

2023 Public Hospital Report Card

Mental Health Edition



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PRESIDENT'S INTRODUCTION



Professor Steve Robson
Federal AMA President

The AMA has been publishing its public hospital report card for 16 years and this is the second year the mental health edition has been produced. When the 16th public hospital report card was released earlier this year, we reported that public hospital performance was at its lowest ever, with emergency department (ED) wait times blowing out to their worst since the AMA began tracking ED performance in 2002.

This was true for all patients, but as this year's mental health edition of the report card shows, the situation is particularly dire for patients suffering from poor mental health.

This report card looks at data from the 2021–22 financial year, which was a COVID impacted year, with an increasing number of patients presenting to our public hospital system with a COVID-19 diagnosis.

This may have resulted in the reduced number of patients with mental health-related conditions presenting to EDs compared to the year before. However, even with a reduced number of presentations, the number of patients with mental health-related conditions admitted from EDs increased in 2021–22.

Concerningly, the acuity of illness among those presenting increased, according to the ED triage scale. Across all states and territories, we are seeing increased numbers of patients who need to be seen within 10 minutes for mental health-related conditions. We are also seeing more mental health patients transported to EDs via police and correctional service vehicles.

Nationally, the length of stay in EDs for patients presenting with mental health-related conditions was at its highest since 2016–17, with patients staying in EDs for more than 30 hours in some states. The lack of mental health in-patient bed capacity caused by the public hospital logjam results in extended patient stays in EDs, causing distress for patients and their families.

The situation is also distressing for staff working in EDs, who are focused on managing mental health crises and associated medical needs. ED staff are not supported or resourced to manage patients with complex mental health issues, patients who can become agitated when facing long waits for care. Sadly, this situation can lead to assaults on staff.

This problem is exacerbated by poor physical design of public hospital EDs which is rarely conducive to quality mental health care. The result of these compounding issues is that doctors and nurses are under increasing pressure, leading to stress, burnout and the emergence of their own mental health issues.

Ultimately this report shows that Australia's health system is continuing to fail patients suffering from poor mental health. We are failing to provide appropriate, acceptable care to these most vulnerable of patients.

This needs to change, and it needs to change urgently.

Without change, without real reform, we will continue to see high suicide rates in Australia, we will continue to see logjams in our public hospital EDs, and we will continue to see medical and health staff leave the profession due to burnout and stress.

The AMA is proposing concrete solutions that will lead to improvements that are desperately needed to ensure mental health patients are treated appropriately and our hospital doctors are protected. We need state and territory governments and the Australian Government to act soon, to both address the current situation and ensure it doesn't get worse.

Our recommendations include:

- modernising Medicare to support GP-led collaborative primary care to provide mental health care in a primary care setting
- increasing public hospital and community service capacity — including increasing the number of mental health beds in public hospitals
- improving access to private psychiatry
- ensuring future policy on improving mental health care is guided by the mental health professional community.

We will continue to advocate for these changes to ensure the issues outlined in this report are addressed and to prevent the situation was worsening.



Professor Steve Robson

Federal AMA President

INTRODUCTION

The AMA Public Hospital Report Card — Mental Health Edition looks at the performance of Australia’s public hospitals when providing care for patients presenting with mental health-related conditions. Like the AMA Public Hospital Report Card, the aim is to show trends in hospital service delivery, identify where gaps are and where improvements are needed. This edition also uses publicly available data published by the Australian Institute of Health and Welfare (AIHW). Ultimately, by publishing these report cards the AMA aims to see policy improvements that will benefit the patients, the health and medical professionals who are working in the public hospital system and the Australian public more broadly.

The data published in our report cards, along with other research and policy analysis,¹ tells us that improvements are desperately needed.

This report card looks at the data for the year 2021–22, which was a COVID impacted year, with an increasing number of patients presenting with a COVID-19 diagnosis but a reduced numbers of patients with mental health-related conditions presenting to public hospital emergency departments (EDs) compared to the year before. The ongoing impact of COVID may be the primary reason there was a drop in the number of patients with mental health-related conditions presenting to EDs. Yet, even with reduced number of ED presentations, the number of patients with mental health-related conditions admitted from EDs increased in 2021–22. Additionally, the acuity of illness among those presenting increased, according to the ED triage scale.

Across all states and territories there are increased numbers of patients triaged for resuscitation or emergency (to be seen within 10 minutes) for mental health-related conditions. We are also seeing more mental health patients transported to EDs via police and correctional service vehicles. Nationally, the length of stay in EDs for patients presenting with mental health-related conditions was at its highest since 2016–17. At the same time, the number of days spent in hospital after being admitted for mental health conditions has not changed sitting at 13.1 days, below the optimal 14–21 days.² Relatively short lengths of stay may reflect a number of challenges that patients with mental illness face in public hospital care, access block, limited time for intensive urgent care, and paradoxically, exit block with lack of community supports leading to a relapse of illness and re-presentation to ED.

The Australian health system requires significant funding and staffing to provide support to patients presenting with poor mental health. Shortfalls in primary care, due to the lack of fit-for-purpose general practice Medicare-reimbursed models of care, means patients increasingly rely on EDs and hospitals. This is evident by the growing numbers of patients presenting to public hospital EDs, often the last resort for patients in distress who have exhausted all other avenues of seeking help. This is occurring despite both clinical staff and patients knowing that EDs are not suitable spaces for all patients with mental illness, particularly when community mental health services may be suitable, if they were available.³

And while this reliance may provide an immediate, short-term reprieve, EDs are not appropriate environments for sustained, in-depth care of patients with mental illness.⁴ Furthermore, lack of in-patient bed capacity in public hospitals results in extended patient stays in EDs, exacerbating the problem.

¹ Looi JC, Bastiampillai T, Allison S, Kisely S, Kintsugi: Comprehensive repair of Australia’s fractured psychiatric care system. *Australasian Psychiatry*. 2023;31(5):656-658. doi:10.1177/10398562231188265 <https://journals.sagepub.com/doi/full/10.1177/10398562231188265>

³ As advised by AMA psychiatrist members

³ Suicide Prevention Australia 2022. In Their Words: How to support young people in suicidal distress https://www.suicidepreventionaust.org/wp-content/uploads/2022/08/SPA_Youth-Report_In-your-words_12-August-2022.pdf

⁴ Suicide Prevention Australia 2022. In Their Words: How to support young people in suicidal distress https://www.suicidepreventionaust.org/wp-content/uploads/2022/08/SPA_Youth-Report_In-your-words_12-August-2022.pdf

Staff working in EDs are focused on managing mental health crises and associated medical needs. They are not trained nor resourced to manage patients with complex mental health issues, who can become agitated and aggressive (especially when facing long waits for care) which can lead to assaults on staff.

Similarly, the physical design of public hospital EDs is often not conducive to quality mental health care. The result is ED clinical staff under increasing pressure, leading to stress, burnout and the emergence of their own mental health issues.

Finally, the long-term impact of COVID-19 on the mental health of the population is yet to be seen. According to the data available to the AIHW, the COVID-19 pandemic did not have an impact on the rise in suspected deaths by suicide in 2020 and 2021.⁵ However, we know the pandemic placed an extraordinary strain on the entire health system, one that was already struggling to meet pre-existing demand.

The prolonged nature of the pandemic has led to workforce impacts including burnout and mental illness that has created a further cycle of decline of staffing levels as doctors and other health professionals exit the sector.⁶

Australian patients need a better and longer-term solution. Based on the AMA's analysis, the solutions to reducing the presentation of mental health patients must include:

- modernising Medicare to support GP-led collaborative Primary Care to provide primary mental health care
- increasing public hospital and community service capacity — including increasing the number of mental health beds in public hospitals to avoid the Hospital Logjam that particularly disadvantages patients with mental illness and increasing the level of hospital staffing across the board, and especially in mental health services to provide care for patients that are admitted
- improved access to private psychiatry
- ensuring future policy on improving mental health care is guided by the mental health professional community, which will include developing effective models to support GP-led primary care shared with psychiatrists, nurses and allied health practitioners, and urgent planning for the recruitment and retention of public hospital staff providing mental health services.

⁵ AIHW 2022. Suicide and self-harm monitoring data. The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19 <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>

⁶ Looi JC, Allison S, Bastiampillai T, Brazel M, Kisely SR, Maguire PA. Psychiatrist and trainee burnout: Commentary and recommendations on management. *Australasian Psychiatry*. 2022;0(0). doi:10.1177/10398562221124798

Modernising Medicare to support GP-led collaborative Primary Care- better access to mental health care in primary care

The AMA proposes the following solutions to improve access to mental health care in primary care.

1. Increase MBS rebates for patients receiving mental healthcare so they have parity with rebates for other chronic illness consultations.

- Mental illness is one of the most prevalent chronic diseases faced by Australians and should be given the same value as other chronic diseases in terms of item number rebates.

2. A mental health care plan must be instigated or assessed by a GP.

- Ideally this should be the patient's usual GP, who has an established relationship with the patient, knows their medical history, and is thus well placed to assess if a mental health plan is appropriate in managing the patient's care. Not all patients who need assistance meet the eligibility criteria for a mental health plan, while others may have physical health problems that if correctly diagnosed and treated would resolve their mental health issues. Where a patient has no usual GP or chooses to access the services of another GP this should be reflected in the medical notes of the GP preparing the plan. This is especially pertinent for rural/remote and marginalised minorities including LGBTQIA+ community members.

3. To reduce fragmentation of care, other treating medical practitioners (including another GP) and mental health professionals should communicate in a timely manner with a patient's usual GP about the nature and progress of any mental health treatment they are providing to the patient.

- GPs play a central role in dealing with mental health. It is critical that the patient's usual GP is informed about the nature and progress of any mental health treatment provided to a patient, irrespective of the type of practitioner or service providing it.
- In some circumstances, a patient may feel uncomfortable disclosing details of their care to their usual GP. In that case, it is preferable that at least a brief summary is provided to the usual GP so they are aware alternate care is occurring. Similarly, and as part of the patient's health care team, the GP providing mental health care needs to be briefed on any existing co-morbidities contributing to the state of the patient's mental health by the patient's usual GP.

4. Remove real or perceived barriers to co-claiming mental health items with other GP consultation and service items.

- Many patients present with multiple physical and mental health issues that need to be dealt with concurrently. An increased compliance focus on co-billing of general attendance and mental health attendance items means many GPs are doing mental health-related work that is not being claimed/recognised by government to avoid compliance concerns.⁷

⁷ Royal Australian College of General Practitioners 2019. RACGP submission Australian National Audit Office Managing health provider compliance <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Reports%20and%20submissions/2019/RACGP-submission-managing-health-provider-compliance.pdf>

- As part of MBS reform of consultation items consideration must be given to how items for patient care can be integrated to provide for the patient's physical and mental health care needs.
- Telephone consultations provide valuable support for patients with mental health concern, including during a crisis, and should be supported. With studies⁸ indicating the comparable effectiveness of telephone mental health consultations, patients should be able to access care via telephone consultations that reflect the face-to-face consultation structure.

5. Remove barriers for patients with an eating disorder in accessing additional counselling sessions when clinically warranted as determined by their GP.

- Noting the psychiatry workforce shortages, novel solutions should be developed to ensure that patients with severe eating disorders can receive best practice care without barriers. This may include shared consultations with GP and psychiatrist, or secondary consultations with delegation to GP to authorise further allied health treatment.

6. Recognise and support the mental health care of patients in high-risk groups.

- Develop and implement a streamlined mechanism for authorising access to additional (in excess of 10) counselling sessions where clinically indicated for patients experiencing:
 - trauma
 - domestic violence
 - complex pain syndromes
 - chronic severe mental health disorder.

7. Reduce the number of practitioners required for a multidisciplinary case conference for patients with a GP Mental Health Plan from 3 to 2.

- This would support consultation between the referring GP and Psychiatrist on the appropriate treatment pathway forward for the patient.

⁸Reay RE, Looi JC, Keightley P. Telehealth mental health services during COVID-19: summary of evidence and clinical practice. *Australas Psychiatry*. 2020 Oct;28(5):514-516. doi: 10.1177/1039856220943032. Epub 2020 Jul 28. PMID: 32722963; PMCID: PMC7387833.

Increase in public hospital and community service capacity — primarily the number of mental health beds in public hospitals

There has been a significant decline in the number of public hospital mental health beds in Australia over the last 30 years. The start of the decline can be linked to the establishment of a National Mental Health Strategy and the first five-year National Mental Health Plan in 1992, which focused on expanding community mental health services and reducing the reliance on stand-alone psychiatric hospitals, by increasing links between mental health care and general health care and linking mental health activities with other sectors.⁹

More than 30 years later we know these increased links between primary, community care and public hospitals have not eventuated. During the development of the report of the National Review of Mental Health Programmes and Services in 2014 by the National Mental Health Commission, a member of public made the following observation, which was quoted in the report: “I think having two bureaucracies (federal and state) isn’t working. The money needs to go into one very efficient and competently run system — not be fragmented across NGOs, GP-referred groups and a lot of semi-trained/unregistered service providers. It should be a one-stop-shop where people tell their story once and an appropriate referral for follow-up is made.”¹⁰ Evidently, not much has changed for the average patient/mental health consumer since 2014.

Although the number of hospital beds is not necessarily an indication of the quality of mental healthcare provided, it is an indicator of the capacity of the system to provide acute care for those patients who need it. Italy for example has one of the lowest numbers of public hospital psychiatric beds in the OECD, yet it is considered a leader in moving mental health care from institutions to community for people with severe mental health illness.¹¹ However, there are specific sociocultural characteristics for Italian mental healthcare that cannot necessarily be translated to a very different sociocultural environment in Australia — so localised approaches are needed.¹²

There have been numerous national mental health reviews and plans over the past 20 years focusing on prevention and early intervention¹³ in Australia. However, despite investment in mental health services in the community; gaps in service access and availability and gaps in the broader health system, mean that ongoing need is not being met, resulting in many patients turning up to public hospital EDs.¹⁴

The AMA therefore argues that along with improving the delivery of mental health services in the community, the in-bed capacity of public hospitals and medical, nursing and allied health staffing to provide that care needs to be increased.

⁹ Whiteford, H., Buckingham, B., & Manderscheid, R. (2002). Australia's National Mental Health Strategy. *British Journal of Psychiatry*, 180(3), 210-215. doi:10.1192/bjpp.180.3.210 <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/australias-national-mental-health-strategy/0F55D845403ABB456FAA249518A6E166#ref6>

¹⁰ National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/national-reports>

¹¹ OECD 2014. Focus on Health. Making Mental Health Count <https://www.oecd.org/els/health-systems/Focus-on-Health-Making-Mental-Health-Count.pdf>

¹² <https://journals.sagepub.com/doi/full/10.1177/0004867420951251>

¹³ See for example Australian Government, Department of Prime Minister and Cabinet 2021 National Mental Health and Suicide Prevention Plan announced <https://www.pmc.gov.au/news-centre/domestic-policy/national-mental-health-and-suicide-prevention-plan-announced> or Australian Government, National Mental Health Commission 2013: Reporting Back on the 2012 Report Card Priorities and Recommendations

<https://mentalhealthcommission.gov.au/getmedia/654a6c28-ae7b-4264-8b49-e44d3ed9c520/Monitoring/Reporting-back-on-the-2012-Report-Card.pdf>

¹⁴ Duggan M, Harris B, Chislett WK & Calder R. 2020. Nowhere else to go: Why Australia's health system results in people with mental illness getting 'stuck' in emergency departments. Mitchell Institute Commissioned report 2020, Victoria University.

Adequate training for staff in EDs is also crucial. The AMA members who work in regional areas often raise the importance of trauma-informed care. This is critical particularly when working with First Nation's Australians who experience vulnerabilities, trauma and the overwhelming gap in life expectancy compared to other Australians. For example, an intervention undertaken in Katherine resulted in a significant reduction in ED presentations and an increase in engagement with primary health care.¹⁵ The key element of the intervention was reliance on input and trained staff from the Aboriginal Health Service, with inputs from multiple Aboriginal and non-Aboriginal organisations.

Improve access to services provided in the private psychiatry

Private psychiatry plays a critical role in mental health. In total, 43 per cent of clinician psychiatrists in Australia work in private practice, either in a group or individual practice.¹⁶ By contrast, MBS subsidised services for patients attending private practice have been on decline since 2017–18 by an average of -1.2 per cent per year.¹⁷

Furthermore, anecdotal evidence from AMA members points to a decline of private mental health care service provision in private hospitals. This has been the subject of recent media reports, with private patients, who have health insurance, not being able to get care because private hospitals cannot get enough psychiatrists to assess and admit patients.¹⁸

Striking the right balance between public and private will be crucial in developing appropriate mental healthcare policy. Public hospitals and particularly EDs in public hospitals cannot continue to be the fallback for everyone in the community, particularly mental health patients. If the current trend continues of more mental health patients trying to obtain urgent care in public hospitals, Australia risk replicating recent developments in Canada with critical staff exiting the sector resulting in multiple ED closures.¹⁹

¹⁵ Quilty S, Wood L, Scrimgeour S, Shannon G, Sherman E, Lake B, Budd R, Lawton P, Moloney M. Addressing Profound Disadvantages to Improve Indigenous Health and Reduce Hospitalisation: A Collaborative Community Program in Remote Northern Territory. *Int J Environ Res Public Health*. 2019 Nov 6;16(22):4306. doi: 10.3390/ijerph16224306. PMID: 31698685; PMCID: PMC6888622.

¹⁶ AIHW 2023. Mental Health Workforce. Data Tables: Mental Health Workforce 2021. Table WK3. <https://www.aihw.gov.au/mental-health/topic-areas/workforce>

¹⁷ AIHW 2023. Mental health services in Australia: Expenditure on mental health services. Table EXP.21 <https://www.aihw.gov.au/mental-health/topic-areas/expenditure>

¹⁸ Weekend Australian 30 September 2023. Private hospitals threaten to cut out critical services https://www.theaustralian.com.au/subscribe/news/1/?sourceCode=TAWEB_WRE170_a_GGL&dest=https%3A%2F%2Fwww.theaustralian.com.au%2Fnation%2Fprivate-hospitals-threaten-to-cut-out-critical-services%2Fnews-story%2Fff32a4fefbdf0b59717c73b8076cecd3&memtype=anonymous&mode=premium&v21=dynamic-groupa-control-noscore&V21spcbehaviour=append

¹⁹ Duong D. Why are emergency departments closing? *CMAJ*. 2022 Aug 29;194(33):E1138-E1139. doi: 10.1503/cmaj.1096014. PMID: 36302106; PMCID: PMC9435536.

PUBLIC HOSPITAL REPORT CARD: MENTAL HEALTH EDITION

National public hospital mental health capacity

In 2020–21 there were 162 public hospitals providing specialised mental health services for admitted patients, including 144 public acute hospitals with a specialised psychiatric unit ward and 18 public psychiatric hospitals. In total, 77,097 specialised mental health public hospital beds were available in 2020–2021,²⁰ providing 2,298,307 patient days to people in hospital.²¹

Australia has witnessed a significant reduction in mental health beds since 1992–93, with the number available dropping from 45.5 per 100,000 people to 27.7 per 100,000 people by 2020–21.²² That is an almost 40 per cent reduction (39.6) of available mental health beds per 100,000 population. Although the numbers differ for different states and territories, apart from the Australian Capital Territory, all other states recorded a reduction in hospital beds in this period. The average annual decline in beds since 2017 has been 1.5 per cent.

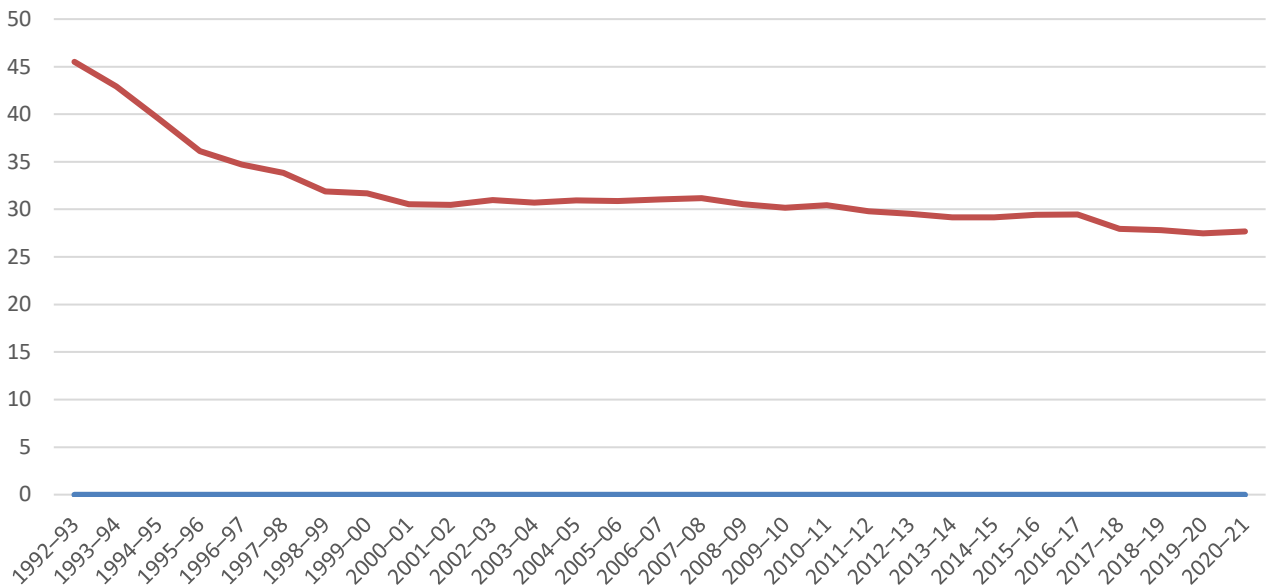


Figure 1: Public sector specialised mental health hospital beds per 100,000 population, by hospital type and program type, all states and territories, 1993–94 to 2020–21²³

²⁰ AIHW 2023. Mental Health Services in Australia web report. Specialised mental health facilities. <https://www.aihw.gov.au/mental-health/topic-areas/facilities>

²¹ AIHW 2023 Mental health services in Australia: Specialised mental health care facilities. Table FAC.26: Number of patient days, public sector specialised mental health hospital services, by hospital type and program type, states and territories, 1992–93 to 2020–21 <https://www.aihw.gov.au/mental-health/topic-areas/facilities>

²² AIHW 2023 Specialised mental health care facilities tables 2020–21 Table FAC.13. Table FAC.26: Number of patient days, public sector specialised mental health hospital services, by hospital type and program type, states and territories, 1992–93 to 2020–21

²³ AIHW 2023 Specialised mental health care facilities tables 2020–21 Table FAC.13. Table FAC.13: Public sector specialised mental health hospital beds per 100,000 population, by hospital type and program type, states and territories, 1992–93 to 2021–22

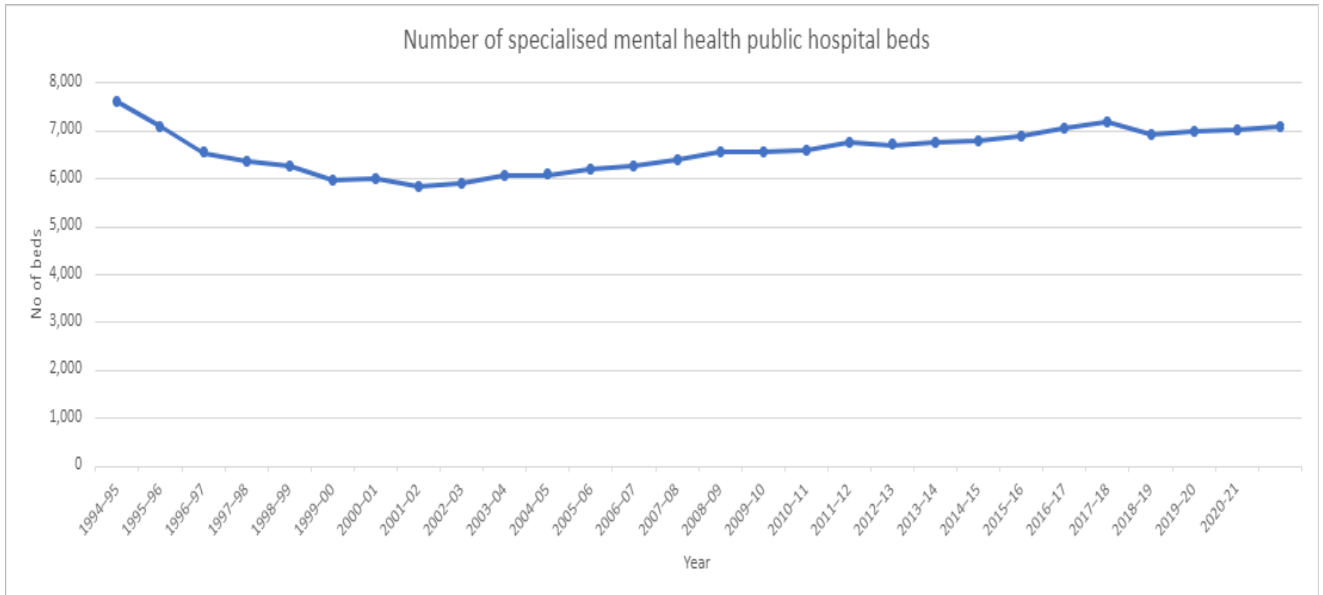


Figure 2: Public sector specialised mental health hospital beds, by target population and program type, all states and territories, 1993–94 to 2020–21²⁴

The decline in bed numbers can mostly be attributed to the closure of specialised mental health hospitals or, in states where they were not closed, the reduction in their capacity. While this type of deinstitutionalisation of mental health care was needed at the time, the outcomes of policy changes have not met expectations.

²⁴ AIHW 2022. Mental health services in Australia. Expenditure on mental health services. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/expenditure-on-mental-health-related-services>

Emergency department presentations

The available data points to an increase in numbers of the ED presentations nationally over the years. As the graph below shows, the number of ED presentations per 10,000 population nationally almost doubled between 2004–05 and 2020–21, from 69.2 to 120.6 per 10,000 population. The 2021–22 reporting period shows a decline in mental health presentations from 120 to 109 per 10,000 population.

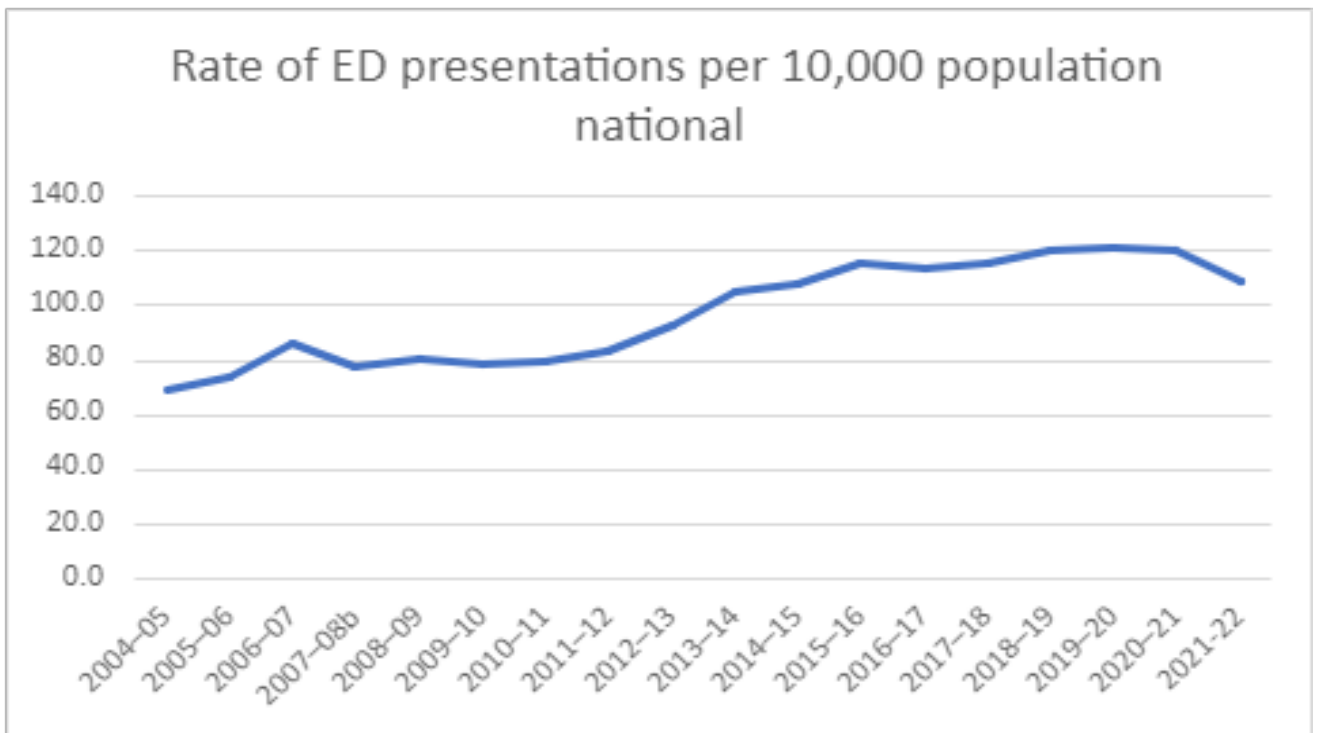


Figure 3: ED presentations per 10,000 population all states and territories. Source: AIHW data Mental Health Services Provided in emergency departments 2021-22 Table ED.1: Mental health-related emergency department presentations in public hospitals, by states and territories, 2004–05 to 2021–22

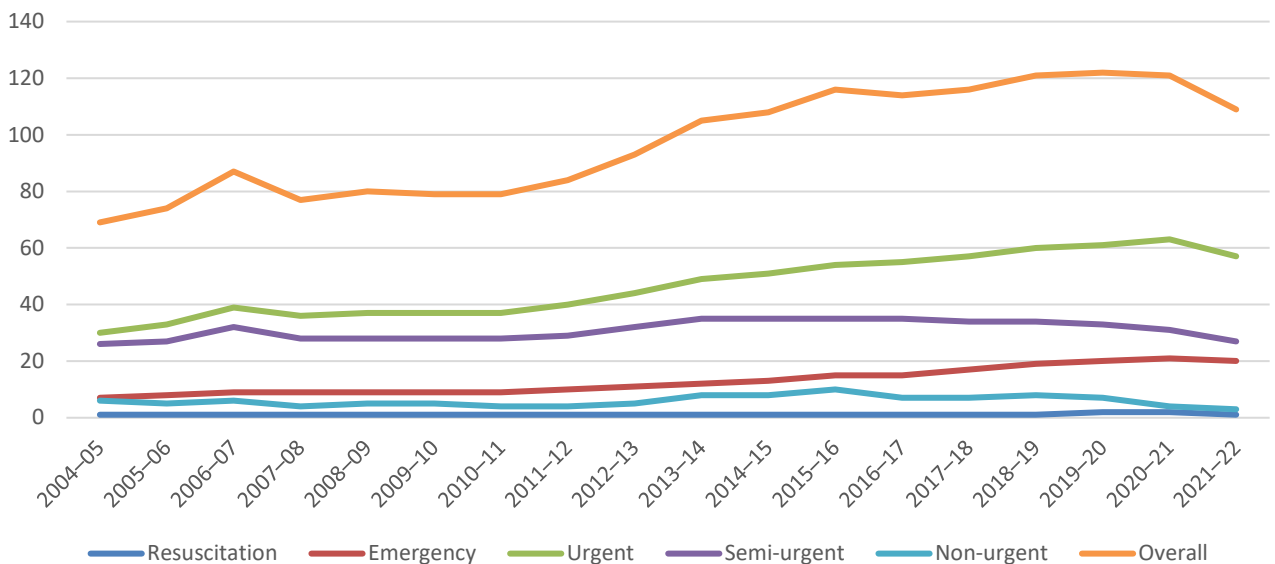
Note: National Emergency Admission targets were abolished with effect from 1 July 2015

²² Australian Institute of Health and Welfare (AIHW) 2023. Australian hospital statistics: Emergency Department Care 2021–22, Table 4.9 and Table 4.10 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>

Worryingly, the data show, that along with the increased number of presentations, the acuity of illness of the patients with mental illness presenting also seems to be increasing. Since 2004, the number of patients presenting at EDs who are triaged as resuscitation²⁵ grew from 0.6 per 10,000 population in 2003–04 to 1.7 in 2020–21. There was a 12.3 per cent average annual increase over the five years from 2016–17 to 2020–21.²⁶ With a drop in presentations recorded in 2021–22, the average annual increase has reduced to 6 per cent since 2017–18.²⁷

Similarly, the number of patients with mental illness triaged as Category 2 - Emergency (to be seen within 10 minutes) has grown by 6 per cent per 10,000 population since 2017–18 (see Graph 3 below).²⁸

Mental health ED presentations rate per 10,000 population by triage category 2004-05 to 2021-22



Graph 4: Mental health-related ED presentations in public hospitals, by triage category;. Source: AIHW Data: Mental Health Services Provided in emergency departments data tables, Table ED.6: Mental health-related emergency department presentations in public hospitals, by triage category, 2004–05 to 2021–22

²⁵ AMA members report that commonly patients who have attempted self-harm or are at a difficult state of mental anguish requiring combined police and ambulance transfer to ED will be given a Cat 1 resus triage

²⁶ AIHW 2022. Mental Health Services Provided in Emergency Departments. Table ED.6: Mental health-related emergency department presentations in public hospitals, by triage category, 2004–05 to 2020–21 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/emergency-department-mental-health-services>

²⁷ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.6: Mental health-related emergency department presentations in public hospitals, by triage category, 2004–05 to 2021–22 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/emergency-department-mental-health-services>

²⁸ Ibid.

Emergency department waiting and treatment times — mental health

When patients with mental illness present at EDs, unless triaged as resuscitation, they tend to wait longer to be treated than patients triaged in the same categories for other conditions. In 2021–22, more than one in three patients, or 36.4 per cent, presenting at EDs for mental and behavioural disorders were admitted to hospital, an increase of 0.9 percent compared to 2020–21 (35.9 per cent).

For patients presenting with mental and behavioural disorders that require admission from ED, the national average 90th percentile wait time in 2021–22 was 21.5 hours (21 h 26 min), ranging from 15 hours in Queensland to 31 hours in Tasmania.²⁹ This is a significant increase compared to the year before (19 hours and 29 minutes in 2020–21) and also around 6 hours longer than average for all ED presentations and almost an entire day of wait for a patient in distress, whose condition requires in hospital treatment.

These numbers point to a bed block, a lack of capacity in public hospitals to quickly and safely admit patients who are triaged for admission. Further, the data shows that 60 per cent of mental health-related ED presentations were seen on time in 2021–22 — an almost four per cent drop compared to 2021–22 (63.8 per cent), and 7 per cent below the average for all ED presentations in 2021–22 (67 per cent).³⁰

Because this report card uses AIHW published data, it is important to note that according to the AIHW definition of data sources and key concepts, mental and behavioural disorders principal diagnosis codes may not fully capture all mental health-related presentations to EDs, such as presentations for self-harm. Diagnosis codes for intentional self-harm sit outside the mental and behavioural disorders chapter.³¹

²⁹ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/emergency-department-mental-health-services>

³⁰ AIHW 2023. Mental health services in Australia, Emergency Departments mental health services <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/emergency-department-mental-health-services>

³¹ AIHW 2023. Mental health services in Australia, Emergency Departments mental health services. Key concepts <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/emergency-department-mental-health-services/data-source-and-key-concepts>

Emergency department mental health presentations ending in admissions

Since 2013–14, there has been a steady increase in patients with mental and behavioural disorders presenting at EDs who are subsequently admitted to hospital.

In 2021–22 nationally 36.4 per cent of patients with mental illness who presented to EDs were admitted to the hospital where they presented.

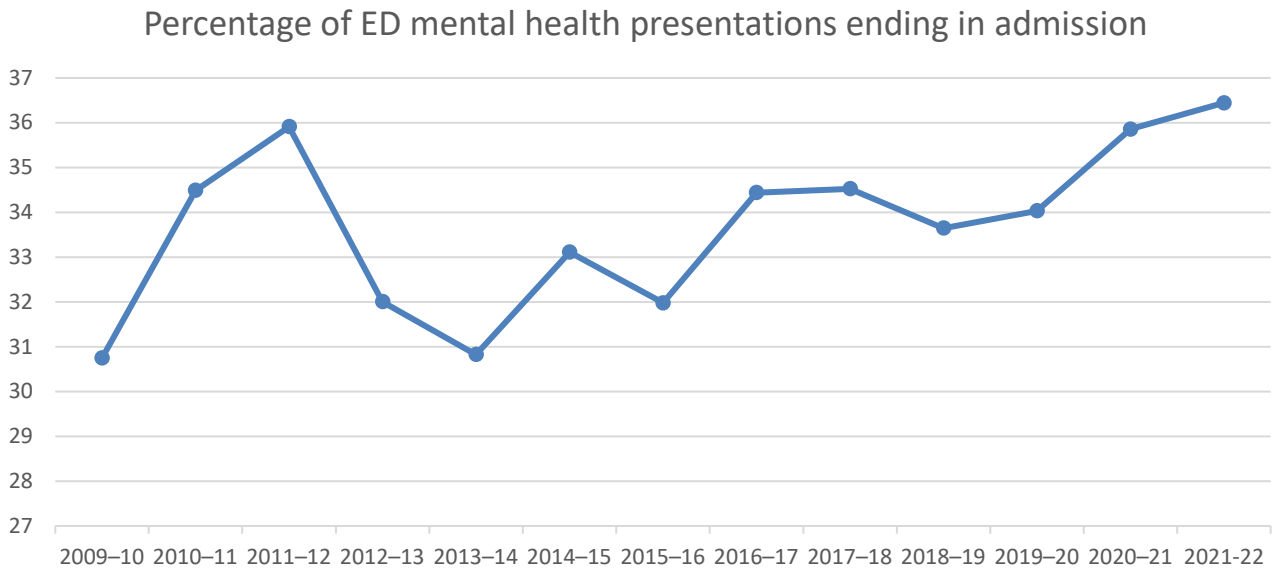


Figure 5: Percentage of ED mental health presentations ending in admission. Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2022, Table ED.16: Mental health-related emergency department presentations in public hospitals, by episode end status, 2004–05 to 2021–22

The above graph shows a steep decline in ED mental health presentations ending in admissions between 2011–12 and 2013–14. In February 2011 the Council of Australian Governments (COAG) agreed to reform the mental health system as part of broader National Health Reform Agreement, committing \$2.2 billion over five years in the 2011–12 Budget to National Mental Health Reform “to help Australians who have a mental illness get the care they need, when and where they need it”.³²

³² Australian Government, Department of Social Services 2014. Mental health programs and services – National Mental Health Reform <https://www.dss.gov.au/our-responsibilities/mental-health/programs-services/national-mental-health-reform>

Emergency Department presentations — ambulance arrival

AIHW data shows that a growing number of patients with mental health disorders are relying on ambulances (including air ambulance or the helicopter rescue service) when accessing EDs. In 2021–22, one in two patients (50 per cent) who presented to EDs for mental health disorders arrived via ambulance services. This is a slight decrease compared to the year before, and can potentially be linked to COVID-19 impact on public hospitals and resources being reoriented towards providing care for patients with COVID-19. In contrast, around one in four patients who presented to EDs in 2021–22 arrived by ambulance.³³

The percentage growth differs between the states and territories, but it is evident that in some states, like Queensland for example, patients with mental illness increasingly depend on ambulances to transfer them to EDs. This may indicate growing acuity of mental illness in patients and/or lack of access and availability of care in the community, lack of access to GPs, psychiatrists and psychologists and other types of community care. More data on individual states and territories is provided in subsequent chapters.

ED Presentations - ambulance mode of arrival per cent

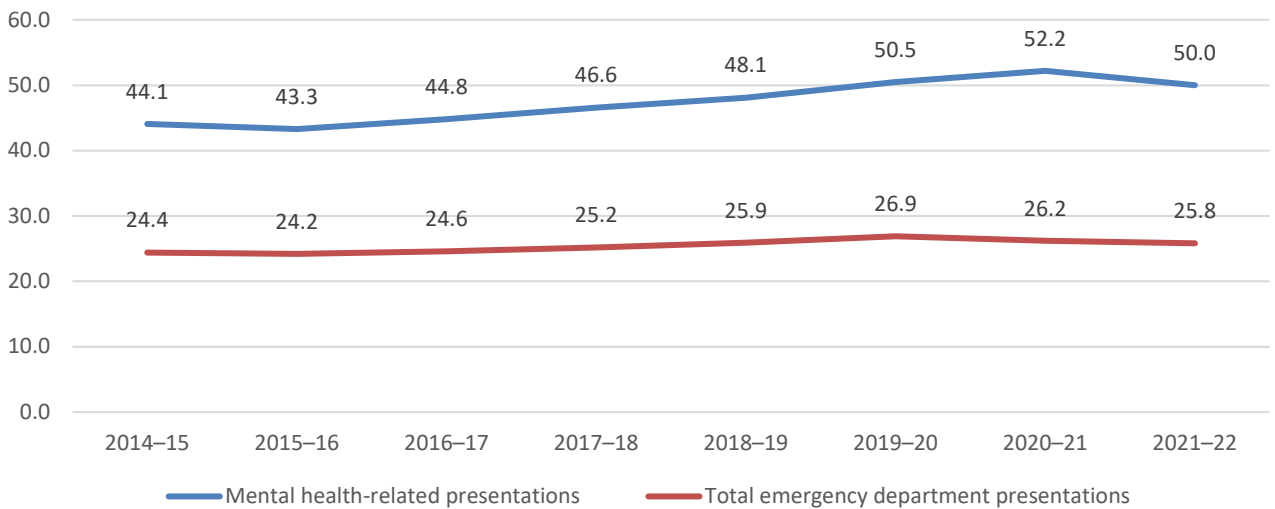


Figure 6: ED presentations by ambulance mode of arrival for mental health presentations compared to ambulance mode of arrival for total emergency presentations. Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2023, Table ED.2: Mental health-related emergency department presentations in public hospitals, by arrival mode, states and territories, 2021–22

³³ AIHW 2022. Mental Health Services Provided in Emergency Departments 2020-21. Table ED.3 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/emergency-department-mental-health-services>

Emergency Department presentations — Police/correctional services vehicle

Patients presenting to emergency departments can arrive at EDs using ambulances, their own transport or be transported to EDs by police/correctional services vehicles. This is true for all patients, including those presenting for poor mental health.

In 2021–22 the total number of patients who arrived at EDs via police/correctional services vehicles was 61,770.³⁴ Of that number, 21,368 — just over one in three were assessed as patients with mental illness.

The below graph shows the trend and the percentage of patients with mental illness transported to EDs by police/correctional services vehicles since 2014–15. Nationally, after multiple years of decline, in 2021–22 that number has grown by 1.9 per cent compared to the year before.

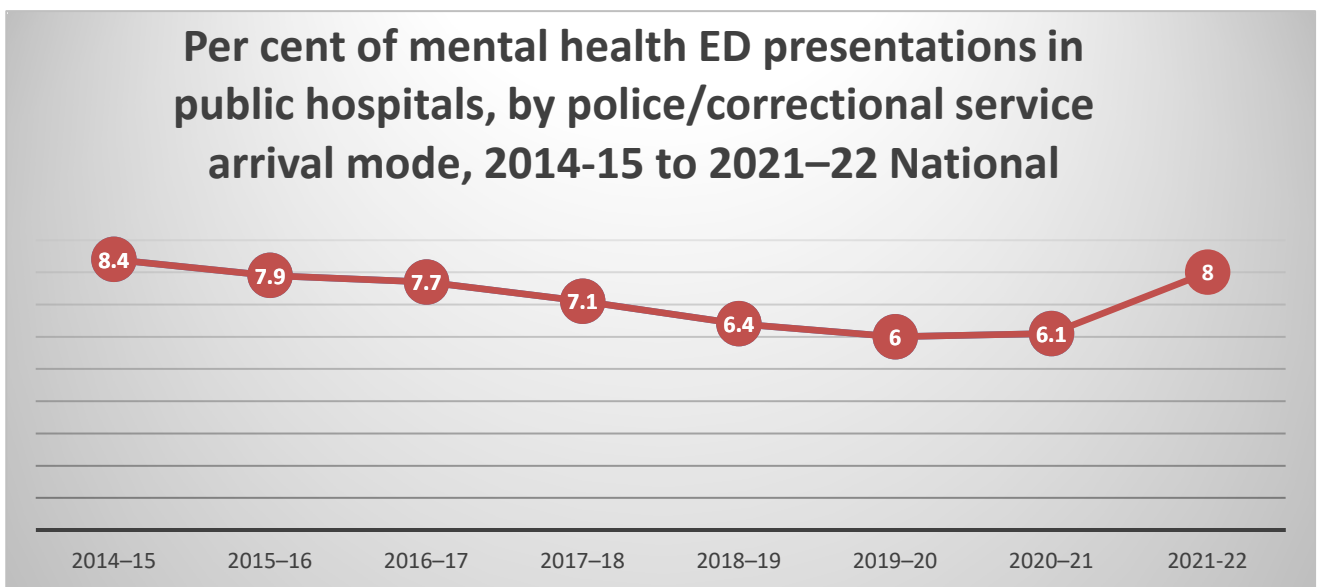


Figure 7: ED presentations by police/correctional service vehicle mode of arrival for mental health presentations. Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2023, Table ED.2: Mental health-related emergency department presentations in public hospitals, by arrival mode, states and territories, 2021–22

³⁴ AIHW 2023. Emergency department care 2021–22: Australian hospital statistics Table 4.2: Emergency department presentations, by triage category and arrival mode, states and territories, 2021–22 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care#more-data>

Overnight admitted mental health care

The overnight admitted mental health-related data portrays a grim picture for public hospital patients being admitted for mental and behavioural disorders.

Similar to the ED presentations, the number of overnight admitted patients with mental illness in public hospitals has been growing, with an average annual increase of 3.6 per cent since 2009–10 to 2019–20.³⁵ And while the total number of non-mental health hospitalisations in the public system in 2019–20 (COVID-19 impacted year) reduced by 3.7 per cent compared to the previous year, the number of mental health hospitalisations increased by 1.8 per cent on the previous year.

Three parameters of mental health hospitalisations all point to an increase in the overall share of hospitalisations: proportion of overall hospitalisations, proportion of patient days taken up by patients with mental illness and proportion of mental health-related procedures.³⁶

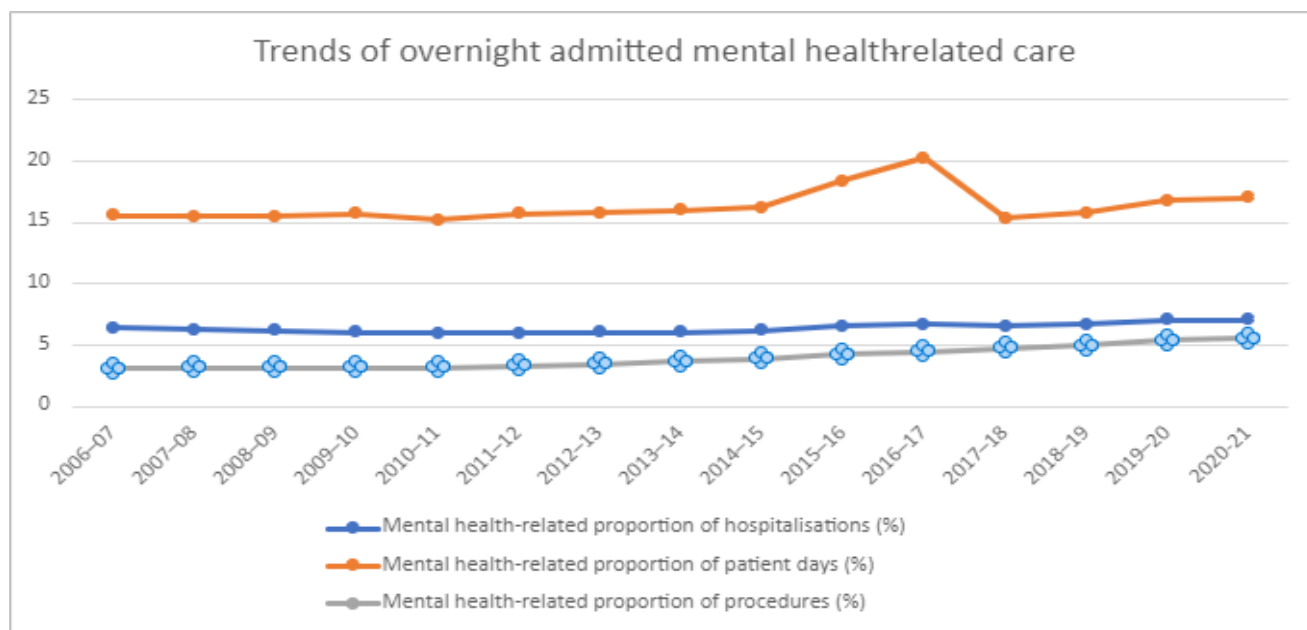


Figure 8 Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care 2021. Overnight admitted mental health-related care tables, Table ON.1

³⁵ AIHW 2022 Overnight admitted mental health-related care tables, Table ON.1 . <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/overnight-admitted-mental-health-related-care-2019-20>

³⁶ According to the AIHW key concepts – Same day admitted mental health care, a "Procedure refers to a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included." https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/same-day-admitted-mental-health-related-care/data-source-and-key-concepts#20_procedure

Noting that length of stay for patients with mental illness is generally not comparable with all other types of patients, due to the complexity of the medical condition and the needs of admitted patients with mental illness, we use it in this report to illustrate the access block for beds and the need for increased capacity. Specifically, once admitted, patients with mental illness optimal length of stay is 14–21 days. In 2020–21, the average length of stay for patients with mental illness in public hospitals was 13.1 days,³⁷ the same as the year before, while for all other patients it was 3 days.³⁸

The average length of stay in public acute hospitals with specialist psychiatric care in 2019–20 ranged from 18.5 days in the Australian Capital Territory to 12.2 days in the Northern Territory.³⁹ This is a slight increase compared to the year before.

As noted previously, relatively short lengths of stay may reflect challenges that patients with mental illness face in public hospital care, access block, limited time for intensive urgent care, and paradoxically, exit block with lack of community supports leading to a relapse of illness and re-presentation to ED.

For patients with mental illness to be discharged from hospital into the community, adequate support and transitions of care are needed.

Australian Government funding – mental health public hospitals

Despite the growth in the national population and the reduction in reliance on public acute specialised hospitals for care of patients with mental illness, from 1992–1993 to 2019–20, the Australian Government mental health-related expenditure as a proportion (per cent) of health expenditure remained constant in that period (7.3 per cent in 1992–93 and 7.3 per cent in 2020–21).⁴⁰

Australian Government expenditure is mostly directed towards the MBS, PBS and 'National Programs and Initiatives', while the state/territory expenditure goes towards the acute care in public hospitals and mental health care in the community, noting that acute care in public hospitals is a shared expenditure between the federal and state governments.

National programs and initiatives include programs managed by the Department of Health and Aged Care (DHAC); Department of Social Services; Department of Veterans' Affairs (DVA), Department of Defence (DoD) funded programs, Indigenous social and emotional wellbeing programs and the National Suicide Prevention Program.⁴¹ This federal government expenditure is a staggering increase of more than 200 per cent from 2011–12 and 2020–21, from \$679,637,460 (constant prices) in 2011 to \$1,490,026,510 (constant prices) in 2020–21.⁴² It is worth noting that out of almost \$1.5 billion in 2020–21 in funding for national programs and initiatives, only \$60.7 million went to the Department of Defence funded mental health programs, with an average annual increase of 4 per cent between 2016–17 (\$52.7 million) and 2020–21 (\$60.7 million), in real terms.⁴³

³⁷ AIHW 2023. Overnight admitted mental health-related care tables, Table ON.1 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/overnight-admitted-mental-health-related-care-2020-21>

³⁸ AIHW 2023. Hospitals. Admitted patient care 2020-21. How much activity was there? Table 2.9: Average length of stay, public and private hospitals, 2016–17 to 2020–21 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>

³⁹ AIHW 2023. Overnight admitted mental health-related care tables, Table ON.5 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/overnight-admitted-mental-health-related-care-2020-21>

⁴⁰ AIHW 2023. Expenditure on Mental health-related services 2020-21. Data tables. Table EXP.35. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/expenditure-on-mental-health-related-services>

⁴¹ AIHW 2023. Expenditure on mental health-related services. <https://www.aihw.gov.au/mental-health/topic-areas/expenditure>

⁴² Ibid.

⁴³ Ibid.

In the last years report card, the AMA estimated that the Australian Government dedicated around \$600 million to headspace programs between 2019 and 2022.⁴⁴ An evaluation commissioned by the Department of Health and Aged Care published in October 2022 found that “no single source captures these ranges of costs of delivering headspace”. The evaluation concluded that the longer-term impacts of headspace are not measured and that improvement in data collection is required. Furthermore, there has been policy and research analysis that indicates that there is very limited evidence of substantive improvement clinical outcomes from headspace.⁴⁵ And this is just one program funded under the National Programs and Initiatives — similar to headspace another prominent national initiative that has not demonstrated outcomes is Project Synergy/Innowell.⁴⁶

Also, concerning, negative outcomes from outpatient psychotherapies signal that such therapy may be better targeted to patients with more severe illness, as the mental health of 20–40 per cent of patients with mild-moderate illness deteriorated in population level longitudinal studies of the Better Access initiative.⁴⁷

The above context emphasises the need to substantively fund, resource and staff acute public hospital mental healthcare to address existing acute needs, as well as the need to support GP-led primary mental healthcare and models of shared care with psychiatrists, nursing and allied health providers in community care and fund, resource and staff public community mental health services.⁴⁸

⁴⁴ Australian Medical Association 2022. Public hospital report card - mental health edition <https://www.ama.com.au/clear-the-hospital-logjam/mhrc>

⁴⁵ Kisely SR, Bastiampillai T, Allison S, Looi JC. More smoke and mirrors: Fifteen further reasons to doubt the effectiveness of headspace. *Australasian Psychiatry*. 2023;31(3):282-291. doi:10.1177/10398562231167683

⁴⁶ Looi Jeffrey C. L., Allison Stephen, Bastiampillai Tarun, Kisely Steve. 2023. What have been the clinical outcomes of the Project Synergy/InnoWell digital health platform?. *Australian Health Review* <https://doi.org/10.1071/AH23159>

⁴⁷ Allison S, Looi JC, Kisely S, Bastiampillai T. Could negative outcomes of psychotherapies be contributing to the lack of an overall population effect from the Australian Better Access initiative? *Australasian Psychiatry*. 2023;31(3):339-342. doi:10.1177/10398562231172417

⁴⁸ Looi JC, Bastiampillai T, Allison S, Kisely S. Kintsugi: Comprehensive repair of Australia's fractured psychiatric care system. *Australasian Psychiatry*. 2023;31(5):656-658. doi:10.1177/10398562231188265

STATE BY STATE PUBLIC HOSPITAL PERFORMANCE

New South Wales

Number of mental health public hospital beds

In New South Wales (NSW), the number of public hospital mental health beds increased in real terms between 1992–93 and 2019–20 by 221. However, between 2019–20 and 2020–21 a drop was recorded, bringing the number of beds below 2013–14 levels (2,692). In 1992–93 NSW had 44 mental health patient beds per 100,000 population. In 2020–21 that number had dropped to 33.3, after a slight increase in 2019–20 (33.5).⁴⁹

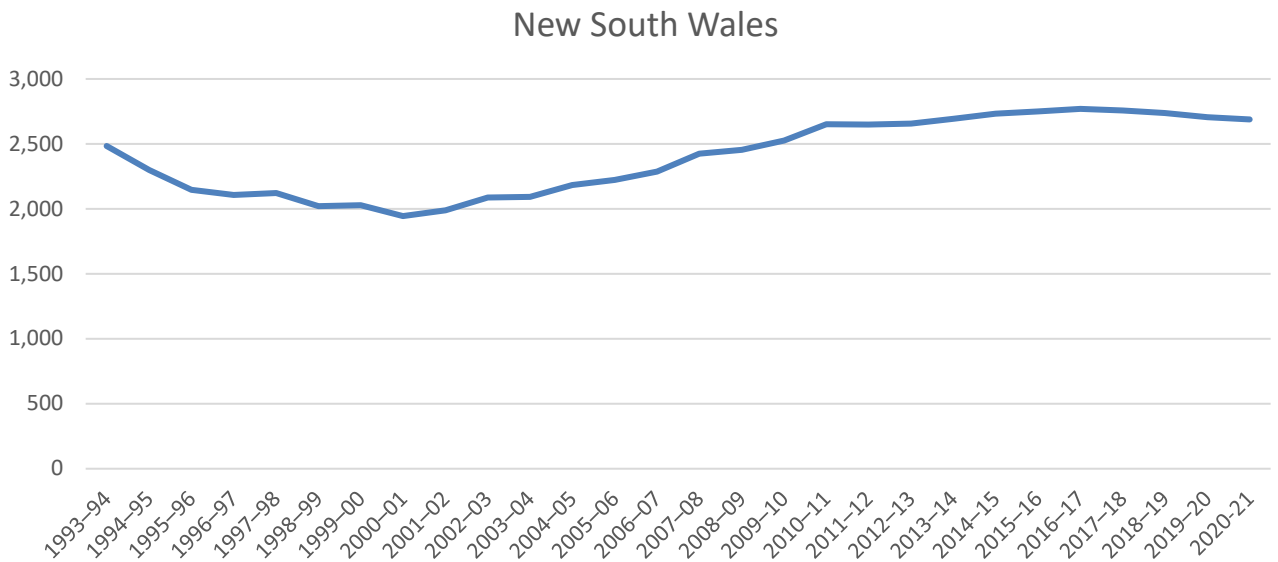


Figure 9: Number of mental health public hospital beds NSW. Source: AIHW data: Specialised mental health care facilities tables 2019–20. Table FAC.13.

⁴⁹ AIHW 2022. Specialised mental health care facilities tables 2019-20. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

Emergency department mental health presentations

The number of ED mental health presentations per 10,000 population in NSW grew from 87.7 in 2004–05 to 105 in 2021–22.

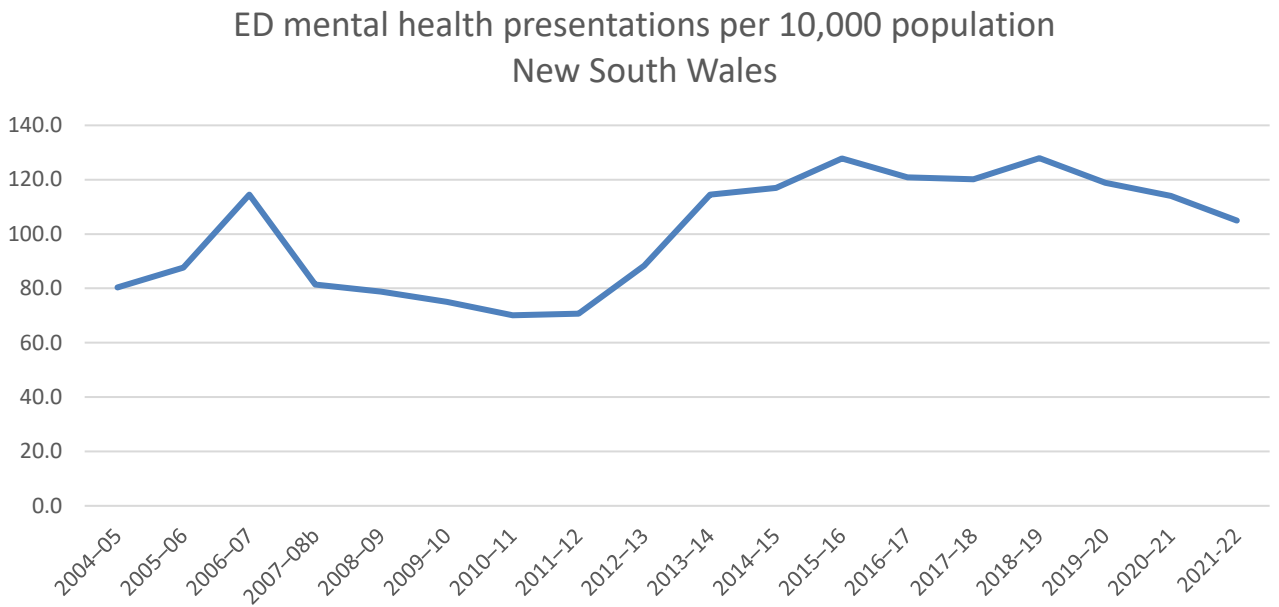


Figure 10: ED mental health presentations per 10,000 population NSW. Source: AIHW data Mental Health Services provided in emergency departments data tables 2020-21

NSW data reflects the national trend, showing that from 2015–16 there was an increase in ED mental health presentations triaged as resuscitation, emergency and urgent, with presentations triaged as emergency (to be treated within 15 mins) growing by 5.2 per cent and urgent (to be seen within 30 mins) growing by 9.8 per cent.

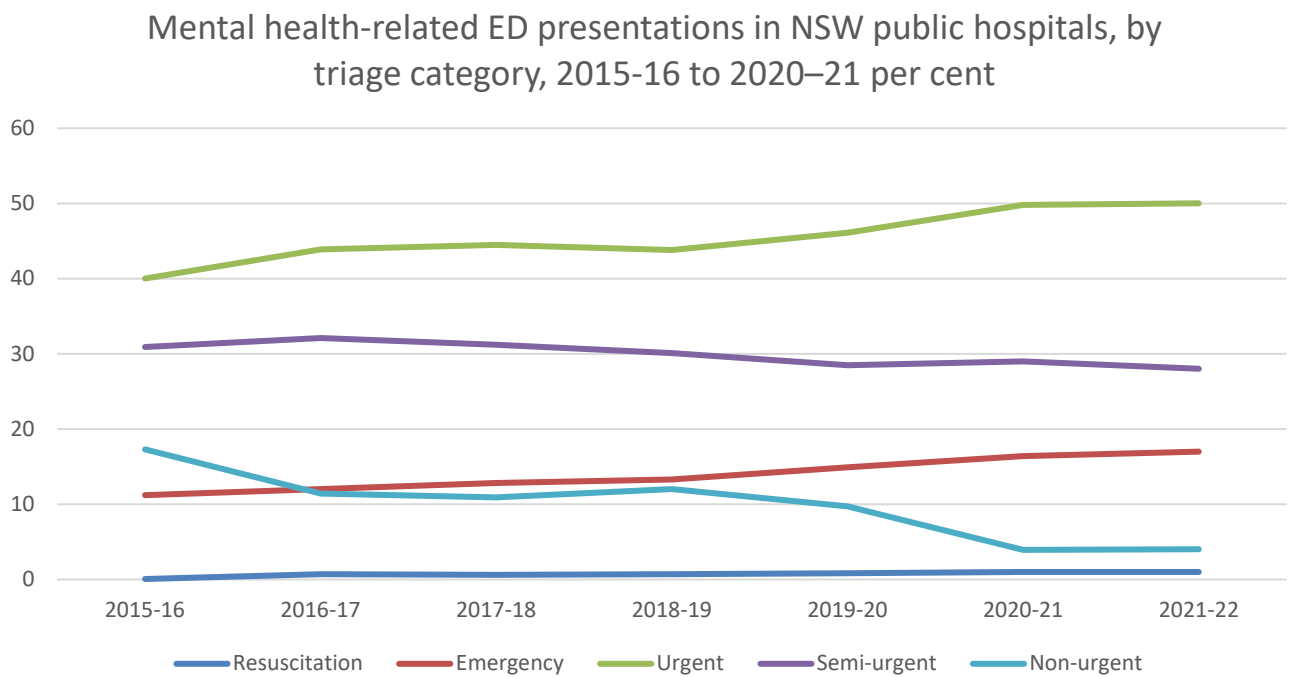


Figure 11: Mental health-related ED presentations in NSW public hospitals, by triage category. Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2015-16 to 2020-21

Emergency department mental health treatment times – ED length of stay

In NSW in 2021–22 ED the median length of stay for all mental health presentations was 4 hours and 13 minutes. For presentations ending in admissions, the median length of stay was 7 hours and 14 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 22 hours and 33 minutes, an increase of more than two hours compared to the year before. The below table shows the change in length of stay over the last 5 years.

NSW	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	5.29	5.46	5.43	6.07	7:14
Mental health presentations ending in admission 90th percentile hours minutes	N/A	19.28	19.34	20.13	20.21	22:33
All mental health presentations median hours minutes	3.08	3.12	3.14	3.27	3.48	4:13
All mental health presentations 90th percentile hours minutes	10.13	10.57	11	11.53	13.03	15:23

Table 1 Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — ambulance arrival

While the percentage of presentations to NSW EDs with ambulance (including air ambulance or helicopter rescue service) as the mode of arrival grew by 1.5 per cent over the five years since 2016–17, the number of mental health presentations with ambulance as the mode of arrival grew by 6.4 per cent over the same period.

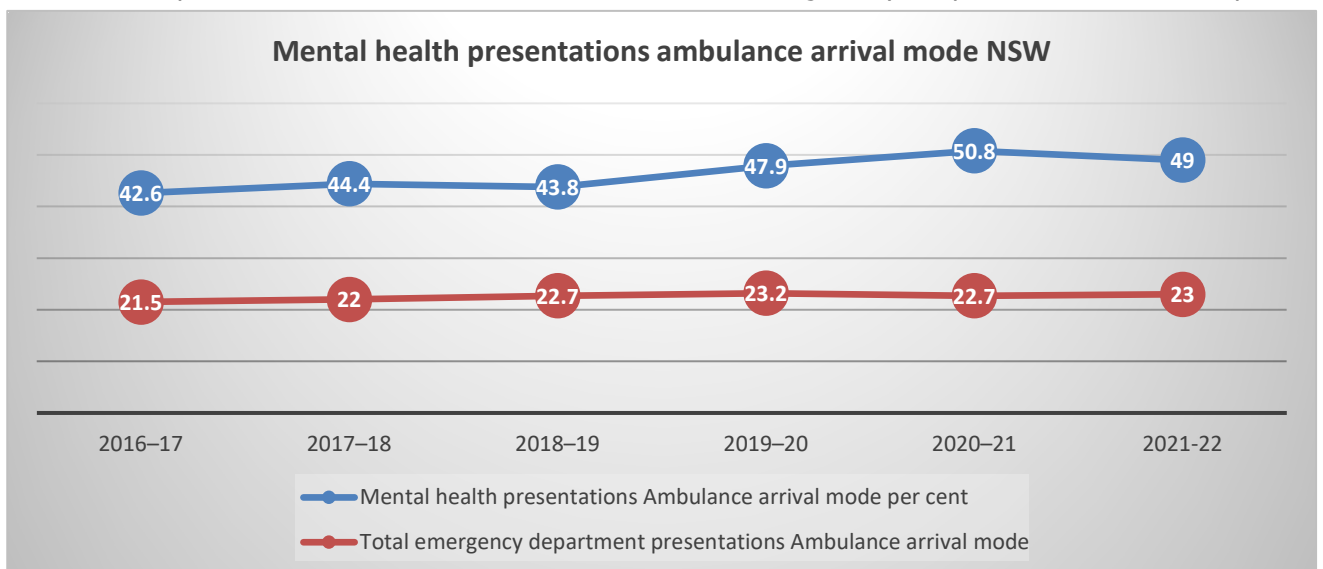


Figure 12: Mental health NSW ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

In NSW in the 2021–22 reporting period, around 6 per cent of patients with mental illness presented to EDs via police/correctional services, a spike compared to the year before.

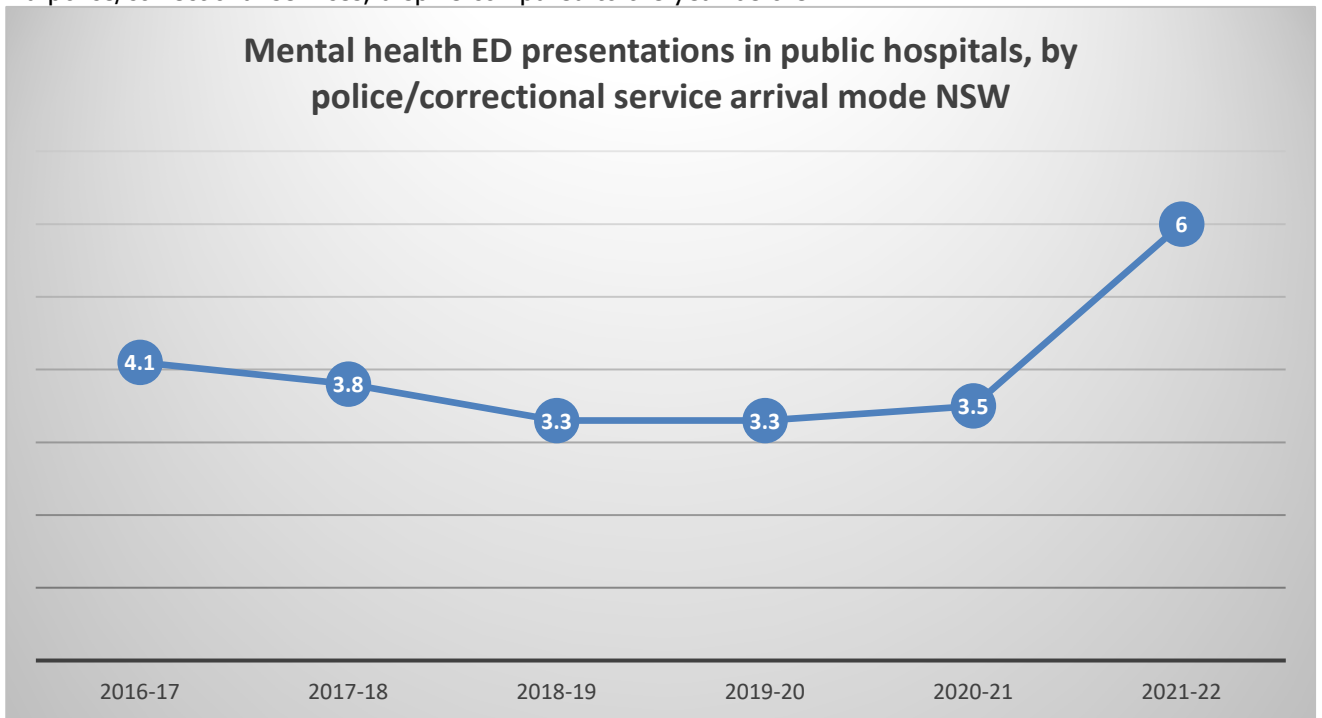


Figure 13: Mental health NSW ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

Overnight admitted mental health care

In NSW the average length of stay for patients with mental illness in public hospitals has been above the national average, peaking at 24.9 days in 2016–17.

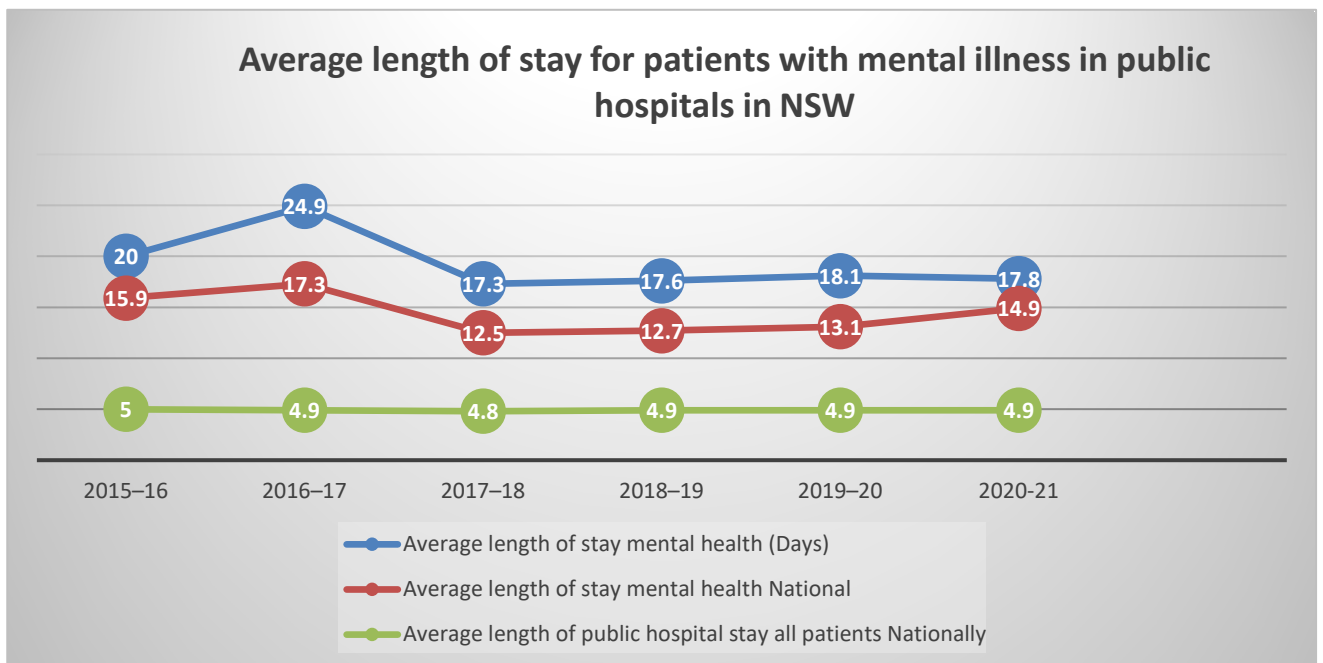


Figure 14 Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

Victoria

Number of mental health public hospital beds

In Victoria, the number of public hospital mental health beds increased slightly between 2019–20 and 2020–21. In actual numbers, the increase was from 1,471 to 1,525 hospital beds, and from 22.3 to 23.2 per 100,000 population. However, as noted in last year’s report card, between 1993 and 2021 Victoria, following a similar trend to the other states, went from 42.3 to 23.2 beds per 100,000 population. This represents an almost 50 per cent reduction.⁵⁰

Number of mental health public hospital beds - Victoria

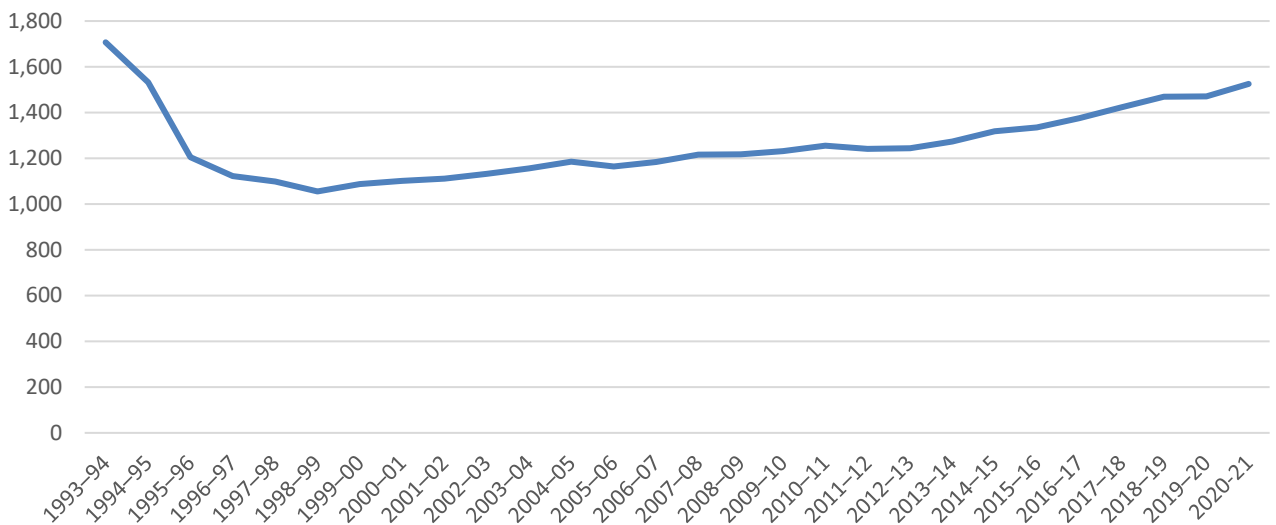


Figure 15: Number of mental health public hospital beds Victoria. Source: AIHW data: Specialised mental health care facilities tables 2019–20. Table FAC.13.

⁵⁰ AIHW 2022. Specialised mental health care facilities tables 2019-20. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

Emergency department mental health presentations

The data available for Victorian ED presentations points to an increase in the number of patients presenting for mental health issues. In 2004–05 the number of presentations per 10,000 population was 58, in 2020–21 that number was at its highest, sitting at 99.4. Between 2020–21 and 2021–22 Victoria recorded a decrease of ED presentations for patients with mental illness, from 99.4 to 89.

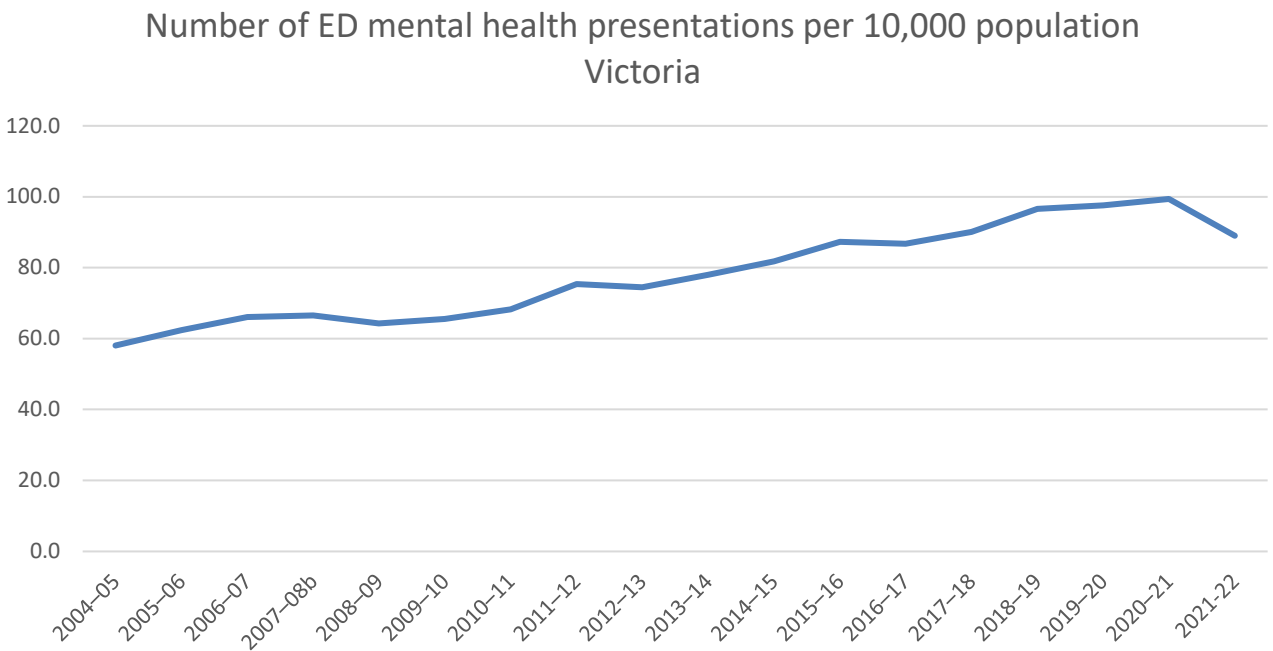


Figure 16: ED mental health presentations per 10,000 population Victoria. Source: AIHW data Mental Health Services provided in emergency departments data tables 2020-21

In Victoria, between 2020–21 and 2021–22 an increase in the number of mental health patients triaged as resuscitation and emergency has been recorded. The below graph shows a 0.9 per cent increase in the number of patients triaged as resuscitation and an almost 10 per cent increase in the number of emergency presentations (to be seen within 10 minutes) since 2015–16.

Mental health-related Victorian ED presentations in public hospitals, by triage category, 2015–16 to 2021–22 per cent

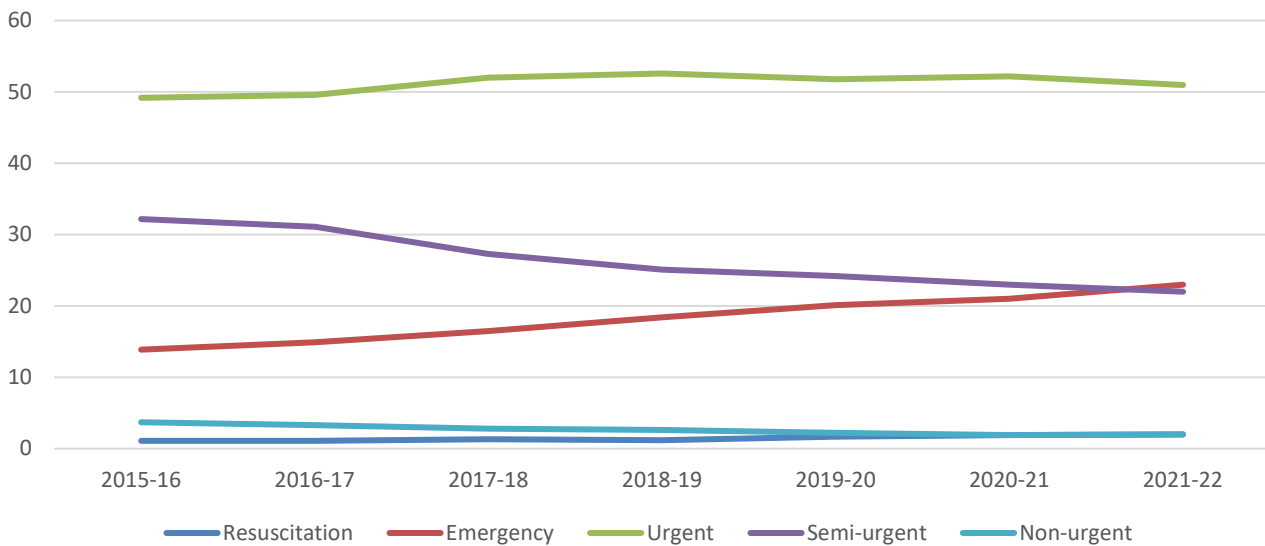


Figure 17: Mental health-related Victorian ED presentations in public hospitals, by triage category, per cent. Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015–16 to 2021–22

Emergency department mental health treatment times — ED length of stay

In Victoria in 2021–22 the ED median length of stay for all mental health presentations was 4 hours and 50 minutes, an increase compared to the year before. For presentations ending in admissions, the median length of stay was 6 hours and 26 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 21 hours and 10 minutes.⁵¹ The below table shows the change in length of stay over the last 6 years.

Victoria	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	4:31	4.5	4:59	5:08	6:26
Mental health presentations ending in admission 90th percentile hours minutes	N/A	17:58	19.14	19:27	19:13	21:10
All mental health presentations median hours minutes	3:33	3:45	3.54	3:58	4:06	4:50
All mental health presentations 90th percentile hours minutes	12:18	13:50	14.48	15:03	14:53	17:29

Table 2 Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

⁵¹ AIHW 2022. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2020–21

Emergency department mental health presentations — ambulance arrival

In Victoria, in 2021–22 more than one in two people who presented to EDs for mental health-related conditions arrived by ambulance — 52 per cent. This is a 5.8 per cent drop compared to the year before.

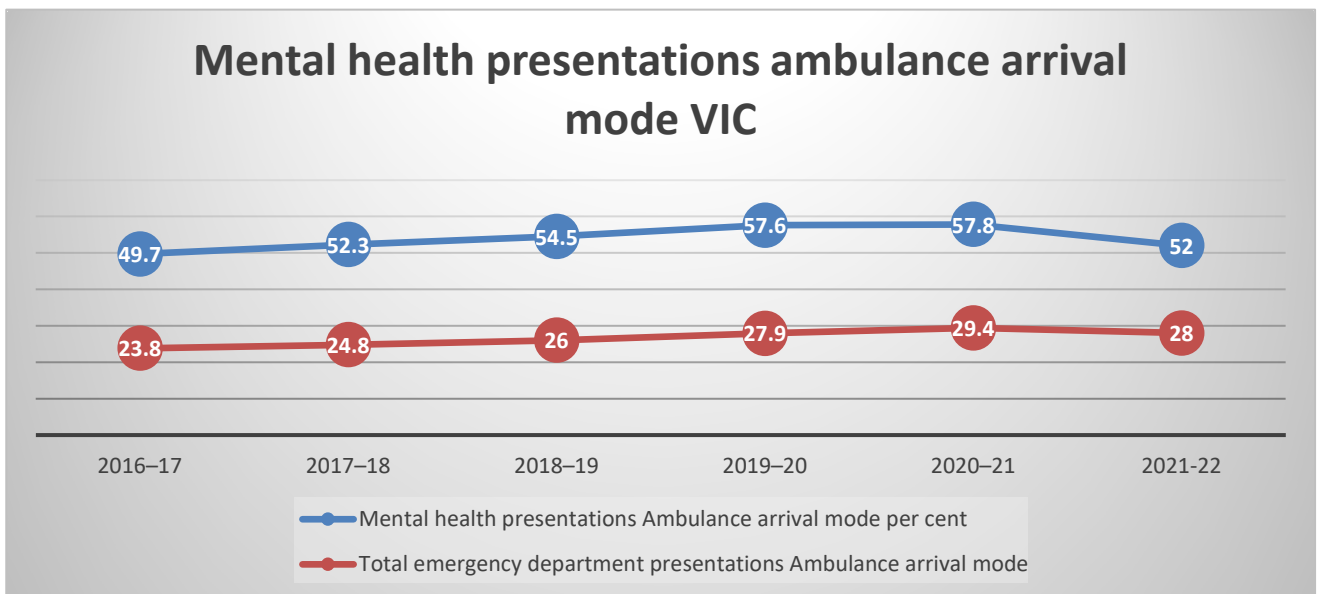


Figure 18: Mental health Victorian ED presentations ambulance arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

Victoria's was similar to NSW in 2021–22, recording a spike in the percentage of mental health presentations by police/correctional service arrival mode.

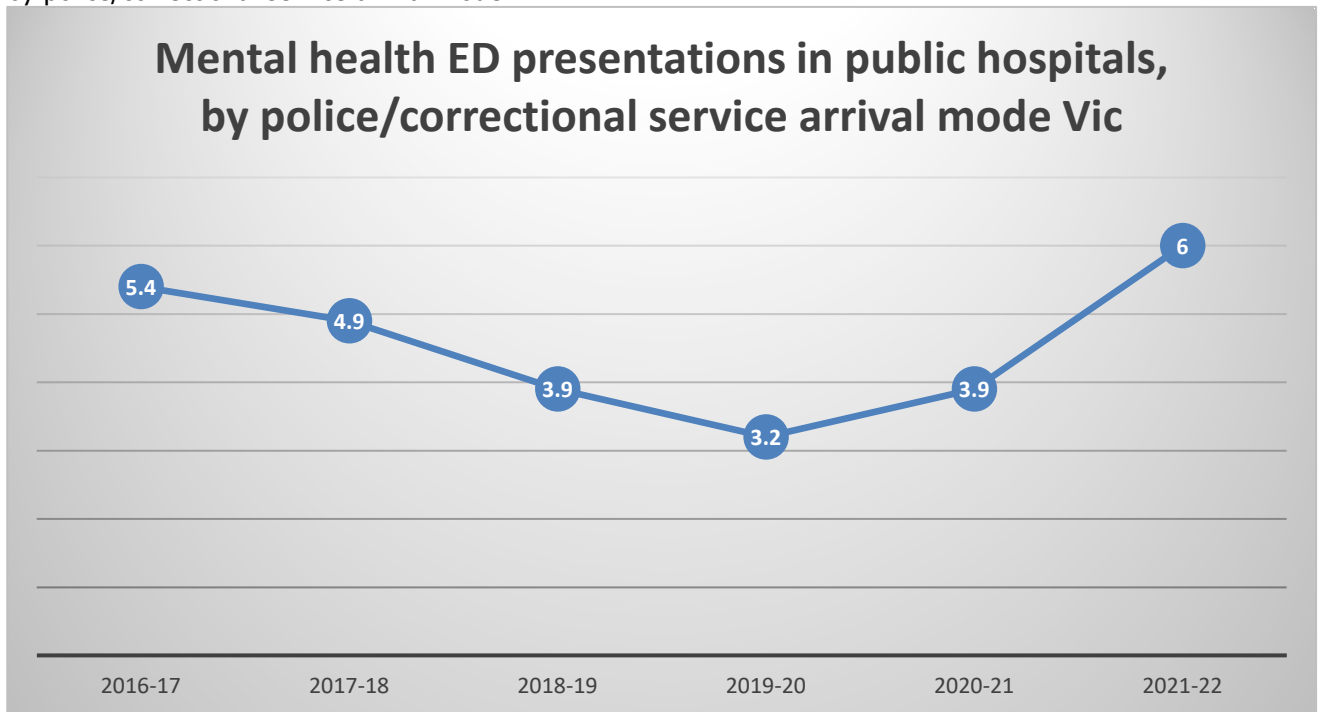


Figure 19: Mental health Victorian ED presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Overnight admitted mental health care

In Victoria, the average length of stay in public hospitals for patients with mental illness dropped from 15.9 in 2015–16 to 14.7 in 2020–21.



Figure 20: Average length of stay for patients with mental illness in Victorian public hospitals. Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

Queensland

Number of mental health public hospital beds

Between 1992–93 and 2020–21 Queensland recorded a reduction in mental health public hospital beds of around 300 (from 1,600 to 1,318 beds). Measured by 100,000 population, the reduction was more than 50 per cent — from 52.6 to 25.4 beds per 100,000 in the same period. In the last 5 years (2016–17 to 2020–21) the number of beds reduced from 31.3 to 25.4 per 100,000 population, a 5.1 per cent average annual reduction.⁵²

Recent media reports on mental health patients presenting to public hospital EDs in Queensland needing to wait sometimes multiple days before being admitted are further evidence of how insufficient inpatient bed capacity influences performance of EDs and ultimately affects lives of patients living with mental illness.⁵³

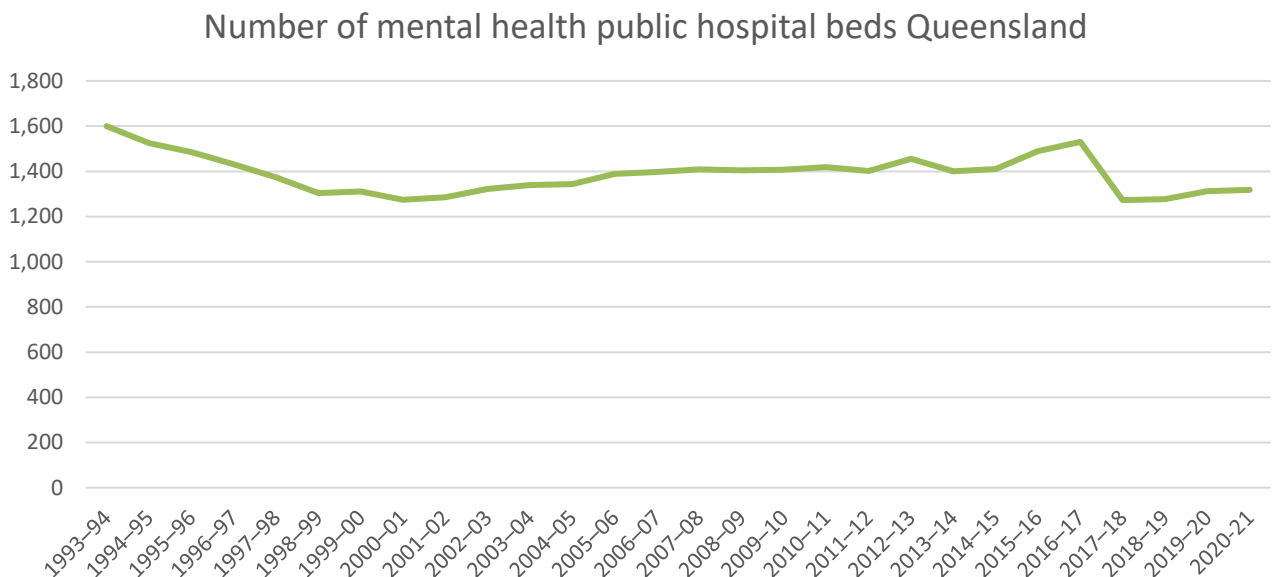


Figure 21: Number of mental health public hospital beds Queensland. Source: AIHW data: Specialised mental health care facilities tables 2020–21. Table FAC.13.

⁵² AIHW 2022. Specialised mental health care facilities tables 2019–20. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

⁵³ https://www.abc.net.au/news/2023-10-10/queensland-mental-health-unit-patients-waiting-days/102945254?utm_campaign=newsweb-article-new-share-null&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web

Emergency department mental health presentations

In Queensland the number of ED mental health presentations per 10,000 population more than doubled, from 55.2 in 2004–05 to 125.7 in 2020–21, recording a slight drop in 2021–22 to 117.

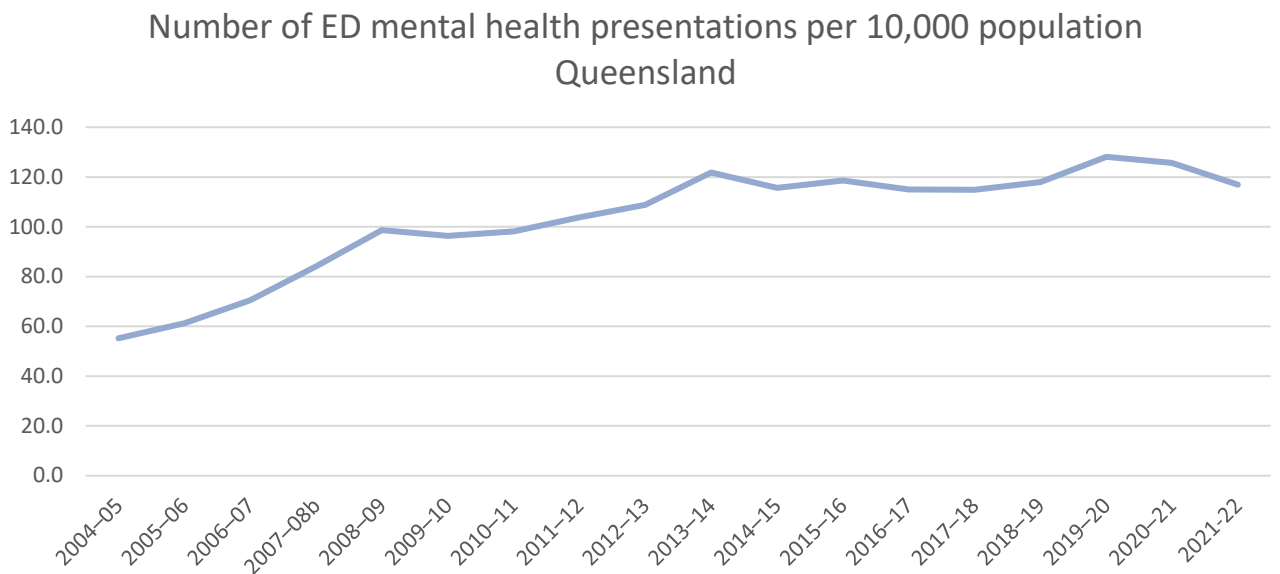


Figure 22: Queensland ED mental health presentations per 10,000 population. Source: AIHW data Mental Health Services Provided in emergency departments data tables 2021-22

Similar to trends in other states, in Queensland the only triage categories that have been trending down are for semi-urgent (to be seen within one hour) and non-urgent (to be seen within two hours).

Mental health-related ED presentations in Queensland public hospitals by triage category, 2015–16 to 2021–22 per cent

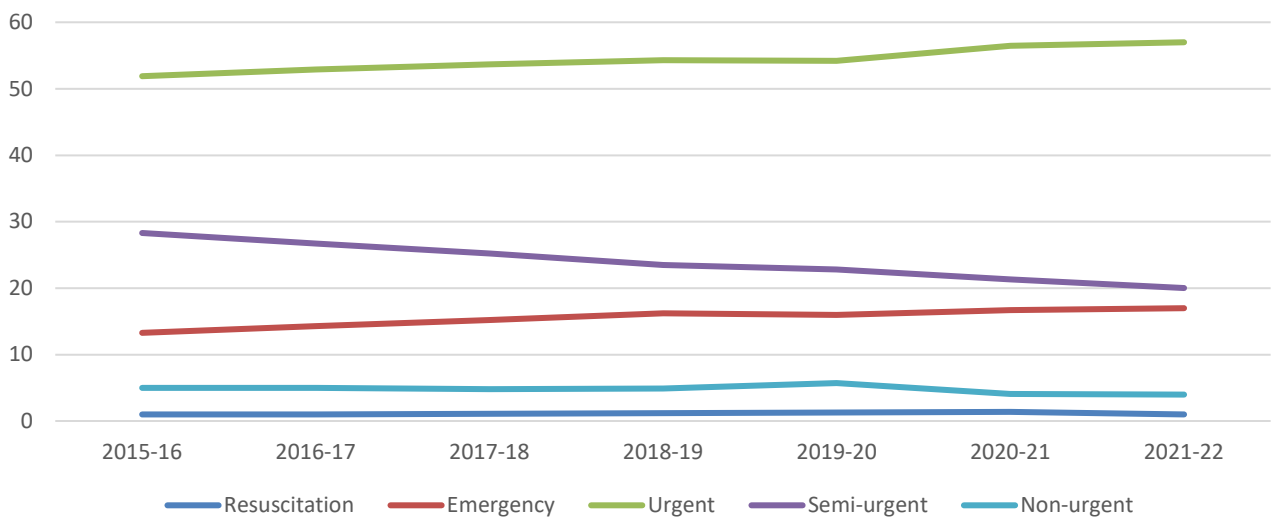


Figure 23: Mental health-related Queensland ED presentations in public hospitals, by triage category, per cent. Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015–16 to 2021–22

Emergency department mental health treatment times — ED length of stay

In Queensland in 2021–22 the ED median length of stay for all mental health presentations was 4 hours and 1 minutes. For presentations ending in admissions, the median length of stay was 4 hours and 53 minutes, an increase of more than 50 minutes compared to the year before. The 90th percentile length of stay for mental health presentations ending in admissions grew by almost three hours compared to the previous year.⁵⁴ Queensland is one of the best performers in this category.

Queensland	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	3:47	4	3:55	4:01	4:53
Mental health presentations ending in admission 90th percentile hours minutes	N/A	11:10	12.46	12:26	12:37	15:24
All mental health presentations median hours minutes	3:15	3:20	3.32	3:19	3:37	4:01
All mental health presentations 90th percentile hours minutes	9:02	9:16	10.03	9:53	10:23	12:02

Table 3 Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

⁵⁴ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22

Emergency department mental health presentations — ambulance arrival

In Queensland, more than one in two patients who present to EDs for mental health conditions, arrive there via ambulance.

Translated in real numbers, in 2021–22 Queensland EDs had 61,548 mental health presentations, 56 per cent of which or 34,443, arrived by ambulance. That is around 95 callouts to ambulances by mental health patients every day of the year and a mental health patient picked up by ambulance vehicle every 15 minutes.

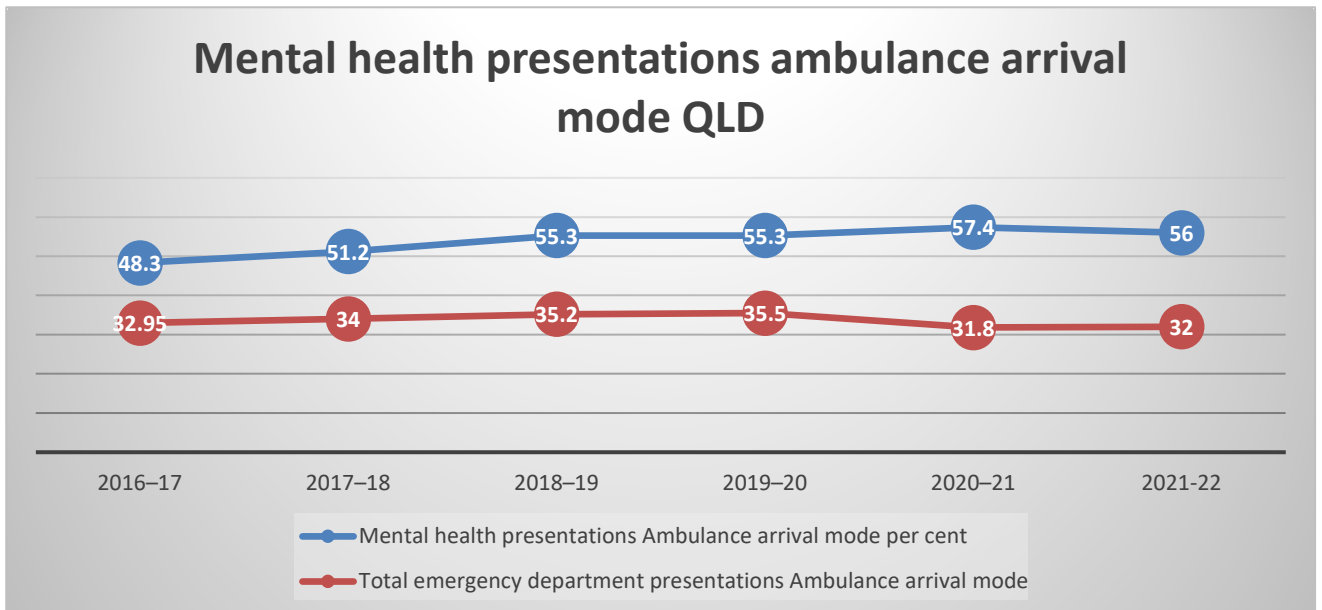


Figure 24: Mental health Queensland ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

In 2021–22, Queensland recorded an increase in the number of mental health patients transferred to emergency departments via police/correctional vehicle.

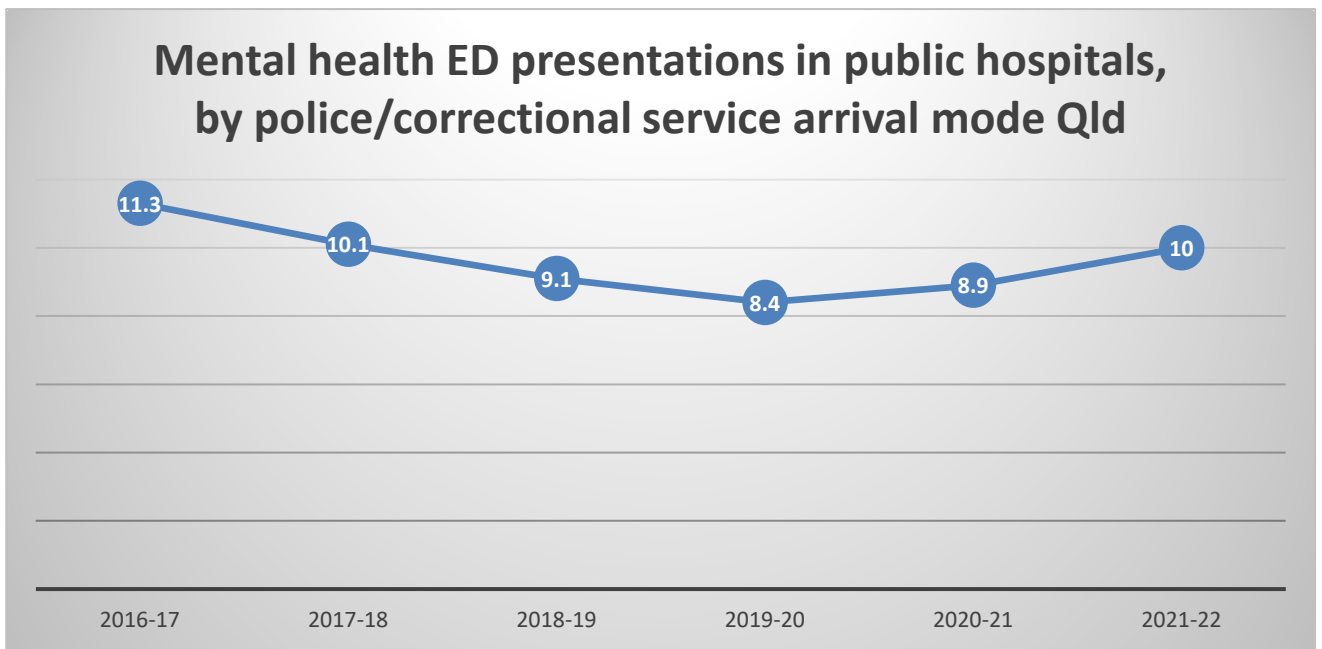


Figure 25: Mental health Queensland ED Presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021-22

Overnight admitted mental health care

In Queensland, the average length of stay for patients with mental illness in public hospitals is close to the national average.

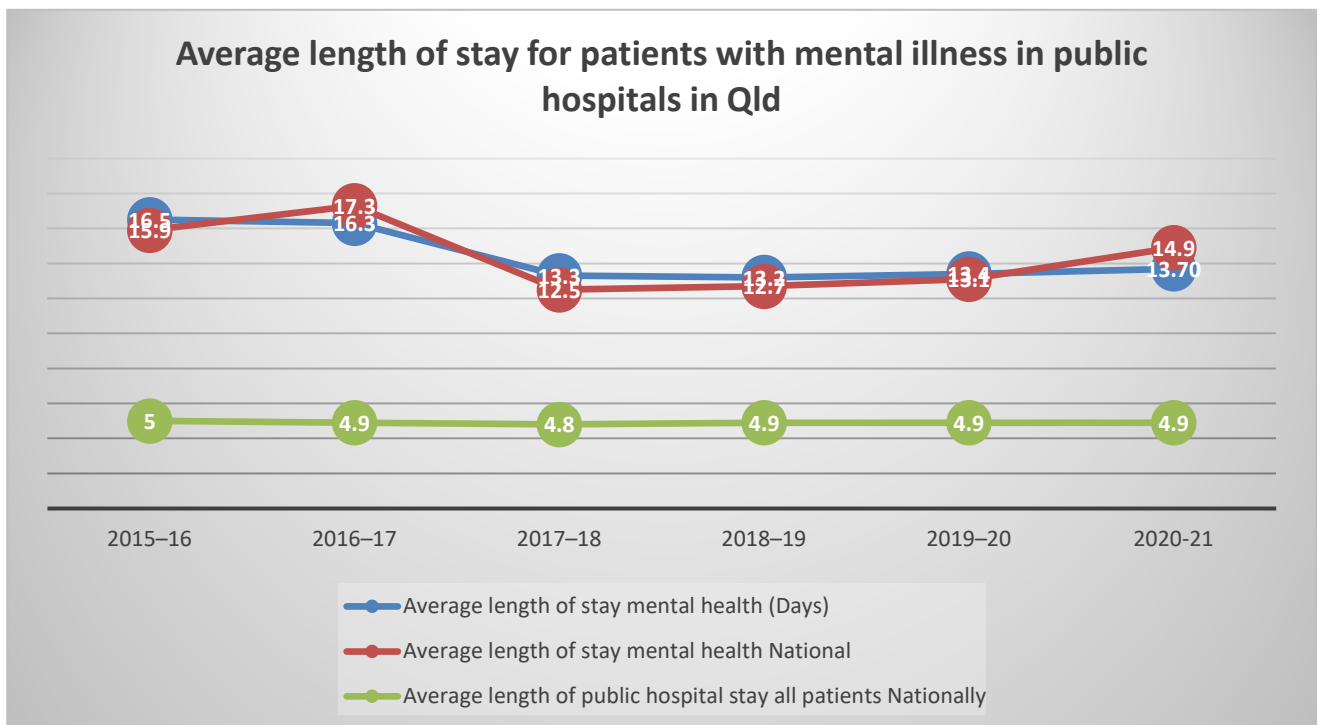


Figure 26: Average length of stay for patients with mental illness in Queensland public hospitals. Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

Western Australia

Number of mental health public hospital beds

In Western Australia (WA), the number of public hospital mental health beds has increased in real numbers since the low point of 639 in 2001–02. Measured by 100,000 population the number of beds decreased from 43.6 in 1993–94 to 29.2 in 2020–21.

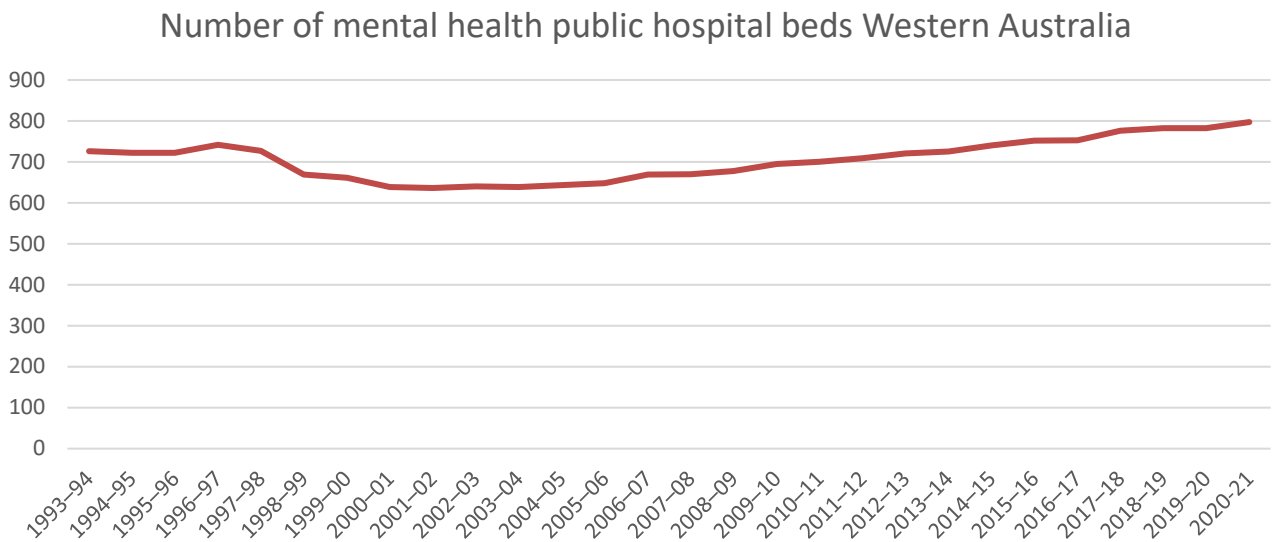


Figure 27: Number of mental health public hospital beds WA. Source: AIHW data: Specialised mental health care facilities tables 2020–21. Table FAC.12.

⁵² AIHW 2022. Specialised mental health care facilities tables 2019–20. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

⁵³ Australian Broadcasting Corporation 2023. Mental health patients waiting days in emergency due to chronic bed shortages at Queensland's largest hospital https://www.abc.net.au/news/2023-10-10/queensland-mental-health-unit-patients-waiting-days/102945254?utm_campaign=newsweb-article-news-share-null&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web

Emergency department mental health presentations

Along with the bed capacity reduction, the rate of ED mental health presentations per 10,000 population in WA almost tripled: from 50.7 in 2004–05 to 144.5 in 2020–21. In 2021–22 a drop in presentations was recorded, from 144.5 to 127, potentially influenced by surge in COVID-19 cases.

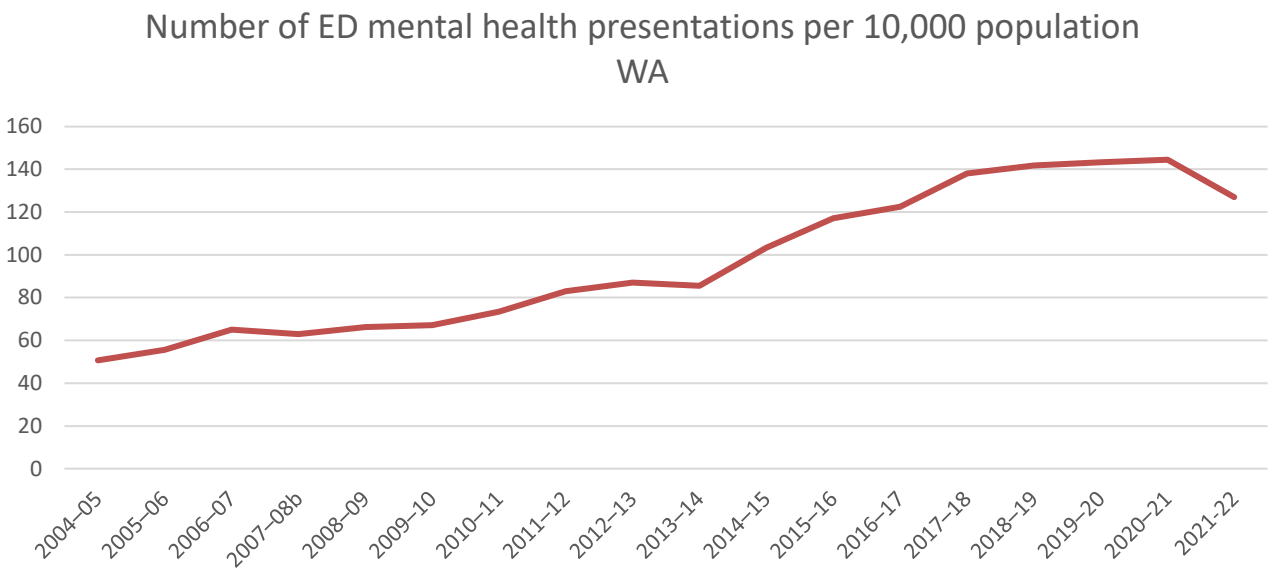


Figure 28: WA mental health ED presentations per 10,000 population. Source: AIHW data Mental Health Services provided in emergency departments data tables 2021–22

The triaging data for WA’s emergency department mental health presentations has been steady over six years since 2015–16. Presentations triaged as emergency (to be seen within 10 minutes) have been on a steady rise since 2017–18.

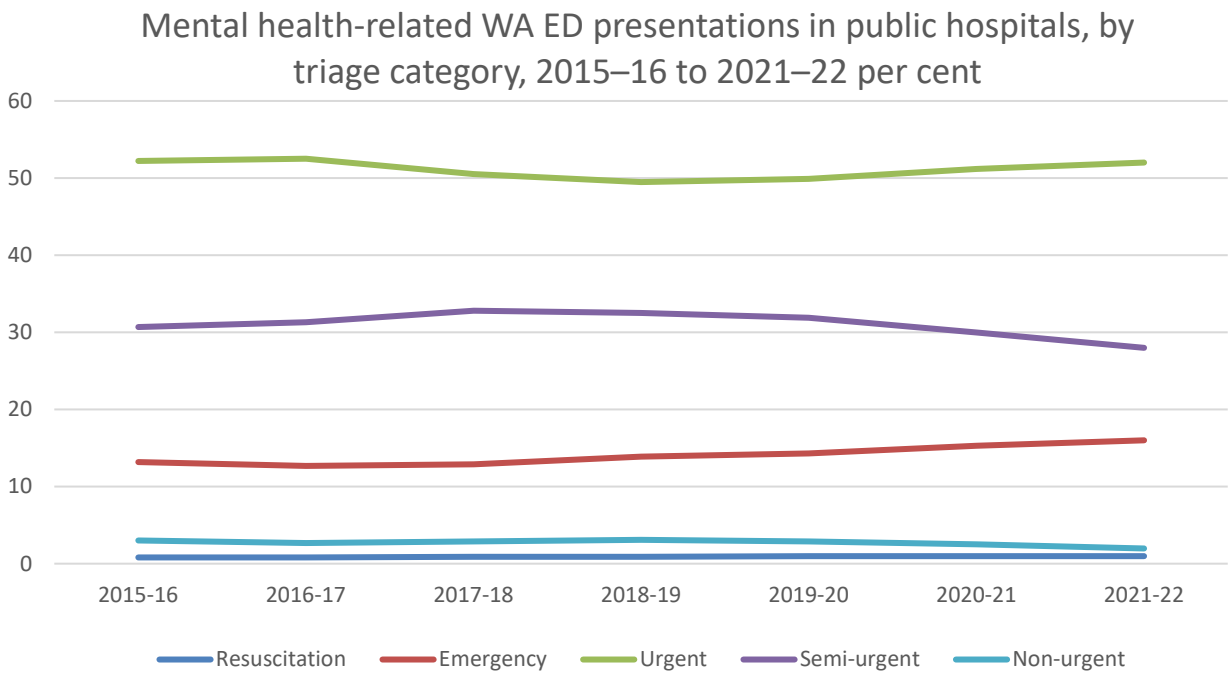


Figure 29: Mental health-related WA ED presentations in public hospitals, by triage category, per cent Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015–16 to 2021–22

Emergency department mental health treatment times — ED length of stay

In WA in 2021–22 the ED median length of stay for all mental health presentations was 4 hours and 47 minutes. For presentations ending in admissions, the median length of stay was 6 hours and 14 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 20 hours and 1 minutes.⁵⁵ The table below shows the change over the last 6 years.

Western Australia	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	4:28	4.12	4:15	5:21	6:14
Mental health presentations ending in admission 90th percentile hours minutes	N/A	16:26	14.35	14:32	18:53	20:01
All mental health presentations median hours minutes	3:52	3:45	3.42	3:41	4:09	4:47
All mental health presentations 90th percentile hours minutes	14:55	15:02	14.19	14:36	16:10	17:04

Table 4 Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

⁵⁵ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22

Emergency department mental health presentations — ambulance arrival

While the overall number of patients who arrived at EDs in an ambulance stayed relatively the same in the 6-year period since 2016, the number of mental health ED presentations by ambulance grew by almost five percentage points. It appears that the annual biggest increase happened between 2019–20 and 2021–22, which were COVID-19 pandemic years.

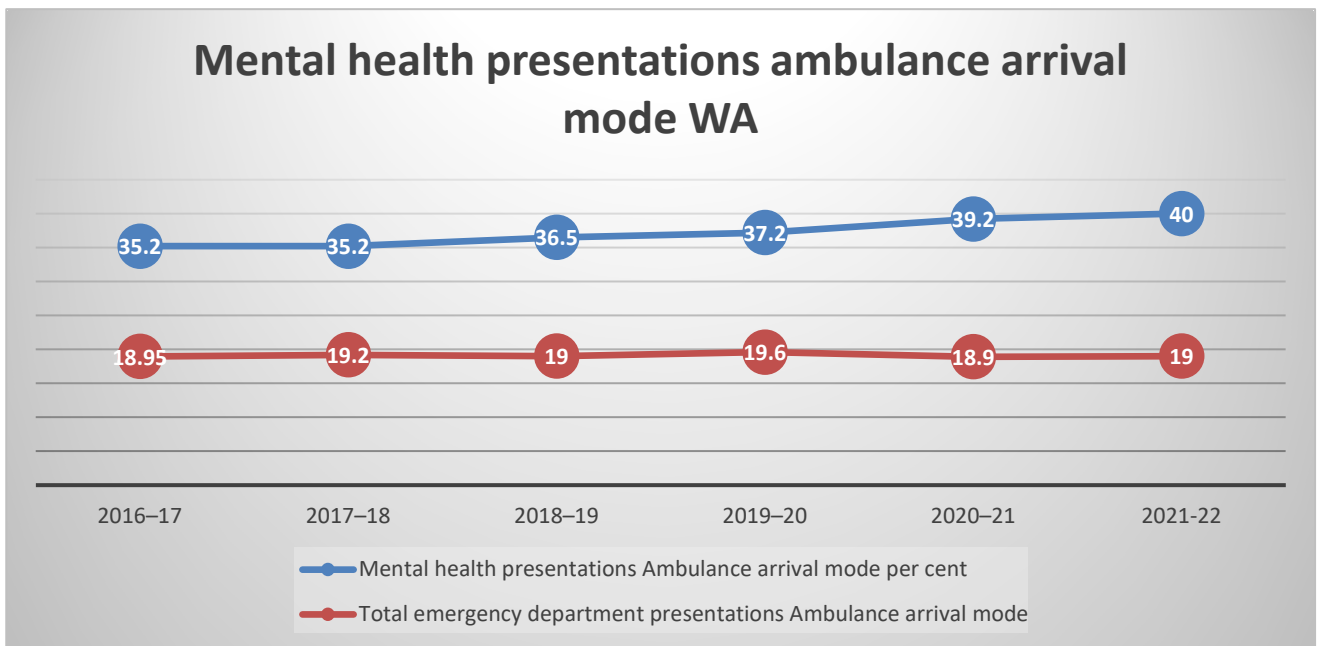


Figure 30: Mental health WA ED presentations ambulance arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

Western Australia is one of two states (along with Tasmania) that recorded a decrease in the number of patients with mental illness that arrived at emergency departments via correctional services or police vehicles in 2021–22.

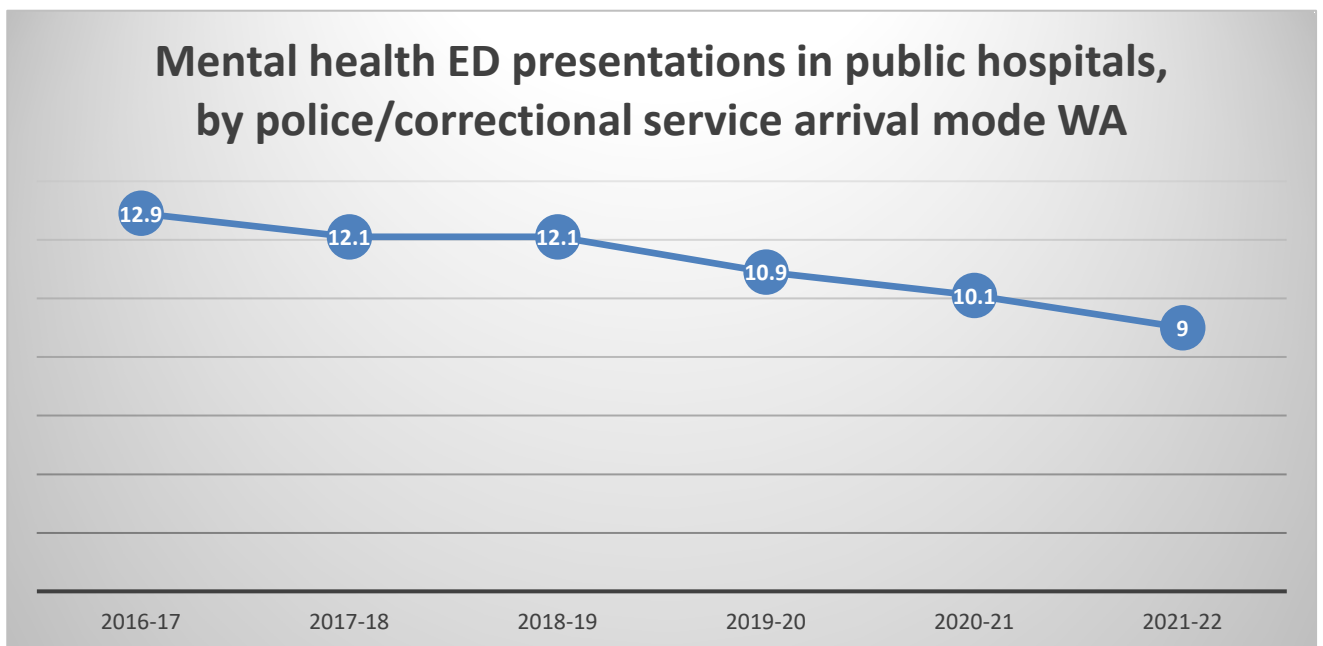


Figure 31: Mental health WA ED presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Overnight admitted mental health care

In WA in 2020–21 the average length of stay in public hospitals for patients with mental illness was 15.9 days, slightly above the national average.

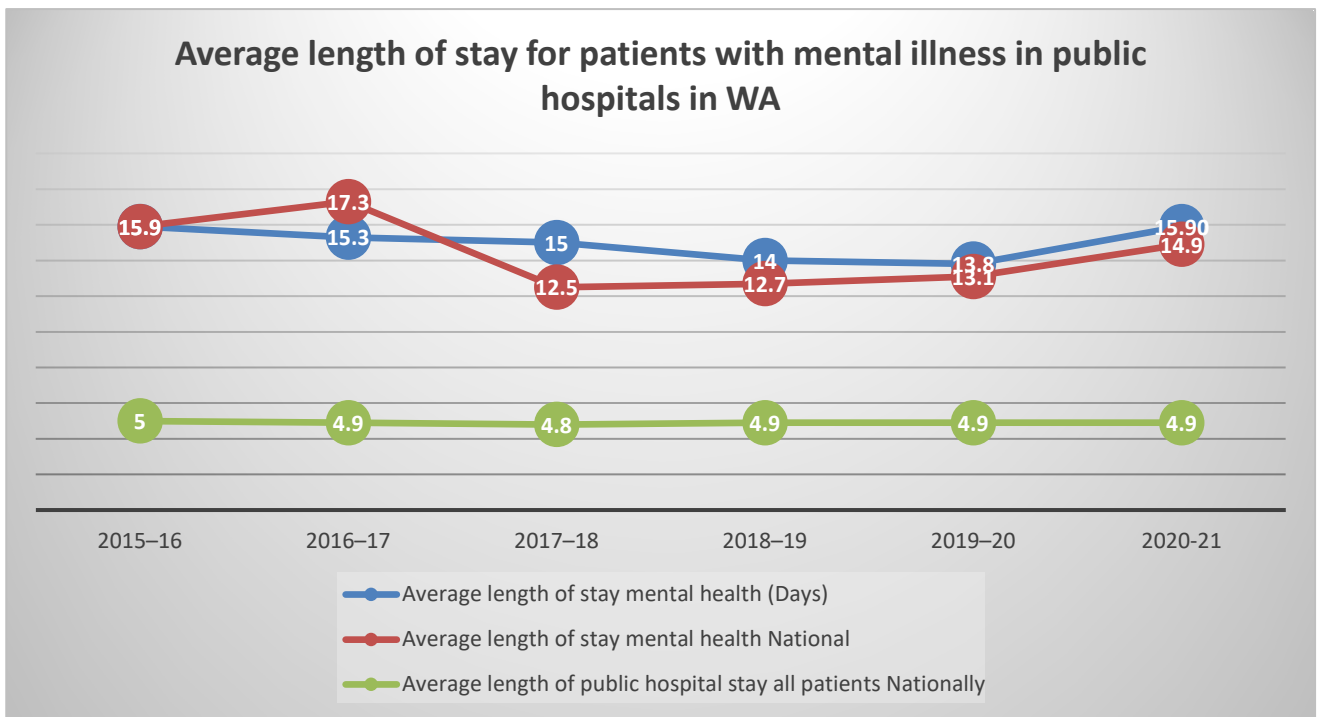


Figure 32: Average length of stay for patients with mental illness in WA public hospitals. Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

South Australia

Number of mental health public hospital beds

South Australia (SA) had one of the biggest reductions in public hospital mental health beds in Australia since 1992–93, from 744 to 491 — a decrease from 53.5 to 27.3 beds per 100,000 population, representing an average annual change of -2.9 per cent since 2016–17.⁵⁶

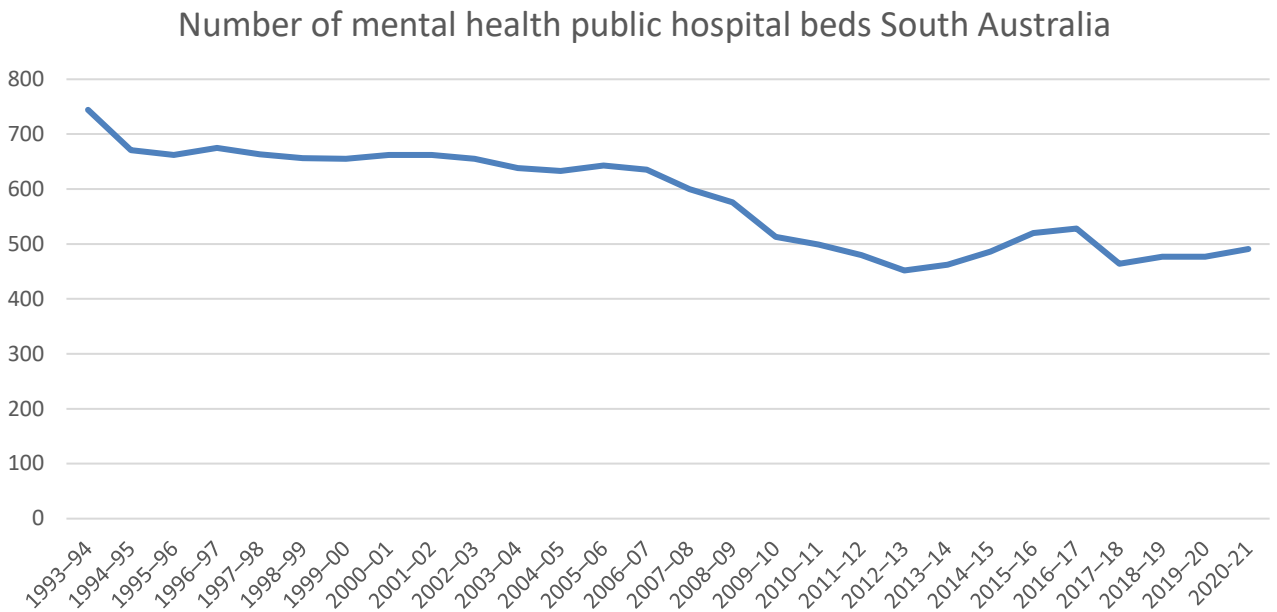


Figure 33: Number of mental health public hospital beds SA. Source: AIHW data: Specialised mental health care facilities tables 2020–21. Table FAC.12

⁵⁶ AIHW 2023. Specialised mental health care facilities tables 2020–21. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

Emergency department mental health presentations

The rate of SA ED mental health presentations per 10,000 population grew from just over 100 in 2004–05 to 155.1 in 2020–21. In 2021–22, a significant drop was recorded, to 124 presentations.

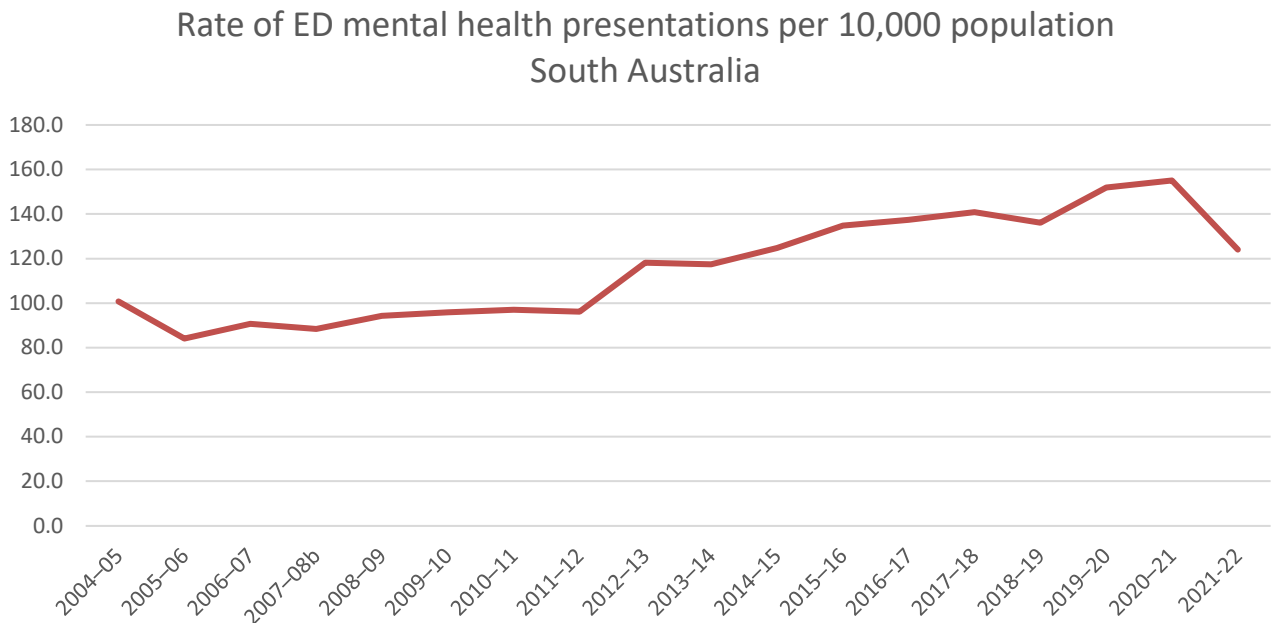


Figure 34: SA ED mental health presentations per 10,000 population. Source: AIHW data Mental Health Services provided in emergency departments data tables 2021–22

In the 2021–22 reporting period the percentage of mental health patients who were triaged as resuscitation and emergency grew, while all the other categories reduced. Trends in triage categories in SA have been relatively stable since 2015–16, with small increases in patients triaged as resuscitation, emergency and urgent.

Mental health-related SA ED presentations in public hospitals, by triage category, 2015–16 to 2021–22 per cent

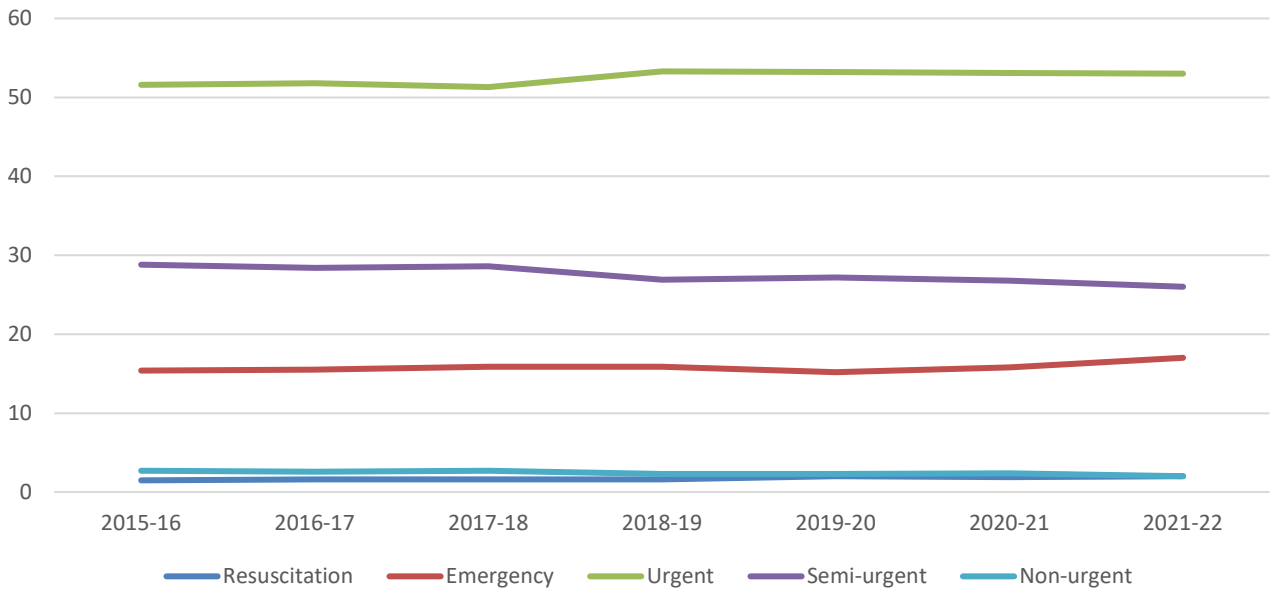


Figure 35: Mental health-related SA ED presentations in public hospitals, by triage category, per cent. Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015–16 to 2021–22

Emergency department mental health treatment times — ED length of stay

In 2021–22 the ED median length of stay for all mental health presentations in SA was 5 hours and 15 minutes. For presentations ending in admissions, the median length of stay was 8 hours and 9 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 30 hours and 2 minutes, a significant increase compared to the year before.⁵⁷

South Australia	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	6:50	7.08	6:50	7:13	8:09
Mental health presentations ending in admission 90th percentile hours minutes	N/A	21:28	27.04	3:45	26:53	30:02
All mental health presentations median hours minutes	4:20	4:45	4.53	4:36	4:51	5:15
All mental health presentations 90th percentile hours minutes	16:24	17:00	19.46	20:02	18:53	21:08

Table 5 Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

⁵⁷ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22

Emergency department mental health presentations — ambulance arrival

More than one in two patients who present to EDs with mental health-related issues in SA arrive via ambulance, with a slight drop recorded between 2020–21 and 2021–22.

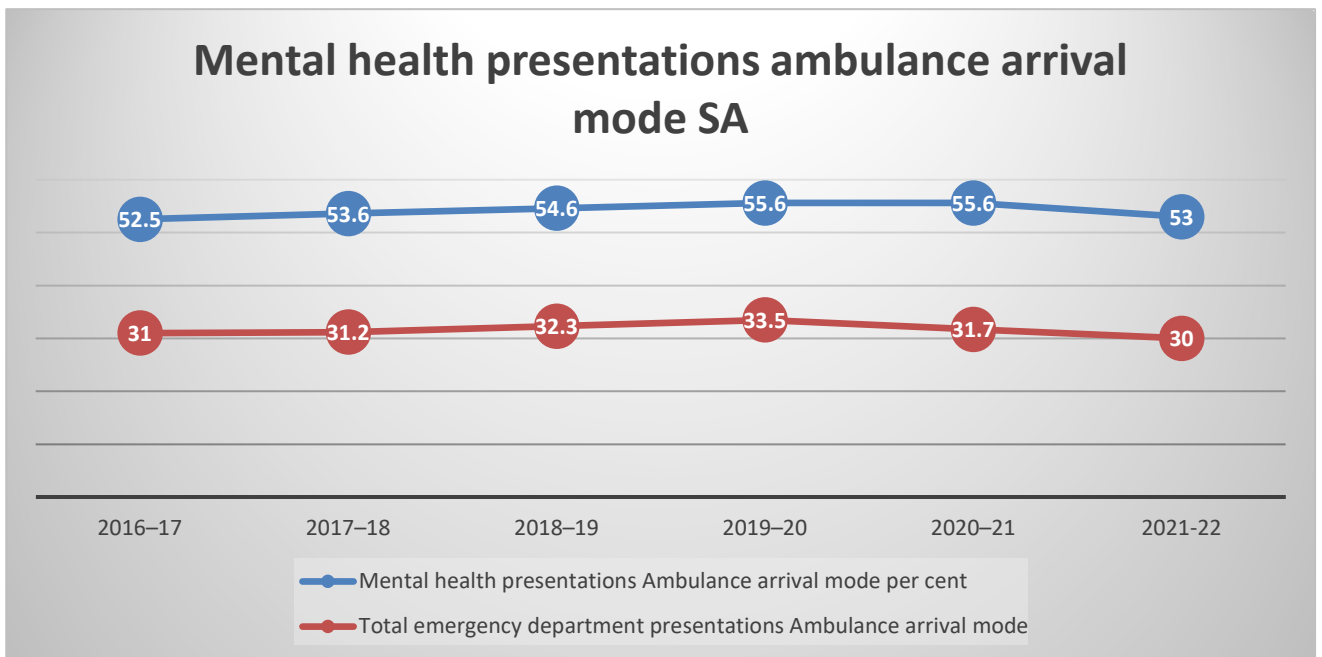


Figure 36: Mental health South Australia ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

In 2021–22 there was a significant increase in the number of patients with mental illness who presented to emergency departments via police/correctional services vehicles in South Australia. This is the highest percentage recorded since 2016–17.

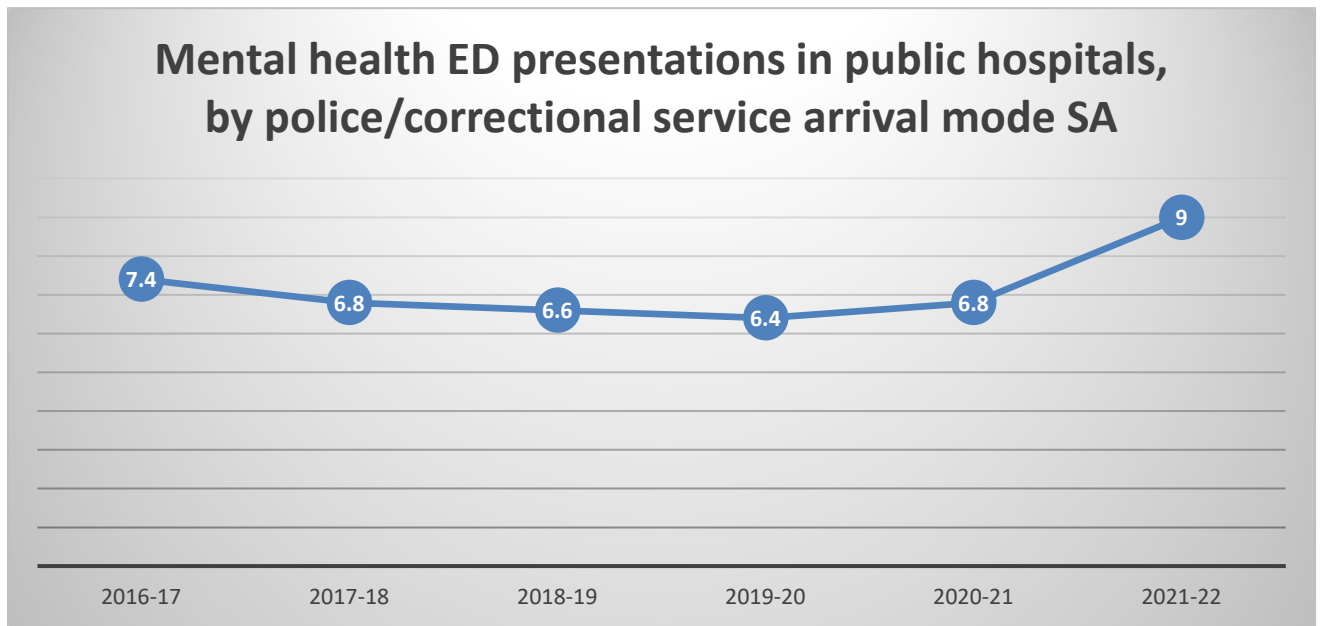


Figure 37: Mental health South Australia ED Presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021-22

Overnight admitted mental health care

Until 2017–18, the average length of stay for patients with mental illness in SA public hospitals was below the national average, by as much as 6 days in 2016–17. In 2020–21 the average length of stay for admitted patients with mental illness in public hospitals was 14 days.

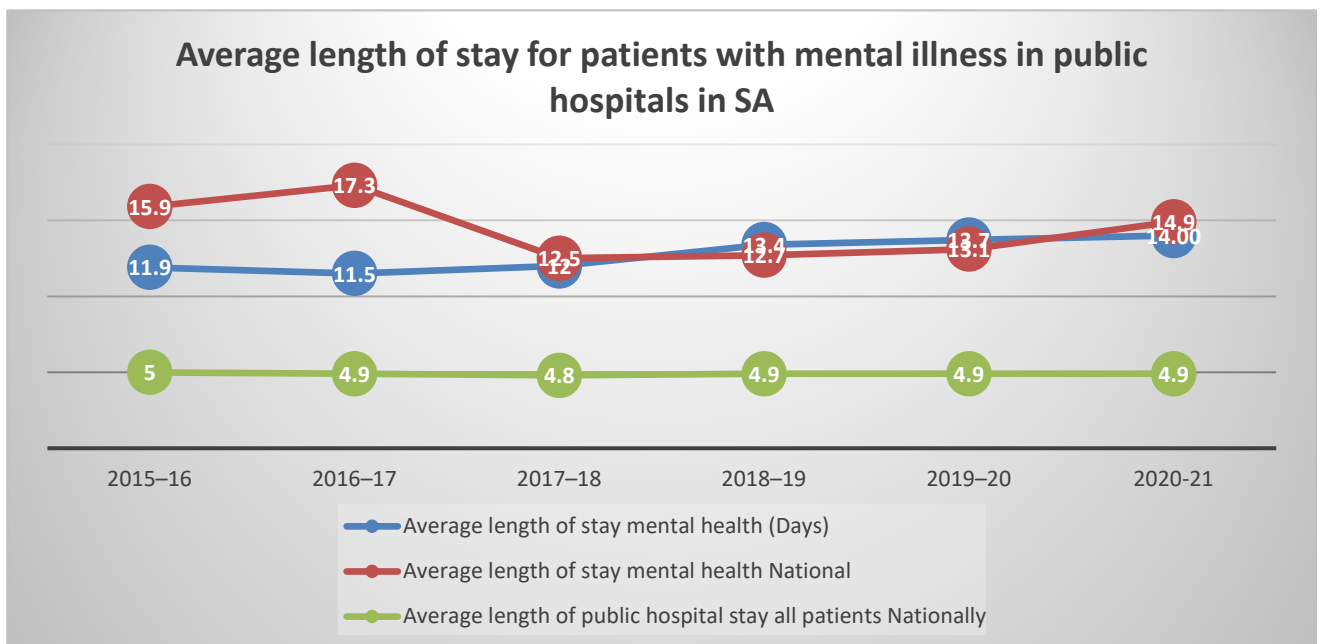


Figure 38: Average length of stay for patients with mental illness in SA public hospitals. Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

Tasmania

Number of mental health public hospital beds

The biggest reduction in mental health beds in public hospitals in Australia happened in Tasmania, where the number of beds reduced from 251 in 1992–93 to 103 in 2019–20. In 2020–21 the number of mental health beds increased by 3 in Tasmania. Measured by 100,000 population, Tasmania reduced its public hospital mental health beds by almost two thirds (by 63.5 per cent), from 52 to 19.⁵⁸ This could be one potential explanation why Tasmania has the longest ED stay time for patients with mental illness who are triaged for admission, who can wait more than 31 hours to be admitted.

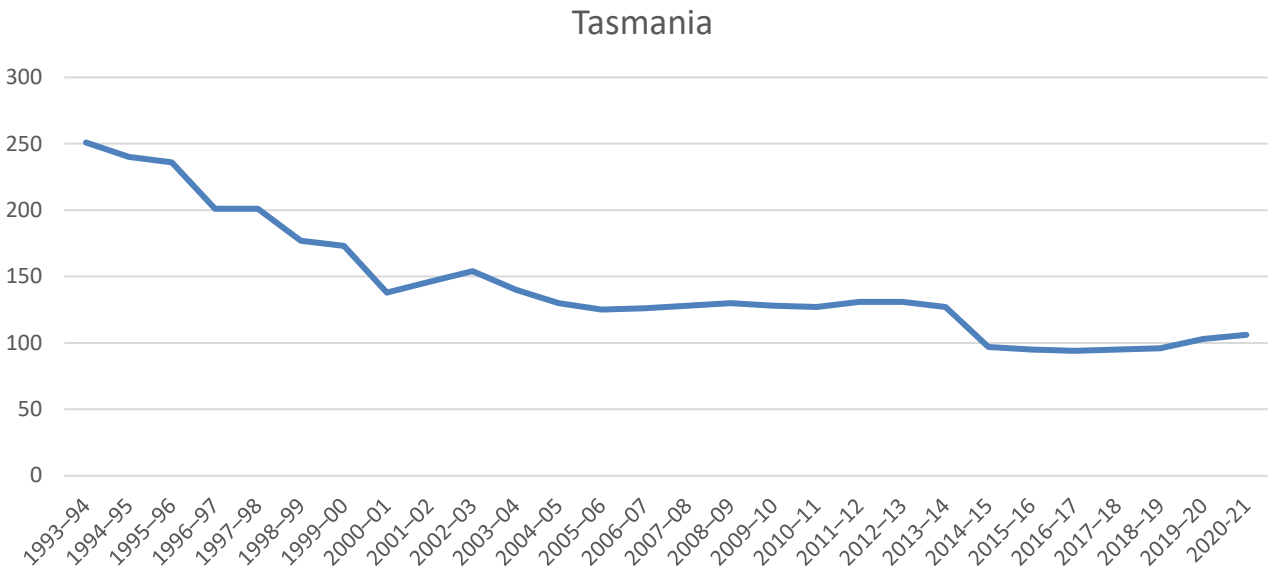


Figure 39: Number of mental health public hospital beds Tasmania. Source: AIHW data: Specialised mental health care facilities tables 2020–21. Table FAC.13.

⁵⁸ AIHW 2022. Specialised mental health care facilities tables 2019–20. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

⁵³ https://www.abc.net.au/news/2023-10-10/queensland-mental-health-unit-patients-waiting-days/102945254?utm_campaign=newsweb-article-new-share-null&utm_content=link&utm_medium=content_shared&utm_source=abc_news_web

Emergency department mental health presentations

The number of Tasmanian ED presentations has grown steadily since 2004–05, but at a smaller rate than some states and territories, from 93.6 to 113.2 per 10,000 population in 2020–21. In 2021–22 a reduction in presentations was recorded, from 113.2 to 102 per 10,000 population.

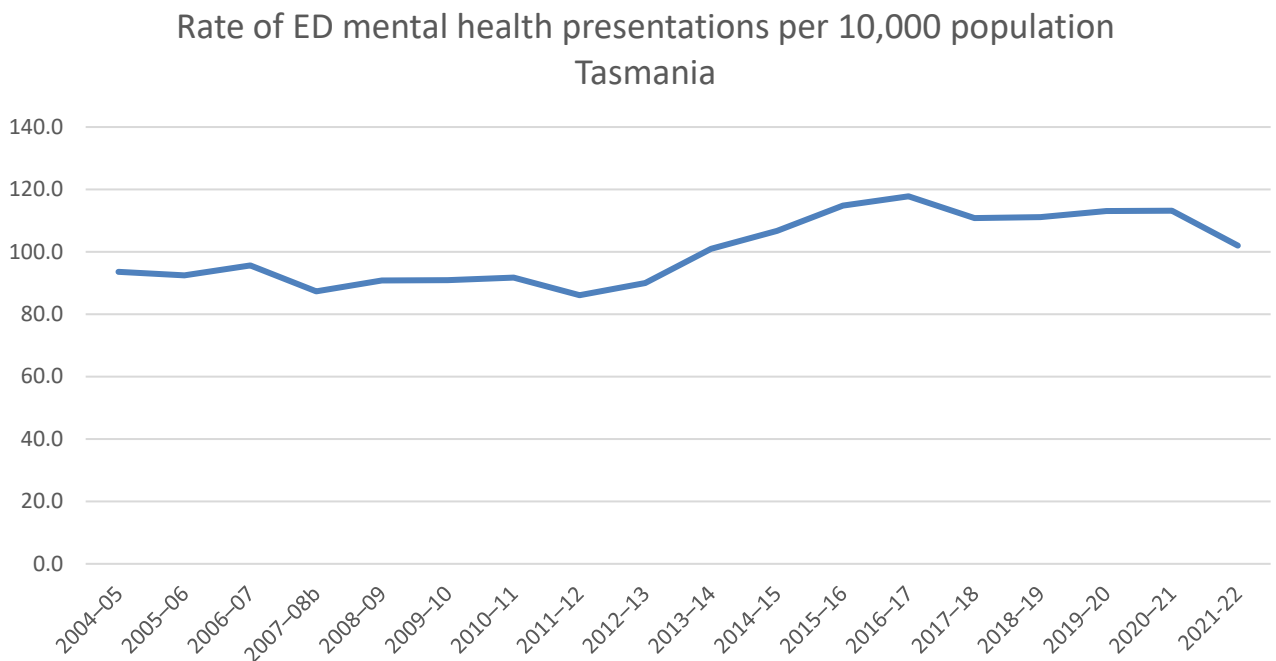


Figure 40: Tasmanian ED mental health presentations per 10,000 population. Source: AIHW data Mental Health Services provided in emergency departments data tables 2021-22

ED triage category data for Tasmania since 2015–16 shows a spike of almost 8 per cent in mental health presentations triaged as emergency (to be seen within 10 minutes). Similar to trends in other states in 2021–22, although the number of presentations reduced slightly, the numbers of patients triaged as resuscitation or emergency has increased.

Mental health-related Tasmania ED presentations in public hospitals, by triage category, 2015–16 to 2021–22 per cent

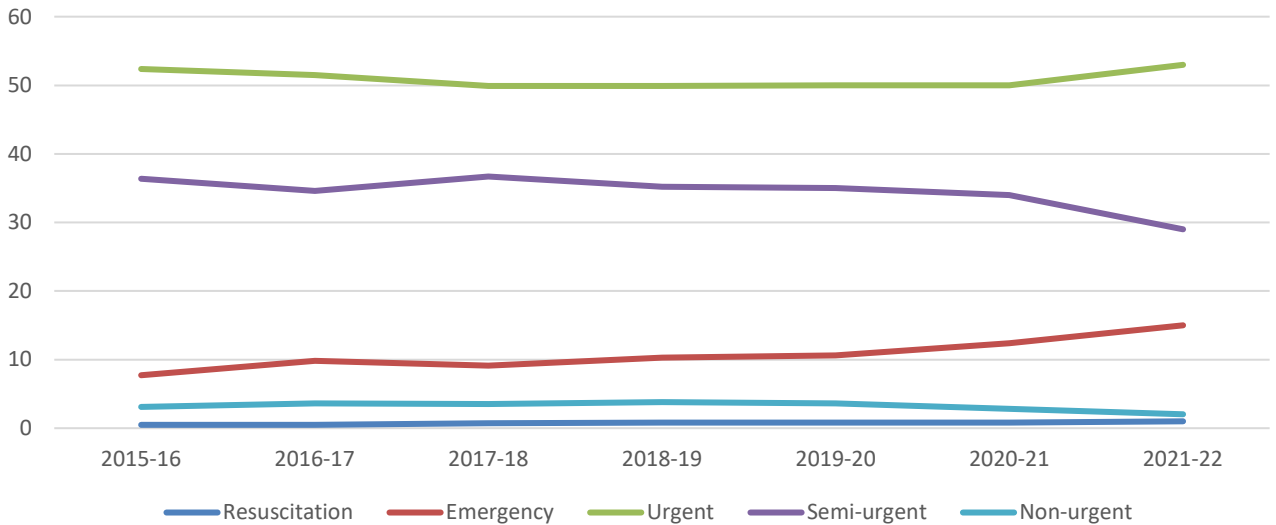


Figure 29: Mental health-related Tasmanian ED presentations in public hospitals, by triage category, per cent
 Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015–16 to 2021–22

Emergency department mental health treatment times — ED length of stay

In Tasmania in 2020–21 the ED median length of stay for all mental health presentations was 5 hours and 52 minutes. For presentations ending in admissions, the median length of stay was 10 hours and 13 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 31 hours and 1 minutes.⁵⁹ Tasmania continues to be one of the worst performers on this parameter.

Tasmania	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	8:46	11.36	9:03	9:09	10:13
Mental health presentations ending in admission 90th percentile hours minutes	N/A	30:49	45.08	31:55	28:33	31:01
All mental health presentations median hours minutes	6:26	4:35	5.04	4:58	5:27	5:52
All mental health presentations 90th percentile hours minutes	14:14	20:52	24.5	22:56	21:55	23:34

Table 6 Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

⁵⁹ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22

Emergency department mental health presentations — ambulance arrival

Mental health-related presentations in Tasmanian EDs where the mode of arrival was ambulance grew by 9.2 per cent from 2016 to 2020–21. At the same time, ambulance as mode of arrival for all presentations grew by only 3.7 per cent.

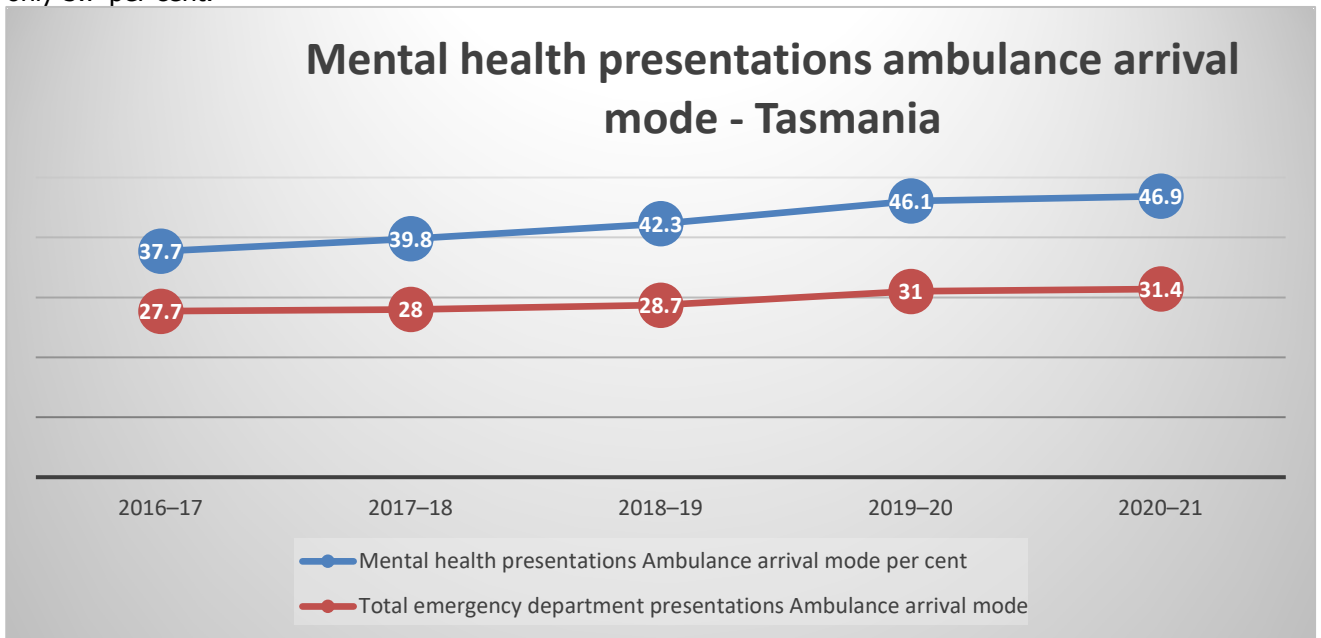


Figure 42: Mental health Tasmanian ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

In Tasmania, unlike many of the other states, the percentage of patients who present to emergency departments for mental health-related issues has steadily declined since 2016–17.

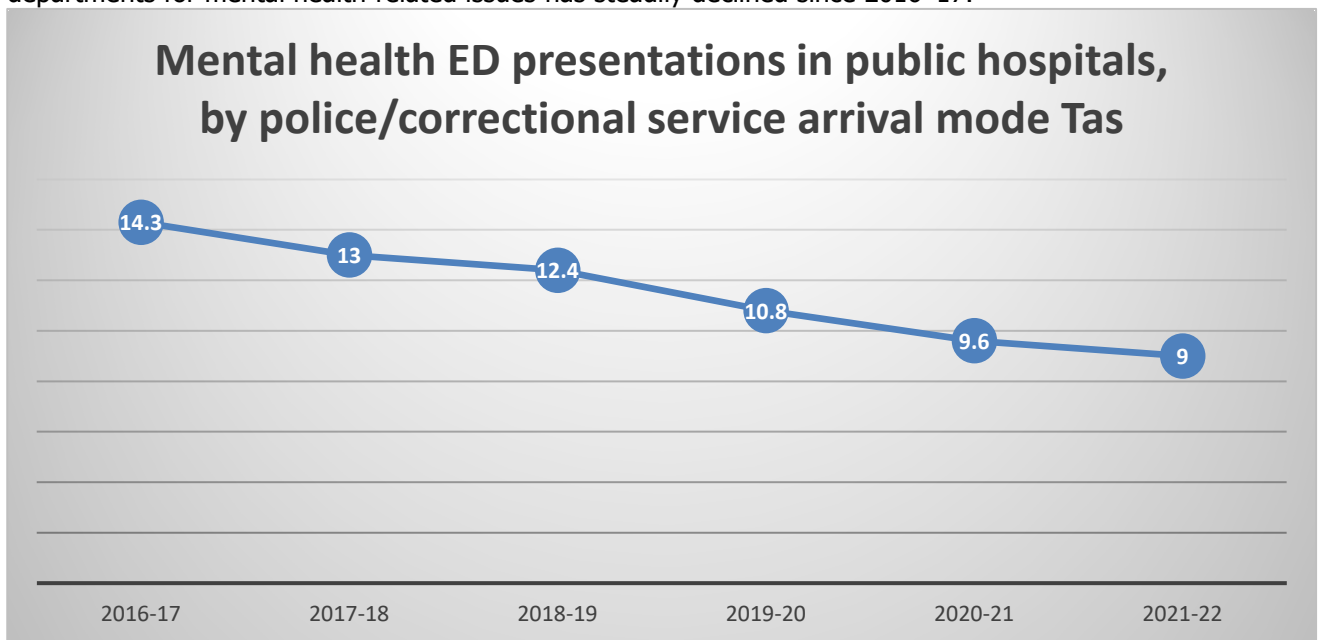


Figure 43: Mental health Tasmanian ED Presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Overnight admitted mental health care

In 2020–21, the average length of stay for patients with mental illness in Tasmania was below the national average, by 2 days.

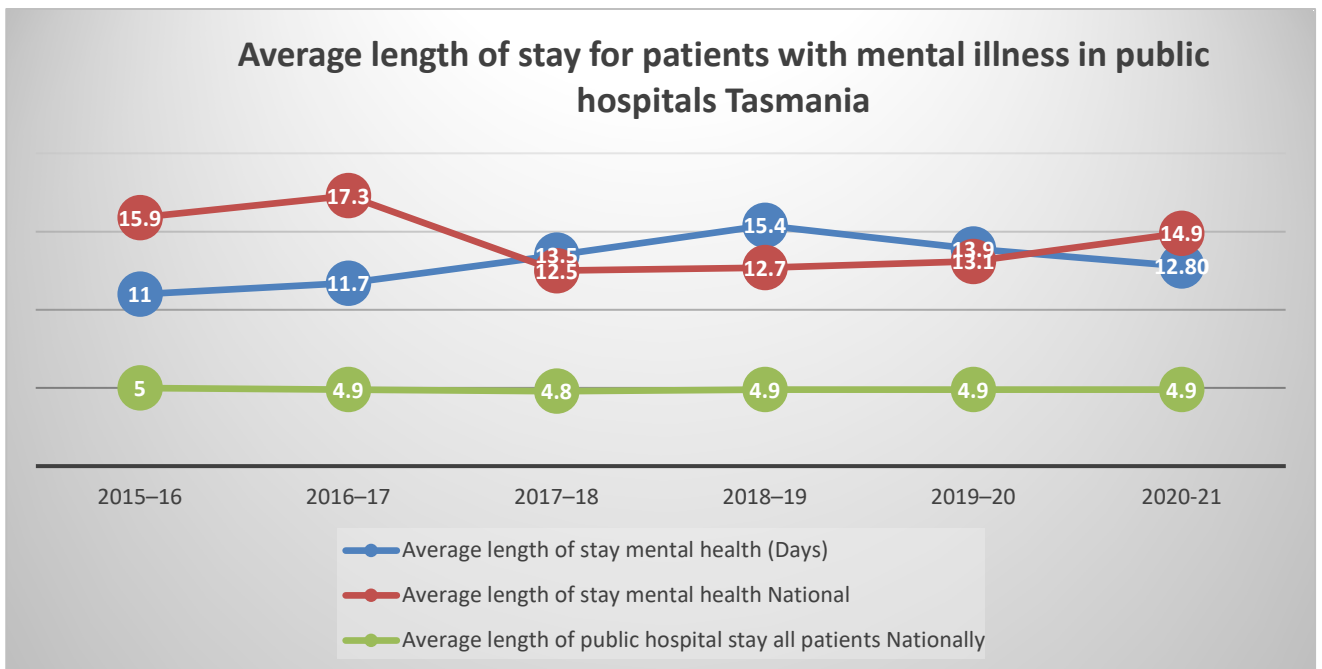


Figure 44: Average length of stay for patients with mental illness in Tasmanian public hospitals. Source: AIHW 2022. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

Australian Capital Territory

Number of mental health public hospital beds

The Australian Capital Territory (ACT) is the only state or territory government that increased the number of public hospital mental health beds, both in real terms and measured by 100,000 population: from 52 in 1992–93 to 128 in 2020–21 and 17.5 to 28.4 per 100,000 population in the same period.⁶⁰

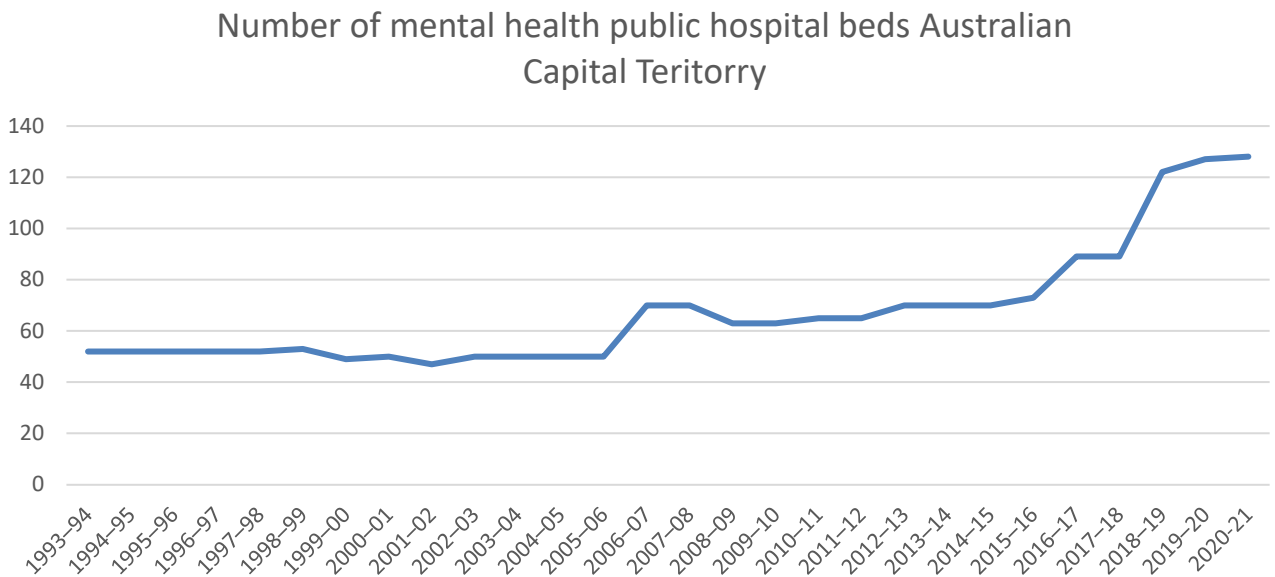


Figure 45: Number of mental health public hospital beds ACT. Source: AIHW data: Specialised mental health care facilities tables 2020–21. Table FAC.13

⁶⁰ AIHW 2023. Specialised mental health care facilities tables 2020-21. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

Emergency department mental health presentations

The rate of ED presentations for mental health-related issues per 10,000 population in the ACT almost doubled between 2004–05 and 2020–21, from 68.2 to 125.5. In 2021–22 the ACT recorded a drop in ED presentations, similar to the trend in most other states.

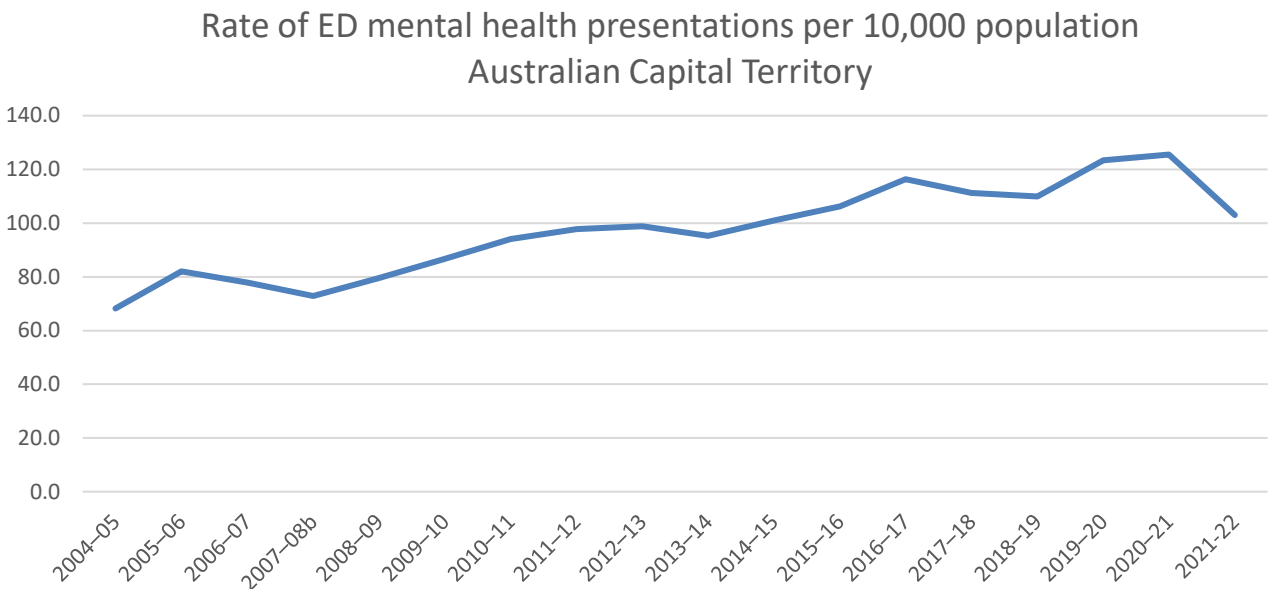


Figure 46: ACT ED mental health presentations per 10,000 population. Source: AIHW data Mental Health Services provided in emergency departments data tables 2021–22

The data on mental health-related presentations triage categories for the ACT shows that the number of patients who were triaged as resuscitation more than tripled between 2016–17 (data for 2015–16 for ACT is not available), from 0.5 to 1.7 per cent of all mental health presentations. While a small drop was recorded in 2021–22 for patients with mental illness triaged for resuscitation, the percentage of patients triaged as emergency (to be seen within 10 minutes) grew by around two per cent.

Mental health-related ACT ED presentations in public hospitals, by triage category, 2015–16 to 2021–22 per cent

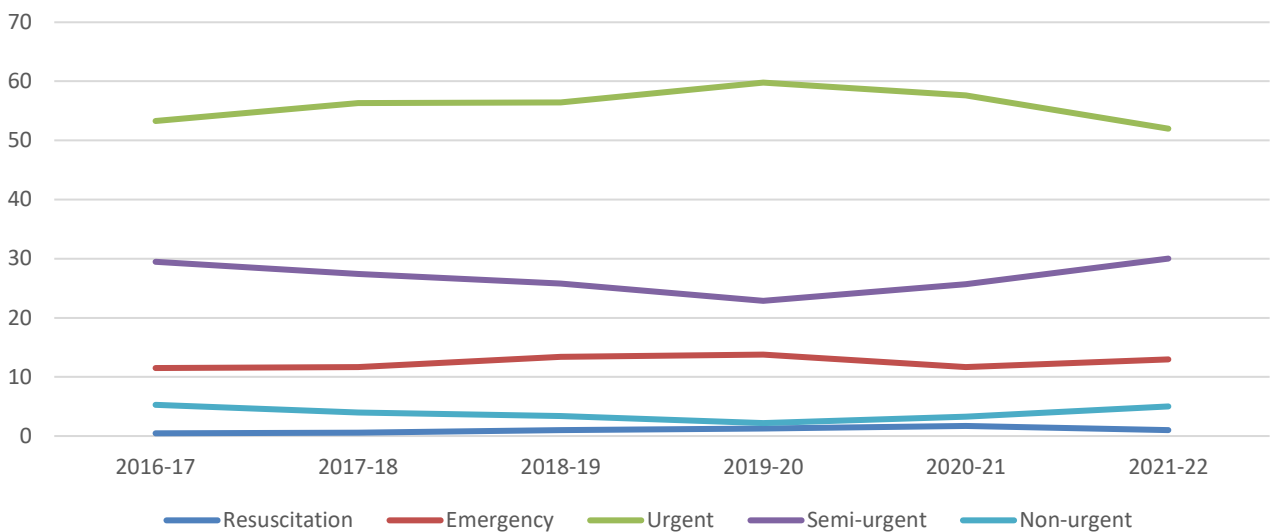


Figure 47: Mental health-related ACT ED presentations in public hospitals, by triage category, per cent.
Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015-16 to 2021-22

Emergency department mental health treatment times — ED length of stay

In the ACT in 2021–22 the median length of stay for all mental health ED presentations was 5 hours and 29 minutes. For presentations ending in admissions, the median length of stay was 7 hours and 41 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 20 hours, a decrease of 4 hours compared to the year before.⁶¹

South Australia	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	6:06	7.38	6:49	7:16	7:41
Mental health presentations ending in admission 90th percentile hours minutes	N/A	21:20	25.35	23:07	23:58	20:00
All mental health presentations median hours minutes	3:37	3:59	4.31	4:43	5:02	5:29
All mental health presentations 90th percentile hours minutes	10:40	13:34	17.45	15:40	17:45	15:40

Table 7 Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

⁶¹ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22

Emergency department mental health presentations — ambulance arrival

Between 2016 and 2020–21, the ACT recorded the biggest increase in ED presentations for mental health conditions where patients arrived ambulance — 10.6 per cent. However, in 2021–22 the ACT recorded a small drop in ambulance arrivals.

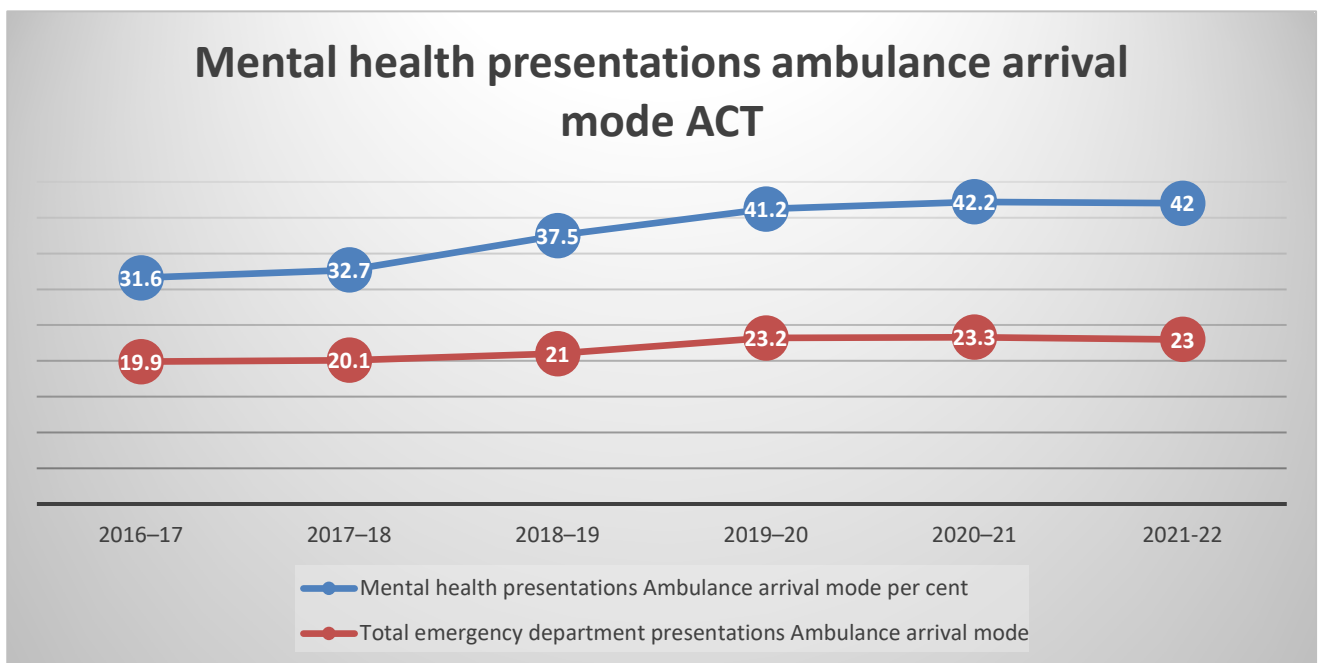


Figure 48: Mental health ACT ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

Emergency department mental health presentations — Police/correctional services vehicle

The ACT recorded a slight increase in the percentage of patients with mental illness who presented to emergency departments via police/correctional services vehicles in 2021–22 compared to the year before.

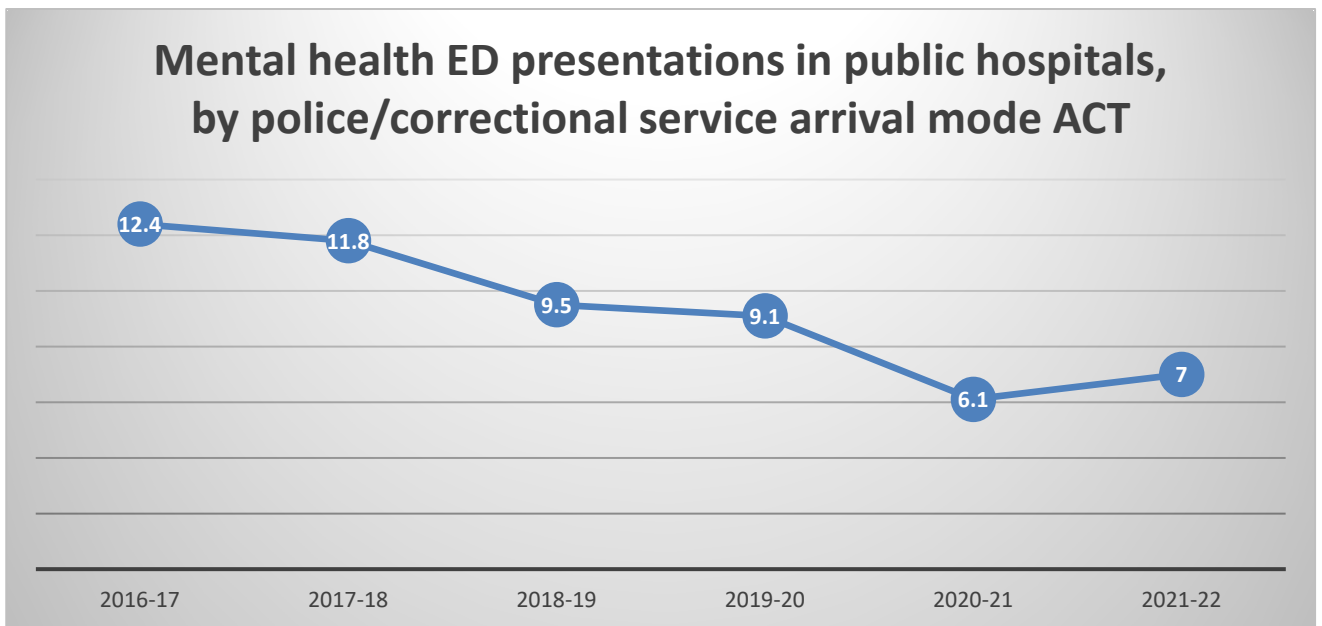


Figure 49: Mental health ACT ED Presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Overnight admitted mental health care

The average length of stay for admitted patients with mental illness in ACT public hospitals in 2019–20 was 18.5 days, almost four days above the national average.

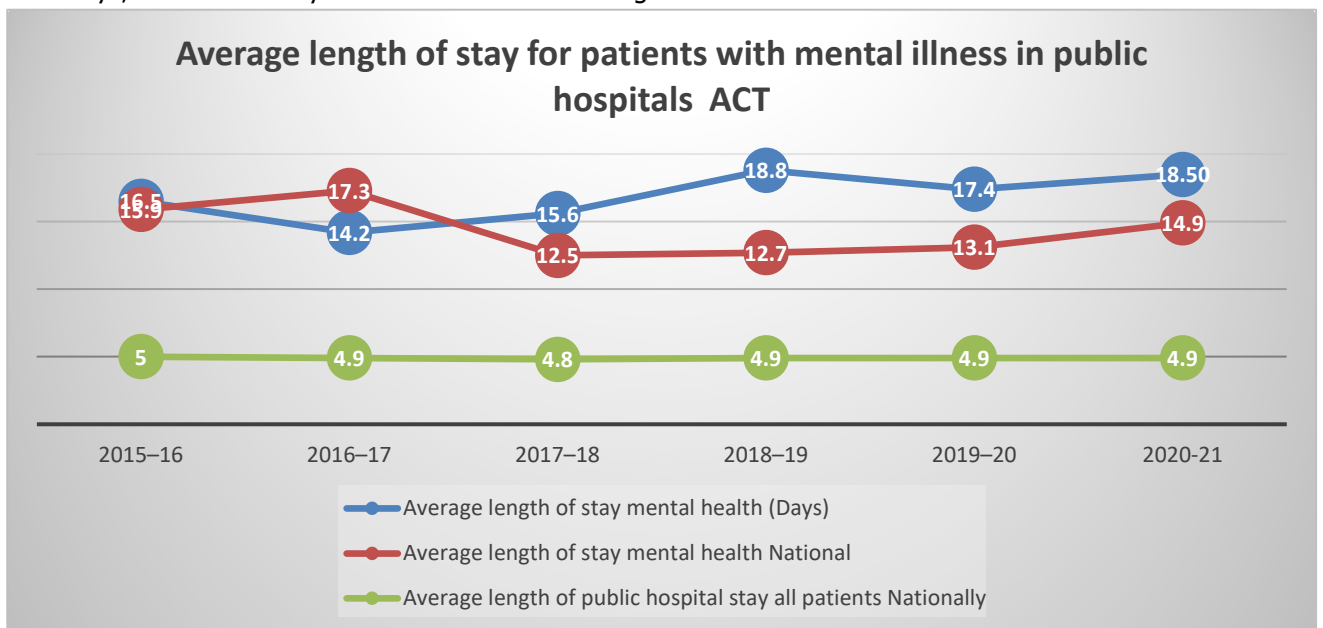


Figure 50: Average length of stay for patients with mental illness in ACT public hospitals. Source: AIHW 2023. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1

Northern Territory

Northern Territory public hospitals have the lowest number of public hospital mental health beds despite having some of the highest presentation rates for mental health conditions in public hospitals. This is compounded by the fact that mental illness can be significantly under reported and under diagnosed in NT, particularly among the Aboriginal population.⁶² According to 2021 Census, approximately 30.8 per cent of the NT's population are First Nation's Australians.⁶³

As noted previously, along with an increase in capacity through adequate staffing levels in public hospitals in NT, training staff in trauma-informed care will also be crucial, particularly when working with First Nation's Australians who experience vulnerabilities, trauma and the overwhelming gap in life expectancy compared to other Australians.

An intervention undertaken in Katherine saw a significant reduction in ED presentations and an increase in engagement with primary health care.⁶⁴ The key element of the intervention was reliance on input and trained staff from the Aboriginal Health Service, with inputs from multiple Aboriginal and non-Aboriginal organisations.

Number of mental health public hospital beds

In real numbers, the Northern Territory (NT) is one of the few states and territories that recorded an increase in public hospital mental health beds, from 41 to 43 since 1992–93. However, measured by 100,000 population there has been a decrease from 24.7 to 17.3 in the same period.⁶⁵

Northern Territory

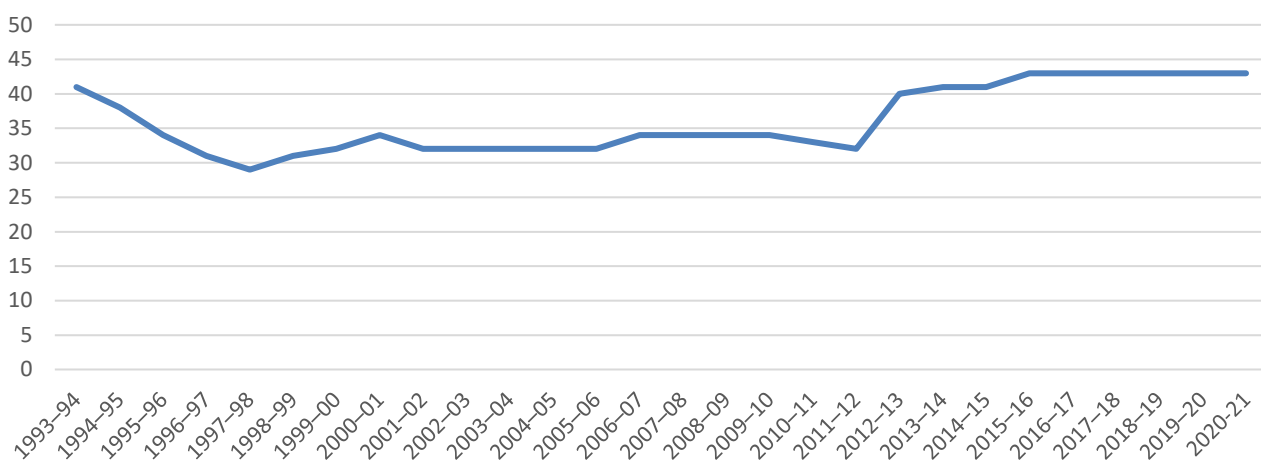


Figure 51: Number of mental health public hospital beds NT. Source: AIHW data: Specialised mental health care facilities tables 2020–21. Table FAC.13.

⁶² https://www.pc.gov.au/_data/assets/pdf_file/0015/241062/sub408-mental-health.pdf.

⁶³ Northern Territory Department of Treasury and Finance 2023. Northern Territory Economy – Population.

<https://nteconomy.nt.gov.au/population#:~:text=Based%20on%202021%20Census%3A,of%20the%20national%20Aboriginal%20population>

⁶⁴ Quilty S, Wood L, Scrimgeour S, Shannon G, Sherman E, Lake B, Budd R, Lawton P, Moloney M. Addressing Profound Disadvantages to Improve Indigenous Health and Reduce Hospitalisation: A Collaborative Community Program in Remote Northern Territory. Int J Environ Res Public Health. 2019 Nov 6;16(22):4306. doi: 10.3390/ijerph16224306. PMID: 31698685; PMCID: PMC6888622.

⁶⁵ AIHW 2022. Specialised mental health care facilities tables 2019–20. Table FAC.13. <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-content/specialised-facilities>

Emergency department mental health presentations

Since 2004–05 the NT has recorded a more than doubling of the rate of mental health ED presentations per 10,000 population, from 132.6 to 306.6 in 2020–21. In 2021–22 a slight decrease was recorded to 282 per 10,000 population.

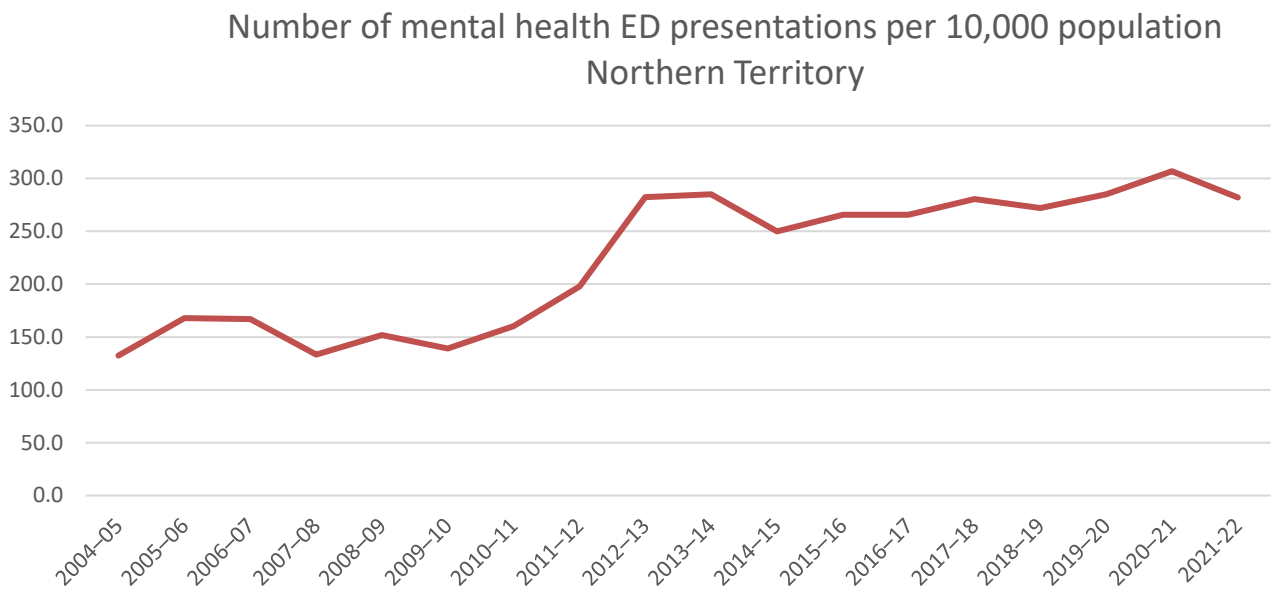


Figure 52: NT ED mental health presentations per 10,000 population. Source: AIHW data Mental Health Services provided in emergency departments data tables 2021-22

Like other states and territories, the acuity of mental health presentations in the NT has been increasing, with the number of patients triaged as resuscitation growing by 1 per cent since 2015–16. The percentage of patients triaged as emergency reduced between last year and this year.

Mental health-related NT ED presentations in public hospitals, by triage category, 2015–16 to 2021–22 per cent

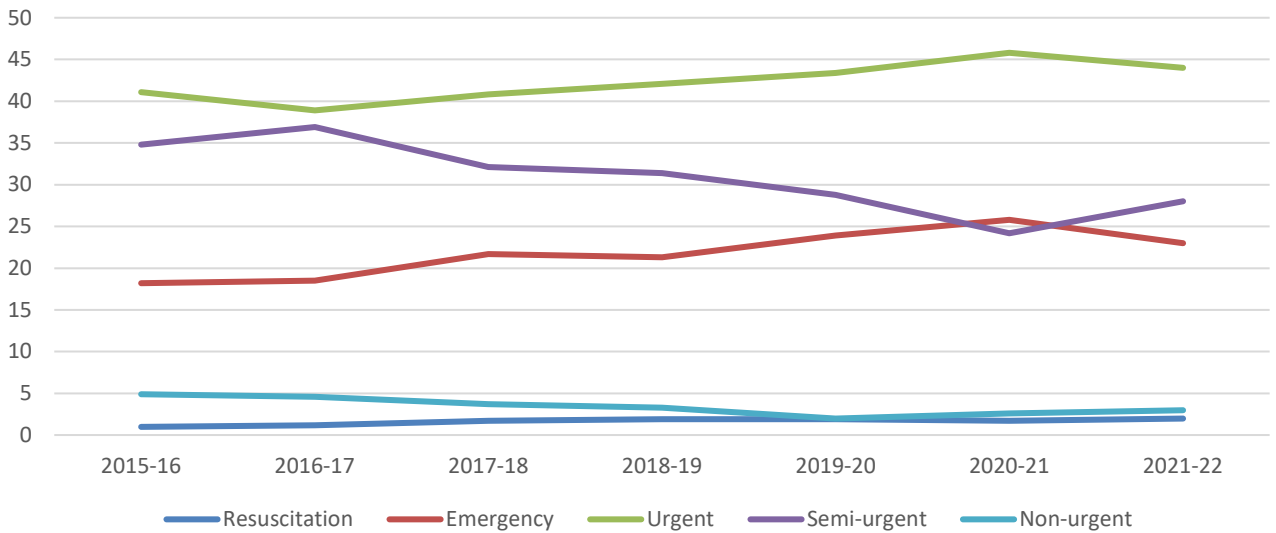


Figure 53: Mental health-related NT ED presentations in public hospitals, by triage category, per cent Source: AIHW Data: Mental Health Services provided in emergency departments data tables 2015–16 to 2021–22

Emergency department mental health treatment times — ED length of stay

In the NT in 2020–21 the ED median length of stay for all mental health presentations was 3 hours and 31 minutes. For presentations ending in admissions, the median length of stay was 5 hours and 5 minutes. The 90th percentile length of stay for mental health presentations ending in admissions was 19 hours and 20 minutes.⁶⁶

Tasmania	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Mental health presentations ending in admission median hours minutes	N/A	4:07	4.25	4:32	5:05	5:50
Mental health presentations ending in admission 90th percentile hours minutes	N/A	15:49	16.21	16:33	19:20	22:06
All mental health presentations median hours minutes	3:27	3:26	3.27	3:23	3:31	4:06
All mental health presentations 90th percentile hours minutes	11:01	12:14	12.1	12:29	14:06	16:08

Table 8 Source: AIHW Data: Mental Health Services Provided in emergency departments data tables 2016–17 to 2021–22

⁶⁶ AIHW 2023. Mental Health Services Provided in Emergency Departments. Table ED.17: Mental health-related emergency department presentations in public hospitals, statistics for length of stay by states and territories, 2021–22

Emergency department mental health presentations — ambulance arrival

In the NT, the rate of mental health presentations where the mode of arrival at EDs is by ambulance has been steady over the five years since 2016, staying at around 40 per cent.

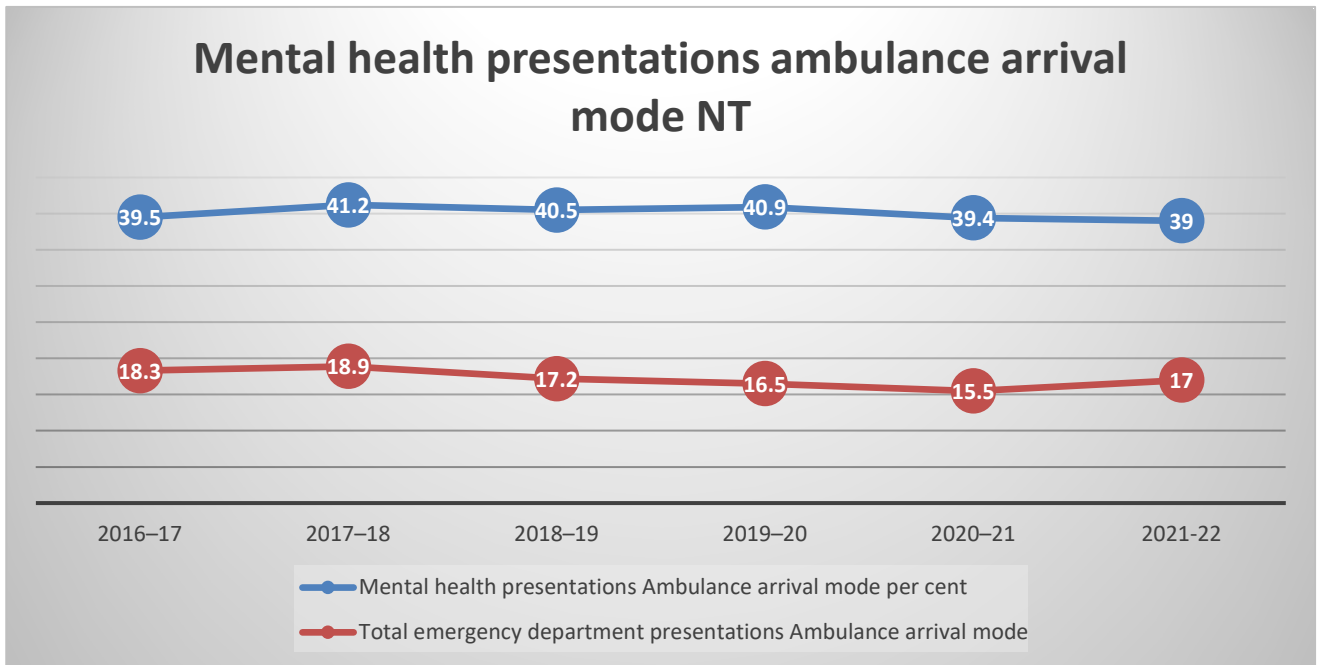


Figure 54: Mental health NT ED Presentations ambulance arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016-17 to 2021-22

Emergency department mental health presentations — Police/correctional services vehicle

In 2021–22 in the Northern Territory, 11 per cent of patients with mental illness arrived at emergency departments via police/correctional services vehicles. After multiple years of decline, there was a more than two per cent increase compared to the year before.

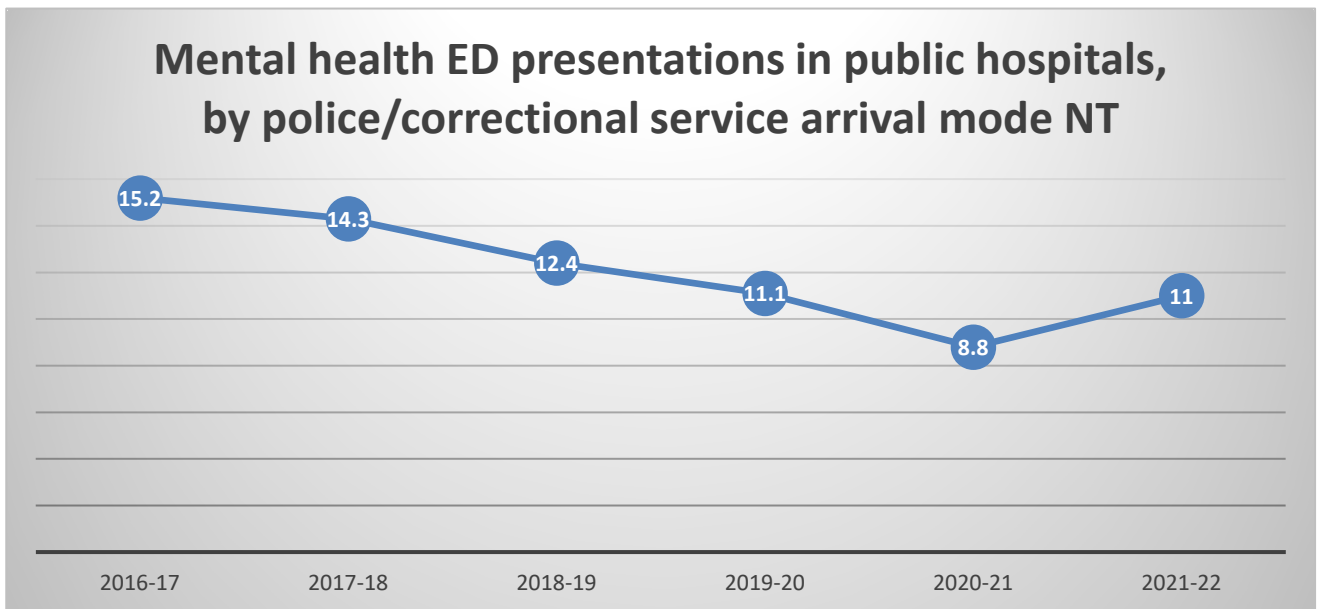


Figure 55: Mental health NT ED Presentations police/correctional service arrival mode. Source: AIHW Data Mental Health Services provided in emergency departments data tables 2016–17 to 2021–22

Overnight admitted mental health care

Since 2015–16 the NT has had one of the shortest average length of stay for admitted patients with mental illness nationally.

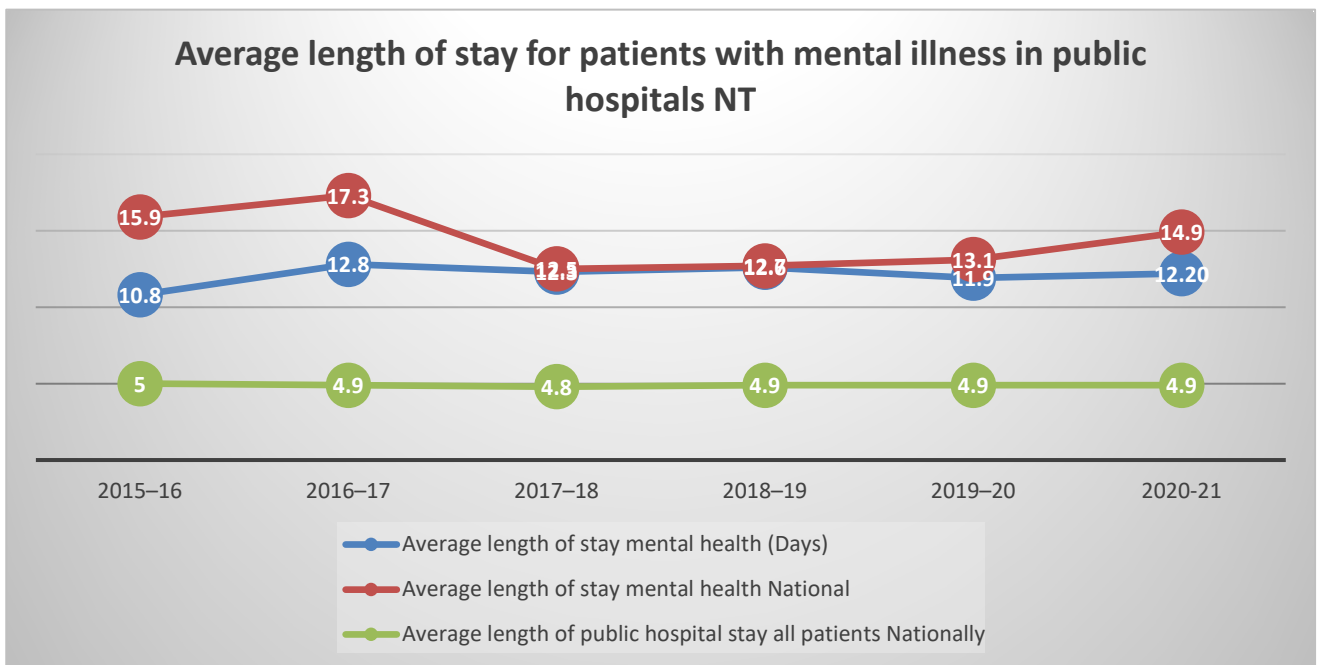


Figure 56: Average length of stay for patients with mental illness in NT public hospitals. Source: AIHW 2022. Web report: Mental Health Services in Australia. Overnight admitted mental health care. Overnight admitted mental health-related care tables, Table ON.1



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