven days of discharge from hospital (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA*	*SA* (c)	*Tas* (d)	*ACT* (e)	*NT*	*Aust*
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
2013-14										
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
2012-13										
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
2011-12										
Overnight separations from acute psychiatric inpatient services	no.	27 407	na	15 187	7 800	5 987	1 655	1 306	781	60 123

Table 13A.32 **Rates of community follow-up for people within the first seven days of discharge from hospital (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA*	*SA* (c)	*Tas* (d)	*ACT* (e)	*NT*	*Aust*
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
2010-11										
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
2009-10										
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
2008-09										

Table 13A.32 Rates of community follow-up for people within the first seven days of discharge from hospital (a)

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA*	*SA* (c)	*Tas* (d)	*ACT* (e)	*NT*	*Aust*
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

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.

na Not available.

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

Table 13A.33 **Readmissions to hospital within 28 days of discharge, by selected characteristics, 2016-17 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA* (g)	*Tas*	*ACT*	*NT*	*Aust*
Age group										
Less than 15 years	%	16.1	20.5	13.7	26.1	26.2	np	–	np	17.5
15–24 years	%	14.3	18.0	16.1	23.4	18.6	16.8	11.6	11.8	16.9
25–34 years	%	16.8	15.6	14.8	19.3	16.4	18.7	15.5	13.1	16.3
35–44 years	%	15.0	14.8	13.6	16.3	16.2	9.7	20.5	14.8	14.9
45–54 years	%	13.0	12.6	12.9	18.1	15.1	13.5	13.9	3.6	13.6
55–64 years	%	13.1	11.4	12.0	16.6	15.5	15.1	15.5	np	13.1
65–74 years	%	8.7	11.0	9.2	14.3	6.7	6.3	12.5	np	9.9
75 years or over	%	5.5	4.1	7.1	8.0	10.2	8.8	np	np	6.2
Gender										
Male	%	13.8	13.2	13.6	15.7	14.0	11.9	13.4	10.3	13.8
Female	%	14.8	16.1	14.4	21.1	17.9	15.4	16.6	14.1	16.1
SEIFA quintiles										
Quintile 1 (most disadvantaged)	%	14.9	14.6	12.6	17.5	14.8	13.7	13.9	12.5	14.4
Quintile 2	%	13.8	13.1	13.9	18.9	15.8	14.1	9.1	12.1	14.5
Quintile 3	%	14.1	14.1	15.4	20.5	13.0	12.9	10.2	12.4	15.2
Quintile 4	%	13.4	15.7	13.3	18.0	18.4	17.5	17.1	11.1	15.2
Quintile 5 (least disadvantaged)	%	13.0	15.8	14.3	17.3	16.8	16.0	14.0	8.3	14.7
Indigenous status										
Aboriginal and Torres Strait Islander	%	17.4	12.8	17.6	19.8	18.0	11.8	18.1	11.6	17.1
Non-Indigenous	%	14.0	14.8	13.6	18.5	16.3	14.6	14.8	11.8	14.8
Remoteness										
Major cities	%	14.2	15.1	14.1	19.0	16.8	–	15.0	np	15.3
Inner regional	%	13.6	13.1	13.8	18.8	10.7	15.8	11.1	30.6	13.9
Outer regional	%	12.6	12.7	13.0	16.0	11.8	10.2	–	9.8	12.8
Remote	%	15.6	13.6	4.5	14.6	10.8	13.0	..	15.0	13.2
Very remote	%	18.2	np	3.9	11.5	np	np	..	11.2	10.2

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.

Table 13A.33 **Readmissions to hospital within 28 days of discharge, by selected characteristics, 2016-17 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA* (g)	*Tas*	*ACT*	*NT*	*Aust*

(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 (for data 2013-14 onwards) 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) 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.

(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) For data prior to 2013-14, 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.

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

Table 13A.34 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA* (g)	*Tas*	*ACT*	*NT*	*Aust*
2016-17										
Overnight separations from psychiatric acute inpatient services	no.	32 007	22 253	20 604	11 492	8 923	1 844	1 250	834	99 207
Overnight acute separations that were followed by a readmission to a psychiatric acute inpatient service within 28 days of discharge	no.	4 584	3 256	2 882	2 142	1 415	263	187	98	14 827
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	14.6	14.0	18.6	15.9	14.3	15.0	11.8	14.9
2015-16										
Overnight separations from psychiatric acute inpatient services	no.	31 336	21 587	18 908	11 693	8 260	1 895	1 199	867	95 745
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	1 247	274	163	98	14 343
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	15.1	14.5	13.6	11.3	15.0
2014-15										
Overnight separations from psychiatric acute inpatient services	no.	30 230	19 791	17 016	10 932	6 123	1 876	1 169	929	88 066
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	851	308	144	100	12 944

Table 13A.34 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA* (g)	*Tas*	*ACT*	*NT*	*Aust*
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	13.9	16.4	12.3	10.8	14.7
2013-14										
Overnight separations from psychiatric acute inpatient services	no.	29 204	19 281	16 401	10 095	5 103	1 856	1 238	965	84 143
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	548	251	133	105	11 677
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	10.7	13.5	10.7	10.9	13.9
2012-13										
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
2011-12										

Table 13A.34 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA* (g)	*Tas*	*ACT*	*NT*	*Aust*
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
2010-11										
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
2009-10										
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

Table 13A.34 Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)

	Unit	NSW	Vic	Qld (e)	WA (f)	SA (g)	Tas	ACT	NT	Aust
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
2008-09										
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
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
2007-08										
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

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions

Table 13A.34 **Readmissions to hospital within 28 days of discharge (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA* (g)	*Tas*	*ACT*	*NT*	*Aust*

(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 (for data 2013-14 onwards) 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) For data prior to 2013-14, 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.35 **Proportion of employed psychiatrists, mental health nurses and registered psychologists, by age (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
2016										
Employed psychiatrists										
Less than 35 years	%	1.1	2.2	1.1	1.7	1.1	–	5.3	–	1.4
35–44 years	%	23.9	26.7	30.4	21.5	22.8	15.9	24.6	19.0	25.5
45–54 years	%	29.2	26.5	29.7	34.8	26.4	30.2	26.3	23.8	28.8
55–64 years	%	24.0	24.5	23.9	27.8	32.2	30.2	26.3	38.1	25.4
65 years and over	%	21.9	20.2	14.9	14.2	17.4	23.8	21.1	19.0	19.0
Employed mental health nurses										
Less than 35 years	%	22.7	24.7	17.5	20.8	11.7	11.6	19.2	19.7	20.8
35–44 years	%	20.6	20.8	20.2	22.9	16.4	14.6	20.7	13.1	20.3
45–54 years	%	22.7	25.2	30.9	27.5	29.1	29.5	23.2	23.2	26.2
55–64 years	%	27.6	24.8	26.8	24.5	37.7	38.4	29.7	37.4	27.5
65 years and over	%	6.4	4.5	4.6	4.4	5.2	5.9	7.2	6.6	5.2
Employed registered psychologists										
Less than 35 years	%	21.1	20.8	21.8	19.0	21.2	19.7	22.2	19.0	20.9
35–44 years	%	28.0	29.5	29.1	27.5	25.6	25.1	26.9	18.5	28.3
45–54 years	%	21.5	21.6	24.7	24.9	22.9	25.7	24.5	23.4	22.7
55–64 years	%	19.7	18.3	17.2	19.6	18.4	18.8	18.4	31.0	18.8
65 years and over	%	9.7	9.7	7.1	9.0	12.0	10.6	7.9	8.2	9.2
2015										
Employed psychiatrists										
Less than 35 years	%	1.8	2.3	1.8	2.1	1.1	–	5.7	–	1.8
35–44 years	%	24.5	26.0	28.3	21.8	24.7	19.4	20.8	15.8	25.2
45–54 years	%	28.0	28.0	30.2	35.8	27.3	27.4	28.3	21.1	29.0
55–64 years	%	24.1	24.0	23.1	26.3	31.8	27.4	24.5	47.4	24.9
65 years and over	%	21.5	19.7	16.6	14.0	15.7	25.8	24.5	15.8	19.0

Table 13A.35 **Proportion of employed psychiatrists, mental health nurses and registered psychologists, by age (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Employed mental health nurses										
Less than 35 years	%	21.5	23.9	15.4	19.6	11.3	11.6	21.3	20.0	19.7
35–44 years	%	21.1	21.1	21.2	23.6	15.4	16.5	18.1	15.9	20.8
45–54 years	%	23.9	26.8	32.7	29.3	32.0	29.3	23.0	19.0	27.6
55–64 years	%	27.8	24.6	26.7	23.4	35.5	37.1	28.2	39.0	27.1
65 years and over	%	5.8	3.6	4.0	4.1	5.8	5.5	9.4	6.2	4.7
Employed registered psychologists										
Less than 35 years	%	21.9	21.5	22.7	19.8	21.9	20.2	21.2	19.8	21.6
35–44 years	%	28.0	29.2	29.0	28.7	25.5	24.7	27.1	20.3	28.3
45–54 years	%	20.9	21.1	24.4	23.2	22.8	26.9	24.1	23.5	22.1
55–64 years	%	19.8	18.8	17.2	20.5	19.3	20.2	19.8	28.9	19.2
65 years and over	%	9.4	9.4	6.8	7.8	10.5	8.0	7.9	7.5	8.8
2014										
Employed psychiatrists										
Less than 35 years	%	1.6	2.4	1.2	2.2	1.5	–	–	–	1.7
35–44 years	%	24.0	26.2	28.8	22.4	25.4	21.5	32.1	16.7	25.6
45–54 years	%	28.7	27.2	30.7	34.6	24.6	24.6	28.3	22.2	28.7
55–64 years	%	24.6	24.5	22.8	27.2	31.3	27.7	26.4	50.0	25.3
65 years and over	%	21.1	19.7	16.5	13.6	17.3	26.2	13.2	16.7	18.8
Employed mental health nurses										
Less than 35 years	%	22.1	22.1	14.3	19.4	8.4	9.6	17.1	18.5	18.9
35–44 years	%	20.7	21.0	21.1	22.8	16.0	17.8	19.9	18.5	20.6
45–54 years	%	25.0	27.9	35.0	29.9	34.8	32.2	24.9	24.5	29.1
55–64 years	%	27.3	25.5	25.6	23.5	35.9	34.4	31.0	33.5	27.0
65 years and over	%	4.9	3.6	4.0	4.4	4.9	5.9	7.1	5.0	4.4
Employed registered psychologists										

Table 13A.35 **Proportion of employed psychiatrists, mental health nurses and registered psychologists, by age (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Less than 35 years	%	22.7	22.0	23.5	20.2	22.4	17.1	24.7	20.1	22.3
35–44 years	%	27.9	29.0	29.2	28.8	26.1	25.8	24.4	16.9	28.2
45–54 years	%	20.9	21.4	23.9	22.8	21.6	28.1	23.2	28.6	22.1
55–64 years	%	19.9	18.7	17.5	21.5	20.4	22.5	20.3	26.5	19.5
65 years and over	%	8.6	8.9	5.9	6.8	9.5	6.6	7.4	7.9	8.0
2013										
Employed psychiatrists										
Less than 35 years	%	1.7	2.6	2.3	2.3	2.3	–	5.8	–	2.1
35–44 years	%	23.6	24.5	30.0	22.9	23.4	21.2	32.7	17.6	25.0
45–54 years	%	28.8	28.4	30.2	35.1	28.7	25.0	23.1	47.1	29.4
55–64 years	%	23.9	25.9	23.0	27.9	29.1	30.8	21.2	35.3	25.2
65 years and over	%	22.0	18.6	14.5	11.8	16.5	23.1	21.2	17.6	18.2
Employed mental health nurses										
Less than 35 years	%	20.6	21.6	15.3	20.2	8.2	9.3	15.7	18.1	18.5
35–44 years	%	19.8	22.2	21.1	22.6	16.5	15.2	16.9	17.6	20.6
45–54 years	%	27.4	29.3	35.6	31.6	36.2	36.6	28.1	30.2	30.8
55–64 years	%	27.3	23.5	24.1	21.7	35.1	33.3	33.1	33.2	25.9
65 years and over	%	4.9	3.4	3.9	4.0	4.1	5.6	6.2	1.5	4.1
Employed registered psychologists										
Less than 35 years	%	23.1	22.3	23.9	21.7	22.3	17.2	23.4	22.3	22.7
35–44 years	%	27.1	28.1	29.5	28.3	26.0	28.1	25.3	15.0	27.7
45–54 years	%	21.6	21.9	23.8	22.1	22.3	26.4	23.8	30.1	22.3
55–64 years	%	20.3	19.4	17.9	20.9	20.9	21.7	20.7	25.4	19.8
65 years and over	%	8.0	8.3	5.0	7.0	8.5	6.7	6.8	7.3	7.4

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

Data are complete (subject to caveats) for the current reporting period. All required 2016 data are available for all jurisdictions.

Table 13A.35 **Proportion of employed psychiatrists, mental health nurses and registered psychologists, by age (a)**

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

(a) Data was extracted using the Health Workforce Data Tool (HWDT) as at 27 September 2018. There may be some differences between the data here and that published elsewhere due to different calculation or estimation methodologies or extraction date. The HWDT uses a randomisation technique to confidentialise small numbers. This can result in differences between the column sum and total and small variations in numbers from one data extract to another.

– Nil or rounded to zero.

Source : Department of Health (DoH), National Health Workforce Dataset, various years.

Table 13A.36 **Average recurrent cost per inpatient bed day, by public hospital type (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic* (h)	*Qld* (i)	*WA* (j)	*SA* (k), (m)	*Tas* (l)	*ACT* (l), (m)	*NT* (l), (m)	*Aust*
Psychiatric hospitals (acute units)									
2016-17	1 274.19	917.35	..	1 303.17	1 267.13	..	..	..	1 220.40
2015-16	1 293.29	892.20	..	1 237.19	1 159.80	..	..	..	1 195.20
2014-15	1 202.51	883.67	..	1 292.28	1 237.84	..	..	..	1 173.11
2013-14	1 255.55	854.16	..	1 402.10	1 389.21	..	..	..	1 233.60
2012-13	1 254.67	863.63	..	1 424.92	1 133.09	..	..	..	1 215.56
2011-12	1 194.12	865.85	..	1 358.59	1 009.95	..	..	..	1 152.02
2010-11	1 049.67	1 000.48	..	1 316.86	1 056.48	..	..	..	1 099.39
2009-10	1 070.60	1 050.56	..	1 118.48	1 259.44	..	..	..	1 107.93
2008-09	825.80	920.90	..	1 120.86	1 208.46	..	..	..	991.71
2007-08	812.94	1 014.65	..	1 048.68	1 249.74	..	..	..	963.87
Psychiatric hospitals (non-acute units)									
2016-17	782.35	974.12	1 004.80	1 277.84	1 026.41	..	..	..	907.41
2015-16	852.56	1 001.50	1 068.23	1 253.45	852.07	..	..	..	935.75
2014-15	829.15	1 219.53	958.28	1 043.41	732.02	..	..	..	886.32
2013-14	840.07	1 052.44	937.18	1 197.62	775.56	..	..	..	895.15
2012-13	825.28	890.37	965.98	1 139.95	782.01	..	..	..	887.40
2011-12	825.45	922.90	997.02	1 095.39	890.09	..	..	..	906.61
2010-11	768.58	838.57	902.94	1 056.73	801.71	..	..	..	833.52
2009-10	696.12	885.58	883.32	1 107.43	800.31	..	..	..	788.13
2008-09	705.73	728.50	860.07	1 123.13	823.76	..	..	..	787.71
2007-08	614.20	902.29	876.81	1 050.92	719.83	..	..	..	738.16
Psychiatric hospitals (all units)									
2016-17	948.60	938.02	1 004.80	1 294.60	1 115.83	..	..	..	1 021.35
2015-16	999.01	932.58	1 068.23	1 242.81	964.62	..	..	..	1 028.53
2014-15	953.52	1 008.58	958.28	1 191.02	902.08	..	..	..	984.24

Table 13A.36 **Average recurrent cost per inpatient bed day, by public hospital type (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic* (h)	*Qld* (i)	*WA* (j)	*SA* (k), (m)	*Tas* (l)	*ACT* (l), (m)	*NT* (l), (m)	*Aust*
2013-14	977.24	926.60	937.18	1 320.40	971.70	..	..	..	1 007.45
2012-13	961.22	874.18	965.98	1 305.51	914.11	..	..	..	994.23
2011-12	937.89	888.17	997.02	1 247.17	938.56	..	..	..	986.22
2010-11	850.32	939.61	902.94	1 191.79	892.86	..	..	..	913.95
2009-10	800.97	988.37	883.32	1 115.29	954.32	..	..	..	889.72
2008-09	738.72	845.23	860.07	1 121.51	962.66	..	..	..	853.42
2007-08	682.02	952.47	876.81	1 049.33	890.93	..	..	..	813.63
General acute hospital with a psychiatric unit or ward (acute units)									
2016-17	1 272.00	1 015.00	1 064.10	1 550.78	1 254.95	1 228.89	1 331.48	1 992.14	1 212.09
2015-16	1 225.25	949.45	1 044.27	1 549.40	1 168.82	1 277.48	1 102.48	2 139.77	1 164.42
2014-15	1 195.62	944.29	1 069.09	1 415.44	1 181.94	1 382.74	1 015.91	1 994.62	1 144.40
2013-14	1 174.90	930.55	1 081.46	1 351.25	1 159.55	1 272.69	1 092.05	1 684.23	1 124.93
2012-13	1 112.07	913.65	1 035.68	1 332.33	954.93	1 241.81	915.13	1 519.65	1 069.17
2011-12	1 059.07	897.54	1 008.93	1 267.23	990.05	1 175.96	943.93	1 729.95	1 035.62
2010-11	1 054.04	903.86	996.28	1 239.40	1 018.42	1 488.68	933.36	1 445.40	1 035.23
2009-10	978.52	890.68	990.69	1 153.33	1 043.78	1 438.48	902.48	1 398.65	994.83
2008-09	994.17	874.44	987.06	1 146.08	1 029.54	1 150.52	996.19	1 368.02	988.26
2007-08	962.90	839.45	1 006.08	1 072.13	925.73	1 144.70	1 080.54	1 338.20	958.71
General acute hospital with a psychiatric unit or ward (non-acute units)									
2016-17	956.09	886.19	703.81	1 269.08	..	..	..	..	834.33
2015-16	947.62	804.80	784.10	937.95	..	..	..	..	858.97
2014-15	932.83	801.91	819.70	976.27	..	..	..	..	873.92
2013-14	958.91	862.82	710.61	909.85	..	764.24	..	..	844.46
2012-13	993.77	843.82	624.84	854.55	..	1 043.46	..	..	810.45
2011-12	1 042.51	861.35	710.26	1 019.43	..	822.44	..	..	870.41
2010-11	992.82	721.31	674.36	1 021.03	..	837.81	..	..	790.31

Table 13A.36 **Average recurrent cost per inpatient bed day, by public hospital type (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic* (h)	*Qld* (i)	*WA* (j)	*SA* (k), (m)	*Tas* (l)	*ACT* (l), (m)	*NT* (l), (m)	*Aust*
2009-10	932.07	675.83	676.19	842.50	..	941.71	..	..	766.45
2008-09	851.59	657.02	618.99	1 089.68	..	834.09	..	..	725.53
2007-08	674.28	593.76	601.51	1 137.97	..	1 039.32	..	..	665.47
General acute hospital with a psychiatric unit or ward (all units)									
2016-17	1 215.20	999.25	944.67	1 544.27	1 254.95	1 228.89	1 331.48	1 992.14	1 148.18
2015-16	1 172.68	933.11	965.20	1 507.09	1 168.82	1 277.48	1 102.48	2 139.77	1 113.14
2014-15	1 146.19	928.03	1 004.09	1 385.09	1 181.94	1 382.74	1 015.91	1 994.62	1 102.18
2013-14	1 137.02	924.31	976.01	1 317.06	1 159.55	1 141.91	1 092.05	1 684.23	1 080.96
2012-13	1 092.29	906.96	900.70	1 297.05	954.93	1 199.30	915.13	1 519.65	1 026.50
2011-12	1 056.44	894.28	918.88	1 247.23	990.05	1 092.01	943.93	1 729.95	1 009.82
2010-11	1 047.45	885.49	898.20	1 221.38	1 018.42	1 325.59	933.36	1 445.40	1 000.38
2009-10	973.40	868.62	896.79	1 116.91	1 043.78	1 327.38	902.48	1 398.65	961.66
2008-09	979.20	852.48	874.20	1 140.03	1 029.54	1 079.08	996.19	1 368.02	950.21
2007-08	922.18	813.70	876.63	1 078.21	925.73	1 124.96	1 080.54	1 338.20	911.99

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(a) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

(b) Depreciation is excluded for all years.

(c) See AIHW Mental Health Services in Australia online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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.

Table 13A.36 **Average recurrent cost per inpatient bed day, by public hospital type (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic* (h)	*Qld* (i)	*WA* (j)	*SA* (k), (m)	*Tas* (l)	*ACT* (l), (m)	*NT* (l), (m)	*Aust*

(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) 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) 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.

(i) 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.

(j) 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.

(k) 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.

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

(m) 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.37 **Average recurrent real costs per inpatient bed day, public hospitals, by target population (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic*	*Qld* (h)	*WA*	*SA* (i)	*Tas* (j)	*ACT* (j)	*NT* (j)	*Aust*
General mental health services									
2016-17	1 124.35	989.03	908.01	1 479.80	1 232.23	1 063.01	1 227.65	1 992.14	1 102.73
2015-16	1 100.70	930.72	944.65	1 481.94	1 179.52	1 076.72	1 197.82	2 139.77	1 087.57
2014-15	1 066.99	923.93	980.96	1 333.90	1 167.65	1 142.98	1 086.88	1 994.62	1 064.21
2013-14	1 061.05	925.91	942.45	1 327.74	1 206.76	968.29	1 133.09	1 684.23	1 052.18
2012-13	1 023.55	898.76	900.49	1 329.45	964.15	1 002.41	941.72	1 519.65	1 005.45
2011-12	997.74	890.63	913.33	1 262.28	1 018.79	990.01	1 023.96	1 729.95	996.80
2010-11	942.05	876.07	876.62	1 261.21	1 012.32	1 149.53	1 003.20	1 445.40	963.84
2009-10	890.30	861.92	876.67	1 141.92	1 058.36	1 177.62	938.87	1 398.65	931.30
2008-09	885.47	846.49	829.75	1 150.93	1 069.67	959.56	966.53	1 368.02	914.73
2007-08	844.81	805.52	838.26	1 104.14	973.22	1 015.04	1 078.49	1 338.20	883.97
Child and adolescent mental health services									
2016-17	2 362.18	1 779.69	1 740.55	4 017.15	2 392.66	..	..	..	2 162.55
2015-16	2 647.93	1 531.18	1 674.05	3 112.56	2 394.35	..	..	..	2 159.10
2014-15	2 245.59	1 696.71	1 790.57	2 995.42	1 982.76	..	..	..	2 077.75
2013-14	1 911.08	1 495.48	1 583.64	2 400.37	2 317.95	..	..	..	1 797.97
2012-13	1 717.38	1 600.96	1 445.58	2 273.68	2 320.36	..	..	..	1 675.49
2011-12	1 934.93	1 583.59	1 803.43	2 448.65	2 016.38	..	..	..	1 869.45
2010-11	2 128.11	1 683.91	1 783.45	2 269.63	2 014.58	..	..	..	1 939.40
2009-10	1 814.04	1 687.39	1 784.52	1 748.31	2 246.65	..	..	..	1 783.25
2008-09	1 551.61	1 726.08	1 856.49	1 756.62	2 077.38	..	..	..	1 694.20
2007-08	1 580.48	1 579.04	1 759.16	1 309.31	2 311.89	..	..	..	1 612.29
Older persons mental health services									
2016-17	997.93	879.35	839.68	1 252.26	1 045.64	..	799.91	..	990.82
2015-16	954.58	814.32	831.73	1 120.84	748.34	..	724.40	..	901.13

Table 13A.37 **Average recurrent real costs per inpatient bed day, public hospitals, by target population (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic*	*Qld* (h)	*WA*	*SA* (i)	*Tas* (j)	*ACT* (j)	*NT* (j)	*Aust*
2014-15	922.60	797.18	707.33	1 137.33	771.26	..	737.47	..	875.44
2013-14	894.83	787.38	729.48	1 123.14	790.68	..	931.02	..	869.98
2012-13	942.04	783.23	660.09	1 092.15	810.56	..	812.29	..	859.49
2011-12	860.42	760.83	695.07	1 037.79	769.85	..	679.09	..	819.13
2010-11	839.65	760.46	685.07	928.42	750.27	..	694.80	..	793.19
2009-10	768.24	729.62	681.90	906.20	804.64	..	695.88	..	767.71
2008-09	760.18	719.99	656.46	936.60	789.67	..	1 135.94	..	765.07
2007-08	705.26	711.73	652.60	872.38	696.65	..	1 089.19	..	719.79
Forensic mental health services									
2016-17	990.91	938.02	1 295.53	1 478.46	1 177.02	1 927.54	3 248.75	..	1 099.71
2015-16	1 004.08	932.58	1 300.48	1 342.41	1 184.96	2 106.48	..	..	1 085.70
2014-15	1 040.48	1 008.58	1 150.20	1 253.43	1 100.53	2 453.44	..	..	1 094.38
2013-14	1 166.58	926.60	1 239.08	1 409.77	1 017.52	2 339.29	..	..	1 143.93
2012-13	1 090.88	874.18	1 410.19	1 292.65	962.93	2 632.40	..	..	1 109.47
2011-12	1 028.87	888.17	1 419.70	1 324.89	1 102.25	1 593.27	..	..	1 080.02
2010-11	1 042.00	939.61	1 275.97	1 140.21	1 103.66	2 584.95	..	..	1 091.11
2009-10	942.94	988.37	1 072.08	1 245.34	1 128.35	2 206.76	..	..	1 046.11
2008-09	872.73	845.23	1 108.18	1 340.13	1 128.43	1 733.15	..	..	996.17
2007-08	591.74	952.47	1 131.63	1 126.24	1 200.34	1 698.50	..	..	923.54

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(a) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

(b) Depreciation is excluded for all years.

Table 13A.37 **Average recurrent real costs per inpatient bed day, public hospitals, by target population (2016-17 dollars) (a), (b), (c), (d), (e), (f)**

	NSW (g)	*Vic*	*Qld* (h)	*WA*	*SA* (i)	*Tas* (j)	*ACT* (j)	*NT* (j)	*Aust*

(c) See AIHW Mental Health Services in Australia online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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.

(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 and the NT. There are no dedicated Child and Adolescent mental health inpatient services in the ACT. 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 NT from 2007–08. Forensic mental health inpatient services only became available in the ACT from 2016-17, with the establishment of an acute inpatient service (i.e. Dhulwa Mental Health Unit).

.. Not applicable.

Source: AIHW (unpublished) MHE NMDS.

Table 13A.38 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic* (g)	*Qld* (h), (i), (j)	*WA* (k)	*SA* (l), (g)	*Tas* (g)	*ACT* (g)	*NT* (g)	*Aust*
General mental health services									
Acute									
2016-17	1 286.33	1 007.00	1 014.27	1 515.11	1 243.31	1 063.01	1 227.65	1 992.14	1 205.62
2015-16	1 235.66	952.11	1 005.76	1 530.47	1 212.93	1 076.72	1 197.82	2 139.77	1 171.95
2014-15	1 181.28	945.16	1 036.90	1 390.54	1 205.24	1 142.98	1 086.88	1 994.62	1 139.33
2013-14	1 162.64	934.60	1 059.69	1 372.18	1 221.88	1 053.48	1 133.09	1 684.23	1 130.55
2012-13	1 119.65	906.63	1 014.63	1 370.22	993.98	989.18	941.72	1 519.65	1 077.58
2011-12	1 075.60	894.53	973.19	1 289.16	982.44	1 057.07	1 023.96	1 729.95	1 043.20
2010-11	1 027.52	899.31	959.09	1 311.18	1 033.80	1 274.15	1 003.20	1 445.40	1 029.75
2009-10	983.19	890.85	956.29	1 156.26	1 100.87	1 261.25	957.32	1 398.65	1 000.22
2008-09	969.76	875.59	944.79	1 153.35	1 115.85	1 005.28	966.53	1 368.02	985.41
2007-08	956.17	839.33	964.21	1 095.04	1 027.45	1 008.06	1 078.49	1 338.20	964.03
Non-acute									
2016-17	753.44	882.64	745.23	1 264.20	1 154.25	..	..	..	806.02
2015-16	791.13	804.80	843.95	1 234.41	952.64	..	..	..	846.23
2014-15	794.19	801.91	877.63	1 087.88	913.58	..	..	..	849.15
2013-14	804.14	862.82	765.18	1 139.89	1 104.30	764.24	..	..	832.03
2012-13	787.44	843.82	745.98	1 172.53	775.62	1 043.46	..	..	815.07
2011-12	809.80	861.35	826.94	1 166.52	1 241.20	822.44	..	..	868.01
2010-11	748.55	721.31	766.07	1 114.43	918.49	837.81	..	..	796.90
2009-10	680.62	675.83	770.35	1 060.03	867.30	941.71	..	..	747.31
2008-09	678.07	657.02	646.26	1 136.52	869.84	834.09	..	..	707.51
2007-08	586.45	593.76	632.66	1 163.69	772.81	1 039.32	..	..	653.64
Child and adolescent mental health services									

Table 13A.38 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic* (g)	*Qld* (h), (i), (j)	*WA* (k)	*SA* (l), (g)	*Tas* (g)	*ACT* (g)	*NT* (g)	*Aust*
Acute									
2016-17	2 473.37	1 779.69	1 740.55	4 017.15	2 392.66	..	..	..	2 184.26
2015-16	2 743.00	1 531.18	1 674.05	3 112.56	2 394.35	..	..	..	2 139.65
2014-15	2 417.10	1 696.71	1 790.57	2 895.65	1 982.76	..	..	..	2 114.71
2013-14	2 192.79	1 495.48	1 494.91	2 180.00	2 317.95	..	..	..	1 848.85
2012-13	1 950.55	1 600.96	1 384.62	2 273.68	2 320.36	..	..	..	1 757.86
2011-12	2 001.50	1 583.59	1 640.44	2 321.81	2 016.38	..	..	..	1 838.13
2010-11	2 086.25	1 683.91	1 689.71	2 048.17	2 014.58	..	..	..	1 871.46
2009-10	1 917.78	1 687.39	1 645.79	1 512.99	2 246.65	..	..	..	1 760.10
2008-09	1 665.78	1 726.08	1 824.62	1 643.02	2 077.38	..	..	..	1 732.73
2007-08	1 630.99	1 579.04	1 768.25	1 188.69	2 311.89	..	..	..	1 612.46
Non-acute									
2016-17	1 933.72	..	..	..	..	..	..	..	1 933.72
2015-16	2 340.16	..	..	..	..	..	..	..	2 340.16
2014-15	1 616.91	..	..	5 019.98	..	..	..	..	1 744.17
2013-14	1 142.90	..	2 745.44	6 362.81	..	..	..	..	1 488.70
2012-13	1 055.52	..	1 753.67	..	..	..	..	..	1 241.52
2011-12	1 740.26	..	2 689.59	5 122.65	..	..	..	..	2 042.88
2010-11	2 311.59	..	2 223.11	5 118.88	..	..	..	..	2 426.12
2009-10	1 538.43	..	2 376.15	3 406.58	..	..	..	..	1 896.16
2008-09	1 313.06	..	1 981.98	2 303.04	..	..	..	..	1 545.35
2007-08	1 470.37	..	1 729.97	2 208.40	..	..	..	..	1 611.56
Older persons mental health services									
Acute									

Table 13A.38 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic* (g)	*Qld* (h), (i), (j)	*WA* (k)	*SA* (l), (g)	*Tas* (g)	*ACT* (g)	*NT* (g)	*Aust*
2016-17 (n)	1 014.19	876.79	1 105.60	1 252.26	1 214.63	..	799.91	..	1 041.23
2015-16	954.42	814.32	954.70	1 183.63	883.46	..	724.40	..	942.69
2014-15	993.44	797.18	807.28	1 209.89	1 041.60	..	737.47	..	960.67
2013-14	990.83	787.38	912.14	1 209.99	1 021.41	..	931.02	..	965.23
2012-13	981.91	783.23	947.98	1 171.41	919.55	..	812.29	..	943.09
2011-12	888.26	760.83	958.79	1 127.90	915.50	..	679.09	..	896.68
2010-11	904.97	760.46	931.00	997.95	886.97	..	694.80	..	871.18
2009-10	821.40	729.62	935.75	1 008.78	979.59	..	695.88	..	847.26
2008-09	826.45	719.99	899.71	967.87	883.69	..	1 135.94	..	831.66
2007-08	792.21	711.73	990.90	900.38	905.85	..	1 089.19	..	818.32
Non-acute									
2016-17 (n)	963.59	918.72	692.36	..	823.92	..	..	..	846.92
2015-16	954.83	..	759.92	571.91	582.17	..	..	..	801.37
2014-15	830.03	..	660.32	593.61	462.27	..	..	..	695.12
2013-14	777.38	..	650.09	560.28	512.16	..	..	..	677.39
2012-13	895.37	..	563.14	565.42	681.62	..	..	..	716.23
2011-12	828.94	..	597.95	499.71	590.02	..	..	..	687.43
2010-11	771.10	..	592.77	512.07	613.46	..	..	..	667.91
2009-10	710.66	..	570.92	578.99	661.05	..	..	..	645.27
2008-09	695.57	..	560.16	830.06	722.72	..	..	..	670.49
2007-08	629.91	..	532.84	776.99	575.09	..	..	..	596.51
Forensic mental health services									
Acute									
2016-17	980.73	917.35	..	1 478.46	1 393.50	1 927.54	3 248.75	..	1 110.99

Table 13A.38 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic* (g)	*Qld* (h), (i), (j)	*WA* (k)	*SA* (l), (g)	*Tas* (g)	*ACT* (g)	*NT* (g)	*Aust*
2015-16	986.56	892.20	..	1 342.41	1 334.28	2 106.48	..	..	1 066.11
2014-15	1 004.22	883.67	..	1 380.34	1 405.23	2 453.44	..	..	1 090.99
2013-14	1 158.01	854.16	..	1 376.52	1 468.18	2 339.29	..	..	1 145.01
2012-13	1 034.40	863.63	..	1 423.59	976.23	2 632.40	..	..	1 095.52
2011-12	938.05	865.85	..	1 440.56	1 525.02	1 593.27	..	..	1 034.27
2010-11	1 093.53	1 000.48	..	1 239.71	1 483.38	2 584.95	..	..	1 168.93
2009-10	950.81	1 050.56	..	1 245.34	1 485.03	2 206.76	..	..	1 114.25
2008-09	790.15	920.90	..	1 340.13	1 400.71	1 733.15	..	..	986.65
2007-08	499.52	1 014.65	..	1 126.34	1 266.35	1 698.50	..	..	867.09
Non-acute									
2016-17	999.65	974.12	1 295.53	1 478.46	1 135.51	..	..	..	1 090.18
2015-16	1 018.19	1 001.50	1 300.48	1 342.41	1 153.73	..	..	..	1 104.15
2014-15	1 067.86	1 219.53	1 150.20	775.96	1 020.16	..	..	..	1 102.49
2013-14	1 173.40	1 052.44	1 239.08	1 681.65	900.06	..	..	..	1 147.24
2012-13	1 135.70	890.37	1 410.19	800.12	959.42	..	..	..	1 123.88
2011-12	1 106.80	922.90	1 419.70	861.79	995.48	..	..	..	1 120.44
2010-11	992.59	838.57	1 275.97	741.77	1 006.09	..	..	..	1 017.87
2009-10	935.63	885.58	1 167.28	1 245.34	1 039.67	..	..	..	1 004.66
2008-09	954.26	728.50	1 108.18	1 340.14	1 058.17	..	..	..	1 002.67
2007-08	667.65	902.29	1 131.63	1 126.09	1 182.68	..	..	..	953.61

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(a) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

Table 13A.38 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic* (g)	*Qld* (h), (i), (j)	*WA* (k)	*SA* (l), (g)	*Tas* (g)	*ACT* (g)	*NT* (g)	*Aust*

(b) Depreciation is excluded for all years.

(c) See AIHW Mental Health Services in Australia online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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).

(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) Child and adolescent mental health services were not available, or could not be separately identified, in Tasmania and the NT. There are no dedicated Child and Adolescent mental health inpatient services in the ACT. 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 NT from 2007–08. Forensic mental health inpatient services only became available in the ACT from 2016-17, with the establishment of an acute inpatient service (i.e. Dhulwa Mental Health Unit). 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.

(h) 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.

(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) 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.

Table 13A.38 **Average recurrent costs per inpatient bed day, public hospitals, by target population and care type (2016-17 dollars) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic* (g)	*Qld* (h), (i), (j)	*WA* (k)	*SA* (l), (g)	*Tas* (g)	*ACT* (g)	*NT* (g)	*Aust*

(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. 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.

(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.

.. Not applicable.

Source: AIHW (unpublished) MHE NMDS.

Table 13A.39 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*
2016-17									
General mental health services	12.6	12.3	9.7	12.9	9.3	11.4	10.5	14.0	11.5
Child and adolescent mental health services	15.1	7.8	9.0	7.4	3.3	..	..	..	9.4
Older persons mental health services	36.7	29.9	25.5	42.6	28.6	..	42.0	..	33.6
Total	**13.9**	**13.6**	**9.9**	**15.1**	**10.3**	**11.4**	**12.2**	**14.0**	**12.7**
2015-16									
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
Total	**15.1**	**13.8**	**10.8**	**14.1**	**10.5**	**10.8**	**14.5**	**11.3**	**13.2**
2014-15									
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
Total	**15.5**	**14.3**	**11.5**	**15.7**	**13.4**	**10.4**	**19.0**	**10.7**	**14.2**
2013-14									
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
Total	**15.4**	**14.7**	**10.3**	**16.5**	**15.3**	**11.3**	**17.0**	**10.6**	**14.1**
2012-13									
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

Table 13A.39 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*
Older persons mental health services	42.2	29.7	21.9	50.3	39.1	..	40.3	..	35.7
Total	**15.3**	**14.9**	**10.7**	**17.3**	**16.4**	**12.9**	**18.2**	**11.8**	**14.4**
2011-12									
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
Total	**16.0**	**15.4**	**11.6**	**16.0**	**13.8**	**12.6**	**16.9**	**10.7**	**14.6**
2010-11									
General mental health services	14.8	14.5	11.4	14.9	13.4	12.0	15.2	12.6	13.8
Child and adolescent mental health services	21.7	10.4	11.2	8.0	4.2	..	..	..	11.8
Older persons mental health services	35.4	32.6	20.7	51.3	45.6	..	36.3	..	35.5
Total	**16.0**	**16.1**	**11.8**	**17.3**	**15.2**	**12.0**	**17.5**	**12.6**	**15.1**

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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, WA and the NT as Youth specialised mental health hospital beds were included in the General category at the request of those jurisdictions.

Table 13A.39 **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*

(e) Child and adolescent mental health services were not available, or could not be separately identified, in Tasmania and the NT. There are no dedicated Child and Adolescent mental health inpatient services in the ACT. 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, WA and the NT 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.40 **Average recurrent cost per patient day for community residential services (2016-17 dollars) (a), (b), (c), (d), (f)**

	NSW (g)	*Vic*	*Qld* (h)	*WA* (i), (j)	*SA* (j), (k)	*Tas* (l), (m)	*ACT* (m)	*NT* (j), (k), (m), (n)	*Aust*
General adult units									
2016-17									
24-hour staffed units	384.12	523.35	..	519.37	521.61	577.58	695.43	671.40	529.59
non-24-hour staffed units	287.30	198.63	..	207.29	315.91	260.92	177.48	..	216.02
2015-16									
24-hour staffed units	290.09	521.96	..	519.20	515.20	619.26	791.04	731.87	524.76
non-24-hour staffed units	278.38	197.83	..	199.33	550.48	239.66	103.30	..	213.62
2014-15									
24-hour staffed units	258.05	520.48	..	542.36	509.93	654.06	735.34	645.32	521.91
non-24-hour staffed units	203.43	186.40	..	188.04	626.03	243.79	95.41	..	205.18
2013-14									
24-hour staffed units	265.82	625.40	..	581.62	547.76	557.06	711.87	474.06	570.98
non-24-hour staffed units	139.24	172.65	..	193.80	256.32	246.38	102.22	..	181.77
2012-13									
24-hour staffed units	277.05	555.73	..	451.53	503.89	708.78	728.81	427.20	519.40
non-24-hour staffed units	143.93	170.44	..	189.23	251.55	274.21	129.90	..	184.36
2011-12									
24-hour staffed units	304.44	546.18	..	422.64	550.06	556.16	731.10	349.02	511.37
non-24-hour staffed units	196.67	177.01	..	169.37	376.23	225.20	149.57	..	183.56
2010-11									
24-hour staffed units	334.96	603.55	..	607.84	526.28	545.31	734.27	409.57	564.55
non-24-hour staffed units	206.03	176.39	..	159.69	306.12	255.69	124.35	..	181.68
2009-10									
24-hour staffed units	291.35	565.00	..	380.53	443.79	482.80	766.62	389.43	501.90
non-24-hour staffed units	220.35	170.49	..	178.09	300.19	266.64	132.20	..	187.49
2008-09									

Table 13A.40 **Average recurrent cost per patient day for community residential services (2016-17 dollars) (a), (b), (c), (d), (f)**

	NSW (g)	*Vic*	*Qld* (h)	*WA* (i), (j)	*SA* (j), (k)	*Tas* (l), (m)	*ACT* (m)	*NT* (j), (k), (m), (n)	*Aust*
24-hour staffed units	339.00	530.44	..	490.34	456.75	626.90	806.39	299.91	512.19
non-24-hour staffed units	255.93	164.31	..	194.93	337.18	293.88	116.93	..	191.01
2007-08									
24-hour staffed units	300.34	495.44	..	577.82	453.34	588.93	661.66	331.03	481.71
non-24-hour staffed units	197.85	164.92	..	214.04	556.49	260.61	122.47	..	185.95
Older persons care units									
2016-17									
24-hour staffed units	492.50	456.26	..	..	..	860.28	244.30	..	479.43
non-24-hour staffed units	..	..	..	..	..	..	..	..	..
2015-16									
24-hour staffed units	299.20	425.17	..	..	..	836.02	303.41	..	441.94
non-24-hour staffed units	..	..	..	..	..	..	..	..	..
2014-15									
24-hour staffed units	300.46	439.82	..	..	..	757.56	247.58	..	452.94
non-24-hour staffed units	..	..	..	..	..	..	..	..	..
2013-14									
24-hour staffed units	289.10	412.57	..	..	..	887.36	209.12	..	429.56
non-24-hour staffed units	..	..	..	..	..	..	..	..	..
2012-13									
24-hour staffed units	258.79	400.22	..	..	..	915.86	278.25	..	417.36
non-24-hour staffed units	..	..	..	..	..	..	..	..	..
2011-12									
24-hour staffed units	262.87	387.90	..	..	..	774.61	279.65	..	401.30
non-24-hour staffed units	..	..	..	..	..	..	..	..	..
2010-11									
24-hour staffed units	259.67	390.77	..	..	..	797.15	237.03	..	403.78

Table 13A.40 Average recurrent cost per patient day for community residential services (2016-17 dollars) (a), (b), (c), (d), (f)

	NSW (g)	*Vic*	*Qld* (h)	*WA* (i), (j)	*SA* (j), (k)	*Tas* (l), (m)	*ACT* (m)	*NT* (j), (k), (m), (n)	*Aust*
non-24-hour staffed units	318.80	..	..	..	..	..	..	..	318.80
2009-10									
24-hour staffed units	244.51	377.17	..	..	..	858.60	221.87	..	393.14
non-24-hour staffed units	242.50	..	..	..	..	..	..	..	242.50
2008-09									
24-hour staffed units	210.66	383.67	..	..	..	599.58	275.17	..	390.62
non-24-hour staffed units	250.39	..	..	..	..	..	..	..	250.39
2007-08									
24-hour staffed units	236.62	352.35	..	..	..	903.57	206.67	..	367.83
non-24-hour staffed units	188.86	..	..	..	..	..	..	..	188.86

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(a) Depreciation is excluded for all years.

(b) Unit costs are not casemix adjusted.

(c) Time series financial data are adjusted to 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

(d) See AIHW Mental Health Services in Australia online publication (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/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) 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.

(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 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.

Table 13A.40 **Average recurrent cost per patient day for community residential services (2016-17 dollars) (a), (b), (c), (d), (f)**

	NSW (g)	*Vic*	*Qld* (h)	*WA* (i), (j)	*SA* (j), (k)	*Tas* (l), (m)	*ACT* (m)	*NT* (j), (k), (m), (n)	*Aust*

(i) 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.

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

(k) 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.

(l) Tasmanian services include both acute and rehabilitation units which have higher unit costs than extended care units.

(m) 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.

(n) 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. **na** Not available.

Source : AIHW (unpublished) MHE NMDS.

Table 13A.41 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*
Average treatment days per episode of ambulatory care									
2016-17	8.1	6.2	7.0	5.1	5.4	5.4	8.3	4.6	6.7
2015-16	8.9	6.6	7.0	4.9	5.4	5.4	8.4	4.4	7.0
2014-15	8.6	7.0	6.8	4.9	5.2	5.5	8.6	4.4	6.9
2013-14	8.2	7.1	6.5	4.9	5.4	6.0	8.4	4.4	6.8
2012-13	7.8	na	6.4	4.8	5.4	3.9	8.4	4.0	6.5
2011-12	8.0	na	5.8	5.0	5.4	4.5	8.6	3.6	6.4
2010-11	7.5	7.7	5.2	5.0	5.5	5.5	8.2	3.6	6.4
2009-10	7.6	7.6	4.9	4.9	5.3	5.2	8.2	3.5	6.3
2008-09	7.2	7.6	4.5	4.8	5.3	6.0	8.0	3.9	6.1
2007-08	8.0	7.7	5.4	4.6	5.2	5.9	8.0	3.9	6.5
Average cost per treatment day of ambulatory care (2016-17 $) (g)									
2016-17	237.19	458.54	340.73	430.20	325.31	338.34	224.33	447.02	325.04
2015-16	220.76	393.26	340.52	467.26	334.92	310.04	229.08	479.37	311.30
2014-15	231.25	368.82	353.17	481.97	379.64	338.16	242.20	475.62	322.29
2013-14	232.34	390.98	366.77	454.56	370.14	342.36	231.51	462.66	324.70
2012-13	247.56	na	398.23	480.58	367.24	735.80	254.23	484.85	335.00
2011-12	276.78	na	479.68	494.57	367.85	530.32	279.76	615.17	369.95
2010-11	290.81	364.22	514.35	476.28	374.01	380.13	282.26	671.36	376.98
2009-10	281.10	338.79	559.01	487.18	354.20	444.27	283.63	665.61	372.54
2008-09	295.25	335.19	486.99	519.59	345.93	457.96	323.18	607.03	371.13
2007-08	282.36	321.95	391.45	535.39	358.30	492.52	311.33	659.26	350.68

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

Data are complete (subject to caveats) for the current reporting period. All required 2016-17 data are available for all jurisdictions.

(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.

Table 13A.41 **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*

(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 2016-17 dollars using the State and Territory implicit price deflators for general government final consumption expenditure on hospital and nursing home services (table 13A.64).

na Not available.

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

Table 13A.42 **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

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

Data are complete (subject to caveats) for the current reporting period. All required 2007 data are available for all jurisdictions.

(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.43 Prevalence of lifetime mental disorders among adults aged 16–85 years, by sex, 2007 (per cent) (a)

	Males	*Females*	*People*
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
Any anxiety disorder (c)	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
Any affective disorder (c)	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
Any substance use disorder (c), (e)	7.0 ± 1.2	3.3 ± 0.7	5.1 ± 0.7
Any 12-month mental disorder (c)	**17.6 ± 1.9**	**22.3 ± 1.3**	**20.0 ± 1.1**
Lifetime mental disorder, with no 12-month symptoms (f)	**30.5 ± 2.2**	**20.7 ± 1.4**	**25.5 ± 1.4**
No lifetime mental disorder (g)	**51.9 ± 2.0**	**57.0 ± 1.7**	**54.5 ± 1.4**

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

Data are complete (subject to caveats) for the current reporting period. All required 2007 data are available for all jurisdictions.

(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.44 **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

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

Data are complete (subject to caveats) for the current reporting period. All required 2007 data are available for all jurisdictions.

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
2014-15										
					Age-standardised proportion					
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
Total	**%**	**3.8**	**4.1**	**3.8**	**2.9**	**4.9**	**4.3**	**3.7**	**2.0***	**3.7**
					Relative standard errors					
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
Total	**%**	**11.5**	**12.3**	**10.7**	**14.2**	**13.4**	**14.6**	**15.6**	**34.1**	**5.5**
					95 per cent confidence intervals					
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
Total	**±**	**0.8**	**1.0**	**0.8**	**0.8**	**1.3**	**1.2**	**1.1**	**1.4**	**0.4**
2011-12										
					Age standardised proportion					
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
Total	**%**	**3.2**	**3.7**	**3.9**	**3.0**	**3.3**	**3.2**	**2.8**	**3.2**	**3.4**
					Relative standard errors					
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
Total	**%**	**12.0**	**11.7**	**12.1**	**13.0**	**12.7**	**17.7**	**15.4**	**20.1**	**5.9**
					95 per cent confidence intervals					
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

Table 13A.45 **Age-standardised rate of adults with very high levels of psychological distress, by State and Territory (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Total	**±**	**0.7**	**0.8**	**0.9**	**0.8**	**0.8**	**1.1**	**0.9**	**1.3**	**0.4**
2007-08										
					Age standardised proportion					
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
Total	**%**	**4.0**	**3.5**	**3.1**	**2.8**	**3.5**	**3.3**	**3.4**	**np**	**3.5**
					Relative standard errors					
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
Total	**%**	**11.9**	**13.3**	**13.5**	**13.6**	**13.8**	**20.0**	**17.6**	**np**	**6.7**
					95 per cent confidence intervals					
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
Total	**±**	**0.9**	**0.9**	**0.8**	**0.8**	**1.0**	**1.3**	**1.2**	**np**	**0.5**

(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.46 **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)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
2014-15										
						Age-standardised proportion				
Remoteness of residence										
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	%	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
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
Disability status										
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
Total	**%**	**11.0**	**12.5**	**12.0**	**9.9**	**13.7**	**14.0**	**10.9**	**7.8**	**11.7**
						Relative standard errors				
Remoteness of residence										
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	%	..	..	..	..	..	..	..	..	..

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
SEIFA of residence (quintiles) (f)										
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
Disability status										
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
Total	**%**	**7.0**	**6.1**	**5.6**	**9.0**	**6.9**	**7.3**	**9.6**	**12.8**	**2.7**
					95 per cent confidence intervals					
Remoteness of residence										
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	±	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
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
Disability status										

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
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
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
Total	**±**	**1.5**	**1.5**	**1.3**	**1.8**	**1.8**	**2.0**	**2.1**	**2.0**	**0.6**
2011-12										
					Age standardised proportion					
Remoteness of residence										
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	%	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
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
Disability status										
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
Total	%	**10.4**	**11.4**	**10.8**	**10.6**	**11.4**	**9.1**	**9.1**	**9.0**	**10.8**
					Relative standard errors					

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Remoteness of residence										
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
Outer regional/remote	%	44.2	31.7	22.0	19.2	19.2	16.9	..	15.0	11.5
Very remote	%	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
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
Disability status										
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
Total	**%**	**6.7**	**6.2**	**6.3**	**7.2**	**7.3**	**8.8**	**9.7**	**15.0**	**3.2**
					95 per cent confidence intervals					
Remoteness of residence										
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	±	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
Quintile 1	±	4.0	3.8	6.6	4.3	4.5	3.1	np	5.1	2.5

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
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
Disability status										
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
Total	**+**	**1.4**	**1.4**	**1.3**	**1.5**	**1.6**	**1.6**	**1.7**	**2.7**	**0.7**
2007-08										
					Age standardised proportion					
Remoteness of residence										
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	%	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles)										
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
Disability status										

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
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
Gender										
Males	%	10.2	8.5	9.0	8.6	12.2	9.0	9.8	np	9.6
Females	%	15.4	15.0	14.0	11.4	13.8	12.5	12.0	15.1	14.4
Total	**%**	**12.8**	**11.8**	**11.5**	**10.0**	**13.0**	**10.8**	**10.9**	**13.4***	**12.0**
					Relative standard errors					
Remoteness of residence										
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	%	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
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
Disability status										
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

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Gender										
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
Total	**%**	**5.7**	**6.6**	**7.7**	**7.2**	**8.3**	**9.3**	**9.4**	**36.8**	**3.1**
					95 per cent confidence intervals					
Remoteness of residence										
Major cities	±	1.7	1.8	2.2	1.6	2.0	..	2.0	..	0.9
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	±	..	..	..	..	..	..	..	..	..
SEIFA of residence (quintiles) (f)										
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
Disability status										
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
Gender										
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
Total	**±**	**1.4**	**1.5**	**1.7**	**1.4**	**2.1**	**2.0**	**2.0**	**9.7**	**0.7**

Table 13A.46 **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)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*

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.

(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.47 **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)**

	Age-standardised proportion (%)	*Relative standard error (%)*	*95% confidence interval (±)*
2014-15			
Remoteness of residence			
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)	..	..	..
SEIFA of residence (quintiles) (f)			
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
SEIFA of residence (deciles) (f)			
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
Disability status			
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
2011-12			
Remoteness of residence			
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)	..	..	..
SEIFA of residence (quintiles) (f)			
Quintile 1	5.4	12.6	1.3

Table 13A.47 **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)**

	Age-standardised proportion (%)	*Relative standard error (%)*	*95% confidence interval (±)*
Quintile 2	4.1	8.8	0.7
Quintile 3	3.5	12.7	0.9
Quintile 4	2.8	13.3	0.7
Quintile 5	1.9	17.2	0.6
SEIFA of residence (deciles) (f)			
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
Disability status			
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
2007-08			
Remoteness of residence			
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)	..	..	..
SEIFA of residence (quintiles) (f)			
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
SEIFA of residence (deciles) (f)			
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

Table 13A.47 **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)**

	Age-standardised proportion (%)	*Relative standard error (%)*	*95% confidence interval (±)*
Decile 6	2.7	17.0	0.9
Decile 7	2.1	22.6	0.9
Decile 8	2.2	22.1	1.0
Decile 9	2.9*	25.2	1.4
Decile 10	1.5*	27.0	0.8
Disability status			
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
Total	**3.5**	**6.7**	**0.5**

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
2014-15					*Age-standardised proportion*					
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
					Relative standard errors					
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
					95 per cent confidence intervals					
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
2011-13					*Age-standardised proportion*					
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
					Relative standard errors					
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
					95 per cent confidence intervals					
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.48 **Age-standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by Indigenous status (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*

(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.

Source: 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.49 **Risk status recent drinkers (in last 12 months) aged 14 years or over (per cent)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2016									
Lifetime status									
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
Single occasion									
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**
2013									
Lifetime status									
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
Single occasion									
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**
2010									
Lifetime status									
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
Single occasion									
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.

Table 13A.49 **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) On average, had no more than 2 standard drinks per day.

(c) On average, had more than 2 standard drinks per day.

(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.50 Selected illicit drug use, by substance and age group (per cent) (a), (b)

	2001	*2004*	*2007*	*2010*	*2013*	*2016*
Cannabis						
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
Ecstasy						
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
Meth/amphetamines						
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
Cocaine						
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.51 **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)**

	Not used drug in last 12 months				*Used drug in last 12 months*				*All people (18+)*
	2007	*2010*	*2013*	*2016*	*2007*	*2010*	*2013*	*2016*	*2016*
Any illicit drug									
Level of psychological distress									
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
Self-reported health condition (c)									
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
Cannabis									
Level of psychological distress									
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
Self-reported health condition (c)									
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
Ecstasy									
Level of psychological distress									
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
Self-reported health condition (c)									
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.51 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)

	Not used drug in last 12 months				*Used drug in last 12 months*				*All people (18+)*
	2007	*2010*	*2013*	*2016*	*2007*	*2010*	*2013*	*2016*	*2016*
Meth/amphetamines									
Level of psychological distress									
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
Self-reported health condition (c)									
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
Cocaine									
Level of psychological distress									
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
Self-reported health condition (c)									
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 with " * ".

(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.52 **Suicide deaths and death rate (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number of suicide deaths									
2013–2017	4 064	3 104	3 569	1 883	1 127	398	207	235	14 591
2017	880	621	804	409	224	80	58	51	3 128
2016	805	624	674	371	225	92	28	46	2 866
2015	829	668	757	400	232	83	46	49	3 065
2014	832	658	658	367	243	69	38	56	2 922
2013	718	533	676	336	203	74	37	33	2 610
2012	727	514	631	367	198	71	24	48	2 580
2011	617	526	578	309	212	74	33	44	2 393
2010	674	558	588	313	197	64	41	45	2 480
2009	623	576	525	279	185	79	32	37	2 337
2008	620	545	553	300	175	73	36	38	2 341
Suicide death rate per 100 000 people									
2013–2017	10.5	10.1	15.0	14.7	13.1	15.2	10.5	19.3	12.1
2017	10.9	9.6	16.3	15.8	12.8	15.6	14.1	20.3	12.6
2016	10.3	9.9	13.9	14.4	13.3	17.0	7.2	19.3	11.7
2015	10.8	10.9	15.9	15.6	13.2	16.0	11.4	20.6	12.7
2014	10.8	10.9	14.0	14.5	14.4	12.8	9.8	21.8	12.3
2013	9.5	8.9	14.6	13.5	11.9	14.2	9.6	14.2	11.1
2012	9.8	9.0	13.9	15.0	11.7	13.7	6.2	19.1	11.2
2011	8.4	9.2	12.9	12.9	12.9	14.1	9.3	18.5	10.5
2010	9.3	10.1	13.4	13.6	11.8	13.0	11.3	18.8	11.2
2009	8.7	10.5	12.1	12.3	11.5	15.4	8.9	17.4	10.7
2008	8.8	10.2	13.2	13.8	11.0	15.0	10.1	17.5	10.9

Data are comparable (subject to caveats) across jurisdictions and over time for some years and disaggregations but not comparable for other years and disaggregations.

Data are complete (subject to caveats) for the current reporting period. All required 2017 data are available for all jurisdictions.

(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: 2008-2014 (final), 2015 (revised), 2016-2017 (preliminary). See Explanatory Notes 52-55 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.

Table 13A.52 **Suicide deaths and death rate (a), (b), (c)**

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

(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 (2018) *Causes of Death, Australia 2017* , Cat. no. 3303.0, Canberra.

Table 13A.53 Suicide deaths and death rate of people aged 5–17 years, 2013-2017 (a), (b), (c), (d), (e), (f), (g)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (h)
Number of suicide deaths of people aged 5–17 years									
2013–2017	124	78	110	70	24	15	7	30	458
Suicide death rate per 100 000 people aged 5–17 years									
2013–2017	2.0	1.7	2.7	3.4	1.8	3.6	2.3	13.9	2.4

(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, 2017 (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: 2008-2014 (final), 2015 (revised), 2016-2017 (preliminary). See Explanatory Notes 52-55 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).

(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 (2013–2017). 2013–2017 rate includes final 2013 and 2014 data, revised 2015 data and preliminary 2016 and 2017 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.

(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.

np not published.

Source: ABS (2018) *Causes of Death, Australia 2017*, Cat. no. 3303.0, Canberra; ABS (unpublished) *Causes of Death, Australia*, Cat. no. 3303.0.

Table 13A.54 **Suicide deaths and suicide death rate, by area (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Number of suicide deaths by area									
2017									
Greater capital city	439	434	340	311	158	38	..	21	1 799
Rest of state/territory	434	184	457	93	65	41	58	30	1 304
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
2015									
Greater capital city	430	466	308	291	182	27	..	25	1 774
Rest of state/territory	396	197	443	106	50	56	45	21	1 269
2014									
Greater capital city	486	434	261	262	184	23	..	28	1 715
Rest of state/territory	336	217	391	99	56	45	37	27	1 171
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
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
Suicide death rate per 100 000 people by area									
2017									
Greater capital city	8.3	8.7	14.0	15.1	11.5	16.9	..	14.2	10.7
Rest of state/territory	16.1	13.0	18.4	17.8	18.3	14.4	14.1	29.0	16.6
2016									
Greater capital city	8.0	9.0	12.2	12.1	13.3	15.1	..	21.2	10.0
Rest of state/territory	14.9	13.1	15.5	22.1	13.5	18.5	7.2	np	15.4
2015									
Greater capital city	8.6	10.0	13.1	14.3	13.3	12.0	..	19.1	11.0
Rest of state/territory	15.2	13.9	18.3	20.0	13.1	19.1	11.1	18.7	16.4
2014									
Greater capital city	9.8	9.4	11.4	13.1	14.1	9.8	..	18.5	10.8
Rest of state/territory	12.7	15.3	16.3	18.7	14.6	14.7	9.5	24.7	15.1
2013									
Greater capital city	8.2	8.2	14.2	12.4	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
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

Table 13A.54 **Suicide deaths and suicide death rate, by area (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)

(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, 2017* (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: 2008-2014 (final), 2015 (revised), 2016-2017 (preliminary). See Explanatory Notes 52-55 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).

(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. **np** Not published.

Source: ABS (2018) *Causes of Death, Australia, 2017,* Cat. no. 3303.0.

Table 13A.55 **Suicide deaths, by Indigenous status, 2013–2017 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (c)
Number									
Aboriginal and Torres Strait Islander (d)	174	32	250	195	44	5	7	107	770
Non-Indigenous	3 842	3 061	3 283	1 593	1 072	390	194	128	9 918
Total	**4 064**	**3 104**	**3 569**	**1 883**	**1 127**	**398**	**207**	**235**	**10 878**
Suicide rate per 100 000 (e)									
Aboriginal and Torres Strait Islander	18.0	np	25.2	38.5	25.0	np	np	26.2	24.9
Non-Indigenous	10.2	np	14.2	12.9	12.7	np	np	14.9	12.0

(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) Age-standardised and age-specific death rates for Aboriginal and Torres Strait Islander persons for the 2017 reference year have been calculated using 2011 Census-based population estimates, including 2013-2017 years combined. Non-Indigenous estimates have been derived by subtracting the 2011 Census based Aboriginal and Torres Strait Island population estimate from the total 2011 Census-based estimated resident population (ERP). This differs from *Causes of Death 2016 (3303.0)* where single-year rates calculated for the 2016 reference year, were calculated using 2016 Census-based Aboriginal and Torres Strait Islander population projections. The non-Indigenous population component were derived by subtracting the 2016 Census-based Aboriginal and Torres Strait Islander population projections from the total 2016 Census-based ERP. Rates calculated for previous reference years, including for 2012-2016 reference years combined, were calculated using 2011 Census-based Aboriginal and Torres Strait Islander population projections. The non-Indigenous population component were derived by subtracting the 2011 Census-based Aboriginal and Torres Strait Islander population projections from the total 2011 Census-based ERP. Rates calculated from population denominators derived from different Censuses may cause artificially large rate differences. Rate comparisons made between the 2017 reference year and 2016 should therefore be made with extreme caution. Aboriginal and Torres Strait Islander population estimates and 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 (2018) *Causes of Death, Australia, 2017* Cat. no. 3303.0.

Table 13A.56 **Age-standardised proportions of adults by health risk factors and mental illness status (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Total*
2014-15									
Overweight/obese									
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
Daily smoker									
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
At risk of long term harm from alcohol (g)									
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
2011-12									
Overweight/obese									
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

Table 13A.56 **Age-standardised proportions of adults by health risk factors and mental illness status (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Total*
Daily smoker									
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
At risk of long term harm from alcohol (g)									
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.57 **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*
2014-15									
Cancer									
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
Diabetes									
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
Arthritis									
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
Cardiovascular disease									
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
Asthma									

Table 13A.57 **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 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
2011-12									
Cancer									
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
Diabetes									
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
Arthritis									
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
Cardiovascular disease									

Table 13A.57 **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 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
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
Asthma									
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

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

Data are complete (subject to caveats) for the current reporting period. All required 2014-15 data are available for all jurisdictions.

(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.58 **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*
2014-15									
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
2011-12									
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
2007-08									
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.

Table 13A.58 **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*

(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.59 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Total*
2014-15									
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									

Table 13A.59 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Total*
People aged 16–64 years who are employed									
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
2007-08									
People aged 16–64 years who are employed									

Table 13A.59 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Total*
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
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

Data are comparable (subject to caveats) across jurisdictions for all surveys, and over time for 2014-15, 2011-12 and 2007-08 (NHS data).

Data are complete (subject to caveats) for the current reporting period. All required 2014-15 data and 2014 data are available for all jurisdictions.

Table 13A.59 **Age-standardised proportion of people aged 16–64 years who are employed, by mental illness status (per cent) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Total*

(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. A '**' 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.

(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. **np** 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.60 **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)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Total*
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

Data are comparable (subject to caveats) across jurisdictions for all surveys, and over time for 2014-15, 2011-12 and 2007-08 (NHS data).

Data are complete (subject to caveats) for the current reporting period. All required 2014-15 data and 2014 data are available for all jurisdictions.

(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.61 Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)

	Unit	NSW	Vic (c)	Qld	WA	SA	Tas (c)	ACT	NT	Aust (c)
2016-17										
Group A: People discharged from hospital (d)										
	no.	4 831	5 755	6 928	4 881	2 105	875	599	217	26 191
	%	18.5	31.3	46.4	53.6	30.6	48.2	47.5	32.1	33.1
Group B: People discharged from community-based ambulatory care (e)										
	no.	2 940	4 831	7 322	2 812	317	208	–	28	18 458
	%	14.5	43.0	34.8	24.3	4.2	14.1	–	2.0	26.9
Group C: People in ongoing community-based ambulatory care (f)										
	no.	8 279	5 461	11 708	5 355	2 630	498	45	400	34 376
	%	24.4	31.2	57.4	38.0	22.8	24.3	1.1	16.4	33.4
2015-16 (c)										
Group A: People discharged from hospital (d)										
	no.	5 308	7 240	6 777	4 719	2 175	842	42	244	27 347
	%	21.6	40.3	45.8	52.8	32.8	46.1	3.9	34.7	35.7
Group B: People discharged from community-based ambulatory care (e)										
	no.	1 958	6 153	7 518	2 217	1 192	321	–	21	19 380
	%	9.1	50.7	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	11 340	4 509	3 356	742	281	434	33 433
	%	19.8	34.9	55.7	32.7	33.3	32.1	6.1	17.3	33.0
2014-15 (c)										
Group A: People discharged from hospital (d)										
	no.	5 735	7 025	6 459	4 383	1 640	716	44	259	26 261
	%	24.3	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.	1 867	6 219	5 985	1 534	1 285	312	–	21	17 223
	%	8.9	51.6	31.4	16.2	17.3	18.3	–	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	36.9	50.6	28.6	35.3	34.1	2.4	18.0	31.8
2013-14										
Group A: People discharged from hospital (d)										
	no.	5 648	7 086	5 188	3 633	1 699	571	237	218	24 280
	%	25.1	45	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.	2 248	5 722	4 269	1 476	1 433	366	–	29	15 543
	%	10.9	51	22.7	15.3	19.2	21.5	–	2.6	21.5
Group C: People in ongoing community-based ambulatory care (f)										
	no.	6 410	6 836	8 685	3 864	3 634	843	294	396	30 962
	%	19.8	38	41.6	28.8	35.9	34.5	6.9	16.6	30.3

Table 13A.61 Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)

	Unit	NSW	Vic (c)	Qld	WA	SA	Tas (c)	ACT	NT	Aust (c)
2012-13										
Group A: People discharged from hospital (d)										
	no.	6 413	–	4 396	3 435	2 025	913	63	202	17 447
	%	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	–	3 590	1 328	1 331	340	2	49	8 763
	%	10.7	na	18.7	14.9	19.3	35.4	0.4	4.2	15.1
Group C: People in ongoing community-based ambulatory care (f)										
	no.	7 061	–	8 254	3 855	3 409	619	302	412	23 912
	%	20.5	na	39.2	29.9	36.3	39.1	8.1	18.0	28.2
2011-12										
Group A: People discharged from hospital (d)										
	no.	5 633	–	3 200	3 454	2 151	673	30	201	15 342
	%	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.	2 023	–	2 419	1 242	1 369	232	–	44	7 329
	%	10.3	na	13.5	15.5	21.5	13.9	–	4.7	13.2
Group C: People in ongoing community-based ambulatory care (f)										
	no.	7 499	–	7 134	3 651	3 200	541	276	402	22 703
	%	21.1	na	34.3	29.3	35.0	22.9	7.8	19.7	26.6
2010-11										
Group A: People discharged from hospital (d)										
	no.	5 497	8 044	2 368	3 104	2 128	401	79	183	21 804
	%	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.	1 756	6 286	2 590	1 300	1 381	313	–	39	13 665
	%	8.4	49.3	15.9	17.6	23.6	20.8	–	5.2	20.0
Group C: People in ongoing community-based ambulatory care (f)										
	no.	6 022	8 165	7 146	4 453	3 150	704	466	354	30 460
	%	18.1	45.9	35.4	36.7	36.5	32.0	13.8	20.4	30.9
2009-10										
Group A: People discharged from hospital (d)										
	no.	5 726	7 652	1 586	2 833	2 303	275	62	132	20 569
	%	2 820.0	5 430.0	1 480.0	4 270.0	4 340.0	–	700.0	2 380.0	3 420.0
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
	%	880.0	4 840.0	1 390.0	1 980.0	2 680.0	1 880.0	–	500.0	2 010.0
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
	%	1 910.0	4 410.0	3 200.0	3 490.0	3 630.0	2 980.0	990.0	2 380.0	2 990.0

Table 13A.61 Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)

	Unit	*NSW*	*Vic* (c)	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust* (c)
2008-09										
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
2007-08										
Group A: People discharged from hospital (d)										
	no.	5 989	3 740	4 419	2 564	2 657	324	40	92	19 825
	%	29.7	28.0	42.0	43.0	50.4	19.7	4.6	16.1	34.0
Group B: People discharged from community-based ambulatory care (e)										
	no.	2 126	3 938	6 065	1 196	1 457	366	np	51	15 199
	%	12.0	33.9	39.5	21.5	30.4	22.3	np	6.2	25.7
Group C: People in ongoing community-based ambulatory care (f)										
	no.	5 073	5 307	5 917	2 760	3 097	705	159	305	23 323
	%	16.5	27.4	31.5	26.1	39.7	19.3	5.6	23.3	24.8

(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.

(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.

Table 13A.61 **Specialised public mental health services episodes with completed consumer outcomes measures collected (a), (b)**

	Unit	*NSW*	*Vic* (c)	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust* (c)

Source: AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network.

Table 13A.62 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2016-17									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	67.8	57.5	59.9	55.2	np	np	np	np	59.1
Aged 18–64 years	69.1	78.4	76.4	73.0	67.5	75.9	33.8	75.2	72.9
Aged 65 years or over	63.4	73.4	67.2	63.7	np	np	np	np	68.1
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	58.9	44.1	58.8	64.5	np	np	np	np	55.4
Aged 18–64 years	54.4	48.4	54.1	51.3	np	np	np	np	52.4
Aged 65 years or over	45.3	48.5	49.3	42.2	np	np	np	np	47.3
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	31.9	37.3	40.0	44.8	27.7	np	np	np	37.2
Aged 18–64 years	21.7	25.4	26.1	23.0	20.6	23.0	np	25.2	24.0
Aged 65 years or over	23.0	25.7	22.8	22.3	24.7	np	np	np	23.5
2015-16									
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	75.2	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	22.7	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
2014-15									
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	69.9	76.3	78.2	75.4	71.6	75.9	np	75.0	74.8
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	52.8	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

Table 13A.62 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2013-14									
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
2012-13									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	55.5	np	52.0	np	np	np	np	np	52.5
Aged 18–64 years	72.5	np	75.6	76.7	76.4	77.1	np	np	74.8
Aged 65 years or over	61.8	np	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	np	62.7	58.7	38.8	np	np	np	52.9
Aged 18–64 years	51.5	np	57.5	51.8	54.1	np	np	np	55.3
Aged 65 years or over	46.4	np	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	np	42.0	38.7	29.2	np	np	np	36.2
Aged 18–64 years	20.8	np	28.4	23.1	18.8	17.9	np	27.7	23.7
Aged 65 years or over	19.4	np	27.1	19.3	23.8	np	np	np	22.1
2011-12									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	53.7	np	52.0	np	np	np	np	np	53.6
Aged 18–64 years	71.1	np	76.7	74.4	73.4	73.2	np	np	73.4
Aged 65 years or over	59.6	np	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	np	61.2	63.2	40.4	np	np	np	52.8
Aged 18–64 years	49.9	np	56.6	51.6	62.0	np	np	np	54.6
Aged 65 years or over	47.8	np	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	np	43.0	36.6	27.4	np	np	np	36.5
Aged 18–64 years	21.0	np	27.1	23.5	21.0	22.5	np	25.9	23.6
Aged 65 years or over	20.6	np	30.4	20.4	23.9	np	np	np	23.5

Table 13A.62 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2010-11									
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	60.4	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	52.8
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	24.2	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
2009-10									
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
2008-09									
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

Table 13A.62 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)

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2007-08									
Group A: People discharged from hospital who significantly improved (g)									
Aged 0–17 years	61.7	72.3	61.8	np	np	np	np	np	63.2
Aged 18–64 years	77.1	78.3	72.5	78.0	68.4	72.8	np	np	75.0
Aged 65 years or over	68.8	67.0	67.2	58.3	69.8	np	np	np	66.4
Group B: People discharged from community care who significantly improved (h)									
Aged 0–17 years	59.4	53.9	59.8	np	41.1	np	np	np	53.7
Aged 18–64 years	55.0	56.0	55.6	46.6	57.1	np	np	np	55.3
Aged 65 years or over	52.0	49.3	47.4	42.6	np	np	np	np	47.8
Group C: People in ongoing community care who significantly improved (i)									
Aged 0–17 years	36.3	37.7	41.1	39.8	28.7	np	np	np	35.8
Aged 18–64 years	23.2	26.6	27.3	28.4	23.0	28.4	np	23.0	25.8
Aged 65 years or over	23.1	26.2	26.3	20.7	22.0	np	np	np	23.7

Data are not comparable within jurisdictions over time or across jurisdictions.

Data are are complete (subject to caveats) for the current reporting period. All required data for 2016-17 are available for all jurisdictions.

(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.

(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.

Table 13A.62 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)

(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.

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

Source: AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network.

Table 13A.63 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2016-17									
Group A: People discharged from hospital (g)									
Significant improvement	68.4	75.7	74.1	70.8	67.4	75.3	34.4	75.1	71.4
No significant change	26.2	19.4	20.5	25.7	28.6	20.8	57.1	19.4	23.8
Significant deterioration	5.3	4.8	5.4	3.5	3.9	3.9	8.5	5.5	4.8
Group B: People discharged from community ambulatory care (h)									
Significant improvement	53.6	47.5	54.5	51.9	53.0	51.9	np	np	52.1
No significant change	40.2	45.7	38.0	43.6	42.9	46.2	np	np	41.4
Significant deterioration	6.1	6.7	7.5	4.5	4.1	1.9	np	np	6.5
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	23.6	27.7	28.8	25.9	22.5	25.5	np	23.8	26.3
No significant change	59.1	56.0	54.0	57.7	64.5	61.0	np	56.0	57.0
Significant deterioration	17.3	16.3	17.2	16.5	13.0	13.5	np	20.3	16.7
2015-16									
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	20.4	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	45.8	45.8	38.1	45.4	51.1	46.7	np	np	43.1
Significant deterioration	5.5	6.8	7.9	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	25.2	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	12.9	17.1	19.4	15.8
2014-15									
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
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

Table 13A.63 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2013-14									
Group A: People discharged from hospital (g)									
Significant improvement	69.4	73.4	75.3	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	45.9	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
2012-13									
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	21.3	22.8	29.9	26.0
No significant change	61.6	np	53.5	59.3	61.2	59.8	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
2011-12									
Group A: People discharged from hospital (g)									
Significant improvement	68.5	np	73.3	72.5	71.8	73.0	np	78.1	71.1
No significant change	26.5	np	19.7	22.6	24.3	21.8	np	15.4	23.6
Significant deterioration	4.9	np	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	np	56.5	47.7	47.4	50.4	np	np	51.9
No significant change	43.8	np	37.1	46.6	48.4	43.1	np	np	43.0
Significant deterioration	3.8	np	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	np	30.4	24.6	23.8	27.5	29.0	27.4	26.0
No significant change	61.1	np	54.0	60.4	60.9	50.8	56.5	53.5	58.3
Significant deterioration	15.9	np	15.6	15.0	15.3	21.6	14.5	19.2	15.7

Table 13A.63 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2010-11									
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	54.4	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	57.4	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
2009-10									
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
2008-09									
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

Table 13A.63 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)
2007-08									
Group A: People discharged from hospital (g)									
Significant improvement	75.6	76.1	71.3	74.8	66.7	72.2	np	np	73.3
No significant change	20.2	20.5	22.7	20.4	29.0	21.6	np	np	22.1
Significant deterioration	4.2	3.5	6.0	4.8	4.4	6.2	np	np	4.6
Group B: People discharged from community ambulatory care (h)									
Significant improvement	55.6	53.6	55.1	47.7	47.4	47.0	np	np	53.3
No significant change	42.0	42.5	38.9	44.7	47.0	46.4	np	np	41.7
Significant deterioration	2.4	3.9	6.0	7.6	5.6	6.6	np	np	5.0
Group C: People in ongoing community ambulatory care (i)									
Significant improvement	24.5	27.9	29.3	28.5	24.9	27.7	np	0.2	27.1
No significant change	60.7	58.0	52.2	56.4	58.7	51.8	np	0.6	56.8
Significant deterioration	14.8	14.0	18.5	15.1	16.4	20.6	np	0.2	16.1

Data are not comparable within jurisdictions over time or across jurisdictions.

Data are are complete (subject to caveats) for the current reporting period. All required data for 2016-17 are available for all jurisdictions.

(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.

(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.

Table 13A.63 **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)**

	NSW	*Vic* (d)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (f)	*NT* (f)	*Aust* (d)

(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.

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

Source : AIHW (unpublished) from data provided by the Australian Mental Health Outcomes and Classification Network.

Table 13A.64 **Deflators used to calculate real State and Territory mental health expenditure (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2016-17	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2015-16	98.0	97.8	97.8	98.6	98.1	97.9	97.7	97.3	98.1
2014-15	96.1	96.0	96.0	96.2	95.9	95.6	96.0	95.2	96.3
2013-14	93.9	94.0	93.8	93.8	93.3	92.8	93.9	93.3	94.0
2012-13	91.7	91.6	91.1	90.4	90.5	90.5	92.2	90.6	91.5
2011-12	89.0	89.4	88.3	87.1	88.0	88.1	88.9	88.2	88.9
2010-11	87.0	87.9	86.1	84.0	85.7	86.0	86.7	85.9	86.8
2009-10	86.2	86.6	84.2	83.2	84.9	85.1	85.8	85.0	85.6
2008-09	83.4	83.9	80.5	79.8	81.8	82.3	82.8	82.4	82.5
2007-08	81.4	81.3	77.4	76.7	78.7	79.9	79.9	79.3	80.0

(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.65 **Estimated resident populations used in mental health per head calculations (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
2016-17	7 797 791	6 244 227	4 883 739	2 567 788	1 716 966	519 050	406 403	245 048	24 385 635
2015-16	7 671 401	6 093 049	4 804 933	2 547 745	1 705 937	515 694	398 874	244 090	23 984 581
2014-15	7 562 171	5 957 512	4 747 263	2 528 619	1 693 107	514 040	391 981	242 753	23 640 331
2013-14	7 454 938	5 832 585	4 685 439	2 502 188	1 678 052	513 015	386 318	242 304	23 297 777
2012-13	7 353 189	5 709 586	4 611 304	2 457 489	1 663 082	511 813	379 812	238 728	22 928 023
2011-12	7 258 722	5 591 818	4 518 649	2 385 947	1 647 183	511 739	372 070	232 952	22 522 197
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
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
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
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

(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.

Royal Commission into
Victoria's Mental Health System

ATTACHMENT PB-3

This is the attachment marked '**PB-3**' referred to in the witness statement of Peggy Brown dated 22 July 2019.

National MHSPF
Mental Health Service Planning Framework

Introduction to the NMHSPF

Population Based Planning for Mental Health

Table of Contents

List of figures

List of tables

Background

Overview

The National Mental Health Service Planning Framework (NMHSPF) provides a comprehensive model of the mental health services required to meet population needs, and is designed to help plan, coordinate and resource mental health services. It is an internationally unprecedented, evidence-based framework providing national average benchmarks for optimal service delivery across the full spectrum of mental health services in Australia. It provides an agreed national language for mental health services, with a detailed taxonomy and definitions of service types accompanied by national average staffing profiles and salaries. The associated NMHSPF Planning Support Tool (NMHSPF-PST) allows users to estimate need and expected demand for mental health care and the level and mix of mental health services required for a given population. The NMHSPF builds on state and territory expertise in population-based mental health service planning and has collated expert input from over 170 service managers and planners, public and private sector clinicians, community sector professionals, consumers, carers, technical experts and academics.

The current NMHSPF package includes:

- The NMHSPF-PST, an Excel-based planning tool;
- The NMHSPF-PST user guide;
- An essential overview document that outlines key NMHSPF information;
- A framework document that explains how the NMHSPF aligns with the mental health system;
- Service element and activity descriptions;
- Descriptions of care profiles covering all age groups;
- Descriptions of staffing profiles;
- A technical manual that describes the epidemiology, modelling, service taxonomy and other aspects of the methodology underpinning the work; and
- Reports of various research reviews commissioned for the project.

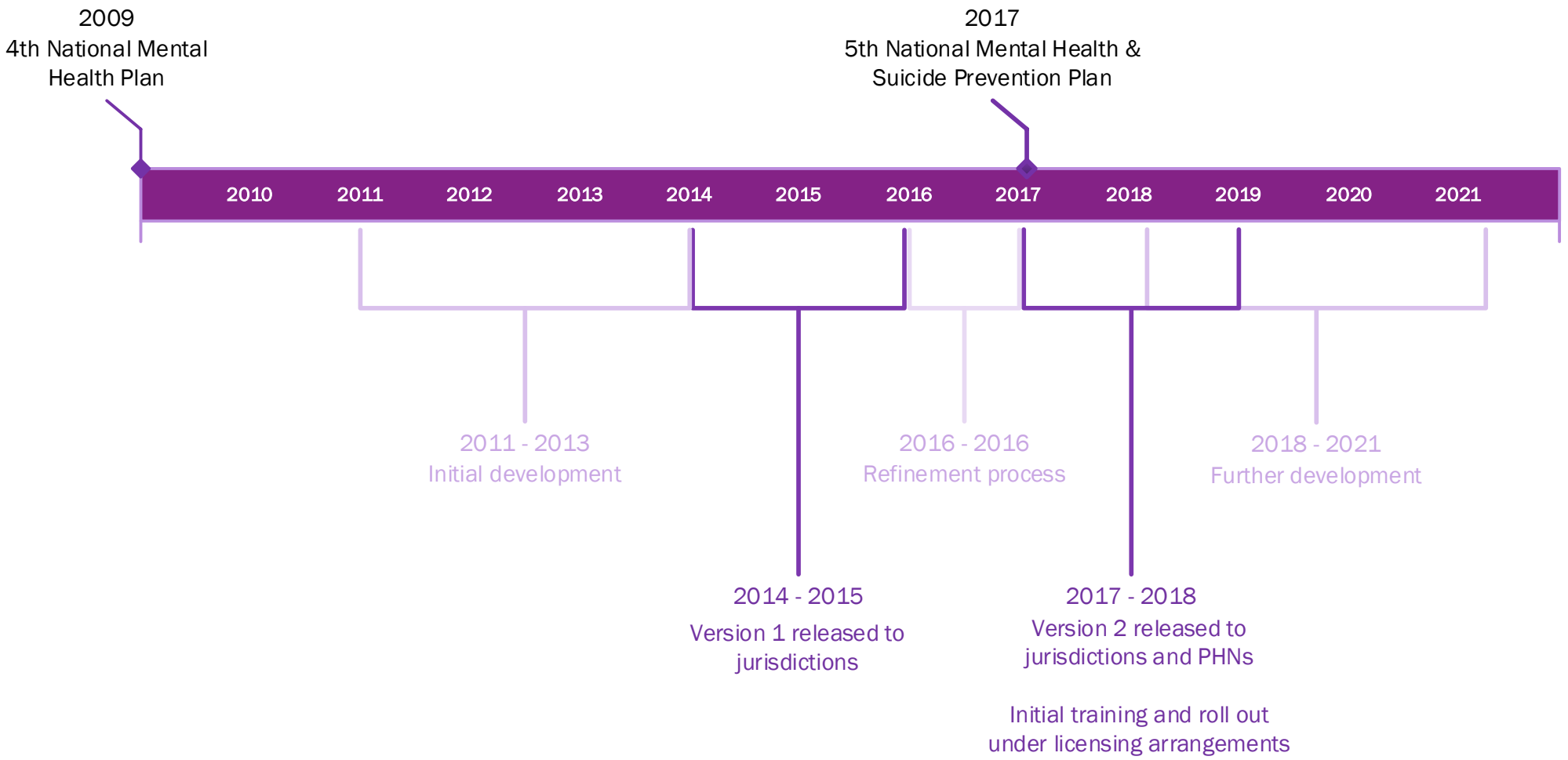


Figure 1: Timeline of NMHSPF development

History of NMHSPF development

Figure 1 shows the timeline of NMHSPF development.

Initial development (Phase 1): 2011 – 2013

Development of the NMHSPF was a national project undertaken between 2011 and 2013 to progress a commitment under the Fourth National Mental Health Plan to *"develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models"* [1]. Overall steerage of the project was managed under the auspice of the AHMAC Mental Health Drug and Alcohol Principal Committee (MHDAPC) and funded by the Australian Government Department of Health and Ageing.

The project was jointly led by the New South Wales Ministry of Health and Queensland Health. Over 100 stakeholders from around Australia were involved in the initial development of the NMHSPF. The Expert Working Groups consisted of a broad range of stakeholders including representatives from medical, nursing and allied health fields, consumer and carers, representatives from the NGO sector, peak bodies and research organisations.

Phase 1 of the NMHSPF project successfully developed a first generation version of the NMHSPF (AUS V1.0), an evidence-based framework that could be used to plan, coordinate and resource mental health services to meet population needs. It was envisaged that the NMHSPF would continue to be refined based on user experience, emerging evidence and clinical advances.

Version 1 release to jurisdictions: 2014 –2015

Over a two year period jurisdictions were given the opportunity to test the NMHSPF (AUS V1.0) in mental health service planning. Western Australia and Queensland applied the NMHSPF to the development of detailed service plans while other jurisdictions tested the NMHSPF on smaller-scale planning activities. This testing period identified a few issues that needed to be refined and corrected to improve the usefulness and accuracy of the NMHSPF.

Refinement process (Phase 2): 2016

In 2016, the Australian Government Department of Health funded The University of Queensland (UQ) to undertake a program of work designed to examine identified issues and implement priority fixes and enhancements to AUS V1.0. An Expert Panel consisting of representatives from medical, nursing and allied health fields, consumer and carers, representatives from the NGO sector, peak bodies and research organisations was convened to provide advice on identified areas of the original service modelling contained within the NMHSPF. A Jurisdictional Panel was also established to provide feedback on problems and desired refinements to the NMHSPF based on field-testing experiences in the preceding years. The Jurisdictional Panel also provided relevant services and service utilisation data to complement the work of the Expert Panel, and to advise on future training and support needs for using the NMHSPF.

Phase 2 resulted in NMHSPF AUS V2.0 which was deemed suitable for use by jurisdictional (state and territory) and sub-jurisdictional (Local Hospital Network (LHN) and Primary Health Network (PHN))

[1] Department of Health. (2009) Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009–2014. Canberra: Commonwealth of Australia.

health planners.

Fifth National Mental Health and Suicide Prevention Plan: 2017 - 2022

The Fifth National Mental Health and Suicide Prevention Plan (2017) endorsed the continuing development of the NMHSPF and the release of NMHSPF planning tools to support integrated mental health service planning and the development of joint regional mental health and suicide prevention plans.

Version 2 release to jurisdictions and PHNs accompanied by initial training program roll-out: 2017 – 2018

In 2017 the Australian Government Department of Health commenced licensing and roll out of the NMHSPF AUS V2.0. The UQ was commissioned to deliver the NMHSPF training program to jurisdictions, PHNs and LHNs.

The NMHSPF is a sophisticated model and the NMHSPF-PST is a complex tool which provides multiple options to tailor output predictions to meet the needs of local mental health planners. Successful application requires a sound understanding of its structure, underlying assumptions and limitations, as well as the development of appropriate skills in using the NMHSPF-PST. To limit the risk of unskilled and inappropriate use of the NMHSPF, in 2017 the Australian Government Department of Health restricted access to the NMHSPF materials and NMHSPF-PST to employees of PHNs, LHNs and jurisdictions whose organisation has entered into a licence agreement and who have completed the required training. As at late-2018, 202 users have completed the training program and are considered licensed users of the NMHSPF.

Phase 3: 2018 – 2021

The Australian Government Department of Health in conjunction with states and territories commissioned UQ to undertake a program of work spanning three years to further develop and refine aspects of the NMHSPF. This project commenced in March 2018 and is scheduled to be completed in 2021. The NMHSPF Steering Group whose membership is drawn from the Mental Health Principal Committee (MHPC) provides governance to the project.

Priorities for development include:

- Revising the epidemiology of the NMHSPF to incorporate the latest evidence and provide a structure for regular updating.
- Refining the care profiles of the NMHSPF to better account for the needs of special populations including:
    - Aboriginal and Torres Strait Islander populations;
    - People living in rural and remote areas;
    - Culturally and linguistically diverse groups;
    - Forensic populations; and
    - Youth groups.
- Implementing incremental technical fixes and enhancements in response to licensed user feedback.
- Supporting the Australian Institute of Health and Welfare's (AIHW) transition of the NMHSPF-PST to a new technology platform.

The NMHSPF model: key concepts

The NMHSPF model (**Figure 2**) combines the best available evidence and expert opinion on the prevalence of mental illness and need for mental health services, the types and levels of mental health care required for different need groups, and efficient standards of mental health service operation to deliver this care. These inputs allow calculation of the resources required to deliver adequate mental health services to a nominal population of 100,000 people in each age group or a selected population region such as Australia, a state or territory, LHN or PHN. The NMHSPF model:

1. Estimates the number of people in a defined population with mental illness in a year, by age and levels of severity, and sets service demand targets for those who will require intervention (**epidemiology**);
2. Describes the full spectrum of interventions from self-help, digital and low intensity interventions to primary and specialist clinical treatment, to mental health community support services (**taxonomy** and **staffing profiles**);
3. Describes service needs within age and severity target groups, including types of intervention, intensity, provider and current funder (**care profiles** and **funder type**); and
4. Drawing on all of the above, produces **resource estimates** to deliver those interventions over a 12 month period.

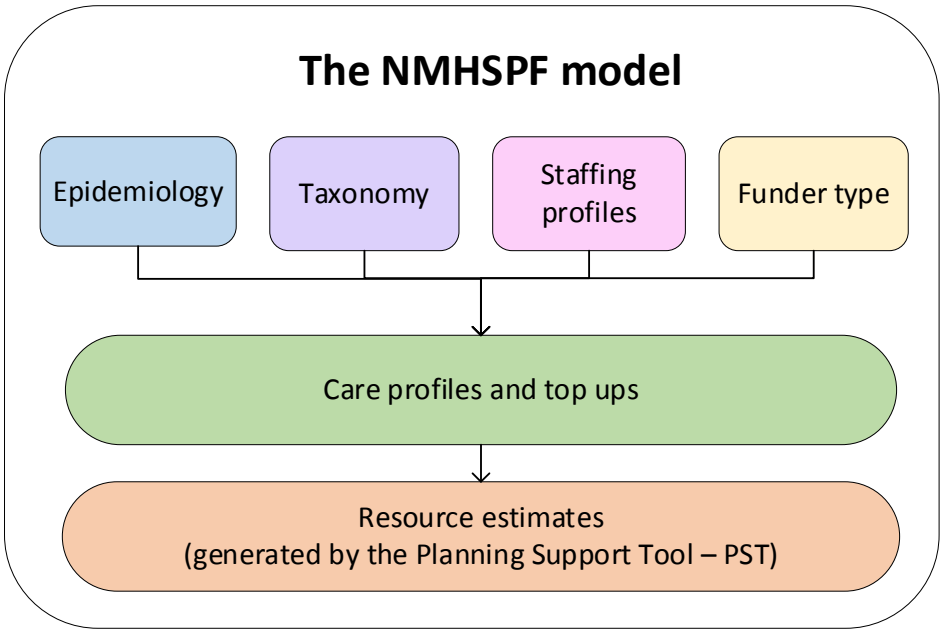


Figure 2: The NMHSPF model

Epidemiology

The NMHSPF starts with the Australian average population and stratifies it into 'need groups' based on severity of mental health diagnosis or other identified mental health need, and functioning. NMHSPF estimates of the prevalence of mental illness in the Australian community are primarily drawn from burden of disease studies, supplemented by other national and international survey data where necessary. This allows consistent coverage of the full range of mental illness, including diagnoses like the psychoses, eating disorders and personality disorders which are not normally covered by national household surveys. The collated data are used to quantify the 12-month prevalence of mental illness in Australia by age group and apportion this prevalence across three levels of severity (MILD, MODERATE, SEVERE) (Figure 3).

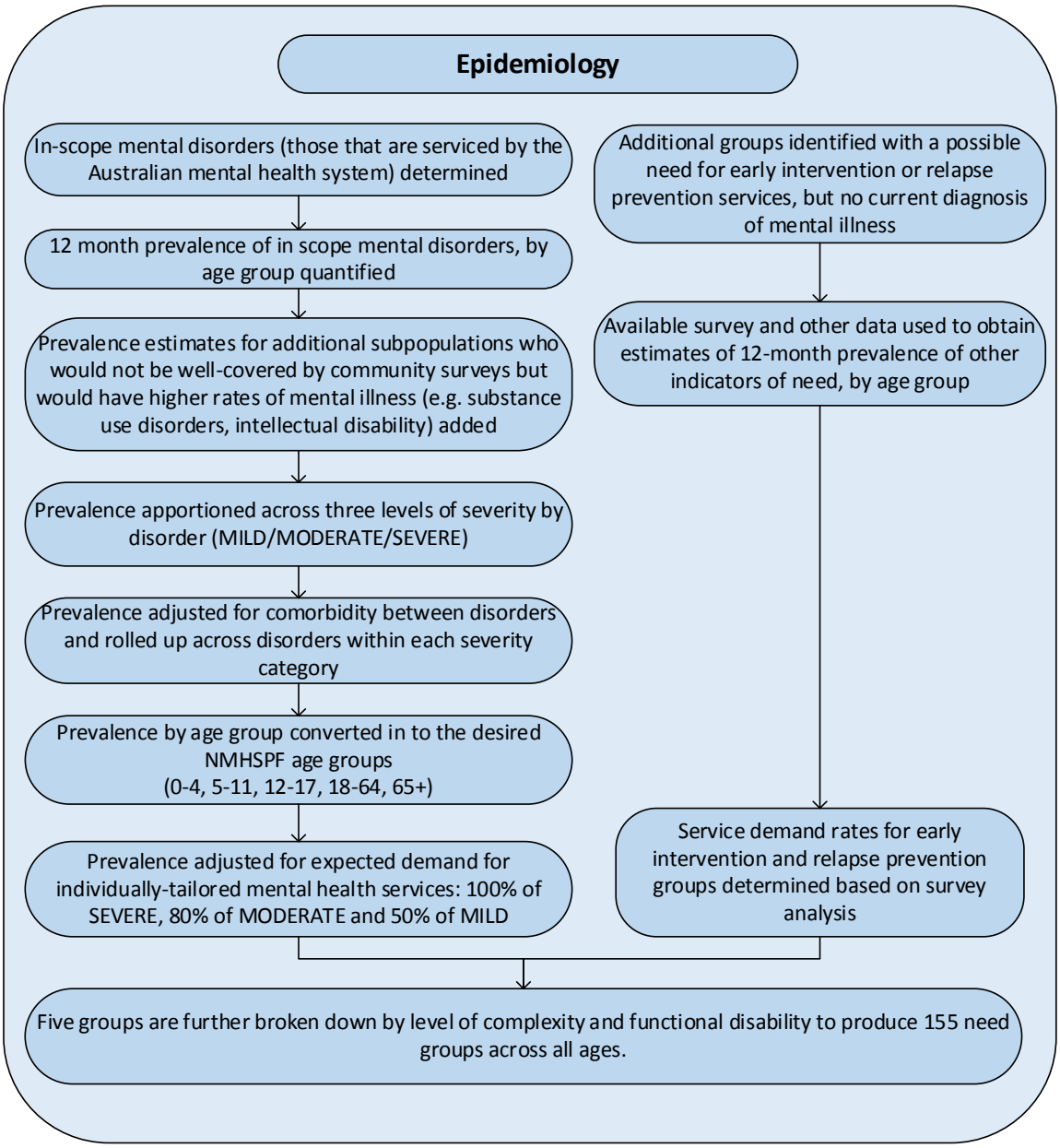


Figure 3: The NMHSPF epidemiology

Table 1: Example disorders considered in and out of scope for the NMHSPF

In-scope primary disorders	Out-of-scope primary disorders
Psychosis Mood disorders Anxiety disorders Personality disorders Eating disorders Behavioural disorders	Substance use disorders Autism spectrum disorders Dementia Intellectual disability

The NMHSPF has a specific way of defining severity which may differ from other sources. In the NMHSPF, SEVERE, MODERATE and MILD refer to the intensity of mental health service needs for people with a formally diagnosed mental illness, which is more closely related to role impacts and impairment in psychosocial functioning than clinical symptoms. SEVERE mental illness relates to individuals with significant days out of role, distress or impairment who would require support from specialised mental health services, while MODERATE and MILD mental illnesses are expected to be able to be largely managed in a primary care setting with limited specialist input.

In addition to the severity groups above there are also other groups modelled in the NMHSPF who have a possible need for services. Early intervention includes people experiencing symptoms of mental illness or indicators of distress which do not meet threshold for a formal mental illness diagnosis, but who may require intervention to prevent progression to a formal diagnosis and to manage distress. Relapse prevention includes people who have a lifetime history of mental illness but do not currently have a 12-month diagnosis of mental illness who may require ongoing treatment and support to remain well. A smaller proportion of each of these groups has an expected demand for individually-tailored mental health services. Evidence based universal mental health promotion and indicated mental illness prevention services are also included at a population level.

Prevalence estimates are provided for five age groups: 0-4, 5-11, 12-17, 18-64 and 65+. These five age groups form the basis of all modelling of service needs and resource requirements within the NMHSPF-PST. Overall prevalence by level of severity is shown in **Figure 4.** The model is limited to primary diagnoses of mental disorders (see **Table 1**). However, it also includes an adjustment factor for populations with some related disorders (such as substance use disorders, autism spectrum disorders, intellectual disability and dementia) that would not be well captured in household surveys but would have higher rates of mental illness than the general community and require a mental health service intervention. Resource estimates for one of these groups, those aged 65+ with behavioural and psychological symptoms of dementia (BPSD), are reported on separately from people aged 65+ years with other mental health needs.

As not all prevalent cases will require treatment, a modifier is included to adjust for expected demand for mental health services. The NMHSPF models contact with services for 100% of SEVERE, 80% of MODERATE and 50% of MILD cases of mental illness, as well as smaller proportions of the early intervention and relapse prevention groups (varying percentages modelled based on available data). It is expected that those with a mental illness who do not have a demand for individually-tailored mental health services may be accessing other forms of help. This may include self-help

materials such as books and websites (which do not require clinician input) or seeking support from family and friends. Alternatively, these individuals may choose not to access treatment as their illness may spontaneously remit and they may not be experiencing any significant disability from their illness, despite meeting the threshold for a diagnosis.

For each age group, the prevalence and demand rates are used to model the populations expected to require services across the five levels of severity. At each level of severity, the target group is then further subdivided into need groups according to identifiable differences in their service needs, such as their level of complexity and functional disability. For example, within the severe target group, those who are likely to require a period of inpatient care within a 12 month period can be separated from those who will be able to receive all of their treatment and support in the community. Using available evidence on service requirements, data on patterns of service utilisation and expert consensus, multiple need groups have been defined for each age group (**Figure 5**). Across the five age groups, the NMHSPF defines a total of 155 need groups.

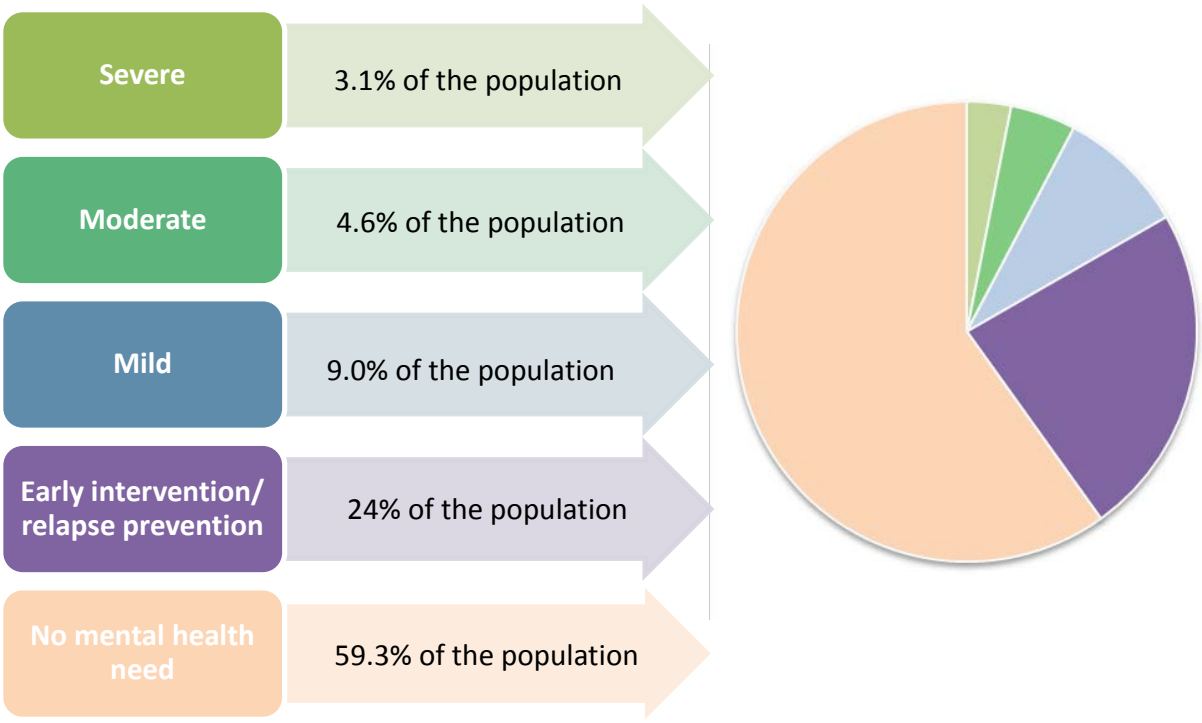


Figure 4: Prevalence of mental illness in Australia by levels of NMHSPF defined severity (2011)

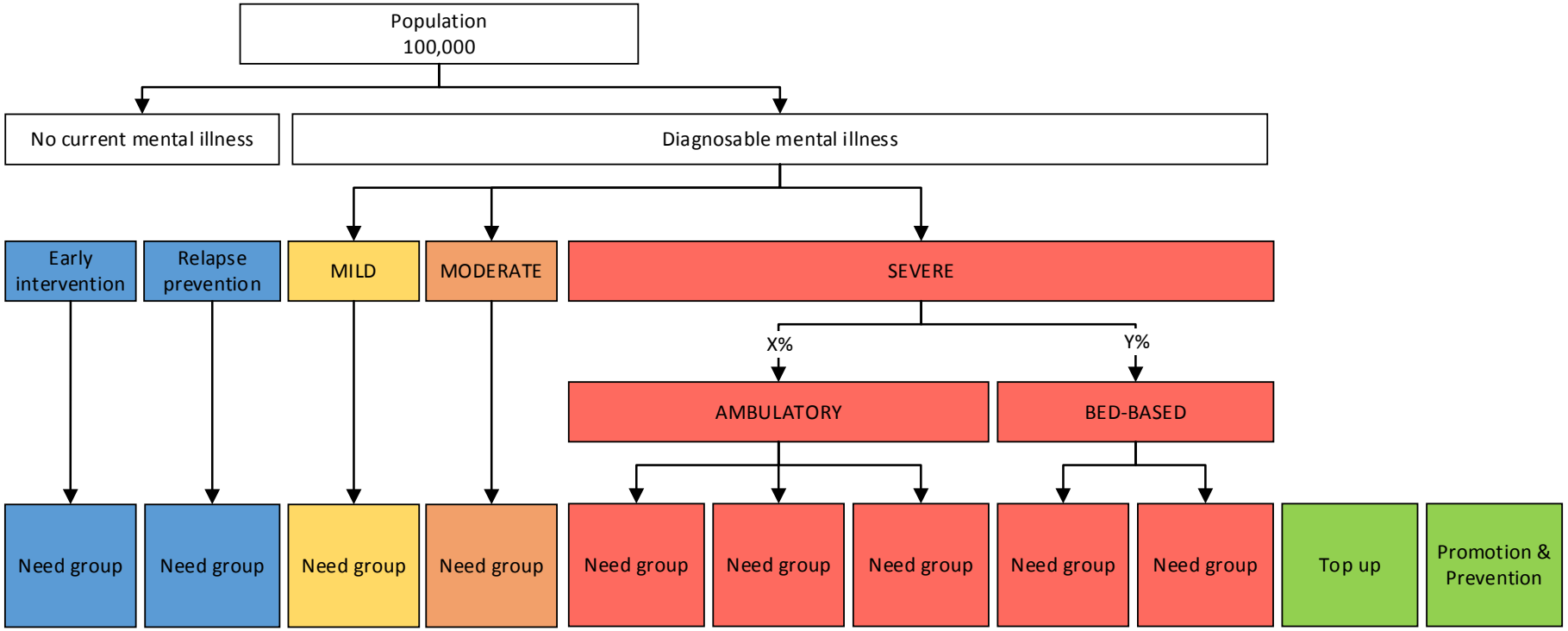


Figure 5: Conceptual representation of a NMHSPF epidemiology flow chart

Taxonomy

The NMSHPF describes the range of services required within a comprehensive mental health system, using an agreed national **taxonomy** of mental health services across the spectrum of service delivery, within five key streams: mental health promotion, mental illness prevention, primary and specialised clinical ambulatory mental health services, specialised bed-based services, and specialised mental health community support services (**Figure 6**). Given that each state and territory structures mental health services differently, the taxonomy provides a common language and clear definitions of core mental health service components and functions. Each stream is further subdivided into service categories, service elements and activities. The complete taxonomy is shown in **Figure 7**. The building blocks of the taxonomy and care profiles are '**service elements**'; each service element relates to a specific aspect of mental health care (e.g. an acute inpatient service or mental health assessment). Each service element in the taxonomy is accompanied by a detailed description of the service including activities that may be provided, types of staff that may deliver the service and operational parameters (e.g. hours of operation, average length of stay and annual readmission rates).

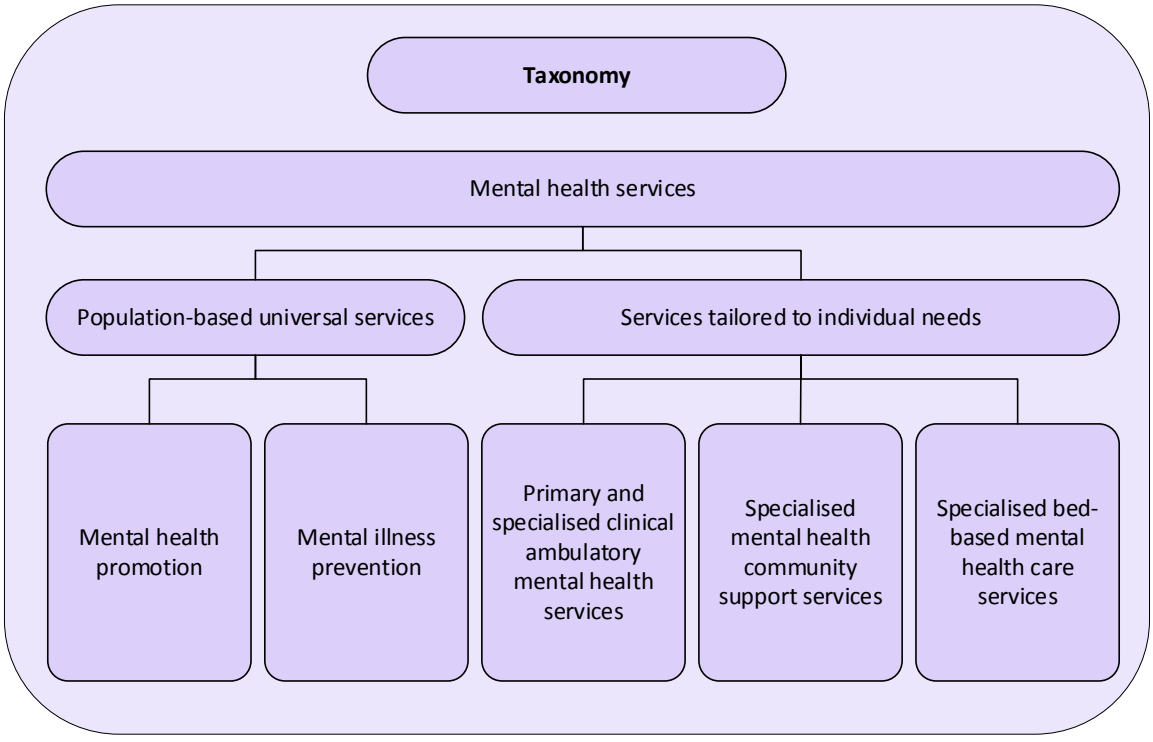


Figure 6: Conceptual representation of the NMHSPF taxonomy structure

Figure 7: NMHSPF taxonomy

Staffing profiles

A staffing profile (Figure 8) is a tool that allows for a mix of staff across different workforce categories to be assigned to an intervention at a particular ratio. For bed-based and team services (mainly state-funded services but also some team-based community support sector services), there is a separate and unique staffing profile for each service element in the taxonomy, detailing the types and hours of providers involved in that team. Staffing profiles include a roster of the staff mix and hours of service delivery, salaries and administrative overhead costs, and allowance for staff leave and public holidays (for an example staffing profile see Figure 9). Service elements delivered by an individual provider do not have staffing profiles but are directly allocated a provider type, based on the minimum qualifications appropriate to deliver that service.

Within the NMHSPF model, estimates of required beds, workforce FTEs, costs and activity are modelled at desirable, efficient operational rates. Outputs are based on averaged national staffing profiles and salaries. The workforce categories used in the NMHSPF for both staffing profiles and individual providers are shown in Table 2. Each staff type is associated with a salary and overhead costs. The NMHSPF models notional staff prices for the year 2011 based on average national pricing data. These salaries can be customised and/or inflated to prices for subsequent years.

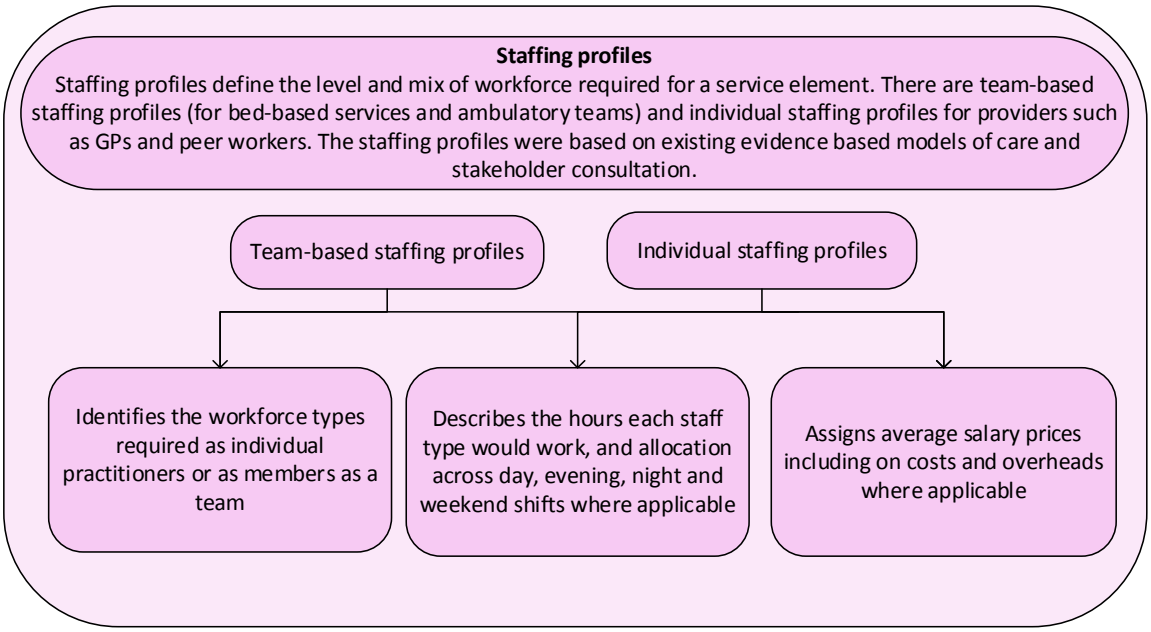


Figure 8: NMHSPF staffing profiles

Version 1 – January 2019

STAFF CATEGORY	FTE	Other time %	Gross available daily hours (wkly/7)	Net consumer service available daily delivery hours	Net consumer service annual delivery hours	Available hours per annum per FTE	Weighted average salary **	Cost	FTE % share	Over heads
TOTAL	33.6		218.5	104.6	38174.3	1136.7	$ 98,189.29	$ 3,297,622.94	1	0.225
Vocationally Qualified	3.0	0.3	14.1	9.5	3451.6	1149.3	$ 48,944.62	$ 146,989.98	0.089422326	0.225
Peer Worker	1.6	0.3	7.5	5.0	1827.1	1149.3	$ 66,550.00	$ 105,797.55	0.047335907	0.225
Tertiary Qualified	24.4	0.3	112.2	75.2	27445.5	1125.5	$ 90,196.53	$ 2,199,403.15	0.726069458	0.225
Medical	4.6	0.3	22.3	14.9	5450.0	1183.0	$ 183,516.67	$ 845,432.26	0.137172309	0.225

TOTAL	Total FTE (Includes Leave)	Other time %	Hours available/7 days	Consumer service delivery hours daily	Consumer Service delivery hours annual	Available hours/annum /FTE	Salary **	Cost		
Total Medical	4.6		22.3	14.9	5450.0	1183.0	$ 183,516.67	$ 845,432.26	0.137172309	0.225
Psychiatrist	1.5	0.3	7.4	5.0	1816.7	1183.0	$ 296,450.00	$ 455,232.76	0.045724103	0.225
Registrar	3.1	0.3	14.9	10.0	3633.3	1183.0	$ 127,050.00	$ 390,199.51	0.091448206	0.225
Junior Medical Officer	0.0	0.3	0.0	0.0	0.0	0.0	$ 193,600.00	$ -	0	0.225
Other Medical Specialist	0.0	0.3	0.0	0.0	0.0	0.0	$ 296,450.00	$ -	0	0.225
Total Nursing	6.8		29.7	19.9	7266.6	1064.3		$ 589,323.64	0.203292782	0.225
Registered Nurse	5.6	0.3	24.0	16.1	5869.2	1056.5	$ 78,960.00	$ 438,640.15	0.165410998	0.225
Nurse Practitioner	1.3	0.3	5.7	3.8	1397.4	1098.4	$ 118,440.00	$ 150,683.49	0.037881784	0.225
Enrolled Nurse	0.0	0.3	0.0	0.0	0.0	0.0	$ 62,040.00	$ -	0	0.225
Total Allied Health	17.6		82.5	55.3	20178.9	1149.3	$ 91,705.26	$ 1,610,079.50	0.522776676	0.225
Psychologist	5.1	0.3	23.9	16.0	5841.3	1149.3	$ 96,800.00	$ 491,968.74	0.15133009	0.225
Social Worker	5.1	0.3	23.9	16.0	5841.3	1149.3	$ 90,750.00	$ 461,220.69	0.15133009	0.225
Occupational Therapist	5.1	0.3	23.9	16.0	5841.3	1149.3	$ 90,750.00	$ 461,220.69	0.15133009	0.225
Other TQ (eg pharmacist)	2.3	0.3	10.9	7.3	2655.1	1149.3	$ 84,700.00	$ 195,669.38	0.068786405	0.225
VQ and Peer Workers	4.6		21.6	14.5	5278.8	1149.3		$ 252,787.54	0.136758234	0.225
Consumer Peer Worker	0.9	0.3	4.3	2.9	1062.0	1149.3	$ 66,550.00	$ 61,496.09	0.027514562	0.225
Carer Peer Worker	0.7	0.3	3.1	2.1	765.1	1149.3	$ 66,550.00	$ 44,301.46	0.019821346	0.225
VQMH Worker	2.3	0.3	10.9	7.3	2655.1	1149.3	$ 48,400.00	$ 111,811.08	0.068786405	0.225
VQ Other	0.7	0.3	3.3	2.2	796.5	1149.3	$ 50,760.00	$ 35,178.91	0.020635921	0.225

	Hours needed (annual)	Annual FTE	Salary **	Cost
Total Medical	**70,669**	**$ 59.74**		**$ 10,962,597**
Psychiatrist	23,556	$ 19.91	$ 296,450	$ 5,902,937
Registrar	47,113	$ 39.82	$ 127,050	$ 5,059,660
Junior Medical Officer	-	$ -	$ 193,600	$ -
Other Specialist	-	$ -	$ 296,450	$ -
Total Nursing	94,225	$ 88.53		$ 7,641,674
Registered Nurse	76,105	$ 72.03	$ 78,960	$ 5,687,783
Nurse Practitioner	18,120	$ 16.50	$ 118,440	$ 1,953,891
Enrolled Nurse	-	$ -	$ 62,040	$ -
Total Allied Health	**261,656**	**$ 227.66**		**$ 20,877,666**
Psychologists	75,743	$ 65.90	$ 96,800	$ 6,379,287
Social Workers	75,743	$ 65.90	$ 90,750	$ 5,980,581
Occupational Therapists	75,743	$ 65.90	$ 90,750	$ 5,980,581
Other	34,428	$ 29.96	$ 84,700	$ 2,537,216
VQ and Peer Workers	**68,449**	**$ 59.56**		**$ 3,277,859**
Consumer Peer Worker	13,771	$ 11.98	$ 66,550	$ 797,411
Carer Peer Worker	9,921	$ 8.63	$ 66,550	$ 574,451
VQMH Worker	34,428	$ 29.96	$ 48,400	$ 1,449,838
VQ Other	10,329	$ 8.99	$ 50,760	$ 456,160

s

Description		Nursing: Director	CNC/NUM/NE	CN	RN	Enrolled Nurse	Graduate Nurse Training	Nurse Practitioner	Nursing Total Hours	Medical: Psychiatrist	Registrar	Jun Med Off	Other Specialist	Medical Total Hours	Allied Health: Psychologist	Social Worker	Occupational Therapist	Other	Allied Health Total Hours	Peer Workers: Consumer Peer Worker	Carer peer Worker	VQ MH Worker	Vocat Qual: VQ Other	VQ Total Hours		AQMHP: All Total Hours
Base Weekly Hours		38	38	38	38	38	38	38	Worked	40	40	40	40	Worked	38	38	38	38	Worked	38	38	38	38	Worked		Worked
Day	**Shift**	**Hrs**	**Hrs**	**Hrs**	**Hrs**	**Hrs**	**Hrs**	**Hrs**		**Hrs**	**Hrs**	**Hrs**	**Hrs**		**Hrs**	**Hrs**	**Hrs**	**Hrs**				**Hrs**					
Monday	Day	8.0	8.0	8.0	8.0		8.0	8.0	48.0	12.0	16.0			28.0	22.8	22.8	22.8	15.2	83.6	4.3	3.1	7.6		15.0		174.6
	Evening	0.0							0.0					0.0	7.6	7.6	7.6		22.8			7.6	7.6	15.2		38.0
	Night	0.0							0.0					0.0					0.0					0.0		0.0
Tuesday	Day		8.0	8.0	8.0		8.0	8.0	40.0	8.0	24.0			32.0	22.8	22.8	22.8	15.2	83.6	4.4	3.1	7.6		15.1		170.7
	Evening	0.0							0.0					0.0	7.6	7.6	7.6		22.8			7.6		7.6		30.4
	Night	0.0							0.0					0.0					0.0					0.0		0.0
Wednesday	Day		8.0	8.0	8.0		8.0	8.0	40.0	12.0	16.0			28.0	22.8	22.8	22.8	15.2	83.6	4.3	3.2	7.6	7.6	22.7		174.3
	Evening	0.0							0.0					0.0	7.6	7.6	7.6		22.8			7.6		7.6		30.4
	Night	0.0							0.0					0.0					0.0					0.0		0.0
Thursday	Day		8.0	8.0	8.0		8.0	8.0	40.0	8.0	24.0			32.0	22.8	22.8	22.8	15.2	83.6	4.4	3.1	7.6		15.1		170.7
	Evening	0.0							0.0					0.0	7.6	7.6	7.6		22.8			7.6		7.6		30.4
	Night	0.0							0.0					0.0					0.0					0.0		0.0
Friday	Day	0.0	8.0	8.0	8.0		8.0	8.0	40.0	12.0	24.0			36.0	22.8	22.8	22.8	15.2	83.6	4.3	3.2	7.6	7.6	22.7		182.3
	Evening	0.0							0.0					0.0	7.6	7.6	7.6		22.8			7.6		7.6		30.4
	Night	0.0							0.0					0.0					0.0					0.0		0.0
Saturday	All shifts	0.0	0.0			0.0			0.0					0.0	7.6	7.6	7.6		22.8	4.4	3.1			7.5		30.3
Sunday	All shifts	0.0	0.0			0.0			0.0					0.0	7.6	7.6	7.6		22.8	4.3	3.1			7.4		30.2
Total Hours per week		8.0	40.0	40.0	40.0	0.0	40.0	40.0	208.0	52.0	104.0	0.0	0.0	156.0	167.2	167.2	167.2	76.0	577.6	30.4	21.9	76.0	22.8	151.1		1092.7
Annual & Other Leave Relief weeks		8.0	8.0	9.0	9.0	9.0	16.0	9.0		8.0	8.0	8.0	8.0		7.0	7.0	7.0	7.0		7.0	7.0	7.0	7.0				
On Call Episodes (weighted)																										
Public Holidays Worked		0.0	0.0	11.0	11.0	11.0	11.0	11.0			11.0	11.0	11.0													
Productive Weeks per FTE		44.1	44.1	43.1	43.1	43.1	36.1	43.1		44.1	44.1	44.1	44.1		45.1	45.1	45.1	45.1		45.1	45.1	45.1	45.1				
Day Shift Hours (Mon-Fri)		8.0	40.0	40.0	40.0	0.0	40.0	40.0	208.0	52.0	104.0	0.0	0.0	156.0	114.0	114.0	114.0	76.0	418.0	21.7	15.7	38.0	15.2	90.6		872.6
Evening Hours (Mon-Fri)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	38.0	38.0	38.0	0.0	114.0	0.0	0.0	38.0	7.6	45.6		159.6
Night Hours (Mon-Fri)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Saturday Hours		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.6	7.6	7.6	0.0	22.8	4.4	3.1	0.0	0.0	7.5		30.3
Sunday Hours		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.6	7.6	7.6	0.0	22.8	4.3	3.1	0.0	0.0	7.4		30.2
Total Hours		**8.0**	**40.0**	**40.0**	**40.0**	**0.0**	**40.0**	**40.0**	**208.0**	**52.0**	**104.0**	**0.0**	**0.0**	**156.0**	**167.2**	**167.2**	**167.2**	**76.0**	**577.6**	**30.4**	**21.9**	**76.0**	**22.8**	**151.1**		**1092.7**
Weekly FTE's		0.2	1.1	1.1	1.1	0.0	1.1	1.1	5.5	1.3	2.6	0.0	0.0	3.9	4.4	4.4	4.4	2.0	15.2	0.8	0.6	2.0	0.6	4.0		24.6
Relief FTE's		0.0	0.2	0.2	0.2	0.0	0.5	0.2	1.4	0.2	0.5	0.0	0.0	0.7	0.7	0.7	0.7	0.3	2.4	0.1	0.1	0.3	0.1	0.6		4.4
Annual FTE's		**0.2**	**1.2**	**1.3**	**1.3**	**0.0**	**1.5**	**1.3**	**6.8**	**1.5**	**3.1**	**0.0**	**0.0**	**4.6**	**5.1**	**5.1**	**5.1**	**2.3**	**17.6**	**0.9**	**0.7**	**2.3**	**0.7**	**4.6**		**33.6**

*Overheads is an estimate of costs associated with other services include corporate overheads, security services, cleaning other non-labour costs including communicatio, transport, utilities and maintenace etc. It is expressed as a proportion of labour costs.

** Average annual salary escalated to include overtime, on call and other penalty rate allowances

Figure 9: Example of a NMHSPF staffing profile

Table 2: Workforce categories and staff types in the NMHSPF

Workforce category	Description	Staff type
Medical	Medically trained professionals providing mental health care. Registrars and junior medical officers are included only in the context of team based staffing profiles.	GP
		Psychiatrist
		Specialist Other (e.g. geriatricians and paediatricians)
		Registrar
		Junior Medical Officer
Tertiary Qualified	University trained (or equivalent) with a minimum three year Bachelor degree in a discipline related to mental health care. 'Other' includes other professionals such as physiotherapists, speech therapists, pharmacists, and tertiary qualified program managers/supervisors employed in the community support sector.	Nurse Practitioner
		Nurse
		Social Worker
		Psychologist
		Occupational Therapist
		Other (e.g. Pharmacist)
Vocationally Qualified	Primarily a non-clinical workforce (i.e. not a university trained clinician) with a TAFE level qualification up to Advanced Diploma level in mental health or a related area. Includes technicians or coaches trained to deliver low-intensity psychological interventions (who may possess, but do not require, a tertiary qualification).	MH Worker
		Enrolled Nurse
		Other Vocationally Qualified
Peer Worker	Roles that must be performed by someone with lived experience as a mental health service consumer or mental health carer.	Consumer Peer Worker
		Carer Peer Worker

Funder type

The NMHSPF model was built on the principle of considering the service functions required to meet the needs of people with mental illness, rather than the location, format or provider of that service. To aid planners to identify their likely areas of responsibility within the modelled benchmarks, the NMHSPF-PST generates resource estimates by funder by drawing on default funder types which have been applied to each service element in the care profiles (Figure 10 and Table 3). These types represent a national average of the current mix of services rather than an optimal model, and designate the entity deemed primarily responsible for funding and administrative oversight of each aspect of the NMHSPF model. The funder types are described in Table 3. Default funder allocations can be modified by extended users of the NMHSPF-PST to reflect local service configurations.

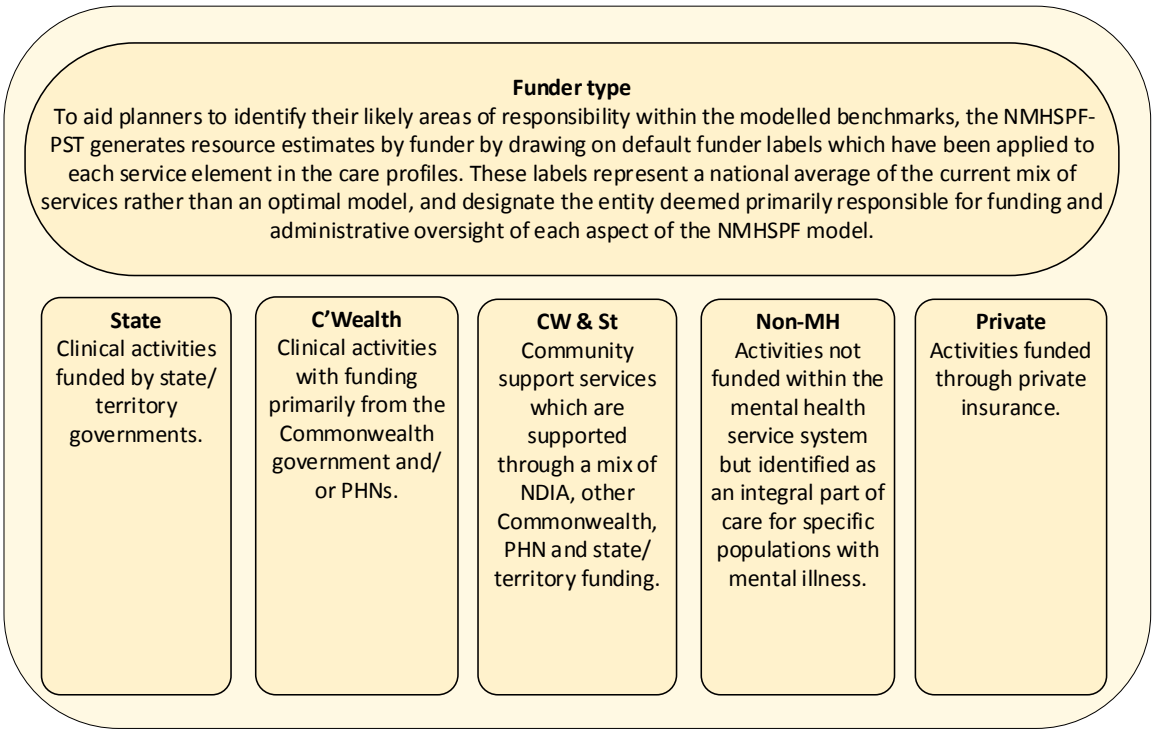


Figure 10: Funder types in the NMHSPF

Table 3: Default funder types applied in the NMHSPF

Funder type	Examples
C'Wealth	Structured psychological therapies delivered by programs such as Better Access, psychological therapy services for hard to reach groups (formerly ATAPS) and low intensity interventions such as *beyondblue*'s NewAccess program; clinician-led web-based therapies; mental health services subsidised by the Medicare Benefits Schedule (MBS); medicines funded by the Pharmaceutical Benefits Scheme (PBS); and mental health nurses working in primary care and private psychiatry settings. Also includes similar types of services funded through private payment or via insurance.
State	Public sector specialised bed-based mental health services, as well as other services provided by the state mental health system, e.g. acute care services and community mental health teams.
CW & St	Community psychosocial support services usually delivered in the non-government sector, such as individual support and rehabilitation, peer work, and carer support.
Private insurer	Mental health services provided in private hospitals.
Non-MH	Physical health care provided by general practitioners, services provided by paediatricians or geriatricians, general hospital beds, family support services for 0-17 year olds where they would be provided by child protection or other agencies. Note that this category does not cover all of the non-mental health care that would be required by people with mental illness.

Care profiles

There are 155 care profiles which describe the average type and quantity of mental health care needed to meet the mental health service requirements for individuals in a need group during a 12-month period (Figure 11). Care profiles draw on service elements from the taxonomy and their associated staffing categories and staffing profiles to describe the services needed. For each service element, the care profile specifies the percentage of the target group likely to require that service, the average number of occasions on which this service will be required, and the average duration of each service occasion, along with the staffing and funder responsible. These detailed inputs form the basis for calculating the resources required to meet the needs of the target group. An example care profile is shown in Figure 12.

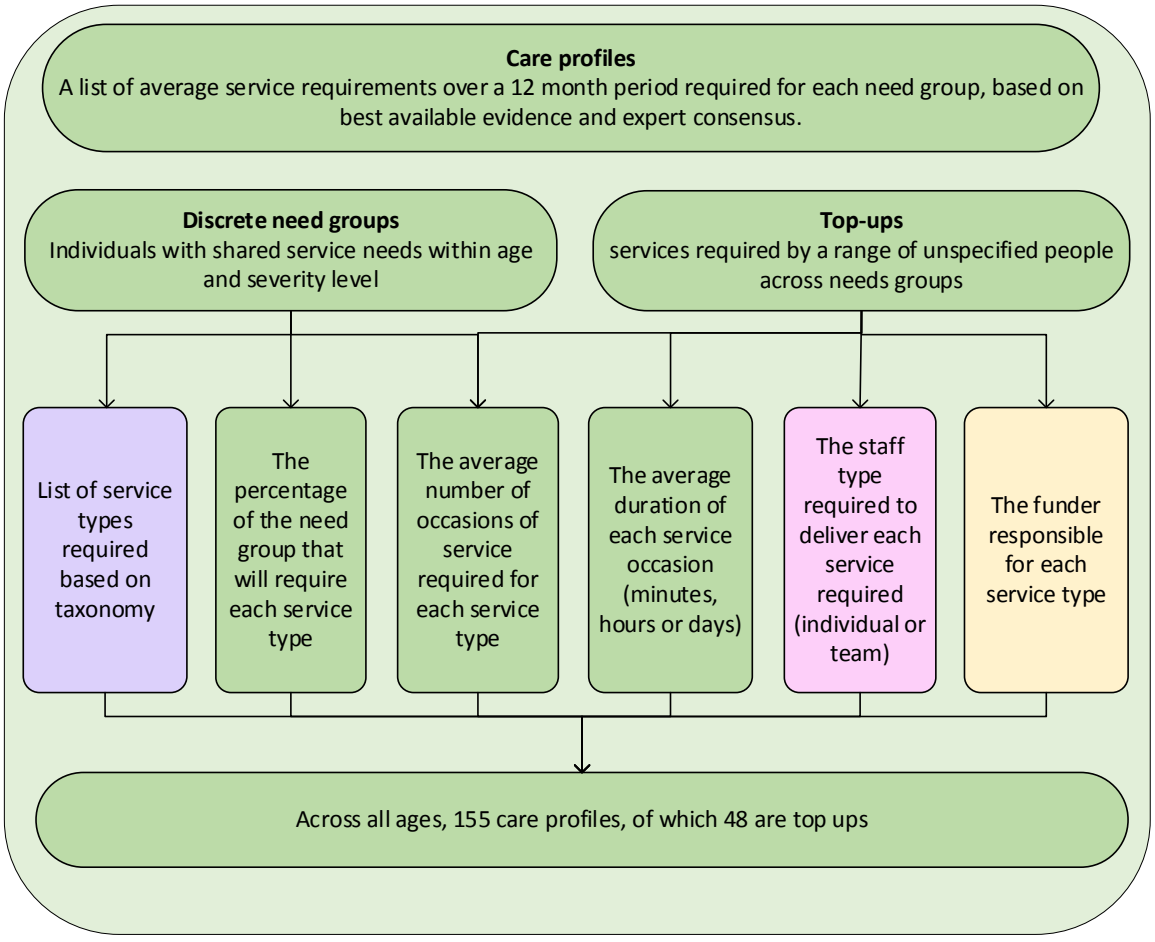


Figure 11: NMHSPF care profiles

The level of care specified in a care profile is deemed adequate to meet the needs of the target group, on average; anything less is considered unsatisfactory. The quantum of care required has been determined by combining information from research, various administrative and survey data sources, and expert consensus. As the care requirements are presented as an average across the whole population need group, actual service utilisation and needs are expected to vary across individuals within that group. The NMHSPF is modelled from a system-level perspective in order to calculate estimates of the overall resources required to meet the needs of a population group and does not provide individualised care pathways.

At the lower end of need, the NMHPSF enumerates the number of people in the early intervention, relapse prevention and MILD mental illness populations who require individually-tailored mental health services. The care profiles for these groups describe a range of interventions, including assessment, self-help and watchful waiting from a GP, clinician led web-based psychological interventions, low intensity structured psychological therapies (SPT) delivered by vocationally qualified staff and SPT delivered by tertiary qualified and medical staff within primary care.

For people with a MODERATE mental illness, the NMHSPF care profiles describe interventions such as clinician led web-based psychological interventions for less complex cases, SPT delivered by tertiary qualified and medical staff within primary care, assessment and treatment from private psychiatrists (particularly for those with more complex disorders), and integrated physical health care.

At the higher end of need, the NMHSPF identifies a large number of different need groups for people with SEVERE mental illness, with interventions delivered by a mix of Commonwealth-funded or subsidised and state-/territory-funded clinical services as well as mental health community support services. For those with less complex SEVERE disorders, the NMHSPF care profiles include services such as SPT delivered by tertiary qualified and medical staff within primary care, assessment and treatment from private psychiatrists, monitoring and ongoing management from mental health nurses working in primary care settings, integrated physical health care, community support and rehabilitation, and access to mental health acute inpatient care when required. At the more complex end of SEVERE, a range of specialised community and bed-based mental health services are required, traditionally delivered through the state-funded public mental health sector.

While some care profiles correspond to a discrete subgroup of individuals within the target group defined by a particular age and severity level, others describe service requirements which cannot be limited to a specific group, or cannot be quantified in individual terms. These are called top-ups, and are standalone resource estimates that sit alongside the other care profiles. For example, people in various need groups or levels of severity may require access to emergency department services, but cannot be separately identified from those who require other types of mental health service interventions. As a result, emergency department users cannot be modelled as a discrete subgroup, but the resources required to deliver these services need to be included in the modelling. A top-up is therefore used. Other items modelled as top-ups include: triage and assessment conducted by the public sector; consultation and liaison services; inpatient admissions for child and youth (0-17) and older adult (65+ BPSD) age groups; additional care coordination required for parents with a mental illness; high intensity packages of individual support and rehabilitation; and respite care.

Mental health promotion and mental illness prevention

In the NMHSPF, the resources required to deliver mental health promotion and mental illness prevention activities at the community and population level are modelled based on total current expenditure in the absence of available benchmarks. An expert working group provided detailed advice about the interventions in this sector with the most supporting evidence, and recommended that future program development focus on these evidence-based interventions.

Care Profile Title: MOD_B (Moderate, Complex)							
Age group: 18-64 years	Description: Moderate with psychosocial and other complexities						
764 (per 100K age 18-64)	10,8058 Total persons, AUS June 2011				20% of MOD		
Description of Epidemiology							
20% of the Moderate Population. Approximately two thirds have anxiety and depression and one third have a range of other disorders including comorbidity issues. Disability Weight 0.3. 8% have a primary diagnosis of drug and/or alcohol with MI as a comorbidity. 4% have Intellectual Disability as a primary diagnosis with mental illness as a secondary diagnosis.							
Description of Group							
Individuals experiencing Moderate disorders as described in MOD_A. This population group may experience more psychosocial complexities and/or comorbid physical health or drug and alcohol problems. Generally this group would need more care coordination. Some individuals may not have been responding to treatment at the mild level and so a greater proportion require specialist psychiatric care and peer support work.							
Activity	**% Pop'n applicable**	**Occasions of Service**	**Activity Duration**	**Activity measure**	**Staff Cat***	**Label**	**Comment**
Brief Mental Health Assessment	25%	1	15	min	GP	C'Wealth	
Comprehensive Mental Health Assessment	100%	1	30	min	GP	C'Wealth	Focus on Comprehensive Psychosocial Assessment
Comprehensive Mental Health Assessment	75%	1	45	min	Psychiatrist	C'Wealth	
Comprehensive Physical Assessment	100%	1	30	min	GP	Non-MH	
Structured Psychological Therapies	50%	12	45	min	Tertiary Qualified	C'Wealth	SPT by different providers not necessarily mutually exclusive
Structured Psychological Therapies	30%	12	45	min	Psychiatrist	C'Wealth	
Structured Psychological Therapies	20%	12	45	min	GP	C'Wealth	
Monitoring & Ongoing Management	100%	3	15	min	GP	Non-MH	
Pharmacotherapy Prescription	30%	1	15	min	Psychiatrist	C'Wealth	
Pharmacotherapy Review	30%	3	15	min	Psychiatrist	C'Wealth	
Pharmacotherapy Prescription	70%	1	15	min	GP	C'Wealth	
Pharmacotherapy Review	70%	3	15	min	GP	C'Wealth	
Group Based Peer Work - Moderate	40%	6	60	min	Staffing profile	CW & St	

Figure 12: Example of a NMHSPF care profile

Resource outputs

Using the inputs described in previous sections, the NMHSPF-PST can report on a range of benchmarks useful for mental health service planning, for user-selected populations (such as a PHN or LHN) (Figure 13 and 14). These outputs include the estimated numbers of people requiring services, number of occasions and hours of service delivery, workforce FTEs, beds and prices. Occasions of service are measured as the number of contacts or visits with a service provider, of varying duration. Hours of service delivery can be presented from the consumer perspective (i.e. hours of care received) or from the provider perspective (i.e. hours of staff time), which differ for activities involving staff teams or consumer groups. The NMHSPF-PST includes population projections by age group from 2011-2026 for Local Government Areas (LGAs), LHNs, PHNs, states, territories and Australia. Users can select their preferred region for reporting and source of the population data, including national projections from the Commonwealth government, or jurisdictional projections sourced from each state and territory. A standard suite of semi-customisable reports is provided with the NMHSPF-PST (Figure 15), and users can further tailor the outputs of these pivot tables to answer specific planning questions.

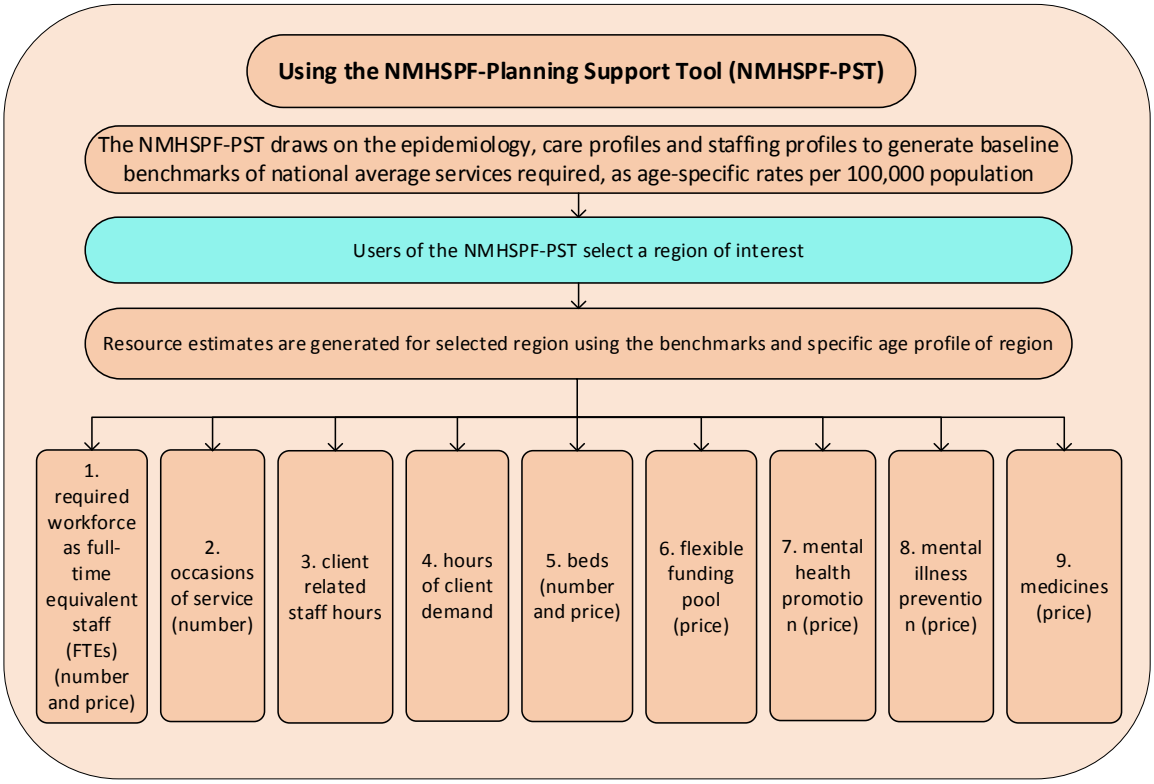


Figure 13: Using the NMHSPF-PST

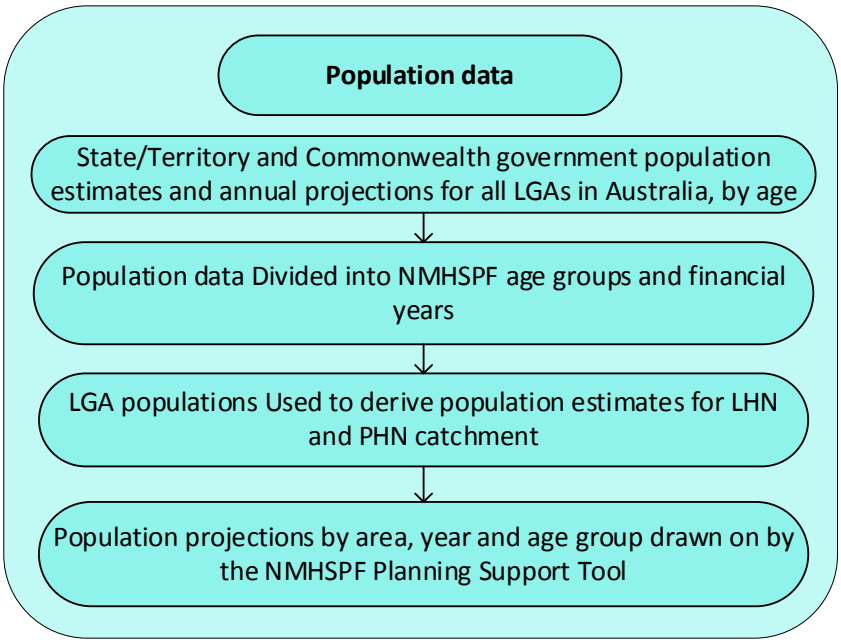


Figure 14: Population data for the NMHSPF

NMHSPF - Planning Support Tool

Standard Report 1 - Population with mental illness

Selected population jurisdiction: Australia

Standard Report 1 provides an overview of the population prevalence and demand for treatment identified in the model. Information is included on the total population analysed by level of severity and the modelled prevalence and treatment rates. Details on epidemiology and demand modelling are provided in the Technical Manual. The standard report considers the Australian population. Sub-populations can be selected from the Population Region Selector and analysed for years 2014 to 2026. Please note the default population source detailed at bottom of report.

Report 1A: Prevalence and treated population totals

Year	2016

Sum of Values Australia	Column Lab						
Row Labels	0-4	5-11	12-17	18-64	65+	65+ BPSD	Grand Total
⊞Total population	1,592,010	2,126,610	1,730,909	15,094,946	3,630,129	-	24,174,604
⊟Prevalence population	350,781	615,600	464,818	7,087,770	1,020,961	147,770	9,687,699
Early intervention	105,073	285,646	200,820	2,618,637	395,890	-	3,606,065
Relapse prevention	-	-	-	1,819,730	221,232	-	2,040,963
Mild	140,405	188,366	147,877	1,424,911	210,298	72,676	2,184,533
Moderate	70,202	94,286	75,495	720,789	105,159	42,288	1,108,218
Severe	35,101	47,301	40,625	503,703	88,383	32,806	747,919
⊟Treated population	266,538	400,856	315,174	2,665,428	335,377	102,974	4,086,348
Early intervention	105,073	183,943	140,214	517,153	20,692	-	967,075
Relapse prevention	-	-	-	355,486	37,027	-	392,513
Mild	70,202	94,183	73,939	712,455	105,149	36,338	1,092,266
Moderate	56,162	75,429	60,396	576,631	84,127	33,830	886,575
Severe	35,101	47,301	40,625	503,703	88,383	32,806	747,919

Figure 15: Example of a standard report in the NMHSPF-PST

Important assumptions of the NMHSPF model

It is important to be aware of key underlying principles and assumptions of the NMHSPF when interpreting outputs from the NMHSPF-PST, and the limitations of the NMHSPF in application to unique circumstances.

An integrated mental health service system

The NMHSPF assumes that all elements of the mental health and other health and social service systems are operating in an adequate manner to support people with mental illness. The efficient rates modelled can only be achieved with a balanced investment across all service sectors, which may involve significant scaling up or reorientation of services relative to current practice. Therefore individual outputs should not be considered in isolation. Benchmarks for each part of the mental health service system are dependent on the other aspects also being in place, and gaps in one area may have flow on effects for the resources required in other sectors.

Focus on mental health care

The scope of the NMHSPF is limited to services for people with mental illness which address that illness. It does not include drug and alcohol services or physical health care required by a person with mental illness. Non-health services such as public housing, income support and criminal justice are also not detailed in the care profiles. However these complementary services are likely to be required by some people with mental illness to adequately meet their other health and social care needs. As per above, the NMHSPF model assumes these other services are in place and accessible to people with mental illness.

A national average service model

The NMHSPF provides national average estimates of required resources for mental health service delivery, based on the national average prevalence of mental illness. Outputs from the NMHSPF-PST are based on averaged national staffing profiles and salary rates and do not account for regional variations in unit design, staff salaries and workforce characteristics. Tailoring of the NMHSPF-PST standard output reports to a particular region only adjusts for the size and age distribution of the selected population.

Currently, the NMHSPF does not take into account variations from the national average likely to arise from factors such as rurality, socio-demographic variability across regions, and clustering of higher needs groups within particular regions, such as people with severe and complex mental illness in boarding houses. It also does not consider the specific mental health needs of special populations such as culturally diverse populations, including Aboriginal and Torres Strait Islander peoples, or people with mental illness within the criminal justice system. All of these factors may affect the relative demand for mental health services, the relative cost of delivering the same quality of service, and/or the types of service models implemented, in turn affecting the resources required for service delivery. While the NMHSPF epidemiology counts the whole Australian population, including these subgroups, it does not consider adjustments to the standard model which would be required to address the specific needs of these populations or to deliver services in rural areas.

Development of the NMHSPF is an iterative and ongoing process. Further enhancement of the NMHSPF model is underway to account for the mental health needs of these specialty populations, including:

- Aboriginal and Torres Strait Islander peoples;
- People with mental illness in rural and remote areas;
- Culturally and linguistically diverse populations;
- Forensic mental health; and
- Youth with mental illness (i.e. aged 12-17 and 18-24 years).

In the interim, outputs from the NMHSPF-PST may need to be adjusted for the needs of these specialty populations within certain areas. Adjustments to address these factors need to occur as a second stage of planning, based on local knowledge of the catchment population and service context.

Sufficient population size

While the NMHSPF modelling is attributed to a nominal age specific population of 100,000 people, the outputs of the model will in reality only approach viability for planning with total populations of all ages of at least 250,000 people. This is particularly the case for resourcing specialised bed- or team-based mental health services which serve relatively small proportions of those with mental disorders in the general population. In planning for smaller regions it should therefore be noted that the model may still accurately assess service demand, but creative solutions may be required for how the need is resourced.

Efficient service operation

Within the NMHSPF model estimates of required beds, workforce FTEs, costs and activity are modelled at desirable, efficient operational rates which may not reflect current service delivery. Notional Australian average/benchmark bed occupancy and readmission rates have been applied to the NMHSPF modelling of the number of beds required for each target population. Likewise the NMHSPF makes assumptions about optimal proportions of staff time dedicated to consumer-related activities versus staff meetings, training and supervision, research, and travel (generally 67% consumer-related time for public sector clinicians, 85% for private sector clinicians, and around 70% for community support services). As these rates may not be consistent with current practice, interpretation of outputs from the NMHSPF-PST requires an awareness of the underlying assumptions.

Application of the NMHSPF

The NMHSPF provides a strong foundation for integrated regional planning across the primary health, specialised mental health and nongovernment sectors through its modelling of the full spectrum of needs and establishment of a consistent taxonomy and definitions of required service types. It provides guidance about the right mix and level of services and the workforce required to deliver those services currently, and into the future. The NMHSPF suite of documents offers a nationally consistent language to describe mental health services in a given region, and how these services can work together to provide care along the treatment continuum.

At the local level the NMHSPF provides a nationally endorsed benchmark for services, against which available service capacity can be compared to inform identification of priorities for planning and service development. Good knowledge of the available service system and patterns of use is required to complete this process. It is important that planners recognize this need for interpretation and application of the NMHSPF outputs to the local context and have access to appropriate knowledge and information about the target population and service system to undertake this process.

Benchmarks for mental health service delivery from the NMHSPF can be used to help inform the development of mental health plans. These benchmarks are only useful if they can be combined with information about current service delivery within each region, aggregated into a similar format for comparison. The NMHSPF models the service requirements for an optimally functioning mental health system, including significant expansion of services and workforce capacity in several areas. These benchmarks are expected to be long-term goals for the service system and will require scaling up and adjustment over time. The most useful application of NMHSPF benchmarking when undertaking a gap analysis with current service provision is not to identify the magnitude of gaps, but to identify areas of relative underinvestment and priority areas for development that should be considered in planning for future mental health service delivery. Regional adjustment or interpretation of outputs from the NMHSPF will also need to be considered where the national average model is not a good fit to local circumstances, such as in areas with small, dispersed and/or culturally and linguistically diverse populations. While not available now, it is expected that future development of the NMHSPF will provide more guidance about meeting the mental health service needs of these populations.

When considering the NMHSPF benchmarks, integrated planning with other partners in mental health service delivery is essential to ensure that all parts of the system are in place and to negotiate innovative solutions to address any identified priority areas. These partners may include, for example, PHNs, LHNs, state/territory mental health planning branches, government agencies involved in local service delivery such as the Australian Government Department of Health, Department of Social Services and National Disability Insurance Agency, local service delivery organisations, and agencies involved in planning for related sectors such as drug and alcohol services, physical health care and social services. Resource projections from the model for each service sector or type rely on other parts of the model also being in place. Although the NMHSPF model identifies a funder responsible for each service element in the care profiles, this allocation is based on the current system and is not intended to be prescriptive. Roles and responsibilities in

addressing the mental health service needs identified in the NMHSPF are expected to be flexible to encompass current and preferred future service configurations in each region.

Finally, the NMHSPF provides care profiles and resource estimates for different age groups, severity levels, service types and sectors of the mental health system, and descriptions of efficient service operation. It does not provide information about how to implement this system. There are important additional considerations, such as the need for seamless transitions between services for different ages, for example between the 12-17 and 18-64 years age groups, and consideration of pathways through the mental health system and integration between different mental health services, between mental health and other health care services, and between the mental health system and other sectors such as social services and criminal justice. Other areas beyond the scope of the NMHSPF model include capital costs of new mental health infrastructure and the resources required for workforce development. Therefore mental health planners may find the NMHSPF and its outputs to be one helpful tool within their broader planning processes.