Key messages

System-level indicators of mental health reform in Australia, 1993 to 2011

National spending on mental health

- The original commitment made by all governments to protect mental health resources under the National Mental Health Strategy has been met. Total government expenditure on mental health increased by 178% in real terms between 1992-93 and 2010-11. In 2010-11, Australia spent $4.2 billion more of public funds on mental health services than it did at the commencement of the Strategy in 1992-93.

- Until recently, growth in mental health spending mirrored overall health expenditure trends for most of the 18 year period since the Strategy began. In the most recent year (2010-11), mental health increased its position in terms of relative spending within the broader health sector.

- Australian Government spending has increased by 245% compared to an increase of 151% by state and territory governments. This increased the Australian Government share of total national spending on mental health from 28% in 1992-93 to 35% in 2010-11. Most of the increase in Australian Government spending in the first ten years of the Strategy was driven by increased outlays on psychiatric medicines subsidised through the Pharmaceutical Benefits Scheme, but more recently other activities have taken over as the main drivers of increased mental health spending.

- The considerable variation in funding between the states and territories that existed at the beginning of the Strategy is still evident 18 years later, mid-way through the *Fourth National Mental Health Plan*. The gap between the highest spending and the lowest spending jurisdiction increased over the 1992-93 to 2010-11 period. The disparity between the states and territories points to wide variation in the level of mental health services available to their populations.

- Despite claims to the contrary, there are no reliable international benchmarks by which to judge Australia's relative investment in mental health. These await international collaboration on costing standards to ensure 'like with like' comparisons.

National workforce trends

- The direct care workforce employed in state and territory mental health services increased by 72%, from 14,084 full-time equivalent (FTE) in 1992-93 to 24,292 FTE in 2010-11

- On a per capita basis, this equates to an increase from 80 FTE per 100,000 in the former period to 108 FTE per 100,000 in 2010-11, or an

increase of 35%. New South Wales reported the most growth (52%), followed by Tasmania (47%) and Queensland (43%).

- Nationally, the absolute increase in the direct care workforce size of 72% was lower than the increase in recurrent expenditure on state and territory inpatient and community-based services (119%). Factors such as rising labour costs and increases in overhead and infrastructure costs may contribute to this discrepancy.

- At a conservative estimate, 3,119 full-time equivalent mental health professionals provided services through Australian Government funded primary mental health care initiatives in 2010-11. The majority of these (1,928 or 62%) were psychologists. The next largest professional group was psychiatrists (817 or 26%).

- In total, 1,517 full-time equivalent mental health professionals were employed in private hospitals in 2010-11. The workforce mix mainly comprised nurses (1,165, 77%) and allied health professionals (310, 20%). Medical practitioner services provided to consumers treated in private hospitals are delivered primarily through the Medicare Benefits Schedule rather than direct employment arrangements.

Trends in state and territory mental health services

- Between 1992-93 and 2010-11, annual state and territory government spending on services provided in general hospitals and the community grew by $2.6 billion, or 283%. This was accompanied by a decrease in spending on stand-alone psychiatric hospitals of $289 million, or 35%. About two thirds of the $2.6 billion was invested in community-based services (ambulatory care services, services provided by non-government organisations or NGOs, and residential services). The remaining third was spent on increased investment in psychiatric units located in general hospitals.

- Funding to ambulatory care services increased between 1992-93 and 2010-11 by 291% (from $421 million to $1.6 billion). Over the same period, the full-time equivalent direct care workforce in these services also increased, but not by the same magnitude (215%).

- The non-government community support sector's share of the mental health budget increased from 2.1% to 9.3%, with $372 million allocated to NGOs in 2010-11. Psychosocial support services account for about one third of this funding, and staffed residential mental health services accounted for about one fifth.

- Community residential support services expanded between 1992-93 and 2010-11. The number of 24 hour staffed general adult beds doubled (from 410 to 846). The number of 24 hour staffed older persons' beds was also higher in 2010-11 (682) than it was in 1992-93 (414) although it reached a peak in 1998-99 (805) and has been declining since then. The number of non-24 hour staffed beds in general adult residential services and the number of supported public housing places also increased with time.

- The number and mix of inpatient beds has changed during the course of the National Mental Health Strategy. There were significant decreases in beds in stand-alone psychiatric hospitals in the early years of the Strategy, particularly non-acute beds and general adult and older persons' beds. These decreases have been followed by more gradual declines in recent years. The decreases have been accompanied by commensurate increases in psychiatric beds in general hospitals, particularly acute beds. The average bed day costs in inpatient settings have increased (by 77% in stand-alone hospitals and by 51% in general hospitals).

Trends in private sector mental health services

- There was significant growth in mental health care activity in private hospitals between 1992-93 and 2010-11. Bed numbers in specialist psychiatric units in private hospitals increased by 40%, the number of patient days increased by 106%, and the number of full-time equivalent staff increased by 87%. Expenditure by private hospital psychiatric units grew by 142% between 1992-93 and 2010-11.

- Medicare Benefits Schedule (MBS) expenditure on mental health services increased significantly with the introduction of the Better Access program. Better Access provided a rebate on the MBS for selected services provided by general practitioners, psychiatrists, psychologists, social workers and occupational therapists. In 2006-07, MBS expenditure on mental health services had reached a low of $474 million. In 2007-08, the first full year of Better Access, there was a sharp increase to $583 million, and by 2010-11 the overall MBS mental health specific expenditure figure rose to $852 million, accounting for 35% of overall Australian Government mental health spending.

- In 1992-93, services provided by psychiatrists and general practitioners accounted for all of the MBS expenditure on mental health services. By 2010-11, MBS-subsidised services provided by medical practitioners were complemented by services delivered by clinical psychologists, registered psychologists and other allied health professionals who accounted for 41% of MBS mental health specific expenditure.

- In 2011-12, 1.6 million people received mental health services subsidised by the Medicare system, some from several providers. In total, 7.9 million mental health services were provided in that year.

Consumer and carer participation in mental health care

- In 2010-11, about half of Australia's state and territory mental health services had either appointed a person to represent the interests of mental health consumers on their organisational management committees or had a specific Mental Health Consumer/Carer Advisory Group established to advise on all aspects of service delivery. However, one quarter had no structural arrangements in place for consumer and carer participation.

- Significant proportions of state and territory mental health services also had some other arrangements in place for consumer and carer participation, although the extent to which organisations had established particular initiatives varied. Mechanisms for carer participation have been less developed than those for consumer participation, but the gap is closing.

- In 2010-11, there were 4.6 consumer and carer workers employed for every 1,000 full-time equivalent staff in the mental health workforce. This figure has risen by 33% since 2002-03, when it was 3.5 per 1,000.

- In recent times, there have been a number of consumer and carer developments that have had an increased emphasis on social inclusion and recovery. For example, the recently established National Mental Health Commission has produced its first *Report Card*, identifying and reporting on several areas that are important to consumers' ability to lead a contributing life. Moves are also underway to establish a new national mental health consumer organisation, auspiced by the Mental Health Council of Australia, that will ensure that a strong and consolidated consumer voice can contribute to more responsive and accountable mental health reform.

Monitoring progress and outcomes under the *Fourth National Mental Health Plan*

Priority area 1: Social inclusion and recovery

Indicator 1a: Participation rates by people with mental illness of working age in employment: General population

- In 2011-12, 62% of working age Australians with a mental illness were employed, compared to 80% of those without a mental illness.

- Employment participation rates for this group ranged from 52% in Tasmania to 73% in the Australian Capital Territory.

- Nationally, employment rates for this group decreased slightly from 64% in 2007-08 to 62% in 2011-12.

Indicator 2a: Participation rates by young people aged 16-30 with mental illness in education and employment: General population

- In 2011-12, 79% of Australians aged 16–30 years with a mental illness were employed and/or enrolled in study towards a formal secondary or tertiary qualification, compared to 90% of their same age peers.
- Employment and education participation rates for this group for most states and territories were within 10% of the national average.
- Nationally, employment and education participation rates for this group remained stable between 2007-08 and 2011-12.

Indicator 3: Rates of stigmatising attitudes within the community

- Social distance is a term used to indicate the willingness of people to interact with people experiencing mental illness. In 2011, on average, Australians rated themselves as relatively more 'willing' than 'unwilling' to interact socially with people with a mental illness. Stigmatising attitudes varied across the different types of mental illness, with the average desire for social distance being highest for chronic schizophrenia, followed by early schizophrenia, depression and depression with suicidal thoughts.
- Comparing the 2011 results with equivalent data from 2003-04, Australians' desire for social distance from people with depression with suicidal thoughts had decreased. However, their desire for social distance from people with depression without suicidal thoughts, early schizophrenia and chronic schizophrenia remained relatively unchanged.
- There is evidence that the efforts of organisations like *beyondblue* may have contributed to this improvement, at least in the case of depression.

Indicator 4: Percentage of mental health consumers living in stable housing

- Nationally, the percentage of adult consumers of state and territory mental health services (aged 15-64) with no significant problems with their living conditions has been stable from 2007-08 to 2010-11 (sitting at around 78%). Consumers in the Australian Capital Territory were the least likely to report problems and those in the Northern Territory were the most likely to do so.
- The percentage of older adult consumers (aged 65+) with no significant problems with their living conditions has shown a slight improvement over time, rising from 79% in 2007-08 to 83% in 2010-11. Older consumers in New South Wales were the least likely to report problems, and those in Tasmania were the most likely to do so.
- Safe, secure and affordable accommodation is critical to recovery for people with living with a mental illness.

Priority area 2: Prevention and early intervention

Indicator 6: Proportion of primary and secondary schools with mental health literacy component included in curriculum

- Australia has invested significant resources in programs that promote mental health literacy in schools – notably MindMatters in secondary schools and Kidsmatter in primary schools.
- In 2011, 45% of schools had implemented a mental health framework, 60% were offering mental health programs, and 69% were providing mental health literacy resources.

Indicator 7: Rates of contact with primary mental health care by children and young people

- There was a three-fold increase in the number of children and young people receiving Medicare-funded primary mental health care services from 2006-07 (79,139) to 2011-12 (337,177). This represents an increase from 1.1% of children and young people receiving these services to 4.6% of children and young people doing so.
- The increase was most marked for those aged 18-24 (2.2% to 7.5%), followed by those aged 12-17 (1.1% to 5.5%).
- This improvement is largely due to the introduction of the Better Access initiative in 2006.

Indicator 8: Rates of use of licit and illicit drugs that contribute to mental illness in young people

- Data from the National Drug Strategy Household Survey show that use of both licit and illicit drugs has decreased over time.
- In 2001, 47% of 14-29 year olds engaged in risky drinking in the previous year. This had reduced to 42% by 2010, the lowest figure recorded to date.
- In 1998, 36% of 14-29 year olds used cannabis. By 2010, this figure had halved (19%), although the latter figure represented a rise from 2007.
- Ten per cent of 14-29 year olds used amphetamines in 1998 compared with 4% in 2010. As with alcohol, these are the lowest figures recorded to date.

Indicator 9: Rates of suicide in the community

- In 2011, there were 2,273 suicides in Australia, 76% of which were by males.
- Nationally, the average annual suicide rate for the period 2007-11 was 10.6 per 100,000 (16.3 per 100,000 for males; 4.9 per 100,000 for females). The Northern Territory stood out as having particularly high rates.
- The average suicide rate has remained stable since 2003-07. The rate is considerably lower than it was before Australia began its concerted efforts to address suicide through strategic national action.

Indicator 11: Rates of understanding of mental health problems and mental illness in the community

- In 2011, nearly three quarters (74%) of Australian adults could recognise depression. This figure was even higher (86%) for depression accompanied by suicidal thoughts.
- Rates of recognition of early and chronic schizophrenia and post-traumatic stress disorder were lower, with only about one third of the population being able to recognise these disorders. Rates of recognition of social phobia were the worst at 9%.
- Rates of recognition of depression have improved since 1995, whereas rates of recognition of schizophrenia peaked in 2003-04 and have declined slightly since. Recognition of post-traumatic stress disorder and social phobia were only assessed in 2011, so no comparison data are available.

Indicator 12: Prevalence of mental illness

- In 1997, 18% of adults experienced a common mental illness (anxiety disorders, affective disorders and substance use disorders) in the past 12 months. In 2007, the figure was slightly higher at 20% but this may be explained by methodological differences in the way in which these prevalence figures were gathered.
- In both 1997 and 2007, young adults experienced higher rates of mental illness than older adults.
- In 1998, 14% of children and adolescents were affected by a clinically significant mental health problem. More current data will be collected in 2013.

Priority area 3: Service access, coordination and continuity of care

Indicator 13: Percentage of population receiving mental health care

- The percentage of the population seen by state and territory community mental health services from 2006-07 to 2010-11 remained relatively stable at 1.5%.
- The percentage of the population receiving mental health specific Medicare-funded services rose from 3.1% in 2006-07 to 6.9% in 2010-11. This increase was largely due to the introduction and uptake of services provided through the Better Access initiative.
- Targets for population coverage by mental health services are yet to be agreed but are expected to be advanced as part of the continuing development of the *Roadmap for Mental Health Reform*[1] agreed by the Council of Australian Governments (COAG) in December 2012.

Indicator 14: Readmission to hospital within 28 days of discharge

- In 2010-11, the percentage of admissions to state and territory acute psychiatric inpatient units that were followed by a readmission within 28 days was 15% nationally. This figure has been stable since 2005-06.
- Two states had readmission rates lower than 10% in 2010-11: the Australian Capital Territory (5%) and South Australia (9%). South Australia's figures should be interpreted with caution because they may represent an undercount.
- There has been little movement over time in almost all states and territories, except in the Australian Capital Territory where the rate has more than halved since 2005-06.

Indicator 15: Rates of pre-admission community care

- In 2010-11, 47% of admissions to state and territory acute inpatient psychiatric units were preceded by community care in the seven days before the admission. This figure represents a small improvement over recent years.
- There is considerable cross-jurisdictional variability. The Australian Capital Territory is the only jurisdiction to have achieved rates above 70%, with 76% of its acute inpatient admissions in 2010-11 being preceded by community care in the seven days prior to admission.
- The 2010-11 figures for the other states and territories range from 27% in the Northern Territory to 63% in Western Australia.

Indicator 16: Rates of post-discharge community care

- In 2010-11, 54% of Australian admissions to state and territory acute psychiatric inpatient units were followed by community care (in the seven days after discharge). This percentage has been improving incrementally since 2005-06.

- There is substantial variation across jurisdictions, with 2010-11 one week post-discharge follow up rates ranging from a low of 19% (in the Northern Territory) to a high of 79% (in the Australian Capital Territory).

Indicator 19: Prevalence of mental illness among homeless populations

- Routinely collected data from the former Supported Accommodation Assistance Program (SAAP) suggests that, in 2010-11, 11% of SAAP clients sought accommodation because of mental health problems, 9% did so because of substance use problems, and 7% did so because of comorbid mental health and substance use problems.

- These figures are likely to underestimate the true prevalence of mental illness among homeless populations because they focus on clients whose referral to SAAP was associated with these problems. They do not take into account clients who may have underlying conditions that are not directly responsible for the referral.

- From July 2011, the Special Homelessness Services (SHS) collection will enable more accurate estimates of mental illness among homeless populations to be calculated.

Indicator 20a: Prevalence of mental illness among people who are remanded or newly sentenced to adult correctional facilities

- In 2010, 31% of new entrants to adult prisons reported having been told by a health professional that they had a mental illness, 16% reported that they were currently taking mental health related medication, and 14% reported very high levels of psychological distress.

- These figures indicate that new prisoners have poorer mental health than the general population.

- Ongoing collaborative efforts between the health and justice sectors are required to reduce the prevalence of mental illness among prisoners.

Priority area 4: Quality improvement and innovation

Indicator 21: Proportion of total mental health workforce accounted for by consumer and carer workers

- Nationally, in 2010-11, 4.6 per 1,000 (or 0.5%) of the total full-time equivalent (FTE) mental health workforce was accounted for by consumer and carer workers. This represents an increase of 33% since the 2002-03 level of 3.5 FTE per 1,000 (0.3%). This growth is due to an almost fourfold increase in the number of FTE carer workers per 1,000, compared to a slight decrease in FTE consumer workers per 1,000.

- There is substantial variation across jurisdictions, with the highest proportions in South Australia (6.3 per 1,000 in 2010-11, or 0.6%) and Victoria (6.1 per 1,000, 0.6%), and the lowest rates in the Australian Capital Territory and the Northern Territory (0.0 per 1,000, or 0.0%).

Indicator 22: Proportion of services reaching threshold standards of accreditation under the National Mental Health Standards

- In 2010-11, 84% of specialised mental health services in Australia had undertaken external accreditation and been judged to meet all standards set out in the National Standards for Mental Health Services (Level 1). A further 8% met some but not all standards (Level 2), 4% had made some progress towards external review (Level 3) and 4% did not meet criteria for Levels 1-3 (Level 4).

- In two jurisdictions (the Australian Capital Territory and the Northern Territory) 100% of services met the standards set for Level 1. Three others (Queensland, Victoria and South Australia) came close to this, with at least 96% of their services achieving Level 1. In other states the proportion of services achieving Level 1 was lower. In New South Wales (79% at Level 1) and Tasmania (48% at Level 1), the balance of services had undertaken external review and reached threshold for Level 2, whereas in Western Australia (49% at Level 1), the balance had not completed external review and were graded as Levels 3 or 4.

- Ongoing effort is required to ensure more uniform levels of accreditation across jurisdictions.

Indicator 23: Mental health outcomes for people who receive treatment from state and territory services and the private hospital system

- Around three quarters of consumers admitted to state and territory public sector mental health inpatient services improve significantly, just under one quarter show no change, and a small percentage deteriorate. This pattern also holds true in private psychiatric hospital units.

- In state and territory community services, the picture depends on the nature of the episode of care. Fifty per cent of those who receive relatively short term care and are then discharged improve significantly, 42% show no change, and 8% deteriorate. Twenty six per cent of those who receive longer term, ongoing care show significant improvement, 58% show no change, and 16% deteriorate.

- This picture is complex and requires careful interpretation in light of the goals of care within each setting and for each type of episode and the limitations of the measurement process. Further work needs to be done to determine what outcomes are consistent with a service system offering 'best practice' care across the board.

Profiles of state and territory reform progress

- State and territory data are provided on a range of indicators of resourcing levels, outputs and outcomes.

- The comparisons emerging from the data highlight differences in service levels and mix, outputs and outcomes, as well as identifying common ground between the various mental health service systems in Australia.

- In interpreting relative progress, it is important to recognise the different histories, circumstances and priorities of each jurisdiction, and the requirement for mental health service planning to be based on local population needs.