People living in remote areas are less than half as likely to access a mental health service

Health

Policies and services can only be as effective as the information underpinning them, and it was identified that there was a critical gap in Australia’s understanding of people accessing mental health-related services and prescriptions. Using data integration, it has been possible to fill in that gap without needing to carry out another round of surveys.

The Mental Health Services and Census project integrates public health data and census data, and has contributed significantly to the pool of mental health-related research data in Australia. This data is being used in the development and evaluation of mental health programs and support services now and into the future. Questions can be answered about people accessing subsidised mental health-related services and medications with evidence that up until now has not been available. For example, the enhanced Census data was critical in informing the 2014 National Review of Mental Health Programmes and Services Report and helped join the dots between mental health-related services, medication use, and key demographic information such as education, employment and housing.

One important insight from the data suggested that when accessing mental health services, people with less education, the unemployed, and those living in rural areas are more likely to be prescribed drugs, while more educated and city-based patients were more likely to be prescribed talking-based therapies. This data enables government to understand the inconsistency, and create policies to address it.

For Dr Paul Jelfs, General Manager of the Population & Social Statistics Division at the Australian Bureau of Statistics, the project has improved our capacity to support people with mental health issues. “If you’re running a mental health service, your service will be more effective if you understand the employment and education characteristics of patients in your area”, Dr Jelfs said. Linking up different data sets gives great value for money, and Dr Jelfs added that it “allows purpose-built data sets to deliver broader benefit to the community”.

In this study, 2011 Census data was enhanced with the reuse of administrative information from the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). The National Mental Health Commission approached the ABS to integrate this data, and the data was processed in a confidential secure facility, with personal privacy and confidentiality guaranteed by law.

Find out more about ABS data integration on our FAQ page.