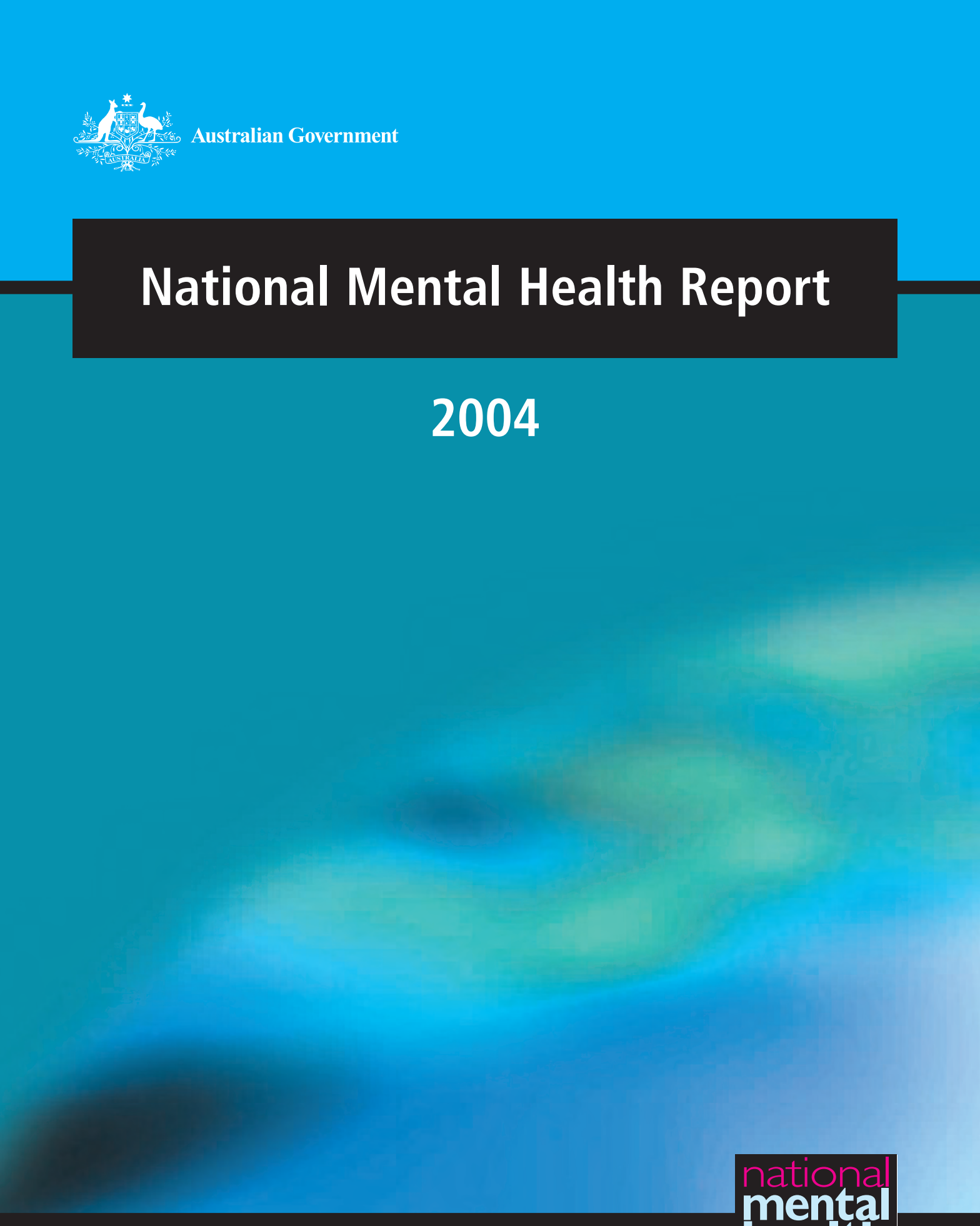
Australian Government

National Mental Health Report

2004



national mental health strategy

National Mental Health Report 2004

Summary of changes in Australia's Mental Health Services under the National Mental Health Strategy 1993-2002

Eighth Report

ISBN 0 642 82580 7

Additional copies of the report are available from the mental health branches of each state and territory Health Department. Contact addresses are provided at Appendix 12 of this document. Copies may also be obtained by contacting the Department of Health and Ageing publications phone order service (telephone 1800 066 247, facsimile 1800 634 400) or at www.mentalhealth.gov.au.

Prepared by the Health Priorities and Suicide Prevention Branch, Department of Health and Ageing, Canberra.

Publication Approval Number: 3566

Suggested citation for this report:

Department of Health and Ageing (2003) *National Mental Health Report 2004: Eighth Report.- Summary of changes in Australia's Mental Health Services under the National Mental Health Strategy 1993-2002*. Commonwealth of Australia, Canberra.

FOREWORD

This report is being released at a time when mental health's position in the health system, as well as its profile in the community, is changing. The issue of mental health is making inroads into people's thinking in a way that could not have been imagined ten years ago. For the first time, the theme of 'mental health is everybody's business' is being embraced by leaders in industry, politicians and others who have influence in our community. There is a growing recognition that 'getting mental health right' is fundamental to the well being and economic health of our whole society.

We are also learning from recent research that mental disorders may be a major risk factor for a range of physical illness. The potential implications of findings such as these for overall health care are substantial and will need careful consideration.

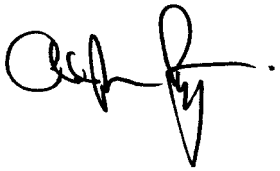
As the Parliamentary Secretary to the Minister for Health and Ageing, I have responsibility for a range of health issues and am aware that improving the mental health of the community requires coordination across diverse areas of public policy, both within and external to the health portfolio. Coordination with action taken under the National Drug Strategy and the National Suicide Prevention Strategy is especially critical, but the need for linked initiatives extends to areas such as housing, employment, social security, crime prevention and justice. Mental health can no longer be treated as an isolated issue.

It was with these aspirations that Australia embarked on a National Mental Health Strategy ten years ago. There is no doubt that mental health services have changed substantially over that period, as evidenced by the information presented in this report. Community based services have been established where they previously did not exist. Acute services have been largely transferred from separate psychiatric institutions to general hospitals and mental health services have been integrated as a part of the mainstream health care system.

However, the clear message from the community is that people continue to experience problems in accessing services during crises and finding services that are responsive to their individual needs. Workforce issues including supply, distribution and quality, remain problematic for all jurisdictions. Given the achievements that have been made to date under the National Mental Health Strategy, the dissatisfaction sometimes voiced by the community emphasises the complex and long term nature of the challenges all governments face in improving mental health services. Sustained effort by state and territory governments and the Australian Government will be needed.

This eighth National Mental Health Report provides the latest data to give an update on progress made under the National Mental Health Strategy. It is the result of extensive work by many people who have provided the data required to build a picture of the developments in Australia's mental health services.

The National Mental Health Plan 2003-08 extended the National Mental Health Strategy for a further five years in recognition of the need to continue the reform agenda. This ensures that mental health will continue to have a key place in health policy in Australia. I am optimistic that we will see considerable progress during the next phase of the Strategy.



Christopher Pyne
Parliamentary Secretary to the Minister for Health and Ageing

Guide to the National Mental Health Report Series

National Mental Health Report 1993

Released: March 1994
Coverage: 1992-93 'baseline year'

National Mental Health Report 1994

Released: May 1995
Coverage: Progress in 1993-94

National Mental Health Report 1995

Released: July 1996
Coverage: Progress to 1994-95

National Mental Health Report 1996

Released: March 1998
Coverage: Progress to 1995-96

National Mental Health Report 1997

Released: March 1999
Coverage: Progress to 1996-97

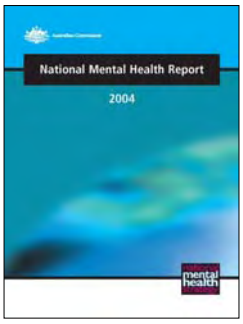
National Mental Health Report 2000

Released: November 2000
Coverage: Progress to 1997-98

National Mental Health Report 2002

Released: October 2002
Coverage: Progress to 1999-00

National Mental Health Report 2004



Released: November 2004
Coverage: Progress to 2001-02

ABOUT THIS REPORT

This report is the eighth in the National Mental Health Report series and describes Australia's progress over the course of the National Mental Health Strategy between 1993 and 2002. The previous edition (National Mental Health Report 2002) was released in September 2002 and described progress under the Strategy from 1993 to 2000.

The current report is based on the most recently validated data, and covers two additional years of data (2000-01 and 2001-02) submitted by states and territories through the annual National Survey of Mental Health Services. This survey has been conducted annually by the Department of Health and Ageing since 1994 as a requirement of the previous Medicare and Australian Health Care Agreements to monitor the progress of states and territories under the National Mental Health Strategy. Additionally, the report incorporates data on Australian Government expenditure on mental health derived from a range of sources described in Appendix 9.

The report departs from the style of previous National Mental Health Reports by presenting information in a summarised format. It updates previously published information, particularly in respect to financial reporting and structural reform changes, but does not contain the comprehensive qualitative data, detailed analysis or presentation of individual state and territory chapters that have been a feature of previous reports. The intent of the current report is to place the most current data in the public domain at the earliest opportunity.

At the time of preparing this report, state and territory data covering the final year of the Second National Mental Health Plan (2002-03) is being finalised. With each year, the ability to define, count and report relevant information improves as does the complexity of the analyses required to present reliable trends on mental health reform in Australia since 1993. The next edition of the current National Mental Health Report series will incorporate the 2002-03 data and present a full ten year picture of mental health reform in Australia.

ACKNOWLEDGEMENTS

This report has been produced by the Quality and Effectiveness Section, Health Priorities and Suicide Prevention Branch of the Department of Health and Ageing. It uses information that could not have been obtained and presented without the cooperation of many people and organisations throughout Australia. These include:

- the Australian Health Ministers' Advisory Council National Mental Health Working Group Information Strategy Committee which developed the data collection instruments and methodology;
- the management and staff of all specialised mental health services who provided data for the National Survey of Mental Health Services conducted in 2002;
- the various mental health branches within each state and territory health department, in association with other relevant areas of their organisations that coordinated survey returns;
- the Australian Bureau of Statistics which provided information on private psychiatric hospitals;
- Australian Government departments and the various areas of the Department of Health and Ageing that provided information on mental health initiatives and services funded by them;
- staff within the Medicare Statistics and Analysis Section, Medicare Benefits Branch and Pharmaceutical Access and Quality Branch of the Department of Health and Ageing who provided the analyses of data relating to the Medicare Benefits Scheme and the Pharmaceutical Benefits Scheme, respectively;
- Buckingham and Associates Pty Ltd, which assisted the Australian Government in the drafting of the report; and
- Strategic Data Pty Ltd which assisted the Australian Government in the design and management of the National Survey of Mental Health Services database.

Whilst responsibility for conclusions drawn in this report is held by the Department of Health and Ageing, the contribution and assistance of all persons and organisations that contributed to its productions are gratefully acknowledged.

Conventions used in this report

Several conventions are used to improve the readability of this report.

- Financial years are occasionally abbreviated by referring to the last calendar year of the pair. For example, 1998-99 is abbreviated as 1999, the period 1992-93 to 1997-98 is abbreviated as 1993-98 and so forth.
- Unless otherwise stated, all expenditure and revenue reported in the body of the report are expressed in constant 2002 prices. Tabulated expenditure data presented in the Appendices explicitly indicates whether current or constant prices are used.
- Frequent reference is made to the terms: 'First National Mental Health Plan', 'Second National Mental Health Plan', 'National Mental Health Strategy' and 'National Survey of Mental Health Services'. Occasionally, they are referred to, respectively, as the 'First Plan', 'Second Plan', 'the National Strategy' or 'the Strategy' and 'the Survey'.

CONTENTS

Part A: Report Summary

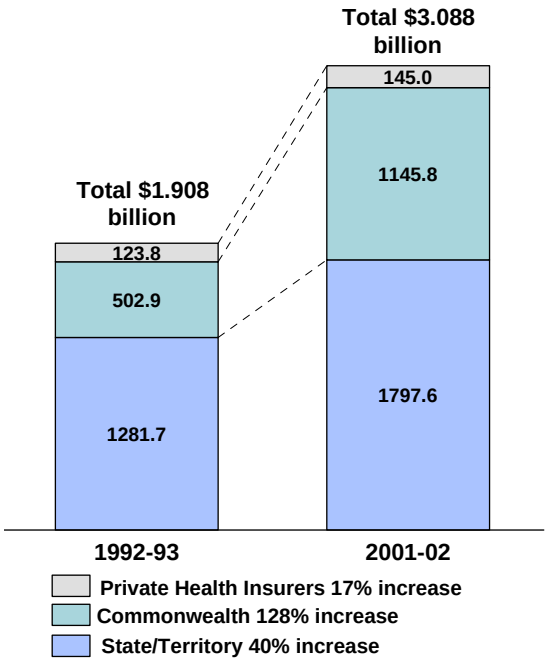
Summary of progress 1993-2002

TRENDS IN GOVERNMENT SPENDING ON MENTAL HEALTH

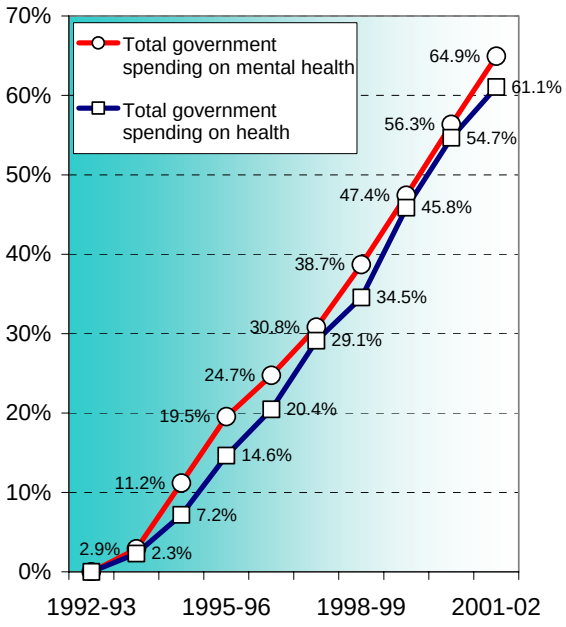
Public reporting on the level of spending on mental health services has been a central function of the National Mental Health Report since its first release in 1994. All governments agreed under the National Mental Health Strategy to maintain expenditure on specialised mental health services and to regularly monitor whether this is occurring through an annual survey of all publicly funded mental health services.

- Total spending on mental health services in 2002 was $3.1 billion, a 62% increase in real terms since 1993. Each of the three main funders (Australian Government, states and territories, private health insurers) contributed to the growth to varying extents.
- National spending on specialised mental health services accounted for 6.4% of total gross recurrent expenditure on health care.
- Total government spending (combined Australian Government, states and territories) increased by 65%, equivalent to $1.2 billion.
- Australian Government spending on mental health, covering grants to states and territories, Medicare-funded psychiatrists and general practitioners, pharmaceuticals, Department of Veterans' Affairs and private hospital subsidies, showed the greatest increase - 128% or $643 million over the 1993-2002 period.
- Growth in mental health spending by governments paralleled growth in the overall health sector. Although significant, the implication is that the mental health sector has maintained its position, but not increased its share of the health dollar.

National expenditure on mental health by the three main funders



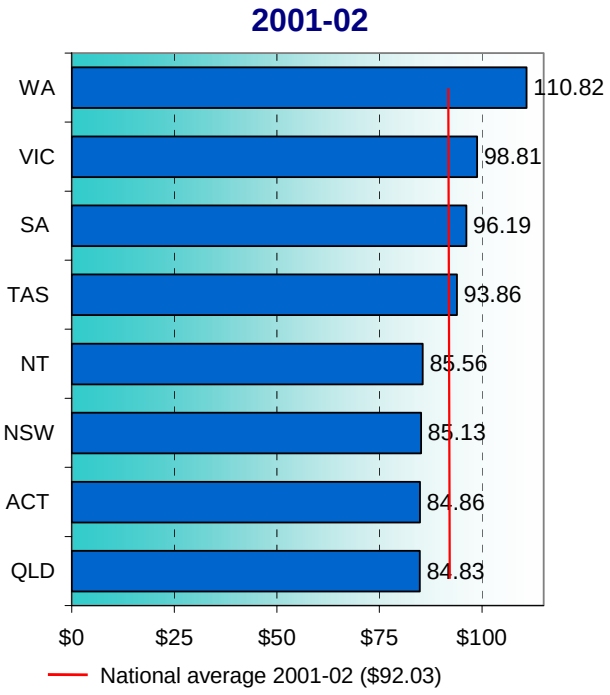
Growth in government mental health spending compared with overall health expenditure

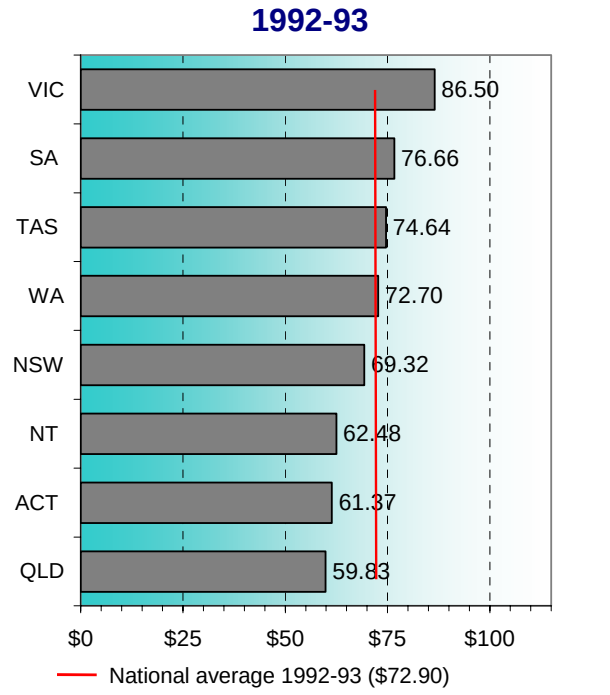


TRENDS IN GOVERNMENT SPENDING ON MENTAL HEALTH

- Combined spending by state and territory governments, to carry out their responsibility for running the public mental health system, has increased by 40%, equivalent to $516 million.
- All states and territories have met their commitments to protect mental health resources over the course of the National Mental Health Strategy.
- The significant disparity that existed between jurisdictions at the commencement of the Strategy largely remained nine years later. The gap between the highest spending and the lowest spending jurisdiction has decreased only marginally over the 1993-2002 period.
- Differences in spending between the states and territories point to wide variation in the level of mental health services available to their populations.
- It is not known how much spending on mental health services is required to meet the priority needs of the Australian population. However, surveys conducted of the extent of mental illness in the community have highlighted a high level of unmet need. Similar findings have been reported in other countries.

Per capita spending on mental health by the states and territories





PROGRESS TOWARDS A COMMUNITY BASED SYSTEM OF CARE

The expansion of treatment and support services to assist people affected by mental illness living in the community is a central aim of the National Mental Health Strategy. These services include clinical care provided by health professionals working outside hospital settings (referred to as 'ambulatory care services'), residential services and a range of disability support programs provided by non government organisations (NGOs). Monitoring the extent to which growth in these areas has occurred is an important role of the National Mental Health Report.

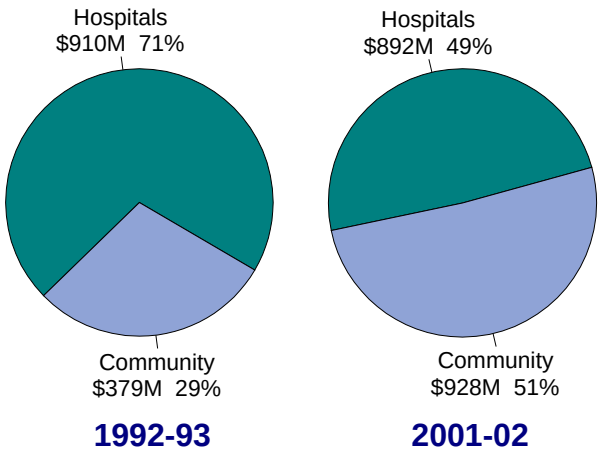
- Overall spending by states and territories on all community based mental health services increased by 145% or $549 million between 1993 and 2002. All states and territories have expanded services in this area to varying degrees.

- At the commencement of the Strategy, 29% of state and territory mental health spending was dedicated to caring for people in the community. By 2002, the community share of total mental health expenditure had increased to 51%.

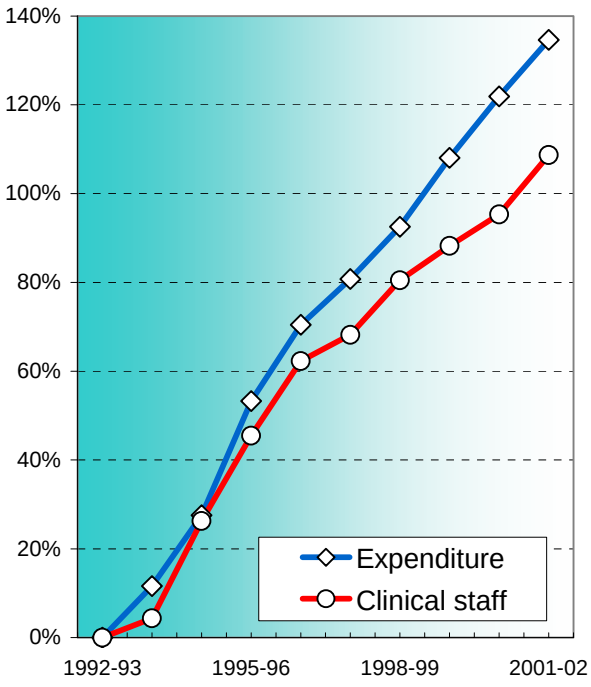
- Ambulatory services accounted for 73% of the growth in community based mental health care over the 1993-2002 period. Spending in this area increased by 135%, or $399 million.

- The expansion of ambulatory care services is best gauged by changes in the number of health professionals employed to provide treatment and care in the community. Nationally, the number of clinical staff providing ambulatory mental health care has increased by 109% in parallel with spending growth. In 2002, there were 3,650 more health professionals employed in ambulatory care mental health services than in 1993.

Allocation of funds across community and inpatient services



Growth in ambulatory mental health care



PROGRESS TOWARDS A COMMUNITY BASED SYSTEM OF CARE

- The scale and pace of change is not uniform across the jurisdictions. While all states and territories have made substantial progress in strengthening their community mental health workforce, differences remain in the extent to which clinical staff are employed to provide community care.

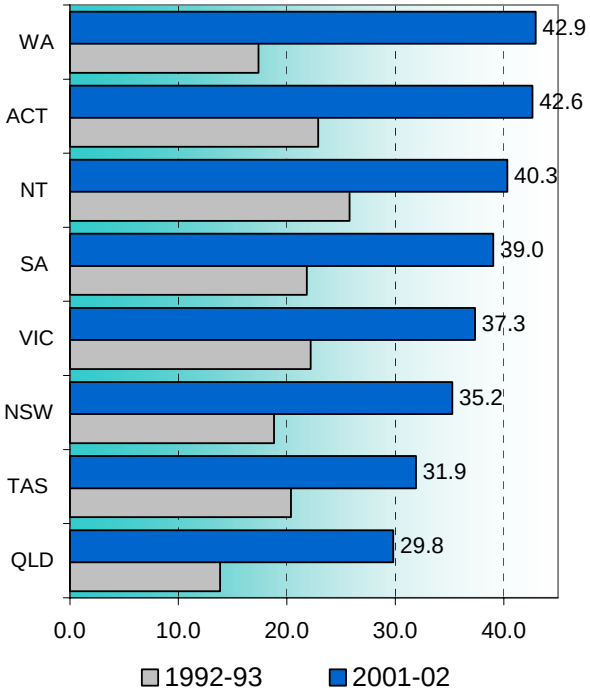
- Funding to non government organisations (NGOs) to provide mental health services has grown by 294%, or $75 million. This mainly reflects the fact that relatively little funding was allocated to the sector in 1993. From the outset, the National Mental Health Strategy has called for an increased role for the sector in providing community support services for people with psychiatric disability.

- Commencing at 2% of total expenditure on services in 1993, the NGO share of funding increased to 5.5% by 2002.

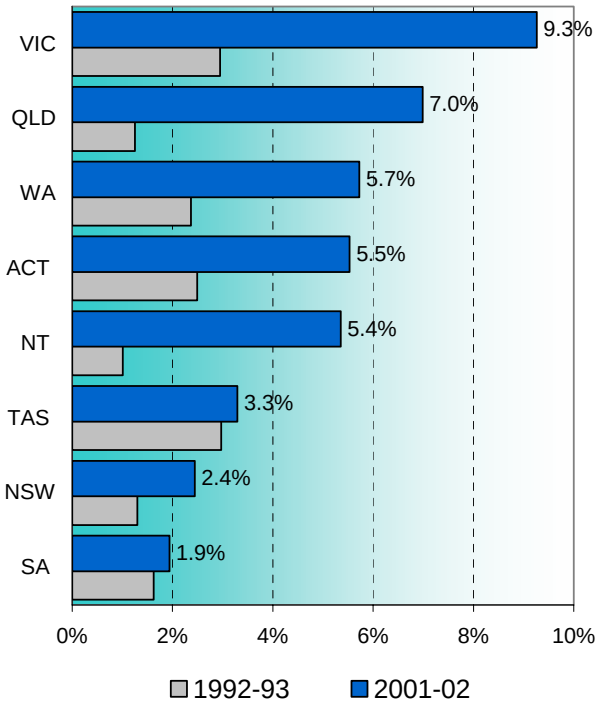
- States and territories vary in the degree to which they use the non government sector for providing support services in the community. This reflect differences in the way services are organised and delivered.

- In some jurisdictions, services provided by NGOs substitute for those formerly provided by the government sector or clinical services. In others, NGOs are engaged to provide a number of innovative services designed to complement rather than replace the government sector.

Clinical staff employed in ambulatory mental health services per 100,000 population



Funding to non government organisations as a percent of total spending on mental health services



TRENDS IN THE LEVEL AND MIX OF PSYCHIATRIC BEDS

The National Mental Health Strategy entails a commitment by states and territories to reduce the size of stand alone psychiatric hospitals and transfer acute inpatient services to general hospitals. The Strategy calls for each jurisdiction to develop a mix of services appropriate to local population needs. This includes sufficient acute inpatient services and community based residential services to replace the functions of stand alone psychiatric hospitals.

- Extensive restructuring of psychiatric inpatient services has occurred over the course of the Strategy.

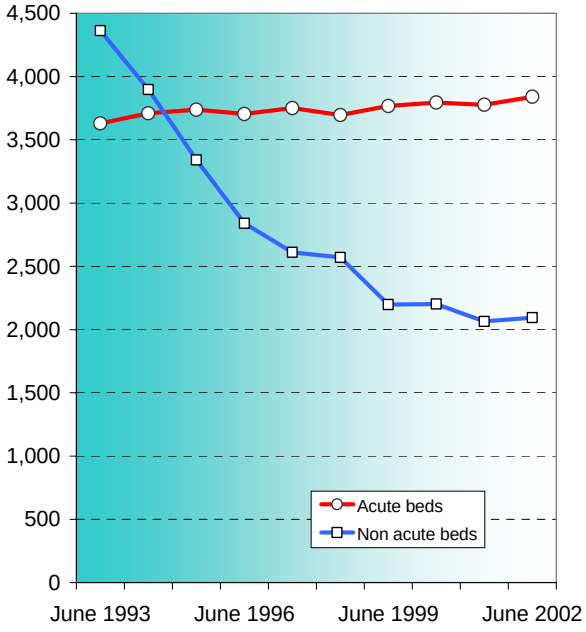
- The number of beds in stand alone psychiatric hospitals has decreased by 60%. By 2002, beds located in these hospitals accounted for only 39% of Australia's total psychiatric inpatient capacity compared with 73% in June 1993.

- Reduction in the size of separate psychiatric hospitals has been targeted at non acute services, which typically provide medium to longer-term hospital care. These have reduced by 53% since 1993, or 2,292 beds.

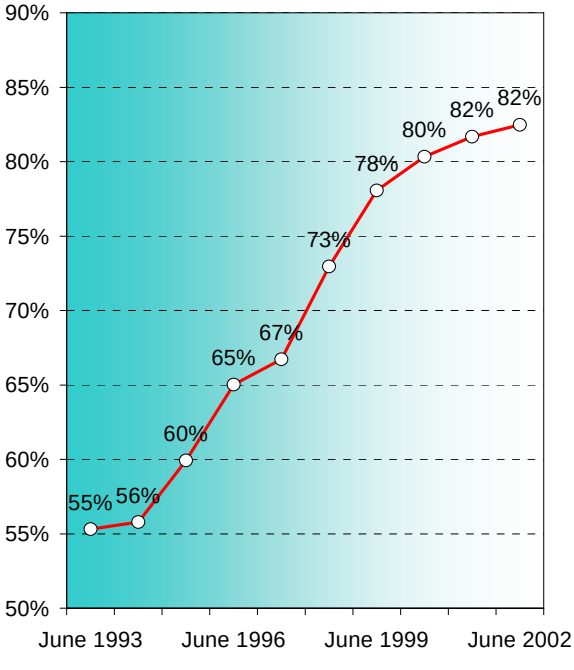
- The overall number of acute psychiatric beds available in Australia has remained relatively unchanged since 1993, at approximately 3,700 beds.

- In parallel with the reductions in stand alone hospitals, the number of psychiatric beds located in general hospitals has grown by 65% since 1993. By June 2002, 82% of acute psychiatric beds were based in general hospitals compared with 55% in June 1993.

Number of acute and non acute inpatient beds



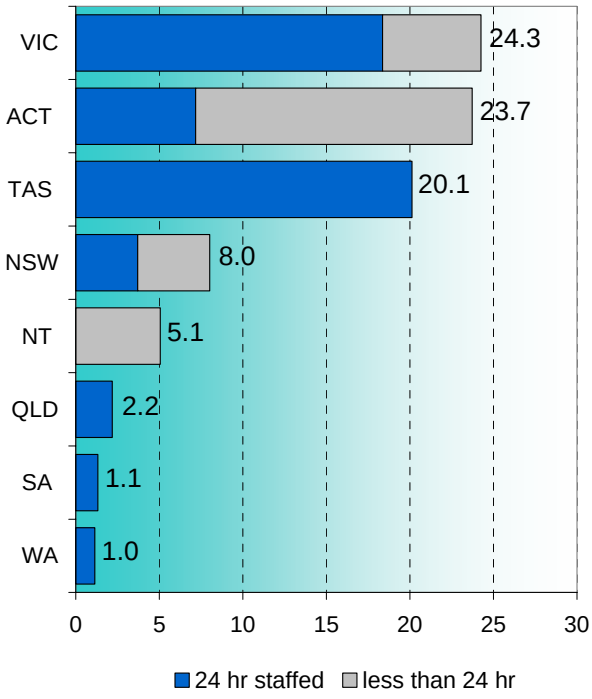
Percentage of acute psychiatric beds located in general hospitals



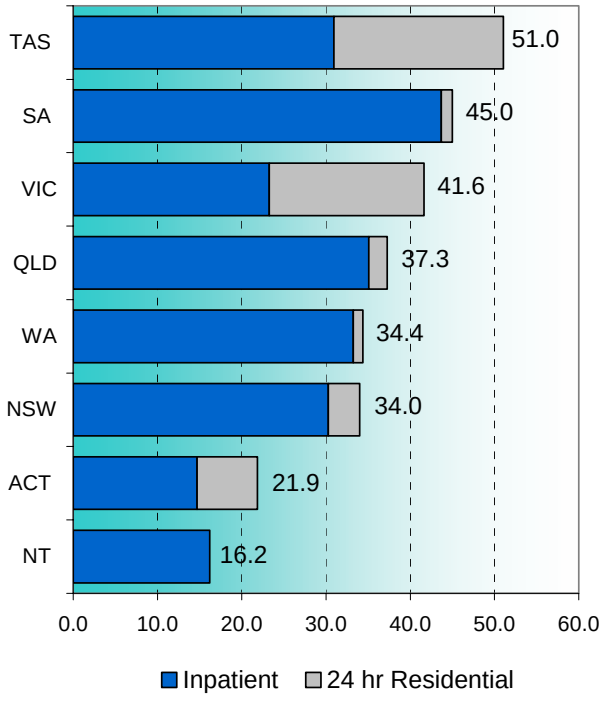
TRENDS IN THE LEVEL AND MIX OF PSYCHIATRIC BEDS

- Development of specialised mental health residential services in the community has not progressed at the same pace and is uneven across the jurisdictions.
- While the number of 24 hour staffed residential beds in the community has grown by 67%, this is mainly the result of initiatives taken in Victoria. Alternative models of accommodation support are being developed by other states and territories, but relevant quantitative information was not available for this report.
- Major disparities continue to exist between the states and territories in the level and mix of psychiatric beds provided to their populations. At June 2002, there was a threefold difference in the number of available inpatient and 24 hour staffed residential beds between the highest and the lowest providing jurisdiction.
- These data do not tell us about the number of psychiatric beds required to meet the needs of the Australian population. Each jurisdiction has developed its own planning approach. The number of beds required to treat and care for people affected by mental illness is also a function of whether alternative community based services are available.
- Over recent years, all states and territories have experienced increased demand for mental health care right across the health sector, and in particular for acute inpatient care. Consumers and carers consistently point to these problems as needing urgent attention.

Number of beds in staffed community residential facilities per 100,000 population



Total inpatient and 24 hour staffed residential beds per 100,000 population

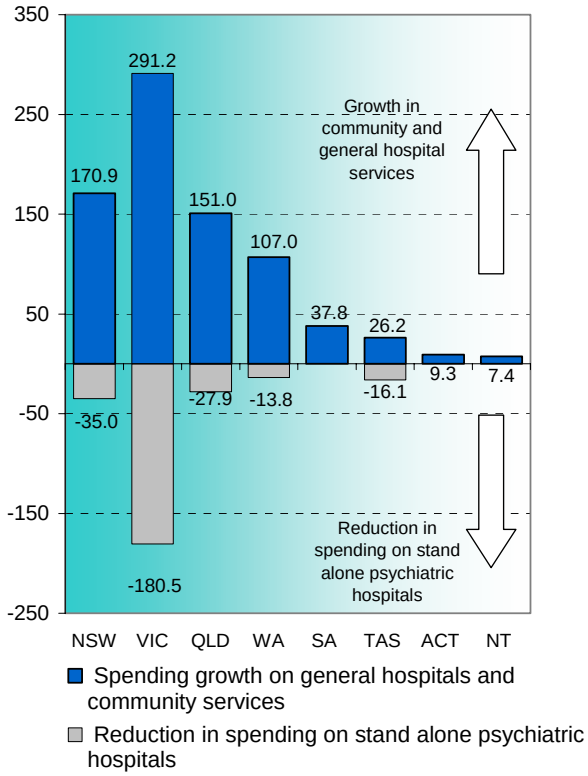


PROGRESS IN TRANSFERRING RESOURCES TO NEW SERVICES

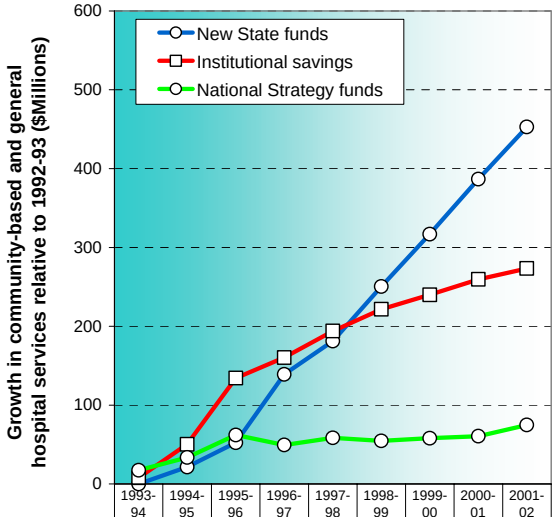
The National Mental Health Strategy has aimed to ensure that savings accrued from the downsizing of stand alone psychiatric hospitals were redirected back to new service development. The National Mental Health Report tracks the progress of each of the states and territories in meeting this commitment.

- The commitment made to re-invest savings from the downsizing of older style psychiatric institutions back into new mental health programs has been met by all states.
- Across Australia as a whole, spending on stand alone psychiatric hospitals in 2002 was $270 million less than 1993. This has been accompanied by a $801 million increase in spending on alternative community based and general hospital services.
- Over the life of the Strategy, 40% of the total growth in community based and general hospital services has been funded by savings arising from the reduced spending on stand alone psychiatric hospitals.
- These savings have been backed by significant new state and territory funds as well as Australian Government funding allocated under the Medicare and Australian Health Care Agreements to assist in mental health reform.
- New funding by states and territories represents 47% of the net annual growth in spending on new mental health services.
- Overall, Australian Government allocations for mental health reform have contributed an estimated 12% of the net annual increase in spending on new mental health services. These funds 'seeded' the new service growth as well as triggering additional funding and savings reinvestments by the states and territories.

Change in spending on stand alone psychiatric hospitals, community services and general hospital units between 1993 and 2002 (Millions)



Source of funds for development of new community and general hospital services 1993-2002



	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
New State funds	0.0	21.5	52.5	139.1	181.1	250.5	316.8	386.8	452.7
Institutional savings	7.9	50.3	134.3	160.3	193.9	221.6	240.1	259.5	273.4
National Strategy funds	17.4	33.6	62.2	49.4	58.6	54.6	58.1	60.7	74.9

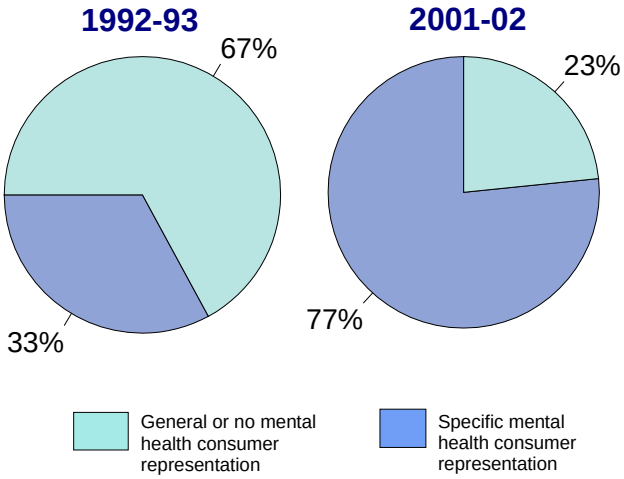
CONSUMER AND CARER PARTICIPATION IN DECISION MAKING

The National Mental Health Strategy advocates the participation of consumers and carers in the planning, delivery and evaluation of mental health services. Accountability to consumers at all levels of the mental health system provides an avenue to identify and resolve historical deficiencies in service quality.

- Consumers and carers have been included in all national planning groups established since the Strategy began.

- Commencing in 1994, mental health service organisations have been surveyed for the National Mental Health Report to determine the extent to which consumers are represented on local decision making and advisory bodies. By 2002, 77% of organisations reported that such arrangements were in place compared with 33% in 1994.

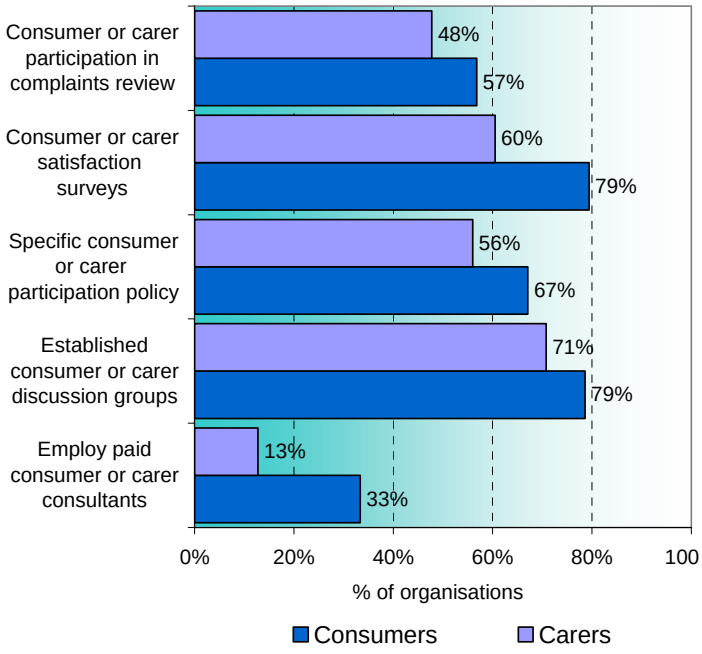
Percent of mental health service organisations with formal consumer participation mechanisms



- Beyond this basic requirement, service organisations are more recently being surveyed about other initiatives taken to promote consumer and carer involvement at the service delivery level. The 2002 data suggest that a range of new initiatives is being introduced by organisations throughout Australia.

- Consumers and carers consistently argue that, although progress has been made in the structural arrangements for their representation at state and territory and national levels, substantial work remains to create a 'client responsive' culture in mental health services.

Percent of mental health service organisations with other consumer and carer participation mechanisms, 2002



Part B: 2002 Update

Progress in reform of Australia's mental health services

1. Monitoring the National Mental Health Strategy

At the time of releasing this report, Australia is in its twelfth year of the National Mental Health Strategy, a joint initiative of the Australian, state and territory governments to improve mental health outcomes for the community. The Strategy, adopted by all Australian Health Ministers in April 1992, aims to:

- promote the mental health of the Australian community and where possible, prevent the development of mental health problems;
- reduce the impact of mental health problems on individuals, families and the community; and
- assure the rights of people with mental illness.

Commencing with an initial five year plan covering the 1993-98 period, the Strategy was extended under the Second National Mental Health Plan to covering the period 1998 to 2003. More recently, the National Mental Health Plan 2003-2008 was endorsed by all Health Ministers in July 2003. A diagrammatic summary of key milestones in the life of the National Strategy is shown in Figure 1.

Evaluation and accountability have been central to the National Mental Health Strategy from the outset. In agreeing to the Strategy, Health Ministers recognised that an important aspect of the reform process was to ensure that progress is monitored and publicly reported on a regular basis. This has been achieved through two mechanisms:

- independent evaluations of each five year National Plan; and
- the development of nationally agreed measures of performance in relation to the objectives of the Strategy and regular reporting of progress against these in the National Mental Health Report.

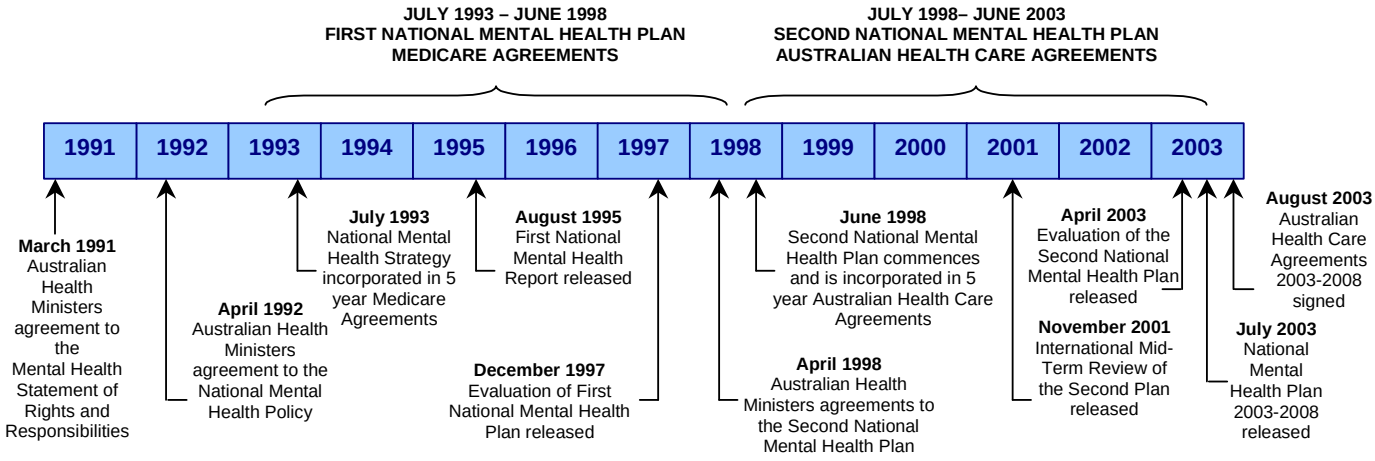
The National Mental Health Report

The National Mental Health Report was set up as a central feature of the monitoring requirements under the First and Second National Mental Health Plan. It has been prepared periodically by the Department of Health and Ageing to:

- provide the most recent available data on mental health services provision;
- monitor changes that have taken place in the provision of specialised mental health services;
- act as an information resource on the state of mental health services in Australia, for use by a range of interested parties; and
- inform and improve community understanding of the reform of Australia's mental health services.

Few national policy areas in Australia have been subject to an equivalent level of reporting and accountability as required under the National Mental Health Strategy. The first National Mental Health Report covered the 1992-93 financial year and presented 'baseline' data against which progress of the Strategy could be

Figure 1: Milestones of the National Mental Health Strategy



evaluated. A further five reports were subsequently released, monitoring progress under the First National Mental Health Plan. The *National Mental Health Report 2002*, published in October 2002, summarised progress of the mental health reform agenda under the first two years of the Second National Mental Health Plan (1998-99 and 1999-2000).

The current report is the eighth in the National Mental Health Report series and the penultimate report required under the Second National Mental Health Plan. Incorporating the most recently available data covering the 2000-01 and 2001-02 years, the report updates the information presented in the National Report 2002. While particular focus is given to developments that occurred over the past two years, the report presents these in the context of the longer term changes over the whole Strategy period 1993-2002.

As noted in 'About this report', the current report differs from previous editions by presenting only a summary version of the data, omitting the more extended analysis, qualitative data and individual state and territory chapters contained in previous editions. However, the methodology and data sources for the current report are based on those used in previous years. It draws primarily on information gathered through the National Survey of Mental Health Services.

The final edition of the current National Mental Health Report series, as required under the previous Australian Health Care Agreements will incorporate 2002-03 data.

The current report is presented in three parts.

- Part A provides a high level overview of the main trends over the course of the National Mental Health Strategy between 1993-2002.
- Part B comprises the body of the report and provides the 2002 update on trends in national spending on mental health, structural changes within state and territory public sector mental health services, developments in the private sector and updated information on the participation of consumers and carers in the mental health system.
- Part C contains the Appendices that provide the detailed source data used for this report.

2. Update on national spending on mental health

Public reporting on the level of spending on mental health services has been a central function of the National Mental Health Report since its first release in 1994. All governments agreed under the First National Mental Health Plan to maintain expenditure on specialised mental health services and to annually review whether this is occurring. This commitment was renewed under the Australian Health Care Agreements, covering the period of the Second National Mental Health Plan (1998-2003).

The sections that follow provide an overview of 2001-02 spending on mental health services and puts this in the context of information about spending patterns gathered since the National Strategy began.

Total spending on mental health services 2001-02

Total spending on mental health services by the major funders in Australia in 2001-02 was $3.1 billion, increasing by 5.9% in 2000-01 and 5.6% in 2001-02. Spending on mental health services and related activity represented approximate 6.4% of national total gross recurrent expenditure on health services.[1, 2] This figure has remained relatively stable over the course of the National Mental Health Strategy.

The contributions of the major funders – the Australian Government, state and territory governments and private health insurance funds – are summarised in Figure 2. State and territory governments continue to play the largest role in specialised mental health service delivery, as they are primarily responsible, either directly or indirectly, for the delivery and management of most services.

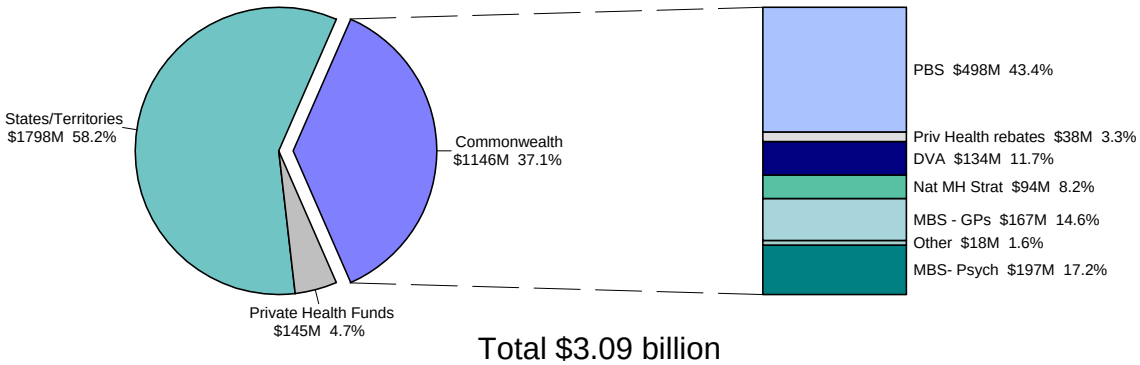
The Australian Government, responsible for more than one-third of total spending in 2001-02, funds a range of services but does not manage services directly. Figure 2 also provides a breakdown of Australian Government funding streams.

National spending trends 1993-2002

Total recurrent spending on mental health services by the major funding authorities has increased by 62% over the course of the Strategy. Growth has occurred in the three funding streams to varying extents (Figure 3).

- Combined state and territory funding increased by 40%, or $516 million.

Figure 2: Distribution of recurrent spending on mental health services, 2001-02

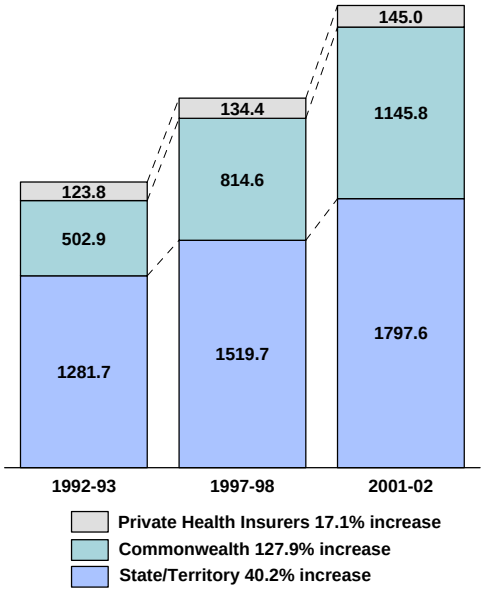


Total $3.09 billion

[1] Based on Australian Government analysis of data published in Health Expenditure in Australia 2001-02, Australian Institute of Health and Welfare, September 2003. The calculation of the proportion of total health expenditure directed to mental health includes only government and private health insurance revenue sources.

[2] This estimate is based on expenditure on specialised mental health services only and should not be confused with estimates of Australia's spending on mental health. The former is based on a 'service costing' approach while the latter uses 'disease costing' methods. A recent report by the AIHW compared Australia to the United States, Canada and the Netherlands using a disease costing model. The report estimated that Australia spends 9.6% of its overall health budget on providing care to people with mental disorders. The AIHW concluded that "… given the uncertainties with the data, there is no evidence that any of these four countries are under-spending or over-spending on mental disorders relative to each other." Source: Australian Institute of Health and Welfare (2003). *Australian expenditure on mental disorders in comparison with expenditure in other countries*. Canberra: AIHW. See *www.aihw.gov.au/mentalhealth/index.html*

Figure 3: National expenditure on mental health by source of funds, 1992-93 to 2001-02 ($millions)



- Australian Government expenditure increased by 128%, or $642 million.
- Spending by private health funds increased by 17%, or $21 million.

Annual growth in overall mental health expenditure increased by an average of 5.7% over the first four years of the Second National Mental Health Plan, compared with 5.3% between 1993-98.

Introduction of the Private Health Insurance Rebate in 1997-98 significantly changed the relative contributions of the three major funding sources. The Australian Government's rebate to private health insurance members increased its overall health-related expenditure by $1.95 billion in 2001-02, with an off-setting decrease in expenditure by private health insurance sources. The estimated specialist mental health component of the rebate in 2001-02 was $38 million.

Significant growth in Australian Government outlays saw its share of total national spending on mental health increase from 27% in 1992-93 to 37% in 2001-02. The main driver was growth in expenditure on psychiatric drugs provided through the Pharmaceutical Benefits Scheme (PBS), accounting for 66% of increased Australian Government spending. Expenditure on psychiatric drugs has increased by 570% since 1992-93 (Figure 4). Details of Australian Government mental health expenditure are provided in Appendix 9.

Total government (Australian, state and territory) recurrent expenditure on mental health increased by 65% between 1992-93 and 2001-02, averaging 5.7% growth per year (Figure 5). As noted in the 2002 report, this has kept mental health expenditure in step with movement in the broader health industry. Government expenditure on all health services increased by 61% over the same period, averaging 5.4% per year. In this respect, mental health has not significantly increased its position in terms of relative spending within the overall health sector.

State and territory 'maintenance of expenditure'

The commitment by all governments to some form of budget protection was part of the National Mental Health Policy and was carried over to the Second National Mental Health Plan through the 1998-2003 Australian Health Care Agreements. Table 1 summarises expenditure by each of the jurisdictions across the National Mental Health Strategy, comparing 'baseline' spending of 1992-93 with 1997-98, the close of the First National Mental Health Plan, and

Figure 4: Growth in Australian Government spending on mental health services, 1992-93 to 2001-02

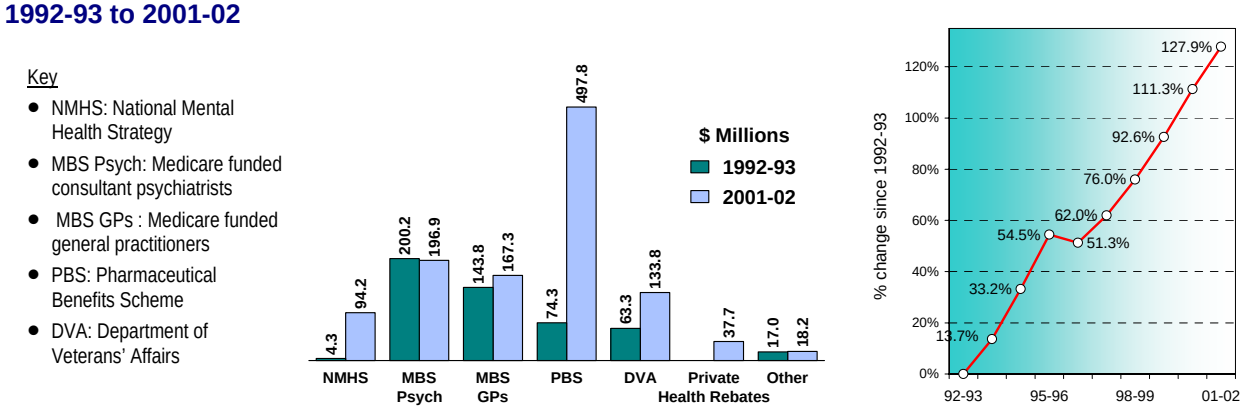
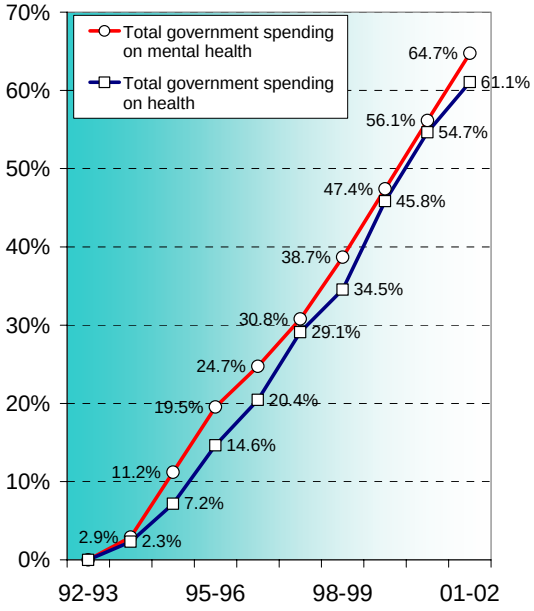


Figure 5: Growth in government recurrent health expenditure and mental health expenditure 1992-93 to 2001-02



2001-02, the fourth year of the Second National Mental Health Plan.

By the end of the First Plan, state and territory mental health expenditure had increased by 19%, with most growth occurring in the second half of the five year period. All state and territory governments met their commitment to maintain mental health expenditure over the five years.

Spending growth by states and territories has continued under the Second National Mental Health Plan, averaging 4.3% per year compared with average annual growth of 3.5% between 1993 and 1998. Combined state and territory mental health expenditure in 2001-02 was 8% more than 1999-00 and 40% above the pre-strategy baseline, equivalent to $516 million. Three jurisdictions (Western Australia, Queensland, and the Northern Territory) have increased expenditure by more than 50%.

Per capita spending by states and territories

A useful guide to trends in resourcing of mental health services is to review spending relative to the different population sizes and varying rates of population expansion across Australia. Higher population growth in some jurisdictions place greater demands upon the resources available for mental health care. Adjusting for this is necessary given that the monitoring process covers a ten year period during which significant population shifts occurred.

Table 1: Recurrent expenditure on mental health services by state and territory governments, 1992-93 to 2001-02

	1992-93 $M	1997-98 $M	2001-02 $M	% Change since 1992-93
NSW	414.9	475.6	562.6	35.6%
VIC	386.2	401.8	477.8	23.7%
QLD	183.5	255.7	310.9	69.4%
WA	121.3	176.4	212.1	74.9%
SA	111.8	133.6	145.8	30.4%
TAS	35.2	40.4	44.3	26.0%
ACT	18.2	20.9	27.2	49.5%
NT	10.6	15.4	16.9	59.5%
TOTAL	1,281.7	1,519.7	1,797.6	40.2%

Figure 6 summarises the relative positions of states and territories in 2001-02. Trends over the ten reporting years, updated with the more recent 2002 data for each jurisdiction, are shown in Figure 7.

When population change is taken into account, growth in mental health spending becomes more conservative than the 40% suggested in Table 1. Per capita adjusted growth over the ten years was 26%, or an annual average of 2.6%. The highest increase was reported by Western Australia (52%) which maintained top per capita ranking in 2001-02. Growth by Queensland has also been significant (42%), bringing the State close to the national per capita average. Queensland began the Strategy with the lowest per capita spending.

Figure 6: Per capita expenditure on specialised mental health services by states and territories, 1992-93 and 2001-02

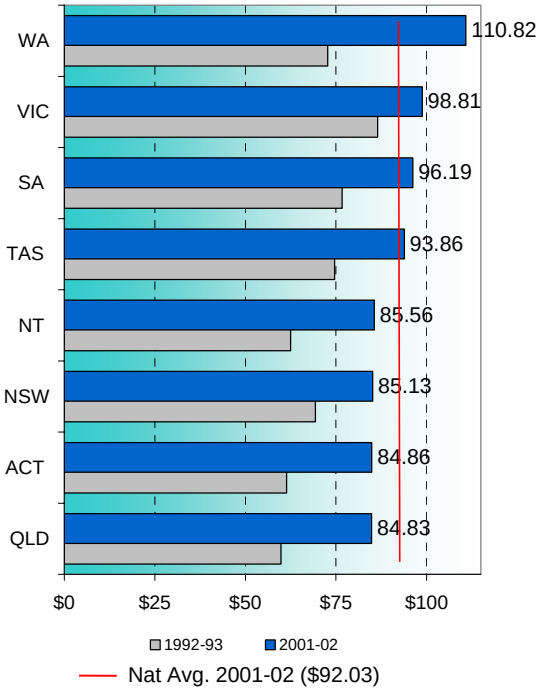
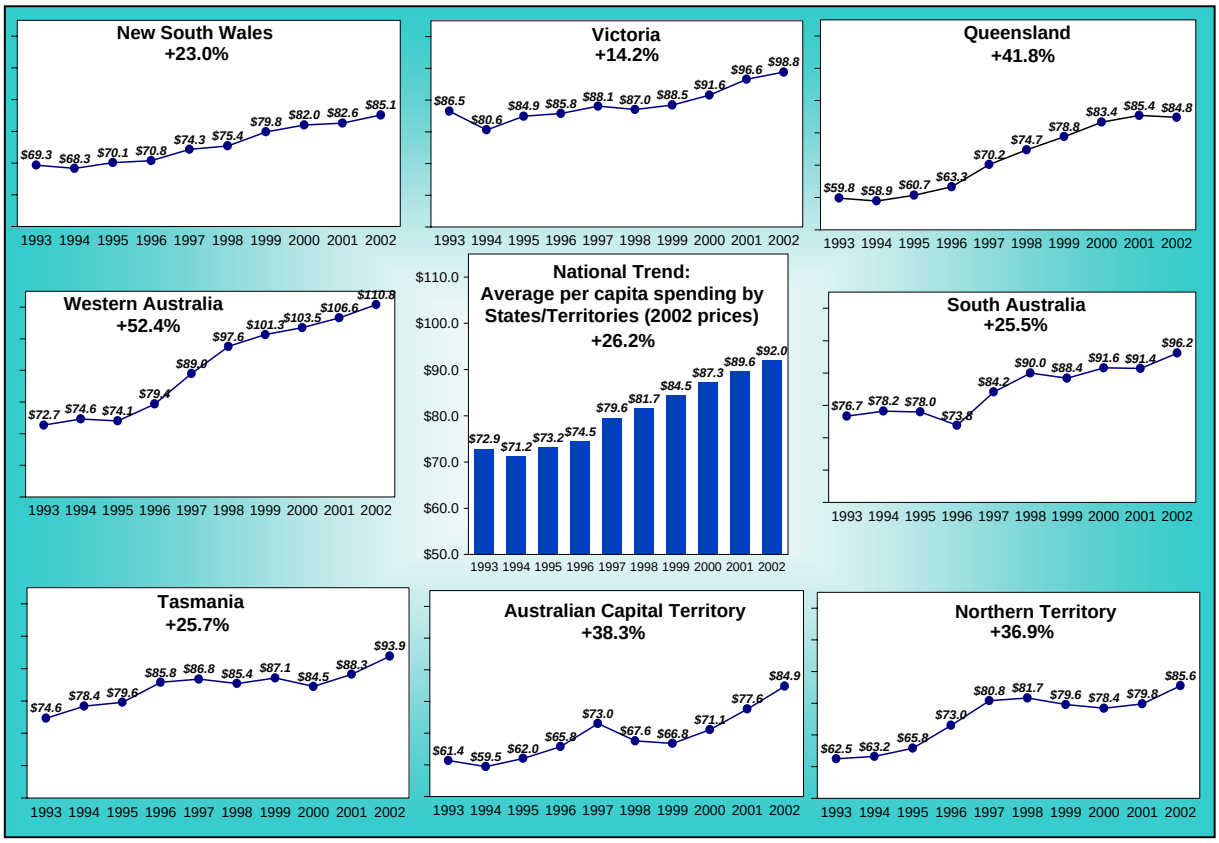
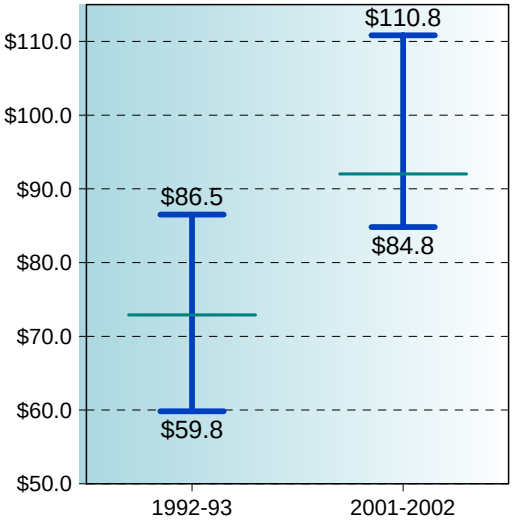


Figure 7: Trends in per capita expenditure by states and territories



The considerable variation between the jurisdictions that existed at the commencement of the Strategy continues to be evident in the 2001-02 data. The gap between the highest spending and the lowest spending jurisdiction has decreased only marginally over the 1993-2002 period (Figure 8).

Figure 8: Range of per capita spending by states and territories, 1992-93 and 2001-02



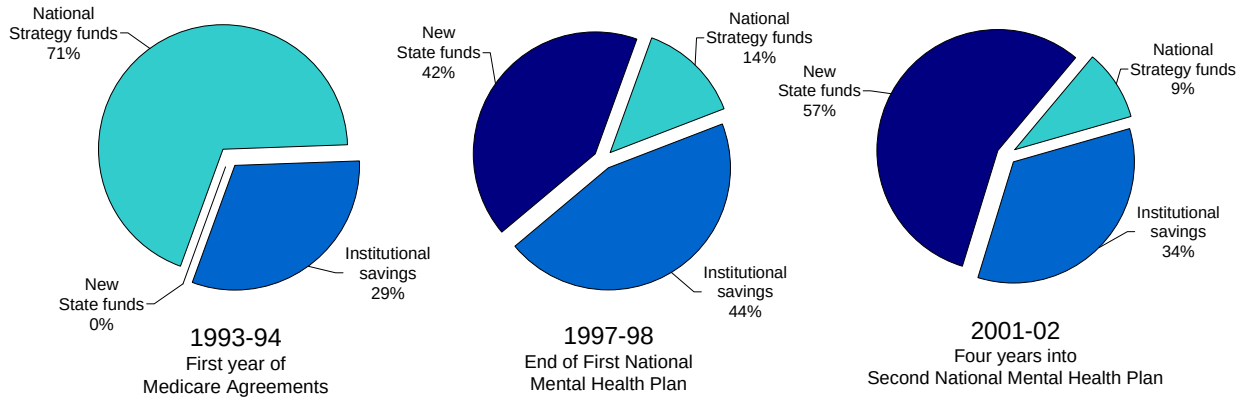
Note: Horizontal mid-bars denote the national average.

Australian Government National Mental Health Strategy funds

Australian Government reform funds provided to the states and territories under the Strategy represented approximately 4.2% of annual state and territory spending on public sector mental health services in 2001-02. Despite their relatively minor share of the total funding base, they have played a key role in seeding the growth of new community and general hospital services as well as triggering additional funding and savings re-investment by the states and territories.

In the first year of the Strategy (1993-94), Australian Government grants accounted for 71% of the increased expenditure on new services. Over the following years, increasing levels of new state and territory funding combined with savings from institutional downsizing have taken over as the major source of funding for new services development. By 2001-02, Australian Government funds contributed about 9% of the growth in annual expenditure on new services when spending levels are compared with the 1992-93 'baseline' year (Figure 9).

Figure 9: Relative contribution of new funding and institutional savings to growth in community based and general hospital services



Note: National Strategy funds refers to Australian Government grants provided to states and territories under the Medicare Agreements (1993-98) and the Australian Health Care Agreements (1998-2003).

Over the life of the Strategy, the annual increases in mental health spending by the states and territories is equivalent to $2.2 billion in cumulative terms. In this period a total of $473 million of Australian Government grants were provided to assist the states and territories in the reform process. Based on this view, the funding provided under the National Mental Health Strategy has been successful as an impetus for increased state and territory focus on mental health services. For every Australian Government dollar contributed through the National Mental Health Strategy, states and territories have increased their spending by approximately $4.60.

Conclusions about mental health spending trends

The *National Mental Health Report 2002* drew a number of conclusions about mental health spending based on the information reported by states and territories over the 1993-2000 period. The more recent data covering up to 2002 are consistent with the trends identified.

Firstly, the commitments made by all governments to protect mental health resources during a period of major change continue to be met. Total government expenditure on mental health has increased by 65% in real terms between 1993 and 2002. Average annual growth in mental health expenditure continued to increase under the Second National Mental Health Plan.

Secondly, in 2002, Australia spent $1.2 billion more of public funds on mental health services, or $59 more per person per year, than it did at the commencement of the Strategy. As noted on the following section, much of this increase has gone to expanding community services.

Thirdly, growth in mental health spending has simply mirrored overall health expenditure trends (Figure 5). Although significant in real terms, the implication is that mental health has maintained its 'share' of the total health dollar, but has not significantly increased its position.

Fourthly, differences in per capita spending between the states and territories point to wide variation in the level of mental health services available to their populations. In 2001-02, average per capita spending in the four lower spending jurisdictions was 15% less than the average of the higher spending group. An additional $160 million combined outlays by the lower spending group would be needed to bridge this gap.

Fifthly, Australian Government spending has grown at a significantly greater rate than the states and territories (127% compared with 40%), increasing the Australian Government share of total national spending on mental health from 27% in 1992-93 to 37% in 2001-02.

Finally, changes in the resourcing of mental health services need to be considered in the light of the findings from the National Survey of Mental Health and Wellbeing and increasing international evidence that highlight the substantial level of unmet need for mental health care. An implication is that current funding levels in all states and territories may not be enough to meet priority community needs.

3. Update on structural reform of public sector mental health services

Monitoring the progress of states and territories in the restructuring of the public sector mental health services under their control has been a central component of all National Mental Health Reports. The National Mental Health Strategy, through both the First and Second National Mental Health Plans, advocated fundamental changes in the balance of services, focused on overhauling the institutional-centred systems of care that prevailed at the beginning of the 1990s.

At the commencement of the Strategy, approximately 50% of specialist mental health resources were dedicated to the running of stand alone psychiatric hospitals, in which 72% of all inpatient beds were located. Less than 30% of mental health resources were directed to caring for people in the community.

Agreement to a national approach to mental health reform committed all state and territory governments to expand their community based services and devolve management from separate state and territory administrations to the mainstream health system. In those jurisdictions where decentralisation had occurred prior to 1992, the First National Mental Health Plan promoted the integration of service elements into a coherent mental health program, operating within a comprehensive policy framework. The Second National Mental Health Plan continued this direction, but expanded the focus of reform to additional activities to complement development of the specialist mental health service system.

The series of National Mental Health Reports published to date provide evidence of significant change in the direction advocated by the Strategy, although variable across the eight jurisdictions. National trends in the first five years were largely dominated by extensive structural changes taking place in Victoria, but as noted in the National Report 2002, the restructuring of other jurisdictions became more prominent in the first two years of the Second National Mental Health Plan.

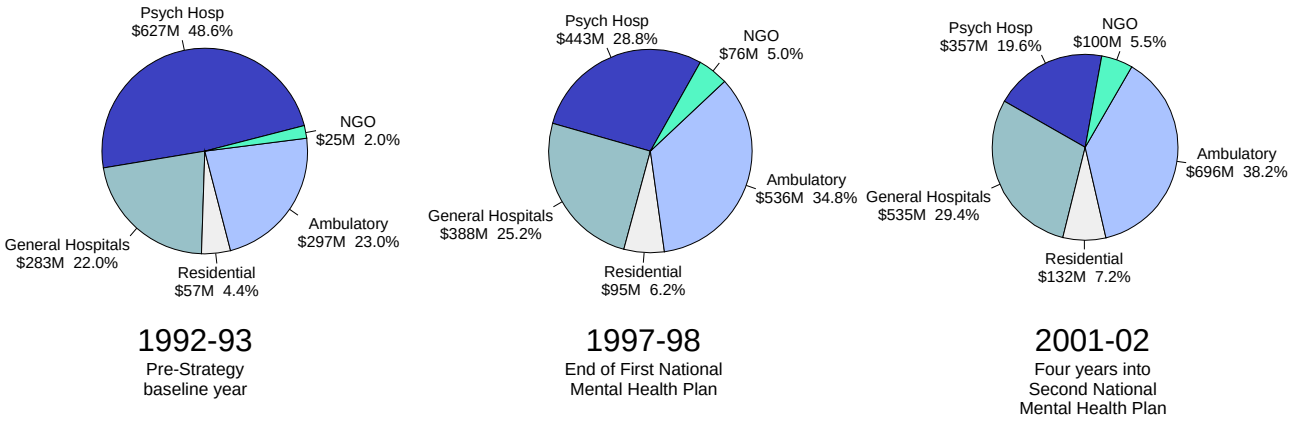
The impact of the changes has been to reduce Australia's reliance on institutional care, strengthen community care alternatives and begin addressing the inadequacies of mental health service systems that had been identified in numerous inquiries over the preceding decade. The extent of Australia's structural changes in mental health services, summarised in Figure 10, is widely recognised internationally.

Information collected for the current report suggests that progress in the agreed directions continued into the fourth year of the Second Plan.

Over the 2000-02 two year period:

- expenditure on separate psychiatric hospitals reduced by a further 8%. By 2001-02 stand alone hospitals accounted for only 20% of total service expenditure;
- spending on community based services increased by an additional 14%. This took the total increase in expenditure on these services since the commencement of the Strategy to 145%; and

Figure 10: Distribution of total states and territories expenditure on mental health services, 1992-93, 1997-98 and 2000-01



- spending on general hospital inpatient services increased by 16% with growth of 10% in the number of beds located in these hospitals.

Over the course of the Strategy, national spending on stand alone hospitals has decreased by $270 million (43%) relative to 1992-93 and been accompanied by a larger increase ($801 million) in resources invested in alternative services. For all states, the increased expenditure on alternative services is substantially higher than reductions in institutional spending. On this basis, it is reasonable to conclude that savings stemming from the reduction in stand alone psychiatric hospitals continue to be returned to the mental health sector.

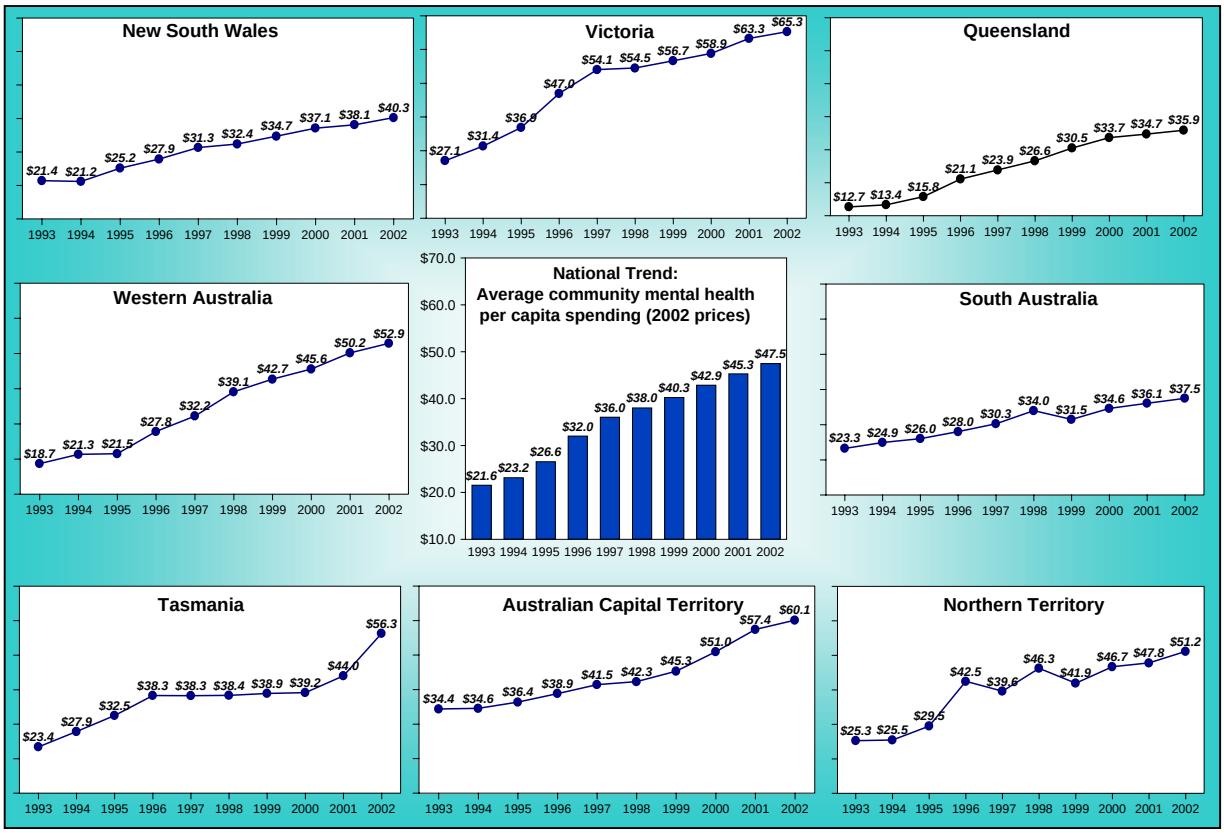
Expansion of community based services

Three broad types of services are included in this service category.

- 'Ambulatory care services' comprising outpatient clinics (hospital and clinic based), mobile assessment and treatment teams, day programs and other services dedicated to the assessment, treatment, rehabilitation and care of people affected by mental illness or psychiatric disability who live in the community.
- Specialised residential services that provide beds in the community staffed on-site by mental health professionals. These services, designed for people with significant disability and dependency needs, aim to replace many of the functions traditionally performed by long stay psychiatric hospitals. They include residential services established as specialised psychogeriatric nursing homes for older people with mental illness or dementia with severe behavioural disturbance.
- Services provided by not-for-profit non government organisations, funded by governments to provide support services for people with a psychiatric disability arising from a mental illness. These services include a wide range of accommodation, rehabilitation, recreational, social support and advocacy programs.

By 2001-02, 51% of total spending on mental health services was directed to community based services compared with 29% at the beginning of the Strategy. All states and territories have reported increases in spending

Figure 11: Trends in per capita spending by states and territories on community based mental health services



in this area since 1993. The largest advances have been made in Queensland and Western Australia, each reporting more than 180% expenditure growth in per capita terms.

Previous National Reports described wide variations between the jurisdictions in the level of community services available per capita. Figure 11 presents this comparative perspective as well as illustrating growth at the individual state and territory level. It shows that significant discrepancies in resourcing of community services continued to be evident in 2001-02, with more than a 80% difference between the highest and lowest spending jurisdictions.

Growth of community based services has occurred across all three service categories. Specific details on ambulatory care and non government organisations are provided in the sections that follow. Details on community residential services are discussed later in this chapter in the context of developments in bed based services.

Development of ambulatory care services

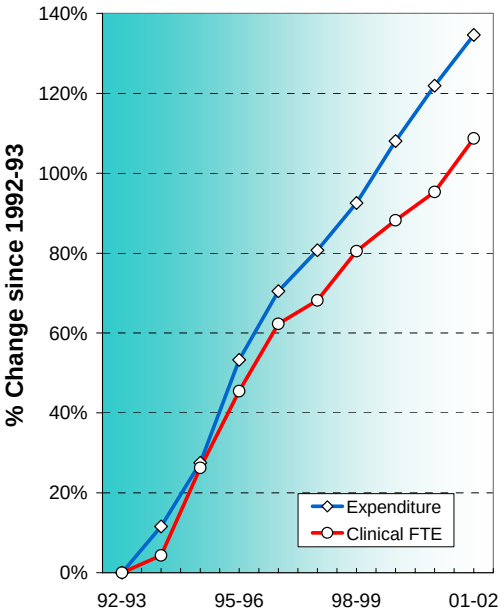
Over the period 1993-2000, significant growth occurred in the resources directed to ambulatory care services, with the clinical workforce increasing by 89% and expenditure by 109%. Approximately three-quarters of the total growth in community based services was directed to ambulatory care.

Expansion of ambulatory care services continued in 2000-01 and 2001-02 with a further 13% annual increase in expenditure and 12% increase in the size of the clinical workforce (Figure 12). By 2001-02, the number of health professionals engaged in the delivery of ambulatory mental health care was 109% greater than the pre-Strategy baseline, equivalent to 3,650 additional workers.

By 2002, all jurisdictions except Tasmania had expanded their ambulatory workforce by more than 80% since the beginning of the Strategy. Western Australia and Queensland made the largest increases, with 184% and 157% growth respectively.

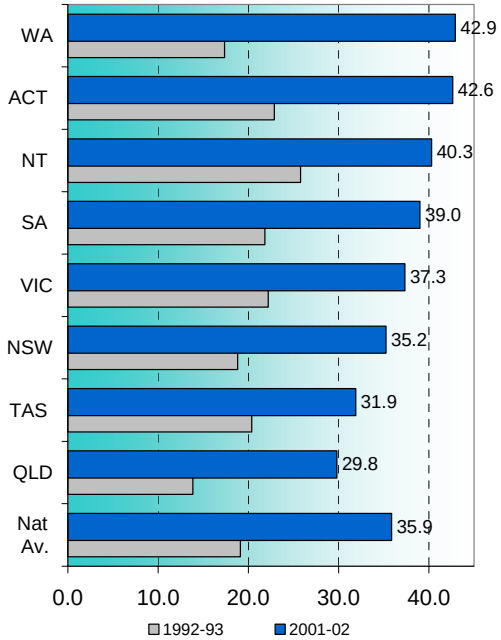
Comparative per capita staffing levels are summarised in Figure 13 and show the progress made as well the continuing disparity between the jurisdictions in the extent to which clinical staff are employed to provide care in the community.

Figure 12: Changes in resourcing of ambulatory care services, 1993 to 2002



As noted in the 2002 report, these indicators provide a simplified view of the relative progress by states and territories. However, they do not tell us about the ambulatory care workforce levels required to meet priority community needs nor the amount of care actually provided. A consensus model to guide future state and territory planning of ambulatory care services has not yet been developed under the National Mental Health Strategy.

Figure 13: Full-time equivalent clinical staff (FTE) per 100,000 employed in ambulatory care mental health services 1992-93 and 2001-02, by state and territory



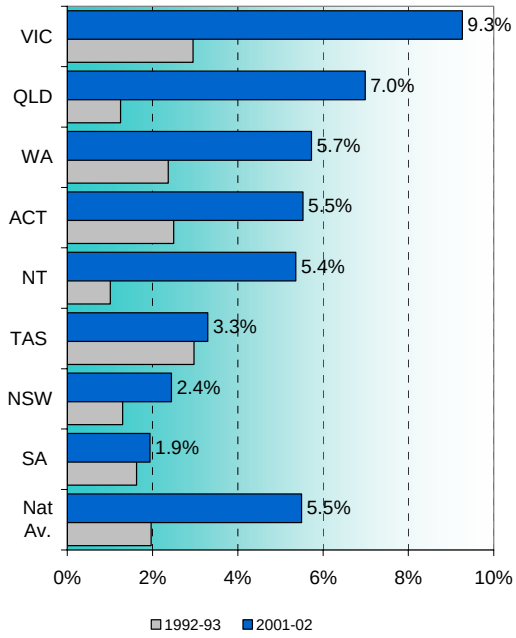
Expansion of the non government disability support sector

From the outset, the National Mental Health Strategy advocated the expansion of the role of not-for-profit, non government organisations (NGOs) in providing support services to consumers and carers whose lives are affected by mental illness. A wide range of services is provided by the sector including home-based outreach to support people living in their own homes, residential rehabilitation units, recreational programs, self help and mutual support groups, carer respite services and system-wide advocacy. Expansion of the sector was promoted as an important means to strengthen community support and develop service approaches that complement the clinical services provided by hospitals and community mental health centres.

The National Mental Health Report 2002 described funding to the sector as increasing by 245% over the 1993-2000 period, but acknowledged that this reflected the relatively low funding base from which the sector entered the Strategy. Commencing at 2% of total services in 1993, NGO funding increased to 5.2% over the seven year period. The report also identified significant differences between the state and territory jurisdictions in the extent to which funds were directed to the sector.

Funding of NGO organisations between 2000 and 2002 followed the same growth pattern of the preceding years, increasing by 17% ($14 million) nationally in the year, taking the sector to 5.5% of total expenditure on specialist mental health services.[3] Differences between the jurisdictions remain prominent (Figure 14). The 'NGO share' continues to be strongest in Victoria and Queensland (9.3% and 7.0% respectively) and more limited in New South Wales, South Australia and Tasmania (2.4%, 1.9% and 3.3%) respectively.

Figure 14: Percentage of total services expenditure allocated to non government mental health organisations, 1992-93 and 2001-02



Comments made in the 2002 report that the role played by NGOs differs across the jurisdictions remains relevant. These reflect differences in the way in which services are organised and delivered, with some jurisdictions choosing to allocate funds to NGOs as providers of services that substitute for those formerly provided by 'government sector' clinical services.

Changes in inpatient and community residential services

Substantial change occurred in both the level and mix of Australia's public sector psychiatric inpatient services over the 1993-2000 period. The number of public sector psychiatric beds decreased by 25%, stand alone hospitals reduced in size by 53% and bed numbers in general hospitals grew by 50%. By June 2000, Australia had 31% fewer public sector beds available on a per capita basis than at the commencement of the Strategy.

By contrast, no jurisdiction other than Victoria developed a significant number of alternative beds in staffed community based residential services. This was despite an expectation that such services would be developed as a substitute for the rehabilitation and longer term care role historically performed by psychiatric hospitals.

---

[3] In years prior to 1999-00, all services provided by non government organisations (NGOs) were grouped and described only in terms of total funds allocated by state and territory governments. Commencing in 1999-00, staffed community residential units provided by the sector were reported as residential services. The impact of the change at the national level is that approximately $11.7 million spending previously reported in the NGO category is included as community residential services. For the purpose of making a comparison with previous years, the 'NGO share' of total spending on mental health services in 2001-02 increases to 6.1% when the residential and non-residential components are added.

In the sections that follow, updates on developments in hospital based inpatient and residential services are presented separately, but are brought together at the close to give a consolidated view of changes in the overall bed capacity of specialised mental health services.

Overall number of psychiatric inpatient beds

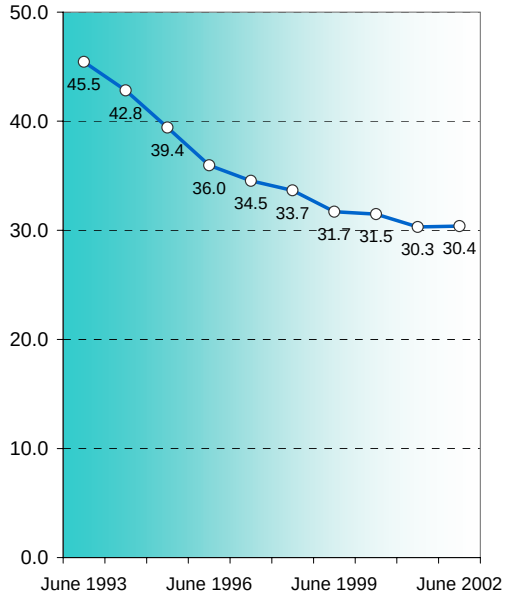
The reduction in the number of public psychiatric beds continued during 2000-02 with a further 1% net decrease (62 beds) (Figure 15). By June 2002, 5,934 psychiatric beds were available in the public sector, 26% fewer than at the commencement of the Strategy (2,057 bed reduction). However, the decline in inpatient capacity slowed under the Second National Mental Health Plan, averaging 1% per year compared with 5% per annum under the First National Mental Health Plan.

The 2002 report drew attention to the need to view the reduction in inpatient services under the Strategy within a longer term context. In Australia, as in other Western nations, rapid and unplanned reduction in psychiatric beds commenced from the mid 1960s when the number of beds totalled 30,000. By the commencement of the National Mental Health Strategy, approximately 22,000 beds had been closed despite the fact that the Australian population doubled over the preceding three decades. The National Strategy was conceived in part to respond to the legacy created by unplanned bed reductions and set a coherent direction that would guide future reform and build alternative community services.

Inpatient service reductions have not been uniform across the jurisdictions. Victoria and Tasmania's changes have been the most significant, with bed numbers decreasing by 40% since 1993. The two States with the highest per capita bed numbers at the commencement of the Strategy (South Australia and Queensland) reduced bed numbers by 15% and 20% respectively.

Figure 16 compares the states and territories on beds per capita at June 1993 and June 2002 and shows considerable variation in the availability of psychiatric inpatient services. The differences between jurisdictions are only partially counterbalanced by community residential services, described later in this section.

Figure 15: Total public sector inpatient beds per 100,000, June 1993 to June 2002



Growth of general hospital acute inpatient services

The National Mental Health Strategy committed states and territories to the replacement of the majority of acute inpatient services previously provided in separate psychiatric facilities with units located in general hospitals. Such 'mainstreaming' of acute services is aimed at both reducing the stigma associated with psychiatric care as well as stimulating improvements in service quality.

Figure 16: Total public sector inpatient beds per 100,000 at June 1993 and June 2002, by state and territory

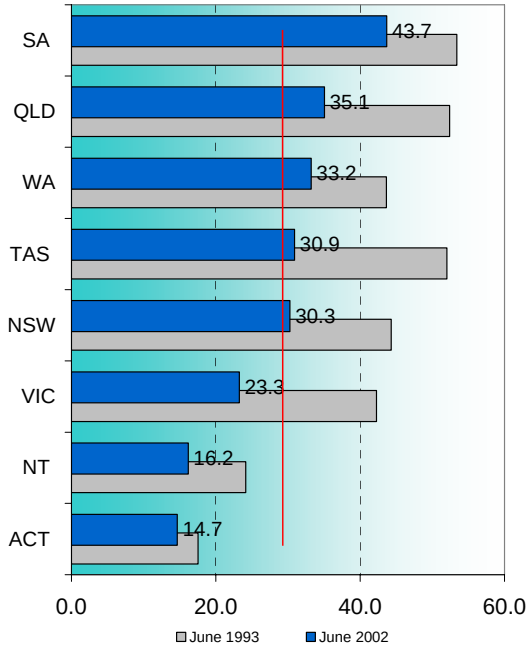
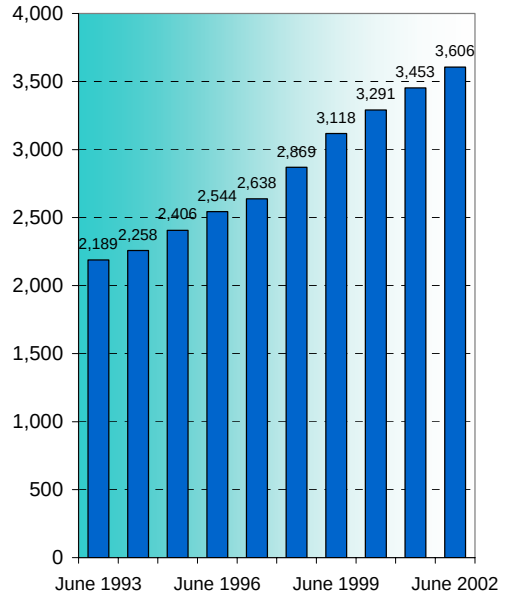
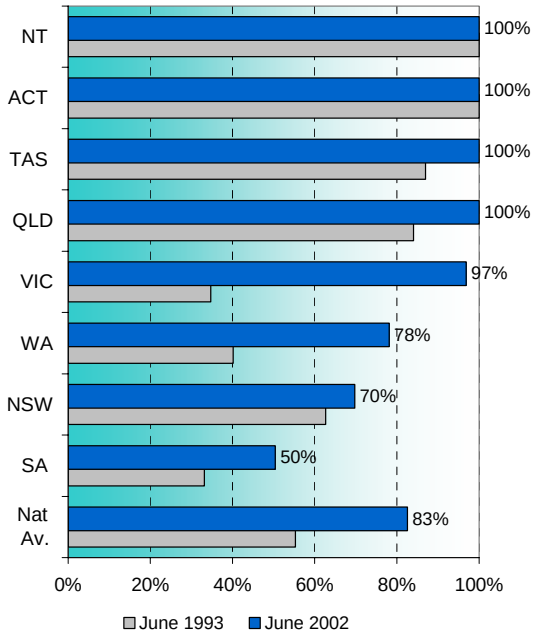


Figure 17: Growth in psychiatric beds located in general hospitals June 1993 to June 2002



At the commencement of the Strategy, 55% of acute psychiatric beds were located in specialist mental health units in general hospitals, but by June 2000, this had increased to 80% as a result of the downsizing of stand alone facilities and building of new general hospital units. Overall, inpatient beds located in general hospitals increased by 50% (1,099 beds) in the 1993-2000 period.

Figure 18: Percentage of acute psychiatric beds located in general hospitals by state, June 1993 and June 2002



Note: Excludes forensic psychiatry services.

The growth continued during 2000-2002 with a further 10% (315 beds) expansion in general hospital capacity (Figure 17). By June 2002, the number of beds located in general hospitals was 65% greater than in 1993 (1,417 beds), taking general-hospital based services to 82% of total acute beds available nationally.

Aside from the two territories which do not maintain stand alone psychiatric hospitals, Tasmania, Victoria and Queensland provided the greatest proportion of mainstreamed acute beds at June 2002 (Figure 18).

Victoria and Western Australia have achieved the most significant growth of general hospital acute beds relative to their pre-Strategy baselines (168% and 136% respectively). These two jurisdictions entered the Strategy with a low level of general hospital services.

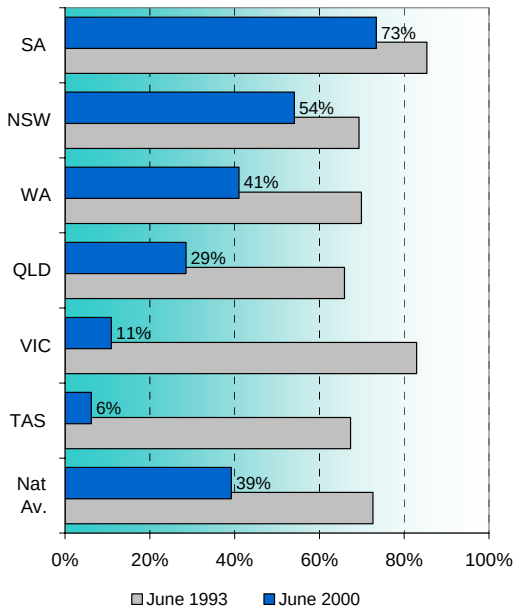
Reduction in separate psychiatric hospitals

Consistent with the approach advocated by the Strategy, stand alone psychiatric hospitals have been the focus of bed reductions. Between 1993-2000, the total number of beds in these hospitals decreased by 53% (3,097 beds), at an annual average decline of 10%. The trend was continued over the 2000-02 period, with a further 14% decrease (377 beds) in the overall capacity of stand alone psychiatric hospitals, taking the total reduction in beds since 1993 to 60% (3,474 beds).

Developments in Queensland (222 bed reduction) and Tasmania (90 bed reduction) accounted for most of the recent changes reported. Tasmania closed the Royal Derwent Hospital in 2001, representing the thirteenth freestanding psychiatric hospital to be fully decommissioned over the course of the Strategy. By June 2002, 19 of the 32 stand alone hospitals operating at the commencement of the Strategy remained functional, but most at a substantially reduced size.

At June 2002, beds located in separate psychiatric hospitals accounted for 39% of Australia's total psychiatric inpatient capacity, reduced from 73% in June 1993, but significant variation is till evident between the jurisdictions (Figure 20). Tasmania and Victoria achieved the greatest change relative to their 1993 baselines, reducing stand alone beds by 95% and 92% respectively. By contrast, South Australia remains heavily dependent upon its freestanding psychiatric hospitals.

Figure 20: Psychiatric beds in stand alone hospitals as a percentage of total psychiatric inpatient beds at June 1993 and 2002, by state



Note: Only the six state jurisdictions are shown above because the ACT and Northern Territory do not provide stand alone psychiatric hospitals.

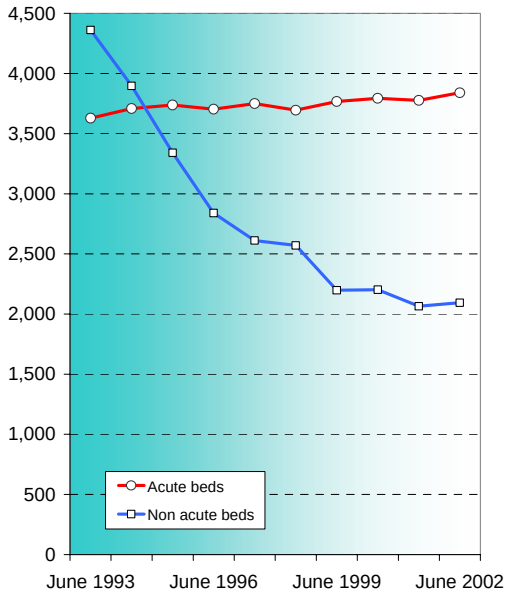
Changes in the inpatient program mix

Previous reports have described how the downsizing of Australia's psychiatric hospitals has been accompanied by significant changes in the mix of inpatient services. Most notably, reductions in inpatient services over the course of the Strategy have been targeted at non acute units, or those providing medium to longer term care. The level of acute inpatient services remained relatively constant across all jurisdictions between 1993 and 2000.

The recent data reported by states and territories is consistent with these trends (Figure 19). The changes that occurred in the 2000-02 period year were primarily confined to non acute inpatient services, which reduced by a further 5% in bed capacity (108 beds). Queensland and New South Wales accounted for most of the reductions.

Over the life of the Strategy, the number of beds in non acute units has decreased by 53% (2,268 beds) whilst places in acute inpatient units have increased by 6% (211 beds). Disparities between the jurisdictions in the provision of non acute inpatient services are marked, with an almost five-fold difference between the highest providing state (South Australia) and the lowest (Victoria). Interpretation of these differences needs to take

Figure 19: Number of acute and non acute inpatient beds, June 1993 to June 2002



account of the differing levels of community residential services that substitute for the functions of the longer term inpatient services.

Changes in inpatient unit costs

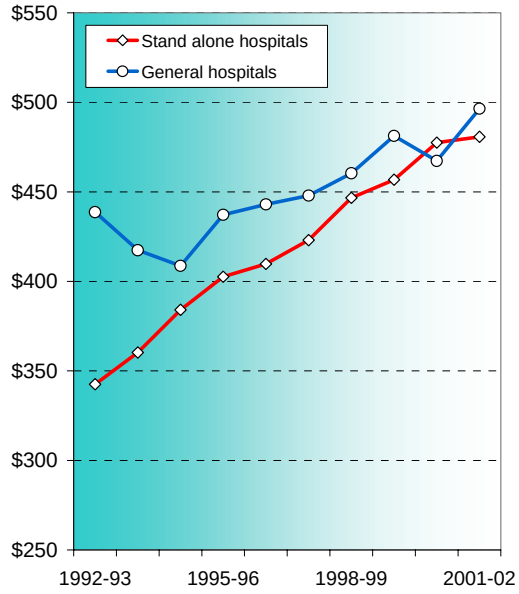
Previous analysis of the 1993-2000 period highlighted significant movement in unit costs that were associated with the reconfiguration of inpatient services. Substantially greater unit cost increases occurred in the separate psychiatric hospitals, with average bed day costs increasing by 33% compared with 9% in general hospital psychiatric units. The average cost per patient day in stand alone hospitals moved from 22% below to 4% below the average patient day cost in general hospitals. Most of this 'catch up' effect occurred in the first five years of the Strategy.

Unit costs for stand alone hospitals continued to grow during 2000-2002, increasing by 5%. Average bed day costs for general hospital psychiatric units increased by 3% over the two year period. For the first time in the Strategy, average unit costs in psychiatric hospitals exceeded the costs of general hospitals (Figure 21).

The National Report 2002 noted that both clinical and economic factors underlie the convergence of stand alone and general hospital unit costs.

From the clinical perspective, the separate psychiatric hospitals have developed more

Figure 21: Average cost per inpatient day, 1993-2002



specialised roles as they have reduced in size, requiring increased staff-patient ratios and greater treatment costs to provide care for patients with higher levels of need.

From the economic perspective, the costs of running freestanding hospitals does not reduce in proportion to bed reductions because fixed costs are only fully released when whole wards or hospitals close. Despite the 60% reduction in beds in stand alone hospitals, few large hospitals have been fully decommissioned other than in Victoria and Tasmania.

Figure 22 provides an insight to the underlying resource shifts within Australia's psychiatric inpatient services over the full 1993-2002 period. While total bed numbers have reduced by 26%, clinical staffing and expenditure have reduced by lesser amounts, 11% and 2% respectively. Although these figures combine stand alone and general hospitals, the picture is primarily driven by the separate psychiatric hospitals.

Growth of community residential services

The National Mental Health Strategy recognised the central place of accommodation in promoting reasonable quality of life and recovery of functioning by people with a mental illness or psychiatric disability. A wide range of accommodation support is needed, including supervised community residential units, crisis and respite places and flexible support systems that provide assistance to people living in independent settings.

The approach to monitoring community accommodation under the Strategy has focused mainly on the extent to which each state and territory has developed community residential services staffed on a 24 hour basis that provide alternative care to that previously available in longer term psychiatric institutions.

Commencing in 1999-2000, states and territories began also reporting less intensively staffed (less than 24 hour) services in order to provide a more comprehensive picture of specialised residential services. Although this approach does not assess the extent to which the full range of accommodation support options are in place, monitoring trends in the growth of staffed residential services provides a useful point by which to compare the reduction in inpatient services.

Figure 22: Changes in overall inpatient bed numbers, expenditure and clinical staffing relative to 1992-93

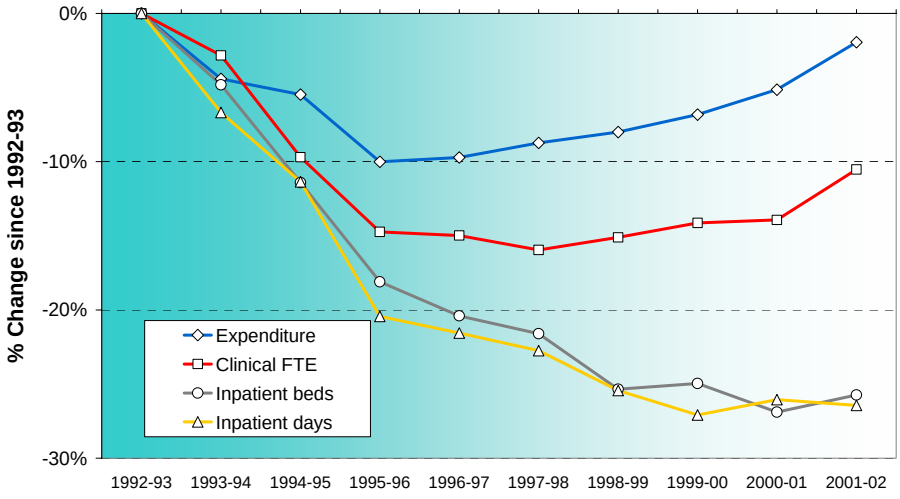
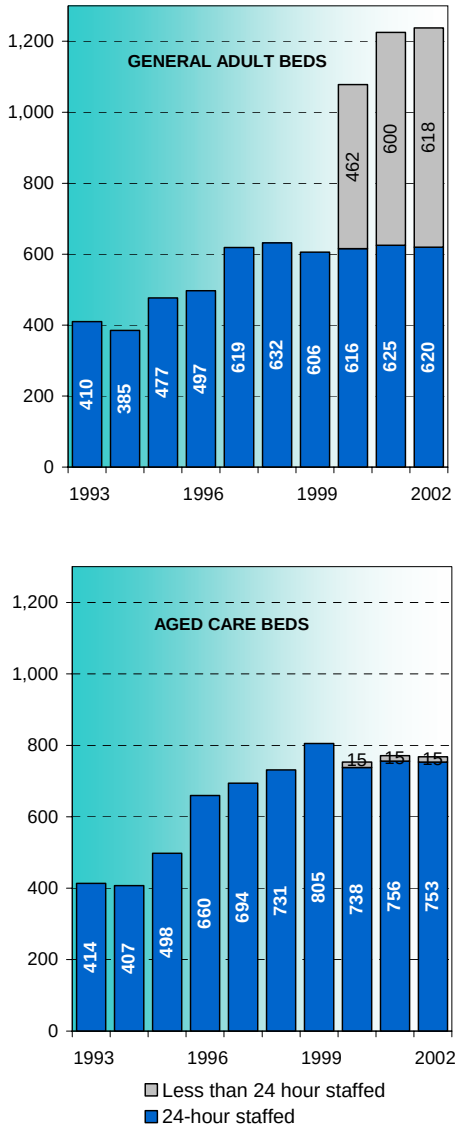


Figure 23: Total beds in general adult and aged care staffed residential services, June 1993 to June 2002



The National Report 2002 described the development of staffed community residential services as 'patchy' with substantial variation between jurisdictions evident over the 1993-2000 period. While the number of 24 hour residential beds increased by 68%, it has been confined exclusively to one state (Victoria). Less-than-24 hour supervised services were reported by only four jurisdictions with about half of the available beds located in Victoria.

Developments over 2000-02 saw two jurisdictions (Queensland and Tasmania) opening new 24 hour staffed services as a component of their plans for closing or reducing stand alone hospitals.[4] A total of 93 beds were created from these developments, partially offset by small reductions in other jurisdictions. Net national growth in 24 hour services for the two years was 1% (19 beds).

By contrast, the number of beds reported in non 24 hour staffed units increased by 33% (156 beds), all located in New South Wales and Victoria. It is possible that a component of this increase is due to improved reporting rather than real growth.

Figure 23 adds the more recent 2001 and 2002 data to earlier years and charts the incremental growth in general adult and aged care residential services since the commencement of the Strategy. By June 2002 a total of 1,373 24 hour staffed beds were available, a 67% increase above the June 1993 level. Aged care beds accounted for three out of every five such beds commissioned since 1993. Victoria continues to dominate the national picture by its substantial investment in residential services but the recent developments in Queensland and Tasmania have lessened this slightly. Differences between the jurisdictions in the level of residential service provision remain prominent.

At the national aggregate level, the growth in 24 hour staffed residential services (549 beds) is equivalent to only about a quarter of the reduction in long stay beds in psychiatric hospitals. The additional 633 beds staffed on less than a 24 hour basis reported for 2002 provides partial compensation but it is not possible to quantify the longer term development of these services.

Summary of comparative inpatient and 24 hour community residential service levels

This section brings together the inpatient and community residential services data to give a fuller comparison of the service levels in each of the states and territories. As noted in the National Report 2002, such a summary is necessary given the different emphases across the jurisdictions on inpatient and residential components.

[4] Queensland does not consider that it provides community residential services and prefers to describe its new bed-based units being built in the community as 'extended inpatient care'. Reassignment of these services to the residential category was performed for the purpose of this report to ensure consistency with nationally agreed definitions and between jurisdictions.

Table 2: Inpatient and 24 hour residential beds per 100,000 by age group, June 2002, by state and territory

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
General Adult									
Acute inpatient	22.6	19.7	25.4	26.7	26.5	32.1	22.4	18.4	23.3
Non acute inpatient	12.5	4.1	16.4	7.5	13.8	3.8			10.2
24 hour staffed residential	3.6	10.4	2.6	1.5	2.1	14.3	9.5		5.1
Total	38.6	34.2	44.4	35.7	42.4	50.2	32.0	18.4	38.5
Child & Adolescent									
Acute inpatient	4.3	6.5	6.7	7.9	3.4				5.3
Non acute inpatient	1.2		1.6						0.7
Total	5.5	6.5	8.3	7.9	3.4				6.1
Aged care									
Acute inpatient	16.9	34.9	11.2	55.8	41.1				25.2
Non acute inpatient	19.9	2.3	32.9	11.7	65.8	52.6			21.7
24 hour staffed residential	14.4	95.2				62.6			31.3
Total	51.1	132.3	44.2	67.5	107.0	115.2			78.2
Forensic									
Acute inpatient	0.6	1.5		1.4	0.7	2.6		5.8	0.9
Non acute inpatient	2.7	1.1	2.4	1.4	2.8				2.0
Total	3.4	2.6	2.4	2.8	3.5	2.6		5.8	2.9
All beds									
All Inpatient	30.3	23.3	35.1	33.2	43.7	30.9	14.7	16.2	30.4
All 24 hour staffed residential	3.7	18.4	2.2	1.1	1.3	20.1	7.2		7.0
Total	34.0	41.6	37.3	34.4	45.0	51.0	21.9	16.2	37.4

Note:
Estimation of per capita rates is based on age-specific populations for each program type:

- *General Adult*: Based on population aged 18-64 years.
- *Child & Adolescent*: Based on population aged 0-17 years.
- *'All beds' based on total beds and population.*
- *Aged care*: Based on population aged 65 years and over.
- *Forensic*: Based on total population aged 18 years and over.

Figure 24 compares the jurisdictions on available inpatient and 24 hour staffed residential beds per 100,000 population. Community residential beds staffed on a 24 hour basis made up 19% of the total beds available nationally at 30 June 2002, but differences between the jurisdictions in the mix of services are significant. At the upper end of the range, Victoria, Tasmania and the ACT provided 45%, 39% and 33% respectively of their bed-based services in 24 hour staffed community residential services compared with an average of 5% for the other jurisdictions. The between-jurisdiction relativities in overall bed numbers are shifted substantially when residential services are added to the analysis and point to ongoing variation between the states and territories in the range and level of bed-based services available to respond to the needs of people affected by mental illness.

Table 2 provides a more detailed view of the inpatient and residential service mix available for specific clinical populations in each jurisdiction at June 2002. Overall, there continues to be greater convergence between states and territories in service levels for the general adult population than for specialist child and adolescent, and aged care mental health services.

Workforce changes associated with the shift in service mix

The 2002 report noted that the wide ranging changes in the financing and structure of Australia's public mental health services are also reflected in changes to the composition, size and distribution of the workforce. Between 1993 and 2000, the clinical workforce employed in public sector mental health services increased by 15%, equivalent to approximately 2,120

Figure 24: Total inpatient and 24 hour staffed residential beds per 100,000 at June 2002 by state and territory

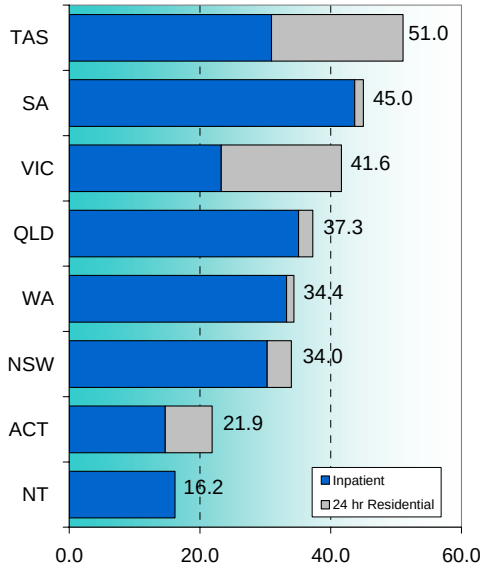
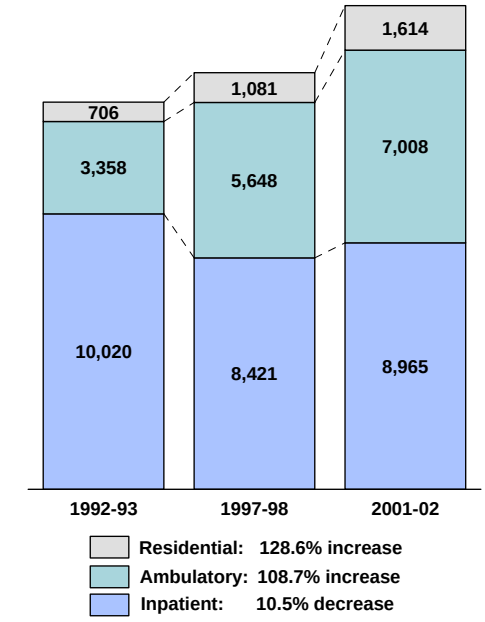


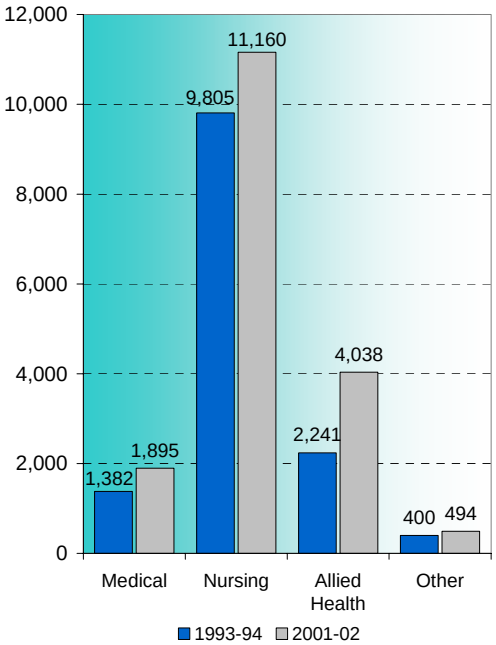
Figure 25: Distribution of clinical staff (FTE) by service setting, 1992-93 to 2001-02



additional staff. Accompanying the growth in numbers, changes occurred in both the settings in which people were employed and the staffing mix. By 2000, a significantly greater proportion of clinical staff were working outside of hospitals and providing treatment in a range of community settings.

Further increases took place during the 2001 and 2002 years with the clinical workforce growing by 9% (1,407 additional staff). Growth was reported by all jurisdictions. When added to the trends of the preceding eight years, the size of the clinical workforce available in 2002 was 25% greater than at the commencement of the Strategy. Expansion of ambulatory care and residential services accounts entirely for the increases in the mental health workforce since 1993 (Figure 25).

Figure 26: Distribution of clinical staff (FTE) by broad occupational group, 1993-94 to 2001-02



All clinical service provider groups have expanded under the Strategy, but there has been a shift in the staffing mix (Figure 26). Collectively, the number of medical and allied health staff has increased from 26% to 34% of the clinical workforce. These changes have occurred in parallel with the reduction in the stand alone institutions and expansion of community services.

Since the commencement of the Strategy:

- Medical staff have increased by 37% and made up 11% of the clinical workforce in 2001-02;
- Allied health staff – psychologists, social workers and occupational therapists and other categories of therapists – have increased by 80%, accounting for 23% of the clinical workforce in 2001-02; and
- Nursing staff numbers have increased by 14% and represented 63% of the 2001-02 clinical w orkforce.

De tailed data on changes in the subgroups that make up each of the major occupational categories are only ava ilable from 1994-95, but illustrate several important trends (Table 3).

- Growth within the medical category has been achieved through increases in all categories with the greatest contribution arising from growth in psychiatric registrar training posts. Contrary to the National Report 2002, which concluded that little change had occurred in consultant psychiatrist numbers, revised historical data submitted by Queensland reveal that the public sector consultant psychiatrist workforce has in fact increased by 36%.
- Growth in the nursing labour force has been primarily through an increase in registered nurses rather than non registered nurses. While the nursing profession has experienced the smallest growth of all the major labour categories, it has been most affected by the shift from hospital based to community practice.
- Growth in allied health staff has occurred across all the main provider categories. The

Table 3: Change in composition of medical, nursing and allied health staffing (FTE), 1994-95 to 2001-02

	1994-95	2001-02	Change
MEDICAL			
Consultant psychiatrists	558	759	36%
Psychiatry registrars	567	853	50%
Other medical officers	272	283	4%
Total	*1,397*	*1,894*	36%
ALLIED HEALTH			
Psychologists	695	1,342	93%
Occupational therapists	524	673	28%
Social workers	758	1,185	56%
Other allied health	545	841	54%
Total	*2,521*	*4,041*	60%
NURSING			
Registered nurses	8,299	9,652	16%
Non registered nurses	1,262	1,507	19%
Total	*9,561*	*11,159*	17%

groups with the greatest percentage growth - psychologists and social workers - each make up about one third of the category, and occupational therapy 17%.

Inequities continue between the states and territories in the availability of mental health professionals employed in the public sector (Figure 27). Tasmania reported the highest per capita number of health professionals in its mental health workforce for 2001-02, with a level 15% above the national average. South Australia, Victoria and Western Australia also reported above average levels.

Conclusions about structural reform in the public sector

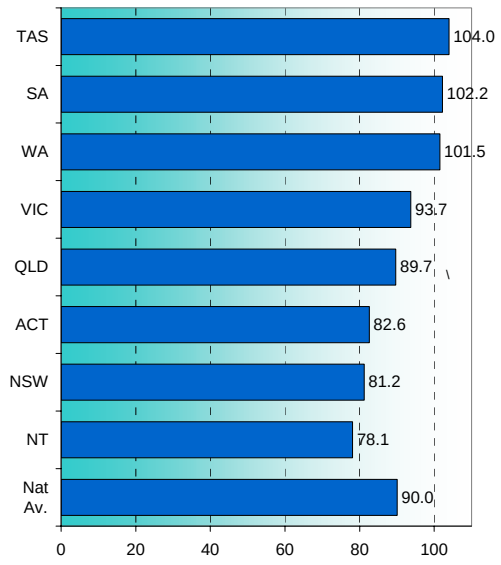
The addition of the 2001 and 2002 data completes four years of reporting under the Second National Mental Health Plan. At the national level, the direction and rate of change have been consistent with the developments of the preceding five years. Ambulatory services continued to grow, both in expenditure and workforce terms. Stand alone psychiatric hospitals continued to be reduced in size with savings reinvested in alternative services by all jurisdictions. The rapid reduction in bed numbers that was a feature of the First National Mental Health Plan has slowed considerably in the majority of jurisdictions.

Many of the major structural reforms proposed at the outset of the Strategy ten years ago have been followed through by all jurisdictions, and are near completion in some cases. The mental health service system is now faced with a different set of challenges, arising from both the new demands of community service delivery and growing awareness of the need for mental health care.

The National Report 2002 raised the question of whether the service reform efforts have brought Australia closer to an optimal service mix. The report noted that the absence of national planning benchmarks made it difficult to reach a definitive conclusion, but also recognised that a range of related information suggested that the task is far from complete. The report observed that:

- All states and territories over recent years have experienced increased demand pressures for mental health care right across the health sector, particularly for acute and emergency care. Consumers and carers consistently point to these problems as needing urgent attention.
- A number of adverse community events arising from failures to respond to psychiatric crises have undermined community confidence in the reform process.
- Workforce shortages are reported by all jurisdictions and are particularly critical in nursing, affecting both the quantity and quality of care.
- Major disparities continue between jurisdictions in the mix and level of services. Development of alternative residential and

Figure 27: Comparison of states and territories on number of clinical service delivery staff (FTE) per 100,000, 2001-02



disability support services is particularly uneven despite the original commitment that these are fundamental to a community oriented service system.

As Australia is now in its third five year period of the National Mental Health Strategy, expectations for mental health services are growing and needs previously hidden from public view are emerging. The question of whether the existing service configuration is appropriate to meet the demand for services, or whether a different service configuration is required, remains fundamental.

Of most concern is the frequent feedback emerging from consultations with consumer and carer representatives that the Strategy's vision of accessible, responsive and integrated mental health services has little resemblance to the current reality in many areas of Australia.[5] The dissatisfaction voiced by the community emphasises the complex and long term nature of the challenges all governments face in improving mental health services.

[5] Groome G, Hickie I and Davenport T (2003) *Out of Hospital Out of Mind: A report detailing mental health services in 2002 and community priorities for national mental health policy for 2003-2008*. Mental Health Council of Australia, Canberra.

4. Update on progress towards quality improvement in public sector services

Concerns about poor service quality were a major factor leading to the development of the National Mental Health Policy in 1992. The National Report 2002 noted that the reform agenda was ambitious and not all objectives were progressed at an equal pace. Much of the effort by states and territories over the first five years focused on structural change, targeted at addressing inadequacies in mental health service systems. Alongside this focus, the Strategy also called for a move from the historical focus on service inputs and structure to service standards, quality and outcomes. Much of the previous and current criticism of mental health services concerns its alleged failures in these areas.

Developmental work was initiated under the First National Mental Health Plan to lay the groundwork for a range of quality improvement activities within the public sector. By 1998, much of that work had been completed, but had not been translated into specific initiatives at the service delivery level. The Second Plan added emphasis to the drive for quality improvement by incorporating 'quality and effectiveness' as one of its three priority themes. A range of measures was advocated with a particular focus on improving consumer outcomes across the lifespan.

The Australian Health Care Agreements 1998-2003 provided the funding vehicle for implementing the Second National Health Plan. Under the Agreements, all states and territories committed to the introduction of two service quality initiatives: the implementation of the *National Standards for Mental Health Services*; and the introduction of routine consumer outcome measurement.

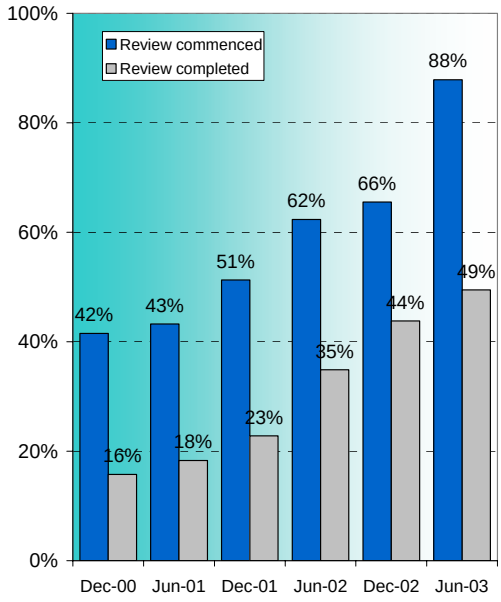
The purpose of the current section is to describe the national progress on each of these major initiatives. In contrast to the information presented in the preceding sections, progress is based on data current at June 2003 and covers the full period of the Second National Mental Health Plan.

Implementation of National Standards for Mental Health Services

The *National Standards for Mental Health Services* were developed under the First National Mental Health Plan for use in assessing service quality and as a guide for continuous quality improvement in all Australian public mental health services.[6] Standards 1 to 7 relate to the universal issues of human rights, dignity, safety, uniqueness and community acceptance. Standards 8 to 10 address mental health service organisational structures and links between parts of the mental health sector. Standard 11 describes the process of delivering care on a continuum and the types of treatment and support that should be available to consumers.

Assessment of services against the Standards needs to be supported by local information systems that provide a wide range of data for review and monitoring purposes.

Figure 28: Percentage of public mental health system commencing and completing review under the National Standards for Mental Health Services



Source: Information Development Plan progress reports submitted to the Department of Health and Ageing in June 2003.

[6] See Department of Health and Family Services (1996) *National Standards for Mental Health Services*, Commonwealth of Australia, Canberra.

Figure 28 summarises the progress in the implementation of the Standards. By June 2003, 49% of services had completed review under the Standards. All jurisdictions except South Australia and New South Wales reported that where Standards reviews were not completed by June 2003, these services were formally registered with an external agency for such review to take place.

As noted in the National Report 2002, progress in this area was slower than expected with several jurisdictions delaying action until midway through the Second Plan. All jurisdictions have committed to completing the work required under the period of the current Australian Health Care Agreements 2003-08.

Implementation of consumer outcomes measurement

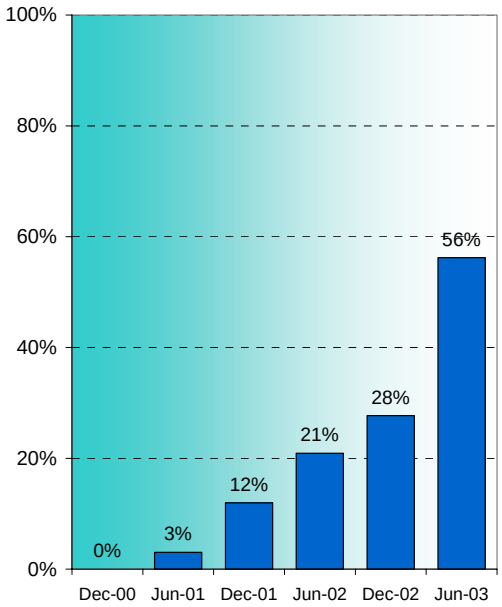
Establishing a system for the routine monitoring of consumer outcomes has been an objective of Australia's National Mental Health Strategy since it was first agreed by Health Ministers in 1992.

The Australian Health Care Agreements 1998-2003 entailed a national commitment to extend previous research and development by introducing consumer outcomes measurement as part of day to day service delivery. The scope of the agreements covered all specialised mental health services funded in the public sector.

Figure 29 shows the national progress in the roll out of outcome measurement based on information submitted by the states and territories. In a related development, the introduction of outcome measurement has also been taken up by the private hospital sector, led by the Strategic Planning Group for Private Psychiatric Services. By July 2003, 37 private hospitals were participating in the model, representing approximately 95% of the industry.

The 2002 report observed that the introduction by Australia of routine outcome assessment in mental health services is a major undertaking that has few international precedents. Arguably, it represents the most significant industry development endeavour in the mental health sector since the beginning of deinstitution-alisation in the 1960s. The current Australian Health Care Agreements reiterate the importance of the initiative and commit all parties to its continuing implementation over the next five years.

Figure 29: Percentage of public mental health system collecting and reporting consumer outcome measures



Source: Information Development Plan progress reports submitted to the Department of Health and Ageing in June 2003.

5. Update on private sector mental health services

The major focus of the First National Mental Health Plan was reform in the public sector. Services provided by the private sector were not originally considered within the scope of the Strategy, but governments have become increasingly aware of the importance of partnerships with private sector services.

A priority under the Second National Mental Health Plan was to strengthen the complementary and integrated roles of public and private sector mental health services. Foundations for this were laid through the work of the Strategic Planning Group for Private Psychiatric Services (SPGPPS), established in 1996.

The private sector plays a key role in overall service delivery. By 2001-02, the sector:

- provided 23% of total psychiatric beds; and
- employed an estimated 11% of the national mental health workforce.

This section reviews the provision of services provided through the private sector, both in hospital settings and through consultant psychiatrists funded under the Australian Government Medicare Benefits Schedule.

Private hospital psychiatric services

Private psychiatric hospitals provide services predominantly by way of inpatient care. This reflects both the history of mental health services in Australia and the predominant way in which health insurance funds pay benefits for mental health care.

This section summarises information compiled by the Australian Bureau of Statistics, using data from its annual Private Health Establishments Collection and the most recent publication by the Bureau on overall private hospital activity.[7, 8]

Trend in number of hospitals

The number of private hospitals reporting a specialist psychiatric unit has increased over the course of the National Mental Health Strategy.

Forty six private hospitals provided specialist psychiatric services in 2001-02, compared with 33 in 1992-93. Twenty three of these were stand alone psychiatric hospitals, defined for these purposes as those hospitals where the number of psychiatric beds made up more than 75% of total beds.

Growth in number of psychiatric beds

A total of 1,737 psychiatric beds were reported by private hospitals in 2001-02, 7% above 1999-2000 levels and 38% more than were available at the commencement of the National Mental Health Strategy. Most of the growth in the sector has occurred since 1997-98.

Private hospitals accounted for 23% of all psychiatric beds available in Australia in 2001-02, rising from 14% in 1992-93. A combination of growth in the number of private beds and reduction in the public sector has contributed to the increased private sector share. Approximately 64% of private beds in 2001-02 were located in facilities defined as stand alone private psychiatric hospitals.

Indicators of private hospital activity

The number of patient days spent in private psychiatric units in 2001-02 increased by 23% relative to 1999-2000 and was 59% above 1992-93 activity levels. Separations from private sector psychiatric units in 2001-02 were 28% more than recorded in 1999-2000, and 270% more than in 1992-93.

Previous reports have noted that the accuracy of trend data in relation to patient days and separations in private psychiatric units is confounded by disproportionate growth in same day separations and, to a lesser extent, variable reporting of these over the course of the Private Hospital Establishment Collection. Based on the available data, same day separations increased seven fold from 1992-93 to 2001-02 and accounted for 75% of all separations in 2001-02.

Same day separations in the general health field refer to patients admitted to hospital for a medical, surgical or diagnostic procedure who are discharged on the day of admission. In the mental health field, which has few comparable procedures, same day separations primarily involve participation by consumers in group-based day hospital programs.

---

[7] Australian Bureau of Statistics (2001) *Private Hospitals, Australia, 1999-00,* Commonwealth of Australia, Canberra (ABS Cat. No. 4390.0).

[8] Summary data on trends in private hospitals over the period 1993-2002 are provided at Appendix 8.

Caution is needed therefore when using crude separation counts as a measure of activity trends in the private psychiatric sector, for deriving indicators such as length of stay and when making comparisons between the private and public sectors.[9] At a minimum, it is reasonable to conclude that service provision, when measured by separations involving overnight care, or by overnight patient days, has increased roughly in line with the increased capacity of the sector as judged by growth in available beds. It is also evident that the pattern of care has moved significantly towards a greater proportion of services delivered on a same day basis, a pattern consistent with general trends within the broader private hospital sector.

Changes in private hospital staffing

An estimated total of 2,202 full-time equivalent staff were employed by private hospitals to provide psychiatric care in 2001-02, a 15% increase over the previous two year period and 80% since 1992-93. Of these, 65% were employed in health professional categories with the balance made up by administration and support staff. Nurses comprised 81% of the service delivery workforce. Staffing estimates do not include private medical practitioners with admitting rights who are funded on a fee for service basis through the Medicare Benefits Schedule.

Revenue and expenditure

Estimated total revenue in 2001-02 for private sector psychiatric units was $213 million, an increase of 26% over 1999-2000 and 107% since 1992-93.[10] Revenue from psychiatric services represents approximately 4% of total private hospital sector income (excluding freestanding day hospital facilities).

As noted earlier, the introduction of the Australian Government Private Health Insurance Rebate in 1997-98 has brought new funding sources to the sector. The estimated value of the 'mental health share' of the rebate in 2001-02 was $38 million – approximately 18% of the total revenue of the hospitals – with an off-setting decrease in outlays by private health insurance sources.

Estimated recurrent expenditure by private sector psychiatric units in 2001-02 was $180 million, an increase of 86% since 1992-93. In interpreting this figure, it should be noted that the majority of expenditure on medical staff treating private psychiatric patients is not included in the estimate. Payments for consultant psychiatrists attending patients in private hospitals are, in general, covered under the Medicare Benefits Schedule (MBS) described in the next section.

Conclusions about the private hospital sector

Despite the limitations of the data, a number of observations can be made about changes in the place of private hospitals in Australia's mental health services.

There has been substantial growth in the private psychiatric hospital sector over the course of the National Mental Health Strategy. The number of hospital providers and total inpatient bed capacity have both increased by 38%, and revenue by 107% between 1992-93 and 2001-02. These increases have occurred in parallel with reductions in the size of the public sector inpatient system, elevating the relative contribution made by the private sector in providing inpatient psychiatric care in Australia.

Alongside these changes the sector has shifted its overall pattern of care to one of providing a significantly greater proportion of services to its consumers on a same day care basis. Same day admissions have increased from 39% of total admissions in 1992-93 to 75% in 2001-02.

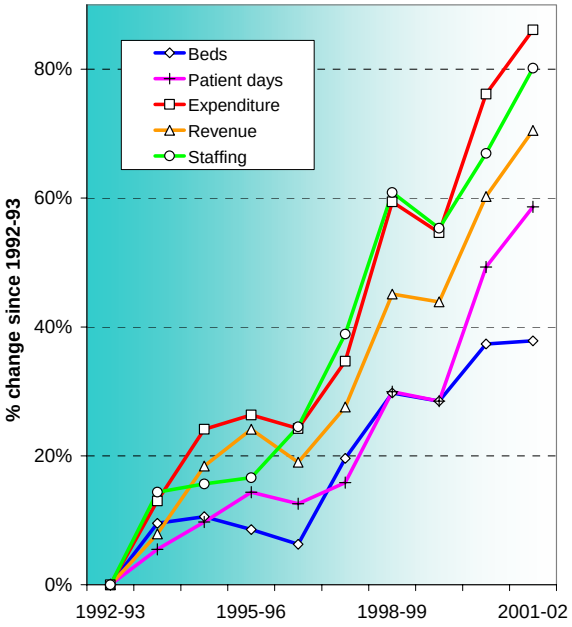
These changes have occurred in the context of increasing collaboration between the hospitals, insurers and the Australian Government to develop alternative funding approaches that extend the role of private hospitals to community based care. New 'hospital in the home' and similar schemes have been introduced by several private health insurance

---

[9] Same day separations in specialised psychiatric inpatient units in the public sector are estimated to account for 25% of total separations reported to the National Hospital Morbidity Database. It is important to note these are excluded in the public sector data presented earlier in this report as, under the National Survey of Mental Health Services, they are classed as ambulatory care mental health services.

[10] Revenue and expenditure estimates presented in this section are higher from those reported by the Australian Institute of Health and Welfare in its recent publication *Mental Health Services in Australia 2001-02*. While AIHW estimates are also drawn from the ABS Private Hospital Establishment Collection, they cover only those private hospitals deemed to primarily care for patients with psychiatric or behavioural disorders, defined as hospitals for which 50% or more of total patient days were for psychiatric patients. By contrast, the current report estimates incorporate all psychiatric units in the private hospital sector.

Figure 30: Selected indicators of change in the private psychiatric hospital sector, 1992-93 to 2001-02



funds that enable treatment in the consumer's home environment and avert admission to hospital where this is clinically unnecessary. National data are not yet available to determine the impact of such new models of care. Figure 30 provides a summary of selected indicators of change in the private psychiatric hospital sector.

Private psychiatry services funded by the Medicare Benefits Schedule

In 2001-02, government funds expended on private psychiatrists represented approximately 6% of the $2.9 billion spent by the Australian Government and the states and territories on specialised mental health services.

Information presented in previous National Mental Health Reports showed considerable growth in Medicare Benefits Schedule (MBS) funded services provided by consultant psychiatrists in the ten years following its introduction in 1984-85. However, both the current and previous two reports pointed to signs of a slowing down in the rate of growth. Earlier reports also highlighted much variation across Australia in local population access to consultant psychiatrists.

National trends on services provided by private psychiatrists funded by the MBS

The MBS data for 2000-01 and 2001-02 confirm the changing pattern of growth in the private psychiatry sector.

- Australian Government MBS expenditure on services provided by consultant psychiatrists in 2001-02 reduced by 2.3% per annum over the two years. This continued the trend that began in 1996-97, following a decade of annual average growth of 5.9% in Australian Government spending on consultant psychiatrists.
- Benefits paid in 2001-02 for consultant psychiatrists as a proportion of total MBS expenditure, decreased for the seventh consecutive year, and accounted for 2.5% of MBS outlays on all medical and related services. Spending on private psychiatrists was the second largest item of Australian Government mental health expenditure, accounting for 17% of outlays.
- The proportion of the population seen by private psychiatrists has remained stable from 1999-00. In 2001-02, 1.4% of the Australian community had at least one consultation with a private psychiatrist.
- The number of private providers operating in 2001-02 was 1,858. Of these, 59% were in full-time practice. The increase in number of full-time practitioners has levelled out since the mid 1990s. In contrast, the number of part-time practitioners has been increasing over the same period, with average annual growth of 7.4% since 1996-97.
- The average number of patients seen by MBS-funded consultant psychiatrists was 152. Since reaching a peak in 1995-96, patients seen per provider has been decreasing at an annual average rate of 2.7%.

Access to private consultant psychiatrists

Although 1.4% of Australians see a private psychiatrist at least once a year, access is uneven due to the concentration of providers in the capital cities, particularly Melbourne, Adelaide and Sydney. Little change in the distribution of services has occurred since the commencement of the National Mental Health Strategy.

- South Australia and Victoria continued to have the highest level of private psychiatrist services in 2001-02, with MBS benefits per capita at 30% and 33% above the national

average, respectively. The number of people seen per capita by consultant psychiatrists in South Australia and Victoria was 22% and 13% above the national average, respectively.

- MBS-funded consultant psychiatrist services in New South Wales approximate the national average on all indicators.
- Queensland has experienced considerable growth in private practitioners since 1992-93, increasing its numbers per capita by about 16%. This increase is comparable with growth in South Australia and Victoria.
- In the Northern Territory, Western Australia, Tasmania and the ACT, access to private consultant psychiatrist services is substantially reduced compared with the larger states.
- Within individual states and territories, there is differential access to private consultant psychiatrists. Like most medical specialists, consultant psychiatrists are concentrated in the capital cities and tend to attract the majority of their clientele from metropolitan populations.

Table 4 compares the pattern of servicing in 1992-93 and 2001-02 of MBS funded psychiatrists in capital cities, other metropolitan areas and non metropolitan regions of Australia. People resident in non-metropolitan areas, particularly those in rural and remote communities, continue to have least access, and are less than half as likely to receive services from a private psychiatrist than people residing in capital cities. When people in rural and remote areas do see private psychiatrists, they are likely to have only two-thirds as many consultations.

Summary of private psychiatric services funded by the MBS

Figure 31 summarises the key indicators described above and provides a picture of changes in the private psychiatry sector since the commencement of the Medicare Benefits Schedule in 1984-85. All indicators point to important changes occurring in the private psychiatry sector and highlight that the rapid growth occurring between the mid-80s and the mid-90s has slowed or reversed.

It is important to note that in parallel with the reducing levels of private sector activity, medical staffing in the public mental health sector has increased by 36% since 1994, with most growth

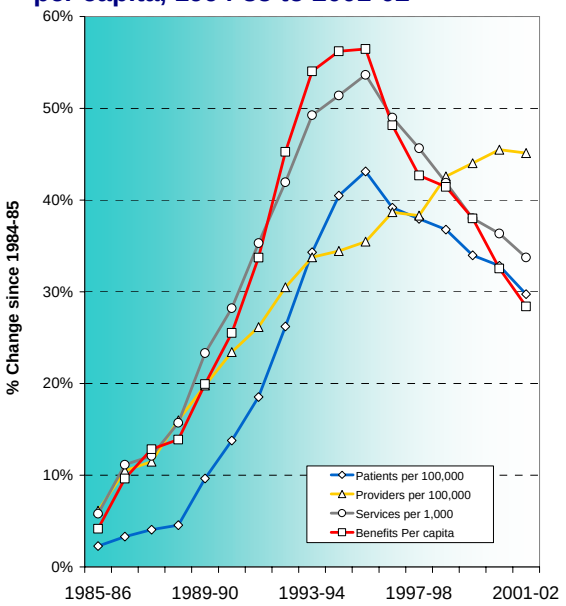
Table 4: Comparison of percentage of population seen, MBS services provided and number of consultant psychiatrist providers by area of residence, 1992-93 to 2001-02

Region	Year	% Population seen	Benefits per capita ($)	Attendances per patient
Capital city	1992-93	1.7%	$15.06	8.8
	2001-02	1.8%	$13.11	7.8
Other metro	1992-93	1.3%	$8.26	6.6
	2001-02	1.4%	$7.60	6.1
Rest of state	1992-93	0.8%	$3.86	5.6
	2001-02	0.7%	$3.46	5.8
Total	1992-93	1.4%	$11.30	8.1
	2001-02	1.4%	$9.94	7.4

occurring in the psychiatric registrar and consultant psychiatrist categories. Complex factors are likely to be contributing to this picture, including initiatives taken by states and territories to achieve a higher level of medical services within the public sector and a more balanced distribution of psychiatrists between the public and private sectors.

Since the outset of the Strategy, all jurisdictions have taken steps to improve their position in the recruitment and retention of psychiatrists, including development of more flexible employment options and greater provision for mixed public and private practice.

Figure 31: MBS consultant psychiatrists – percentage change in patients seen, number of providers, services and benefits per capita, 1994-85 to 2001-02



6. Update on consumers and carers in mental health care

Previous reports have noted that consumer and carer participation in Australian mental health services has undergone rapid maturation over the course of the National Mental Health Strategy. Inquiries conducted in the period preceding the Strategy pointed to abuses of the rights of consumers and advocated forcefully on their behalf for action to correct these. Governments responded with a number of proposals for change, and more importantly, consumers began to speak for themselves.

Initial concerns driving the Strategy revolved around concepts of protection of human rights abuses but progressively, these concerns evolved to incorporate more modern concepts of consumer empowerment. This concept has different levels of meaning depending on who interprets it. At a minimum, it requires that consumers and carers be given a place in discussions about the planning, delivery and evaluation of those services designed to meet their needs.

The National Strategy has advocated strongly for this position. Underpinning this is a view that such participation can empower and inform consumers and carers, destigmatise mental illness and ultimately improve mental health outcomes. Additionally, accountability to consumers at all levels of the mental health system provides an avenue to identify and resolve deficiencies in service quality that, historically, compromised the rights of people with a mental illness.

The steps taken to promote consumer and carer participation are regarded widely as one of the hallmarks of the National Mental Health Strategy. At the national level, consumers and carers were included in all planning groups established since the Strategy began and considerable funds were allocated to strengthening their voice in mental health planning, policy and service delivery. Variations on these initiatives began to appear at the service delivery level giving consumers and carers important new avenues to make their views heard.

The National Mental Health Plan 2003-2008 reinforces the need for consumer and carer participation and partnership at all levels in policy, planning and treatment. Although much progress has been made, the plan acknowledges that further work is required to ensure meaningful participation by all consumers and their carers and families.

The establishment of a number of advisory groups has been an important element in increasing opportunities for consumer and carer input at the national and state or territory level. They play an important role in representing consumer and carers in mental health and have undertaken a substantial amount of work to increase participation by and awareness of the roles of consumers and carers in the mental health reform agenda.

The current report does not detail the contributions of all the individual parties, but instead focuses on updating previously published data on the extent to which mechanisms for consumer and carer participation have been established by service delivery organisations.[11]

Consumer and carer groups at the local service delivery level

As in previous annual surveys, both the 2001 and 2002 National Survey of Mental Health Services required each organisation to describe its arrangements for involving consumers and carers. Responses were subsequently grouped into levels, ranging from Level 1 (agencies where consumers and carers were given a formal place in the local executive decision making structures or a specific consumer and carer group was established to advise on all aspects of service delivery) to Level 4 (agencies with no specific arrangements for carer and consumer participation). The structure of the survey also allows trends to be monitored.

The results for 2001-02 are shown in Figure 32 and compared with the situation existing at the beginning of the Strategy (1993-94) and at the close of the First National Mental Health Plan (1997-98). They indicate that the progress made over the first five years continued into the Second National Mental Health Plan. The

[11] Information regarding the structural arrangements and activities of those organisations that have designated peak representational roles at the national and state or territory level can be found in Chapter 6 of the *National Mental Health Report 2002*.

proportion of organisations with some type of formal mechanism in place for consumer participation (Level 1 to Level 3) has increased from the 53% 'baseline' in 1994 to 89% in 2002. Of particular note is the fact that the percentage of services with Level 1 involvement of consumers and carers increased from 17% in 1994 to 61% in 2002.

On the 'minus' side, four years into the Second National Mental Health Plan, 11% of mental health service organisations remain without a basic structural arrangement for consumer and carer participation. In addition, development has not been uniform across the jurisdictions.

Overall, the results suggest that the involvement of consumers and carers in mental health service development is increasing when assessed against these 'coarse' structural measures.

States and territories have expressed concern in previous years that exclusive reliance on the 'formal committees' approach to the assessment of consumer participation does not adequately describe the range of initiatives that can be taken to enable participation at the 'grass roots' level. Commencing in 1999-2000, the National Survey of Mental Health Services was modified to explore a fuller range of options being pursued by local services and requested each mental health service organisation to indicate whether such arrangements were in place. The options assessed in the survey are shown below in Table 5.

The results 2001-02 are summarised individually for consumers and carers in Figure 33 and Figure 34. Taken at face value they suggest considerable innovation by service providers in the approaches to build a consumer and carer oriented culture although the extent to which organisations have established initiatives of this type varies. As noted in the National Report 2002, mechanisms for carer participation appear to be less developed than those for primary consumers.

National consumer and carer representatives reviewing the data suggested that the extent of development did not match their perceptions of 'what is happening on the ground'. They expressed particular concern at the apparent high rate of employment of paid consumer consultants and pointed out that the indicator does not provide information of the extent of commitment of an organisation in employing consumers as consultants. For example, a single 'one off' payment for attending a meeting may have been interpreted by some organisations as constituting a 'paid consumer consultant'.

Table 5: Additional consumer and carer participation strategies assessed in National Survey of Mental Health Services 2001

Consumer/Carer Consultants are employed on a paid basis to represent the interests of primary consumers/carers and advocate for their needs.
The organisation holds regular discussion groups to seek the views of primary consumers/carers about the mental health services.
The organisation has developed a formal (documented) policy on participation by primary consumers/carers.
The organisation periodically conducts consumer/carer satisfaction surveys.
The organisation has a formal internal complaints mechanism in which complaints made by primary consumers/carers are regularly reviewed by a committee that includes primary consumers/carers.

Figure 32: Structural arrangements for consumer participation within mental health service organisations

Level 4
Other arrangements / No arrangements.
Level 3
Mental health consumers/carers invited to participate on broadly based committees.
Level 2
Specific Mental Health Consumer/Carer Advisory Group established to advise on *some* aspects of service delivery.
Level 1
Appointment of person to represent the interests of mental health consumers and carers on organisation management committee OR Specific Mental Health Consumer/Carer Advisory Group established to advise on *all* aspects of service delivery.

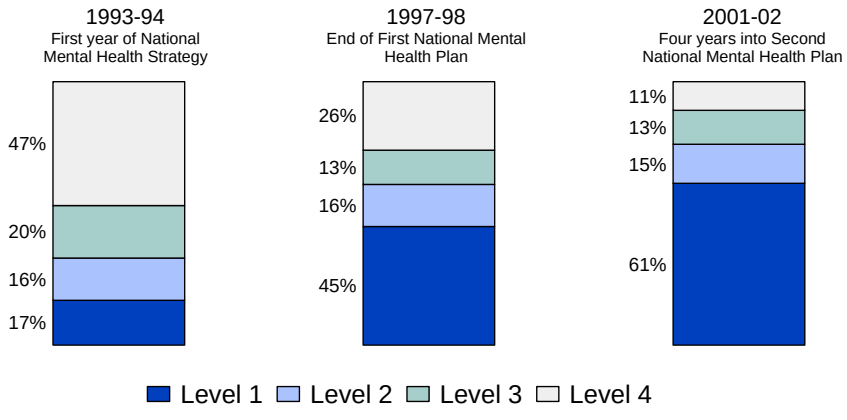


Figure 33: Other consumer participation arrangements 2001-02

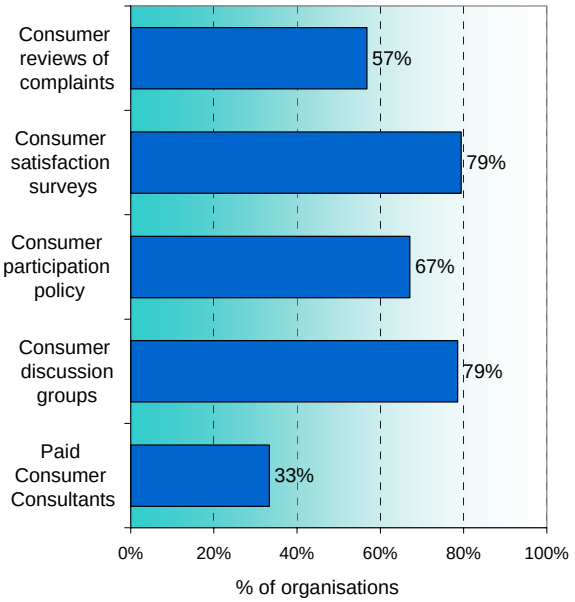
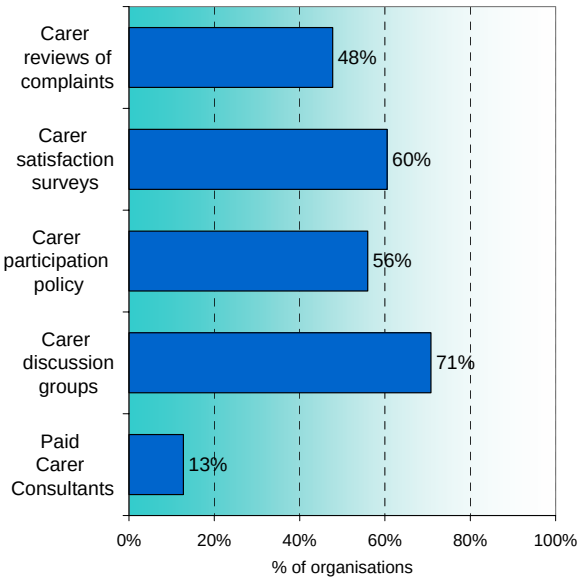


Figure 34: Other carer participation arrangements 2001-02



Further work on validating these indicators has been incorporated in the 2003 National Survey to improve their accuracy and give a better understanding of consumer and carer participation at the service delivery level. This information will be presented in the next National Mental Health Report.

Part C: Appendices

APPENDIX 1
Summary of National Mental Health Report methodology

The methodology used in preparing this report is based on previous years, with the exception that qualitative data sources were not collected (consumer advisory group surveys; state and territory policy information; Australian Government program activity). Full details are available in the *National Mental Health Report 2002*. This appendix provides a summary of the approach used for the current report.

Information for the report was obtained from four sources.

1. National Survey of Mental Health Services

The Department of Health and Ageing annually coordinates the National Survey of Mental Health Services. The survey was developed as a joint Australian Government and state and territory governments initiative by the Information Strategy Committee of the AHMAC National Mental Health Working Group. The survey covers all specialised mental health services managed or funded by the state and territory health administrations. Specialised mental health services are defined as those in which:

- the primary function is specifically to provide treatment, rehabilitation or community support targeted towards people affected by a mental disorder or psychiatric disability, with this criterion being applicable regardless of the source of funds; and
- such activities are delivered from a service or facility which is readily identifiable as both specialised and serving a mental health function.

Several aspects of the definition should be noted.

- The concept of a specialised mental health service is not dependent on inclusion of the service within the state and territory mental health budget. In several jurisdictions significant public sector health services performing specialist mental health functions are funded from sources other than the mental health appropriation or allocation.
- A service is not defined as a mental health service simply because its clientele includes people affected by mental illness or psychiatric disorder. For example, the definition does not include health or other human services which, as part of a more general role, provide assistance to people affected by mental disorders. These include, for example, services provided by emergency departments, general outpatients and medical/surgical wards of acute hospitals; services provided by primary care health professionals in community health settings; and services delivered by general hospitals without a dedicated psychiatric unit.
- Finally, the definition excludes specialist drug and alcohol services and services for people with intellectual disabilities, except where they are established to assist people affected by a mental illness who also have a drug or alcohol related problem or intellectual disability.

The survey methodology includes extensive within-and cross-year validation checks to ensure data quality. It also includes a process to correct for inaccuracies in historical data to:

- ensure consistency in monitoring progress over time by each jurisdictions; and
- improve comparability between jurisdictions in the way that data from mental health services and resources are recorded.

To ensure consistency over time, estimates of state and territory spending over the previous reporting years are amended as required. In all cases where apparent expenditure growth could be attributed to better recording practices, data for earlier years are updated. As a number of historical corrections were made in preparing the current report, the figures reported in several tables differ from those published previously.

There were no changes in the methodology from the previous survey and therefore Appendices 2 and 3 of the *National Mental Health Report 2002* provide a more detailed description of the survey methodology.

2. Analysis of the Australian Bureau of Statistics Survey of Private Hospitals

The Australian Bureau of Statistics provided information extracted from its 2001 and 2002 Private Hospital Establishments Collection. These data were used to compile a picture of the activities of specialised psychiatric units managed within the private hospital sector. Further details of the approach used are provided in Appendix 8.

3. Analysis of Medicare Benefits Schedule data

Information about Medicare benefits paid by the Australian Government for private consultant psychiatrist services were prepared by the Australian Department of Health and Ageing. The information builds upon baseline figures first reported in the *National Mental Health Report 1994* and provides trends over the 14 year period 1984-85 to 2001-02.

4. Analysis to Pharmaceutical Benefits Scheme data

Information about psychiatric medicines paid by the Australian Government was prepared by the Australian Department of Health and Ageing.

APPENDIX 2
State and territory expenditure on mental health services

Expenditure data on specialised mental health services reported by states and territories provide the basis for many of the indicators used to monitor progress of the National Mental Health Strategy. Comparisons are made of performance over time to monitor changes in:

- overall expenditure between 1992-93 and 2001-02; and
- the mix of services across years.

Throughout this report, all comparisons across years use amended baseline data.

Standardisation of expenditure data

Expenditure data reported to the National Survey of Mental Health Services were standardised at two levels to ensure consistency between jurisdictions and comparability with data reported for earlier years.

- Expenditure reported as 'indirect' was apportioned to service mix categories.
- Adjustments were made to remove inconsistencies caused by a transfer from cash based to accrual reporting in several jurisdictions.

Details of both aspects of the management of the expenditure are provided below.

Distribution of indirect expenditure

To ensure that no significant expenditure was omitted in state and territory reporting to the survey, service delivery organisations and regional and central health administrative units were requested to report a range of indirect expenditure incurred as part of the overall provision of mental heath services. There are three types of expenditure that could be reported as 'indirect':

- salary on-costs that can be directly related to specific services (e.g., superannuation, workers' compensation) but may be reported as an aggregate amount;
- expenses indirectly related to service delivery, but which are necessarily incurred in service provision (eg information systems, program administration); and
- expenses that cannot be directly or indirectly related to specific mental health services provided by an organisation (e.g., research, education and training).

Indirect expenditure categories are shown in Table A-1. Definitions for each category were provided with survey documents, and are included in Appendix 3 of the *National Mental Health Report 2002*.

Survey instructions required that indirect expenditure items only be reported if they were not included elsewhere. For example, if superannuation was not apportioned to specific services, the survey provided the option of reporting it as an aggregate amount. The approach therefore did not aim to separately assess total expenditure in each of the indirect categories, but instead, acted as a 'safety net' to capture all relevant expenditure.

As in previous years, there was considerable variability in the 2001 and 2001 survey returns in the way organisations used the indirect expenditure categories. Many agencies reported nil amounts, indicating that all relevant expense items had been costed to service level. Other agencies reported large amounts of on-costs or overheads, usually with the comment that these should be apportioned down to service level.

Table A-1: Indirect expenditure items distributed across service mix categories

Expenditure item	Reported by service delivery organisations	Reported by regional administration	Reported by central administration
Program administration	Yes	Yes	No
Organisation-wide support services	Yes	Yes	Not applicable
Education and training	No	No	No
Academic chairs	Yes	Yes	No
Mental health research	No	No	No
Mental health promotion	No	No	No
Superannuation	Yes	Yes	No
Workers compensation	Yes	Yes	No
Insurance	Yes	Yes	No
Mental Health Act	No	No	No
Patient transport services	Yes	Yes	No
Property leasing	Yes	Yes	No
Other indirect expenditures	Yes	Yes	No

Totals of $250 million and $262 million were reported respectively in indirect expenditure categories in the 2001 and 2002 surveys, representing approximately 14% of total expenditure reported. Table A-9 provides details of the indirect expenditure amounts reported by each state and territory in the most recent 2002 survey.

A standard approach was used in distributing indirect expenditure to service mix categories. This involved the following steps:

- Items of indirect expenditure appropriate for apportionment to service mix categories were first identified, as per Table A-1.
- Allocation rules for apportionment of these items were then determined. Except for specific organisations that advised of the need to individually tailor the apportionment rule, apportionment was done in all cases on the basis of total expenditure. Thus, if general acute inpatient services accounted for 30% of an organisation's (or region's) total expenditure, it received 30% of the total indirect expenditure tagged for distribution.
- Non government organisations (NGO) that provided services other than residential services were excluded from the apportioned indirect expenditure on the basis that little if any of these costs could be attributed to the NGO sector.

Following this distribution approach, total unallocated indirect expenditure reduced to approximately 5% of total expenditure for both 2000-01 and 2001-02. The effect on estimated direct service expenditure for all states and territories was considerable. Table A-2 provides details of state and territory service mix spending pre- and post- distribution of the indirect expenditure for the most recent year.

Adjusting for cash-based versus accrual accounting

Reporting of 1992-93 state and territory expenditure was primarily on a cash basis. In 1993-94, organisations in two States (New South Wales and Tasmania) reported expenditure on a full accrual basis to the National Survey. Over the subsequent years, an increasing number of organisations reported expenditure data to the survey on a full or part accrual basis.

The move to accrual reporting causes problems of consistency across years for those jurisdictions that have made the transfer, and problems of comparability between states and territories within years. The inclusion of depreciation on capital in accrual reporting is the main source of non comparability and typically adds 5% to 8% to health expenditure. As the National Survey included a structure that allowed separate enumeration of depreciation where this was included, it was agreed with state and territory representatives to exclude this item from all assessments of recurrent expenditure.

Trends in reporting of depreciation are reported in Table A-10. For all estimates of recurrent expenditure in the states and territories described in the main body of this report, these depreciation components have been excluded.

Table A-2 summarises the combined effect of distribution of 2001-02 indirect expenditure and removal of depreciation on the recurrent expenditure data and shows for each state and territory:

- the total gross recurrent expenditure as reported by mental heath service delivery organisations and regional and central health administrations, classified by the major expenditure categories;
- adjusted gross recurrent expenditures in each of the major expenditure categories following distribution of indirect expenditure; and
- the final adjusted gross recurrent expenditures in each of the major expenditure categories following removal of depreciation.

Maintenance of expenditure analysis

The information presented in Table A-3 provides a picture of what was spent in each state and territory on public sector mental health services. But the concept of 'maintenance of expenditure' requires a distinction between what was spent *in* a state or territory and what was spent *by* the respective state or territory government. Although a simple concept, the monitoring the maintenance of expenditure aspect of the National Mental Health Strategy is a complex process and requires a different level of analysis.

In principle, such an analysis should differentiate between mental health services expenditure on the basis of source of funds, which may include:

- state and territory funds;
- Australian Government contributions in the form of:
  - National Mental Health Strategy grants made under the Australian Health Care Agreements (1998-2003);
  - other health care grants provided under the Australian Health Care Agreements (1998-2003);
  - funds allocated under the Commonwealth/State Disability Agreement;
  - nursing home and hostel subsidies;
  - grants and payments made by the Department of Veterans' Affairs for mental health care of veterans made as part of the transfer of previously owned Australian Government repatriation hospitals to state ownership;
  - other Australian Government grants for specific mental health purposes; and
- other revenue sources including patient fees and reimbursement by third party compensation insurers.

Ideally, the effect of changes in each of these factors should be isolated to establish a clear basis to evaluate changes in the state and territory government funding components of overall reported expenditure. However, such an analysis demands a level of detail that is impractical in the context of the National Mental Health Strategy monitoring arrangements.

The pragmatic approach adopted in previous reports is also used in the current report. This focuses on the two Australian Government funding sources most likely to affect overall expenditure on mental health services – National Mental Health Strategy funds and grants from the Department of Veterans' Affairs.

National Mental Health Strategy funds

Significant changes has occurred over the 1993-2002 period in the level of National Mental Health Strategy funds used to support state and territory services. Table A-5 provides the relevant details of National Mental Health Strategy funds allocated to the states and territories for all years.

Department of Veterans' Affairs (DVA)

As a result of agreements between the Australian Government and states and territories in relation to health services to veterans, changes in DVA funding have the potential to distort analysis of state and territory expenditure on mental health services. The major factors here are:

- the transfer of previously Australian Government managed repatriation hospitals to state ownership, bringing significant new mental health expenditure into the state reports. This occurred in New South

Wales with the transfer of the Concord Hospital to state ownership in July 1993; in South Australian with the transfer of Daw Park Repatriation Hospital in July 1994; and in Victoria with the transfer of the former Heidelberg Repatriation Hospital in July 1995.

- the closure of the stand alone repatriation 'mental hospitals' previously run by state governments on behalf on the Australian Government. This occurred in Victoria, with the closure of the Bundoora Repatriation Hospital in 1993-94; and
- changing levels of DVA reimbursement to states and territories for provision of mental health services to veterans, consequential to the phasing out of the direct service provider role previously taken by the department.

Each of these factors indicate the need to separately identify DVA funded services that are included in the state and territory reports of gross recurrent expenditure. Table A-5 provides details of the estimated DVA funding across all years of the National Mental Health Strategy.

On the basis of the above details, the maintenance of expenditure analysis used the following logic to calculate an estimate of expenditure by state and territory governments on mental health services in each of the nine years:

Expenditure by the state or territory =

Gross recurrent expenditure reported (adjusted to remove depreciation)

LESS

Australian Government DVA payments

LESS

Estimated expenditure for Psychiatric Units in Repatriation Hospitals transferred to state governments

LESS

National Mental Health Strategy funds

Using this method, state and territory spending on mental health services therefore refers to total recurrent expenditure reported by the state or territory less significant amounts arising from specific Australian Government grants used to supplement mental health services funding.

This approach focuses the analysis on the central element of the 'maintenance of expenditure' agreements – the expenditure by each government relative to its expenditure in the 1992-93 baseline year. The results of this analysis are presented in Table A-5.

Application of mental health services expenditure deflators

Many of the national indicators reported are concerned with the trends in spending patterns to assess the extent of change and the progress of reform within mental health services. As in previous reports, a deflator has been applied to the expenditure data to eliminate the effect of inflation from the analysis of change when making year-on-year comparisons.

There are a number of indicators of price movements that can be applied to deflate various categories of current price expenditure by state, territory and local government authorities in order to produce estimates of expenditure on those categories of goods and services at constant prices. While these are fixed weighted indices, the items included in the indices and weightings given to them are specifically tailored to reflect activities of state and territory government instrumentalities in the particular area to which the deflator(s) are to be applied.

The Australian Institute of Health and Welfare has previously advised that the deflator for Government Final Consumption Expenditure (GFCE) on Hospital and Clinical Services is the most appropriate deflator to apply to mental health expenditure for mental health services in states and territories. This method has been used by the Australian Bureau of Statistics (ABS) since the beginning of the 1990s to derive constant price expenditure on Health, Social Security and Welfare.

The deflator for GFCE by state and Local authorities on hospital and clinical services is a fixed weighted index incorporating hospital, medical and ancillary staff wage and salary rates and input prices – including drug costs; medical and surgical costs; food costs; domestic service costs; repairs and maintenance; patient transport; fuel, light and power; and other non-salary costs.

The weights applied to those particular components of the index are intended to reflect their relative importance in the provision of hospital and clinical services by government instrumentalities. ABS advise that staff related costs contribute over 70% of the value of the GFCE deflator for hospital and clinical services. As an estimated 75% of expenditure on mental health services is accounted for by salaries and wages, the GFCE deflator is the most appropriate one to use in estimating constant price expenditure on mental health services.

This deflator is applied throughout the current report to express estimates of state and territory expenditure in constant 2001-02 prices (abbreviated for convenience to 'constant prices'). Table A-12 presents final consumption expenditure deflators for each of the jurisdictions covering the financial years 1992-93 to 2001-02, rebased to 2001-02 as unity.

Table A-2: Recurrent expenditure in specialised mental health services, Australian states and territories, current prices, 2001-02 ($000s)

State/Territory		Stand alone hospitals	Colocated hospitals	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
NSW	Expenditure as reported (a)	128,071.0	134,836.0	262,907.0	21,291.0	206,629.2	13,791.0	109,894.0	614,512.2
	Post-distribution (b)	156,742.9	150,841.2	307,584.1	25,005.8	232,616.4	13,791.0	35,515.0	614,512.2
	Depreciation removed (c)	151,462.9	146,446.0	297,908.9	24,798.6	227,461.5	13,791.0	35,515.0	599,474.9
VIC	Expenditure as reported (a)	29,584.0	139,245.0	168,829.0	80,158.4	175,804.0	45,564.2	51,505.8	521,861.4
	Post-distribution (b)	29,612.2	151,115.7	180,727.9	85,894.7	190,842.2	45,564.2	18,832.3	521,861.4
	Depreciation removed (c)	28,684.2	147,393.7	176,077.9	83,471.8	186,774.2	45,564.2	18,832.3	510,720.5
QLD	Expenditure as reported (a)	56,411.8	106,691.9	163,103.7	5,186.5	94,720.3	21,518.9	47,228.3	331,757.6
	Post-distribution (b)	62,536.1	118,938.1	181,474.2	5,608.8	105,500.5	21,518.9	17,655.3	331,757.6
	Depreciation removed (c)	59,345.4	117,035.7	176,381.1	5,421.3	104,632.5	21,518.9	17,655.3	325,609.1
WA	Expenditure as reported (a)	46,323.2	59,920.3	106,243.5	2,016.4	82,696.7	12,248.3	21,387.6	224,592.6
	Post-distribution (b)	47,746.6	65,607.9	113,354.5	2,095.7	87,768.0	12,248.3	9,126.0	224,592.6
	Depreciation removed (c)	47,501.4	65,103.5	112,604.8	2,000.0	87,046.3	12,248.3	9,126.0	223,025.5
SA	Expenditure as reported (a)	66,774.0	24,080.7	90,854.7	573.0	47,027.6	2,968.6	16,266.5	157,690.4
	Post-distribution (b)	69,343.6	26,683.9	96,027.5	573.0	53,328.5	2,968.6	4,792.8	157,690.4
	Depreciation removed (c)	69,343.6	26,683.9	96,027.5	573.0	53,327.5	2,968.6	4,792.8	157,689.4
TAS	Expenditure as reported (a)	581.0	15,803.0	16,384.0	9,482.0	13,108.0	1,478.0	5,899.0	46,351.0
	Post-distribution (b)	669.2	17,587.4	18,256.6	10,792.1	14,327.3	1,478.0	1,497.0	46,351.0
	Depreciation removed (c)	669.2	17,587.4	18,256.6	10,792.1	14,327.3	1,478.0	1,497.0	46,351.0
ACT	Expenditure as reported (a)		6,299.0	6,299.0	3,697.7	11,424.0	1,491.6	5,555.4	28,467.7
	Post-distribution (b)		7,817.9	7,817.9	4,241.5	13,531.4	1,491.6	1,385.3	28,467.7
	Depreciation removed (c)		7,814.5	7,814.5	4,237.5	13,528.4	1,491.6	1,385.3	28,457.3
NT	Expenditure as reported (a)		5,525.0	5,525.0	181.0	6,643.6	940.6	5,131.3	18,421.5
	Post-distribution (b)		7,449.1	7,449.1	240.8	8,938.6	940.6	852.3	18,421.5
	Depreciation removed (c)		7,449.1	7,449.1	230.1	8,938.6	940.6	852.3	18,410.8
National	Expenditure as reported (a)	327,745.0	492,400.9	820,145.9	122,586.0	638,053.3	100,001.2	262,868.0	1,943,654.4
	Post-distribution (b)	366,650.6	546,041.2	912,691.8	134,452.4	706,853.0	100,001.2	89,655.9	1,943,654.4
	Depreciation removed (c)	357,006.7	535,513.7	892,520.4	131,524.5	696,036.4	100,001.2	89,655.9	1,909,738.4

(a) Recurrent expenditure includes all services managed by state and territory agencies, regardless of source of funds.
(b) Post-distribution shows increase in expenditure when indirect costs identified in Table A-1 are apportioned to service categories.
(c) Depreciation removed for each service category is as reported to the National Survey of Mental Health Services.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

Table A-3: Recurrent expenditure in specialised mental health services, Australian states and territories, current prices, 1992-93 to 2001-02 ($000s)

State/ Territory	Year	Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
NSW	**1992-93**	146,815.2	89,204.7	236,019.9	15,668.7	80,987.6	4,381.0	3,623.9	340,681.2
	1993-94	155,338.0	82,518.2	237,856.2	12,949.1	84,173.6	4,679.9	5,672.2	345,331.0
	1994-95	151,465.3	85,247.4	236,712.7	18,587.5	100,299.1	5,962.9	8,185.0	369,747.2
	1995-96	144,354.3	92,629.7	236,984.0	16,596.1	121,116.8	6,156.0	10,163.0	391,016.0
	1996-97	141,362.4	102,418.0	243,780.3	19,996.5	139,545.5	8,419.1	15,102.7	426,844.1
	1997-98	141,551.5	114,993.6	256,545.2	17,542.7	155,932.7	7,399.9	17,418.0	454,838.6
	1998-99	143,088.5	121,885.7	264,974.2	20,720.0	173,045.9	8,348.4	26,279.7	493,368.3
	1999-00	140,516.5	134,469.8	274,986.3	23,520.0	193,861.6	6,862.5	26,552.8	525,783.1
	2000-01	140,449.2	138,410.7	278,859.9	23,677.9	208,268.3	8,982.6	32,840.3	552,629.0
	2001-02	151,462.9	146,446.0	297,908.9	24,798.6	227,461.5	13,791.0	35,515.0	599,474.9
VIC	**1992-93**	174,504.9	42,508.8	217,013.7	20,480.2	71,102.6	9,375.9	14,557.1	332,529.5
	1993-94	144,402.1	40,837.7	185,239.8	18,931.9	87,501.2	11,470.7	10,731.2	313,874.8
	1994-95	140,445.5	43,411.5	183,857.0	23,473.8	103,802.5	13,749.1	11,054.9	335,937.3
	1995-96	85,484.1	70,051.8	155,536.0	43,962.5	123,718.0	16,501.8	12,841.8	352,560.2
	1996-97	69,777.8	64,700.2	134,478.0	53,136.1	138,715.8	25,349.0	16,443.3	368,122.2
	1997-98	48,799.0	86,768.9	135,567.9	55,933.9	133,601.5	34,659.5	20,107.0	379,869.7
	1998-99	32,488.0	103,418.1	135,906.1	61,152.9	142,005.4	38,491.2	17,073.1	394,628.8
	1999-00	28,263.4	116,548.7	144,812.1	70,362.4	151,457.1	37,756.0	17,608.0	421,995.6
	2000-01	25,244.8	134,317.4	159,562.2	78,626.7	172,550.7	40,937.2	18,709.6	470,386.3
	2001-02	28,684.2	147,393.7	176,077.9	83,471.8	186,774.2	45,564.2	18,832.3	510,720.5
QLD	**1992-93**	73,424.3	49,334.7	122,759.0		30,842.9	1,947.7	2,883.8	158,433.4
	1993-94	72,528.9	51,268.7	123,797.6		33,169.1	2,586.9	3,848.6	163,402.2
	1994-95	75,553.4	51,298.9	126,852.3		40,292.3	3,655.1	6,185.3	176,985.0
	1995-96	78,996.2	51,451.5	130,447.7		56,590.9	4,674.5	4,532.5	196,245.6
	1996-97	84,774.4	58,749.9	143,524.3		63,478.2	7,965.5	5,935.4	220,903.4
	1997-98	86,774.7	59,492.6	146,267.3		69,628.9	11,899.0	8,812.0	236,607.2
	1998-99	80,602.2	72,696.5	153,298.7		81,979.0	15,360.2	11,020.4	261,658.4
	1999-00	77,972.8	82,171.9	160,144.7	210.4	93,127.8	18,358.0	14,890.6	286,731.3
	2000-01	71,322.0	102,065.7	173,387.8	2,840.3	98,349.6	19,955.7	15,879.4	310,412.8
	2001-02	59,345.4	117,035.7	176,381.1	5,421.3	104,632.5	21,518.9	17,655.3	325,609.1
WA	**1992-93**	52,058.6	23,913.8	75,972.4	2,720.7	21,361.0	2,427.0	1,598.5	104,079.6
	1993-94	52,903.6	24,167.7	77,071.4	1,840.6	26,250.8	2,728.8	1,384.0	109,275.5
	1994-95	46,015.4	33,516.8	79,532.2	1,796.1	26,415.1	3,792.2	2,009.3	113,544.9
	1995-96	48,094.6	34,402.1	82,496.7	2,211.1	34,150.1	6,652.3	2,613.8	128,124.1
	1996-97	50,539.3	40,272.6	90,811.9	2,345.4	42,327.3	6,793.0	4,560.4	146,838.0
	1997-98	49,235.7	44,616.0	93,851.7	2,445.4	52,905.1	8,797.6	7,855.5	165,855.3
	1998-99	47,297.5	52,101.1	99,398.6	2,765.4	60,700.1	9,336.4	5,323.8	177,524.3
	1999-00	44,782.9	55,278.8	100,061.7	2,716.2	66,765.0	10,292.6	6,265.7	186,101.2
	2000-01	45,756.4	58,470.9	104,227.4	2,303.0	77,569.7	12,248.1	7,848.3	204,196.5
	2001-02	47,501.4	65,103.5	112,604.8	2,000.0	87,046.3	12,248.3	9,126.0	223,025.5

Table A-3: Recurrent expenditure in specialised mental health services, Australian states and territories, current prices, 1992-93 to 2001-02 ($000s)

State/ Territory	Year	Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
… continued									
SA	**1992-93**	54,872.2	9,811.0	64,683.2	817.8	25,879.8	1,509.3	2,471.0	95,361.1
	1993-94	54,054.4	10,831.4	64,885.8	851.5	28,361.7	1,656.0	4,337.8	100,092.8
	1994-95	54,357.9	12,592.9	66,950.8	717.3	30,340.8	1,749.0	3,075.0	102,832.9
	1995-96	52,492.1	13,879.3	66,371.3	384.5	33,383.7	2,032.5	2,837.3	105,009.3
	1996-97	57,378.6	14,333.2	71,711.8	405.7	36,115.4	2,931.3	2,958.8	114,123.0
	1997-98	56,760.9	18,201.6	74,962.5	400.0	42,357.7	2,437.9	5,005.4	125,163.5
	1998-99	56,286.4	23,248.8	79,535.2	411.6	39,576.0	3,154.6	5,837.1	128,514.4
	1999-00	59,314.0	22,628.8	81,942.8	435.0	44,808.5	3,445.7	5,358.0	135,990.0
	2000-01	62,946.4	23,813.5	86,759.9	461.0	49,227.9	2,946.8	3,866.4	143,262.0
	2001-02	69,343.6	26,683.9	96,027.5	573.0	53,327.5	2,968.6	4,792.8	157,689.4
TAS	**1992-93**	13,923.8	5,764.5	19,688.2	3,274.1	5,002.7	856.0	688.5	29,509.5
	1993-94	13,038.0	6,830.7	19,868.7	3,719.8	6,330.1	897.0	703.0	31,518.6
	1994-95	12,292.3	6,916.3	19,208.6	4,382.0	7,694.9	972.5	663.1	32,921.1
	1995-96	12,214.9	7,760.9	19,975.8	4,697.8	9,700.0	1,290.0	903.0	36,566.6
	1996-97	12,196.2	8,331.5	20,527.7	4,358.3	10,194.9	1,402.0	935.0	37,417.9
	1997-98	12,188.5	8,738.6	20,927.1	4,637.5	10,323.4	1,289.0	314.0	37,491.0
	1998-99	12,569.7	9,211.1	21,780.8	4,952.7	10,596.5	1,325.5	545.0	39,200.5
	1999-00	11,967.8	8,732.3	20,700.1	5,504.1	10,456.8	1,388.9	869.0	38,918.9
	2000-01	10,348.8	10,303.1	20,651.8	7,586.8	11,146.4	1,401.8	1,652.0	42,438.8
	2001-02	669.2	17,587.4	18,256.6	10,792.1	14,327.3	1,478.0	1,497.0	46,351.0
ACT	**1992-93**		5,929.8	5,929.8	3,464.2	4,289.0	350.0	538.3	14,571.2
	1993-94		5,626.5	5,626.5	3,365.2	4,663.0	351.7	800.4	14,806.8
	1994-95		6,227.3	6,227.3	3,416.5	5,439.0	339.5	786.6	16,208.9
	1995-96		6,994.7	6,994.7	3,678.7	6,097.4	412.9	1,268.8	18,452.5
	1996-97		8,190.8	8,190.8	3,794.3	6,391.5	1,015.0	1,040.6	20,432.2
	1997-98		7,070.8	7,070.8	3,989.4	6,564.6	1,105.6	1,310.8	20,041.1
	1998-99		5,864.9	5,864.9	2,632.2	8,923.9	1,365.5	1,286.0	20,072.5
	1999-00		6,099.5	6,099.5	3,178.2	10,694.9	1,124.8	1,390.3	22,487.7
	2000-01		6,387.8	6,387.8	3,482.7	12,583.6	1,544.3	1,637.9	25,636.4
	2001-02		7,718.3	7,718.3	4,237.5	13,528.4	1,491.6	1,562.4	28,538.3
NT	**1992-93**		4,833.3	4,833.3		3,467.3	84.7	494.0	8,879.3
	1993-94		5,549.7	5,549.7		3,537.5	147.2	427.3	9,661.7
	1994-95		5,263.3	5,263.3		4,070.5	326.6	358.1	10,018.5
	1995-96		5,243.3	5,243.3		5,897.9	708.0	493.8	12,342.9
	1996-97		6,800.0	6,800.0		5,718.0	711.0	559.0	13,788.0
	1997-98		6,162.4	6,162.4		7,048.6	712.0	509.0	14,432.0
	1998-99		7,007.1	7,007.1		6,704.9	623.0	570.0	14,905.0
	1999-00		6,205.6	6,205.6	207.0	7,337.5	957.5	599.5	15,307.0
	2000-01		6,623.0	6,623.0	216.5	7,933.3	935.8	720.0	16,428.6
	2001-02		7,449.1	7,449.1	230.1	8,938.6	940.6	852.3	18,410.8

Table A-3: Recurrent expenditure in specialised mental health services, Australian states and territories, current prices, 1992-93 to 2001-02 ($000s)

State/ Territory	Year	Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
… continued									
National	**1992-93**	515,599.0	231,300.6	746,899.6	46,425.7	242,932.9	20,931.6	26,855.2	1,084,044.9
	1993-94	492,265.1	227,630.7	719,895.7	41,658.1	273,987.0	24,518.2	27,904.5	1,087,963.5
	1994-95	480,129.8	244,474.4	724,604.2	52,373.2	318,354.3	30,546.9	32,317.3	1,158,195.8
	1995-96	421,636.3	282,413.2	704,049.5	71,530.8	390,654.9	38,428.0	35,654.0	1,240,317.2
	1996-97	416,028.8	303,796.0	719,824.8	84,036.3	442,486.5	54,586.0	47,535.2	1,348,468.8
	1997-98	395,310.4	346,044.5	741,354.9	84,948.9	478,362.5	68,300.5	61,331.7	1,434,298.5
	1998-99	372,332.3	395,433.2	767,765.5	92,634.9	523,531.8	78,004.8	67,935.1	1,529,872.2
	1999-00	362,817.3	432,135.5	794,952.7	106,133.3	578,509.0	80,186.0	73,533.8	1,633,314.8
	2000-01	356,067.6	480,392.2	836,459.7	119,194.9	637,629.6	88,952.1	83,154.0	1,765,390.4
	2001-02	357,006.7	535,417.6	892,424.3	131,524.5	696,036.4	100,001.2	89,833.0	1,909,819.4

(1) Recurrent expenditure includes all services managed by state and territory agencies, regardless of source of funds, expressed in current prices.
(2) Indirect expenditure apportioned to service categories, except for amounts identified as ‘not for distribution’ in Table A-1.
(3) Depreciation excluded for all years.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-4: Recurrent expenditure in specialised mental health services, Australian states and territories, constant prices, 1992-93 to 2001-02 ($000s)

State/ Territory	Year	Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
NSW	**1992-93**	186,460.4	113,293.0	299,753.4	19,899.8	102,857.0	5,564.0	4,602.5	432,676.8
	1993-94	195,316.1	103,755.3	299,071.3	16,281.7	105,836.7	5,884.3	7,132.0	434,206.0
	1994-95	186,098.8	104,739.8	290,838.6	22,837.6	123,233.2	7,326.4	10,056.6	454,292.3
	1995-96	172,480.7	110,678.0	283,158.7	19,829.8	144,715.6	7,355.5	12,143.2	467,202.6
	1996-97	164,622.7	119,270.2	283,893.0	23,286.8	162,506.9	9,804.5	17,587.7	497,078.8
	1997-98	159,782.8	129,804.4	289,587.2	19,802.2	176,016.3	8,353.0	19,661.4	513,420.1
	1998-99	156,591.1	133,387.6	289,978.6	22,675.2	189,375.5	9,136.2	28,759.6	539,925.2
	1999-00	150,011.1	143,555.8	293,566.8	25,109.2	206,960.6	7,326.2	28,346.9	561,309.8
	2000-01	145,126.1	143,019.8	288,145.9	24,466.4	215,203.7	9,281.7	33,933.9	571,031.5
	2001-02	151,462.9	146,446.0	297,908.9	24,798.6	227,461.5	13,791.0	35,515.0	599,474.9
VIC	**1992-93**	209,187.3	50,957.4	260,144.7	24,550.6	85,234.1	11,239.3	17,450.3	398,619.0
	1993-94	172,322.4	48,733.7	221,056.1	22,592.4	104,419.6	13,688.6	12,806.1	374,562.8
	1994-95	165,386.2	51,120.6	216,506.8	27,642.3	122,236.0	16,190.7	13,018.1	395,594.0
	1995-96	98,984.7	81,115.1	180,099.8	50,905.5	143,256.8	19,108.0	14,869.9	408,240.0
	1996-97	79,532.9	73,745.4	153,278.3	60,564.6	158,108.4	28,892.8	18,742.1	419,586.3
	1997-98	54,757.9	97,364.2	152,122.1	62,764.0	149,915.5	38,891.7	22,562.3	426,255.6
	1998-99	35,529.6	113,100.2	148,629.8	66,878.2	155,300.2	42,094.8	18,671.5	431,574.4
	1999-00	30,200.2	124,535.5	154,735.6	75,184.2	161,836.0	40,343.3	18,814.6	450,913.8
	2000-01	26,098.1	138,857.3	164,955.4	81,284.3	178,382.9	42,320.9	19,342.0	486,285.4
	2001-02	28,684.2	147,393.7	176,077.9	83,471.8	186,774.2	45,564.2	18,832.3	510,720.5
QLD	**1992-93**	87,268.7	58,636.9	145,905.6	0.0	36,658.4	2,314.9	3,427.6	188,306.5
	1993-94	85,250.2	60,261.1	145,511.3	0.0	38,986.8	3,040.6	4,523.7	192,062.4
	1994-95	87,448.0	59,375.1	146,823.1	0.0	46,635.7	4,230.5	7,159.1	204,848.4
	1995-96	90,006.8	58,622.8	148,629.6	0.0	64,478.6	5,326.0	5,164.2	223,598.4
	1996-97	95,408.3	66,119.3	161,527.5	0.0	71,440.7	8,964.7	6,679.9	248,612.9
	1997-98	97,002.3	66,504.6	163,507.0	0.0	77,835.7	13,301.5	9,850.6	264,494.7
	1998-99	87,833.6	79,218.5	167,052.1	0.0	89,333.9	16,738.3	12,009.1	285,133.4
	1999-00	83,001.2	87,471.1	170,472.3	223.9	99,133.5	19,541.9	15,850.9	305,222.5
	2000-01	73,461.7	105,127.7	178,589.4	2,925.5	101,300.1	20,554.3	16,355.8	319,725.2
	2001-02	59,345.4	117,035.7	176,381.1	5,421.3	104,632.5	21,518.9	17,655.3	325,609.1
WA	**1992-93**	61,283.3	28,151.3	89,434.5	3,202.8	25,146.1	2,857.1	1,881.8	122,522.3
	1993-94	61,804.1	28,233.7	90,037.7	2,150.3	30,667.2	3,187.9	1,616.8	127,659.8
	1994-95	53,117.3	38,689.7	91,807.0	2,073.3	30,492.0	4,377.5	2,319.4	131,069.2
	1995-96	54,424.0	38,929.4	93,353.4	2,502.1	38,644.4	7,527.7	2,957.8	144,985.4
	1996-97	56,365.5	44,915.2	101,280.8	2,615.8	47,206.8	7,576.1	5,086.1	163,765.5
	1997-98	54,258.4	49,167.5	103,425.9	2,694.9	58,302.2	9,695.1	8,656.9	182,775.0
	1998-99	50,954.0	56,129.0	107,083.1	2,979.2	65,392.8	10,058.2	5,735.4	191,248.7
	1999-00	47,665.8	58,837.5	106,503.3	2,891.1	71,063.1	10,955.2	6,669.0	198,081.7
	2000-01	47,055.9	60,131.5	107,187.4	2,368.5	79,772.7	12,595.9	8,071.2	209,995.7
	2001-02	47,501.4	65,103.5	112,604.8	2,000.0	87,046.3	12,248.3	9,126.0	223,025.5

Table A-4: Recurrent expenditure in specialised mental health services, Australian states and territories, constant prices, 1992-93 to 2001-02 ($000s)

State/ Territory	Year	Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
… continued									
SA	**1992-93**	66,001.2	11,800.8	77,802.0	983.6	31,128.6	1,815.4	2,972.2	114,701.9
	1993-94	63,931.4	12,810.5	76,742.0	1,007.1	33,544.0	1,958.6	5,130.4	118,382.1
	1994-95	63,305.3	14,665.7	77,971.0	835.4	35,334.9	2,036.9	3,581.1	119,759.3
	1995-96	60,404.2	15,971.3	76,375.4	442.5	38,415.5	2,338.8	3,265.0	120,837.3
	1996-97	65,014.0	16,240.5	81,254.5	459.7	40,921.3	3,321.4	3,352.5	129,309.4
	1997-98	63,396.8	20,329.5	83,726.4	446.8	47,309.7	2,722.9	5,590.6	139,796.4
	1998-99	61,374.8	25,350.5	86,725.3	448.8	43,153.7	3,439.7	6,364.8	140,132.3
	1999-00	63,346.3	24,167.1	87,513.4	464.6	47,854.7	3,680.0	5,722.2	145,234.9
	2000-01	65,067.7	24,616.0	89,683.7	476.5	50,886.9	3,046.1	3,996.7	148,089.9
	2001-02	69,343.6	26,683.9	96,027.5	573.0	53,327.5	2,968.6	4,792.8	157,689.4
TAS	**1992-93**	16,817.1	6,962.3	23,779.5	3,954.4	6,042.3	1,033.9	831.6	35,641.7
	1993-94	15,681.2	8,215.5	23,896.7	4,473.9	7,613.4	1,078.8	845.5	37,908.4
	1994-95	14,498.5	8,157.6	22,656.1	5,168.5	9,076.0	1,147.0	782.1	38,829.7
	1995-96	14,141.9	8,985.3	23,127.2	5,438.9	11,230.3	1,493.5	1,045.5	42,335.3
	1996-97	13,872.6	9,476.6	23,349.2	4,957.4	11,596.2	1,594.7	1,063.5	42,561.1
	1997-98	13,610.1	9,757.8	23,367.9	5,178.4	11,527.4	1,439.3	350.6	41,863.7
	1998-99	13,683.1	10,026.9	23,710.0	5,391.4	11,535.1	1,443.0	593.3	42,672.8
	1999-00	12,736.1	9,292.9	22,029.0	5,857.4	11,128.1	1,478.0	924.8	41,417.3
	2000-01	10,670.6	10,623.5	21,294.1	7,822.7	11,493.0	1,445.4	1,703.4	43,758.6
	2001-02	669.2	17,587.4	18,256.6	10,792.1	14,327.3	1,478.0	1,497.0	46,351.0
ACT	**1992-93**	0.0	7,448.7	7,448.7	4,351.5	5,387.5	439.6	676.2	18,303.5
	1993-94	0.0	6,957.7	6,957.7	4,161.4	5,766.2	434.9	989.8	18,310.0
	1994-95	0.0	7,447.5	7,447.5	4,086.0	6,504.8	406.0	940.7	19,385.0
	1995-96	0.0	8,160.3	8,160.3	4,291.8	7,113.5	481.7	1,480.2	21,527.6
	1996-97	0.0	9,372.7	9,372.7	4,341.8	7,313.8	1,161.5	1,190.8	23,380.5
	1997-98	0.0	7,920.1	7,920.1	4,468.5	7,353.1	1,238.4	1,468.2	22,448.2
	1998-99	0.0	6,390.6	6,390.6	2,868.1	9,723.8	1,487.8	1,401.3	21,871.6
	1999-00	0.0	6,502.9	6,502.9	3,388.4	11,402.2	1,199.1	1,482.3	23,974.9
	2000-01	0.0	6,600.6	6,600.6	3,598.7	13,002.7	1,595.7	1,692.4	26,490.1
	2001-02	0.0	7,718.3	7,718.3	4,237.5	13,528.4	1,491.6	1,562.4	28,538.3
NT	**1992-93**	0.0	5,837.7	5,837.7	0.0	4,187.9	102.3	596.7	10,724.6
	1993-94	0.0	6,610.2	6,610.2	0.0	4,213.5	175.3	509.0	11,508.0
	1994-95	0.0	6,182.7	6,182.7	0.0	4,781.6	383.7	420.7	11,768.6
	1995-96	0.0	6,082.4	6,082.4	0.0	6,841.7	821.3	572.8	14,318.3
	1996-97	0.0	7,732.6	7,732.6	0.0	6,502.3	808.5	635.7	15,679.2
	1997-98	0.0	6,918.5	6,918.5	0.0	7,913.4	799.4	571.4	16,202.6
	1998-99	0.0	7,669.1	7,669.1	0.0	7,338.4	681.9	623.9	16,313.2
	1999-00	0.0	6,625.3	6,625.3	221.0	7,833.8	1,022.3	640.1	16,342.5
	2000-01	0.0	6,836.3	6,836.3	223.4	8,188.8	965.9	743.2	16,957.6
	2001-02	0.0	7,449.1	7,449.1	230.1	8,938.6	940.6	852.3	18,410.8

Table A-4: Recurrent expenditure in specialised mental health services, Australian states and territories, constant prices, 1992-93 to 2001-02 ($000s)

State/ Territory	Year	Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Indirect	Total Expenditure
… continued									
National	**1992-93**	627,017.9	283,088.1	910,106.1	56,942.8	296,642.0	25,366.6	32,438.8	1,321,496.2
	1993-94	594,305.4	275,577.6	869,883.0	50,666.7	331,047.5	29,449.1	33,553.2	1,314,599.5
	1994-95	569,854.1	290,378.8	860,232.9	62,643.2	378,294.1	36,098.6	38,277.7	1,375,546.6
	1995-96	490,442.2	328,544.6	818,986.7	83,410.6	454,696.4	44,452.6	41,498.6	1,443,045.0
	1996-97	474,816.0	346,872.6	821,688.6	96,226.0	505,596.4	62,124.1	54,338.4	1,539,973.6
	1997-98	442,808.4	387,766.6	830,575.1	95,354.7	536,173.3	76,441.3	68,712.1	1,607,256.4
	1998-99	405,966.1	431,272.4	837,238.6	101,241.0	571,153.4	85,079.9	74,158.8	1,668,871.6
	1999-00	386,960.6	460,988.2	847,948.7	113,339.8	617,211.9	85,546.1	78,450.8	1,742,497.2
	2000-01	367,480.1	495,812.6	863,292.7	123,166.0	658,230.8	91,805.9	85,838.6	1,822,334.0
	2001-02	357,006.7	535,417.6	892,424.3	131,524.5	696,036.4	100,001.2	89,833.0	1,909,819.4

(1) Recurrent expenditure includes all services managed by state and territory agencies, regardless of source of funds, expressed in constant 2001 prices.
(2) Indirect expenditure apportioned to service categories, except for amounts identified as ‘not for distribution’ in Table A-1.
(3) Depreciation excluded for all years.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-5: Maintenance of expenditure analysis - Gross recurrent expenditure reported by states and territories adjusted for Australian Government funds, current prices, 1992-93 to 2001-02 ($000s)

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
1992-93	Reported recurrent expenditure	340,681.2	332,529.5	158,433.4	104,079.6	95,361.1	29,509.5	14,571.2	8,879.3	1,084,044.9
	Deduct Repatriation hospitals transferred to state (a)	5,062.0	3,050.7			2,087.4				10,200.1
	Deduct DVA payments (b)	7,700.0	7,270.0	3,380.0	1,078.4		300.0			19,728.4
	Deduct National Mental Health Strategy allocations (c)	1,224.6		636.5		296.5	100.0	100.0	100.0	2,457.6
	1992/93 base for comparison	**326,694.6**	**322,208.8**	**154,416.9**	**103,001.2**	**92,977.2**	**29,109.5**	**14,471.2**	**8,779.3**	**1,051,658.8**
1993-94	Reported recurrent expenditure	345,331.0	313,874.8	163,402.2	109,275.5	100,092.8	31,518.6	14,806.8	9,661.7	1,087,963.5
	Deduct Repatriation hospitals transferred to state (a)	5,100.0	3,083.9			2,123.1				10,307.0
	Deduct DVA payments (b)	7,808.0	3,911.0	3,200.0	1,019.6		211.5			16,150.1
	Deduct National Mental Health Strategy allocations (c)	4,710.5	4,379.5	2,360.4	337.3	1,194.3	514.3	385.8	514.3	14,396.5
	1993/94 for comparison	**327,712.5**	**302,500.4**	**157,841.9**	**107,918.6**	**96,775.4**	**30,792.8**	**14,421.0**	**9,147.4**	**1,047,109.9**
1994-95	Reported recurrent expenditure	369,747.2	335,937.3	176,985.0	113,544.9	102,832.9	32,921.1	16,208.9	10,018.5	1,158,195.8
	Deduct Repatriation hospitals transferred to state (a)	5,177.0	3,119.7			2,152.4				10,449.1
	Deduct DVA payments (b)	7,289.0	1,178.0	2,993.0	846.2		240.0			12,546.2
	Deduct National Mental Health Strategy allocations (c)	9,677.3	7,134.3	4,952.0	2,576.0	2,414.1	745.8	521.1	215.0	28,235.6
	1994/95 for comparison	**347,604.0**	**324,505.2**	**169,040.0**	**110,122.7**	**98,266.4**	**31,935.3**	**15,687.8**	**9,803.5**	**1,106,964.8**
1995-96	Reported recurrent expenditure	391,016.0	352,560.2	196,245.6	128,124.1	105,009.3	36,566.6	18,452.5	12,342.9	1,240,317.2
	Deduct Repatriation hospitals transferred to state (a)	3,977.0	3,158.4			2,385.0				9,520.4
	Deduct DVA payments (b)	6,471.0	1,193.0	2,682.0	552.9	190.0	231.0			11,319.9
	Deduct National Mental Health Strategy allocations (c)	15,304.3	11,906.7	10,055.1	4,863.8	8,024.7	1,208.5	1,209.8	981.0	53,554.0
	1995/96 for comparison	**365,263.7**	**336,302.1**	**183,508.5**	**122,707.3**	**94,409.7**	**35,127.0**	**17,242.7**	**11,362.0**	**1,165,922.9**
1996-97	Reported recurrent expenditure	426,844.1	368,122.2	220,903.4	146,838.0	114,123.0	37,417.9	20,432.2	13,788.0	1,348,468.8
	Deduct Repatriation hospitals transferred to state (a)	6,392.0	4,488.0			2,168.0				13,048.0
	Deduct DVA payments (b)	5,254.0	1,478.0	1,814.6	347.6					8,894.2
	Deduct National Mental Health Strategy allocations (c)	16,729.0	8,278.0	9,008.3	4,357.0	2,200.4	1,244.4	698.1	671.0	43,186.1
	1996/97 for comparison	**398,469.2**	**353,878.2**	**210,080.5**	**142,133.4**	**109,754.6**	**36,173.5**	**19,734.1**	**13,117.0**	**1,283,340.4**
1997-98	Reported recurrent expenditure	454,838.6	379,869.7	236,607.2	165,855.3	125,163.5	37,491.0	20,041.1	14,432.0	1,434,298.5
	Deduct Repatriation hospitals transferred to state (a)	6,761.0	4,451.6			3,009.0				14,221.6
	Deduct DVA payments (b)	8,679.0	1,062.0	1,285.3	134.2	203.0	127.0			11,490.5
	Deduct National Mental Health Strategy allocations (c)	18,106.4	16,320.3	6,543.8	5,641.9	2,294.9	1,207.3	1,420.7	736.7	52,271.9
	1997/98 for comparison	**421,292.2**	**358,035.8**	**228,778.1**	**160,079.2**	**119,656.7**	**36,156.7**	**18,620.5**	**13,695.3**	**1,356,314.5**

Table A-5: Maintenance of expenditure analysis - Gross recurrent expenditure reported by states and territories adjusted for Australian Government funds, current prices, 1992-93 to 2001-02 ($000s)

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
… continued										
1998-99	Reported recurrent expenditure	493,368.3	394,628.8	261,658.4	177,524.3	128,514.4	39,200.5	20,072.5	14,905.0	1,529,872.2
	Deduct DVA payments (d)	11,837.9	5,347.3	1,276.7	14.0	3,500.6	215.6	42.3		22,234.4
	Deduct National Mental Health Strategy allocations (e)	16,682.8	12,229.5	9,136.0	4,818.2	3,900.9	1,232.7	1,000.0	1,000.0	50,000.0
	1998/99 for comparison	**464,847.5**	**377,052.0**	**251,245.7**	**172,692.1**	**121,113.0**	**37,752.3**	**19,030.1**	**13,905.0**	**1,457,637.8**
1999-00	Reported recurrent expenditure	525,783.1	421,995.6	286,731.3	186,101.2	135,990.0	38,918.9	22,487.7	15,307.0	1,633,314.8
	Deduct DVA payments (d)	10,581.0	5,408.9	775.6		3,128.0	214.1	542.8		20,650.3
	Deduct National Mental Health Strategy allocations (e)	20,067.4	12,621.1	9,479.7	4,996.9	4,000.6	1,262.3	1,035.2	1,035.5	54,498.6
	1999/00 for comparison	**495,134.8**	**403,965.7**	**276,476.0**	**181,104.3**	**128,861.4**	**37,442.5**	**20,909.6**	**14,271.5**	**1,558,165.9**
2000-01	Reported recurrent expenditure	552,629.0	470,386.3	310,412.8	204,196.5	143,262.0	42,438.8	25,636.4	16,428.6	1,765,390.4
	Deduct DVA payments (d)	10,796.4	11,697.8	1,673.4	3,267.6	4,982.9	169.3	313.0	2.5	32,903.0
	Deduct National Mental Health Strategy allocations (e)	20,043.2	13,105.4	10,861.2	5,186.9	4,897.0	1,915.2	1,520.7	1,249.9	58,779.6
	2000/01 for comparison	**521,789.4**	**445,583.1**	**297,878.2**	**195,742.0**	**133,382.1**	**40,354.3**	**23,802.7**	**15,176.2**	**1,673,707.8**
2001-02	Reported recurrent expenditure	599,474.9	510,720.5	325,609.1	223,025.5	157,689.4	46,351.0	28,538.3	18,410.8	1,909,819.4
	Deduct DVA payments (d)	12,493.0	13,296.1	2,098.8	2,913.4	5,941.8	557.1	60.6		37,360.9
	Deduct National Mental Health Strategy allocations (e)	24,399.6	19,583.7	12,657.5	8,021.3	5,948.6	1,483.4	1,298.7	1,502.2	74,895.0
	2001/02 for comparison	**562,582.2**	**477,840.8**	**310,852.8**	**212,090.7**	**145,799.0**	**44,310.5**	**27,179.0**	**16,908.6**	**1,797,563.6**

(a) Refers to estimated costs of general hospital psychiatric units transferred from the Departments of Veterans' Affairs to state governments.

(b) Refers to total DVA payments received, as reported by organisations. Funds covered under (a) are excluded.

(c) Refers to actual payments to states and territories by the Australian Government for mental health reform under the Medicare Agreements 1993-98.

(d) Refers to actual payments made to states and territories, as estimated by DVA.

(e) Refers to actual payments to states and territories by the Australian Government for mental health reform under the Australian Health Care Agreements, including Information Development Agreement grants.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Note to DVA Payment estimates for 1998-99 to 2001-02

- Amounts are the total identified payments made to each state or territory in the financial year and are based on billing data submitted to the Department by providers in relation to mental health services provided to Veteran clients. Growth is attributed to a combination of factors including: improved identification of Veteran mental health clients by providers for the purpose of payment; improved DVA data matching capacity to identify mental health expenditure in relation to state and territory Veteran clients; and possible under-reporting in years prior to 2000-01.

Source: Health Services Branch, Australian Government Department of Veterans' Affairs.

Table A-6: Summary of gross recurrent expenditure reported by states and territories adjusted for Australian Government funds, current and constant prices, 1992-93 to 2001-02 ($000s)

CURRENT PRICES	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
1992-93	326,694.6	322,208.8	154,416.9	103,001.2	92,977.2	29,109.5	14,471.2	8,779.3	1,051,658.8
1993-94	327,712.5	302,500.4	157,841.9	107,918.6	96,775.4	30,792.8	14,421.0	9,147.4	1,047,109.9
1994-95	347,604.0	324,505.2	169,040.0	110,122.7	98,266.4	31,935.3	15,687.8	9,803.5	1,106,964.8
1995-96	365,263.7	336,302.1	183,508.5	122,707.3	94,409.7	35,127.0	17,242.7	11,362.0	1,165,922.9
1996-97	398,469.2	353,878.2	210,080.5	142,133.4	109,754.6	36,173.5	19,734.1	13,117.0	1,283,340.4
1997-98	421,292.2	358,035.8	228,778.1	160,079.2	119,656.7	36,156.7	18,620.5	13,695.3	1,356,314.5
1998-99	464,847.5	377,052.0	251,245.7	172,692.1	121,113.0	37,752.3	19,030.1	13,905.0	1,457,637.8
1999-00	495,134.8	403,965.7	276,476.0	181,104.3	128,861.4	37,442.5	20,909.6	14,271.5	1,558,165.9
2000-01	521,789.4	445,583.1	297,878.2	195,742.0	133,382.1	40,354.3	23,802.7	15,176.2	1,673,707.8
2001-02	562,582.2	477,840.8	310,852.8	212,090.7	145,799.0	44,310.5	27,179.0	16,908.6	1,797,563.6
9 year change	**72.2%**	**48.3%**	**101.3%**	**105.9%**	**56.8%**	**52.2%**	**87.8%**	**92.6%**	**70.9%**
CONSTANT PRICES									
1992-93	414,913.4	386,247.0	183,532.7	121,252.8	111,834.5	35,158.5	18,177.9	10,603.8	1,281,720.5
1993-94	412,053.2	360,989.2	185,526.8	126,074.6	114,458.5	37,035.4	17,833.0	10,895.3	1,264,866.0
1994-95	427,085.8	382,131.7	195,652.5	127,118.8	114,441.2	37,667.0	18,761.8	11,516.1	1,314,375.0
1995-96	436,432.6	389,414.3	209,086.0	138,855.9	108,640.0	40,668.6	20,116.1	13,180.3	1,356,393.8
1996-97	464,034.9	403,351.0	236,432.4	158,518.5	124,359.6	41,145.7	22,581.7	14,916.1	1,465,339.9
1997-98	475,553.1	401,755.6	255,742.8	176,409.7	133,645.7	40,373.8	20,856.9	15,375.6	1,519,713.1
1998-99	508,713.2	412,352.0	273,786.5	186,042.9	132,061.7	41,096.3	20,735.9	15,218.7	1,590,007.2
1999-00	528,590.5	431,648.3	294,305.8	192,763.1	137,621.7	39,846.2	22,292.5	15,236.9	1,662,305.1
2000-01	539,165.0	460,643.8	306,814.5	201,301.1	137,877.1	41,609.3	24,595.3	15,664.9	1,727,670.9
2001-02	562,582.2	477,840.8	310,852.8	212,090.7	145,799.0	44,310.5	27,179.0	16,908.6	1,797,563.6
9 year change	**35.6%**	**23.7%**	**69.4%**	**74.9%**	**30.4%**	**26.0%**	**49.5%**	**59.5%**	**40.2%**

(1) Constant prices expressed in 2000-01 equivalents. See Appendix 2 and Table A-12 for details on deflators used to derive constant prices.

(2) Total per capita expenditure is based on state/territory expenditure adjusted for 'maintenance of expenditure' factors as detailed in Table A-5 and therefore exclude specified Australian Government funding sources (DVA, National Mental Health Strategy).

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-7: Per capita gross recurrent expenditure reported by states and territories adjusted for Australian Government funds, constant and current prices, 1992-93 to 2001-02 ($000s)

CURRENT PRICES	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
1992-93	$54.58	$72.16	$50.34	$61.76	$63.74	$61.80	$48.86	$51.73	$59.82
1993-94	$54.32	$67.54	$50.14	$63.89	$66.12	$65.16	$48.08	$53.08	$58.96
1994-95	$57.08	$72.11	$52.45	$64.15	$66.96	$67.46	$51.88	$56.03	$61.66
1995-96	$59.21	$74.08	$55.55	$70.15	$64.17	$74.09	$56.38	$62.95	$64.08
1996-97	$63.82	$77.28	$62.38	$79.83	$74.29	$76.27	$63.82	$71.06	$69.67
1997-98	$66.80	$77.57	$66.86	$88.57	$80.58	$76.47	$60.31	$72.72	$72.88
1998-99	$72.93	$80.88	$72.35	$94.05	$81.09	$80.00	$61.28	$72.71	$77.48
1999-00	$76.79	$85.71	$78.30	$97.27	$85.77	$79.39	$66.70	$73.44	$81.84
2000-01	$79.94	$93.41	$82.92	$103.70	$88.45	$85.60	$75.13	$77.33	$86.84
2001-02	$85.13	$98.81	$84.83	$110.82	$96.19	$93.86	$84.86	$85.56	$92.03
9 year change	**56.0%**	**36.9%**	**68.5%**	**79.4%**	**50.9%**	**51.9%**	**73.7%**	**65.4%**	**53.9%**
CONSTANT PRICES	**NSW**	**VIC**	**QLD**	**WA**	**SA**	**TAS**	**ACT**	**NT**	**Total**
1992-93	$69.32	$86.50	$59.83	$72.70	$76.66	$74.64	$61.37	$62.48	$72.90
1993-94	$68.30	$80.60	$58.93	$74.64	$78.20	$78.37	$59.46	$63.22	$71.22
1994-95	$70.13	$84.91	$60.70	$74.05	$77.98	$79.57	$62.04	$65.82	$73.22
1995-96	$70.75	$85.78	$63.30	$79.38	$73.84	$85.77	$65.78	$73.03	$74.54
1996-97	$74.32	$88.08	$70.20	$89.03	$84.17	$86.75	$73.03	$80.81	$79.55
1997-98	$75.40	$87.04	$74.74	$97.61	$90.00	$85.39	$67.56	$81.65	$81.66
1998-99	$79.82	$88.45	$78.84	$101.33	$88.42	$87.08	$66.77	$79.57	$84.51
1999-00	$81.98	$91.58	$83.35	$103.53	$91.60	$84.49	$71.11	$78.41	$87.31
2000-01	$82.60	$96.57	$85.41	$106.64	$91.43	$88.26	$77.63	$79.82	$89.64
2001-02	$85.13	$98.81	$84.83	$110.82	$96.19	$93.86	$84.86	$85.56	$92.03
9 year change	**22.8%**	**14.2%**	**41.8%**	**52.4%**	**25.5%**	**25.7%**	**38.3%**	**36.9%**	**26.2%**

(1) Constant prices expressed in 2000-01 equivalents. See Appendix 4 and Table A-12 for details on deflators used to derive constant prices.

(2) Total per capita expenditure is based on state/territory expenditure adjusted for 'maintenance of expenditure' factors as detailed in Table A-5 and therefore exclude specified Australian Government funding sources (DVA, National Mental Health Strategy).

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-8: Comparative per capita expenditure on mental health service components in the states and territories, 1992-93 to 2001-02 expressed as constant prices

		Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Total Community	Indirect Expenditure	TOTAL
NSW	1992-93	$31.15	$18.93	$50.08	$3.32	$17.19	$0.93	$21.44	$0.77	$72.29
	1993-94	$32.38	$17.20	$49.57	$2.70	$17.54	$0.98	$21.22	$1.18	$71.97
	1994-95	$30.56	$17.20	$47.75	$3.75	$20.23	$1.20	$25.19	$1.65	$74.59
	1995-96	$27.96	$17.94	$45.90	$3.21	$23.46	$1.19	$27.87	$1.97	$75.74
	1996-97	$26.36	$19.10	$45.47	$3.73	$26.03	$1.57	$31.33	$2.82	$79.61
	1997-98	$25.33	$20.58	$45.92	$3.14	$27.91	$1.32	$32.37	$3.12	$81.41
	1998-99	$24.57	$20.93	$45.50	$3.56	$29.71	$1.43	$34.70	$4.51	$84.71
	1999-00	$23.26	$22.26	$45.53	$3.89	$32.10	$1.14	$37.13	$4.40	$87.05
	2000-01	$22.23	$21.91	$44.14	$3.75	$32.97	$1.42	$38.14	$5.20	$87.48
	2001-02	$22.92	$22.16	$45.08	$3.75	$34.42	$2.09	$40.26	$5.37	$90.71
VIC	1992-93	$46.85	$11.41	$58.26	$5.50	$19.09	$2.52	$27.10	$3.91	$89.27
	1993-94	$38.47	$10.88	$49.36	$5.04	$23.31	$3.06	$31.41	$2.86	$83.63
	1994-95	$36.75	$11.36	$48.11	$6.14	$27.16	$3.60	$36.90	$2.89	$87.90
	1995-96	$21.80	$17.87	$39.67	$11.21	$31.56	$4.21	$46.98	$3.28	$89.92
	1996-97	$17.37	$16.10	$33.47	$13.23	$34.53	$6.31	$54.06	$4.09	$91.62
	1997-98	$11.86	$21.09	$32.96	$13.60	$32.48	$8.43	$54.51	$4.89	$92.35
	1998-99	$7.62	$24.26	$31.88	$14.35	$33.31	$9.03	$56.69	$4.01	$92.58
	1999-00	$6.41	$26.42	$32.83	$15.95	$34.34	$8.56	$58.85	$3.99	$95.67
	2000-01	$5.47	$29.11	$34.58	$17.04	$37.40	$8.87	$63.31	$4.05	$101.95
	2001-02	$5.93	$30.48	$36.41	$17.26	$38.62	$9.42	$65.30	$3.89	$105.60
QLD	1992-93	$28.45	$19.12	$47.57		$11.95	$0.75	$12.71	$1.12	$61.39
	1993-94	$27.08	$19.14	$46.22		$12.38	$0.97	$13.35	$1.44	$61.01
	1994-95	$27.13	$18.42	$45.55		$14.47	$1.31	$15.78	$2.22	$63.56
	1995-96	$27.25	$17.75	$44.99		$19.52	$1.61	$21.13	$1.56	$67.69
	1996-97	$28.33	$19.63	$47.96		$21.21	$2.66	$23.87	$1.98	$73.82
	1997-98	$28.35	$19.44	$47.79		$22.75	$3.89	$26.64	$2.88	$77.30
	1998-99	$25.29	$22.81	$48.10		$25.72	$4.82	$30.54	$3.46	$82.10
	1999-00	$23.51	$24.77	$48.28	$0.06	$28.08	$5.53	$33.67	$4.49	$86.45
	2000-01	$20.45	$29.26	$49.71	$0.81	$28.20	$5.72	$34.73	$4.55	$89.00
	2001-02	$16.20	$31.94	$48.14	$1.48	$28.55	$5.87	$35.91	$4.82	$88.86

Table A-8: Comparative per capita expenditure on mental health service components in the states and territories, 1992-93 to 2001-02 expressed as constant prices

		Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Total Community	Indirect Expenditure	TOTAL
… continued										
WA	**1992-93**	$36.75	$16.88	$53.63	$1.92	$15.08	$1.71	$18.71	$1.13	$73.47
	1993-94	$36.59	$16.72	$53.31	$1.27	$18.16	$1.89	$21.32	$0.96	$75.58
	1994-95	$30.94	$22.54	$53.48	$1.21	$17.76	$2.55	$21.52	$1.35	$76.35
	1995-96	$31.11	$22.25	$53.37	$1.43	$22.09	$4.30	$27.82	$1.69	$82.88
	1996-97	$31.66	$25.23	$56.89	$1.47	$26.51	$4.26	$32.24	$2.86	$91.98
	1997-98	$30.02	$27.20	$57.22	$1.49	$32.26	$5.36	$39.11	$4.79	$101.13
	1998-99	$27.75	$30.57	$58.32	$1.62	$35.62	$5.48	$42.72	$3.12	$104.16
	1999-00	$25.60	$31.60	$57.20	$1.55	$38.17	$5.88	$45.61	$3.58	$106.39
	2000-01	$24.93	$31.86	$56.78	$1.25	$42.26	$6.67	$50.19	$4.28	$111.25
	2001-02	$24.82	$34.02	$58.84	$1.04	$45.48	$6.40	$52.93	$4.77	$116.53
SA	**1992-93**	$45.24	$8.09	$53.33	$0.67	$21.34	$1.24	$23.26	$2.04	$78.63
	1993-94	$43.68	$8.75	$52.43	$0.69	$22.92	$1.34	$24.94	$3.51	$80.88
	1994-95	$43.14	$9.99	$53.13	$0.57	$24.08	$1.39	$26.03	$2.44	$81.61
	1995-96	$41.06	$10.86	$51.91	$0.30	$26.11	$1.59	$28.00	$2.22	$82.13
	1996-97	$44.01	$10.99	$55.00	$0.31	$27.70	$2.25	$30.26	$2.27	$87.52
	1997-98	$42.69	$13.69	$56.38	$0.30	$31.86	$1.83	$33.99	$3.76	$94.14
	1998-99	$41.09	$16.97	$58.06	$0.30	$28.89	$2.30	$31.50	$4.26	$93.82
	1999-00	$42.16	$16.09	$58.25	$0.31	$31.85	$2.45	$34.61	$3.81	$96.67
	2000-01	$43.15	$16.32	$59.47	$0.32	$33.74	$2.02	$36.08	$2.65	$98.20
	2001-02	$45.75	$17.60	$63.35	$0.38	$35.18	$1.96	$37.52	$3.16	$104.03
TAS	**1992-93**	$35.70	$14.78	$50.48	$8.40	$12.83	$2.19	$23.42	$1.77	$75.67
	1993-94	$33.18	$17.39	$50.57	$9.47	$16.11	$2.28	$27.86	$1.79	$80.22
	1994-95	$30.63	$17.23	$47.86	$10.92	$19.17	$2.42	$32.51	$1.65	$82.02
	1995-96	$29.83	$18.95	$48.78	$11.47	$23.69	$3.15	$38.31	$2.20	$89.29
	1996-97	$29.25	$19.98	$49.23	$10.45	$24.45	$3.36	$38.26	$2.24	$89.73
	1997-98	$28.78	$20.64	$49.42	$10.95	$24.38	$3.04	$38.37	$0.74	$88.54
	1998-99	$29.00	$21.25	$50.24	$11.42	$24.44	$3.06	$38.93	$1.26	$90.43
	1999-00	$27.00	$19.70	$46.71	$12.42	$23.59	$3.13	$39.15	$1.96	$87.82
	2000-01	$22.64	$22.54	$45.17	$16.59	$24.38	$3.07	$44.04	$3.61	$92.82
	2001-02	$1.42	$37.25	$38.67	$22.86	$30.35	$3.13	$56.34	$3.17	$98.18

Table A-8: Comparative per capita expenditure on mental health service components in the states and territories, 1992-93 to 2001-02 expressed as constant prices

		Stand alone hospitals	Co-located units	Total Inpatient	Community Residential	Ambulatory	NGO	Total Community	Indirect Expenditure	TOTAL
… continued										
ACT	**1992-93**		$25.15	$25.15	$14.69	$18.19	$1.48	$34.37	$2.28	$61.80
	1993-94		$23.20	$23.20	$13.87	$19.23	$1.45	$34.55	$3.30	$61.05
	1994-95		$24.63	$24.63	$13.51	$21.51	$1.34	$36.36	$3.11	$64.10
	1995-96		$26.68	$26.68	$14.03	$23.26	$1.58	$38.87	$4.84	$70.39
	1996-97		$30.31	$30.31	$14.04	$23.65	$3.76	$41.45	$3.85	$75.61
	1997-98		$25.65	$25.65	$14.47	$23.82	$4.01	$42.30	$4.76	$72.71
	1998-99		$20.58	$20.58	$9.24	$31.31	$4.79	$45.34	$4.51	$70.43
	1999-00		$20.74	$20.74	$10.81	$36.37	$3.82	$51.00	$4.73	$76.47
	2000-01		$20.83	$20.83	$11.36	$41.04	$5.04	$57.44	$5.34	$83.61
	2001-02		$24.10	$24.10	$13.23	$42.24	$4.66	$60.13	$4.88	$89.11
NT	**1992-93**		$34.40	$34.40		$24.68	$0.60	$25.28	$3.52	$63.19
	1993-94		$38.36	$38.36		$24.45	$1.02	$25.47	$2.95	$66.78
	1994-95		$35.34	$35.34		$27.33	$2.19	$29.52	$2.40	$67.26
	1995-96		$33.70	$33.70		$37.91	$4.55	$42.46	$3.17	$79.33
	1996-97		$41.89	$41.89		$35.23	$4.38	$39.61	$3.44	$84.94
	1997-98		$36.74	$36.74		$42.02	$4.24	$46.27	$3.03	$86.04
	1998-99		$40.10	$40.10		$38.37	$3.57	$41.94	$3.26	$85.30
	1999-00		$34.09	$34.09	$1.14	$40.31	$5.26	$46.71	$3.29	$84.10
	2000-01		$34.83	$34.83	$1.14	$41.72	$4.92	$47.79	$3.79	$86.41
	2001-02		$37.69	$37.69	$1.16	$45.23	$4.76	$51.16	$4.31	$93.16
National	**1992-93**	$35.66	$16.10	$51.77	$3.24	$16.87	$1.44	$21.55	$1.85	$75.16
	1993-94	$33.46	$15.52	$48.98	$2.85	$18.64	$1.66	$23.15	$1.89	$74.02
	1994-95	$31.74	$16.18	$47.92	$3.49	$21.07	$2.01	$26.57	$2.13	$76.63
	1995-96	$26.95	$18.06	$45.01	$4.58	$24.99	$2.44	$32.02	$2.28	$79.31
	1996-97	$25.78	$18.83	$44.61	$5.22	$27.45	$3.37	$36.04	$2.95	$83.60
	1997-98	$23.80	$20.84	$44.63	$5.12	$28.81	$4.11	$38.04	$3.69	$86.37
	1998-99	$21.58	$22.92	$44.50	$5.38	$30.36	$4.52	$40.26	$3.94	$88.70
	1999-00	$20.33	$24.21	$44.54	$5.95	$32.42	$4.49	$42.87	$4.12	$91.53
	2000-01	$19.07	$25.73	$44.79	$6.39	$34.15	$4.76	$45.31	$4.45	$94.56
	2001-02	$18.28	$27.41	$45.69	$6.73	$35.64	$5.12	$47.49	$4.60	$97.78

Estimates of per capita expenditure in each of the service mix categories refer to all mental health services reported by the state/territory, regardless of source of funds. They are designed to give a comparative picture of spending IN the States/Territories. Expenditure estimates used for these measures are as provided in Table A-4.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-9: Summary of indirect expenditure reported by states and territories for 2001-02 by expenditure category, current prices ($000s)

REPORTED BY STATE CENTRAL	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Program Administration	11,464.0	5,508.0	4,947.9	2,904.2	1,931.0	308.0	338.1	852.3	28,253.5
Education and Training	3,031.0	3,736.0	1,414.3	85.0	271.0	2.0	11.3		8,550.6
Academic Chairs		242.7	315.0	1,630.0					2,187.7
Mental Health Research	1,000.0	1,490.0	446.0	1,080.9	140.0				4,156.9
Mental Health Promotion		250.0	1,847.2		206.0		309.7		2,612.9
Superannuation	780.0	740.3			117.0	18.0	39.4		1,694.7
Workers Compensation	56.0	100.1		373.0			4.6		533.7
Insurance	6,236.0	340.9		140.0			3.3		6,720.2
Mental Health Act	2,664.0	1,607.3	1,832.2	340.0	1,077.0		200.0		7,720.5
Transport									
Property Leasing									
Other Indirect	2,039.0		1,225.0	300.0		1,167.0			4,731.0
TOTAL	27,270.0	14,015.3	12,027.7	6,853.1	3,742.0	1,495.0	906.4	852.3	67,161.8
REPORTED BY REGIONS	**NSW**	**VIC**	**QLD**	**WA**	**SA**	**TAS**	**ACT**	**NT**	**TOTAL**
Program Administration	6,915.0	3,192.5			490.8			79.0	10,677.3
Region Wide Support	22,927.0				589.0			1,804.0	25,320.0
Education & Training	166.0	33.0			47.1				246.1
Academic Chairs	396.0								396.0
Mental Health Research	701.0								701.0
Mental Health Promotion	188.0				234.0				422.0
Superannuation	2,144.0				4.0			640.0	2,788.0
Workers Compensation	1,003.0				3.0			169.0	1,175.0
Insurance								211.0	211.0
Mental Health Act					9.0				9.0
Transport					5.0				5.0
Property Leasing									
Other Indirect	463.0				52.0			1,180.0	1,695.0
TOTAL	34,903.0	3,225.5			1,433.8			4,083.0	43,645.3
REPORTED BY ORGANISATIONS	**NSW**	**VIC**	**QLD**	**WA**	**SA**	**TAS**	**ACT**	**NT**	**TOTAL**
Program Administration	22,448.0	11,026.0	5,300.3	2,172.6	2,097.6	1,628.0	1,622.0	196.0	46,490.5
Organisation Wide Support	14,647.0	14,409.0	19,656.0	6,863.0	4,355.0	2,219.0	748.0		62,896.9
Education & Training	6,333.0	3,059.0	2,007.4	437.4	335.5	2.0	656.0		12,830.4
Academic Chairs	144.0	380.0	482.9	372.5	558.7		138.0		2,076.1
Mental Health Research	259.0	1,174.0	3,032.6	1,234.6	190.0				5,890.2
Mental Health Promotion	598.0	551.0	550.2	600.8	235.2				2,535.2
Superannuation	1,120.0	53.0	2,905.1	896.0	2,263.6	253.0	1,396.0		8,886.7
Workers Compensation	1,250.0	6.0	206.3	94.0	55.5		89.0		1,700.8
Insurance			29.3	266.0	216.9				512.2
Mental Health Act			37.4						37.4
Transport	242.0		41.0		5.0				288.0
Property Leasing	68.0	207.0	778.9		227.0	236.0			1,516.9
Other Indirect	612.0	3,400.0	173.2	1,597.5	550.7	66.0			6,399.5
TOTAL	47,721.0	34,265.0	35,200.6	14,534.5	11,090.7	4,404.0	4,649.0	196.0	152,060.8
GRAND TOTAL 2000-01	**109,894.0**	**51,505.8**	**47,228.3**	**21,387.6**	**16,266.5**	**5,899.0**	**5,555.4**	**5,131.3**	**262,868.0**

The above amounts should not be interpreted as the total costs of each indirect expenditure item, as they only include amounts not reported by organisations in service delivery costs.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2001.

Table A-10: Total depreciation reported for mental health services by states and territories, 1992-93 to 2001-02 ($'000)

State/Territory		Stand alone hospitals	Co-located units	Total Inpatients	Community Residential	Ambulatory	Total
NSW	1992-93	9,014.1	588.8	9,602.9	18.0	153.4	9,774.3
	1993-94	9,901.0	661.2	10,562.2	72.0	413.2	11,047.4
	1994-95	8,307.0	1,812.6	10,119.6	221.0	1,494.1	11,834.7
	1995-96	6,830.0	2,083.6	8,913.6	164.0	1,845.4	10,923.0
	1996-97	6,687.0	1,991.6	8,678.6	223.0	2,364.8	11,266.3
	1997-98	6,637.0	4,122.6	10,759.6	398.8	4,731.0	15,889.4
	1998-99	4,863.0	4,444.7	9,307.7	332.6	4,245.3	13,885.6
	1999-00	4,249.0	3,273.3	7,522.3	299.0	3,651.2	11,472.5
	2000-01	5,280.0	4,395.2	9,675.2	207.2	5,154.9	15,037.3
	2001-02						
VIC	1992-93	46.9	254.5	301.4	254.0	253.6	809.0
	1993-94	173.0	254.4	427.4	245.9	559.5	1,240.8
	1994-95	520.2	386.0	906.2	266.8	989.4	2,162.4
	1995-96	11.9	193.6	205.5	126.9	148.2	480.6
	1996-97	59.0	581.0	640.0	344.0	349.0	1,333.0
	1997-98	1,111.9	5,572.9	6,684.8	3,244.1	6,766.1	16,695.0
	1998-99	742.7	5,568.1	6,310.8	3,126.7	6,529.8	15,967.3
	1999-00	1,095.0	5,004.1	6,099.1	2,518.4	5,596.4	14,213.9
	2000-01	928.0	3,722.0	4,650.0	2,422.9	4,068.0	11,140.9
	2001-02						
QLD	1992-93						
	1993-94						
	1994-95						
	1995-96						
	1996-97		254.7	254.7		19.4	274.1
	1997-98						
	1998-99	9,147.6	2,464.0	11,611.7	7.2	820.5	12,439.4
	1999-00	3,561.6	2,996.5	6,558.1	58.1	977.4	7,593.7
	2000-01	3,190.7	1,902.4	5,093.1	187.4	868.0	6,148.5
	2001-02						

Table A-10: Total depreciation reported for mental health services by states and territories, 1992-93 to 2001-02 ($'000)

State/Territory		Stand alone hospitals	Co-located units	Total Inpatients	Community Residential	Ambulatory	Total
… continued							
WA	1992-93						
	1993-94	385.3	434.4	819.7		283.8	1,103.5
	1994-95	587.0	158.1	745.1		239.1	984.2
	1995-96	450.0	480.7	930.7		795.8	1,726.5
	1996-97		169.0	169.0		197.8	366.8
	1997-98	1,268.5	764.6	2,033.1		200.7	2,233.8
	1998-99	1,117.9	803.5	1,921.4	109.7	619.9	2,651.0
	1999-00	260.0	939.5	1,199.5	103.0	518.2	1,820.7
	2000-01	245.3	504.5	749.7	95.7	721.7	1,567.1
	2001-02	9,014.1	588.8	9,602.9	18.0	153.4	9,774.3
SA	1992-93						
	1993-94						
	1994-95		2.0	2.0		1.0	3.0
	1995-96		79.0	79.0		8.0	87.0
	1996-97		81.0	81.0		29.7	110.7
	1997-98		39.0	39.0		71.0	110.0
	1998-99						
	1999-00					0.3	0.3
	2000-01					1.0	1.0
	2001-02					1.0	1.0
TAS	1992-93						
	1993-94	654.0	7.0	661.0	22.0	12.0	695.0
	1994-95	361.0	8.0	369.0	31.0	102.0	502.0
	1995-96	349.0	4.0	353.0	33.0	117.0	503.0
	1996-97		2.0	2.0	38.0	84.0	124.0
	1997-98						
	1998-99						
	1999-00						
	2000-01						
	2001-02						

Table A-10: Total depreciation reported for mental health services by states and territories, 1992-93 to 2001-02 ($'000)

State/Territory		Stand alone hospitals	Co-located units	Total Inpatients	Community Residential	Ambulatory	Total
… continued							
ACT	1992-93						
	1993-94						
	1994-95						
	1995-96						
	1996-97		7.9	7.9	1.0	6.3	15.2
	1997-98		10.2	10.2	2.0	16.0	28.2
	1998-99		48.0	48.0	2.0	43.0	93.0
	1999-00		44.0	44.0	2.0	47.0	93.0
	2000-01		51.0	51.0	1.0	3.0	55.0
	2001-02		3.4	3.4	4.0	3.0	10.4
NT	1992-93						
	1993-94						
	1994-95						
	1995-96						
	1996-97						
	1997-98						
	1998-99						
	1999-00				11.0		11.0
	2000-01				10.5		10.5
	2001-02				10.7		10.7
National	1992-93						
	1993-94	9,715.0	850.2	10,565.2	294.0	419.0	11,278.2
	1994-95	10,820.3	1,360.0	12,180.3	348.9	1,359.5	13,896.7
	1995-96	9,763.2	2,439.7	12,202.9	520.8	2,847.6	15,571.3
	1996-97	7,291.9	2,848.8	10,140.7	329.9	2,909.4	13,380.0
	1997-98	6,746.0	3,045.5	9,791.5	569.0	3,018.0	13,378.5
	1998-99	9,017.4	10,508.1	19,525.5	3,644.9	11,740.8	34,911.2
	1999-00	15,871.3	13,324.3	29,195.6	3,589.2	12,262.8	45,047.6
	2000-01	9,165.6	12,264.4	21,430.0	2,990.0	10,747.2	35,167.3
	2001-02	9,643.9	10,527.5	20,171.4	2,927.9	10,816.6	33,916.0

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-11: Source of recurrent funds for specialised public sector mental health services, Australian states and territories, 2001-02, current prices ($'000)

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
State/Territory funds (a)	546,308.3	451,690.8	304,830.0	208,637.5	140,276.3	41,069.5	26,734.3	16,908.6	1,736,455.4
Australian Government funds									
National Mental Health Strategy funds (b)	24,399.6	19,583.7	12,657.5	8,021.3	5,948.6	1,483.4	1,298.7	1,502.2	74,895.0
Department of Veterans' Affairs funds (c)	12,493.0	13,296.1	2,098.8	2,913.4	5,941.8	557.1	60.6		37,360.9
Other Australian Government funds	2,538.0	17,140.0	3,704.0	2,046.5	2,021.4	810.0	99.4		28,359.3
Total Australian Government funds	39,430.7	50,019.7	18,460.4	12,981.2	13,911.8	2,850.5	1,458.7	1,502.2	140,615.1
Other revenue (d)	13,735.9	9,010.0	2,318.7	1,406.7	3,501.3	2,431.0	345.3		32,748.9
Total funds	599,474.9	510,720.5	325,609.1	223,025.5	157,689.4	46,351.0	28,538.3	18,410.8	1,909,819.4

(a) Excludes depreciation and specified Australian Government funding sources.
(b) Actual payments to states and territories by the Australian Government for mental health reform under the Australian Health Care Agreements, including Information Development Agreement grants.
(c) Actual payments made to states and territories, as estimated by DVA
(d) Includes patient revenue and recoveries.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2001.

Table A-12: Deflators for state and territory mental health services expenditure

	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	9 year impact
New South Wales	78.74	79.53	81.39	83.69	85.87	88.59	91.38	93.67	96.78	100.00	27.0%
Victoria	83.42	83.80	84.92	86.36	87.73	89.12	91.44	93.59	96.73	100.00	19.9%
Queensland	84.14	85.08	86.40	87.77	88.85	89.46	91.77	93.94	97.09	100.00	18.9%
Western Australia	84.95	85.60	86.63	88.37	89.66	90.74	92.82	93.95	97.24	100.00	17.7%
South Australia	83.14	84.55	85.87	86.90	88.26	89.53	91.71	93.63	96.74	100.00	20.3%
Tasmania	82.80	83.14	84.78	86.37	87.92	89.55	91.86	93.97	96.98	100.00	20.8%
Australian Capital Territory	79.61	80.87	83.62	85.72	87.39	89.28	91.77	93.80	96.78	100.00	25.6%
Northern Territory	82.28	83.02	84.44	86.12	87.67	89.26	91.67	93.73	96.87	100.00	21.5%

State and territory expenditure deflated by state and Local Government Final Consumption Expenditure - Hospital and Clinical Services.
Source:Australian Bureau of Statistics, unpublished data.

APPENDIX 3
State and territory inpatient service data

The tables presented in this Appendix provide details about specialist psychiatric inpatient services managed or funded by the states and territories.

With the following exceptions, all tables focus on the number of beds or patient days in each reporting period.

- Table A-22 links expenditure and activity data provided by mental health organisations responding to the 2002 National Survey and presents details of average bed day costs in the major inpatient programs within each of the states and territories. Comparable estimates of bed day costs in psychiatric units based on such a comprehensive survey of hospitals are not readily available in Australia.
- Table A-23 presents a summary of changes in average bed day costs for stand alone and colocated hospital units.

Caution should be exercised in interpreting the unit costs. Due to the level of aggregation of the National Survey of Mental Health Services, unit cost estimates for individual hospitals could not be confirmed against local financial estimates. Similarly, the survey is unable to adjust for differences in costing methodologies that may affect the data.

The cost comparisons are offered as an indicative guide only and will need to be subjected to more rigorous and detailed analysis.

Table A-13: Number of available psychiatric beds reported at 30 June by states and territories for colocated and stand alone hospitals

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Stand alone psychiatric hospitals	June 1993	1,839	1,565	1,059	509	665	165			5,802
	June 1994	1,652	1,375	1,044	510	596	171			5,348
	June 1995	1,446	1,180	965	422	503	157			4,673
	June 1996	1,293	718	937	407	488	157			4,000
	June 1997	1,212	611	855	415	507	123			3,723
	June 1998	1,204	386	799	380	504	123			3,396
	June 1999	1,110	189	676	293	480	99			2,847
	June 2000	1,088	159	589	293	477	99			2,705
	June 2001	1,054	123	445	272	486	9			2,389
	June 2002	1,082	123	367	261	486	9			2,328
Colocated units	June 1993	813	322	548	219	114	80	52	41	2,189
	June 1994	832	333	556	216	148	80	52	41	2,258
	June 1995	852	353	560	300	168	83	52	38	2,406
	June 1996	854	487	549	315	174	79	52	34	2,544
	June 1997	894	511	577	327	168	78	52	31	2,638
	June 1998	917	713	574	347	159	78	52	29	2,869
	June 1999	910	866	628	376	176	78	53	31	3,118
	June 2000	940	928	722	368	178	74	49	32	3,291
	June 2001	889	978	830	367	176	129	50	34	3,453
	June 2002	919	1,002	918	375	176	137	47	32	3,606
All inpatient units	June 1993	2,652	1,887	1,607	728	779	245	52	41	7,991
	June 1994	2,484	1,708	1,600	726	744	251	52	41	7,606
	June 1995	2,298	1,533	1,525	722	671	240	52	38	7,079
	June 1996	2,147	1,205	1,486	722	662	236	52	34	6,544
	June 1997	2,106	1,122	1,432	742	675	201	52	31	6,361
	June 1998	2,121	1,099	1,373	727	663	201	52	29	6,265
	June 1999	2,020	1,055	1,304	669	656	177	53	31	5,965
	June 2000	2,028	1,087	1,311	661	655	173	49	32	5,996
	June 2001	1,943	1,101	1,275	639	662	138	50	34	5,842
	June 2002	2,001	1,125	1,285	636	662	146	47	32	5,934
% Colocated beds	June 1993	31%	17%	34%	30%	15%	33%	100%	100%	27%
	June 1994	33%	19%	35%	30%	20%	32%	100%	100%	30%
	June 1995	37%	23%	37%	42%	25%	35%	100%	100%	34%
	June 1996	40%	40%	37%	44%	26%	33%	100%	100%	39%
	June 1997	42%	46%	40%	44%	25%	39%	100%	100%	41%
	June 1998	43%	65%	42%	48%	24%	39%	100%	100%	46%
	June 1999	45%	82%	48%	56%	27%	44%	100%	100%	52%
	June 2000	46%	85%	55%	56%	27%	43%	100%	100%	55%
	June 2001	46%	89%	65%	57%	27%	93%	100%	100%	59%
	June 2002	46%	89%	71%	59%	27%	94%	100%	100%	61%

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-14: Number of available acute and non acute psychiatric beds reported at 30 June by states and territories

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Acute beds	June 1993	1,085	965	652	396	352	101	52	26	3,629
	June 1994	1,142	961	648	402	373	105	52	26	3,709
	June 1995	1,162	938	656	436	354	108	52	32	3,738
	June 1996	1,136	962	624	425	367	104	52	34	3,704
	June 1997	1,178	918	649	443	380	99	52	31	3,750
	June 1998	1,141	917	646	443	368	99	52	29	3,695
	June 1999	1,155	903	637	510	361	117	53	31	3,767
	June 2000	1,159	940	645	506	350	113	49	32	3,794
	June 2001	1,129	949	677	488	357	93	50	34	3,777
	June 2002	1,167	945	691	500	357	101	47	32	3,840
Non acute beds	June 1993	1,567	922	955	332	427	144		15	4,362
	June 1994	1,342	747	952	324	371	146		15	3,897
	June 1995	1,136	595	869	286	317	132		6	3,341
	June 1996	1,011	243	862	297	295	132			2,840
	June 1997	928	204	783	299	295	102			2,611
	June 1998	980	182	727	284	295	102			2,570
	June 1999	865	152	667	159	295	60			2,198
	June 2000	869	147	666	155	305	60			2,202
	June 2001	814	152	598	151	305	45			2,065
	June 2002	834	180	594	136	305	45			2,094
Total beds	June 1993	2,652	1,887	1,607	728	779	245	52	41	7,991
	June 1994	2,484	1,708	1,600	726	744	251	52	41	7,606
	June 1995	2,298	1,533	1,525	722	671	240	52	38	7,079
	June 1996	2,147	1,205	1,486	722	662	236	52	34	6,544
	June 1997	2,106	1,122	1,432	742	675	201	52	31	6,361
	June 1998	2,121	1,099	1,373	727	663	201	52	29	6,265
	June 1999	2,020	1,055	1,304	669	656	177	53	31	5,965
	June 2000	2,028	1,087	1,311	661	655	173	49	32	5,996
	June 2001	1,943	1,101	1,275	639	662	138	50	34	5,842
	June 2002	2,001	1,125	1,285	636	662	146	47	32	5,934
% Acute beds	June 1993	41%	51%	41%	54%	45%	41%	100%	63%	45%
	June 1994	46%	56%	41%	55%	50%	42%	100%	63%	49%
	June 1995	51%	61%	43%	60%	53%	45%	100%	84%	53%
	June 1996	53%	80%	42%	59%	55%	44%	100%	100%	57%
	June 1997	56%	82%	45%	60%	56%	49%	100%	100%	59%
	June 1998	54%	83%	47%	61%	56%	49%	100%	100%	59%
	June 1999	57%	86%	49%	76%	55%	66%	100%	100%	63%
	June 2000	57%	86%	49%	77%	53%	65%	100%	100%	63%
	June 2001	58%	86%	53%	76%	54%	67%	100%	100%	65%
	June 2002	58%	84%	54%	79%	54%	69%	100%	100%	65%

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-15: Number of patient days reported by states and territories for colocated psychiatric units and stand alone hospitals

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Stand alone psychiatric hospitals	1992-93	549,673	525,855	331,195	171,561	193,840	58,154			1,830,278
	1993-94	497,719	441,283	313,510	157,762	186,495	52,997			1,649,766
	1994-95	441,759	407,904	289,450	127,163	163,408	53,979			1,483,663
	1995-96	399,343	217,945	267,085	124,430	156,078	53,360			1,218,241
	1996-97	377,710	186,667	263,954	126,573	163,948	39,960			1,158,812
	1997-98	368,893	122,910	246,043	116,617	160,995	31,250			1,046,708
	1998-99	337,391	64,355	212,877	104,899	155,225	34,256			909,003
	1999-00	326,022	52,299	185,054	94,895	159,326	29,496			847,092
	2000-01	316,371	39,953	146,196	90,940	165,333	10,830			769,623
	2001-02	333,730	41,341	120,659	80,859	165,000	980			742,569
Colocated units	1992-93	235,998	98,548	154,686	70,403	33,898	24,089	17,481	10,247	645,350
	1993-94	237,244	106,830	165,429	69,264	36,715	20,692	16,171	7,904	660,249
	1994-95	242,213	105,393	167,923	101,795	45,787	21,120	17,159	9,247	710,637
	1995-96	248,290	145,588	162,104	99,179	50,780	20,873	16,352	8,371	751,537
	1996-97	266,374	155,577	162,556	96,020	50,961	22,700	18,975	9,932	783,095
	1997-98	279,064	216,949	170,068	103,271	49,295	20,838	17,255	9,096	865,836
	1998-99	277,633	260,730	191,108	106,890	55,608	20,112	16,272	8,485	936,838
	1999-00	286,857	272,303	192,943	103,014	57,995	19,925	16,241	8,696	957,974
	2000-01	288,102	310,671	238,208	105,098	59,494	36,539	16,432	6,618	1,061,162
	2001-02	285,322	307,132	262,815	111,134	61,248	28,548	14,995	7,352	1,078,546
All inpatient units	1992-93	785,670	624,403	485,881	241,964	227,738	82,243	17,481	10,247	2,475,628
	1993-94	734,963	548,113	478,939	227,026	223,210	73,689	16,171	7,904	2,310,015
	1994-95	683,972	513,297	457,373	228,958	209,195	75,099	17,159	9,247	2,194,300
	1995-96	647,633	363,533	429,189	223,609	206,858	74,233	16,352	8,371	1,969,778
	1996-97	644,084	342,244	426,510	222,593	214,909	62,660	18,975	9,932	1,941,907
	1997-98	647,957	339,859	416,111	219,888	210,290	52,088	17,255	9,096	1,912,544
	1998-99	615,024	325,085	403,985	211,789	210,833	54,368	16,272	8,485	1,845,841
	1999-00	612,879	324,602	377,997	197,909	217,321	49,421	16,241	8,696	1,805,066
	2000-01	604,473	350,624	384,404	196,038	224,827	47,369	16,432	6,618	1,830,785
	2001-02	619,052	348,473	383,474	191,993	226,248	29,528	14,995	7,352	1,821,115

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-16: Number of patient days reported by states and territories for acute and non acute inpatient units

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Acute units	1992-93	340,578	301,543	188,126	125,297	99,105	33,226	17,481	6,653	1,112,009
	1993-94	328,308	301,392	192,370	123,253	103,718	29,951	16,171	5,187	1,100,350
	1994-95	336,007	300,114	192,804	138,172	103,246	30,669	17,159	7,045	1,125,216
	1995-96	330,022	286,524	181,276	130,972	111,493	32,834	16,352	8,371	1,097,844
	1996-97	346,044	279,589	182,538	131,960	117,143	28,844	18,975	9,932	1,115,025
	1997-98	345,944	289,078	191,255	133,808	113,870	25,305	17,255	9,096	1,125,611
	1998-99	335,253	276,364	192,682	151,799	111,055	29,012	16,272	8,485	1,120,922
	1999-00	342,848	274,680	194,993	147,588	111,880	29,721	16,241	8,696	1,126,647
	2000-01	348,564	302,447	202,535	144,369	120,704	24,636	16,432	6,618	1,166,305
	2001-02	347,958	291,930	203,412	146,665	122,183	22,111	14,995	7,352	1,156,606
Non acute units	1992-93	445,093	322,860	297,755	116,667	128,633	49,017		3,594	1,363,619
	1993-94	406,655	246,721	286,568	103,774	119,492	43,738		2,717	1,209,665
	1994-95	347,965	213,183	264,569	90,786	105,949	44,430		2,202	1,069,084
	1995-96	317,611	77,009	247,913	92,637	95,365	41,399			871,934
	1996-97	298,040	62,655	243,972	90,633	97,766	33,816			826,882
	1997-98	302,013	50,781	224,856	86,080	96,420	26,783			786,933
	1998-99	279,771	48,721	211,303	59,990	99,778	25,356			724,919
	1999-00	270,031	49,922	183,004	50,321	105,441	19,700			678,419
	2000-01	255,909	48,177	181,869	51,669	104,123	22,733			664,480
	2001-02	271,094	56,543	180,062	45,328	104,065	7,417			664,509
All inpatient units	1992-93	785,670	624,403	485,881	241,964	227,738	82,243	17,481	10,247	2,475,628
	1993-94	734,963	548,113	478,938	227,027	223,210	73,689	16,171	7,904	2,310,015
	1994-95	683,972	513,297	457,373	228,958	209,195	75,099	17,159	9,247	2,194,300
	1995-96	647,633	363,533	429,189	223,609	206,858	74,233	16,352	8,371	1,969,778
	1996-97	644,084	342,244	426,510	222,593	214,909	62,660	18,975	9,932	1,941,907
	1997-98	647,957	339,859	416,111	219,888	210,290	52,088	17,255	9,096	1,912,544
	1998-99	615,024	325,085	403,985	211,789	210,833	54,368	16,272	8,485	1,845,841
	1999-00	612,879	324,602	377,997	197,909	217,321	49,421	16,241	8,696	1,805,066
	2000-01	604,473	350,624	384,404	196,038	224,827	47,369	16,432	6,618	1,830,785
	2001-02	619,052	348,473	383,474	191,993	226,248	29,528	14,995	7,352	1,821,115

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-17: Number of available acute psychiatric beds reported at 30 June by states and territories for colocated psychiatric units and stand alone hospitals

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Stand alone psychiatric hospitals	June 1993	388	643	104	237	238	21			1,631
	June 1994	426	628	104	250	225	25			1,658
	June 1995	426	585	108	199	186	25			1,529
	June 1996	392	475	87	172	193	25			1,344
	June 1997	398	407	84	178	212	21			1,300
	June 1998	338	236	84	158	209	21			1,046
	June 1999	359	98	52	146	185	39			879
	June 2000	339	99	24	146	172	39			819
	June 2001	336	83	24	129	181	9			762
	June 2002	344	83		125	181	9			742
Colocated units	June 1993	697	322	548	159	114	80	52	26	1,998
	June 1994	716	333	544	152	148	80	52	26	2,051
	June 1995	736	353	548	237	168	83	52	32	2,209
	June 1996	744	487	537	253	174	79	52	34	2,360
	June 1997	780	511	565	265	168	78	52	31	2,450
	June 1998	803	681	562	285	159	78	52	29	2,649
	June 1999	796	805	585	364	176	78	53	31	2,888
	June 2000	820	841	621	360	178	74	49	32	2,975
	June 2001	793	866	653	359	176	84	50	34	3,015
	June 2002	823	862	691	375	176	92	47	32	3,098
All inpatient units	June 1993	1,085	965	652	396	352	101	52	26	3,629
	June 1994	1,142	961	648	402	373	105	52	26	3,709
	June 1995	1,162	938	656	436	354	108	52	32	3,738
	June 1996	1,136	962	624	425	367	104	52	34	3,704
	June 1997	1,178	918	649	443	380	99	52	31	3,750
	June 1998	1,141	917	646	443	368	99	52	29	3,695
	June 1999	1,155	903	637	510	361	117	53	31	3,767
	June 2000	1,159	940	645	506	350	113	49	32	3,794
	June 2001	1,129	949	677	488	357	93	50	34	3,777
	June 2002	1,167	945	691	500	357	101	47	32	3,840
% Colocated beds	June 1993	64%	33%	84%	40%	32%	79%	100%	100%	55%
	June 1994	63%	35%	84%	38%	40%	76%	100%	100%	55%
	June 1995	63%	38%	84%	54%	47%	77%	100%	100%	59%
	June 1996	65%	51%	86%	60%	47%	76%	100%	100%	64%
	June 1997	66%	56%	87%	60%	44%	79%	100%	100%	65%
	June 1998	70%	74%	87%	64%	43%	79%	100%	100%	72%
	June 1999	69%	89%	92%	71%	49%	67%	100%	100%	77%
	June 2000	71%	89%	96%	71%	51%	65%	100%	100%	78%
	June 2001	70%	91%	96%	74%	49%	90%	100%	100%	80%
	June 2002	71%	91%	100%	75%	49%	91%	100%	100%	81%

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-18: Number of available acute psychiatric beds reported at 30 June by states and territories for colocated and stand alone hospitals, excluding forensic and prison-based beds

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Stand alone psychiatric hospitals	June 1993	388	606	104	237	230	12			1,577
	June 1994	426	591	104	235	217	16			1,589
	June 1995	426	529	108	184	178	16			1,441
	June 1996	392	418	87	150	185	16			1,248
	June 1997	398	354	84	150	204	12			1,202
	June 1998	338	203	84	130	201	12			968
	June 1999	359	65	52	118	177	30			801
	June 2000	339	44	24	118	164	30			719
	June 2001	336	28	24	107	173				668
	June 2002	344	28		105	173				650
Colocated units	June 1993	651	322	548	159	114	80	52	26	1,952
	June 1994	670	333	544	152	148	80	52	26	2,005
	June 1995	690	353	548	237	168	83	52	24	2,155
	June 1996	712	487	537	253	174	79	52	26	2,320
	June 1997	748	511	565	265	168	78	52	24	2,411
	June 1998	772	681	562	285	159	78	52	23	2,612
	June 1999	765	805	585	364	176	78	53	25	2,851
	June 2000	791	841	621	360	178	74	49	24	2,938
	June 2001	764	866	653	359	176	84	50	26	2,978
	June 2002	793	862	691	375	176	92	47	24	3,060
All inpatient units	June 1993	1,039	928	652	396	344	92	52	26	3,529
	June 1994	1,096	924	648	387	365	96	52	26	3,594
	June 1995	1,116	882	656	421	346	99	52	24	3,596
	June 1996	1,104	905	624	403	359	95	52	26	3,568
	June 1997	1,146	865	649	415	372	90	52	24	3,613
	June 1998	1,110	884	646	415	360	90	52	23	3,580
	June 1999	1,124	870	637	482	353	108	53	25	3,652
	June 2000	1,130	885	645	478	342	104	49	24	3,657
	June 2001	1,100	894	677	466	349	84	50	26	3,646
	June 2002	1,137	890	691	480	349	92	47	24	3,710
% Colocated beds	June 1993	63%	35%	84%	40%	33%	87%	100%	100%	55%
	June 1994	61%	36%	84%	39%	41%	83%	100%	100%	56%
	June 1995	62%	40%	84%	56%	49%	84%	100%	100%	60%
	June 1996	64%	54%	86%	63%	48%	83%	100%	100%	65%
	June 1997	65%	59%	87%	64%	45%	87%	100%	100%	67%
	June 1998	70%	77%	87%	69%	44%	87%	100%	100%	73%
	June 1999	68%	93%	92%	76%	50%	72%	100%	100%	78%
	June 2000	70%	95%	96%	75%	52%	71%	100%	100%	80%
	June 2001	69%	97%	96%	77%	50%	100%	100%	100%	82%
	June 2002	70%	97%	100%	78%	50%	100%	100%	100%	82%

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-19: Number of psychiatric inpatient beds per 100,000 population reported by states and territories for acute and non acute psychiatric units

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Acute beds	June 1993	18.1	21.6	21.3	23.7	24.1	21.4	17.6	15.3	20.6
	June 1994	18.9	21.5	20.6	23.8	25.5	22.2	17.3	15.1	20.9
	June 1995	19.1	20.8	20.4	25.4	24.1	22.8	17.2	18.3	20.8
	June 1996	18.4	21.2	18.9	24.3	24.9	21.9	17.0	18.8	20.4
	June 1997	18.9	20.0	19.3	24.9	25.7	20.9	16.8	16.8	20.4
	June 1998	18.1	19.9	18.9	24.5	24.8	20.9	16.8	15.4	19.9
	June 1999	18.1	19.4	18.3	27.8	24.2	24.8	17.1	16.2	20.0
	June 2000	18.0	19.9	18.3	27.2	23.3	24.0	15.6	16.5	19.9
	June 2001	17.3	19.9	18.8	25.9	23.7	19.7	15.8	17.3	19.6
	June 2002	17.7	19.5	18.9	26.1	23.6	21.4	14.7	16.2	19.7
Non acute beds	June 1993	26.2	20.6	31.1	19.9	29.3	30.6		8.8	24.8
	June 1994	22.2	16.7	30.2	19.2	25.3	30.9		8.7	21.9
	June 1995	18.7	13.2	27.0	16.7	21.6	27.9		3.4	18.6
	June 1996	16.4	5.4	26.1	17.0	20.1	27.8			15.6
	June 1997	14.9	4.5	23.2	16.8	20.0	21.5			14.2
	June 1998	15.5	3.9	21.2	15.7	19.9	21.6			13.8
	June 1999	13.6	3.3	19.2	8.7	19.8	12.7			11.7
	June 2000	13.5	3.1	18.9	8.3	20.3	12.7			11.6
	June 2001	12.5	3.2	16.6	8.0	20.2	9.5			10.7
	June 2002	12.6	3.7	16.2	7.1	20.1	9.5			10.7
Total beds	June 1993	44.3	42.3	52.4	43.7	53.4	52.0	17.6	24.2	45.5
	June 1994	41.2	38.1	50.8	43.0	50.8	53.1	17.3	23.8	42.8
	June 1995	37.7	34.1	47.3	42.1	45.7	50.7	17.2	21.7	39.4
	June 1996	34.8	26.5	45.0	41.3	45.0	49.8	17.0	18.8	36.0
	June 1997	33.7	24.5	42.5	41.7	45.7	42.4	16.8	16.8	34.5
	June 1998	33.6	23.8	40.1	40.2	44.6	42.5	16.8	15.4	33.7
	June 1999	31.7	22.6	37.5	36.4	43.9	37.5	17.1	16.2	31.7
	June 2000	31.5	23.1	37.1	35.5	43.6	36.7	15.6	16.5	31.5
	June 2001	29.8	23.1	35.5	33.9	43.9	29.3	15.8	17.3	30.3
	June 2002	30.3	23.3	35.1	33.2	43.7	30.9	14.7	16.2	30.4

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-20: Number of acute and non acute psychiatric inpatient beds per 100,000 at 30 June 2002 by program and subprogram by state and territory

Number of beds	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
General Psychiatry									
Acute beds	927	604	583	327	247	92	47	24	2,851
Non acute beds	512	126	375	92	129	11			1,245
Total	1,439	730	958	419	376	103	47	24	4,096
Aged Care Psychiatry									
Acute beds	142	212	47	115	90				606
Non acute beds	167	14	138	24	144	34			521
Total	309	226	185	139	234	34			1,127
Child & Adolescent Psychiatry									
Acute beds	68	74	61	38	12				253
Non acute beds	19		15						34
Total	87	74	76	38	12				287
Forensic Psychiatry									
Acute beds	30	55		20	8	9		8	130
Non acute beds	136	40	66	20	32				294
Total	166	95	66	40	40	9		8	424
TOTAL BEDS	2,001	1,125	1,285	636	662	146	47	32	5,934

Beds per 100,000	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
General Psychiatry									
Acute beds	22.6	19.7	25.4	26.7	26.5	32.1	22.4	18.4	23.3
Non acute beds	12.5	4.1	16.4	7.5	13.8	3.8			10.2
Total	35.0	23.8	41.8	34.3	40.3	35.9	22.4	18.4	33.4
Aged Care Psychiatry									
Acute beds	16.9	34.9	11.2	55.8	41.1				25.2
Non acute beds	19.9	2.3	32.9	11.7	65.8	52.6			21.7
Total	36.8	37.2	44.2	67.5	107.0	52.6			46.9
Child & Adolescent Psychiatry									
Acute beds	4.3	6.5	6.7	7.9	3.4				5.3
Non acute beds	1.2		1.6						0.7
Total	5.5	6.5	8.3	7.9	3.4				6.1
Forensic Psychiatry									
Acute beds	0.6	1.5		1.4	0.7	2.6		5.8	0.9
Non acute beds	2.7	1.1	2.4	1.4	2.8				2.0
Total	3.4	2.6	2.4	2.8	3.5	2.6		5.8	2.9

Calculation of per capita rates is based on age-specific populations for each program type:

- General Psychiatry: Based on population aged 18-64 years.
- Geriatric Psychiatry: Based on population aged 65 years and over.
- Child & Adolescent Psychiatry: Based on population aged 0-17 years.
- Forensic Psychiatry: Based on population aged 18 years and over.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.
Population data from ABS Catalogue 3201.0 Population by Age and Sex, Australian states and territories.

Table A-21: Number of psychiatric inpatient beds reported by states and territories at 30 June 2002 categorised by hospital status and program type (acute, rehabilitation and extended care)

State/ territory		General Psychiatry				Child & Adolescent Psychiatry				Aged Care Psychiatry				Forensic Psychiatry				Total
		Acute	Rehab	Ext Care	Total	Acute	Rehab	Ext Care	Total	Acute	Rehab	Ext Care	Total	Acute	Rehab	Ext Care	Total	
NSW	Stand alone	274	315	197	786	24	15		39	46	32	103	181		24	52	76	1,082
	Colocated	653			653	44	4		48	96		32	128	30	30	30	90	919
	Total	927	315	197	1,439	68	19		87	142	32	135	309	30	54	82	166	2,001
VIC	Stand alone	14			14	14			14					55	20	20	95	123
	Colocated	590	34	92	716	60			60	212		14	226					1,002
	Total	604	34	92	730	74			74	212		14	226	55	20	20	95	1,125
QLD	Stand alone		112	150	262			15	15			44	44			46	46	367
	Colocated	583	50	63	696	61			61	47	16	78	141			20	20	918
	Total	583	162	213	958	61		15	76	47	16	122	185			66	66	1,285
WA	Stand alone	71	50	42	163	10			10	24	12	12	48	20	12	8	40	261
	Colocated	256			256	28			28	91			91					375
	Total	327	50	42	419	38			38	115	12	12	139	20	12	8	40	636
SA	Stand alone	95		129	224					78		144	222	8	32		40	486
	Colocated	152			152	12			12	12			12					176
	Total	247		129	376	12			12	90		144	234	8	32		40	662
TAS	Stand alone													9			9	9
	Colocated	92		11	103							34	34					137
	Total	92		11	103							34	34	9			9	146
ACT (a)	Colocated	47			47													47
NT (a)	Colocated	24			24									8			8	32
TOTAL	Total	2,851	561	684	4,096	253	19	15	287	606	60	461	1,127	130	118	176	424	5,934

(a) The Northern Territory and ACT do not provide stand alone psychiatric hospitals.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

Table A-22: Average patient day costs reported by states and territories for 2001-02, categorised by inpatient program type (acute, rehabilitation and extended care), current prices

State/Territory		General Psychiatry				Child & Adolescent Psychiatry				Aged Care Psychiatry				Forensic Psychiatry				National Av.
		Acute	Rehab	Ext care	Total	Acute	Rehab	Ext care	Total	Acute	Rehab	Ext care	Total	Acute	Rehab	Ext care	Total	
NSW	Unadj Bed day cost	$517	$310	$390	$452	$653	$300		$546	$440	$245	$258	$342	$256	$364	$317	$321	$425
	Adj Bed day cost	$591	$376	$452	$523	$733	$335		$612	$546	$299	$354	$437	$256	$400	$390	$372	$497
VIC	Unadj Bed day cost	$466	$457	$372	$454	$849			$849	$424		$198	$409	$800	$584	$538	$699	$484
	Adj Bed day cost	$510	$489	$398	$496	$888			$888	$451		$224	$435	$800	$584	$538	$699	$519
QLD	Unadj Bed day cost	$426	$384	$404	$414	$820		$1,027	$857	$419	$205	$313	$330			$545	$545	$425
	Adj Bed day cost	$479	$397	$468	$463	$867		$1,199	$925	$483	$205	$328	$356			$632	$632	$473
WA	Unadj Bed day cost	$538	$546	$538	$539	$969			$969	$519	$508	$508	$517	$656	$656	$656	$656	$553
	Adj Bed day cost	$589	$561	$553	$581	$1,117			$1,117	$532	$522	$522	$530	$674	$674	$674	$674	$590
SA	Unadj Bed day cost	$468		$368	$436	$763			$763	$367		$270	$305	$972	$462		$566	$402
	Adj Bed day cost	$504		$368	$460	$928			$928	$382		$293	$325	$972	$462		$566	$424
TAS	Unadj Bed day cost	$540		$490	$533							$672	$672	$593			$593	$555
	Adj Bed day cost	$593		$565	$589							$774	$774	$683			$683	$618
ACT	Unadj Bed day cost	$425			$425													$425
	Adj Bed day cost	$515			$515													$515
NT	Unadj Bed day cost	$765			$765									$705			$705	$751
	Adj Bed day cost	$1,036			$1,036									$938			$938	$1,013
TOTAL	Unadj Bed day cost	$486	$361	$399	$454	$812	$300	$1,027	$785	$436	$284	$295	$370	$658	$459	$434	$503	$450
	Adj Bed day cost	$544	$406	$441	$508	$882	$335	$1,199	$858	$480	$316	$337	$412	$673	$476	$502	$542	$501

(1) All cells represent weighted averages, expressed as current prices.
(2) Unadjusted bed day costs are based on expenditure as reported by hospitals, prior to distribution of indirect expenditure.
(3) Adjusted bed day costs are based on inpatient expenditure following distribution of indirect amounts. See Appendix 4 for details of the approach taken to distribution of indirect expenditure.
(4) Depreciation included in all estimates, variably handled by jurisdictions.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

Table A-23: Changes in average bed day cost for stand alone and colocated hospitals by state and territory, constant prices

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	NAT AV.
Stand alone - all units	1992-93	$339	$398	$263	$357	$340	$289			$343
	1993-94	$392	$391	$272	$392	$343	$296			$360
	1994-95	$421	$405	$302	$418	$387	$269			$384
	1995-96	$432	$454	$337	$437	$387	$265			$403
	1996-97	$436	$426	$361	$445	$397	$347			$410
	1997-98	$433	$446	$394	$465	$394	$436			$423
	1998-99	$464	$552	$413	$486	$395	$399			$447
	1999-00	$460	$577	$449	$502	$398	$432			$457
	2000-01	$459	$653	$502	$517	$394	$985			$477
	2001-02	$454	$694	$492	$587	$420	$683			$481
	% change	**34%**	**74%**	**87%**	**64%**	**23%**	**136%**			**40%**
Stand alone acute units	1992-93	$324	$475	$238	$373	$484	$298			$403
	1993-94	$443	$436	$316	$424	$462	$343			$431
	1994-95	$473	$485	$365	$495	$494	$305			$473
	1995-96	$554	$536	$431	$458	$483	$244			$509
	1996-97	$479	$454	$402	$459	$476	$489			$463
	1997-98	$475	$465	$415	$484	$495	$911			$479
	1998-99	$610	$619	$494	$492	$523	$670			$566
	1999-00	$584	$812	$490	$518	$567	$567			$587
	2000-01	$571	$818	$378	$530	$532	$3,079			$602
	2001-02	$580	$778	$439	$618	$555	$683			$601
	% change	**79%**	**64%**	**84%**	**66%**	**15%**	**129%**			**49%**
Stand alone non acute units	1992-93	$344	$349	$266	$344	$268	$288			$318
	1993-94	$375	$355	$268	$363	$276	$286			$329
	1994-95	$400	$333	$295	$355	$330	$261			$342
	1995-96	$380	$304	$329	$422	$326	$271			$349
	1996-97	$416	$371	$358	$435	$343	$321			$382
	1997-98	$416	$405	$392	$452	$326	$356			$397
	1998-99	$404	$472	$406	$481	$325	$304			$398
	1999-00	$409	$314	$445	$488	$311	$364			$403
	2000-01	$411	$342	$510	$507	$312	$322			$423
	2001-02	$399	$538	$493	$563	$342				$427
	% change	**16%**	**54%**	**85%**	**64%**	**28%**				34%
Colocated units	1992-93	$480	$517	$379	$400	$348	$289	$426	$570	$439
	1993-94	$437	$456	$364	$408	$349	$397	$430	$836	$417
	1994-95	$432	$485	$354	$380	$320	$386	$434	$669	$409
	1995-96	$446	$557	$362	$393	$315	$430	$499	$727	$437
	1996-97	$448	$474	$407	$468	$319	$417	$494	$779	$443
	1997-98	$465	$449	$391	$476	$412	$468	$459	$761	$448
	1998-99	$480	$434	$415	$525	$456	$499	$393	$904	$460
	1999-00	$500	$457	$453	$571	$417	$466	$400	$762	$481
	2000-01	$496	$447	$441	$572	$414	$291	$402	$1,033	$467
	2001-02	$513	$480	$445	$586	$436	$616	$515	$1,013	$496
	% change	**7%**	**-7%**	**17%**	**47%**	**25%**	**113%**	**21%**	**78%**	**13%**

(1) All cells represent weighted averages.
(2) Unit costs expressed in constant 2001-2002 prices.
(3) Based on adjusted bed day costs, following distribution of indirect expenditure. See Appendix 4 for details of the approach taken to distribution of indirect expenditure.
(4) Depreciation removed from inpatient expenditure estimates.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

APPENDIX 4
State and territory community based residential services data

Table A-24: Number of available beds in community residential services reported at 30 June by states and territories

		June 1993	June 1994	June 1995	June 1996	June 1997	June 1998	June 1999	June 2000	June 2001	June 2002
General Adult residential services											
24 hour staffed	NSW	171	156	192	146	166	147	137	147	146	120
	VIC	41	59	115	177	279	323	331	351	320	317
	QLD								20	60	80
	WA	84	60	60	72	72	70	66	26	18	22
	SA	32	28	28	20	20	20	20	20	20	20
	TAS	22	22	22	22	22	22	22	22	41	38
	ACT	60	60	60	60	60	50	30	30	20	23
	NT										
	subtotal	*410*	*385*	*477*	*497*	*619*	*632*	*606*	*616*	*625*	*620*
less than 24 hour staffed	NSW								193	255	270
	VIC								206	282	285
	QLD										
	WA										
	SA										
	TAS										
	ACT								53	53	53
	NT								10	10	10
	subtotal								*462*	*600*	*618*
	Total adult	410	385	477	497	619	632	606	1078	1225	1238
Aged residential services											
24 hour staffed	NSW	112	112	141	160	159	146	180	119	114	125
	VIC	254	249	311	454	489	545	585	579	585	571
	QLD										
	WA										
	SA										
	TAS	48	46	46	46	46	40	40	40	57	57
	ACT										
	NT										
	subtotal	*414*	*407*	*498*	*660*	*694*	*731*	*805*	*738*	*756*	*753*
less *than 24 hour* staffed	NSW								15	15	15
	VIC										
	QLD										
	WA										
	SA										
	TAS										
	ACT										
	NT										
	subtotal								*15*	*15*	*15*
	Total aged	414	407	498	660	694	731	805	753	771	768

Table A-24: Number of available beds in community residential services reported at 30 June by states and territories

… continued

All residential services											
24 hour staffed	NSW	283	268	333	306	325	293	317	266	260	245
	VIC	295	308	426	631	768	868	916	930	905	888
	QLD								20	60	80
	WA	84	60	60	72	72	70	66	26	18	22
	SA	32	28	28	20	20	20	20	20	20	20
	TAS	70	68	68	68	68	62	62	62	98	95
	ACT	60	60	60	60	60	50	30	30	20	23
	NT										
	subtotal	*824*	*792*	*975*	*1157*	*1313*	*1363*	*1411*	*1354*	*1381*	*1373*
less than 24 hour staffed	NSW								208	270	285
	VIC								206	282	285
	QLD										
	WA										
	SA										
	TAS										
	ACT								53	53	53
	NT								10	10	10
	subtotal								*477*	*615*	*633*
	Total beds	824	792	975	1157	1313	1363	1411	1831	1996	2006

Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-25: Number of patient days in community residential services reported by states and territories

		June 1993	June 1994	June 1995	June 1996	June 1997	June 1998	June 1999	June 2000	June 2001	June 2002
General adult residential services											
24 hour staffed	NSW	49,704	43,863	54,938	48,408	48,137	42,212	38,957	45,120	47,229	38,439
	VIC	12,302	20,772	24,596	41,579	87,494	99,177	107,298	107,639	101,969	93,111
	QLD								281	5,050	18,311
	WA	26,061	18,951	17,926	21,898	21,764	17,309	13,349	10,639	8,247	6,798
	SA	7,793	8,827	4,638	4,322	3,285	2,535	4,500	4,500	5,176	4,986
	TAS	4,746	6,889	7,164	4,369	7,444	7,037	6,605	6,720	6,130	9,563
	ACT	21,243	21,247	21,485	21,733	21,267	19,777	11,882	10,490	8,049	7,551
	NT										
	subtotal	*121,849*	*120,549*	*130,747*	*142,309*	*189,391*	*188,047*	*182,591*	*185,389*	*181,850*	*178,759*
less than 24 hour staffed	NSW								61,528	71,840	88,861
	VIC								57,912	72,471	84,262
	QLD										
	WA										
	SA										
	TAS										
	ACT								18,642	19,792	18,250
	NT								2,920	3,259	3,532
	subtotal								*141,002*	*167,362*	*194,905*
	Total adult	**121,849**	**120,549**	**130,747**	**142,309**	**189,391**	**188,047**	**182,591**	**326,391**	**349,212**	**373,664**
Aged residential services											
24 hour staffed	NSW	34,748	39,612	47,873	55,131	53,708	47,827	58,314	43,020	39,745	45,740
	VIC	86,304	88,997	102,524	130,099	167,764	179,569	207,998	215,035	208,980	200,999
	QLD										
	WA										
	SA										
	TAS	16,299	16,118	16,776	15,751	16,345	8,597	12,191	14,198	14,929	17,377
	ACT										
	NT										
	subtotal	*137,351*	*144,727*	*167,173*	*200,981*	*237,817*	*235,993*	*278,503*	*272,253*	*263,654*	*264,116*
less *than 24 hour* staffed	NSW								3,591	4,158	4,726
	VIC										
	QLD										
	WA										
	SA										
	TAS										
	ACT										
	NT										
	subtotal								*3,591*	*4,158*	*4,726*
	Total aged	**137,351**	**144,727**	**167,173**	**200,981**	**237,817**	**235,993**	**278,503**	**275,844**	**267,812**	**268,842**

Table A-25: Number of patient days in community residential services reported by states and territories

... continued

All residential services											
24 hour staffed	NSW	84,452	83,4 75	102,811	103,539	101,845	90,039	97,271	88,140	86,974	84,179
	VIC	98,606	109,769	127,120	171,678	255,258	278,746	315,296	322,674	310,949	294,110
	QLD								281	5,050	18,311
	WA	26,061	18,951	17,926	21,898	21,764	17,309	13,349	10,639	8,247	6,798
	SA	7,793	8,827	4,638	4,322	3,285	2,535	4,500	4,500	5,176	4,986
	TAS	21,045	23,007	23,940	20,120	23,789	15,634	18,796	20,918	21,059	26,940
	ACT	21,243	21,247	21,485	21,733	21,267	19,777	11,882	10,490	8,049	7,551
	NT										
	subtotal	*259,200*	*265,276*	*297,920*	*343,290*	*427,208*	*424,040*	*461,094*	*457,642*	*445,504*	*442,875*
less than 24 hour staffed	NSW								65,119	75,998	93,587
	VIC								57,912	72,471	84,262
	QLD										
	WA										
	SA										
	TAS										
	ACT								18,642	19,792	18,250
	NT								2,920	3,259	3,532
	subtotal								*144,593*	*171,520*	*199,631*
	Total days	**259,200**	**265,276**	**297,920**	**343,290**	**427,208**	**424,040**	**461,094**	**602,235**	**617,024**	**642,506**

Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-26: Average cost per patient day for community residential services by program type and 24 hour staffing status, 2001-02

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Nat Av.
Adult units										
24 hour staffed	Unadj bed day cost	$233	$284	$283	$297	$115	$439	$363		$280
	Adj Bed day cost	$263	$312	$306	$308	$115	$505	$428		$310
Less than 24 hour staffed	Unadj bed day cost	$35	$126					$52	$51	$76
	Adj Bed day cost	$42	$127					$55	$68	$80
Aged care units										
24 hour staffed	Unadj bed day cost	$195	$214				$304			$217
	Adj Bed day cost	$236	$230				$343			$238
Less than 24 hour staffed	Unadj bed day cost	$66								$66
	Adj Bed day cost	$81								$81

(1) Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present.
(2) All cells represent weighted averages, expressed as current prices.
(3) Unadjusted bed day costs are based on expenditure as reported by residential services prior to distribution of indirect expenditure.
(4) Adjusted bed day costs are based on residential services expenditure following distribution of indirect amounts. See Appendix 4 for details of the approach taken to distribution of indirect expenditure.
(5) Depreciation included in all estimates, variably handled by jurisdictions.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-27: Number of 24 hour staffed community residential beds per 100,000 population reported at 30 June by states and territories

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Adult beds	June 1993	4.6	1.5		8.0	3.5	7.7	30.5		3.7
	June 1994	4.1	2.1		5.6	3.1	7.7	30.2		3.5
	June 1995	5.0	4.1		5.5	3.1	7.7	29.8		4.2
	June 1996	3.8	6.2		6.5	2.2	7.7	29.4		4.3
	June 1997	4.3	9.7		6.3	2.2	7.7	29.4		5.3
	June 1998	3.7	11.0		6.0	2.2	7.7	24.4		5.4
	June 1999	3.4	11.1		5.6	2.2	7.7	14.6		5.1
	June 2000	3.6	11.6	0.9	2.2	2.2	7.7	14.5		5.1
	June 2001	3.6	10.4	2.6	1.5	2.1	14.3	9.5		5.1
	June 2002	2.9	10.3	3.5	1.8	2.1	13.2	11.0		5.1
Aged care beds	June 1993	15.3	47.5				83.2			20.1
	June 1994	14.9	45.6				78.4			19.3
	June 1995	18.4	55.8				77.3			23.1
	June 1996	20.5	79.7				76.1			30.0
	June 1997	20.0	84.5				75.2			30.9
	June 1998	18.1	92.7				64.5			32.0
	June 1999	22.0	97.7				63.5			34.7
	June 2000	14.4	95.2				62.6			31.3
	June 2001	13.6	94.5				88.1			31.5
	June 2002	14.9	92.2				88.1			31.3
Total beds	June 1993	4.7	6.6		5.0	2.2	14.9	20.3		4.7
	June 1994	4.4	6.9		3.6	1.9	14.4	20.0		4.5
	June 1995	5.5	9.5		3.5	1.9	14.4	19.8		5.4
	June 1996	5.0	13.9		4.1	1.4	14.3	19.6		6.4
	June 1997	5.2	16.8		4.0	1.4	14.3	19.4		7.1
	June 1998	4.6	18.8		3.9	1.3	13.1	16.2		7.3
	June 1999	5.0	19.6		3.6	1.3	13.1	9.7		7.5
	June 2000	4.1	19.7	0.6	1.4	1.3	13.1	9.6		7.1
	June 2001	4.0	19.0	1.7	1.0	1.3	20.8	6.3		7.2
	June 2002	3.7	18.4	2.2	1.1	1.3	20.1	7.2		7.0

Calculation of per capita rates is based on age-specific populations for each program type:

- Adult beds: Based on population aged 18-64 years.
- Aged care beds: Based on population aged 65 years and over.
- Total beds: Based on total population.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database. Population data from ABS Catalogue 3201.0 Population by Age and Sex, Australian states and territories.

APPENDIX 5
State and territory staffing data

Table A-28: Number of full-time equivalent staff employed in specialist mental health services by labour class, 1993-94 to 2001-02

Labour Class	Year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Medical	1993-94	385	450	226	119	142	29	20	11	1,382
	1994-95	409	450	243	143	143	33	19	9	1,449
	1995-96	411	446	242	156	149	36	21	13	1,474
	1996-97	435	471	259	175	156	39	20	16	1,570
	1997-98	399	505	278	189	178	38	22	15	1,623
	1998-99	489	500	295	206	173	32	20	13	1,728
	1999-00	509	472	318	212	175	29	18	17	1,750
	2000-01	545	482	341	218	170	34	18	15	1,824
	2001-02	559	490	353	232	189	32	20	21	1,895
Nursing	1993-94	2,891	2,648	1,635	1,066	1,067	270	134	93	9,805
	1994-95	2955	2646	1528	1037	963	285	122	94	9,629
	1995-96	3,091	2,494	1,625	1,075	927	290	126	94	9,723
	1996-97	3,145	2,710	1,653	1,140	957	289	121	95	10,110
	1997-98	3,173	2,297	1,718	1,193	961	271	126	98	9,837
	1998-99	3,231	2,586	1,785	1,163	951	250	124	90	10,179
	1999-00	3,335	2,699	1,842	1,156	953	242	123	95	10,446
	2000-01	3,330	2,787	1,871	1,174	969	282	123	92	10,629
	2001-02	3,326	2,945	2,155	1,196	1,008	307	128	96	11,160
Diagnostic/Allied Health	1993-94	634	622	357	257	244	62	48	18	2,241
	1994-95	733	658	384	320	244	60	44	17	2,460
	1995-96	825	673	439	384	259	62	49	19	2,711
	1996-97	873	691	491	436	284	64	40	25	2,904
	1997-98	970	816	528	437	298	63	49	18	3,179
	1998-99	1115	850	535	465	294	61	53	22	3,396
	1999-00	1099	858	573	466	304	61	73	26	3,461
	2000-01	1170	967	651	489	315	65	82	24	3,763
	2001-02	1321	993	693	500	341	73	97	20	4,038
Other Personal Care	1993-94	135	159	10	18	4	57	14	4	400
	1994-95	193	134	146	8	11	58	20	5	575
	1995-96	112	108	116	8	26	69	20	11	470
	1996-97	135	129	149	9	1	47	19	4	491
	1997-98	162	95	131	42	0	46	19	16	512
	1998-99	78	129	124	56	1	69	18	6	479
	1999-00	105	166	131	29	11	55	19	7	523
	2000-01	117	114	119	19	9	50	18	6	452
	2001-02	162	105	85	14	11	79	19	18	494

Table A-28: Number of full-time equivalent staff employed in specialist mental health services by labour class, 1993-94 to 2001-02

Labour Class	Year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
… continued										
Administrative/Clerical	1993-94	407	514	211	186	240	59	30	11	1,659
	1994-95	394	470	258	233	207	65	26	12	1,666
	1995-96	445	412	263	240	204	70	31	15	1,681
	1996-97	463	422	297	251	207	45	32	13	1,731
	1997-98	527	444	322	234	180	49	45	14	1,814
	1998-99	875	442	325	273	174	46	36	16	2,187
	1999-00	953	419	347	250	196	40	39	17	2,261
	2000-01	994	404	372	273	197	34	36	19	2,329
	2001-02	1,066	457	341	296	223	46	29	17	2,475
Domestic & related	1993-94	879	838	397	421	366	132	5	1	3,039
	1994-95	717	671	535	353	253	126	5	3	2,663
	1995-96	769	419	484	345	277	124	6		2,424
	1996-97	756	323	450	315	223	85	2	1	2,155
	1997-98	757	181	428	288	171	78	3		1,905
	1998-99	893	156	342	241	212	78	2	11	1,934
	1999-00	945	215	356	224	212	87	5		2,045
	2000-01	925	240	310	203	206	56	6		1,947
	2001-02	871	246	290	214	212	57	4	1	1,895
TOTAL	1993-94	5,332	5,231	2,837	2,067	2,063	608	251	138	18,526
	1994-95	5,401	5,030	3,094	2,094	1,821	627	235	140	18,442
	1995-96	5,654	4,553	3,169	2,209	1,843	650	252	152	18,483
	1996-97	5,805	4,746	3,298	2,326	1,828	569	235	154	18,961
	1997-98	5,987	4,337	3,406	2,383	1,788	545	264	159	18,870
	1998-99	6,681	4,663	3,406	2,404	1,805	535	252	158	19,903
	1999-00	6,947	4,830	3,566	2,338	1,851	515	278	161	20,486
	2000-01	7,081	4,994	3,664	2,377	1,868	521	284	156	20,945
	2001-02	7,304	5,236	3,917	2,453	1,984	594	298	172	21,958

(1) The majority of organisations report annual average FTE data, but the dataset includes those organisations reporting FTE on a 'snapshot' basis.

(2) Domestic staff are mainly excluded in reports of inpatient FTE by Northern Territory and ACT. However, these staff groups are included in expenditure data reported in Appendix 3.

(3) Definition of staff categories followed the guidelines of the National Health Data Dictionary (AIHW, 2001).

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-29: Number of full-time equivalent staff employed in specialist mental health services by service setting, 1993-94 to 2001-02

Service setting		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Inpatient services	1993-94	3,873	3,519	2,305	1,668	1,640	408	113	84	13,609
	1994-95	3,547	3,014	2,467	1,620	1,268	396	84	84	12,479
	1995-96	3,509	2,232	2,371	1,565	1,282	417	99	78	11,555
	1996-97	3,457	2,006	2,410	1,557	1,234	350	90	84	11,187
	1997-98	3,486	1,714	2,442	1,583	1,155	342	98	80	10,900
	1998-99	3,817	1,758	2,332	1,536	1,199	311	90	81	11,124
	1999-00	3,842	1,923	2,393	1,437	1,202	298	84	79	11,259
	2000-01	3,825	1,871	2,397	1,392	1,216	285	83	78	11,148
	2001-02	3,915	1,928	2,542	1,408	1,273	306	85	73	11,531
Ambulatory mental health services	1993-94	1,219	1,418	532	361	407	128	78	54	4,197
	1994-95	1,542	1,593	627	440	531	142	85	56	5,016
	1995-96	1,877	1,644	798	596	551	145	97	74	5,782
	1996-97	2,071	1,912	889	722	584	135	88	70	6,471
	1997-98	2,212	1,845	964	760	623	138	107	80	6,728
	1998-99	2,524	1,998	1,074	830	601	134	121	77	7,360
	1999-00	2,714	1,992	1,174	857	644	134	140	80	7,733
	2000-01	2,842	2,014	1,222	956	646	151	146	74	8,050
	2001-02	2,986	2,111	1,299	1,021	703	186	155	97	8,558
Community Residential services	1993-94	239	294		38	16	72	61		720
	1994-95	313	423		34	22	89	65		946
	1995-96	268	676		48	10	88	56		1,146
	1996-97	277	828		47	10	84	57		1,303
	1997-98	290	778		40	10	66	59		1,243
	1998-99	340	906		38	6	90	40		1,419
	1999-00	392	914		44	5	83	54	2	1,494
	2000-01	414	1,109	46	29	5	85	55	3	1,746
	2001-02	404	1,196	75	24	8	101	58	3	1,869
TOTAL	1993-94	5,332	5,231	2,837	2,067	2,063	608	251	138	18,526
	1994-95	5,401	5,030	3,094	2,094	1,821	627	235	140	18,442
	1995-96	5,654	4,553	3,169	2,209	1,843	650	252	152	18,483
	1996-97	5,805	4,746	3,298	2,326	1,828	569	235	154	18,961
	1997-98	5,987	4,337	3,406	2,383	1,788	545	264	159	18,870
	1998-99	6,681	4,663	3,406	2,404	1,805	535	252	158	19,903
	1999-00	6,947	4,830	3,567	2,338	1,851	515	278	161	20,486
	2000-01	7,081	4,994	3,664	2,377	1,868	521	284	156	20,945
	2001-02	7,304	5,236	3,917	2,453	1,984	594	298	172	21,958

(1) The majority of organisations report annual average FTE data, but the dataset includes those organisations reporting FTE on a 'snapshot' basis.

(2) Domestic staff are mainly excluded in reports of inpatient FTE by Northern Territory and ACT. However, these staff groups are included in expenditure data reported in Appendix 3.

(3) Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present.

(4) Zero FTE are reported by Queensland for community residential services in 1999-00 because these staff are included in inpatient counts. Queensland does not consider that it provides community residential services. Service reclassification was performed by the Australian Government to achieve consistency with definitions and across jurisdictions but it was not possible to separately identify the FTE associated with the service reclassified in 1999-00 from the inpatient to residential category.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-30: Number of direct care staff employed in specialist mental health services by service setting, 1992-93 to 2001-02

Service setting		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Inpatient	1992-93	2,727	2,840	1,776	1,153	1,106	255	87	76	10,020
	1993-94	2,745	2,504	1,780	1,138	1,141	253	94	82	9,736
	1994-95	2,593	2,207	1,787	1,129	929	249	76	78	9,048
	1995-96	2,522	1,783	1,774	1,115	912	272	91	74	8,544
	1996-97	2,520	1,675	1,821	1,169	915	257	82	81	8,519
	1997-98	2,565	1,479	1,864	1,199	906	248	85	77	8,421
	1998-99	2,653	1,540	1,849	1,186	903	224	83	69	8,506
	1999-00	2,630	1,699	1,889	1,136	893	205	75	77	8,604
	2000-01	2,668	1,642	1,914	1,101	917	230	76	75	8,624
	2001-02	2,724	1,662	2,124	1,100	953	253	77	72	8,965
Ambulatory	1992-93	1,127	991	425	290	318	96	68	44	3,358
	1993-94	1,093	1,148	449	303	301	97	69	45	3,504
	1994-95	1,398	1,330	514	359	411	109	72	47	4,240
	1995-96	1,671	1,380	648	484	441	118	80	63	4,885
	1996-97	1,830	1,620	731	565	473	105	66	60	5,450
	1997-98	1,881	1,559	792	636	523	111	79	69	5,648
	1998-99	1,995	1,722	891	680	512	105	95	62	6,061
	1999-00	2,118	1,694	975	701	545	108	114	66	6,320
	2000-01	2,186	1,724	1,025	776	543	123	124	59	6,558
	2001-02	2,329	1,806	1,093	822	591	151	137	80	7,008
Community Residential	1992-93	255	279		32	17	72	51		706
	1993-94	231	226		19	14	68	53		611
	1994-95	299	352		20	20	77	56		824
	1995-96	247	558		24	9	66	45		949
	1996-97	254	706		25	9	76	53		1,122
	1997-98	259	675		26	9	60	52		1,081
	1998-99	265	803		25	5	81	37		1,215
	1999-00	301	802		27	4	75	45	2	1,256
	2000-01	309	985	42	24	4	78	42	3	1,486
	2001-02	314	1,065	69	21	4	88	51	3	1,614
TOTAL	1992-93	4,108	4,111	2,200	1,475	1,441	424	205	120	14,084
	1993-94	4,069	3,878	2,229	1,460	1,456	418	216	126	13,851
	1994-95	4,290	3,889	2,301	1,508	1,360	436	204	125	14,112
	1995-96	4,440	3,721	2,422	1,623	1,362	456	215	137	14,378
	1996-97	4,604	4,001	2,551	1,760	1,397	438	201	140	15,091
	1997-98	4,704	3,713	2,655	1,861	1,438	418	216	146	15,151
	1998-99	4,912	4,065	2,739	1,890	1,420	411	214	131	15,783
	1999-00	5,049	4,195	2,864	1,864	1,443	387	234	144	16,180
	2000-01	5,162	4,350	2,982	1,901	1,464	431	242	137	16,669
	2001-02	5,367	4,533	3,286	1,943	1,549	491	265	154	17,587

(1) Direct care FTE includes the following categories: Medical Officers; Nursing; Diagnostic/Allied Health and Other Personal Care staff.

(2) Direct care FTE for 1992-93 were extrapolated on the basis if the relationship between FTE and expenditure over the subsequent five years.

(3) The majority of organisations report annual average FTE data, but the dataset includes those organisations reporting FTE on a 'snapshot' basis.

(4) Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present.

(5) Zero FTE are reported by Queensland for community residential services in 1999-00 because these staff are included in inpatient counts. Queensland does not consider that it provides community residential services. Service reclassification was performed by the Australian Government to achieve consistency with definitions and across jurisdictions but it was not possible to separately identify the FTE associated with the service reclassified in 1999-00 from the inpatient to residential category.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-31: Number of direct care staff employed in specialist mental health services per 100,000 population by service setting, 1992-93 to 2001-02

		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Inpatient	1992-93	45.6	63.6	57.9	69.2	75.8	54.2	29.3	44.9	57.0
	1993-94	45.5	55.9	56.5	67.4	77.9	53.5	31.4	47.3	54.8
	1994-95	42.6	49.0	55.4	65.8	63.3	52.6	25.1	44.7	50.4
	1995-96	40.9	39.3	53.7	63.8	62.0	57.4	29.7	41.0	47.0
	1996-97	40.4	36.6	54.1	65.7	61.9	54.1	26.6	43.6	46.2
	1997-98	40.7	32.0	54.5	66.3	61.0	52.4	27.4	41.0	45.3
	1998-99	41.6	33.0	53.2	64.6	60.4	47.6	26.7	36.2	45.2
	1999-00	40.8	36.0	53.5	61.0	59.5	43.4	24.0	39.4	45.2
	2000-01	40.9	34.4	53.3	58.3	60.8	48.9	24.0	38.4	44.7
	2001-02	41.2	34.4	58.0	57.5	62.9	53.5	24.0	36.4	45.9
Ambulatory	1992-93	18.8	22.2	13.8	17.4	21.8	20.4	22.9	25.8	19.1
	1993-94	18.1	25.6	14.2	17.9	20.6	20.5	22.8	25.8	19.7
	1994-95	23.0	29.6	16.0	20.9	28.0	23.1	23.8	26.7	23.6
	1995-96	27.1	30.4	19.6	27.7	30.0	24.9	26.1	35.0	26.8
	1996-97	29.3	35.4	21.7	31.7	32.0	22.2	21.3	32.2	29.6
	1997-98	29.8	33.8	23.1	35.2	35.2	23.4	25.6	36.4	30.4
	1998-99	31.3	36.9	25.6	37.0	34.3	22.4	30.4	32.3	32.2
	1999-00	32.8	35.9	27.6	37.6	36.3	22.9	36.3	34.0	33.2
	2000-01	33.5	36.1	28.5	41.1	36.0	26.1	39.0	30.0	34.0
	2001-02	35.2	37.3	29.8	42.9	39.0	31.9	42.6	40.3	35.9
Community Residential	1992-93	4.3	6.3		1.9	1.2	15.4	17.2		4.0
	1993-94	3.8	5.0		1.1	1.0	14.4	17.6		3.4
	1994-95	4.9	7.8		1.2	1.4	16.4	18.5		4.6
	1995-96	4.0	12.3		1.4	0.6	14.0	14.6		5.2
	1996-97	4.1	15.4		1.4	0.6	16.0	17.0		6.1
	1997-98	4.1	14.6		1.4	0.6	12.7	16.9		5.8
	1998-99	4.2	17.2		1.4	0.3	17.2	11.8		6.5
	1999-00	4.7	17.0		1.4	0.3	15.9	14.2	0.8	6.6
	2000-01	4.7	20.6	1.2	1.3	0.3	16.6	13.2	1.4	7.7
	2001-02	4.8	22.0	1.9	1.1	0.3	18.6	15.9	1.4	8.3
TOTAL	1992-93	68.6	92.1	71.7	88.4	98.8	89.9	69.4	70.6	80.1
	1993-94	67.4	86.6	70.8	86.4	99.5	88.4	71.9	73.1	78.0
	1994-95	70.4	86.4	71.4	87.9	92.7	92.1	67.4	71.4	78.6
	1995-96	72.0	82.0	73.3	92.8	92.6	96.3	70.4	76.0	79.0
	1996-97	73.7	87.4	75.8	98.9	94.5	92.4	64.9	75.8	81.9
	1997-98	74.6	80.4	77.6	103.0	96.8	88.5	69.9	77.4	81.4
	1998-99	77.1	87.2	78.9	103.0	95.0	87.2	68.9	68.5	83.9
	1999-00	78.3	89.0	81.1	100.1	96.0	82.1	74.5	74.2	85.0
	2000-01	79.1	91.2	83.0	100.7	97.1	91.5	76.2	69.9	86.5
	2001-02	81.2	93.7	89.7	101.5	102.2	104.0	82.6	78.1	90.0

(1) Direct care FTE includes the following categories: Medical Officers; Nursing; Diagnostic/Allied Health and Other personal Care staff.

(2) Direct care FTE for 1992-93 were extrapolated on the basis if the relationship between FTE and expenditure over the subsequent five years.

(3) The majority of organisations report annual average FTE data, but the dataset includes those organisations reporting FTE on a 'snapshot' basis.

(4) Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present.

(5) Zero FTE are reported by Queensland for community residential services in 1999-00 because these staff are included in inpatient counts. Queensland does not consider that it provides community residential services. Service reclassification was performed by the Australian Government to achieve consistency with definitions and across jurisdictions but it was not possible to separately identify the FTE associated with the service reclassified in 1999-00 from the inpatient to residential category.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-32: Number of medical, nursing and allied health professional full-time equivalent staff employed in specialist mental health services in 2001-02, by state and territory and health professional category

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Medical									
Consultant psychiatrists	226	196	145	97	68	13	6	8	759
Psychiatry registrars	232	211	179	103	99	12	11	6	853
Other medical officers	100	83	29	32	22	8	3	6	283
Total	558	490	353	232	189	32	20	21	1,894
Nursing									
Registered nurses	2,952	2,508	1,840	1,047	836	261	112	96	9,652
Non-registered	374	437	315	148	171	46	16	0	1,507
Total	3,326	2,945	2,155	1,196	1,008	307	128	96	11,159
Allied health									
Occupational therapists	183	204	98	127	44	6	9	1	673
Social workers	282	313	223	136	179	19	28	5	1,185
Psychologists	491	332	235	126	79	23	47	9	1,342
Other allied health	366	144	137	112	38	25	14	5	841
Total	1,323	993	693	500	341	73	97	20	4,041
TOTAL	5,207	4,428	3,201	1,928	1,538	412	245	136	17,094

(1) The majority of organisations report annual average FTE data, but the dataset includes those organisations reporting FTE on a 'snapshot' basis.

(2) Prior to 1999-2000, community residential services were defined as 24 hour staffed residential units in community settings (external to the campus of a general hospital or psychiatric institution) and funded by government. From 1999-2000, the definition has been broadened to incorporate all staffed community based units, regardless of the number of hours that staff are present. This change had a minor impact on the number of health professionals counted in 1999/00 relative to 1998/99 as the majority of staff employed in non 24 hour residential units are classified as 'Other Personal Care'.

(3) Minor discrepancies with Table A-28 due to conflicting data reported by some organisations.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

Table A-33: Number of medical, nursing and allied health professional full-time equivalent staff per 100,000 employed in specialist mental health services in 2001-02, by state and territory and health professional category

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	NAT AVG.
Medical									
Consultant psychiatrists	3.4	4.1	3.9	5.1	4.5	2.7	2.0	4.1	3.9
Psychiatry registrars	3.5	4.4	4.9	5.4	6.6	2.4	3.3	3.3	4.4
Other medical officers	1.5	1.7	0.8	1.7	1.5	1.6	1.1	3.0	1.4
Total	8.4	10.1	9.6	12.1	12.5	6.8	6.4	10.4	9.7
Nursing									
Registered nurses	44.7	51.9	50.2	54.7	55.2	55.3	34.9	48.3	49.4
Non-registered	5.7	9.0	8.6	7.8	11.3	9.6	5.0	0.0	7.7
Total	50.3	60.9	58.8	62.5	66.5	65.0	39.9	48.3	57.1
Allied health									
Occupational therapists	2.8	4.2	2.7	6.7	2.9	1.4	2.7	0.5	3.4
Social workers	4.3	6.5	6.1	7.1	11.8	3.9	8.7	2.5	6.1
Psychologists	7.4	6.9	6.4	6.6	5.2	4.9	14.6	4.6	6.9
Other allied health	5.5	3.0	3.7	5.9	2.5	5.2	4.3	2.5	4.3
Total	20.0	20.5	18.9	26.2	22.5	15.4	30.4	10.1	20.7
TOTAL	78.8	91.6	87.3	100.7	101.4	87.2	76.6	68.9	87.5

See notes to Table A-32.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

APPENDIX 6
State and territory ambulatory care services data

Table A-34: Number of patients treated and service contacts by ambulatory care mental health services by state and territory, 2001-02

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Patients treated									
N	223,234	82,726	70,555	47,172	37,008	6,475	9,837	4,865	481,872
% Services not reporting	19.6%	4.8%	1.0%	1.1%	13.8%	4.8%	7.1%	7.1%	11.9%
% Ambulatory expenditure covered by non reporting services	10.8%	3.9%	0.1%	0.0%	8.8%	8.5%	6.2%	16.1%	5.8%
% population receiving service	3.4%	1.7%	2.0%	2.5%	2.5%	1.4%	3.1%	2.5%	2.5%
Cost per treated patient	$930	$2,216	$1,494	$1,861	$1,315	$2,024	$1,290	$1,542	$1,382
Service contacts									
N	1,603,698	1,869,122	705,895	468,664	378,002	57,820	158,757	43,875	5,285,833
% Services not reporting	16.0%	4.1%	1.0%	1.1%	10.3%	4.8%	0.0%	7.1%	9.7%
% Ambulatory expenditure covered by non reporting services	5.0%	0.5%	0.1%	0.0%	7.0%	8.5%	0.0%	16.1%	2.7%
Cost per contact	$138	$102	$149	$187	$131	$227	$85	$171	$130
Contacts per patient	7.2	22.6	10.0	9.9	10.2	8.9	16.1	9.0	11.0

(1) The above data and derived indicators have significant data quality problems and are presented for demonstration purposes only, with the aim of improving the quality of information reported in future years. **The data and indicators are considered to not be of sufficient quality to be used for any form of comparative analysis of the performance of state and territory jurisdictions**. Future work will focus on improving data on service outputs and outcomes to support a range of analyses.

(2) Reporting of number of patients treated has a variable level of missing data across jurisdictions, and variable degrees of duplicated person counts. In some jurisdictions, it is not possible to calculate the exact number of patients treated, so a best estimate is provided. Overall, the number of patients treated is likely to be significantly overestimated by most jurisdictions.

(3) Calculation of average unit costs excludes those services with missing patient or contact data.

(4) Depreciation included, variably handled by jurisdictions.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

APPENDIX 7
Consumer and carer participation arrangements in public sector mental health service organisations

Table A-35: Consumer participation arrangements in public sector mental health service organisations, 1993-94 to 2001-02

Number of organisations		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Consumer with a formal position on management committee (LEVEL 1)	1993-94	4	2	2	1	2				11
	1994-95	1		5		2				8
	1995-96	9	1	3		2	3			18
	1996-97	17		2		1				20
	1997-98	30	7	3	1	3				44
	1998-99	55	8	7	3	5	3		1	82
	1999-00	62	10	4	3	7	2	2	5	95
	2000-01	58	25	7	4	6	2	2	2	106
	2001-02	51	28	10	3	6	2	2	1	103
Mental health consumer advisory committee, all services (LEVEL 1)	1993-94	4	4	4						12
	1994-95	12	4	4		3	2			25
	1995-96	21	4	5		12			1	43
	1996-97	26	5	7	1	8	1		1	49
	1997-98	17	2	7		12	1		1	40
	1998-99	15	1	7	1	9			1	34
	1999-00	9	1	11	3	8		1	1	34
	2000-01	15	1	10	4	13		1		44
	2001-02	16	4	10	4	10		1	2	47
Mental health consumer advisory committee, some services (LEVEL 2)	1993-94	12	5	4		1				22
	1994-95	11	6	1	1	1	1	1	1	23
	1995-96	9	5	10	2	2		1	1	30
	1996-97	6	2	9	4	3			1	25
	1997-98	6	3	12	5	4			1	31
	1998-99	3	5	5	5	5		1		24
	1999-00	5	5	8	7	6	1			32
	2000-01	2	14	6	6	5	1			34
	2001-02	6	10	6	7	6	1			36
Consumers on broadly based advisory committee (LEVEL 3)	1993-94	9	6	4	3	4	2			28
	1994-95	12	11	1	7	6			1	38
	1995-96	9	7	2	11	3				32
	1996-97	5	3	1	4	6	2	1		22
	1997-98	3	3	1	9	4	2	1	1	24
	1998-99	11	5	1	6	6			1	30
	1999-00	11	7	4	3	5				30
	2000-01	10	3	4	4	2				23
	2001-02	14	2	6	4	5				31
No specific arrangements or 'other arrangements' (LEVEL 4)	1993-94	14	14	8	12	6	1	2	7	64
	1994-95	22	14	7	12	16		1	5	77
	1995-96	12	16	11	13	12		1		65
	1996-97	13	11	11	17	11		1	3	67
	1997-98	11	7	7	12	9		1	2	49
	1998-99	9	4	9	9	5		1	2	39
	1999-00	12	6	2	7	6				33
	2000-01	13	7	2	2	5			1	30
	2001-02	7	8	6		5				26

Table A-35: Consumer participation arrangements in public sector mental health service organisations, 1993-94 to 2001-02

… continued

Total number of organisations	1993-94	43	31	22	16	13	3	2	7	137
	1994-95	58	35	18	20	28	3	2	7	171
	1995-96	60	33	31	26	31	3	2	2	188
	1996-97	67	21	30	26	29	3	2	5	183
	1997-98	67	22	30	27	32	3	2	5	188
	1998-99	93	23	29	24	30	3	2	5	209
	1999-00	99	29	29	23	32	3	3	6	224
	2000-01	98	50	29	20	31	3	3	3	237
	2001-02	94	52	38	18	32	3	3	3	243
Percent of organisations										
		NSW	**VIC**	**QLD**	**WA**	**SA**	**TAS**	**ACT**	**NT**	**TOTAL**
LEVEL 1	1993-94	19%	19%	27%	6%	15%				17%
	1994-95	22%	11%	50%		18%	67%			19%
	1995-96	50%	15%	26%		45%	100%		50%	32%
	1996-97	64%	24%	30%	4%	31%	33%		20%	38%
	1997-98	70%	41%	33%	4%	47%	33%		20%	45%
	1998-99	75%	39%	48%	17%	47%	100%		40%	56%
	1999-00	72%	38%	52%	26%	47%	67%	100%	100%	58%
	2000-01	74%	52%	59%	40%	61%	67%	100%	67%	63%
	2001-02	71%	62%	53%	39%	50%	67%	100%	100%	62%
LEVEL 2	1993-94	28%	16%	18%		8%				16%
	1994-95	19%	17%	6%	5%	4%	33%	50%	14%	13%
	1995-96	15%	15%	32%	8%	6%		50%	50%	16%
	1996-97	9%	10%	30%	15%	10%			20%	14%
	1997-98	9%	14%	40%	19%	13%			20%	16%
	1998-99	3%	22%	17%	21%	17%		50%		11%
	1999-00	5%	17%	28%	30%	19%	33%			14%
	2000-01	2%	28%	21%	30%	16%	33%			14%
	2001-02	6%	19%	16%	39%	19%	33%			15%
LEVEL 3	1993-94	21%	19%	18%	19%	31%	67%			20%
	1994-95	21%	31%	6%	35%	21%			14%	22%
	1995-96	15%	21%	6%	42%	10%				17%
	1996-97	7%	14%	3%	15%	21%	67%	50%		12%
	1997-98	4%	14%	3%	33%	13%	67%	50%	20%	13%
	1998-99	12%	22%	3%	25%	20%			20%	14%
	1999-00	11%	24%	14%	13%	16%				13%
	2000-01	10%	6%	14%	20%	6%				10%
	2001-02	15%	4%	16%	22%	16%				13%
LEVEL 4	1993-94	33%	45%	36%	75%	46%	33%	100%	100%	47%
	1994-95	38%	40%	39%	60%	57%		50%	71%	45%
	1995-96	20%	48%	35%	50%	39%		50%		35%
	1996-97	19%	52%	37%	65%	38%		50%	60%	37%
	1997-98	16%	32%	23%	44%	28%		50%	40%	26%
	1998-99	10%	17%	31%	38%	17%		50%	40%	19%
	1999-00	12%	21%	7%	30%	19%				15%
	2000-01	13%	14%	7%	10%	16%			33%	13%
	2001-02	7%	15%	16%		16%				11%

(1) LEVELS 1 to 4 reflects the scoring hierarchy developed for monitoring state and territory performance under the Australian Health Care Agreements 1998-2003. See Chapter 4 for discussion.

(2) 'No specific arrangements' and 'other arrangements" includes the responses 'Consumers meet with senior representatives as required', ' No specific arrangements' and 'Other arrangements'.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services database.

Table A-36: Number and percentage of other types of consumer participation arrangements within public sector mental health service organisations 2001-02, by state and territory

Number of organisations

STATE	Total organisations	Paid consumer consultants	Consumer discussion groups	Formal consumer participation policy	Consumer satisfaction surveys	Consumer review of complaints
NSW	94	47	77	69	69	58
VIC	52	26	44	32	49	32
QLD	38	5	29	29	33	22
WA	18	0	14	12	14	10
SA	32	0	20	13	20	13
TAS	3	0	1	3	2	0
ACT	3	3	3	3	3	2
NT	3	0	3	2	3	1
Total	243	81	191	163	193	138

Percent of organisations

STATE	Total organisations	Paid consumer consultants	Consumer discussion groups	Formal consumer participation policy	Consumer satisfaction surveys	Consumer review of complaints
NSW	94	50%	82%	73%	73%	62%
VIC	52	50%	85%	62%	94%	62%
QLD	38	13%	76%	76%	87%	58%
WA	18	0%	78%	67%	78%	56%
SA	32	0%	63%	41%	63%	41%
TAS	3	0%	33%	100%	67%	0%
ACT	3	100%	100%	100%	100%	67%
NT	3	0%	100%	67%	100%	33%
Total	243	33%	79%	67%	79%	57%

Caution is required in interpreting the above data. For example, organisations may indicate that they employ paid consumer consultants regardless of the number of paid hours per annum.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

Table A-37: Number and percentage of other types of carer participation arrangements within public sector mental health service organisations 2001-02, by state and territory

Number of organisations

STATE	Total organisations	Paid carer consultants	Carer discussion groups	Formal carer participation policy	Carer satisfaction surveys	Carer review of complaints
NSW	94	14	69	61	52	48
VIC	52	16	46	25	44	24
QLD	38	0	25	26	22	22
WA	18	0	12	8	10	7
SA	32	0	14	10	18	12
TAS	3	0	1	3	0	0
ACT	3	1	3	2	1	2
NT	3	0	2	1	0	1
Total	243	31	172	136	147	116

Percent of organisations

STATE	Total organisations	Paid carer consultants	Carer discussion groups	Formal carer participation policy	Carer satisfaction surveys	Carer review of complaints
NSW	94	15%	73%	65%	55%	51%
VIC	52	31%	88%	48%	85%	46%
QLD	38	0%	66%	68%	58%	58%
WA	18	0%	67%	44%	56%	39%
SA	32	0%	44%	31%	56%	38%
TAS	3	0%	33%	100%	0%	0%
ACT	3	33%	100%	67%	33%	67%
NT	3	0%	67%	33%	0%	33%
Total	243	13%	71%	56%	60%	48%

Caution is required in interpreting the above data. For example, organisations may indicate that they employ paid carer consultants regardless of the number of paid hours per annum.

Source: Australian Government Department of Health and Ageing, National Survey of Mental Health Services 2002.

APPENDIX 8
Private psychiatric hospital data

A specific establishment-level collection of psychiatric units provided by the private hospital sector is not available. The closest alternative is the Private Health Establishments Collection (PHEC), an annual census conducted by the Australian Bureau of Statistics (ABS). Data from this collection is published in *Private Hospitals Australia,* the most recent issue covering the 2001-02 year. Data released in the ABS publication is designed to describe the overall activity and financial aspects of private hospitals rather than give details relating to the operation of specialised units within the sector.

Using customised tables prepared for the Department of Health and Ageing by the ABS, the PHEC database has provided the basis of all information presented on private hospitals in the National Mental Health Report series. The scope of the analysis covers only those private hospitals that indicated in the PHEC survey that they provide a specialised psychiatric inpatient unit, rather than all hospitals which, as part of a more general service, treated patients for a mental illness. This approach is consistent with the definition of specialised mental health services used in defining relevant services within the public sector.

Data quality issues

Three factors may contribute to inaccuracy of the estimates detailed in this report.

- As the PHEC survey does not specifically target psychiatric units, expenditure, revenue and staffing of those units is reported as part of the total hospital response to the survey. Specific data relating to expenditure, revenue and staffing for private psychiatric units therefore needed to be derived involving a series of estimates outlined below. These are subject to some degree of error that is not possible to quantify.
- As the ABS can only provide aggregate data that does not identify individual agencies, it was not possible to undertake a data validation exercise in a manner comparable to that used for public mental health services in the National Survey of Mental Health Services.
- Variable reporting practices over the years of the survey may contribute to the trends observed in the time series data. For example, because of the close relationship of drug and alcohol services with psychiatric services in the private hospital sector, the data presented for some years may include some details relating to drug and alcohol services which it has not been possible to separate out.

Definitional issues

Stand alone and colocated status of hospitals

The PHEC survey distinguishes private acute and private psychiatric hospitals. Private psychiatric hospitals are defined as those hospitals that are licensed or approved by each state or territory health authority and that cater primarily for admitted patients with psychiatric or behavioural disorders. For the purpose of the analysis used in this report, stand alone private psychiatric hospitals were operationalised as those private hospitals in which the number of psychiatric beds made up more than 75% of total beds.

Of the 46 private hospitals reporting a psychiatric unit to the 2001-02 survey, 21 met the stand alone criterion. Ninety seven percent of the total beds reported by these hospitals were located in psychiatric units, indicating that the predominant business of this hospital group was the provision of psychiatric care. Collectively, the stand alone group accounted for 65% of total psychiatric beds and 66% of psychiatric patient days reported by the private hospital sector in 2001-02.

Beds, patient days and separations

All estimates are based on the standard ABS survey definitions. The PHEC survey requires psychiatric-specific beds, patient days and separations to be separately enumerated by each hospital responding to the survey.

Expenditure, revenue and staffing estimates used in the analysis

Expenditure

Total expenditure is reported to the PHEC survey for each hospital as a whole and not separated into the various health care programs that may be delivered by each hospital. The following approach was used to estimate total psychiatric-related expenditure for the private hospital sector.

Step 1: Estimate psychiatric expenditure for stand alone hospitals.

This was calculated by ABS at the individual hospital level as follows.

$$\text{Estimated total psychiatric expenditure within stand alone hospitals} = \text{(Total expenditure reported by the hospital)} \times \frac{\text{(Total psychiatric patient days reported by the hospital)}}{\text{(Total patient days reported by the hospital)}}$$

The individual totals for each of hospital were then summed to give the total psychiatric expenditure for stand alone hospitals.

Step 2: Estimate total psychiatric expenditure of all private hospitals.

This step 'scaled up' the estimated total psychiatric expenditure for stand alone hospital based on the proportion of total private psychiatric patient days provided by those hospitals.

$$\text{Estimate total psychiatric expenditure of all private hospitals} = \text{(Estimated total psychiatric expenditure for stand alone hospitals)} \times \frac{\text{(Total psychiatric patient days reported by all private hospitals)}}{\text{(Total psychiatric reported by stand alone hospitals)}}$$

This step assumes that psychiatric patient day costs in colocated units were equivalent to the average patient days cost of all stand alone hospitals.

Revenue

As per expenditure, total revenue is reported to the PHEC survey for each hospital as a whole and not separated into the various health care programs. The following approach was used to estimate total psychiatric-related revenue for the private hospital sector.

Step 1: Estimate psychiatric revenue for stand alone hospitals.

This was calculated at an aggregate level for stand alone hospitals based on the data supplied by ABS.

$$\text{Estimated total psychiatric revenue within stand alone hospitals} = \text{(Total revenue reported by stand alone hospitals)} \times \frac{\text{(Estimated total psychiatric expenditure for stand alone hospitals)}}{\text{(Total expenditure reported by stand alone hospitals)}}$$

This method assumes that if psychiatric patient days are x% of expenditure then they are also x% of revenue for the stand alone hospital group as a whole.

Step 2: Estimate total psychiatric revenue of all private hospitals.
This step 'scaled up' the estimated total psychiatric expenditure for stand alone hospital based on the proportion of total private psychiatric patient days provided by those hospitals.

$$\text{Estimated total psychiatric revenue for all private hospitals} = \text{(Estimated total psychiatric revenue within stand alone hospital hospitals)} \times \frac{\text{(Estimate total psychiatric expenditure of all private hospitals)}}{\text{(Estimated total expenditure for stand alone hospitals)}}$$

This method assumes that the revenue to expenditure ratio in colocated psychiatric units is the same as that for stand alone hospitals ie the revenue earned per patient day is the same.

Historical data presented in the current report revise previous revenue estimates published in earlier National Mental Health Reports. This is a consequence of the amendment to the method used to estimate expenditure described above.

Staffing estimates

Staffing profiles are reported to the PHEC for the total hospital establishment rather than separated in to specific programs. The following formulae were used to estimate the psychiatric component of total staffing reported.

Step 1: Estimate psychiatric-specific staffing within stand alone hospitals.

This was calculated as follows.

$$\text{Estimated total psychiatric FTE within stand alone hospitals} = \text{(Total FTE reported by stand alone hospitals)} \times \frac{\text{(Total psychiatric patient days reported by stand alone hospitals)}}{\text{(Total patient days reported by stand alone hospitals)}}$$

Step 2: Estimate total psychiatric-specific staffing within all private hospitals.

This step 'scaled up' the estimated psychiatric staffing in stand alone hospitals based on the proportion of total private psychiatric beds located in those hospitals.

$$\text{Estimated total psychiatric FTE within all private hospitals} = \text{(Estimated total psychiatric FTE within stand alone hospitals)} \times \frac{\text{(Total psychiatric beds reported by all private hospitals)}}{\text{(Total psychiatric beds reported by stand alone hospitals)}}$$

This step assumes that staffing numbers in colocated hospitals, expressed as staff per available bed, are equivalent to the average for stand alone hospitals.

Deflator applied to Private Hospital expenditure

Within the main text of this report, private hospital expenditure has been deflated and expressed in 2001-02 constant prices. The rationale for this procedure is equivalent to that used in the adjustment of state and territory expenditure, as outlined in Appendix 2.

The deflator applied for the current report was the same as that used for state and territory mental health services expenditure - the Government Final Consumption Expenditure (GFCE) on Hospital and Clinical Services. Details are provided in Appendix 2.

Table A-38: Summary of activity and expenditure in private hospitals with psychiatric units, 1992-93 to 2001-02, current and constant prices

	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
Number of hospitals	33	38	39	36	34	39	42	45	45	46
Total psychiatric beds	1,260	1,380	1,393	1,368	1,339	1,507	1,635	1,619	1,731	1,737
Patient days (include same day)	328,100	346,108	360,032	375,232	369,409	380,117	426,440	421,641	489,844	520,542
Total separations										
Overnight	15,716	18,416	19,578	21,279	18,794	20,336	22,514	24,070	24,332	24,528
Same day	10,145	12,620	18,147	18,034	25,699	19,002	44,975	52,372	61,626	73,270
Average length of stay (est)										
With same day	13	11	10	10	8	10	6	6	6	5
Excluding same day	20	18	17	17	18	18	17	15	18	18
Staffing (FTE) (a)	1,222	1,398	1,413	1,425	1,522	1,697	1,966	1,898	2,040	2,202
EXPENDITURE AND REVENUE - CURRENT PRICES (a)										
Total recurrent expenditure ('000s) (a)	79,617.8	90,779.6	101,430.7	105,285.0	105,391.1	116,333.2	141,417.3	140,251.6	165,112.6	180,094.9
Total revenue ('000s) (a)	102,605.7	111,691.2	124,705.1	133,291.8	130,124.6	141,999.3	165,892.8	168,185.3	193,603.0	212,632.3
Total revenue less Australian Government sources ('000s) (b)	101,846.7	110,243.2	117,781.1	125,340.3	120,773.3	119,934.1	130,400.1	121,199.5	129,964.1	144,958.2
EXPENDITURE AND REVENUE - CONSTANT PRICES (a)										
Total recurrent expenditure ('000s) (a)	96,761.8	109,348.7	120,118.0	122,256.1	120,215.7	130,335.1	154,269.3	149,629.7	170,445.7	180,094.9
Total revenue ('000s) (a)	124,699.6	134,537.8	147,680.4	154,777.5	148,428.3	159,090.4	180,969.2	179,431.3	199,856.4	212,632.3
Total revenue less Australian Government sources ('000s) (b)	123,777.2	132,793.6	139,480.8	145,544.2	137,761.6	134,369.5	142,250.9	129,303.7	134,162.0	144,958.2

(a) Estimates of expenditure, revenue and staffing are derived and subject to some degree of error. Direct measures are not possible from source data.

(b) 'Total revenue less Australian Government sources' takes Total revenue and deducts:

- all payments made to hospitals by the Department of Veterans' Affairs; and
- estimates of the mental health component of the Australian Government Private Health Insurance Rebate.

The remaining amount is then deemed to represent the payments made by private health insurers in respect of private hospital psychiatric care and is used in the estimates of national spending on mental health presented in Part 2.

Source: Based on Australian Government analysis of data prepared by the Australian Bureau of Statistics from the Private Hospitals Establishments Collection.

APPENDIX 9
Australian Government mental health expenditure

Estimated Australian Government expenditure is described across two broad categories:

- direct expenditure on mental health services, covering:
  - Medicare-funded mental health care provided by general practitioners and private consultant psychiatrists;
  - Pharmaceutical Benefits Schedule expenditure on psychiatric drugs;
  - National Mental Health Strategy funding;
  - Department of Veteran's Affairs funding for mental health services to veterans;
  - estimates of private health insurance rebates for private hospital psychiatric care; and
  - grants for mental health research
- project grants that have an exclusive or substantial mental health focus.

Data presented on benefits paid under the MBS for services by consultant psychiatrists were prepared by the Medicare Statistics and Analysis Section, Medicare Benefits Branch, Department of Health and Ageing.

A range of other expenditure, both directly or indirectly related to provision of support for people affected by mental illness and psychiatric disability, is not covered in Table A-39. Expenditure that can be directly linked to specialised mental health service provision but not counted in the table includes:

- nursing home and hostel subsidies provided to psychogeriatric nursing homes managed by states and territories;
- all administrative overheads except for those associated with the National Mental Health Strategy, including the costs of the administrative infrastructure required to provide funding under the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS); and
- grants provided to states and territories under the Australian Health Care Agreements (1998-2003) – other than Schedule B – used to fund psychiatric units in general hospitals.

Accurate costing of these items was not possible for the current National Mental Health Report.
In addition, the Australian Government provides significant support to people affected by mental illness through the income security provisions of the Department of Family and Community Services and other social and welfare programs. Consistent with the focus of the National Mental Health Report on specialised mental health services, these costs have been excluded from the analysis.

Explanatory Notes to Table A-39

(a) National Mental Health Strategy funds include allocations made to states and territories under the former Medicare Agreements, the Australian Health Care Agreements (1998-2003), including funding from the mental health Commonwealth Own Purpose Outlays component of the Agreements, plus funding for national reform activities provided under Appropriation Bill 1 (Mental Health Strategies).

(b) Research funding comprises estimates of all mental health grants allocated through the National Health and Medical Research Council (NHMRC) and the Research and Development Grants Advisory Committee (RADGAC).

(c) Medicare Benefits Schedule (MBS) payments for consultant psychiatrists cover benefits paid for all 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.

(d) Expenditure under the Pharmaceutical Benefits Schedule 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. In addition, expenditure on Clozapine, funded under the Highly Specialised Drugs Program, has been included for all years, requiring adjustment to the historical data.. 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.

(e) Since the commencement of the National Mental Health Report series, estimates of expenditure for mental health care provided by general practitioners (GPs) have been calculated at 6.1% of total MBS benefits paid for all GP consultations. This was based on a 1992 survey that found 6.1% of GP consultations were primarily for mental heath reasons.[12] More recent data from the *Bettering the Evaluation and Care of Health* (BEACH) survey suggests that this might slightly understate mental health related GP expenditure. The 1999-00 BEACH survey, based on a sample of approximately 1,000 GPs and 104,856 GP attendances, found that:[13]

- one or more mental health related 'reasons for encounter' (RFE) were identified in 7.2% of attendances;[14]
- mental health related 'reasons for encounter; accounted for 4.5% of total RFEs;
- one or more mental health related 'problems managed' were identified in 10.5% of attendances included; and
- mental health related 'problems managed' accounted for 7.2% of all problems managed.[15]

Further work is require to determine the best approach to translate these indicators to an estimate of mental health related GP expenditure. For the purpose of maintaining consistency across the time series, the 6.1% estimate used in previous reports has been maintained for the current publication.

(f) 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 psychiatric care in private hospitals.

In 1997, the Australian Government passed the *Private Health Insurance Incentives Act 1997*. This introduced the Private Health Insurance Incentives Scheme (PHIIS) effective from 1 July 1997. Under the PHIIS, fixed-rate rebates were provided to low and middle-income earners with hospital and/or ancillary cover with a private health insurance fund. Those rebates could be taken in the form of reduced premiums (with the health funds being reimbursed by the Australian Government out of appropriations) or as income tax rebates claimable after the end of the income year. On 1 January 1999, the means-tested PHIIS was replaced with a 30% rebate on premiums, which is available to all persons with private health insurance cover. As with the PHISS, the 30% rebate could be taken either as a reduced premium (with the health funds being reimbursed by the Australian Government) or as an income tax rebate.

The combined Australian Government outlays under the two schemes, and the estimated amounts spent on private hospital care, are as follows:

---

12 Bridges-Webb C, Britt H, Miles D et al (1992) Morbidity and treatment in General Practice in Australia 1990-1991, *Medical Journal of Australia,* Supplement, October 1992.

13 Britt H, Miller G, Charles J et al (2000) General Practice Activity in Australia 1999-00. *General Practice Series No. 2*, Australian Institute of Health and Welfare, Canberra.

14 For each encounter, the general practitioner could record up to three patient RFEs. RFEs are those concerns and expectations that patients bring to the doctor, which may be in the form of symptoms and complaints or requests for services of treatment.

15 The problem managed is a formal statement of the GPs understanding of a health problem presented by the patient, which may at times be limited to the level of presenting symptoms. For each patient encounter up to four problems could be recorded by the GP.

	1997-98 $000s	1998-99 $000s	1999-00 $000s	2000-01 $000s	2001-02 $000s
(A) Total Australian Government outlays on private health insurance subsidies	567,000	957,000	1,576,000	1,856,000	1,950,000
(B) Estimated component of Australian Government private health insurance subsidies spent on private hospital care	213,000	497,000	792,000	897,000	944,000

Source: Health Expenditure in Australia 2001-02, Australian Institute of Health and Welfare, September 2003.

Estimation of the 'mental health share' of the amounts shown at (B) is based on the proportion of total hospital revenue accounted for by psychiatric care. This assumed that if psychiatric care provided by the private hospital sector accounts for x% of revenue, then x% of the component of the Australian Government private health insurance subsidies spent by health insurance funds in paying for private hospital care is directed to psychiatric care. The estimates provided by this approach are shown below:

	1997-98 $000s	1998-99 $000s	1999-00 $000s	2000-01 $000s	2001-02 $000s
Estimated component of Australian Government private health insurance subsidies spent on private hospital care	213,000	497,000	792,000	897,000	944,000
Per cent of total private hospital revenue earned through the provision of psychiatric care	3.88%	4.19%	4.00%	4.08%	3.99%
Estimated 'mental health share' of Australian Government private health insurance spent on private hospital care	8,258.7	20,825.2	31,686.7	36,623.7	37,680.7

Details of the estimation of private hospital revenue earned from psychiatric care are provided in Appendix 9. Total private hospital revenue for the years above was sourced from *Health Expenditure in Australia 2001-02*, Australian Institute of Health and Welfare, September 2003 and *Private Hospitals Australia 2002*, Australian Bureau of Statistics.

(g) The Department of Veterans' Affairs (DVA) expenditure estimates for the years 1992-93 to 1996-97 were adjusted for the National Mental Health Report 2000 and increased by the equivalent of $19.4 million in 1998 constant price terms. This followed a mental health policy review within the department that identified higher levels of expenditure than previously estimated.

DVA provided the following information in respect of its mental health related expenditure in 2000-01 and 2001-02.

	2000-01 $000s	2001-02 $000s
Private hospitals	27,015.2	29,993.4
Public hospitals	32,903.0	37,360.8
Consultant psychiatrists	10,692.3	10,912.7
Vietnam Veteran's Counselling Service (salaries, contracted providers and programs)	12,140.5	15,868.7
Pharmaceuticals	20,270.0	23,698.8
Private psychologists and allied health	878.3	956.0
General practitioners	13,170.5	13,418.9
Australian Centre for Posttraumatic Mental Health	1200.0	1,585.1
TOTAL	118,269.8	133,794.4

Source: Department of Veterans' Affairs (current prices)

(h) Other' includes a number of current initiatives as well as several time limited initiatives that were available earlier in the National Mental Health Strategy period but have been subsequently absorbed within general Australian Government programs. For 2000-01 and 2001-02, 'other' Australian Government expenditure includes the following estimates:

	2000-01 $000s	2001-02 $000s
Divisions of General Practice (est only)	2,700.0	2,700.0
OATSIH Emotional & Social Wellbeing Action Plan	5,497.0	5,374.0
Medical Specialists Outreach & Assistance Program	194.3	873.7
Rural Health Support, Education & Training Grants	226.1	259.3
TOTAL	8,617.4	9,207.0

Source: Department of Health and Ageing (current prices)

Deflator applied to Australian Government expenditure

Within the main text of this report, Australian Government expenditure has been deflated and expressed in 2002 constant prices. The rationale for this procedure is equivalent to that used in the adjustment of state and territory expenditure, outlined in Appendix 3.

There are a number of indicators of price movements that can be applied to deflate various categories of Australian Government expenditure. The deflator applied for the current report was the Implicit Price Deflator for Non-Farm GDP, as this index is most commonly applied for Australian Government health spending trends. The deflator is applied throughout the current report to express estimates of Australian Government expenditure in 2001-02 prices.

The details below present the expenditure deflators used for the conversion of current expenditure in the financial years 1992-93 to 2001-02 to constant 2002 prices.

1992-93	84.7
1993-94	85.5
1994-95	86.2
1995-96	88.4
1996-97	90.2
1997-98	91.5
1998-99	91.9
1999-00	93.8
2000-01	98.0
2001-02	100.0

Table A-39: Estimated Australian Government expenditure on mental health services, 1992-93 to 2001-02, current and constant prices ($000s)

	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
Expenditure in current prices										
National Mental Health Strategy (a)	3,610.0	17,629.0	36,160.0	64,289.2	52,105.1	63,946.6	59,276.7	62,951.5	74,211.6	94,172.4
Research (b)	6,530.0	7,500.0	10,682.9	11,880.0	12,132.1	12,342.2	6,537.4	6,252.6	9,118.1	9,002.1
MBS - Consultant Psychiatrist services (c)	169,530.4	183,412.0	189,810.3	197,546.3	193,009.8	190,529.9	191,871.7	193,384.6	196,674.0	196,927.9
PBS - psychiatric drugs (d)	62,945.1	91,524.9	135,834.2	197,238.8	201,903.3	241,036.7	300,233.7	370,510.3	441,418.7	497,755.9
General practitioners (e)	121,759.5	129,575.7	134,007.4	141,179.5	142,722.5	144,436.0	146,095.0	149,572.0	156,226.1	167,272.0
Private Health Insurance Premium Rebates (f)						8,258.7	20,825.2	31,686.7	36,623.7	37,680.7
Department of Veterans' Affairs (g)	53,649.9	51,987.8	63,223.9	66,462.5	71,005.5	71,455.7	80,656.1	85,991.5	118,269.8	133,794.4
Other (h)	7,901.9	7,045.4	7,810.1	8,096.6	13,241.2	13,360.5	7,789.0	8,050.9	8,617.4	9,207.0
TOTAL	425,926.7	488,674.7	577,528.9	686,692.9	686,119.5	745,366.2	813,284.9	908,400.1	1,041,159.4	1,145,812.5
Expenditure in constant prices										
National Mental Health Strategy (a)	4,262.1	20,618.7	41,949.0	72,725.3	57,766.2	69,887.0	64,501.4	67,112.5	75,726.1	94,172.4
Research (b)	7,709.6	8,771.9	12,393.2	13,438.9	13,450.2	13,488.7	7,113.6	6,665.9	9,304.2	9,002.1
MBS - Consultant Psychiatrist services (c)	200,153.9	214,516.9	220,197.6	223,468.7	213,979.9	208,229.4	208,783.2	206,166.9	200,687.7	196,927.9
PBS - psychiatric drugs (d)	74,315.3	107,046.6	157,580.3	223,120.9	223,839.6	263,428.1	326,696.0	395,000.3	450,427.3	497,755.9
General practitioners (e)	143,753.8	151,550.5	155,461.0	159,705.3	158,228.9	157,853.6	158,971.7	159,458.4	159,414.4	167,272.0
Private Health Insurance Premium Rebates (f)						9,025.9	22,660.7	33,781.1	37,371.1	37,680.7
Department of Veterans' Affairs (g)	63,341.0	60,804.4	73,345.6	75,183.8	78,720.1	78,093.6	87,765.1	91,675.3	120,683.5	133,794.4
Other (h)	9,329.3	8,240.2	9,060.4	9,159.1	14,679.8	14,601.6	8,475.5	8,583.1	8,793.3	9,207.0
TOTAL	502,865.1	571,549.4	669,987.2	776,801.9	760,664.6	814,607.9	884,967.2	968,443.6	1,062,407.5	1,145,812.5
Per capita expenditure in constant prices										
	$28.60	$32.18	$37.32	$42.69	$41.29	$43.77	$47.04	$50.87	$55.13	$58.66

(1) Table A-39 includes revised estimates for years prior to 2000-01.
(2) Constant price expenditure for all years, expressed in 2002 prices, using Implicit Price Deflator for Non-Farm GDP.
(3) See pages 101-104 for explanatory notes to individual expenditure items.

Source: Australian Government Department of Health and Ageing.

APPENDIX 10
Medicare Benefits Schedule data for Consultant psychiatrists

Three source data tables are presented in this Appendix to support the MBS information outlined in Chapter 3 of the main report. Notes to assist in interpretation are provided below. All tables relate only to benefits paid under the Medicare Benefits Schedule for service provided by consultant psychiatrists. Work performed by consultant psychiatrists funded from other sources (e.g., workers compensation schemes), including the Repatriation Medicare Benefits Schedule, is not included in the tables.

Notes applicable to Table A-40 to Table A-42

- All data presented in Table A-40 to Table A-42 were prepared by Medicare Statistics and Analysis Section, Medicare Benefits Branch of the Department of Health and Ageing.
- Based on consultant psychiatrist attendance items rather than all services provided by consultant psychiatrist. Data also include electroconvulsive therapy services funded under the MBS although in recent years this item has been transferred out of the MBS category of consultant psychiatrist attendances.
- All data are based on full counts of attendances, providers and benefits paid in respect of each year; and based on date of processing of Medicare accounts rather than the date on which the service was provided.
- The split of providers into full-time and part-time groups is based on the standard Department of Health and Ageing MBS schedule income split.
- Provider counts in each year ignore providers with zero or negative activity within each year. However counts of services, fees charged etc adjust for negative values.

Table A-40: National trends in consultant psychiatrist services funded under the Medicare Benefits Schedule, 1984-85 to 2001-02

PRIMARY DATA	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
Number of providers – part time	375	412	430	436	471	477	484	497	483
Number of providers - full time	653	695	740	764	799	854	905	940	1,018
No. Providers - Total	1,028	1,107	1,170	1,200	1,270	1,331	1,389	1,437	1,501
Total Services (ALL services by Psychs)	1,268,413	1,361,517	1,452,300	1,489,070	1,563,083	1,690,531	1,780,240	1,901,599	2,014,608
No. Patients	174,420	181,000	185,620	190,040	194,230	206,700	217,260	229,080	246,340
Total Fees Charged (ALL services by Psychs) $M	$73.9	$82.7	$95.4	$108.0	$120.6	$137.4	$153.0	$170.0	$186.7
Total Schedule Fees (ALL services by Psychs) $M	$77.5	$86.7	$100.1	$113.6	$126.3	$143.2	$159.1	$177.4	$195.3
Total Psych. Benefits Paid (ALL services by Psychs) $M	$68.7	$77.0	$88.2	$99.1	$110.2	$125.2	$138.9	$152.9	$169.5
Total MBS Benefits $M - all items	$2,279.9	$2,608.8	$2,881.8	$3,090.6	$3,394.6	$3,805.4	$4,238.4	$4,589.6	$5,018.1
INDICATORS									
Providers per 100,000 - Part time	2.4	2.6	2.6	2.6	2.8	2.8	2.8	2.8	2.7
Providers per 100,000 - Full Time	4.1	4.3	4.5	4.6	4.8	5.0	5.2	5.4	5.8
Providers per 100,000	6.5	6.9	7.2	7.3	7.6	7.8	8.0	8.2	8.5
Patients per 100,000	1,105	1,130	1,141	1,150	1,155	1,211	1,257	1,309	1,394
Psych. Exp as % Total MBS	3.0%	3.0%	3.1%	3.2%	3.2%	3.3%	3.3%	3.3%	3.4%
Psych. Exp. per capita ($)	$4.35	$4.81	$5.42	$5.99	$6.56	$7.33	$8.04	$8.74	$9.60
Services per 100,000	8,034	8,500	8,930	9,007	9,296	9,906	10,300	10,870	11,403
Av. Patients per Provider	170	164	159	158	153	155	156	159	164
Av. Services per Provider	1,234	1,230	1,241	1,241	1,231	1,270	1,282	1,323	1,342
Av. Services per Patient	7.3	7.5	7.8	7.8	8.0	8.2	8.2	8.3	8.2
Av. Benefits Paid per Provider($)	$66,845	$69,599	$75,359	$82,579	$86,795	$94,039	$100,020	$106,406	$112,945
Av. Gross Fees per Provider ($)	$71,885	$74,735	$81,497	$89,984	$94,931	$103,232	$110,125	$118,291	$124,410

Table A-40: National trends in consultant psychiatrist services funded under the Medicare Benefits Schedule, 1984-85 to 2001-02

… continued

PRIMARY DATA	1993-94	1994-95	1995-96	1996-97	1997-98	1997-98	1999-00	2000-01	2001-02
Number of providers – part time	479	483	499	554	566	637	692	719	763
Number of providers - full time	1,076	1,099	1,116	1,118	1,119	1,120	1,104	1,120	1,095
No. Providers - Total	1,555	1,582	1,615	1,672	1,685	1,757	1,796	1,839	1,858
Total Services (ALL services by Psychs)	2,140,822	2,198,154	2,260,292	2,216,592	2,189,434	2,157,455	2,123,455	2,126,549	2,112,599
No. Patients	264,910	280,450	289,490	284,710	285,160	285,980	283,496	284,878	281,816
Total Fees Charged (ALL services by Psychs) $M	$202.1	$210.2	$219.9	$217.1	$217.4	$219.7	$222.7	$229.3	$232.0
Total Schedule Fees (ALL services by Psychs) $M	$211.3	$218.7	$227.8	$223.1	$220.7	$222.1	$223.7	$227.9	$228.4
Total Psych. Benefits Paid (ALL services by Psychs) $M	$183.4	$189.8	$197.5	$193.0	$190.5	$191.9	$193.4	$197.6	$196.9
Total MBS Benefits $M -all items	$5,373.3	$5,696.7	$6,038.4	$6,158.0	$6,333.5	$6,669.1	$6,945.0	$7,326.8	$7,829.5
INDICATORS	**1993-94**	**1994-95**	**1995-96**	**1996-97**	**1997-98**	**1997-98**	**1999-00**	**2000-01**	**2001-02**
Providers per 100,000 - Part time	2.7	2.7	2.7	3.0	3.0	3.4	3.6	3.7	3.9
Providers per 100,000 - Full Time	6.0	6.1	6.1	6.0	6.0	5.9	5.8	5.8	5.6
Providers per 100,000	8.7	8.8	8.8	9.0	9.0	9.3	9.4	9.5	9.4
Patients per 100,000	1,484	1,552	1,581	1,538	1,524	1,511	1,480	1,467	1,433
Psych. Exp as % Total MBS	3.4%	3.3%	3.3%	3.1%	3.0%	2.9%	2.8%	2.7%	2.5%
Psych. Exp. per capita ($)	$10.27	$10.50	$10.79	$10.42	$10.18	$10.14	$10.10	$10.13	$10.02
Services per 100,000	11,990	12,163	12,344	11,970	11,701	11,400	11,088	10,954	10,744
Av. Patients per Provider	170	177	179	170	169	163	158	155	152
Av. Services per Provider	1,377	1,389	1,400	1,326	1,299	1,228	1,182	1,156	1,137
Av. Services per Patient	8.1	7.8	7.8	7.8	7.7	7.5	7.5	7.5	7.5
Av. Benefits Paid per Provider($)	$117,950	$119,981	$122,320	$115,437	$113,074	$109,204	$107,675	$106,946	$105,989
Av. Gross Fees per Provider ($)	$129,979	$132,897	$136,148	$129,866	$128,993	$125,044	$124,014	$124,677	$124,841

All expenditure data expressed in current prices.

Source: Australian Government Department of Health and Ageing, Medicare Benefits Branch.

Table A-41: Indicators of MBS funded consultant psychiatrist services by state and territory, 1992-93 to 2001-02 – Percentage of population seen, providers per 100,000 population, attendances per 100 population and MBS benefits paid per capita

State/ Territory	% Population seen									
	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
NSW	1.4%	1.5%	1.6%	1.6%	1.6%	1.6%	1.6%	1.5%	1.5%	1.5%
VIC	1.6%	1.7%	1.7%	1.8%	1.7%	1.7%	1.7%	1.7%	1.7%	1.6%
QLD	1.5%	1.5%	1.6%	1.5%	1.4%	1.4%	1.4%	1.4%	1.3%	1.3%
WA	0.9%	1.0%	1.1%	1.1%	1.1%	1.1%	1.1%	1.0%	1.0%	1.0%
SA	1.5%	1.6%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.7%	1.8%
TAS	1.2%	1.2%	1.2%	1.3%	1.1%	1.0%	1.0%	1.1%	1.1%	1.1%
ACT	1.0%	1.1%	1.2%	1.3%	1.3%	1.4%	1.3%	1.1%	1.0%	1.1%
NT	0.1%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.5%	0.5%	0.4%
AUS	1.4%	1.5%	1.6%	1.6%	1.5%	1.5%	1.5%	1.5%	1.5%	1.4%
	Attendances per 100 population									
	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
NSW	11.1	11.9	12.0	12.0	11.4	11.1	10.7	10.5	10.4	10.4
VIC	14.4	15.1	15.3	15.7	15.6	15.0	14.8	14.6	14.2	14.0
QLD	10.6	10.8	10.8	11.0	10.6	10.6	10.5	10.1	9.9	9.5
WA	6.4	6.9	7.5	7.8	7.1	6.7	6.3	6.1	6.2	5.9
SA	13.2	13.9	14.3	14.7	14.7	14.8	14.3	13.5	13.9	13.4
TAS	8.8	9.1	9.1	9.6	9.7	8.8	8.9	9.3	9.3	8.9
ACT	5.7	5.7	6.0	6.6	6.5	7.1	7.5	6.8	6.1	6.9
NT	0.9	1.8	2.2	2.3	2.7	2.6	2.6	2.6	2.8	2.2
AUS	11.3	11.9	12.1	12.3	11.9	11.7	11.3	11.1	11.0	10.7
	Providers per 100,000									
	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
NSW	8.4	8.6	8.5	8.7	8.9	8.6	9.0	9.1	9.3	9.1
VIC	10.4	10.8	10.9	11.3	11.4	11.5	11.7	11.7	11.9	12.1
QLD	6.9	6.9	7.0	6.8	7.2	7.5	7.8	7.8	7.9	8.0
WA	5.1	5.3	5.2	5.2	5.1	5.3	5.5	5.7	5.4	5.3
SA	11.7	12.1	12.7	12.5	13.0	12.8	13.1	13.2	13.2	13.1
TAS	7.4	7.6	7.6	7.6	7.6	7.0	6.6	7.0	7.0	7.4
ACT	n.a.	6.0	7.2	7.1	7.5	7.8	7.4	7.6	7.8	7.4
NT	n.a.	1.7	1.7	2.2	2.7	2.1	2.6	3.5	3.0	3.0
AUS	8.5	8.7	8.8	8.8	9.0	9.0	9.3	9.4	9.5	9.4
	Benefits paid per capita									
	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
NSW	$11.27	$12.16	$12.23	$12.04	$11.19	$10.78	$10.49	$10.31	$9.97	$9.80
VIC	$14.44	$15.38	$15.72	$15.92	$15.35	$14.56	$14.66	$14.44	$13.74	$13.20
QLD	$9.85	$10.07	$10.02	$10.10	$9.56	$9.50	$9.55	$9.28	$8.81	$8.34
WA	$6.27	$6.81	$7.43	$7.61	$6.72	$6.23	$5.91	$5.66	$5.56	$5.11
SA	$13.86	$14.69	$14.98	$15.16	$14.79	$14.66	$14.38	$13.57	$13.58	$12.95
TAS	$8.62	$9.04	$8.79	$9.21	$8.99	$8.02	$8.35	$8.49	$7.88	$7.67
ACT	$5.63	$5.61	$5.82	$6.15	$5.86	$6.26	$7.01	$6.38	$5.47	$5.38
NT	$0.73	$1.39	$1.70	$1.87	$2.30	$1.98	$1.83	$1.98	$2.12	$1.72
AUS	$11.30	$11.99	$12.16	$12.20	$11.54	$11.11	$11.01	$10.75	$10.33	$9.94

All expenditure data expressed in 2000-01 constant prices.
Source: Australian Government Department of Health and Ageing, Medicare Benefits Branch.

Table A-42: Indicators of MBS funded consultant psychiatrist services by region of patient, 1992-93 to 2001-02 – Percentage of population seen, attendances per 100 population, MBS benefits paid per capita and attendances per patient

Region	Year	Est Population	Patients seen	Benefits ($'000)	Number of Attendances	% Pop seen	Benefits per capita ($)	Attendances per 100 pop'n	Attendances per patient
Capital City	1992-93	11,220,543	189,070	$168,956	1,661,581	1.7%	$15.06	14.8	8.8
	1993-94	11,330,843	204,220	$181,138	1,769,966	1.8%	$15.99	15.6	8.7
	1994-95	11,478,418	217,530	$186,166	1,820,650	1.9%	$16.22	15.9	8.4
	1995-96	11,669,341	225,780	$189,878	1,882,630	1.9%	$16.27	16.1	8.3
	1996-97	11,802,290	224,080	$181,913	1,847,713	1.9%	$15.41	15.7	8.2
	1997-98	11,927,258	224,590	$176,116	1,819,491	1.9%	$14.77	15.3	8.1
	1998-99	12,069,655	225,530	$175,948	1,787,159	1.9%	$14.58	14.8	7.9
	1999-00	12,216,789	222,615	$172,746	1,752,538	1.8%	$14.14	14.3	7.9
	2000-01	12,387,730	223,359	$167,989	1,756,979	1.8%	$13.56	14.2	7.9
	2001-02	12,546,964	222,286	$164,451	1,736,053	1.8%	$13.11	13.8	7.8
Other Metro Centre	1992-93	1,302,811	17,160	$10,760	112,556	1.3%	$8.26	8.6	6.6
	1993-94	1,324,851	18,500	$11,686	121,955	1.4%	$8.82	9.2	6.6
	1994-95	1,352,306	19,040	$11,995	124,496	1.4%	$8.87	9.2	6.5
	1995-96	1,392,580	20,300	$11,968	125,959	1.5%	$8.59	9.0	6.2
	1996-97	1,418,548	18,980	$11,263	120,786	1.3%	$7.94	8.5	6.4
	1997-98	1,441,663	19,520	$11,570	125,298	1.4%	$8.03	8.7	6.4
	1998-99	1,468,212	20,450	$12,032	126,804	1.4%	$8.20	8.6	6.2
	1999-00	1,499,641	20,954	$12,269	129,481	1.4%	$8.18	8.6	6.2
	2000-01	1,531,496	21,426	$12,186	132,356	1.4%	$7.96	8.6	6.2
	2001-02	1,551,182	20,941	$11,789	128,650	1.4%	$7.60	8.3	6.1
Rest of State	1992-93	5,143,739	40,110	$19,839	224,770	0.8%	$3.86	4.4	5.6
	1993-94	5,199,044	42,180	$21,306	238,838	0.8%	$4.10	4.6	5.7
	1994-95	5,241,034	43,870	$21,641	243,099	0.8%	$4.13	4.6	5.5
	1995-96	5,248,793	43,390	$21,508	247,483	0.8%	$4.10	4.7	5.7
	1996-97	5,296,726	41,590	$20,381	237,253	0.8%	$3.85	4.5	5.7
	1997-98	5,342,350	40,950	$20,071	233,595	0.8%	$3.76	4.4	5.7
	1998-99	5,387,988	39,740	$20,215	230,613	0.7%	$3.75	4.3	5.8
	1999-00	5,436,950	39,851	$20,571	231,899	0.7%	$3.78	4.3	5.8
	2000-01	5,494,014	39,994	$20,252	236,286	0.7%	$3.69	4.3	5.9
	2001-02	5,564,635	38,589	$19,261	223,979	0.7%	$3.46	4.0	5.8
Unknown	1992-93			$5	50				
	1993-94		10	$4	35				
	1994-95		10	$27	206				
	1995-96		20	$60	617				
	1996-97		60	$168	1,725				
	1997-98		100	$154	1,488				
	1998-99		260	$176	1,681				
	1999-00		76	$285	2,756				
	2000-01		99	$97	928				
	2001-02		0	$0	0				
Total	1992-93	17,667,093	246,340	$199,560	1,998,957	1.4%	$11.30	11.3	8.1
	1993-94	17,854,738	264,910	$214,134	2,130,794	1.5%	$11.99	11.9	8.0
	1994-95	18,071,758	280,450	$219,829	2,188,451	1.6%	$12.16	12.1	7.8
	1995-96	18,310,714	289,490	$223,414	2,256,689	1.6%	$12.20	12.3	7.8
	1996-97	18,517,564	284,710	$213,725	2,207,477	1.5%	$11.54	11.9	7.8
	1997-98	18,711,271	285,160	$207,911	2,179,872	1.5%	$11.11	11.7	7.6
	1998-99	18,925,855	285,980	$208,371	2,146,257	1.5%	$11.01	11.3	7.5
	1999-00	19,153,380	283,496	$205,871	2,116,674	1.5%	$10.75	11.1	7.5
	2000-01	19,413,240	284,878	$200,522	2,126,549	1.5%	$10.33	11.0	7.5
	2001-02	19,662,781	281,816	$195,501	2,088,682	1.4%	$9.94	10.6	7.4

All expenditure data expressed in 2002 constant prices.
Source: Australian Government Department of Health and Ageing, Medicare Benefits Branch.

APPENDIX 11
Population data

Table A-43: Mid-year population estimates ('000s), Australian states and territories 1992-93 to 2000-01

Year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Australia (a)
Dec 1992	5,985.1	4,465.4	3,067.3	1,667.7	1,458.8	471.0	296.2	169.7	17,581.3
Dec 1993	6,032.8	4,478.8	3,148.1	1,689.0	1,463.6	472.5	299.9	172.3	17,760.0
Dec 1994	6,090.3	4,500.4	3,223.0	1,716.6	1,467.5	473.4	302.4	175.0	17,951.5
Dec 1995	6,168.8	4,539.8	3,303.4	1,749.3	1,471.2	474.1	305.8	180.5	18,196.1
Dec 1996	6,244.0	4,579.4	3,368.0	1,780.4	1,477.4	474.3	309.2	184.6	18,420.3
Dec 1997	6,306.9	4,615.5	3,421.6	1,807.4	1,485.0	472.8	308.7	188.3	18,609.1
Dec 1998	6,373.6	4,661.7	3,472.9	1,836.1	1,493.6	471.9	310.5	191.3	18,814.3
Dec 1999	6,448.0	4,713.2	3,530.8	1,861.8	1,502.4	471.6	313.5	194.3	19,038.3
Dec 2000	6,527.4	4,770.0	3,592.4	1,887.7	1,508.0	471.4	316.8	196.3	19,272.6
Dec 2001	6,608.8	4,836.2	3,664.3	1,913.9	1,515.7	472.1	320.3	197.6	19,531.5

(a) Prior to September quarter 1993, Jervis Bay Territory is included in estimates for the Australian Capital Territory. 'Other Territories' include Christmas Island, the Cocos (Keeling) Islands and Jervis Bay Territory from September quarter 1993.

Source: Australian Bureau of Statistics Catalogue 3101.0 Australian Demographic Statistics, Estimated Resident Population, states and territories

APPENDIX 12
Contacts for information about mental health services

The following contacts are provided for further information on mental health policy or services in Australia.

AUSTRALIAN GOVERNMENT
Health Priorities and Suicide Prevention Branch
Health Services Improvement Division
Department of Health and Ageing
GPO Box 9848
CANBERRA ACT 2601
Phone: (02) 6289 8070

NORTHERN TERRITORY
Mental Health Branch
Department of Health and Community Services
PO Box 40596
CASUARINA NT 0811
Phone: (08) 8999 2553

NEW SOUTH WALES
Centre for Mental Health
NSW Health Department
Locked Mail Bag 961
NORTH SYDNEY NSW 2059
Phone: (02) 9391 9307

VICTORIA
Mental Health Branch
Department of Human Services
GPO Box 4057
MELBOURNE VIC 3001
Phone: (03) 9616 8592

QUEENSLAND
Mental Health Unit
Queensland Health
GPO Box 48
BRISBANE QLD 4001
Phone: (07) 3234 0680

WESTERN AUSTRALIA
Office of Mental Health
Department of Health Western Australia
189 Royal St
EAST PERTH WA 6004
Phone: (08) 9222 4099

SOUTH AUSTRALIA
Mental Health Unit
Department of Health
PO Box 287
Rundle Mall
ADELAIDE SA 5000
Phone: (08) 8226 6286

TASMANIA
Mental Health Services
Department of Health and Human Services
GPO Box 125
HOBART TAS 7001
Phone: (03) 6230 7727

AUSTRALIAN CAPITAL TERRITORY
Mental Health ACT
ACT Health
GPO Box 825
CANBERRA ACT 2601
Phone: (02) 6207 1066