

Paper 3: State and territory mental health activity

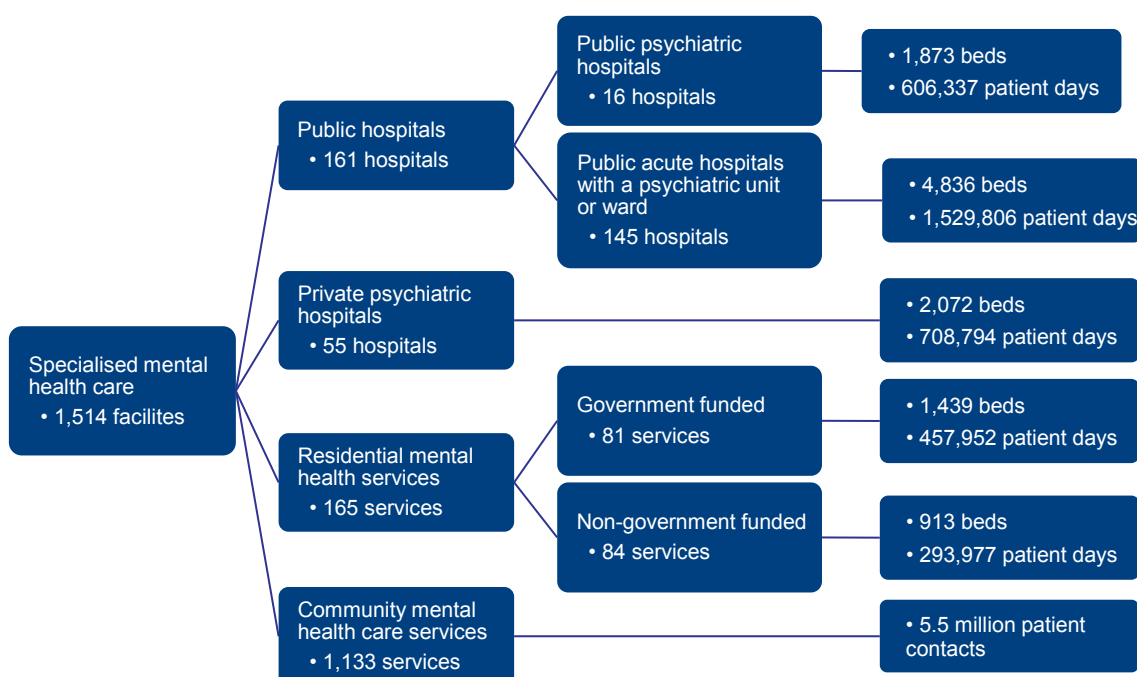
Gaining a comprehensive picture of what is funded and delivered at the state and territory level proved difficult. This paper presents a synopsis of the data about service provision and workforce which was initially made available to us by some states and territories.

Delivery of state and territory specialised mental health care

Specialised mental health care in Australia is delivered in a range of facilities including public and private psychiatric hospitals, psychiatric units or wards in public and private acute hospitals, community mental health care services and residential mental health services.

In 2011–12 there were 1,514 specialised mental health facilities nation-wide, the majority of which were public sector facilities (1,459 facilities). There were 6,709 public sector specialised mental health hospital beds available in Australia and 2,072 beds available in private psychiatric hospitals. There were 2,352 residential mental health service beds nationally (Figure 1). In all jurisdictions the majority of public sector specialised mental health facilities were community mental health care services, ranging from 88.1 per cent of services in New South Wales to 45.7 per cent of services in Tasmania.¹

Figure 1: Number of specialised mental health care facilities, available beds and activity in Australia, 2011–12



Source: Mental Health Establishments NMDS

Types of service delivery

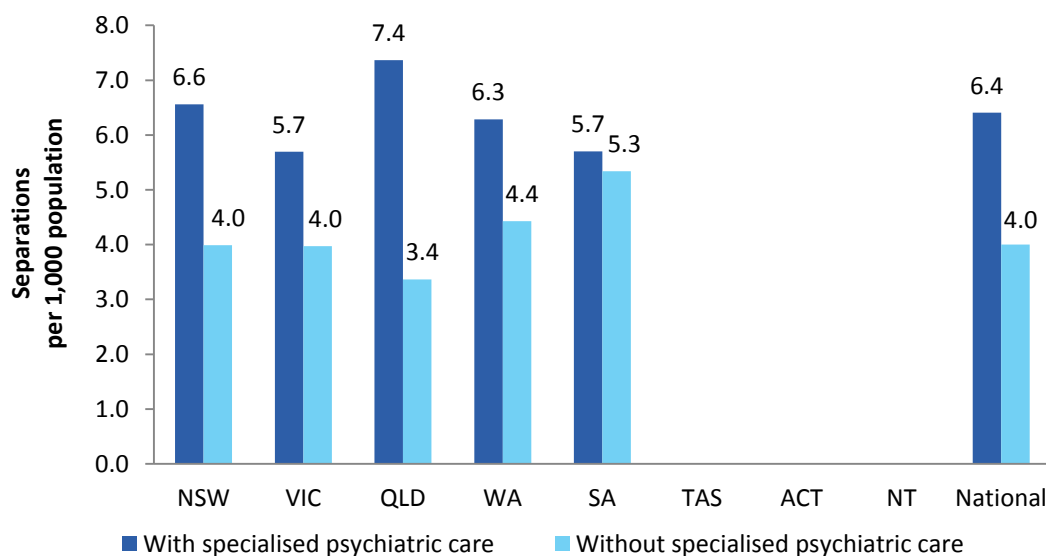
Mental health-related services can be provided by states and territories in a variety of ways including hospitalisation, community-based treatment, residential care and NGO support services.

Admitted patient care

People with mental health problems may require treatment as an inpatient. This may mean receiving specialised psychiatric care in a psychiatric hospital or at a psychiatric unit within a hospital. People may also be admitted to a general ward where workers are not specifically trained to care for the mentally ill. Under these circumstances, the admissions are classified as without specialised psychiatric care.

In 2012–13 there were 241,389 mental health-related separations in Australian hospitals. Of these, 60.9 per cent received specialised psychiatric care. The rate of separations with specialised psychiatric care varied across jurisdictions from 7.4 separations per 1,000 population in Queensland to 5.7 in both Victoria and South Australia. For separations without specialised psychiatric care, South Australia had the highest rate and Queensland the lowest, with 5.3 and 3.4 per 1,000 population respectively (Figure 2).²

Figure 2: Rate of mental health-related separations, with and without specialised care, 2012–13



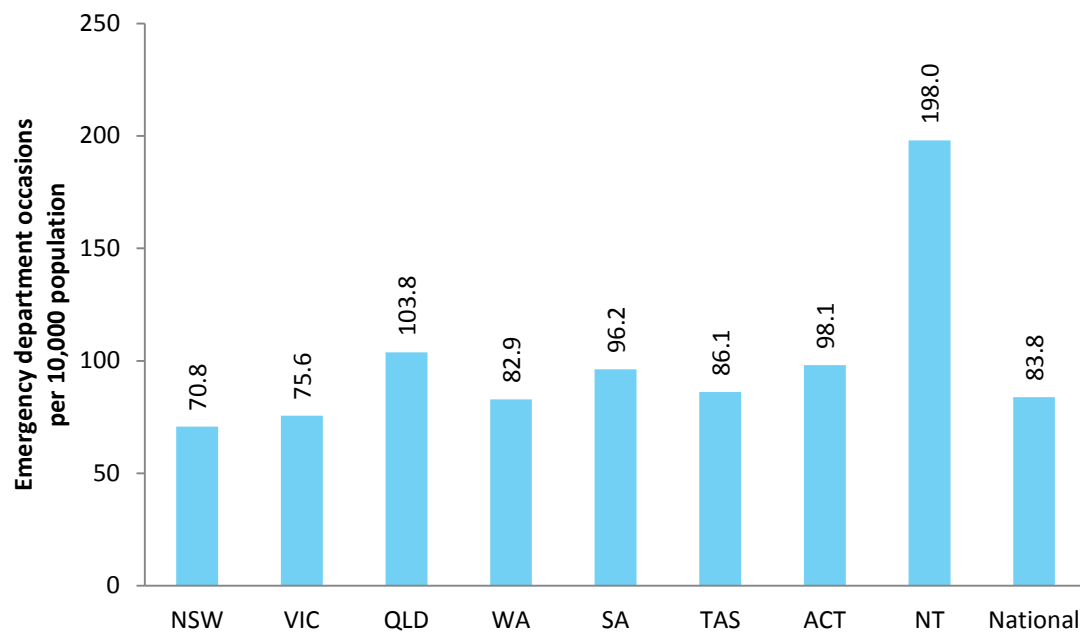
Source: National Hospital Morbidity Database

Note: Tasmania, Northern Territory and Australian Capital Territory hospital figures are not published due to confidentiality reasons. However, the figures are included in the national totals.

Emergency departments

Hospital emergency departments (EDs) also play a role in treating mental illness and can be the initial point of care for a range of reasons. It is estimated that there were 248,501 mental health-related public hospital ED occasions of service in 2011–12.³ There was substantial variation between jurisdictions in the rate of emergency department occasions, ranging from 198.0 per 10,000 population in the Northern Territory to 70.8 in New South Wales (Figure 3).³

Figure 3: Mental health-related emergency department occasions in public hospitals, 2011–12



Source: State and Territory supplied National Non-Admitted Patient Emergency Department Care Database

Community mental health care

Mental illness is frequently treated in community and hospital-based ambulatory care settings. Collectively, these services are referred to as community mental health care. In 2012–13, approximately 301,000 patients accessed community mental health care services, resulting in over 6.2 million service contacts between these patients and community mental health care service providers. Between 2009–10 and 2012–13, the national rate of community mental health care service contacts has increased. However, this trend should be interpreted with caution as Victorian data is excluded from the national total in 2012–13.⁴

In 2012–13 the rate of community mental health care service contacts varied across jurisdictions, from 698.5 service contacts per 1,000 population in the Australian Capital Territory to 255.1 in the Northern Territory (Figure 4).

Figure 4: Rate of community mental health care service contacts, 2012–13



Source: Community Mental Health Care NMDS

Note: Data were not available for Victoria in 2012–13 due to service level collection gaps resulting from protected industrial action during this period. Industrial action in Tasmania in 2012–13 affected the quality and quantity of Tasmania's community mental health care data and rates are not published for this jurisdiction.

Residential care

Residential mental health care services provide 24/7 specialised mental health care on an overnight basis in a domestic-like environment. Residential mental health services may include rehabilitation, treatment or extended care.

During 2012–13, Tasmania had the highest rate of episodes of care (20.9 per 10,000 population). This reflects the mental health service profile mix of Tasmania, which has a substantial residential care component. New South Wales had the lowest rate for episodes (0.4 per 10,000 population); again, reflecting the service profile mix for the state (Figure 5).⁵

Figure 5: Rate of residential mental health care episodes, states and territories, 2012–13



Source: Residential Mental Health Care NMDS

Note: Queensland does not report any residential mental health services.

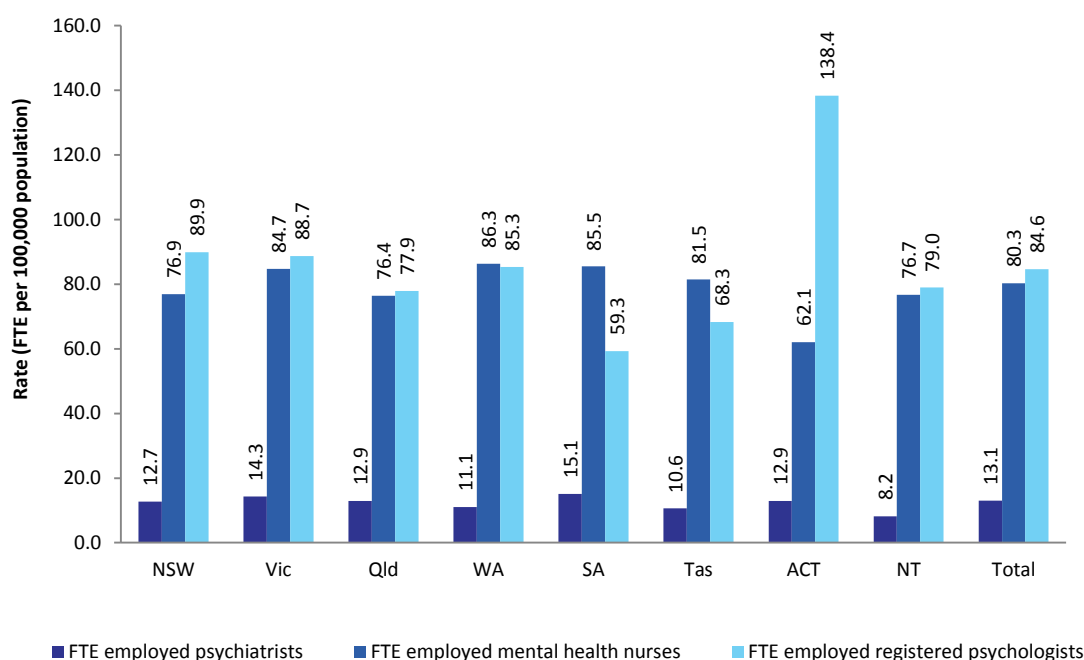
Who delivers these services?

A range of different health care professionals, including psychiatrists, psychologists, nurses, general practitioners and social workers, provide the various mental health-related support services in Australia. However, workforce data is currently only available for psychiatrists, nurses and registered psychologists who work principally in mental health care and related areas.

In order to enable meaningful comparison, the rate (per 100,000 population) of full-time-equivalent (FTE) figures is used. The FTE measures the number of 38 hour-week workloads completed, regardless of full-time or part-time work.

In all jurisdictions psychiatrists had the lowest rate of employed FTE per 100,000 in 2012, ranging from 8.2 in the Northern Territory to 15.1 in South Australia. The rate of mental health nurses (per 100,000 population) ranged from 62.1 in the Australian Capital Territory, to 86.3 in Western Australia. The rate (per 100,000 population) for registered psychologists ranged from 59.3 in South Australia to 138.4 in the Australian Capital Territory (Figure 6).⁶

Figure 6: Rate of employed FTE staff by profession type, states and territories, 2012



Source: National Health Workforce Data Set

Consumer and carer participation in mental health care

Peer workers are people who have lived experience of mental illness, often directly or within their family, and are employed specifically to share this experience and knowledge to help other people and families experiencing mental ill-health. Peer workers are employed around the country, but in a range of ways.

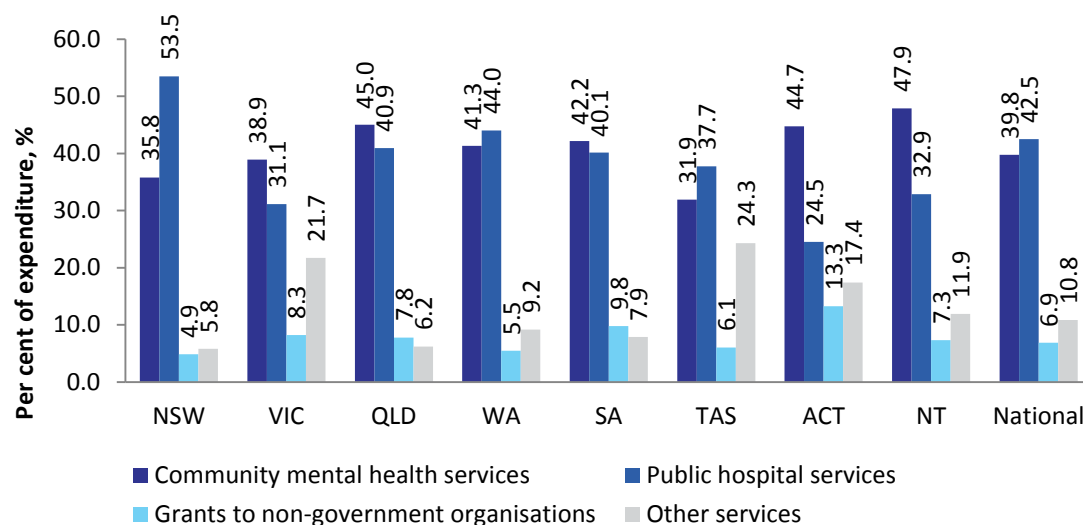
The number of specialised mental health service organisations employing consumer and carer workers has risen by 3.8 and 4.3 per cent respectively from 2007–08 to 2011–12.¹

In 2011–12 there were 47.5 full-time-equivalent (FTE) peer workers employed for every 10,000 FTE staff in the mental health workforce. Although an increase in employment of carer and consumer workers can be seen across the majority of jurisdictions, the greatest increase can be observed in Tasmania, increasing from 0.5 FTE peer workers per 10,000 FTE in 2007–08 to 32 workers per 10,000 FTE in 2011–12.¹

State and territory expenditure

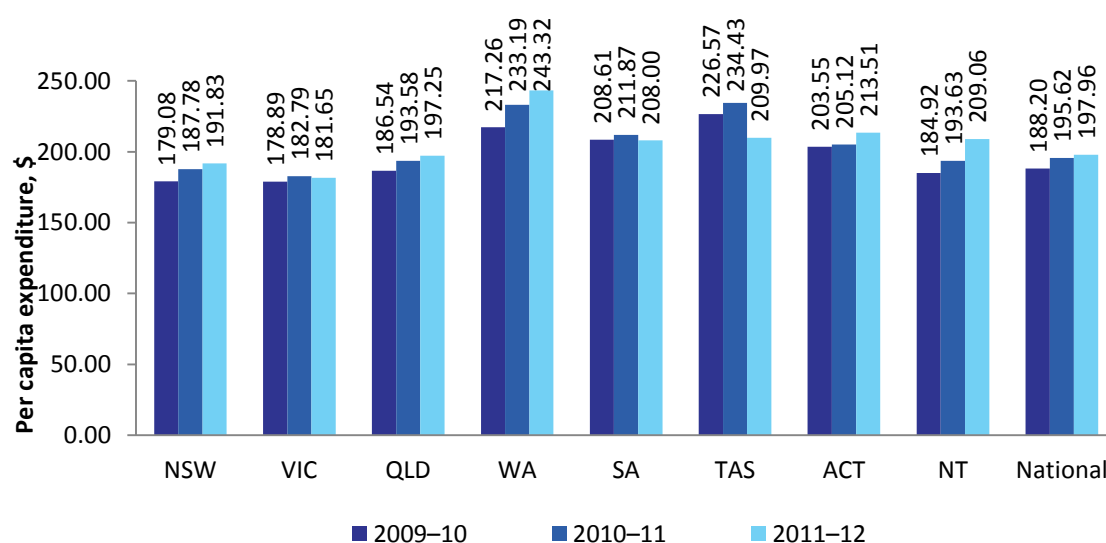
Of state and territory expenditure in 2011–12, the largest proportion was spent on public hospital services for admitted patients (\$1.9 billion), followed by community mental health care services (\$1.8 billion) (see Figure 7). Across the jurisdictions, per capita expenditure on specialised mental health services ranged from \$182 per person in Victoria to \$243 per person in Western Australia, compared to a national average of \$198 per person (Figure 8). Between 2009–10 and 2011–12 change in per person expenditure varied across jurisdictions, from an annual average decrease of 3.7 per cent in Tasmania to an annual average increase of 6.3 per cent in the Northern Territory; compared to the national average of 2.6 per cent average annual increase.⁷

Figure 7: Proportion of expenditure, by service type, state and territory specialised mental health services, constant prices, 2011–12



Source: Mental Health Establishments NMDS

Figure 8: Per capita expenditure, state and territory specialised mental health services, constant prices, 2009–10 to 2011–12



Source: Mental Health Establishments NMDS

How do we know if mental health service activity is making a difference?

Two outcome orientated national mental health indicator sets from the suite of Mental Health Indicators are typically used to monitor the activity of the Australian mental health sector. The Fourth National Mental Health Plan indicators monitor the mental health sector more generally, while the Mental Health Service KPIs specifically monitor the progress and outcomes of state and territory mental health services. However, not all indicators are able to be reported at this time.

Two example indicators are reported here: MHS KPI 2 - percentage of people readmitted to an acute psychiatric inpatient unit within 28 days of discharge, and MHS KPI 12 - percentage of patients leaving acute inpatient care that are followed up by a community mental health service contact within seven days of discharge.

In 2011–12, the percentage of admissions to state and territory acute psychiatric inpatient units that were followed by a readmission within 28 days was 14.4 per cent nationally (MHS KPI 2). This figure has been stable since 2005–06. Readmission rates are often used as an indicator of mental health system performance. High rates may point to deficiencies in hospital treatment or community follow-up care, or a combination of the two.⁸

Two states had readmission rates lower than ten per cent in 2011–12: the Northern Territory (9.8 per cent) and South Australia (9.3 per cent) (Figure 9).⁹

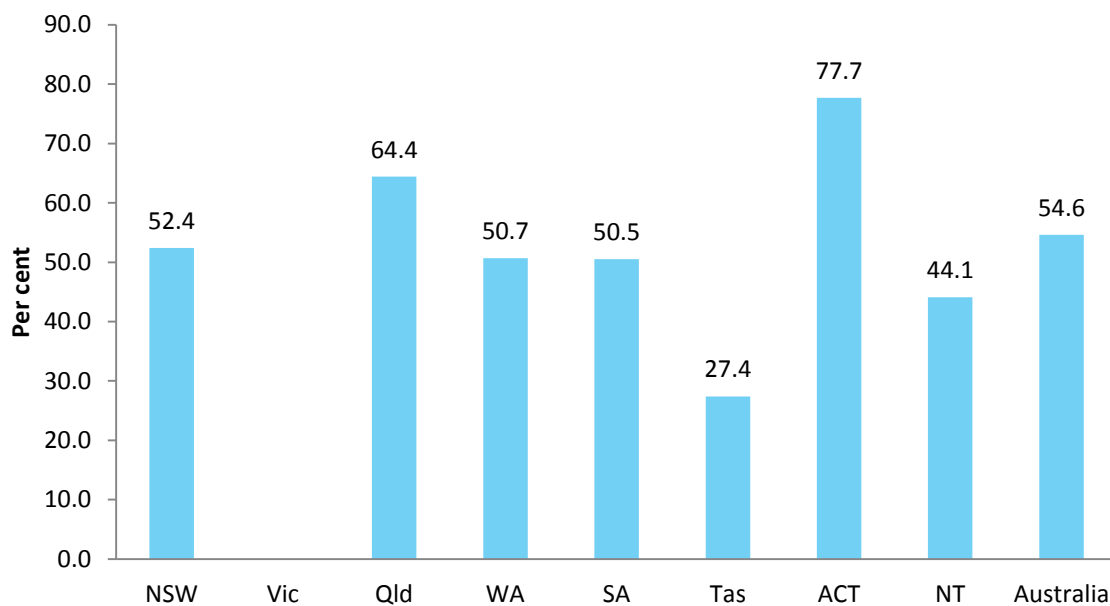
Figure 9: Proportion of separations with a readmission to an acute psychiatric inpatient unit within 28 days of discharge, 2011–12



Source: MHS KPI 2

Discharge from hospital is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have a heightened level of vulnerability and, without adequate follow-up, may relapse or be readmitted.⁸ In 2011–12, 54.6 per cent of Australian admissions to state and territory acute psychiatric inpatient units were followed by an episode of community care (in the seven days after discharge). This percentage has been improving incrementally since 2005–06. There is substantial variation across jurisdictions, with 2011–12 one week post-discharge follow-up rates ranging from a low of 27.4 per cent in Tasmania to a high of 77.7 per cent in the Australian Capital Territory (Figure 10).⁹

Figure 10: Proportion of separations from acute inpatient care units that are followed up by a community mental health service contact within 7 days, 2011–12



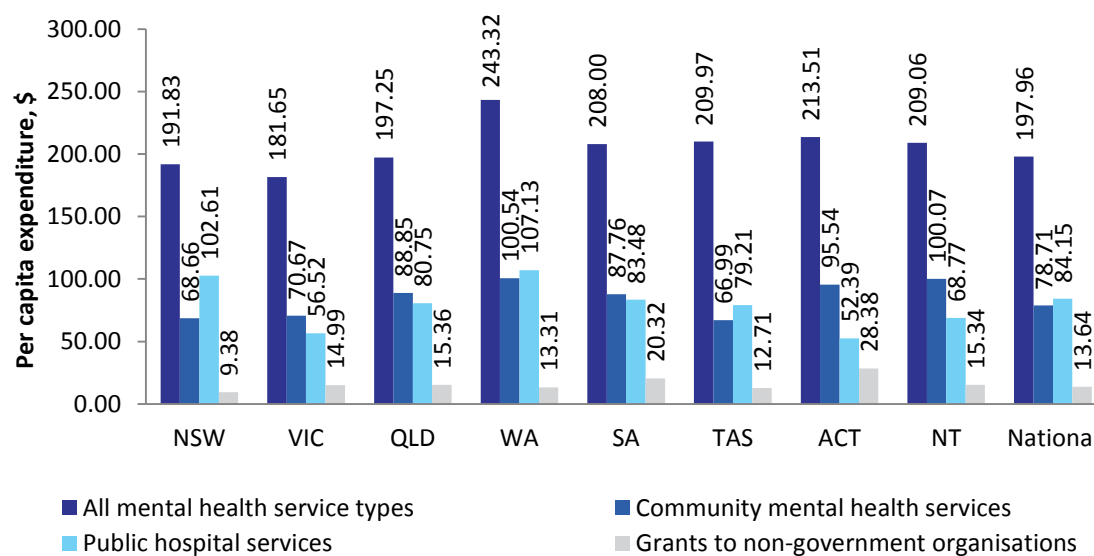
Source: MHS KPI 12

Note: Data are not available for Victoria in 2011–12 due to service level gaps resulting from protected industrial action.

Additional Summary Data

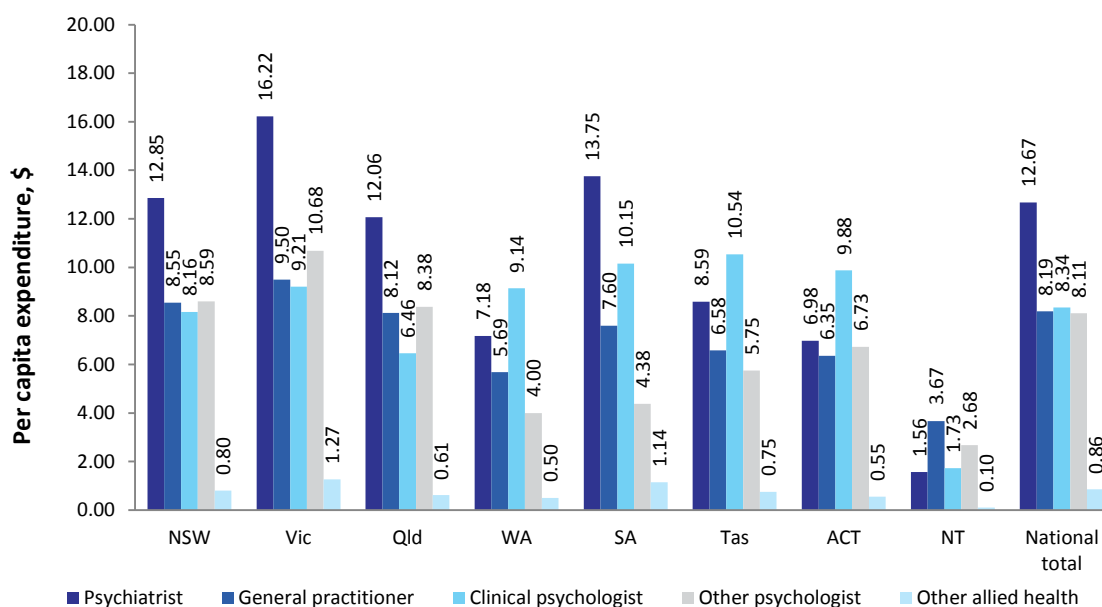
Expenditure constant prices

Figure 11: Recurrent expenditure per capita on state and territory specialised mental health services, constant prices, by service type 2011–12



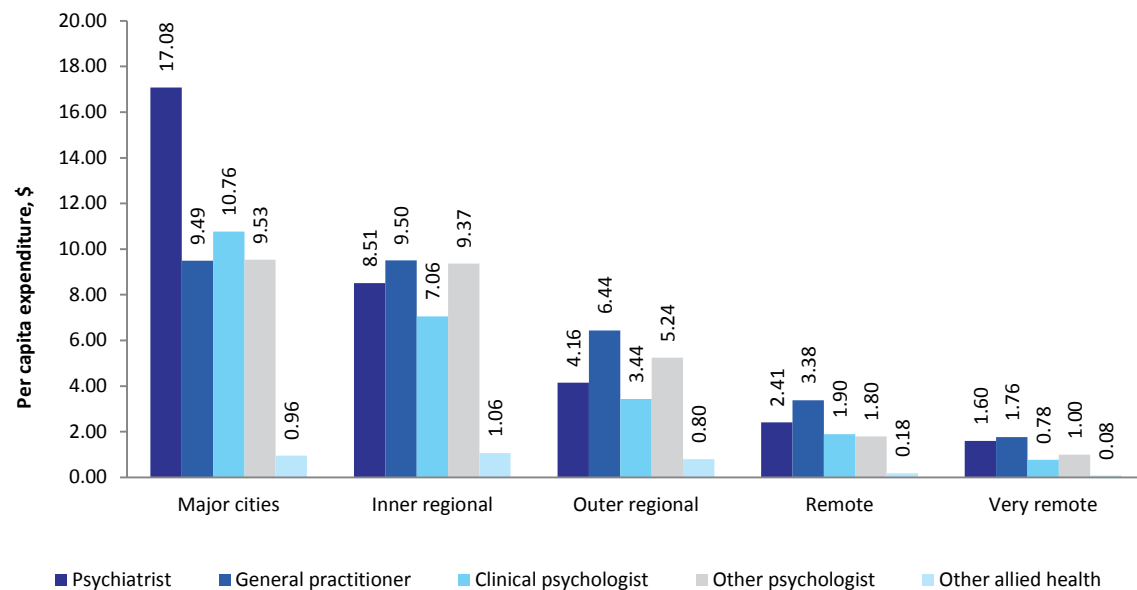
Source: Mental Health Establishments NMDS

Figure 12: Expenditure on MBS-subsidised mental health services, per capita, constant prices, by practitioner type, 2012–13



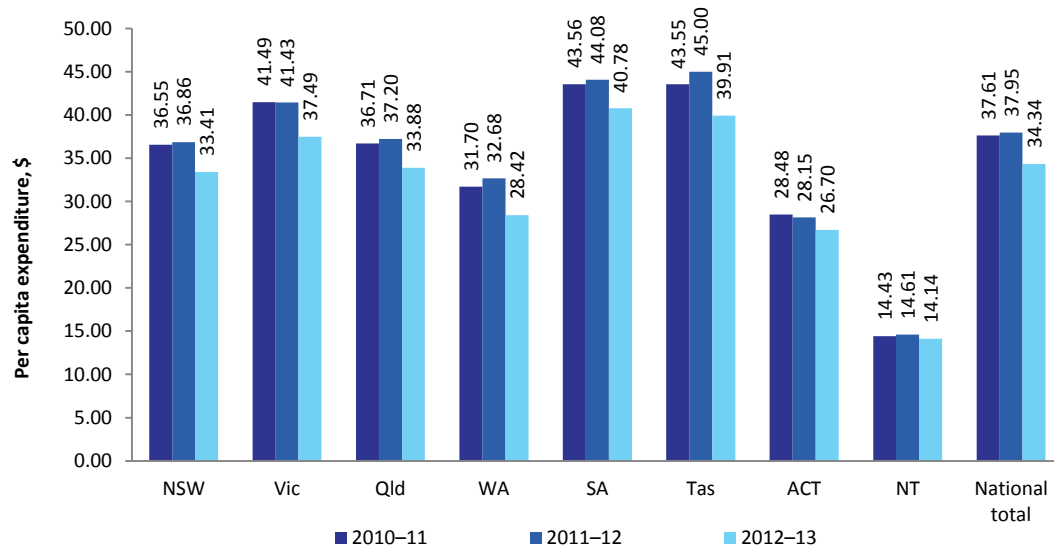
Source: Mental Health Establishments NMDS

Figure 13: Expenditure on MBS-subsidised mental health services, per capita, constant prices, by practitioner type and remoteness, 2012–13



Source: Medicare Benefits Schedule data

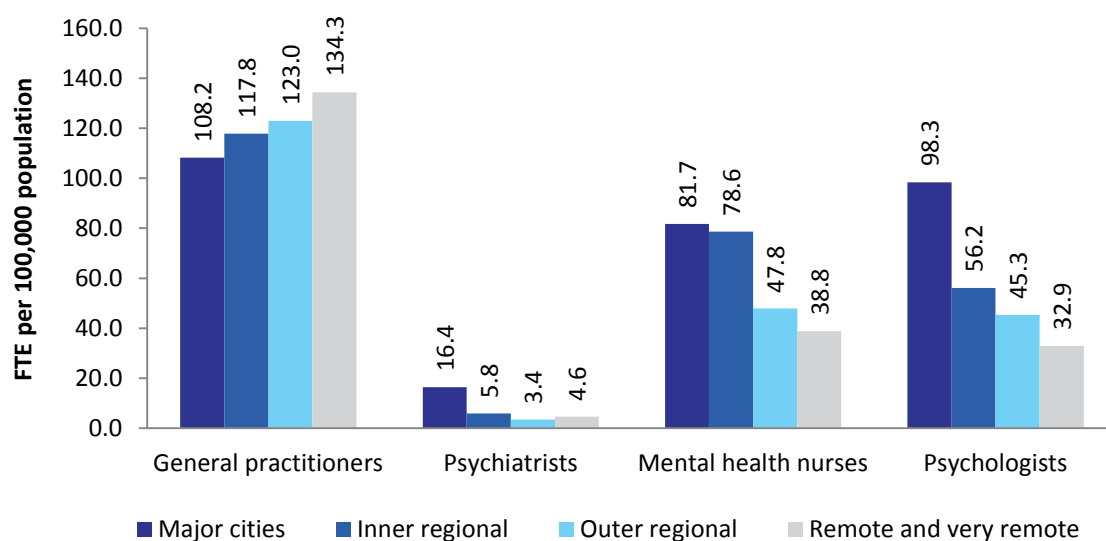
Figure 14: Expenditure on PBS-subsidised mental health medications, per capita, constant prices, 2010–11 to 2012–13



Source: Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme

Workforce

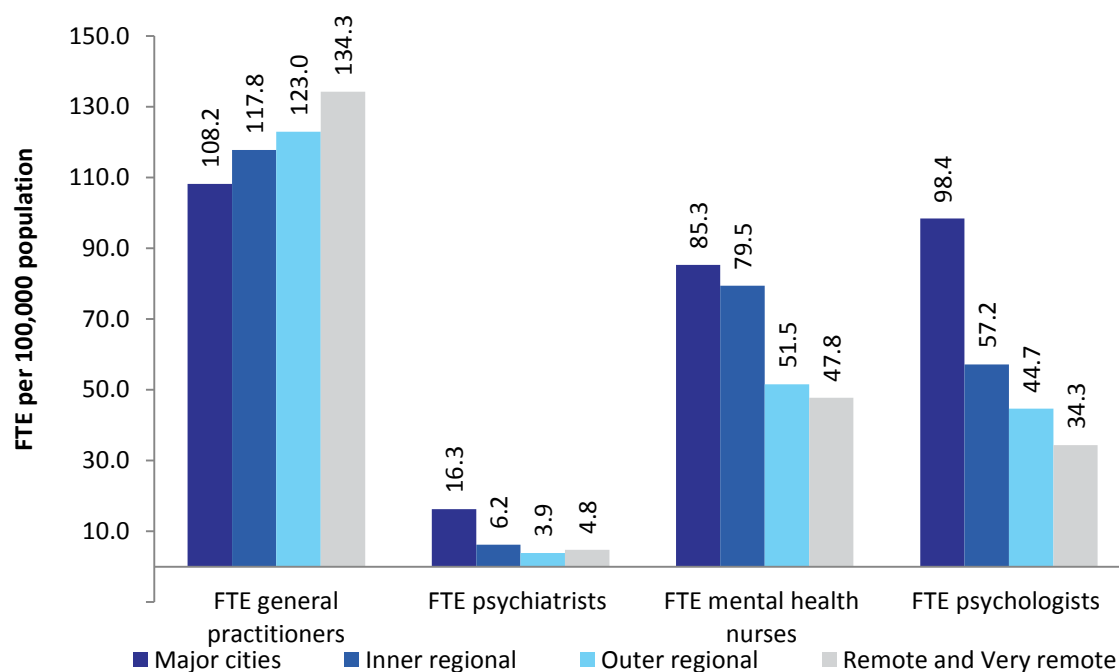
Figure 15: Employed general practitioners, psychiatrists, psychologists and mental health nurses, FTE per 100,000 population by remoteness, 2011



Source: National Health Workforce Data Set

Note: General practitioners data are 2012 figures; all other workforce categories are 2011 figures.

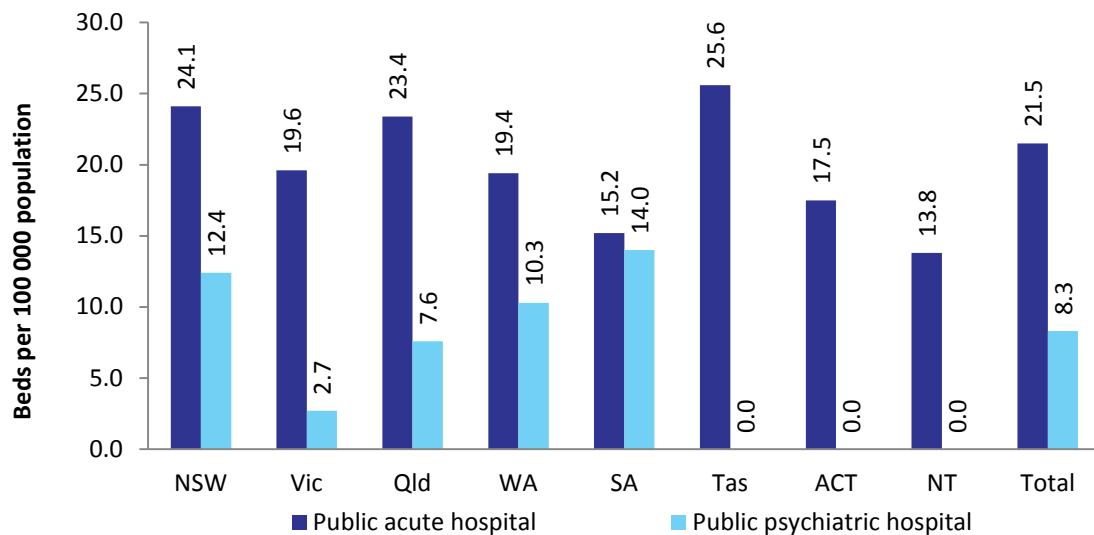
Figure 16: Employed general practitioners, psychiatrists, psychologists and mental health nurses, FTE per 100,000 population by remoteness, 2012



Source: National Health Workforce Data Set

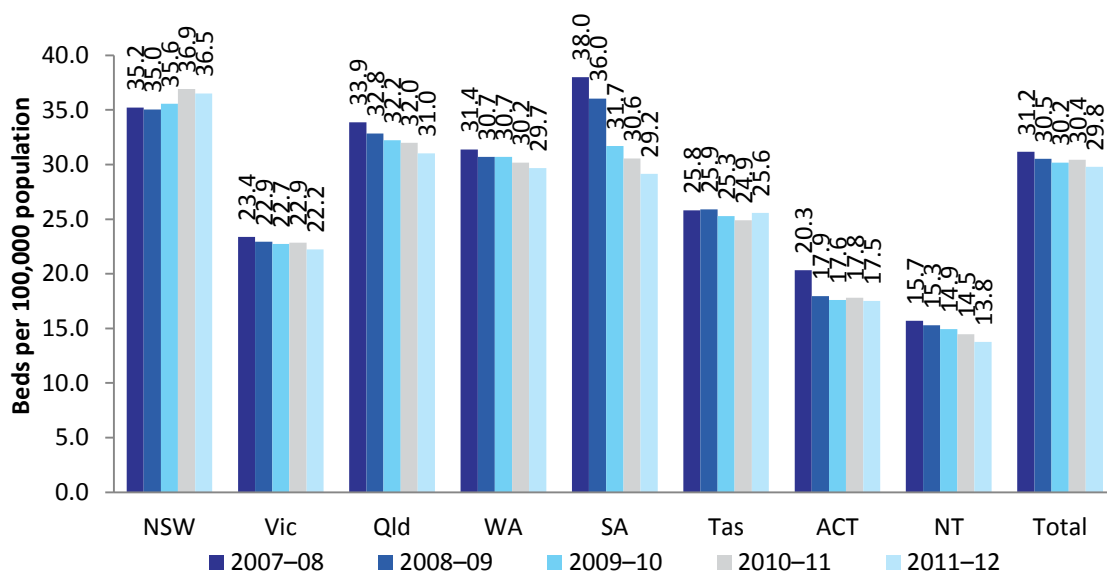
Services

Figure 17: Public sector specialised mental health hospital beds per 100,000 population, by hospital type, 2011–12



Source: Mental Health Establishments NMDS

Figure 18: Public sector specialised mental health hospital beds per 100,000 population, 2007–08 to 2011–12



Source: Mental Health Establishments NMDS

Table 1: Mental health-related services – 2011–12

	NSW	VIC	QLD	WA	SA	Tas.	ACT	NT
Hospital Services								
Total public sector specialised mental health hospital beds (per 100,000 pop)	36.5	22.2	31.0	29.7	29.2	25.6	17.5	13.8
Public acute hospital specialised mental health beds (per 100,000 pop)	24.1	19.6	23.4	19.4	15.2	25.6	17.5	13.8
Public psychiatric hospital specialised mental health beds (per 100,000 pop)	12.4	2.7	7.6	10.3	14.0	0.0	0.0	0.0
Private sector specialised mental health hospital beds (per 100,000 pop)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Residential mental health services								
Government-operated service beds (per 100,000 pop)	1.9	19.5	0.0	0.6	6.4	11.9	8.1	0.0
Non-government-operated service beds (per 100,000 pop)	0.5	6.9	0.0	12.1	1.9	19.7	14.0	6.4
Mental health-related supported housing								
Supported housing places (per 100,000 pop)	n.a.	20.8	6.3	59.1	18.2	4.5	12.9	23.6

Source: Specialised mental health care facilities section of [Mental Health Services in Australia](#).

Note: n.a. = not applicable

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