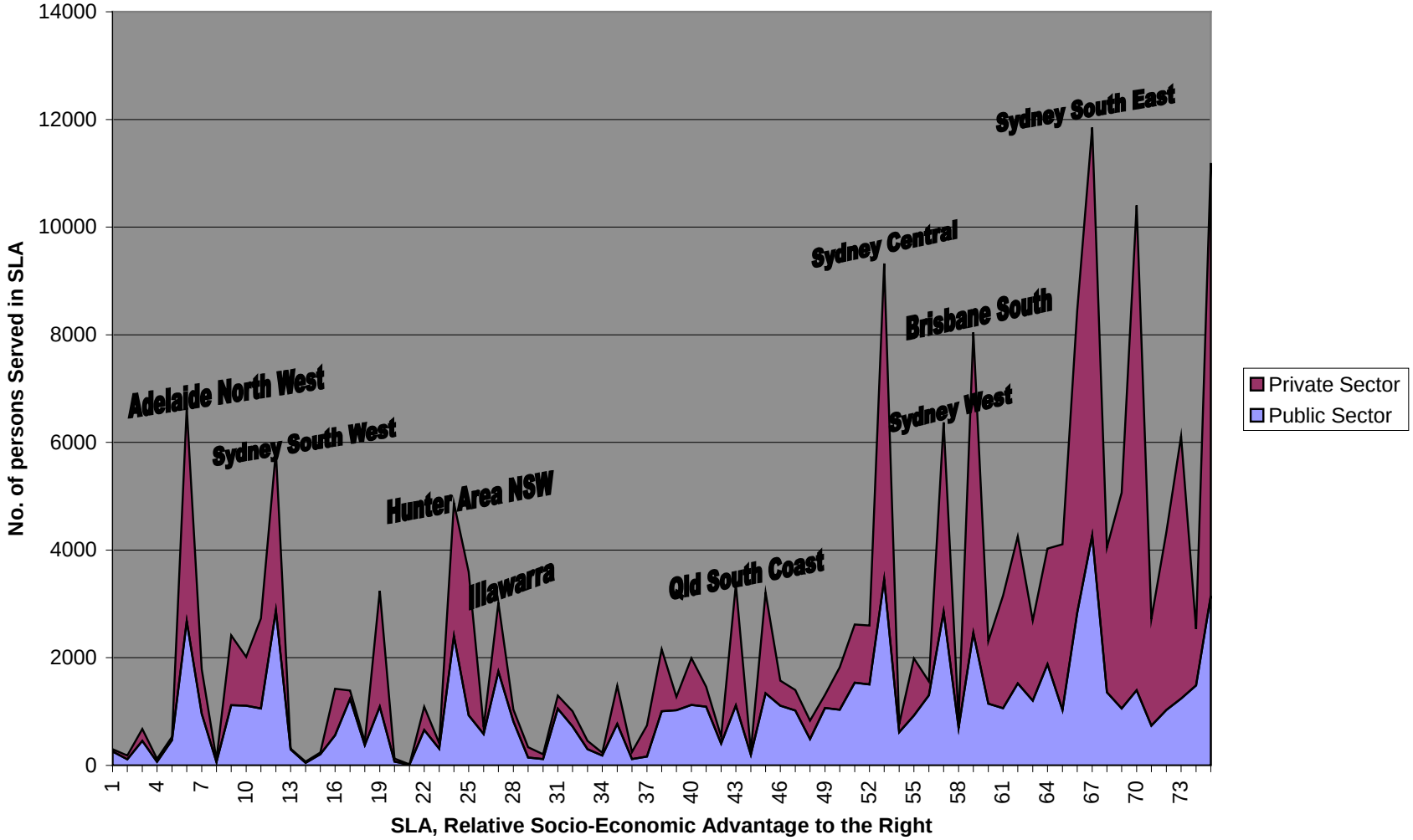
Summative Chart of Persons Served minus Statewide Services



Redefinition of the Malditribution Problem

The diagram is based on a further analysis of data included in the paper led by Prof Phillip Burgess and published by the Commonwealth Government in 2002, titled: “Mental Health Needs and Expenditure in Australia”. Whilst dated, it is the last comprehensive evaluation of the distribution of mental health need and services in Australia. This diagram shows local government areas from 1 to 75 along the x-axis, arranged from left to right in ascending socio-economic status. The poorer areas are on the left, the richer areas are on the right. The rather “peaky” graph represents an estimate of the number of patients treated in each area. The graph is summative, meaning that services provide by the public sector are shown in blue, and directly added to the top of the public sector are the numbers of patients seen by the private sector, shown in magenta. Highly served areas have the highest combined peaks, and the relative contribution of each sector can be seen from the colours.

The number of patients treated is based on a calculation of patient numbers related to the total number of patients treated by the public and private sectors and is based on the amount of expenditure for those two sectors in each local government area. Since the Burgess study used expenditure as a proxy for services in the local government areas, I interpolated the numbers of patients seen from total numbers of patients seen by the public sector in each state, and assumed a relatively even distribution of human resources, to financial resources. The relationship between financial expenditure and patients seen in the private sector is very close, because income depends on face to face time spent with patients. I have removed the financial contribution from Statewide specialty services (like forensic, that actually is likely to serve both public and private population groups), and that Burgess, et al, added in an averaging way to all public sector expenditure estimates (not private sector estimates).

Unlike the smooth curves shown by the Burgess team, this graph shows that service to areas is quite patchy. More services appear to be provided by the private sector in more well off local government areas, as would be expected by the need of private psychiatrists to make a sufficient income to maintain high quality practices, when the Commonwealth Government has deliberately held down CMBS rebates for more than 20 years. Note also that some of the spikes in the graph are followed by both public and private sectors, and coincide with desirable living locations along the eastern seaboard of Australia. It is noteworthy that private psychiatrists make a significant contribution to total services in Australia – including those in low scioeconomic areas. It is also noteworthy that the public sector demonstrates a similar but lesser skewed distribution to that of the private sector in many areas, towards the less socio-economically deprived – so the public sector is not focussing its services on those populations that the private sector cannot be expected to adequately serve. One would have thought that a public sector focus on areas that are unlikely to be adequately served by the private sector, would be a rational integration mechanism leading to the best population health strategy.

I wish to state that this redefinition of the problem is not intended as a criticism of the Burgess team. The data could have been analysed in a number of different ways. Their efforts, and the openness with which they have provided their data, has allowed a healthy beginning to the analysis of population mental health needs in Australia.

By Dr Bill Pring, 2004