19 HOW THINGS HAVE CHANGED SINCE 1997-98

This report summarises the findings from the second Australian survey of people living with psychotic illness undertaken in 2010. In 1997-98 a national survey determined, for the first time, data on people living with psychotic illness in Australia. The aims of both surveys were the same. Both determined the prevalence of psychotic disorders, who had these disorders, the impact of these disorders in terms of a broad range of social and health factors, and documented the health services people used.

The survey designs for these two surveys, however, differed in a number of important ways. Firstly, a separate sample of people receiving services through government funded non-government organisations was included in the 2010 survey, whereas in the first survey, people receiving private sector services from private psychiatrists and general practitioners were covered. The first survey also made specific attempts to survey homeless people.

It should be noted that general practitioners were surveyed in the second survey, but not to determine additional counts or to collect information on people with psychotic illness who were only receiving services through them, as in the first survey. Rather the second survey collected information on the types of general practitioner services provided to those receiving services through public specialised mental health services and non-government organisations.

A major component of the sample in both surveys, however, was people who were receiving services through state run specialised mental health services in a given month. To assist in analysis of the changes over the 12 years between the surveys, data from just these subsets of the surveys are presented below.

19.1 Comparison of the samples

Information on 1,211 people who were receiving services through public specialised mental health services in the census month of March 2010 was available from the second survey. Information on a comparable sample of 687 people receiving services in a month period was examined from the first survey. The month of collection varied across sites from June to September 1997.

Table 19-1 shows that the sex and age profiles of these two samples were very similar, with three-fifths of each sample being male and a similar proportion in the older age group of those aged 35 to 64 years.

Table 19-1. Sex and age profile of respondents in census month, 1997-98 and 2010

	1997-98	2010
Males proportion (%)	60.8	60.0
Older age group (35-64 years) proportion (%)	59.4	57.4
Total respondents	**687**	**1,211**

The profile of psychotic disorders with which the respondents were diagnosed was similar, with around two thirds of each sample being diagnosed with schizophrenia or schizoaffective disorders. The samples, however, varied somewhat between the two surveys on less prevalent psychotic disorders (Table 19-2). In particular, the proportion of people diagnosed with ‘delusional and other non organic psychoses’ was considerably less (4.5% compared with 13.2% in 1997-98). It should also be noted that the sample from 2010 comprised a far larger proportion of people (7.0% compared with 0.7% in 1997-98) who had severe depression without psychotic illness. It is not possible to separate out the data for this group from further analyses undertaken in this chapter.

Table 19-2. ICD-10 lifetime diagnosis, 1997-98 and 2010

	Proportion (%)	
	1997-98	2010
Schizophrenia	53.4	50.8
Schizoaffective disorder	11.5	16.4
Bipolar, mania	12.4	17.1
Depressive psychosis	6.0	3.7
Delusional and other non organic psychoses	13.2	4.5
Severe depression without psychosis	0.7	7.0
Other	2.8	0.5

Comparing the data from the two surveys appears to show marked changes in the course of illness for people in 2010 (Table 19-3). Around half the total sample experienced multiple episodes of psychotic illness, but more experienced periods of good recovery in between these than in 1997-98 (29.3% compared with 21.3%). Around ten percent of the sample experienced continuous chronic psychotic illness with deterioration, half that found in 1997-98.

Table 19-3. Course of disorder, 1997-98 and 2010

	Proportion (%)	
	1997-98	2010
Single episode	8.0	7.6
Multiple episodes – good recovery in between	21.3	29.3
Multiple episodes – partial recovery in between	29.5	30.1
Continuous chronic illness	17.6	21.7
Continuous chronic illness with deterioration	23.6	11.3
Total respondents	**1,087**	**738**

In terms of the available comparable functioning scales, there was little difference found in the measure of severe dysfunction in the quality of self care, however, there did appear to be a marked change in people's satisfaction with their own independence, rising from 57.6% to 70.8% of people (Table 19-4).

Table 19-4. Functioning and quality of life, 1997-98 and 2010

	Proportion (%)	
	1997-98	2010
Obvious or severe dysfunction in quality of self care	32.0	32.4
Satisfied with own independence (1997-98: Mostly versus 2010: Very/Somewhat)	57.6	70.8

19.2 Comparison of service and medication use

An important area of difference between the samples was in relation to the services used. This reflects the major changes in mental health service delivery between the 1997-98 and 2010.

General practitioners remained key providers of health care to people with psychotic illness with the proportion visiting general practitioners increasing slightly from 76.7% to 87.8% in 2010. High proportions of people with psychotic illness receiving services through the public system continue to have case managers, rising slightly from 71.9% in 1997-98 to 78.1% in 2010 (Table 19-5).

In terms of hospital services, emergency department attendances remained relatively stable. The key areas of change, however, were in hospital admissions, decreasing by 27.5% from 62.9% of people in 1997-98 to 45.6% in 2010. Of particular note is that this reflects a 35.9% decrease in admissions for mental health reasons. In contrast admissions for physical ill health increased slightly. Involuntary admissions have also decreased significantly by 27.7%, from 31.4% of people in 1997-98 to 22.7% of people in 2010 being involuntarily admitted to hospital in the previous year.

Community servicing also increased markedly in 2010, with 92.8% of people in contact with an outpatient or community clinic (some 23.2% higher than the 75.3% reported in 1997-98) and 36.8% undertaking community rehabilitation or day programs (60.7% higher than the 22.9% in 1997-98). The data also reflect the increasing role of non-government organisations in the provision of mental health services with one quarter of the sample (26.5%) receiving mental health services through non-government organisations compared with 18.9%, an increase of 40.2% from 1997-98.

Table 19-5. Proportion of people using health services in past year, 1997-98 and 2010

	Proportion (%)	
	1997-98	2010
Inpatient – Any admission	62.9	45.6
Mental health	58.7	37.6
Physical health	7.9	12.6
Involuntary admission	31.4	22.7
Emergency department attendance	47.6	43.0
Outpatient/community clinic contact	75.3	92.8
Community rehabilitation/day program	22.9	36.8
Case manager	71.9	78.1
Non-government organisation for mental health	18.9	26.5
General practitioner visits	76.7	87.8

The data from the two surveys also reflect the major shift in the types of medications used for treating psychosis. By 2010 some 78.4% of people were taking atypical antipsychotics compared with just 37.1% of people in 1997-98 (Table 19-6).

Table 19-6. Medication use in past 4 weeks, 1997-98 and 2010

	Proportion (%)	
	1997-98	2010
Antipsychotics (any)	84.1	87.6
Atypical antipsychotics: All	37.1	78.4
Clozapine	11.8	19.7
Typical antipsychotics	54.7	18.2
Antidepressants (any)	24.6	37.2
Mood stabilisers (any)	27.5	26.5
Anxiolytics, hypnotics, sedatives (any)	9.3	17.2
Total on medication for mental health	**94.8**	**94.9**

19.3 Comparison of other health and social outcomes

A suite of data was collected on a range of demographic, housing and social factors. These provide important insights into how the lives of people with psychotic illness have changed given these differences in services and treatment.

The data show a consistency in the proportion of people on some form of government income support. The proportion that has completed Year 12 is not very different, at around one third of people only. Those enrolled in formal studies (19.0% in 2010) and in paid employment have gone up slightly, with one-fifth of people (19.2%) being employed in the past seven days and 30.5% in paid employment in the past year.

There are, however, marked changes in the housing status. Many more people are in their own home or rented accommodation and there are double the numbers in supported accommodation. There has also been a marked decrease in those actually experiencing homelessness (5.0% in 2010 compared with 13.0% in 1997-98).

There were some differences in the comparable variables related to social and family relationships, with more people 'never having had a confiding relationship' and fewer people in face-to-face contact with their families.

The surveys also collected a range of data on smoking, drug and alcohol use and dependence. Smoking rates have remained exceptionally high, with just over two thirds of people smoking compared with one quarter (25.3%) of the general population in 2010. However, lifetime alcohol and drug abuse or dependence, that is at levels that qualify for disorder status, have increased dramatically, with each rising from around 30% to over half of these people with psychotic illness having these disorders (50.5% and 56.4% respectively).

Table 19-7. Other key health and social outcomes, 1997-98 and 2010

	Proportion (%)	
	1997-98	2010
Income, education and employment		
Private health insurance	10.6	14.3
Main source of income: government payment	86.9	87.4
Completed Year 12 education	33.9	31.2
Enrolled in formal studies (past year)	15.3	19.0
In paid employment (past year)	24.3	30.5
In paid employment (past 7 days)	14.8	19.2
Housing status		
Accommodation		
(1997-98 in past 4 weeks versus 2010 at time of interview)		
Rented home or unit	34.2	49.2
Own home	14.8	12.3
Family home	16.3	19.2
Supported housing	5.2	10.9
Homeless – primary, secondary or tertiary	13.0	5.0
Smoking, drug and alcohol		
Current smoker	68.9	67.2
Lifetime alcohol abuse/dependence	29.0	50.5
Lifetime drug abuse/dependence	30.4	56.4
Social and family relationships		
No friends	13.2	13.3
Has never had a confiding relationship	9.6	15.7
Daily or almost daily face-to-face contact with family	67.1	55.2
Victim of violence (actual not threatened)	17.0	15.3

19.4 Determining changes in prevalence

The one-month prevalence of psychotic illness for those receiving public specialised mental health services was estimated as 3.1 cases per 1,000 population in 2010. The one-month prevalence found in 1997-98 was determined as 3.3 cases per 1,000 population, suggesting that the treated prevalence of psychosis in public sector has remained relatively stable.

These are the prevalences for those receiving public specialised mental health services. The 1997-98 survey, however, provides additional information on subgroups of people with psychotic illness who were not covered in the more recent survey. Specifically, people receiving services from private psychiatrists and general practitioners were surveyed. The prevalence for those accessing services in both in the public system and through these private providers was estimated as being 4.7 cases per 1,000 population.

A sample of homeless people, identified as those in marginal accommodation and not in other service settings, added a further 0.4 cases per 1,000 population to the estimates derived from the public and private sector samples.

Together these data suggest that the prevalence of psychotic illness in the Australian population is up to 25% to 50% higher than that reported above for those receiving services through public specialised mental health services only. Using this additional evidence it is estimated that the overall one-month prevalence of psychotic disorders is around 4-5 cases per 1,000 population. This is equivalent to around 65,000 people across Australia in 2010.