

2024 Public Hospital Report Card Mental Health Edition



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President's introduction



Dr Danielle McMullen
Federal AMA President

The AMA's *Public Hospital Report Card* has provided Australians with a snapshot of public hospital performance for 17 years. For the past three years we have produced a mental health edition to highlight the unique challenges faced by patients seeking mental health care in our public hospitals. As a GP, I understand all too well the importance of an interconnected and well-functioning mental healthcare system.

Like many of my colleagues, I've sat with patients suffering an acute mental illness needing a hospital admission in my clinic — some have been able to attend hospital voluntarily, and for others I've needed to use the *Mental Health Act* to help them get the care they need. In all cases, the trip through the emergency department has been an anxiety-provoking step in the road. The staff in these departments are brilliant — but emergency departments are not designed for mental healthcare.

As we've shown in this report, the strain on inpatient beds is leaving patients with mental illness in emergency departments far longer than they should be. Using publicly available information from the Australian Institute of Health and Welfare, this report card looks at the capacity and performance of mental health services provided in Australia's public hospitals for the financial year 2022–23. This report includes both national and state-by-state analysis, providing policymakers and the public with an important snapshot of how mental healthcare in our public hospitals is being managed.

Mental healthcare is complex and multi-layered. It demands involvement from across the healthcare sector, from primary care in the community through to the hospital system for the most acute cases. While it is imperative that governments invest in delivering high-quality and timely mental healthcare outside of hospitals, our public hospitals must be fully equipped to assist those requiring urgent mental healthcare.

Unfortunately, our public hospitals are under more strain than ever. Our 2024 *Public Hospital Report Card*, published in April, highlighted a worrying combination of record high waiting times and record low per-person bed capacity in Australia's public hospitals. Unfortunately, these trends are replicated across our mental health wards, with the latest figure of 27 specialised mental health beds per 100,000 Australians the lowest per-person capacity figure on record.

President's introduction (cont.)

This lack of specialised mental health beds is emblematic of the public hospital logjam and results in extended patient stays in emergency departments (ED), distressing both patients and their families.

For patients with mental-health related conditions who are eventually admitted to a public hospital bed, the length of time spent in ED was at its highest on record in 2022–23. On average, these patients spent 420 minutes, or 7 hours, in ED before being admitted to hospital. This is an increase of 37 minutes from the year before, and two hours longer than 2019–20. Devastatingly, 10 per cent of mental health patients will wait more than 23 hours before receiving a bed.

This situation is also distressing for ED staff, who are highly skilled in managing mental health crises and associated medical needs, but not supported or resourced to manage patients with complex, chronic mental health issues. Tragically, these overcrowded and stressful situations can contribute to unsafe psychosocial work environments and staff burnout, and in the worst cases, assaults on staff.

This report provides yet another piece of evidence pointing to the need for greater investment in Australia's public hospital system. Public hospitals remain in logjam, with a shortage of beds for Australians in need. We need more beds and greater investment across the whole health system. There is work to be done to enhance the capacity of services and general practitioners to deliver mental healthcare in the community.

All levels of government and non-governmental organisations need to work cooperatively to build a mental healthcare system that is patient-centred, and needs-based, informed by evidence and research, with adequate investment and funding.

This holistic approach is needed to improve the mental health of Australians and, in turn, take the pressure off our hospital system. Without it, 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.



Dr Danielle McMullen
AMA President

Overview

The AMA's *Public Hospital Report Card — Mental Health Edition* looks at the performance of Australia's public hospitals when providing care to patients who have presented with mental health-related conditions. Like the *AMA Public Hospital Report Card*, the aim is to show trends in hospital service delivery and identify where gaps are and where improvements are needed. This edition uses publicly available data published by the Australian Institute of Health and Welfare and the Productivity Commission. See page 47 for a full list of data sources and references.

Ultimately, by publishing these report cards, the AMA wants to see policy improvements that will benefit patients, the health and medical professionals who are working in the public hospital system, and the Australian public more broadly.

This report card allows for accurate longitudinal analysis, comparing the health system's current performance against past performance. Unfortunately, this third annual *Mental Health Edition* again demonstrates a worrying decline in both performance and capacity within the mental health departments of our public hospitals.

In 2021–22, the latest year for which capacity data is available, Australia saw a reduction of 244 specialised mental health beds across the country, coinciding with an overall loss of two public hospitals providing mental health services. These numbers are alarming.

Australia has witnessed a long-term decline in the number of mental health beds available per person in the past 30 years. The latest figure of 27 beds per 100,000 Australians is the lowest per-person capacity figure on record, highlighting a worrying trend of reduced system capacity at a time when the need for care is greater than ever.

The AMA is concerned by the increasing number of patients with severe, complex, and chronic conditions, where mental illness may be one of a multitude of conditions. It is essential these patients receive the appropriate support for all their health needs — be they physical health, mental health, or broader psychosocial supports.

Since 2010–11, the number of Australians presenting to ED with a mental illness triaged as “emergency” has more than doubled from 9 to 21 per 10,000 people, while the number of “urgent” presentations has grown from 37 to 57 per 10,000 people.

In 2022–23, more than half (52 per cent) of mental health-related presentations came via an emergency services vehicle, compared to 26 per cent of all emergency department presentations.

These numbers clearly highlight the fact that the needs of patients with severe mental illness are increasingly unmet by the community and primary care system, leading them to an ED as a last resort, when the situation is critical.

Despite the best efforts of hospital staff, a lack of inpatient beds and insufficient resourcing continues to create access block in our public hospitals. This means that highly distressed patients suffering from severe mental health problems must wait, on average, seven hours in a crowded ED before they are admitted to hospital. Even more worryingly, the 90th percentile length of stay for mental health presentation admissions has risen to 1392 minutes, or more than 23 hours. In other words, 10 per cent of mental health patients who are eventually admitted to hospital are waiting almost an entire day in ED.

Overview

Despite the amazing knowledge, effort and care provided by Australia's medical and healthcare professionals working in the public hospital system, EDs are not appropriate environments for sustained, in-depth care of patients with mental illness. Unfortunately, the physical design of most public hospital EDs is often not conducive to quality mental healthcare. The result is ED clinical staff are placed under increasing pressure, leading to stress, burnout, and the emergence of their own mental health issues.

Once admitted to hospital, mental healthcare patients stay on average for much longer than non-mental health patients due to the complexity and fragility of their health at the point of admission. In 2022–23, the average length of stay for mental health patients was 14.3 days, compared to 5.3 days for non-mental health admissions.

With our hospitals stuck in logjam, it is clear investment in community and primary mental healthcare will pay dividends by reducing the number and severity of admissions to our mental health wards.

One positive sign is the increasing proportion of patients receiving follow up care in the community post-discharge from specialised mental healthcare in our public hospitals. Patients can be particularly vulnerable in the post-discharge period, with the likelihood of readmission or relapse greatly reduced if patients are provided with community care in the aftermath of a hospital stay.

Across Australia, the rate of patients being provided with community follow-up cases has been increasing in both major cities and remote areas, with 81 per cent of patients located in a remote part of Australia receiving community follow up within 7 days post-separation in 2021–22. This represents the best figure on record, and significant improvement from the less than 60 per cent of remote patients receiving community follow up in 2013–14.

Unfortunately, this positive trend stands alone among a crowd of worrying long-term trends pointing to either stagnant or reduction in performance and/or capacity within Australia's public hospitals. Australia's population is aging, with Australians aged over 85 presenting to ED with mental health-related illnesses at a rate 48 per cent higher in 2022–23 than in 2014–15.

The data is clear. Australia's public hospitals require significant investment in capacity, workforce and resourcing to ensure our world-class medical and healthcare professionals are equipped to keep up with the growing complexity and demand of Australia's healthcare needs.

AMA solutions for a healthier hospital system

This report card highlights the underlying issues facing Australia's mental health system; growing wait times, decreased capacity, and an increase in severity of illness for those presenting to ED.

Australia's population is growing, ageing, and developing more complex health needs. Without a change of approach from all layers of government, the worrying trends highlighted within this report card are bound to continue heading in the wrong direction.

It is clear the current funding model for our health system is not fit-for-purpose. It's only focused on the number of procedures hospitals provide. Nor does it provide enough funding to keep people out of hospital through preventative and community care.

The four points of the AMA plan to deal with our struggling, logjammed hospitals is:

1. Improve performance

Reintroduce funding for performance improvement — for example, improvement in elective surgery and emergency department waiting times — to reverse the decline in public hospital performance.

2. Expand capacity

Give public hospitals additional funding for extra beds (along with the staff) and support them to expand capacity to meet community demand, surge when required, improve treatment times, and put an end to ambulance ramping.

3. Addressing demand for out-of-hospital alternatives

Fund alternatives for out-of-hospital care, so those whose needs can be better met in the community can be treated outside hospital. Programs that work with general practitioners to address avoidable admissions and readmissions should be prioritised.

4. Increase funding and remove funding cap

Increase the federal government's contribution for activity, allowing states and territories to reinvest the 'freed-up' funds to improve performance, capacity and innovation. Remove the artificial cap on funding growth that is shared between states and territories, so funding can meet community health needs based on realities on the ground.

We acknowledge the significant offer of increased funding and a more generous growth cap [announced by the federal government last December](#). However, until a new National Health Reform Agreement is signed this funding, along with the needed additional funding from states and territories, will not yet to flow to our public hospitals.

For more information or to share your story, visit www.ama.com.au/clear-the-hospital-logjam

National overview

Public hospital capacity – Mental Health Care

An available bed is the most fundamental prerequisite to receiving care in a public hospital. 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.

In 2021–22, there were 158 public hospitals providing specialised mental health services, two less than there was in 2020–21. These facilities are made up of 19 public psychiatric hospitals and 139 public acute hospitals with a specialised psychiatric unit or ward. A total of 6849 specialised mental health beds were available in 2021–22 (equating to 27 beds per 100,000), a decrease of 244 beds compared to the year prior.

Australia has been witnessing a long-term decline in the number of mental health beds available per person for the past 30 years. The latest figure of 27 beds per 100,000 Australians is the lowest per-person capacity figure on record, highlighting a worrying trend of reduced system capacity at a time when the need for care is greater than ever.

Figure 1: Public sector specialised mental health beds per 100,000 Australians



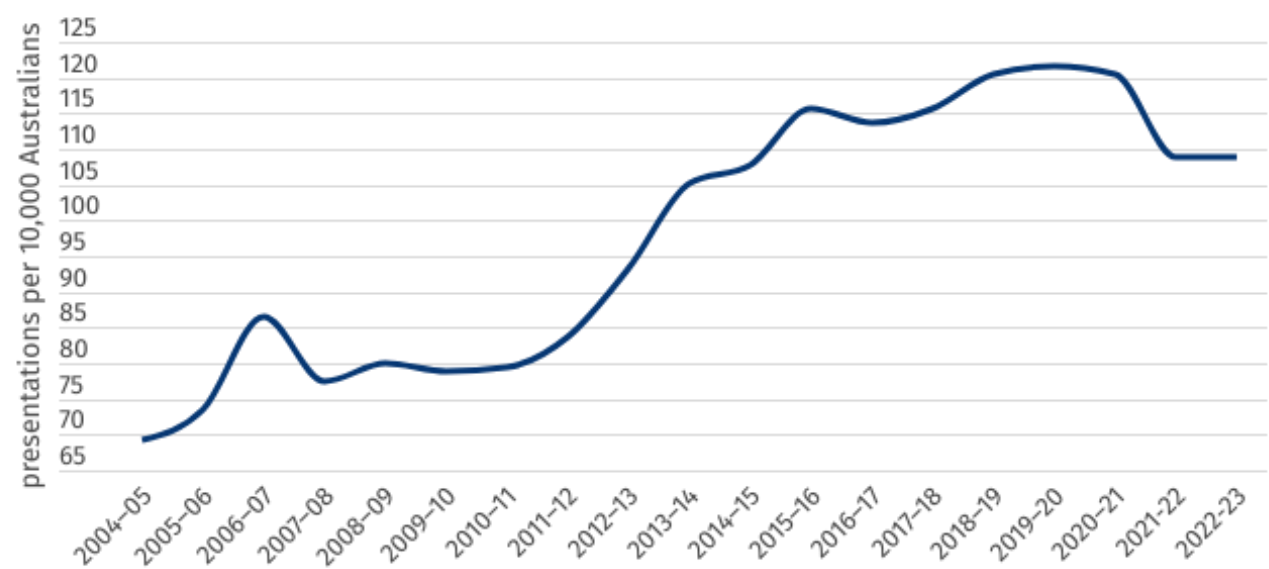
Note this graph does not include the large decline in bed numbers in the early 1990s brought about due to deinstitutionalisation of mental healthcare. While this type of deinstitutionalisation of mental healthcare was largely necessary at the time, a lack of investment in community services has failed to effectively support those suffering from mental health problems.

National overview

Emergency department presentations — mental health

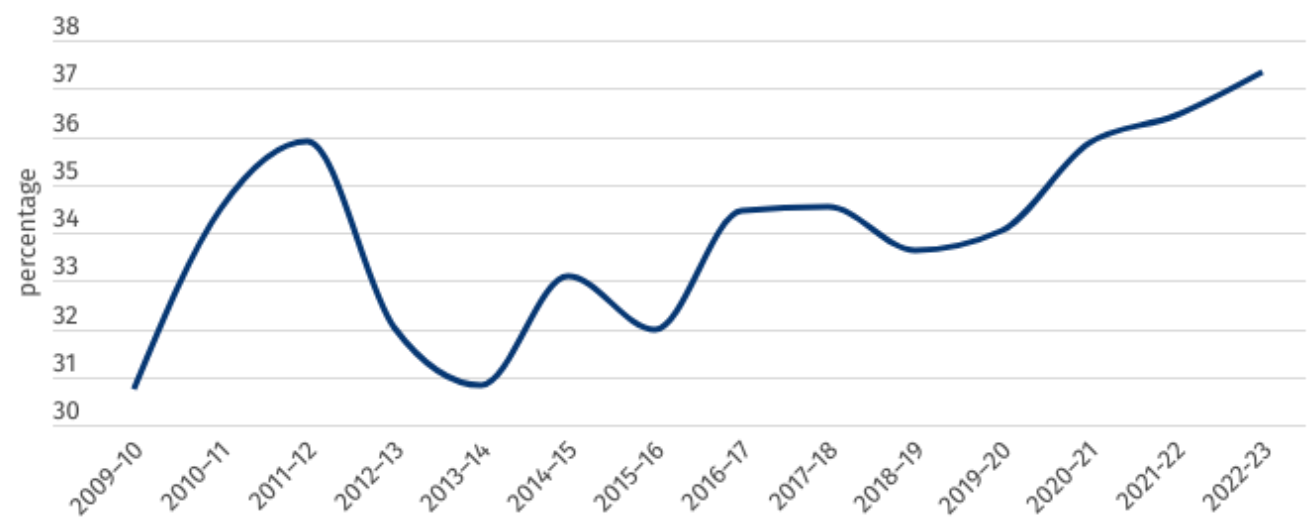
Despite a fall in per-population capacity, the number of per-population mental health-related presentations to the emergency department has remained much higher over the previous decade than the average trend during the early 2000s. Figure 2 not only demonstrates the long-term increase in serious conditions and mental health challenges being unmet by out-of-hospital services, it also shows the need for greater investment in the specialised mental health services within our public hospitals.

Figure 2: Mental health-related presentations to emergency departments, per 10,000 population



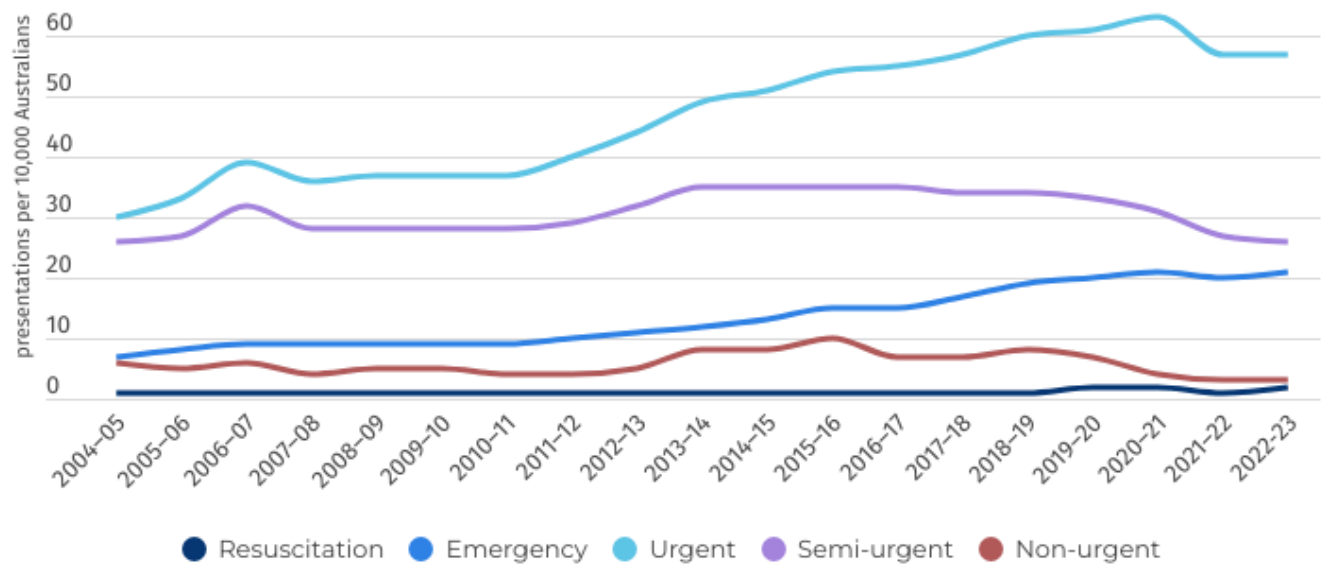
As demonstrated by figure 3, the percentage of patients presenting to the emergency department for mental health reasons who are then admitted to an inpatient bed in that hospital has risen from 32 per cent to 37 per cent over the past decade, highlighting an increase in severity of cases and demand for inpatient services.

Figure 3: Percentage of mental health-related presentations to ED ending in admission



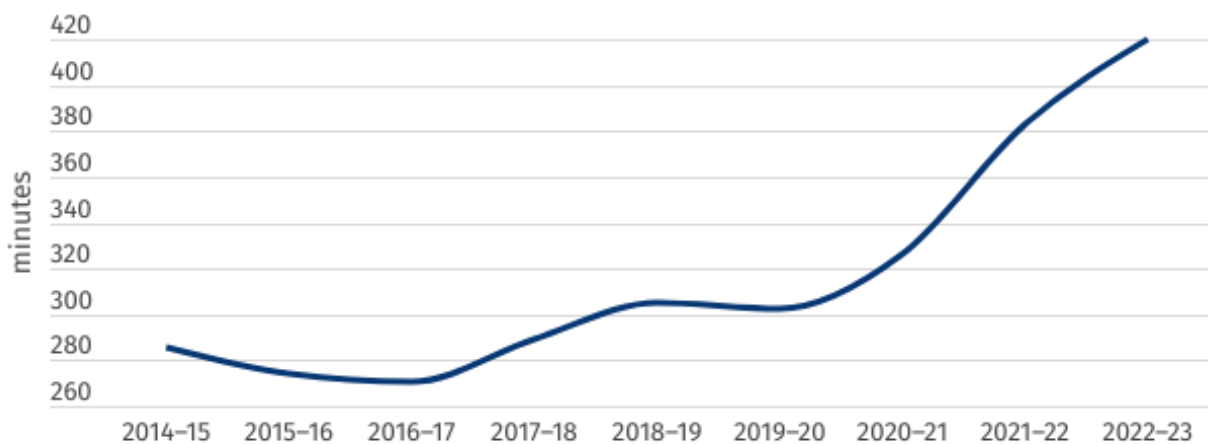
Concerningly, the data also shows an increase in severity of illness for patients presenting to the ED. Since 2010-11, the number of Australians presenting to ED with a mental illness triaged as “emergency” has more than doubled from 9 to 21 per 10,000 people, while the number of “urgent” presentations has grown from 37 to 57 per 10,000 people.

Figure 4: Mental health-related presentations to emergency departments, per 10,000 population, by triage category



Post presentation and initiation of first-line care in the emergency department, these patients are facing record wait times to be admitted and access the specialised care they require. In 2022-23 the average length of stay in the emergency department for patients who were then admitted to the hospital was 420 minutes, an increase of 37 minutes from the year prior, and two hours longer than 2019-20.

Figure 5: Median length of stay in ED for admitted mental healthcare patients (minutes)



Despite the best efforts of hospital staff, a lack of inpatient beds and insufficient resourcing continues to create access block within our public hospitals. This means highly distressed patients suffering from severe mental health problems must wait, on average, seven hours in a crowded emergency department before they are admitted to a hospital inpatient bed.

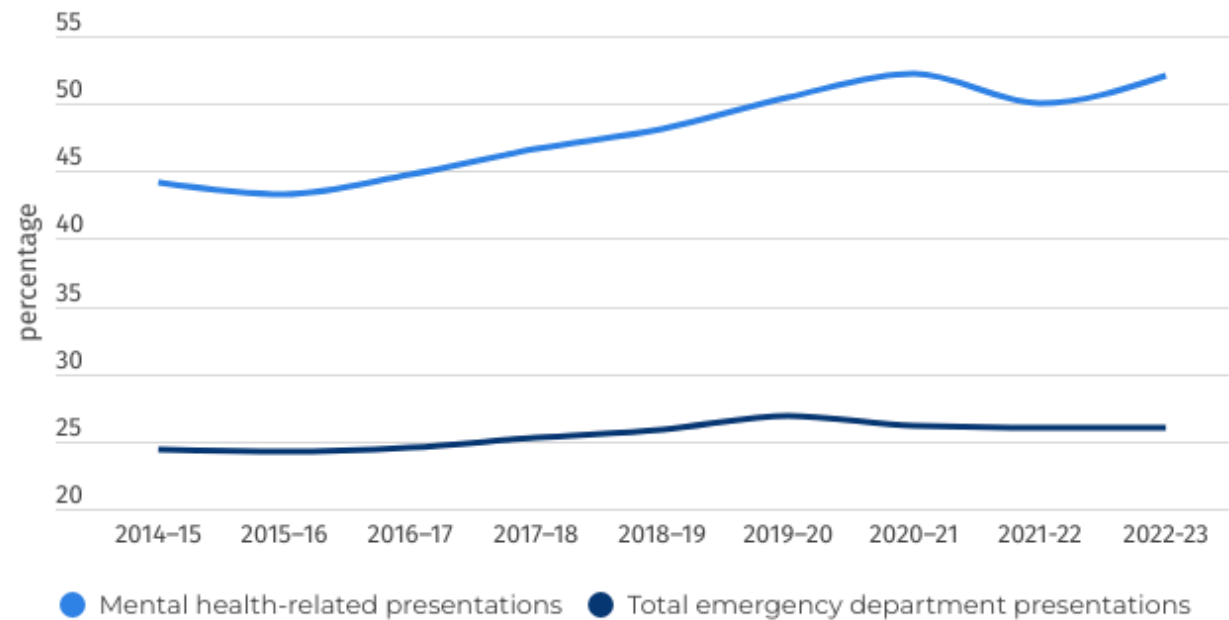
Nationally, the 90th percentile length of stay for mental health presentation admissions has risen to 1392 minutes, or more than 23 hours. In other words, more than 10 per cent of mental health patients who are eventually admitted to hospital are waiting almost an entire day in ED.

National overview

Emergency department presentations — mode of arrival

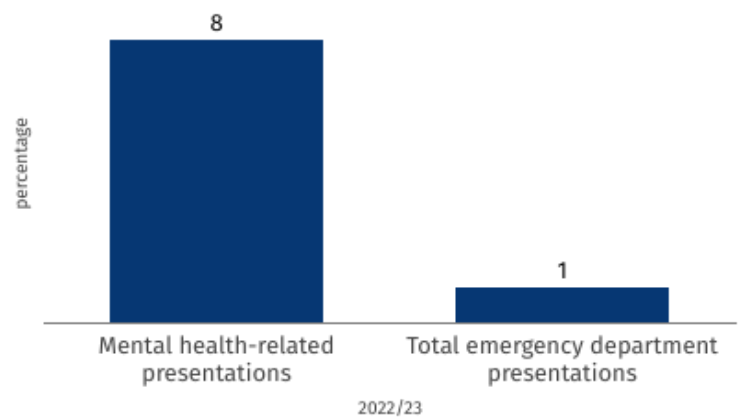
People with mental health conditions disproportionately present to the emergency department via ambulances, helicopters and police vehicles in comparison to non-mental health-related presentations. In 2022–23, more than half (52 per cent) of mental health-related presentations came via an emergency service vehicle, while this number was 26 per cent for all emergency department presentations.

Figure 6: Percentage of emergency department presentations by Ambulance, air ambulance, or helicopter rescue service



Figures 6 and 7 highlight not only the increase in severity and complexity of mental health presentations, but the lack of access and availability of care in the community. Unfortunately, most mental health-related presentations come at a time of acute crisis. Rather than being guided towards the emergency department by a GP, support service, friends or family, it is more often the case that an ambulance or police vehicle is called as a last resort.

Figure 7: Percentage of emergency department presentations to public hospitals by police/correctional services vehicle — 2022/23

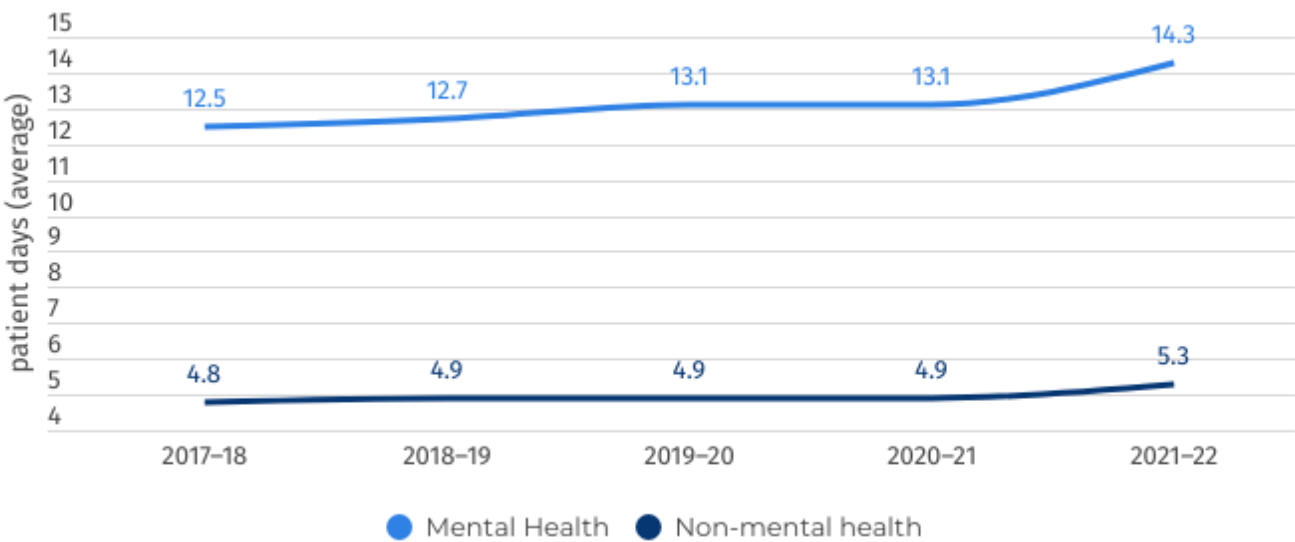


National overview

Overnight admitted mental health care

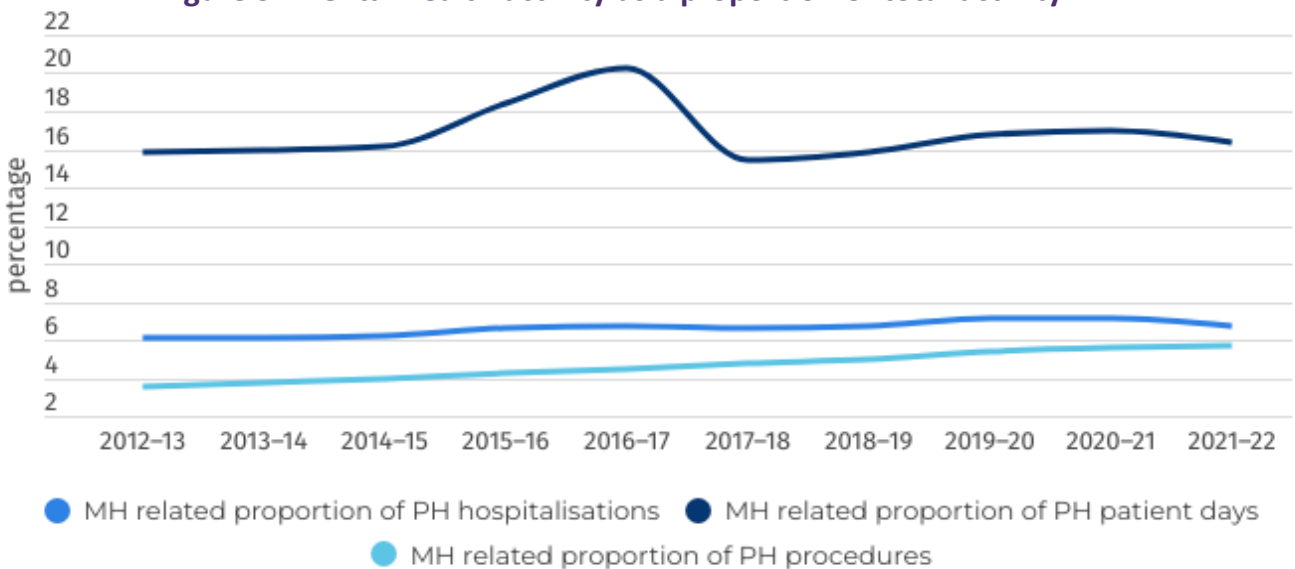
Mental health patients typically remain in hospital for longer than non-mental health patients due to the complexity and fragility of their health at the point of admission. In 2022–23, the average length of stay for mental health patients was 14.3 days, compared to 5.3 days for non-mental health admissions.

Figure 8: Average number of patient days per admission



Overall, as demonstrated by figures 8 and 9, mental health patients occupy a disproportionate amount of patient days in the public hospital system due to a heightened complexity of needs. This fact, paired with the increasing number of people presenting to ED with mental health-related illness, points to the dire need for added investment in both community supports and hospital capacity to cope with projected demand into the future for both child and youth mental health as well as adult patients.

Figure 9: Mental health activity as a proportion of total activity



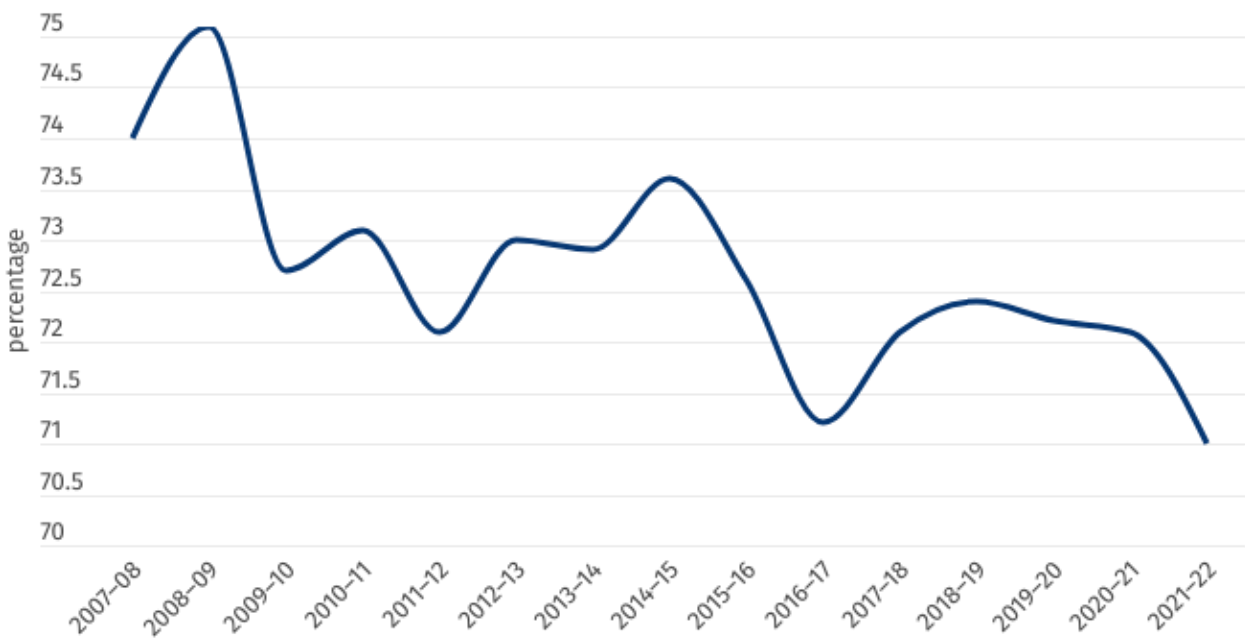
National overview

Overnight admitted mental healthcare

While quantifying the complex objectives of healthcare should be approached with caution, numerous metrics are available to help assess whether a patient’s stay in a specialised mental health bed was successful.

One useful performance metric is the National Outcomes and Casemix Collection (NOCC), which comprises a set of outcomes and casemix measures that focus on gathering information about a consumer's clinical status and functioning at various points during their engagement with a mental health service. The NOCC comprises both clinician-rated measures and consumer-rated measures.

Figure 10: Percentage of admitted mental health patients who saw a significant improvement due to public hospital care



In 2021–22, 71 per cent of patients who had completed inpatient treatment within an Australian public hospital saw a “significant improvement” to their health. Despite remaining relatively stable, this is the lowest figure recorded in the past 15 years, pointing to increasing complexity of mental health problems and negative impact of immense pressure being placed on our public hospital system in delivering high-quality care.

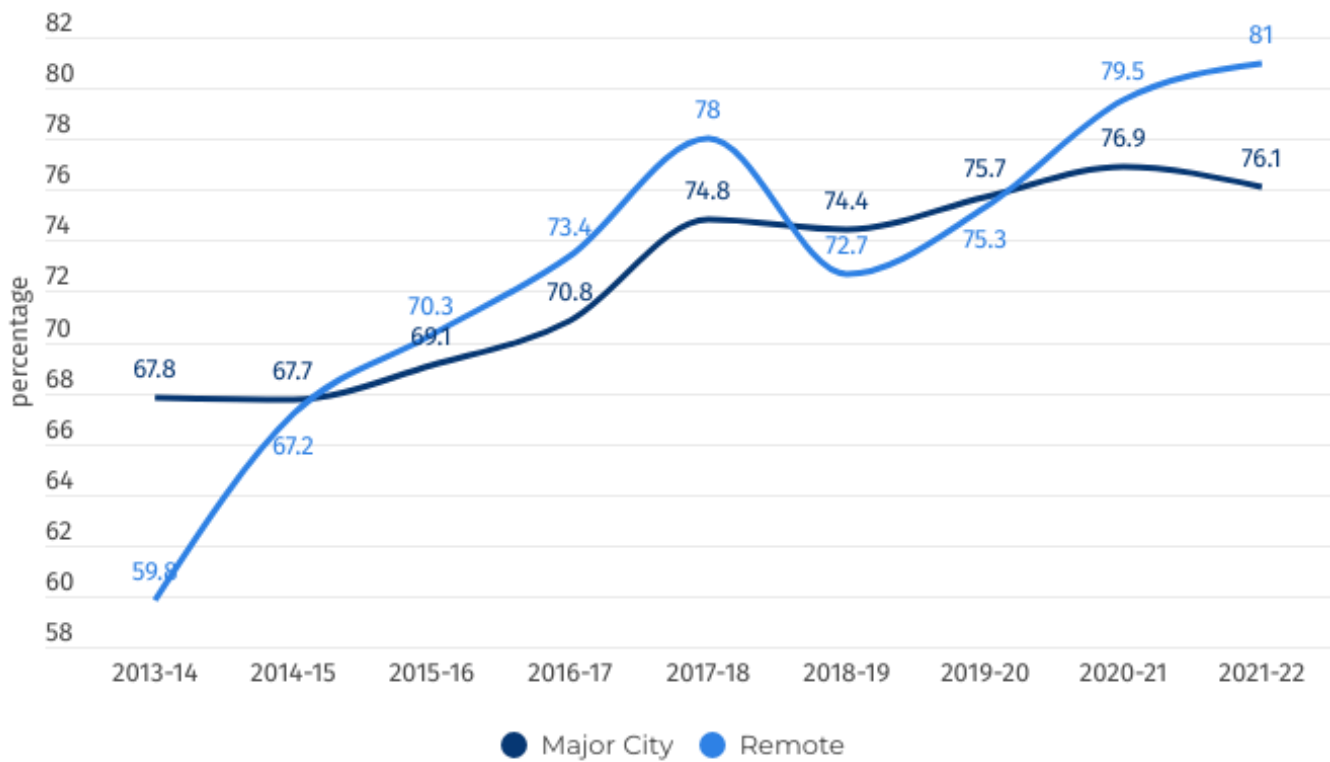
National public hospital performance

Community follow-up

Health doesn’t operate in silos. However, a fragmented healthcare system can lead to poor outcomes for patients, as different disciplines within a single healthcare system (primary through to tertiary) can operate in the absence of accurate and effective data sharing and handover. An essential aspect of cross-system collaboration is the assurance of community follow-up services for patients who have been admitted to hospital for a mental health reason.

Patients can be particularly vulnerable in the post-discharge period, with the likelihood of readmission or relapse greatly reduced if patients are provided with community care in the aftermath of a hospital stay. Across Australia, the rate of patients being provided with community follow-up care has been increasing in both major cities and remote areas. This is a very positive sign, one which is likely to significantly improve the outcomes of Australians who have presented to hospital for mental health reasons.

Figure 11: Percentage of patients who received community follow-up services within 7 days after a psychiatric admission to public hospital



Note that the nation-wide figure for this metric includes only available data, with some states and territories missing during different years throughout the reporting period.

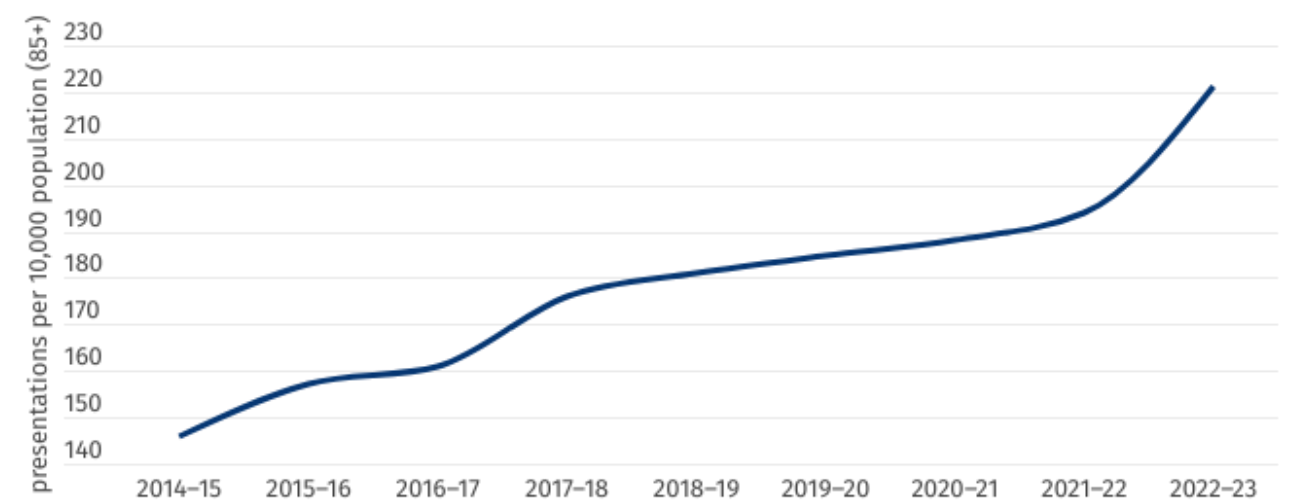
National public hospital performance

Demographic challenges

Australia’s health system, like most OECD countries, is facing the challenge of an increasingly aging population. According to ABS data, Australians over 65 represented 17.1 per cent of Australia’s total population in 2022 (compared to 15.9 per cent in 2019). This portion of our population represented more than 40 per cent of total separations from public hospitals in 2021–22 and 47 per cent of the total patient days occupying beds within public hospitals (including both mental health and non-mental health presentations).

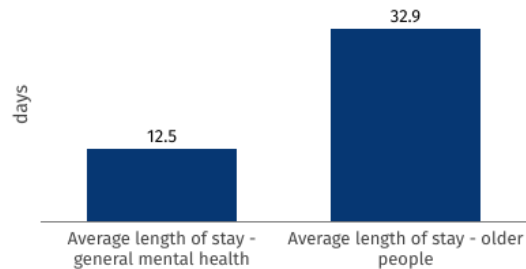
Older Australians are also increasingly presenting to emergency departments with mental health issues. While these illnesses are mostly categorised as “organic, including symptomatic, mental disorders”, which include disorders such as Alzheimer’s disease and dementia, these patients often experience a complex set of interwoven mental and physical illnesses, presenting doctors with an incredibly complex challenge

Figure 12: Mental health-related presentations, 85 and over, per 10,000 population



In the case that a patient over 65 is admitted to hospital with a mental health disorder, they are likely to stay in hospital almost three times longer than the average length of stay (32.9 days for “older people mental health services”, 12.5 days for average length of stay for “general mental health services”).

Figure 13: Average length of stay – mental health patients (2022/23)



While our members advise most older patients will not necessarily fill specialised mental health beds, these statistics highlight the changing nature of mental health for older Australians. Overall, all statistics relating to Australia’s aging population point to the pressing need for greater investment to future-proof the capacity of our public hospitals.

New South Wales

Mental health capacity in public hospitals

New South Wales (NSW) has witnessed a notable fall in mental health capacity in public hospitals, both in real and per-person terms. In the five-year period between 2016–17 and 2021–22, the total number of specialised public mental health beds has fallen from 2768 to 2618, a reduction in 150 beds. When accounting for population growth, the fall is even greater, with the number of beds per-person falling from 35.2 to 32.1 over the same period.

Figure 1: Total number of specialised mental health public hospital beds (NSW)

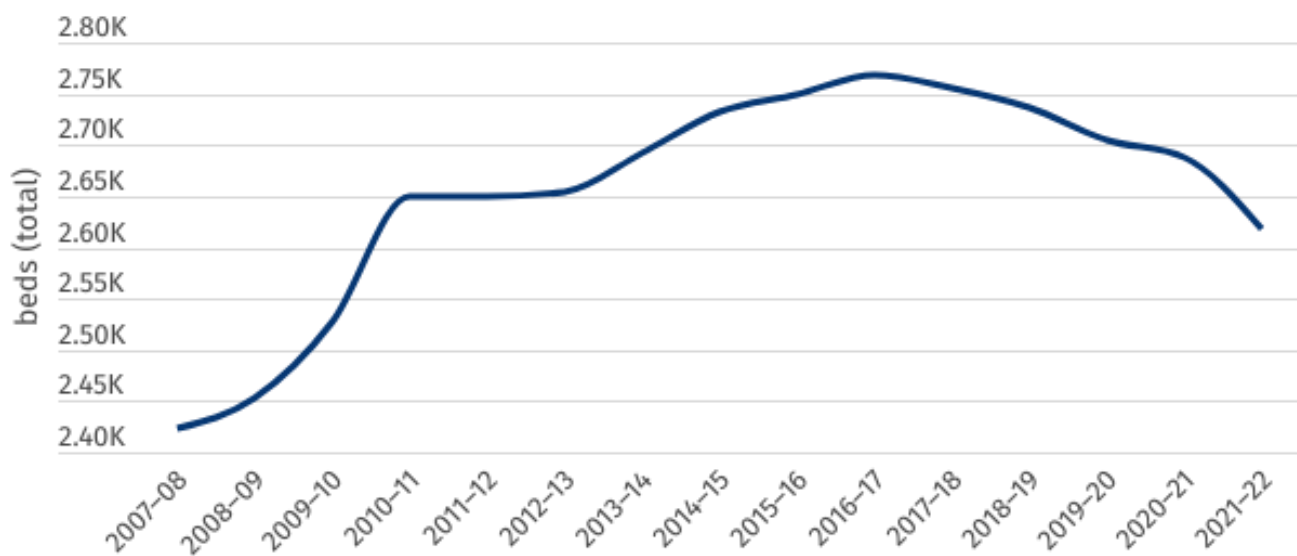
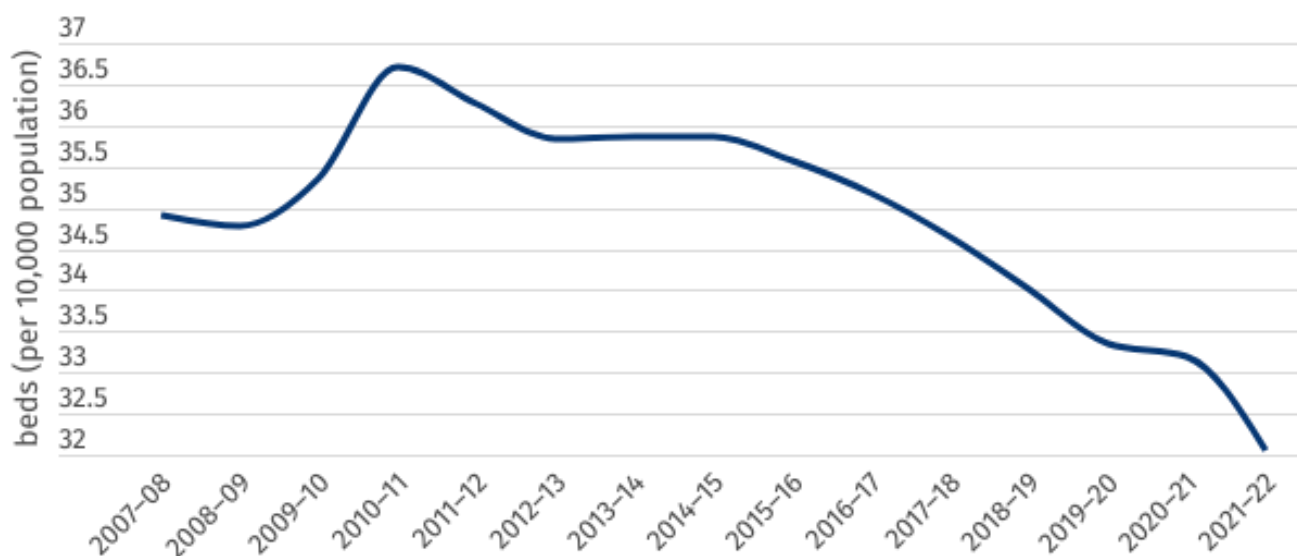


Figure 2: Specialised mental health public hospital beds per 100,000 population (NSW)



New South Wales

Mental health presentations to ED

The number of per-population mental health presentations rose slightly in 2022–23, from 105 per 10,000 to 107 per 10,000 in NSW. While it is positive to see the number of people presenting to ED with mental health illness has fallen since the peak in 2018–19, the severity of cases continues to rise.

As shown in figure 4, the most frequent triage category for patients presenting to hospital with a mental health condition remains triage category 3, “urgent”, meaning the patient should be seen within 30 minutes. Urgent cases have risen from a 40 per cent share of total mental health-related ED presentations to 50 percent since 2015-16, while “emergency” (within 10 minutes) has risen from 11 per cent to 18 per cent over the same time period.

Figure 3: Rate of ED mental health presentations per 10,000 population (NSW)

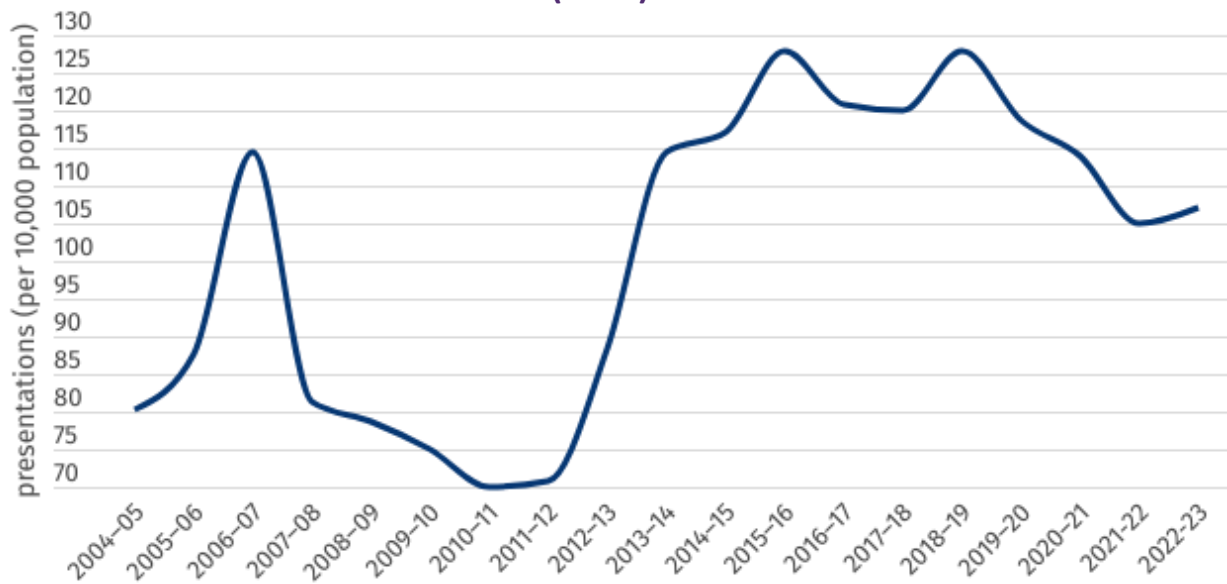
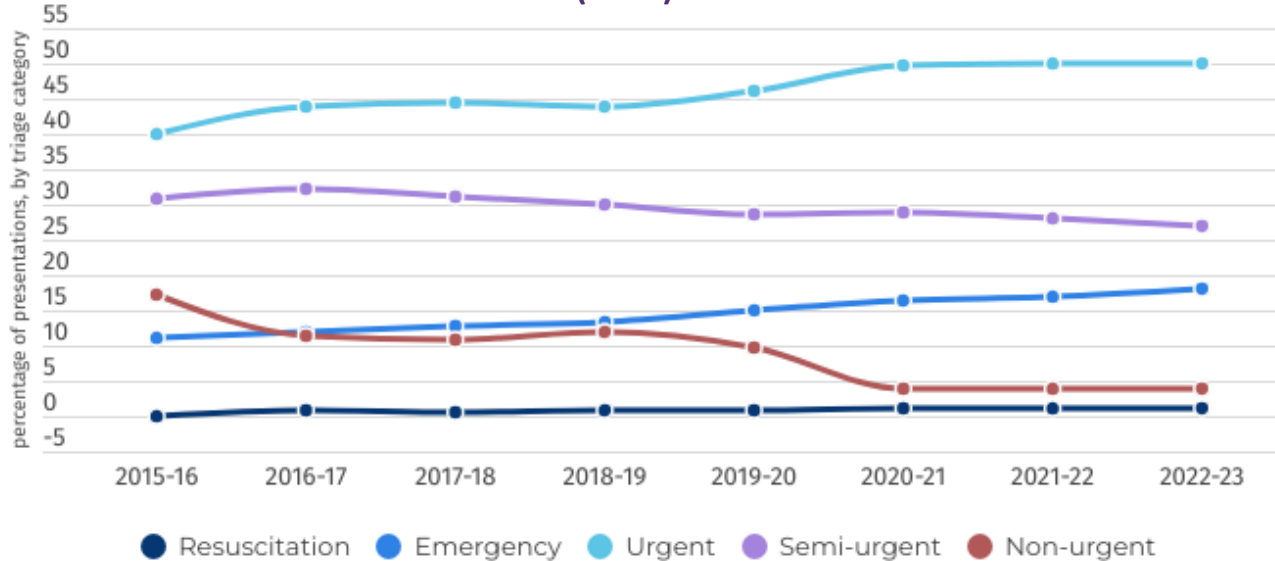


Figure 4: Mental health-related ED presentations, by triage category, per cent (NSW)



New South Wales

Length of stay

This page demonstrates the length of stay for Mental Health patients across two areas of the Public Hospital — the emergency department and inpatient beds once admitted to hospital.

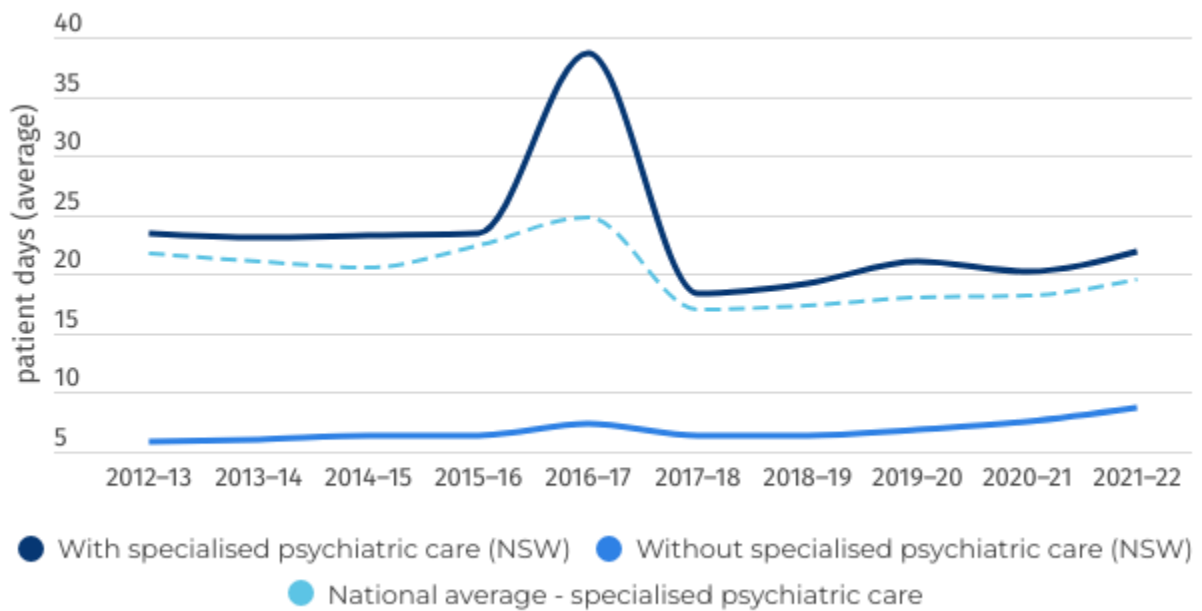
Mirroring national trends, NSW has seen a worrying and consistent increase in the median time spent in emergency departments. Patients who are eventually admitted to hospital are spending, on average, three hours longer in emergency departments than they were just five years prior. Ten per cent of patients now wait more than an entire day in an overcrowded and stressful ED due to under capacity and poorly resourced hospitals.

Figure 6 shows the average length of stay for admitted overnight mental health patients receiving specialised psychiatric care is above the national average, at 21.85 days in 2021–22.

Figure 5: Length of Stay in ED (NSW)

NSW	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Presentations ending in admission (median) hr:min	5.29	5.46	5.43	6.07	7.14	8.36
Presentations ending in admission (90th percentile) hr:min	19.28	19.34	20.13	20.21	22.33	25.57
All MH presentations (median) hr:min	3.12	3.14	3.27	3.48	4.13	4.51
All MH presentations (90th percentile) hr:min	10.57	11	11.53	13.03	15.23	18.23

Figure 6: Overnight admitted care length of stay – days (NSW)

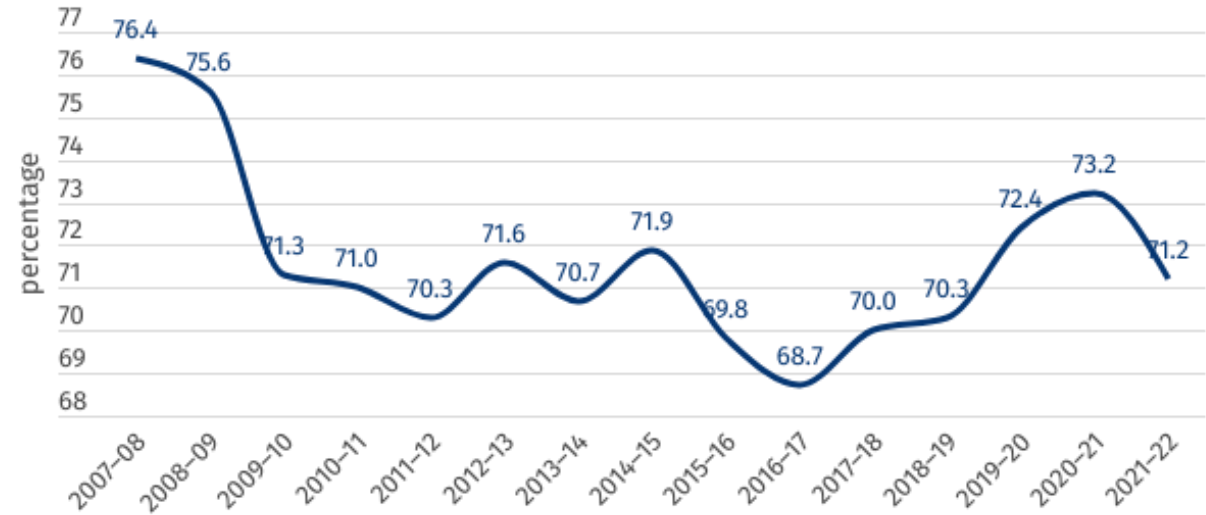


New South Wales

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome according to the National Outcomes and Casemix Collection (NOCC). While these figures should not be compared across jurisdictions, 71.2 per cent of mental health-related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2021–22 across NSW, a figure that has remained largely steady for the past 10 years.

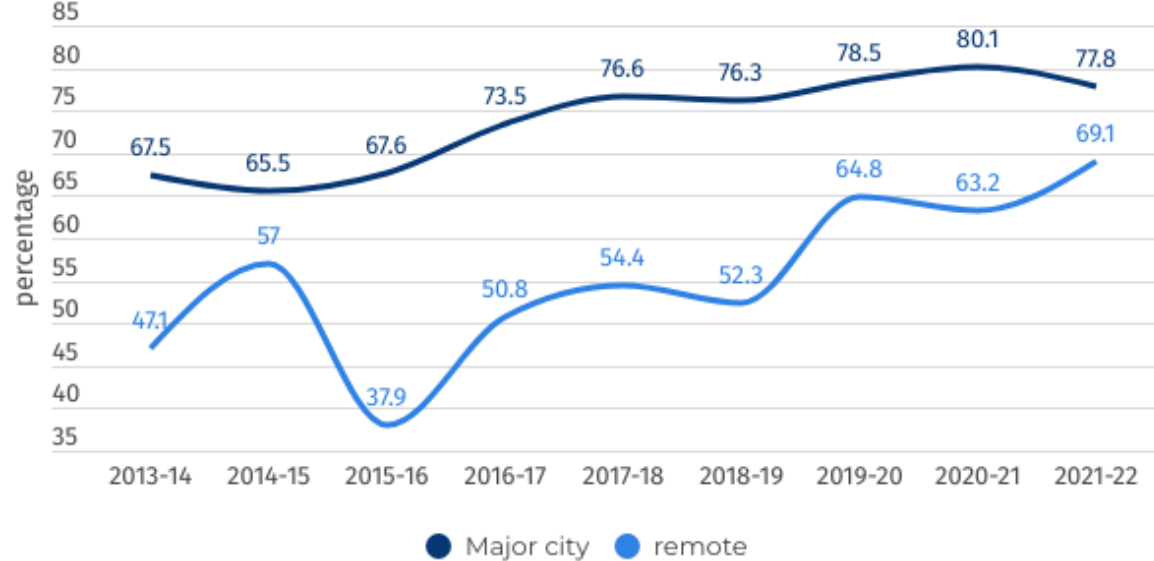
Figure 7: Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement) (NSW)



Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation. NSW has seen a strong improvement in this category across the past 10 years.

Figure 8: Rate of community follow up within 7 days of discharge from a psychiatric admission (NSW)



Victoria

Mental health capacity in public hospitals

Victoria has been increasing the number of specialised mental health public hospital beds at a nation-leading rate for the past 10 years, with the total number of public sector specialised mental health hospital beds increasing from 1241 to 1507 since 2011–12. However, this increase has been almost entirely offset by an increasing population, with the number of beds available per 100,000 Victorians increasing only slightly over this time.

Victoria’s 23 beds per 100,00 sits well below the national average of 27 beds per 100,000, indicating further investment is vitally necessary to provide Victoria’s public hospitals with the capacity to sufficiently treat those suffering from acute mental health problems.

Figure 1: Total number of specialised mental health public hospital beds (Vic)

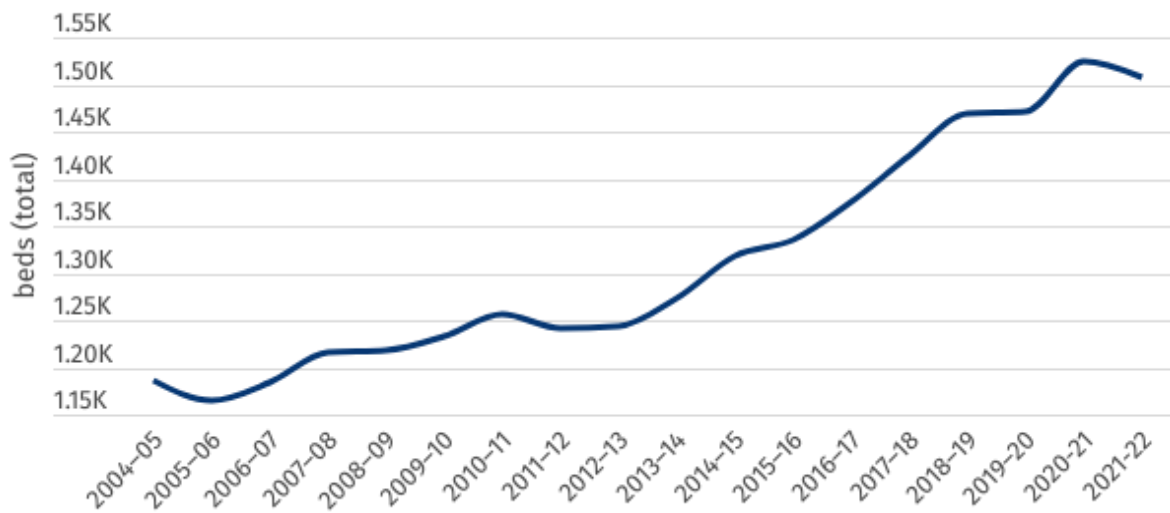
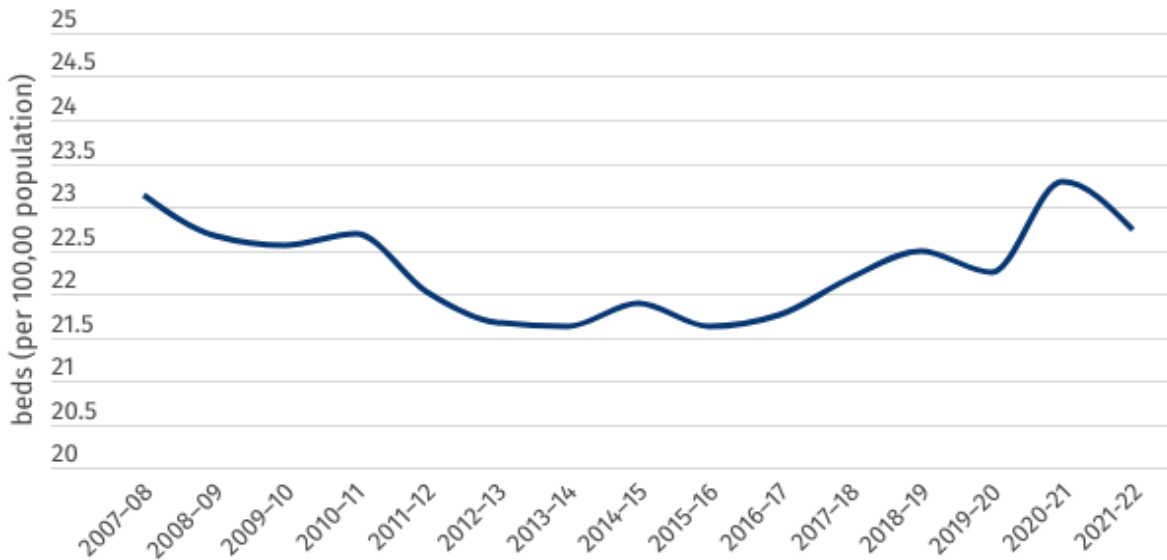


Figure 2: Specialised mental health public hospital beds per 100,000 population (Vic)



Victoria

Mental health presentations to ED

The number of per-population mental health presentations fell slightly in 2022–23, from 89 per 10,000 to 84 per 10,000 in Victoria. This is the lowest per-person rate in any Australian jurisdiction, even as the severity of presentations to ED continues to rise.

As shown in figure 4, the most frequent triage category for patients presenting to hospital with a mental health condition remains triage category 3, “urgent”, meaning the patient should be seen within 30 minutes. Worryingly, the share of patients triaged as “emergency” (within 10 minutes) has become the second most common presentation type, rising from 14 per cent of presentations in 2015–16 to 24 per cent in 2022–23

Figure 3: Rate of ED mental health presentations per 10,000 population (Vic)

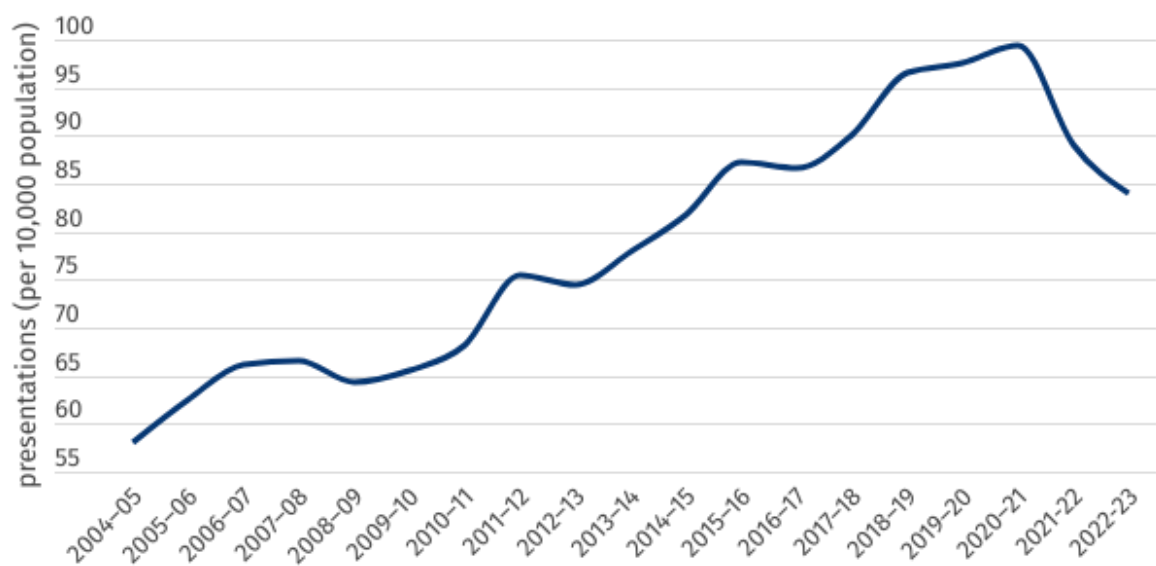
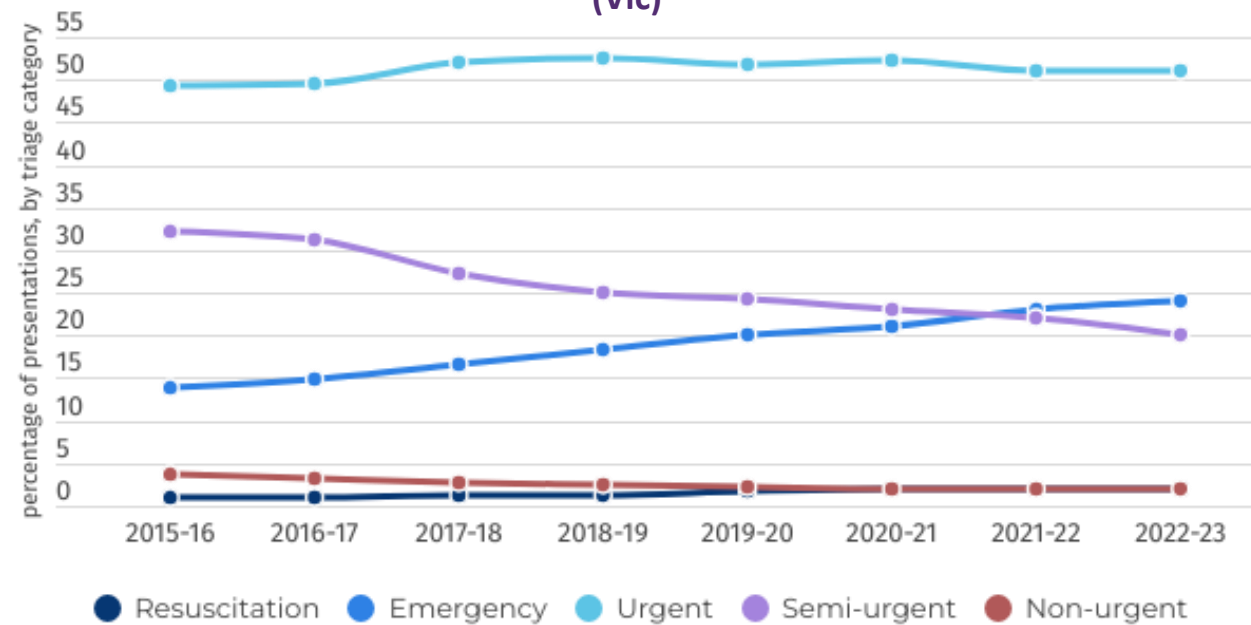


Figure 4: Mental health-related ED presentations, by triage category, per cent (Vic)



Victoria

Length of stay

This page demonstrates the length of stay for mental health patients across two areas of the public hospital — the emergency department and inpatient beds once admitted to hospital.

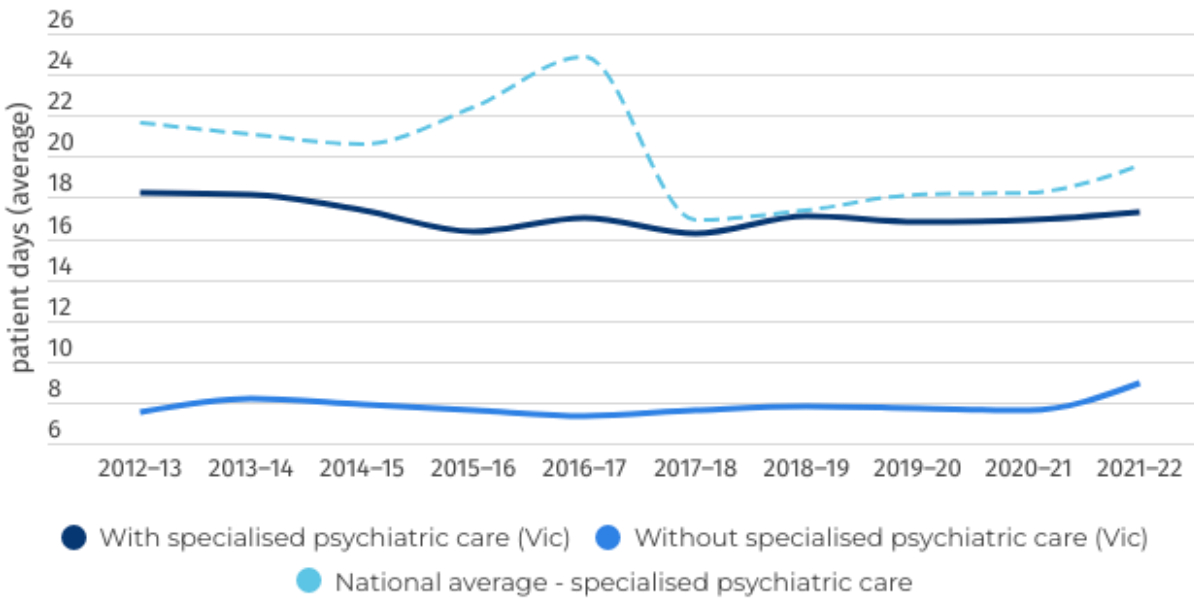
Mirroring national trends, Victoria has seen a worrying and consistent increase in the median time spent in emergency departments. Patients who are eventually admitted to hospital are spending, on average, more than two hours longer in emergency departments than they were just five years prior. Ten per cent of patients now wait 22 and a half hours in an overcrowded and stressful ED due to poorly resourced and over capacity hospitals.

Figure 6 shows the average length of stay for admitted overnight mental health patients receiving specialised psychiatric care is below the national average, at 17.24 days in 2021–22.

Figure 5: Length of Stay in ED (Vic)

VIC	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Presentations ending in admission (median) hr:min	4:31	4.50	4:59	5:08	6:26	06:48
Presentations ending in admission (90th percentile) hr:min	17:58	19:14	19:27	19:13	21:10	22:37
All MH presentations (median) hr:min	3:45	3.54	3:58	4:06	4:50	05:13
All MH presentations (90th percentile) hr:min	13:50	14.48	15:03	14:53	17:29	20:01

Figure 6: Overnight admitted care length of stay (days) (Vic)

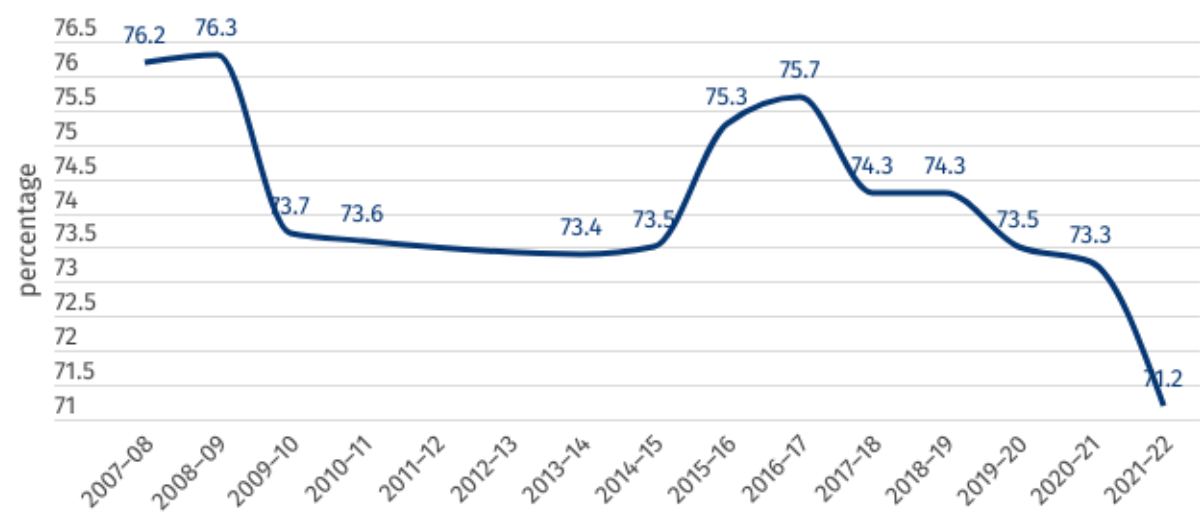


Victoria

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome according to the National Outcomes and Casemix Collection (NOCC). While these figures should not be compared across jurisdictions, 71.2 per cent of mental health-related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2021–22 across Victoria, the lowest result in the past 15 years. Note that data is missing for the period from 2011 to 2013.

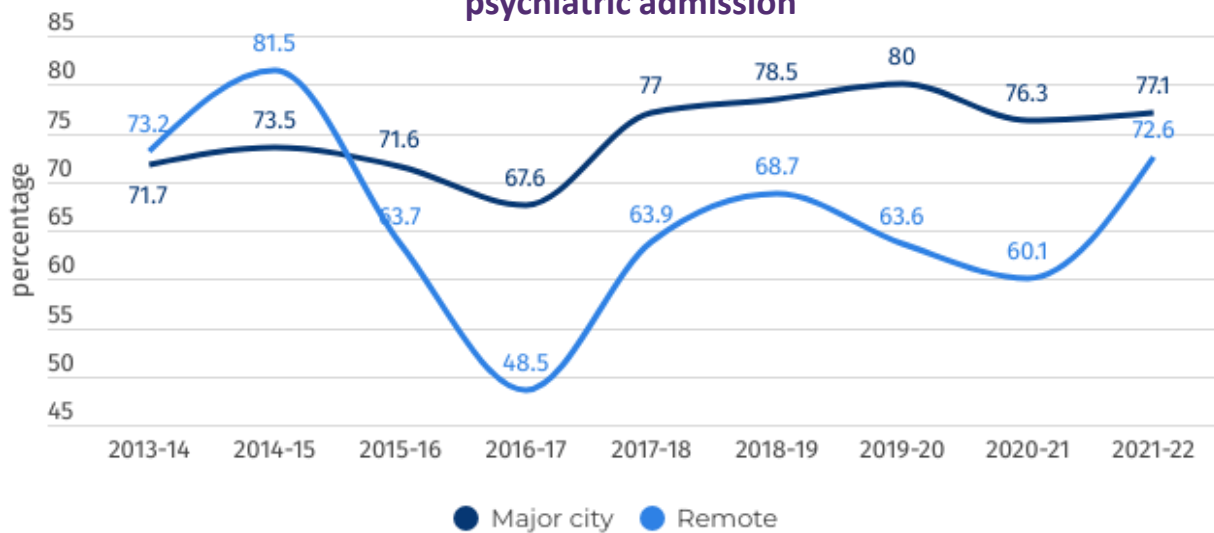
Figure 7: Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

Figure 8: Rate of community follow up within 7 days of discharge from a psychiatric admission



Queensland

Mental health capacity in public hospitals

Queensland’s capacity to care for acute mental health patients through their public hospitals has seen a major decline over the past five years. The total number of specialised psychiatric beds in the public hospital system has fallen by 139 in 10 years (from 1402 in 2011–12 to 1263 in 2021–22). When accounting for population growth, the per-person capacity has fallen even further, from 30.7 beds per 100,000 Queenslanders in 2011–12 to 23.7 beds in 2021. This means the per-person mental health capacity of Queensland’s public hospital system has fallen by almost a quarter (23.5 per cent) in the past decade.

Figure 1: Total number of specialised mental health public hospital beds

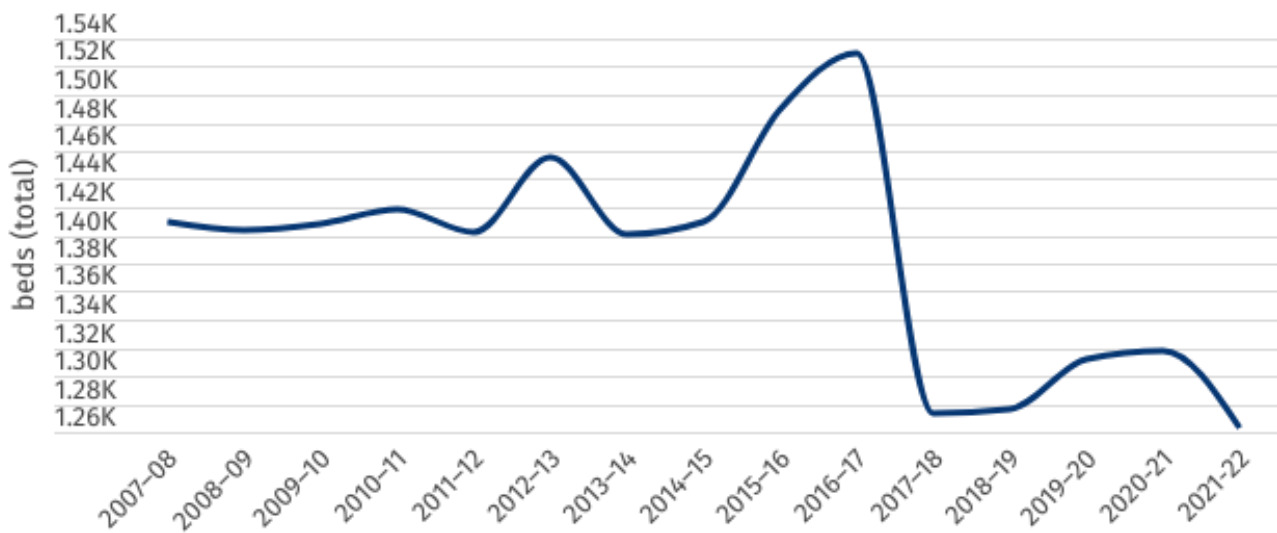
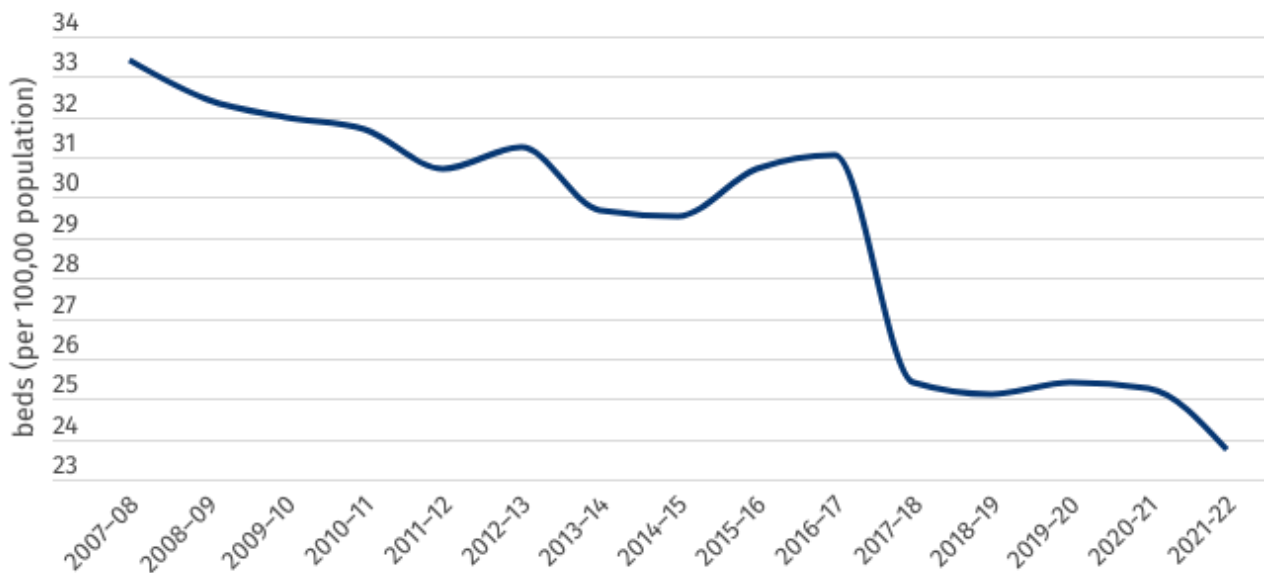


Figure 2: Specialised mental health public hospital beds per 100,000 population



Queensland

Mental health presentations to ED

The number of per-population mental health presentations rose in 2022–23, from 117 per 10,000 to 126 per 10,000 in Queensland. This is the second highest rate in all Australian jurisdictions, potentially demonstrating a lack of community services as those suffering from ill mental health are forced to present at the ED as a last resort.

As shown in figure 4, the most frequent triage category for patients presenting to hospital with a mental health condition remains triage category 3, “urgent”, meaning the patient should be seen within 30 minutes. Following national trends, the fastest growing triage category is “emergency”, reflecting the rising prevalence of severe mental health problems within the community.

Figure 3: Rate of ED mental health presentations per 10,000 population

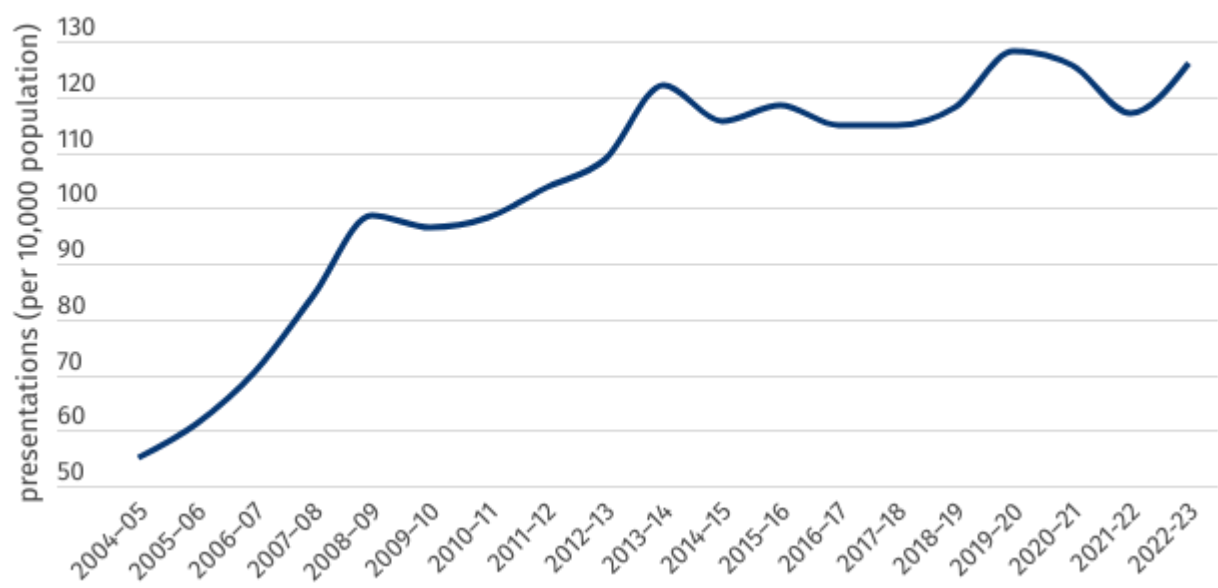
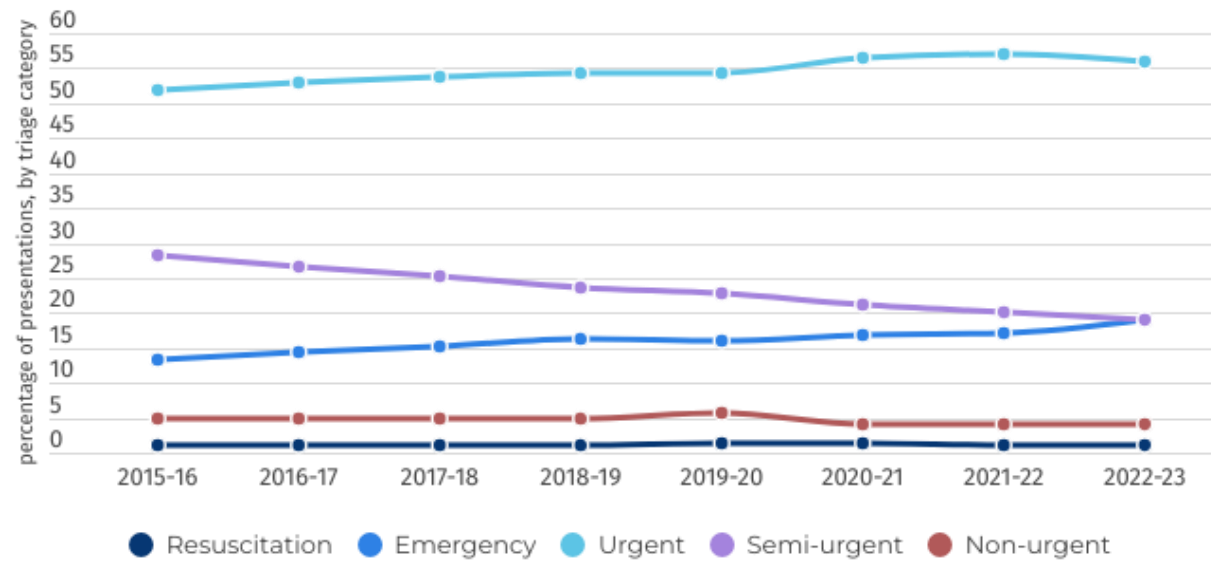


Figure 4: Mental health-related ED presentations, by triage category, per cent



Queensland

Length of Stay

This page demonstrates the length of stay for mental health patients across two areas of the public hospital — the emergency department and inpatient beds once admitted to hospital.

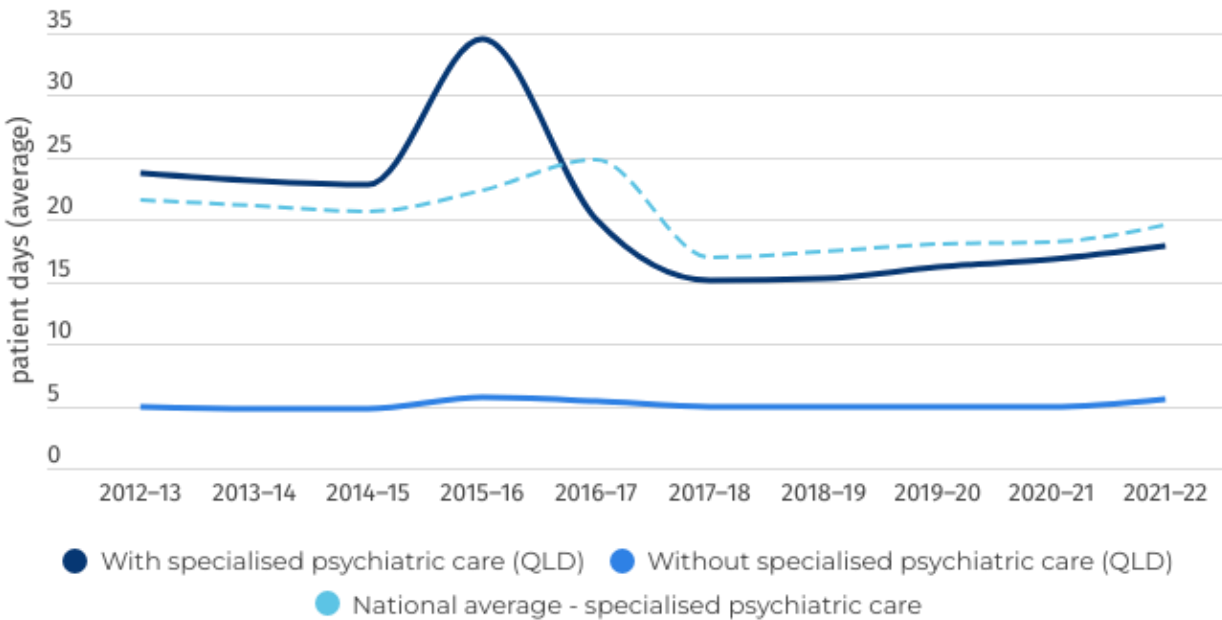
Mirroring national trends, Queensland has seen a worrying and consistent increase in the median time spent in emergency departments. Patients who are eventually admitted to hospital are spending, on average, over two hours longer in emergency departments than they were just five years prior. Ten per cent of patients now wait 19 hours in an overcrowded and stressful ED due to overcapacity and under resourced hospitals.

Figure 6 shows that the average length of stay for admitted overnight mental health patients receiving specialised psychiatric care is below the national average, at 17.92 days in 2021–22.

Figure 5: Length of stay in ED

QLD	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Presentations ending in admission (median) hr:min	3:47	4:00	3:55	4:01	4:53	05:41
Presentations ending in admission (90th percentile) hr:min	11:10	12.46	12:26	12:37	15:24	19:01
All MH presentations (median) hr:min	3:20	3.32	3:19	3:37	4:01	04:27
All MH presentations (90th percentile) hr:min	9:16	10.03	9:53	10:23	12:02	14:03

Figure 6: Overnight admitted care length of stay (days)

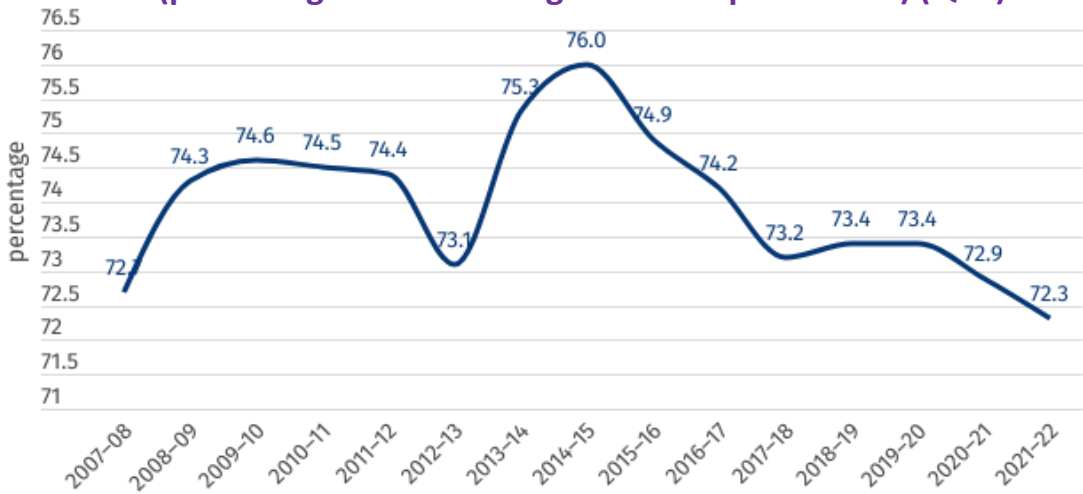


Queensland

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome according to the National Outcomes and Casemix Collection (NOCC). While these figures should not be compared across jurisdictions, 72.3 per cent of mental health related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2021–22 across Queensland, the lowest result in the past 15 years.

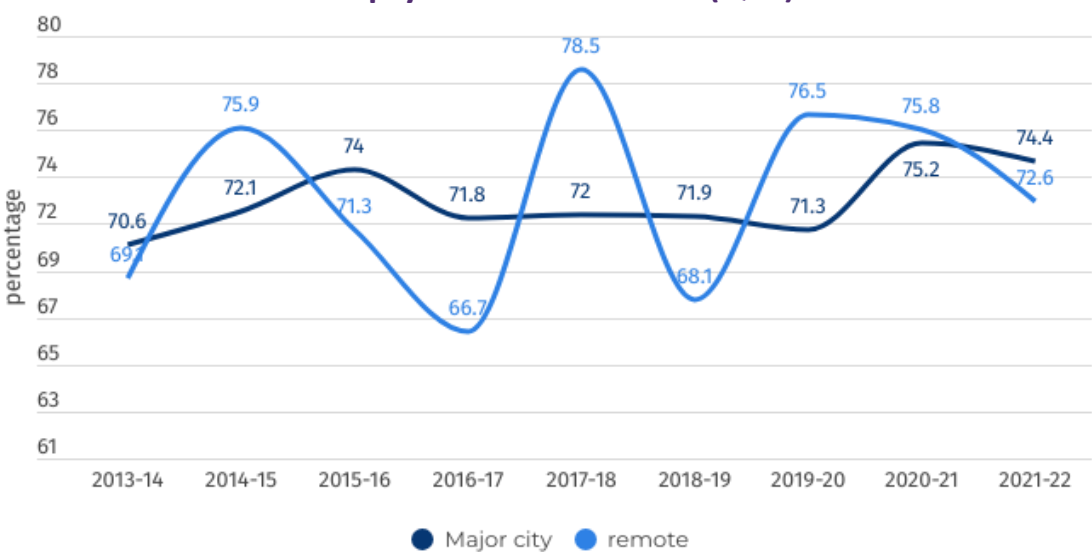
Figure 7: Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement) (QLD)



Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

Figure 8: Rate of community follow-up within 7 days of discharge from a psychiatric admission (QLD)



Western Australia

Mental health capacity in public hospitals

WA has been consistently increasing the number of specialised mental health public hospital beds for the past 10 years, with the total number of public sector specialised mental health hospital beds increasing from 670 to 799 since 2007–08. However, this increase has been not kept up with the pace of an increasing population, with the number of mental health beds available per 100,000 West Australians falling from 30.9 to 28.6 over the same period.

Consistent with most states, these graphs highlight the importance of investing into the capacity of our mental health public hospital system at a rate sufficient to cope with population growth.

Figure 1: Total number of specialised mental health public hospital beds (WA)

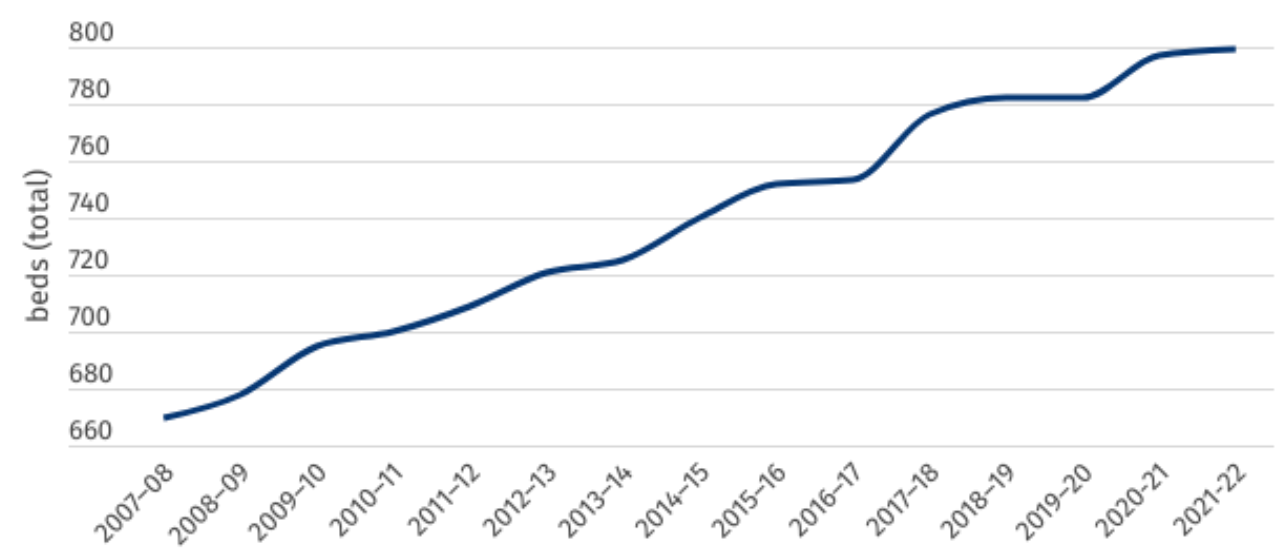
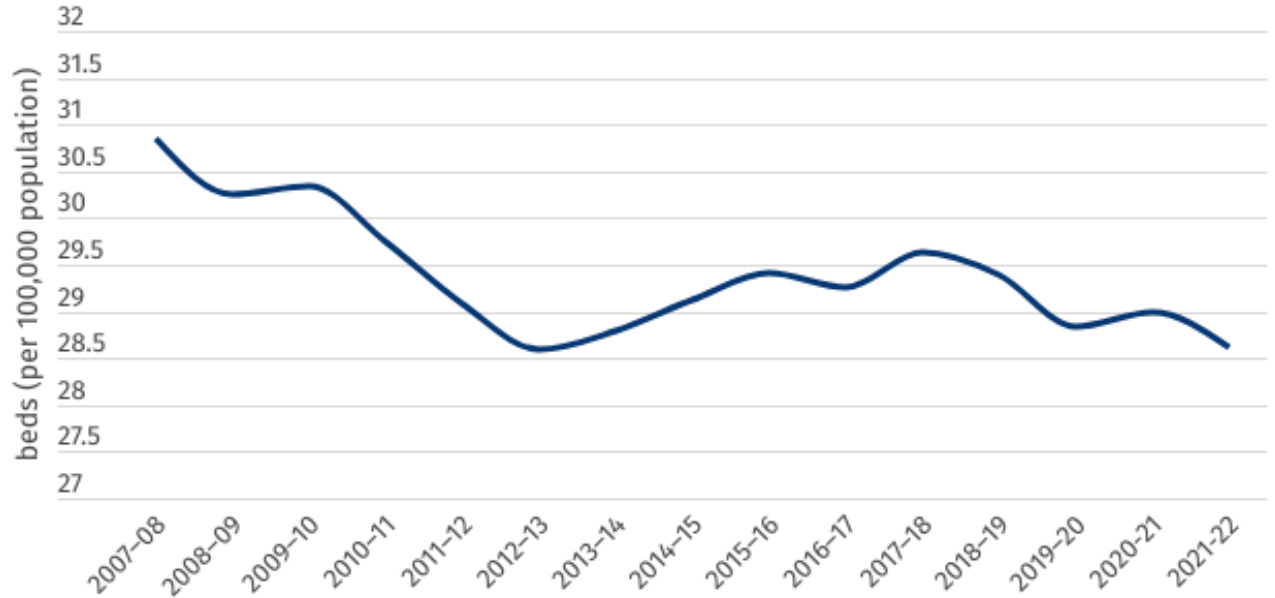


Figure 2: Specialised mental health public hospital beds per 100,000 population (WA)



Western Australia

Mental Health Presentations to ED

Despite falling for the past three years, the per-person rate of mental health presentations to Western Australian emergency departments has seen a worrying and consistent rise for the past twenty years. Where WA had the lowest rate of mental health presentations of any state in 2004-5 at 50.7 per 10,000, this has risen by almost 250 per cent in twenty years. At 125 presentations per 10k in 2022-23, Western Australians are presenting to ED with a mental health illness at the third highest rate in the country, signalling a concerning rise in unmet mental illness within the Western Australian population.

Figure 3; Rate of ED mental health presentations per 10,000 population (WA)

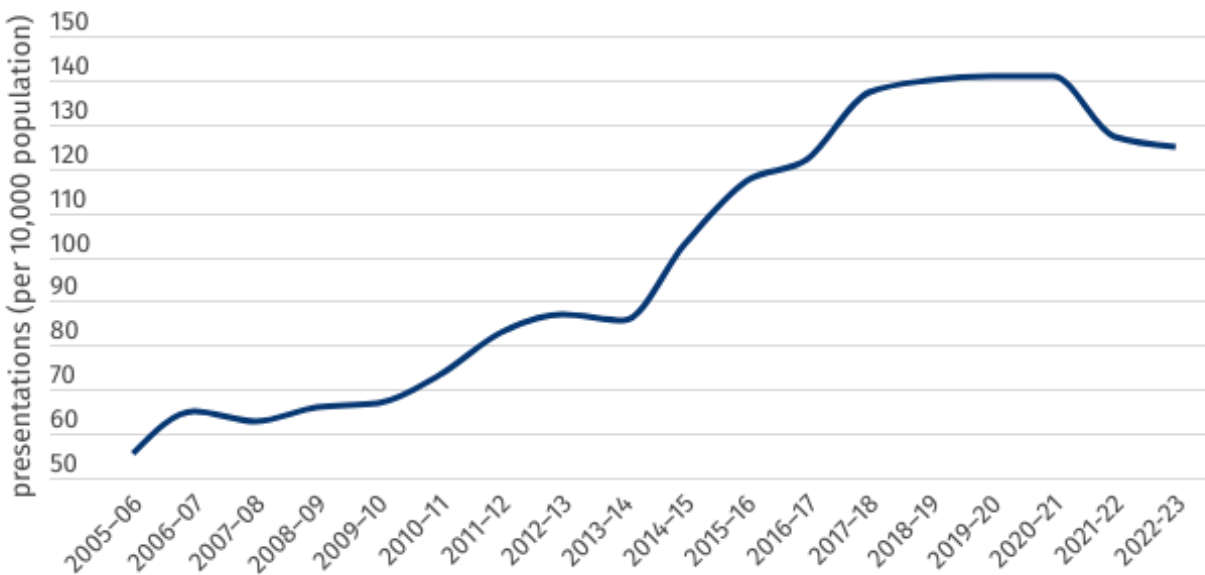
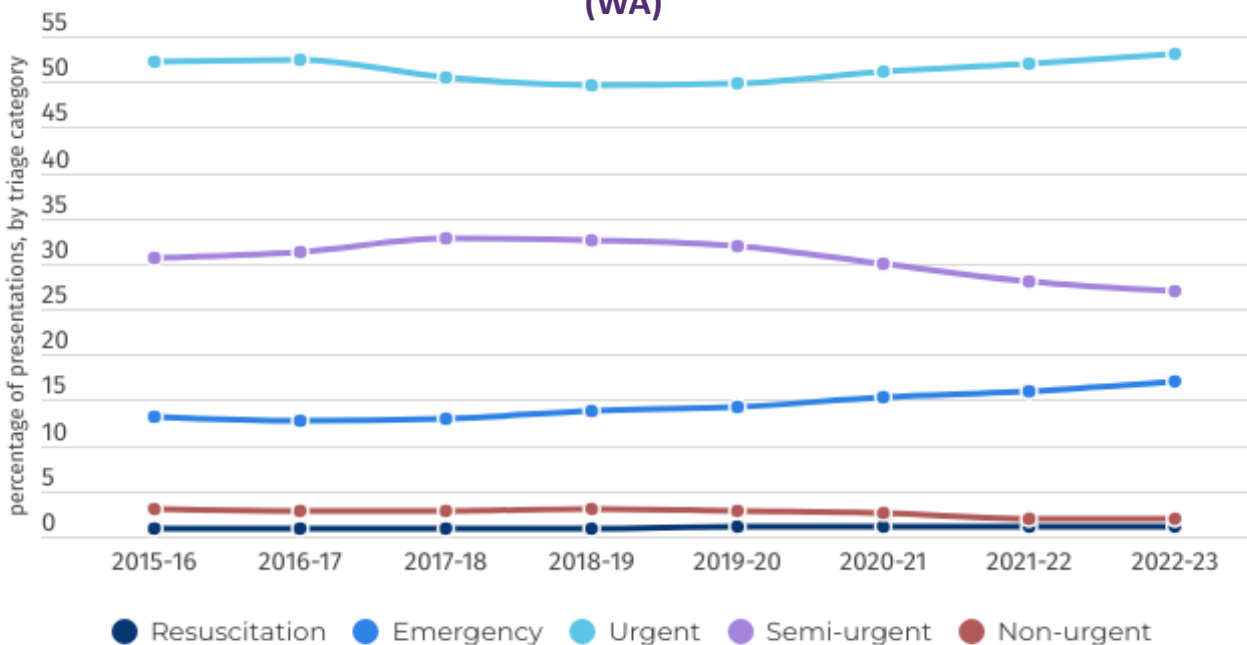


Figure 4: Mental health-related ED presentations, by triage category, per cent (WA)



Western Australia

Length of stay

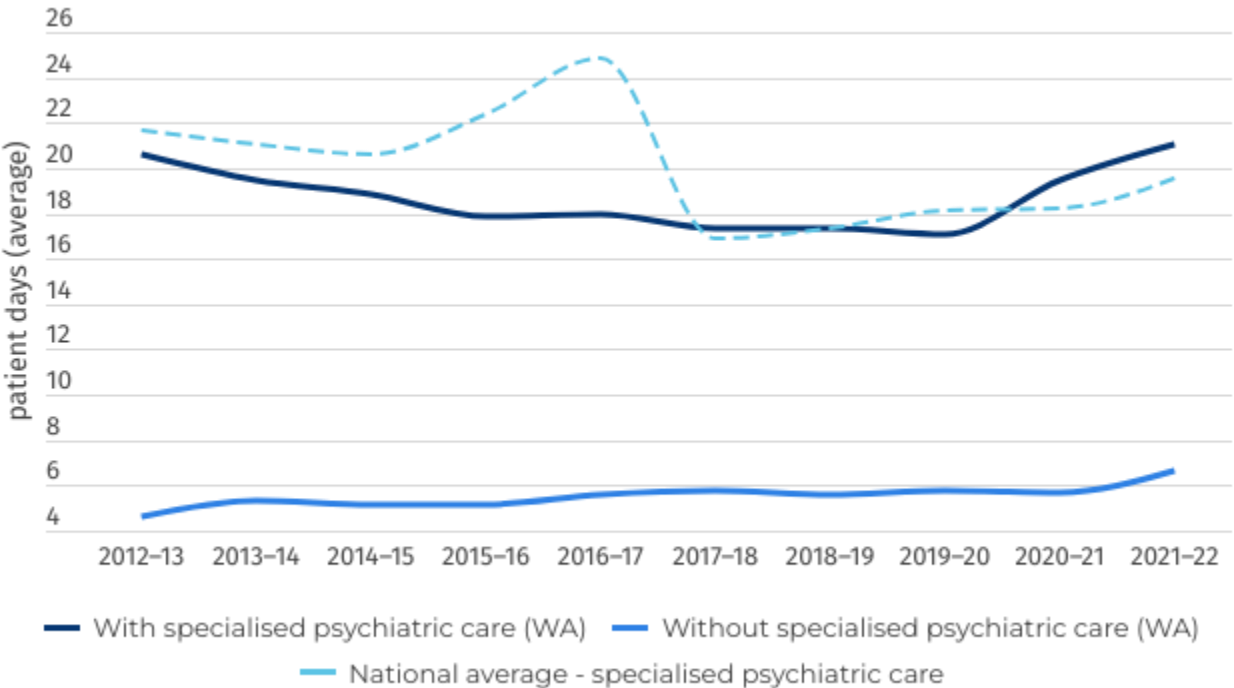
This page demonstrates the length of stay for mental health patients across two areas of the public hospital — the emergency department and inpatient beds once admitted to hospital.

Mirroring national trends, Western Australia has seen a worrying and consistent increase in the median time spent in emergency departments. Patients who are eventually admitted to hospital are spending, on average, more than two hours longer in emergency departments than they were just five years prior. Ten percent of patients now wait 19 hours in an overcrowded and stressful ED due to under capacity and poorly resourced hospitals.

Figure 5: Length of stay in ED (WA)

WA	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Presentations ending in admission (median) hr:min	4:28	4:12	4:15	5:21	6:14	06:36
Presentations ending in admission (90th percentile) hr:min	16:26	14:35	14:32	18:53	20:01	21:30
All MH presentations (median) hr:min	3:45	3:42	3:41	4:09	4:47	05:01
All MH presentations (90th percentile) hr:min	15:02	14:19	14:36	16:10	17:04	18:15

Figure 6: Overnight admitted care length of stay (days) (WA)

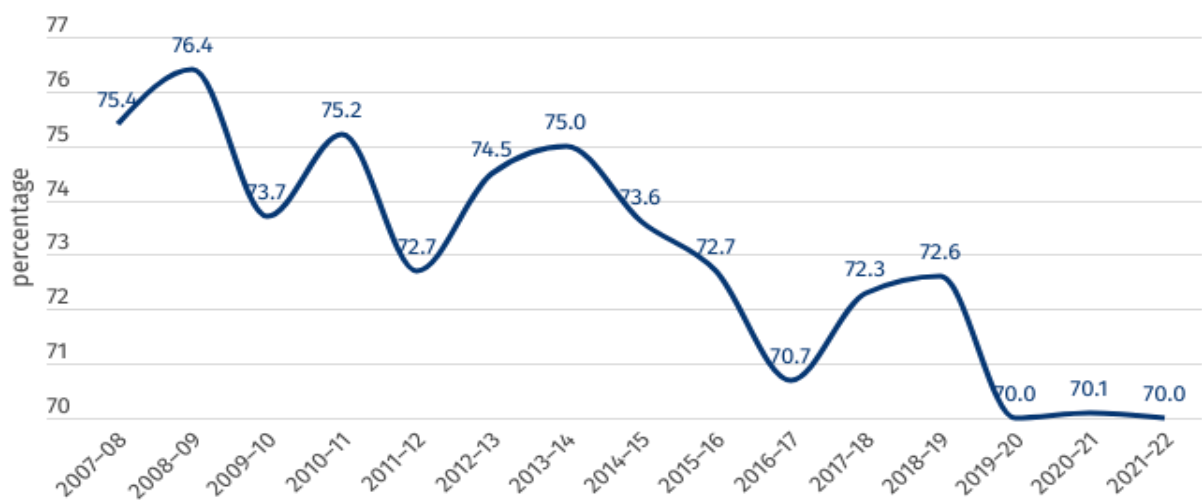


Western Australia

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome according to the National Outcomes and Casemix Collection (NOCC). While these figures should not be compared across jurisdictions, 70 per cent of mental health-related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2021–22 across Western Australia, the equal lowest result in the past 15 years.

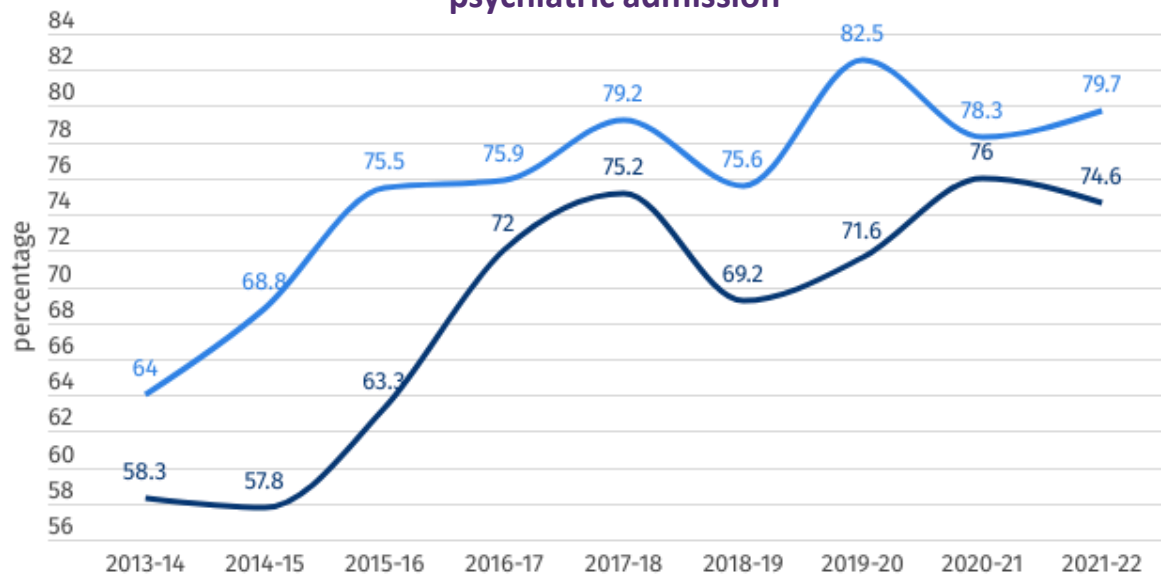
Figure 7: Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

Figure 8: Rate of community follow-up within 7 days of discharge from a psychiatric admission



South Australia

Mental health capacity in public hospitals

After a long-term downward trend in mental health capacity, South Australia’s public hospitals have been slowly increasing the number of specialised mental health beds since 2017–18, with 45 extra beds being added established between 2017–18 and 2021–22.

South Australia currently has 27.9 specialised mental health public hospital best per 100,000 citizens, which is slightly higher than the national average.

Figure 1: Total number of specialised mental health public hospital beds (SA)

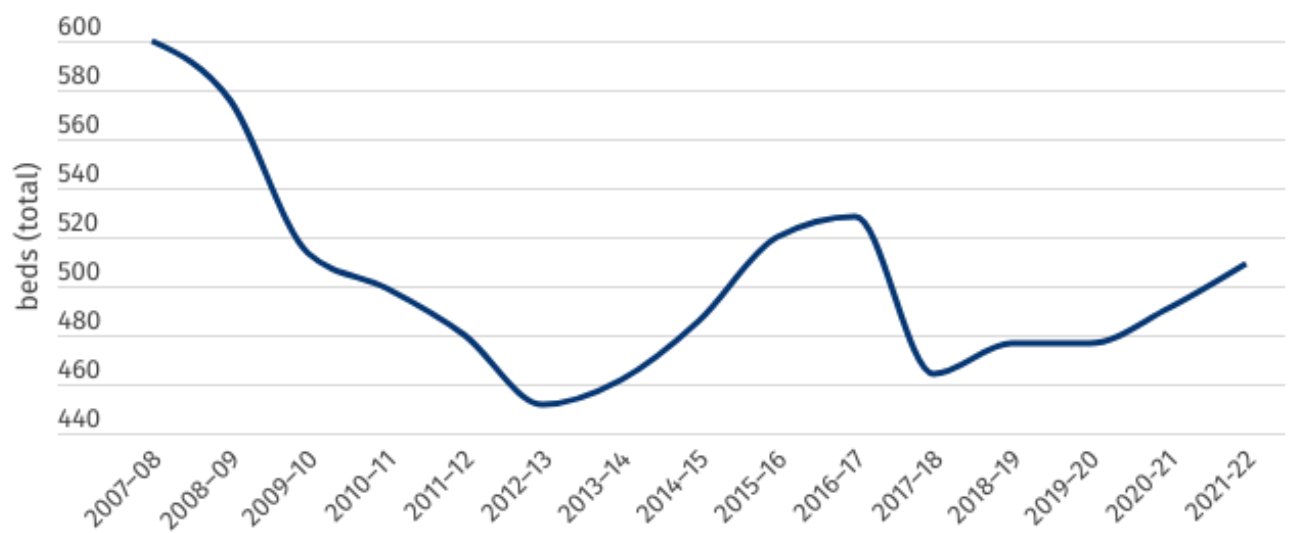
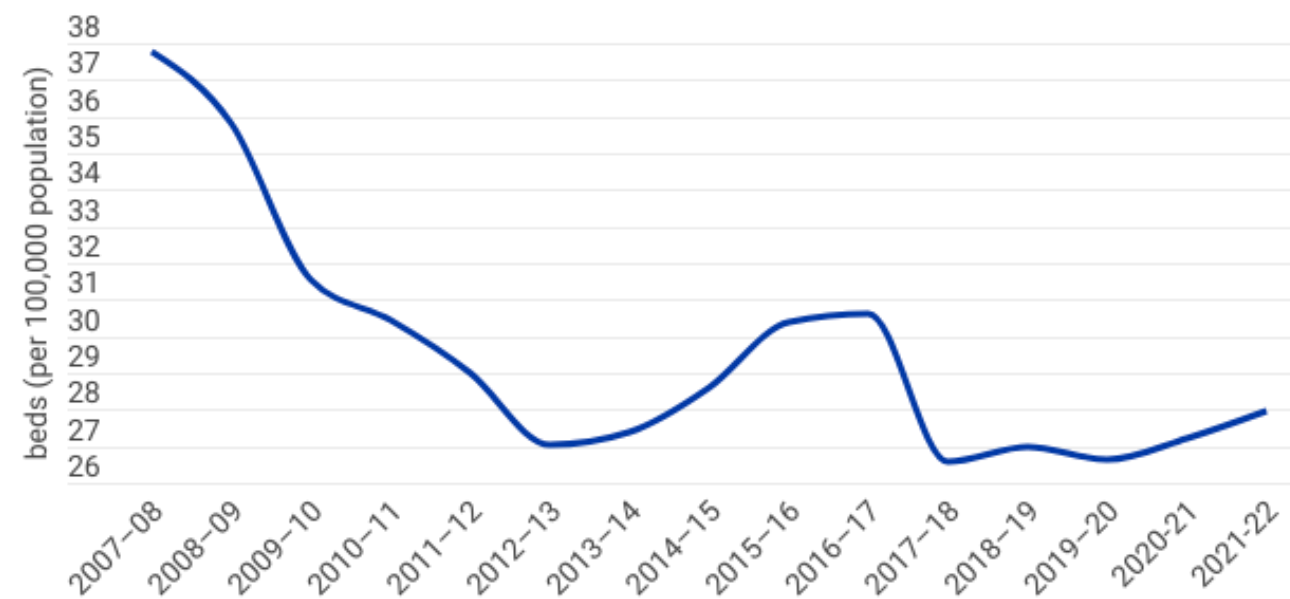


Figure 2: Specialised mental health public hospital beds per 100,000 population (SA)



South Australia

Mental health presentations to ED

South Australia’s per-person rate of mental health related ED presentations fell for the third year in a row in 2022–23 to 117 presentations per 10,000 people. While this represents the lowest figure in the past 10 years, it remains higher than the national average, demonstrating a continued unmet need for community mental health services in the state.

The share of patients triaged for each category remained relatively stable for South Australia in 2022–23.

Figure 3: Rate of ED mental health presentations per 10,000 population

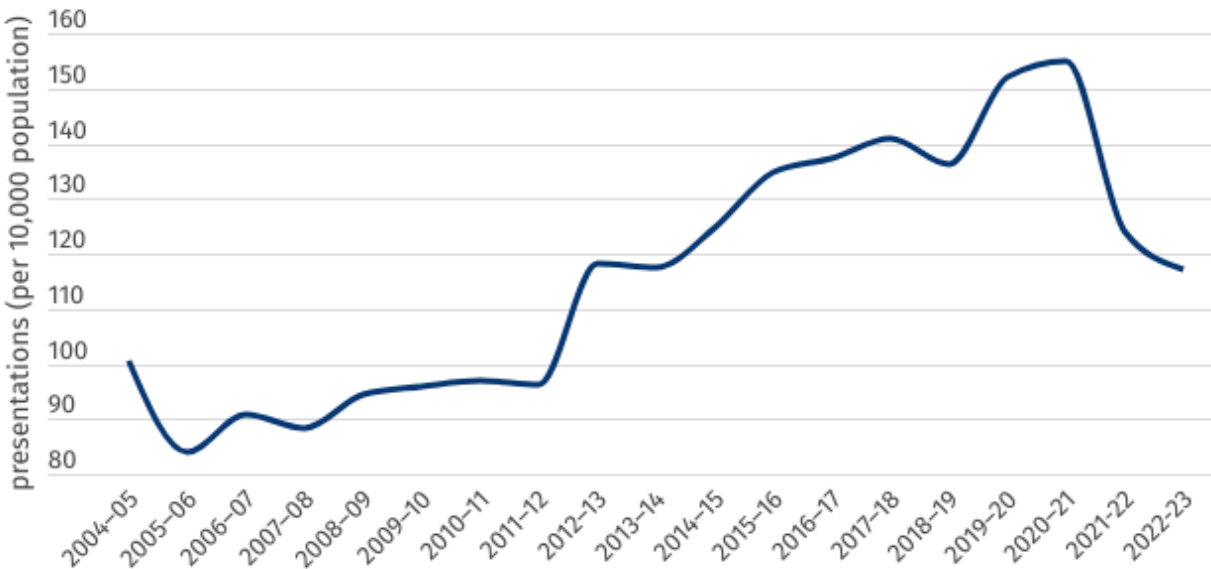
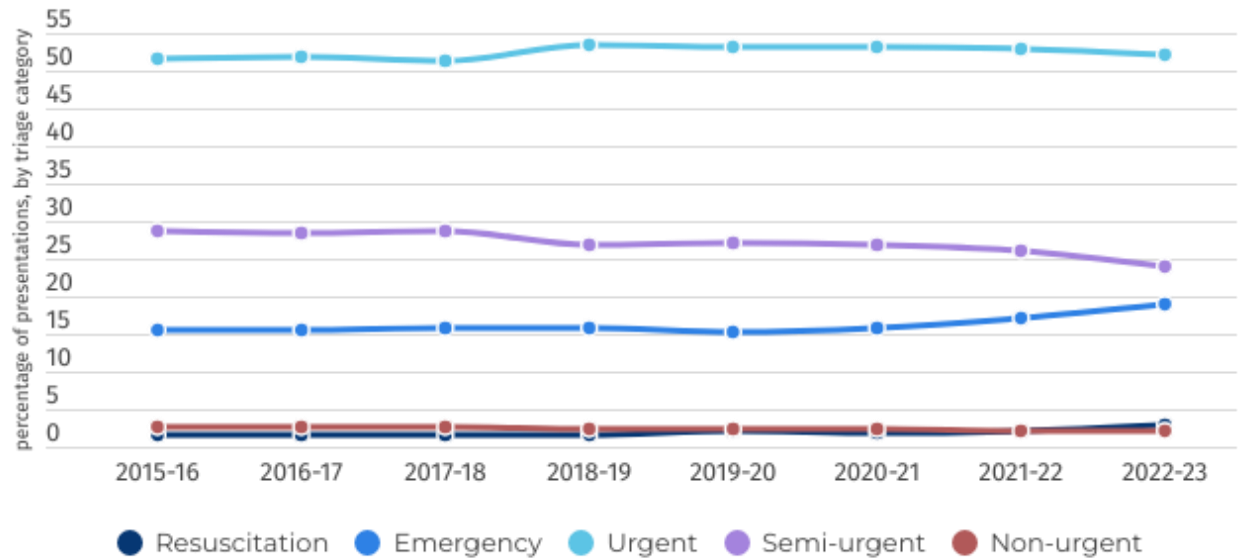


Figure 4: Mental health-related ED presentations, by triage category, per cent



South Australia

Length of stay

This page demonstrates the length of stay for mental health patients across two areas of the public hospital — the emergency department and inpatient beds once admitted to hospital.

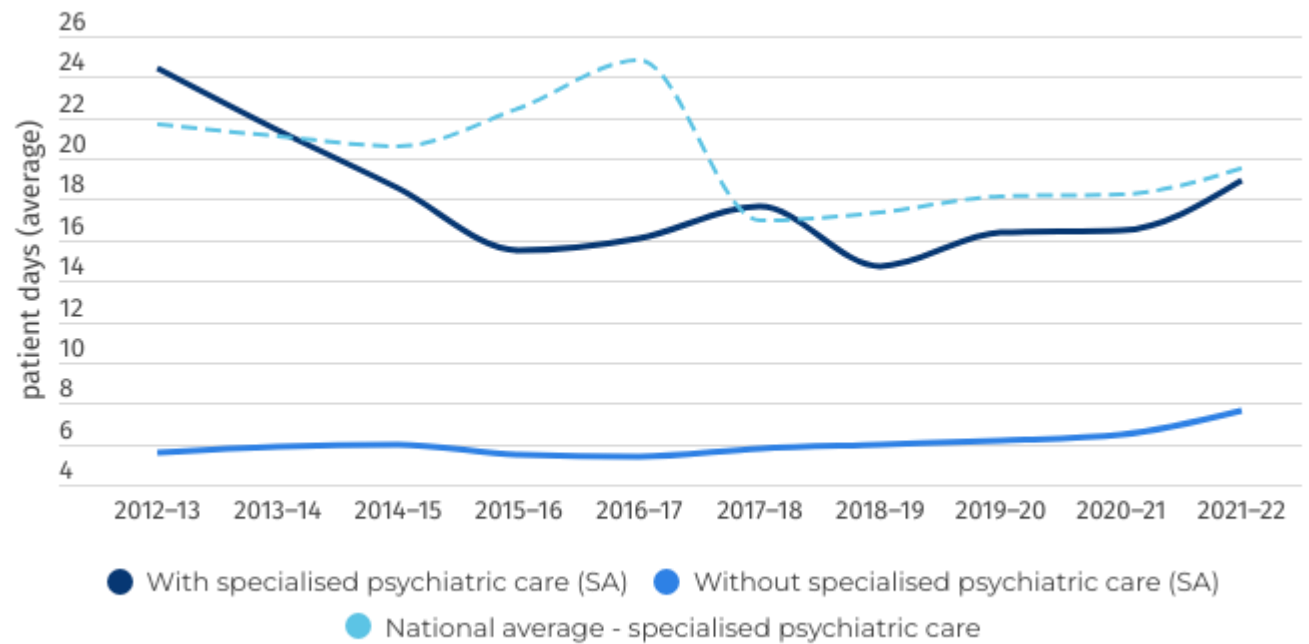
Mirroring national trends, South Australia has seen a worrying and consistent increase in the median time spent in emergency departments. Patients who are eventually admitted to hospital are spending, on average, 10 hours in emergency departments before they receive a hospital bed. Ten per cent of patients now wait more than 31 hours, almost a day and a half, in an overcrowded and stressful ED due to under capacity and poorly resourced hospitals.

These are extremely concerning figures and point to the urgent need for increased capacity to address bed block within South Australia’s public hospitals.

Figure 5: Length of Stay in ED (SA)

SA	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
Presentations ending in admission (median) hr:min	6:50	7.08	6:50	7:13	8:09	10:33
Presentations ending in admission (90th percentile) hr:min	21:28	27.04	3:45	26:53	30:02	31:19
All MH presentations (median) hr:min	4:45	4.53	4:36	4:51	5:15	06:25
All MH presentations (90th percentile) hr:min	17:00	19.46	20:02	18:53	21:08	23:32

Figure 6: Overnight admitted care length of stay (days) (SA)

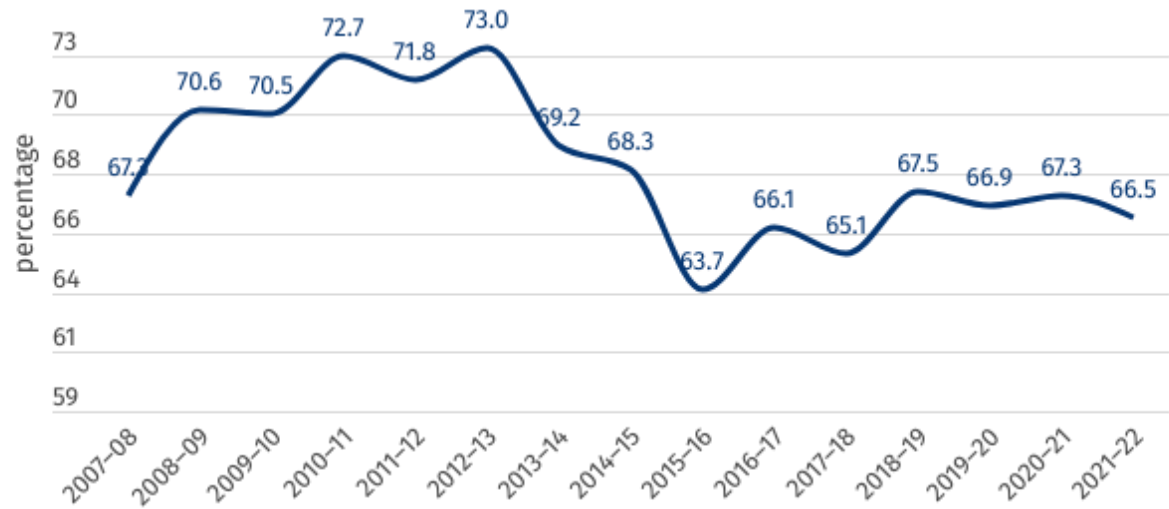


South Australia

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome according to the National Outcomes and Casemix Collection (NOCC). While these figures should not be compared across jurisdictions, 66.5 per cent of mental health-related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2021–22 across South Australia.

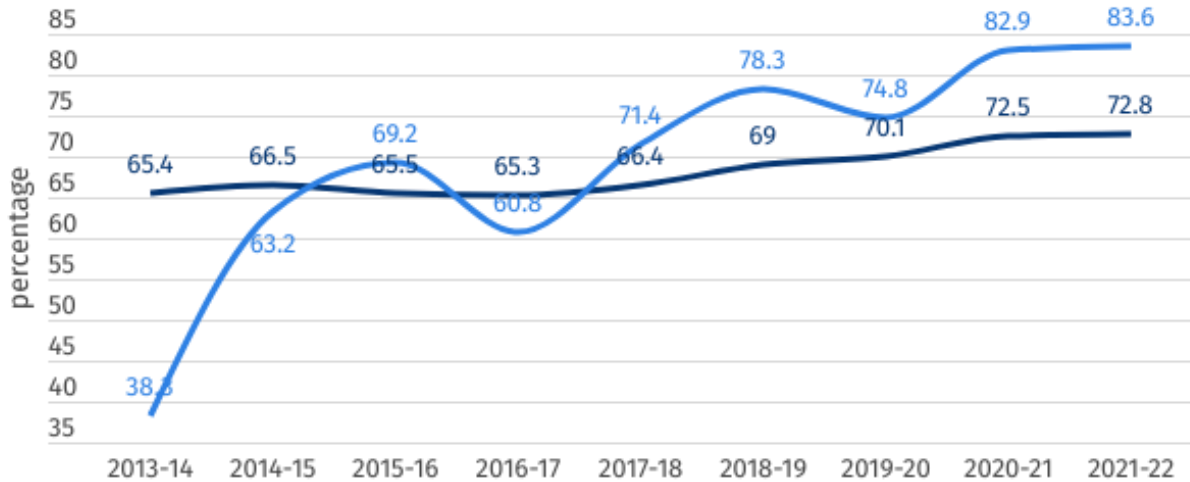
Figure 7: Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement) (SA)



Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

Figure 8: Rate of community follow-up within 7 days of discharge from a psychiatric admission



Tasmania

Mental health capacity in public hospitals

Despite an increase of 4 specialised mental health beds in 2021–22, Tasmania retains the second worst per-person capacity for public mental health beds in Australia, with only 19 beds per 100,000 people. A drastic reduction in beds between 2013–14 and 2014–15 has likely contributed to Tasmania’s worst-on-record time spent in emergency departments, with the average patient having to wait more than 12 hours in an overcrowded ED before receiving the inpatient hospital bed they so desperately need.

Figure 1: Total number of specialised mental health public hospital beds (Tas)

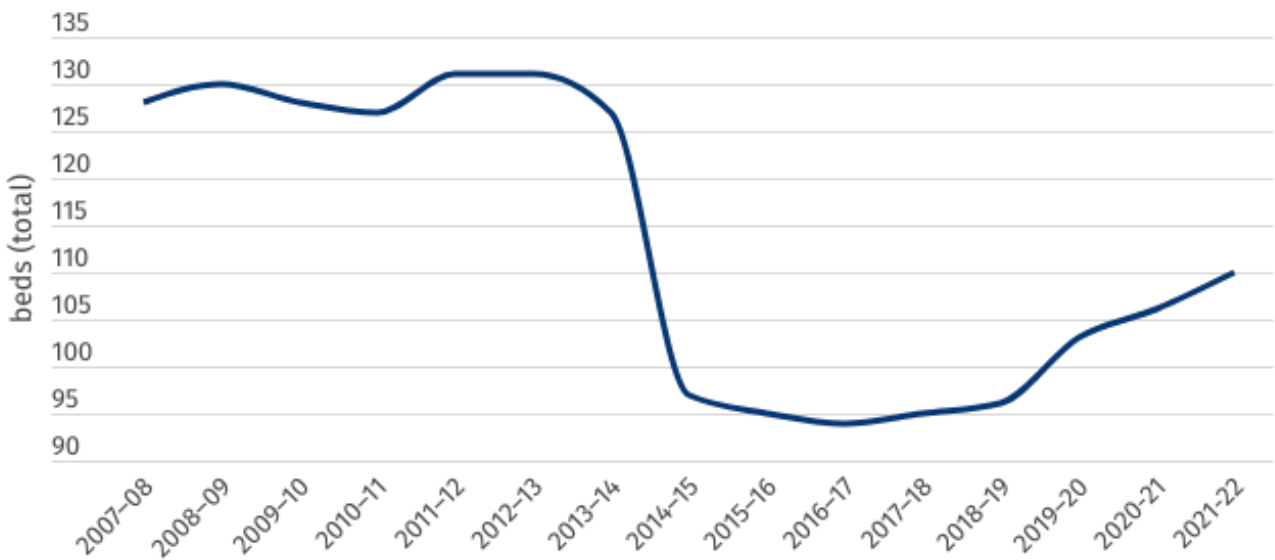
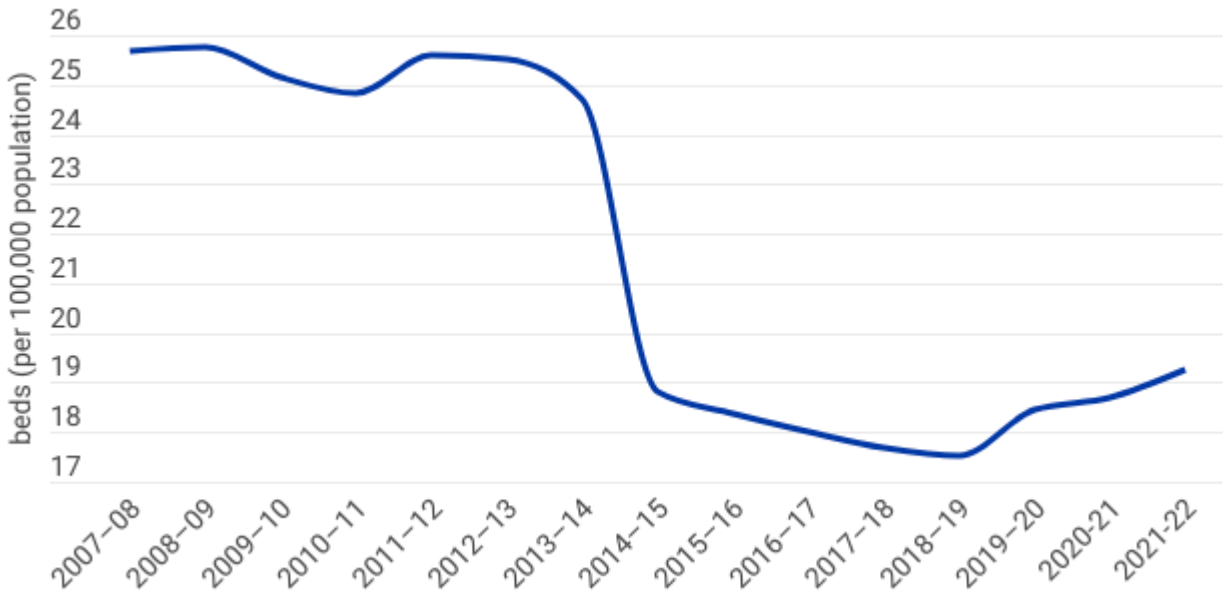


Figure 2: Specialised mental health public hospital beds per 100,000 population (Tas)



Tasmania

The number of per-person mental health-related presentations has been falling for the past six years in Tasmania, from 115 in 2015–16 to 101 in 2022–23. While this is a positive sign, the share of mental health patients presenting to ED who are triaged as “emergency” (to be seen in under 10 minutes) has been rising, from 7.7 per cent of all presentations in 2015–16 to 18 per cent in 2022–23, highlighting an increase in severity of mental illness within the Tasmanian community.

Figure 3: Rate of ED mental health presentations per 10,000 population

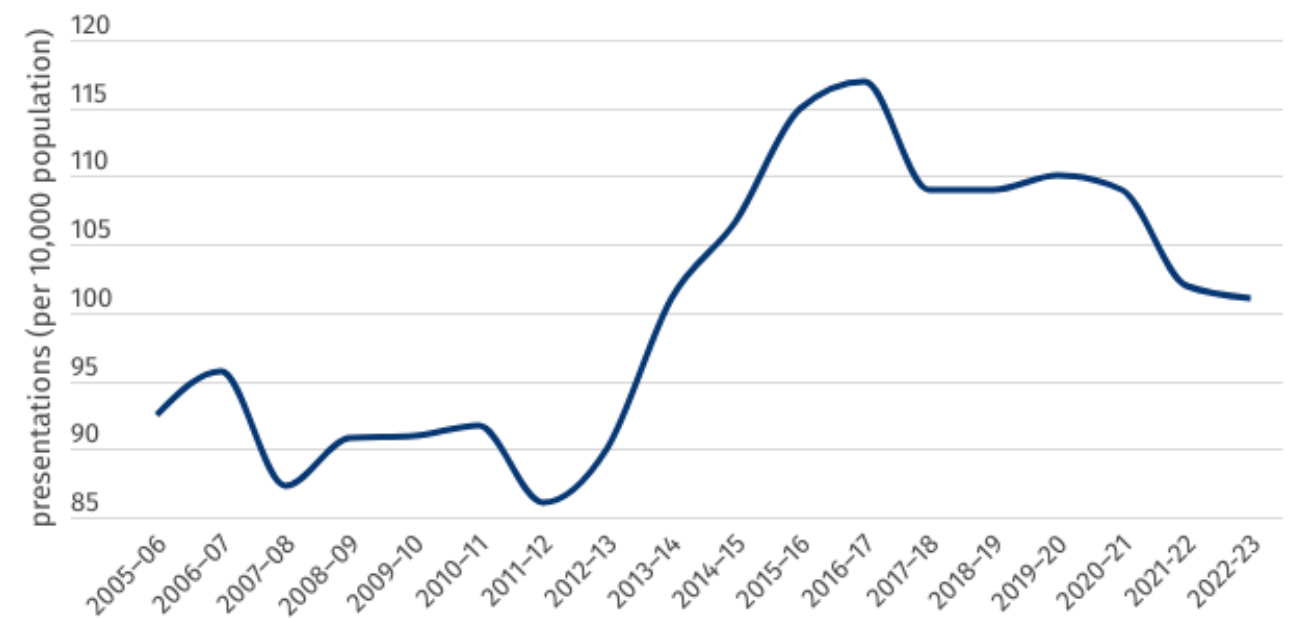
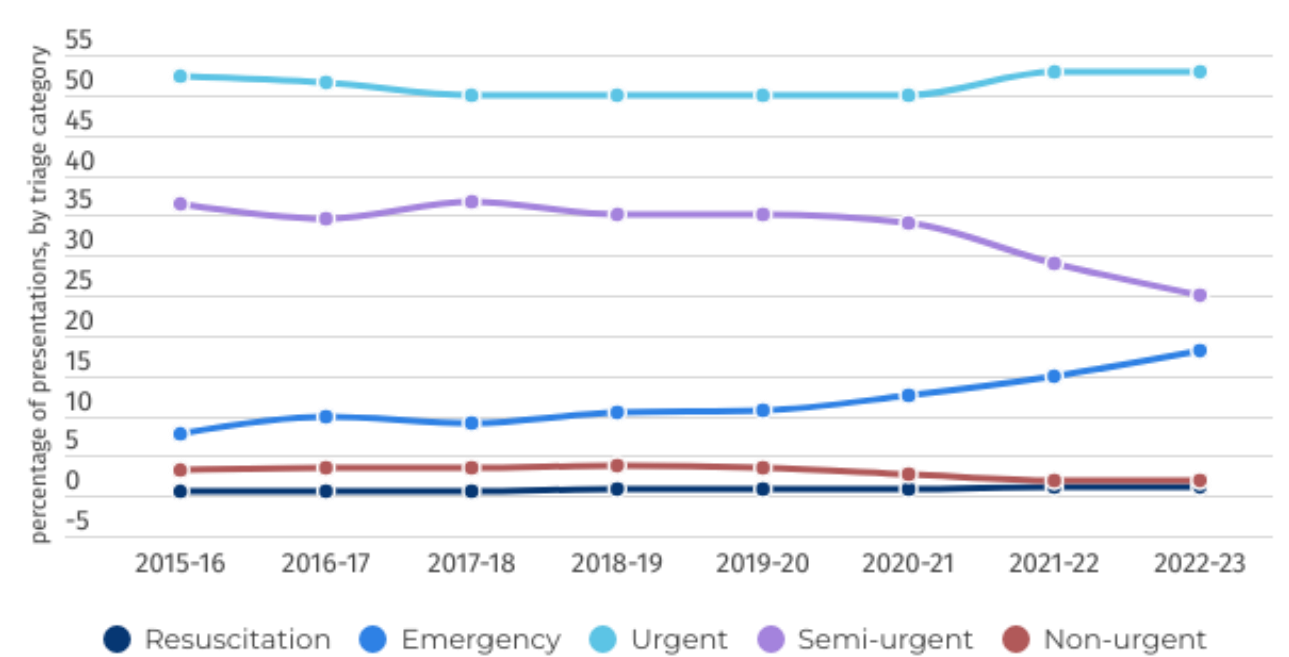


Figure 4: Mental health-related ED presentations, by triage category, per cent



Tasmania

Length of stay

This page demonstrates the length of stay for mental health patients across two areas of the public hospital — the emergency department and inpatient beds once admitted to hospital.

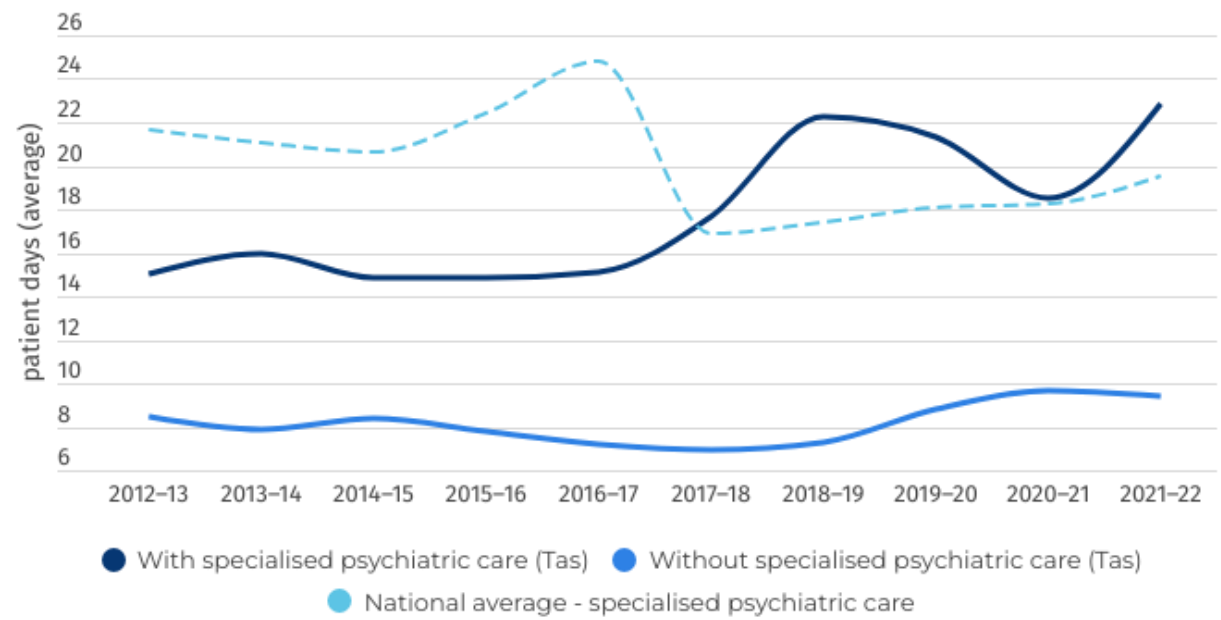
The worst performing jurisdiction in this category, Tasmania has gone from bad to worse when it comes to median time spent in emergency departments. Patients who are eventually admitted to hospital are spending, on average, more than 12.5 hours in the emergency departments before they receive a hospital bed. Ten per cent of patients now wait more than 36 hours, or a day and a half, in an overcrowded and stressful ED due to under capacity and poorly resourced hospitals.

These are extremely concerning figures and point to the urgent need for increased capacity to address bed block within Tasmania’s public hospitals.

Figure 5: Length of stay in ED

TAS	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
Presentations ending in admission (median) hr:min	8:46	11.36	9:03	9:09	10:13	12:38
Presentations ending in admission (90th percentile) hr:min	30:49	45.08	31:55	28:33	31:01	36:00
All MH presentations (median) hr:min	4:35	5.04	4:58	5:27	5:52	06:28
All MH presentations (90th percentile) hr:min	20:52	24.5	22:56	21:55	23:34	25:27

Figure 6: Overnight admitted care length of stay (days)

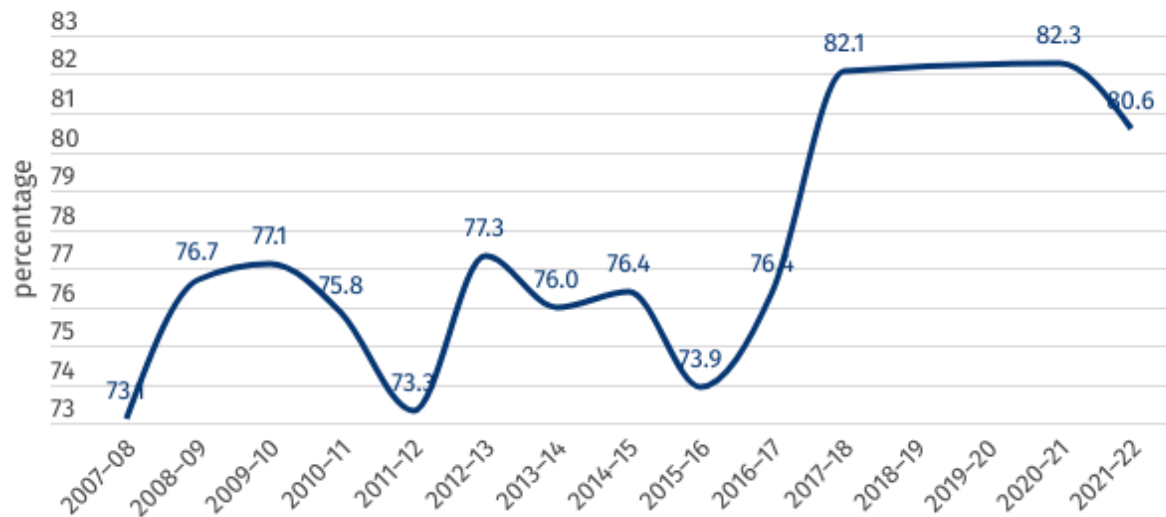


Tasmania

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome according to the National Outcomes and Casemix Collection (NOCC). While these figures should not be compared across jurisdictions, 80.6 per cent of mental health-related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2021–22 across Tasmania. Note that data was missing for 2018–19 and 2019–20.

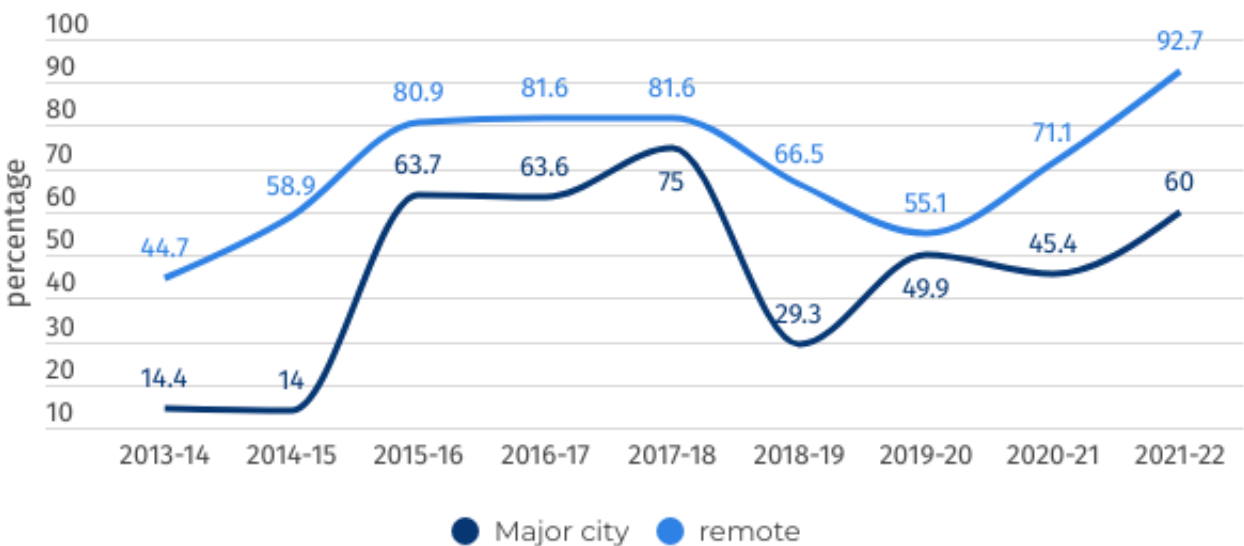
Figure 7: Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

Figure 8: Rate of community follow-up within 7 days of discharge from a psychiatric admission



Australian Capital Territory

Mental health capacity in public hospitals

Unfortunately, there is no data available for 2021–22.

While the ACT remains poor in sharing of up-to-date data, investment in mental health beds over the past decade has translated to a much-needed increase in per-person mental health capacity.

Figure 1: Total number of specialised mental health public hospital beds

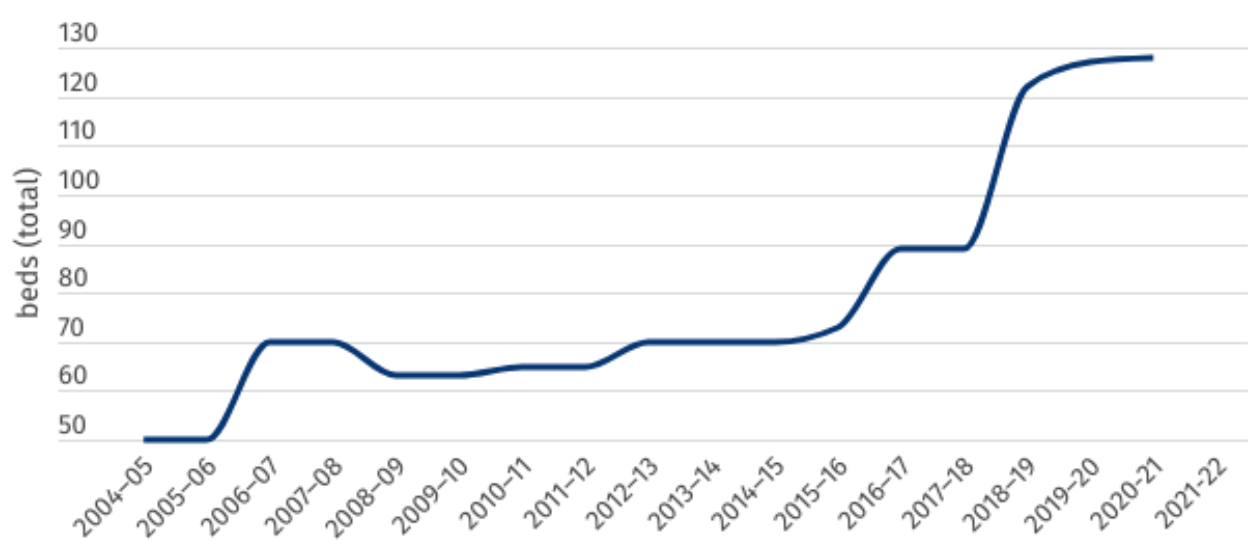
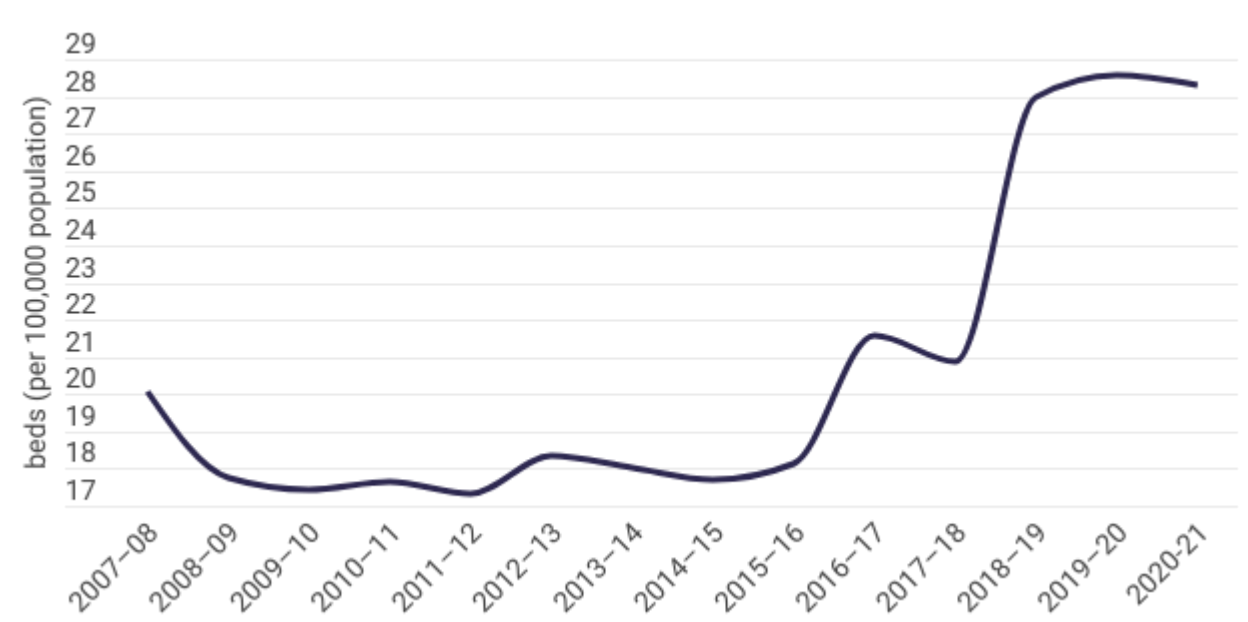


Figure 2: Specialised mental health public hospital beds per 100,000 population



Australian Capital Territory

Mental health presentations to ED

The number of per-person mental health-related presentations has been falling for the past six years in the ACT, from 106 in 2015–16 to 98 in 2022–23. The share of patients being triaged with urgent, semi-urgent and emergency conditions has also remained relatively steady over the past five years.

Figure 3: Rate of ED mental health presentations per 10,000 population

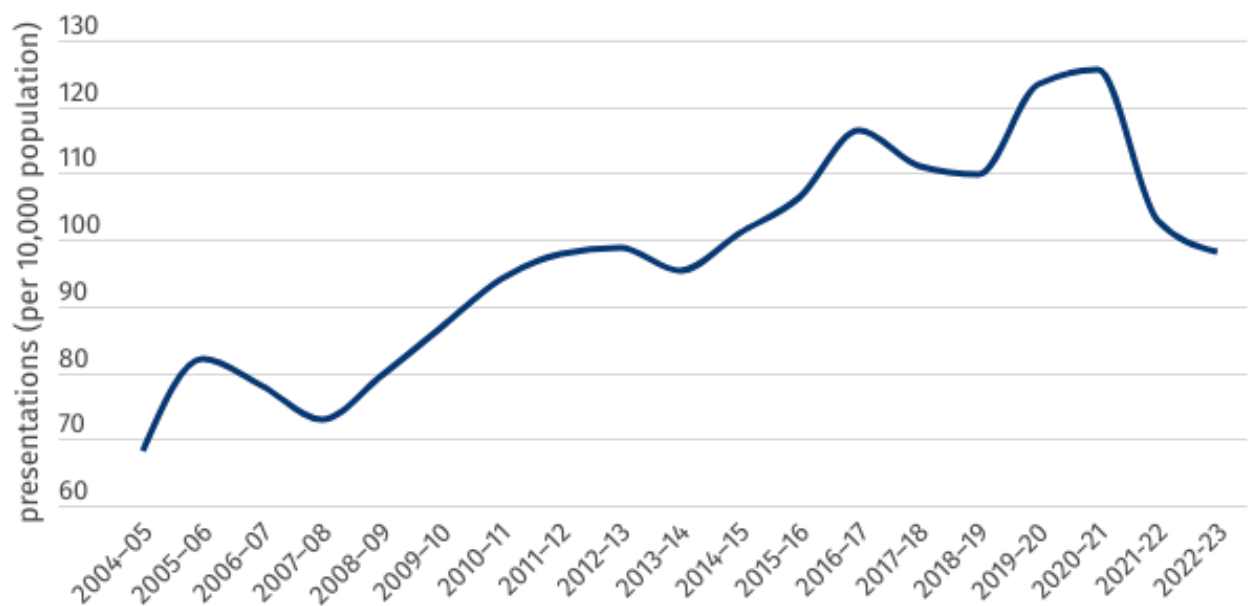
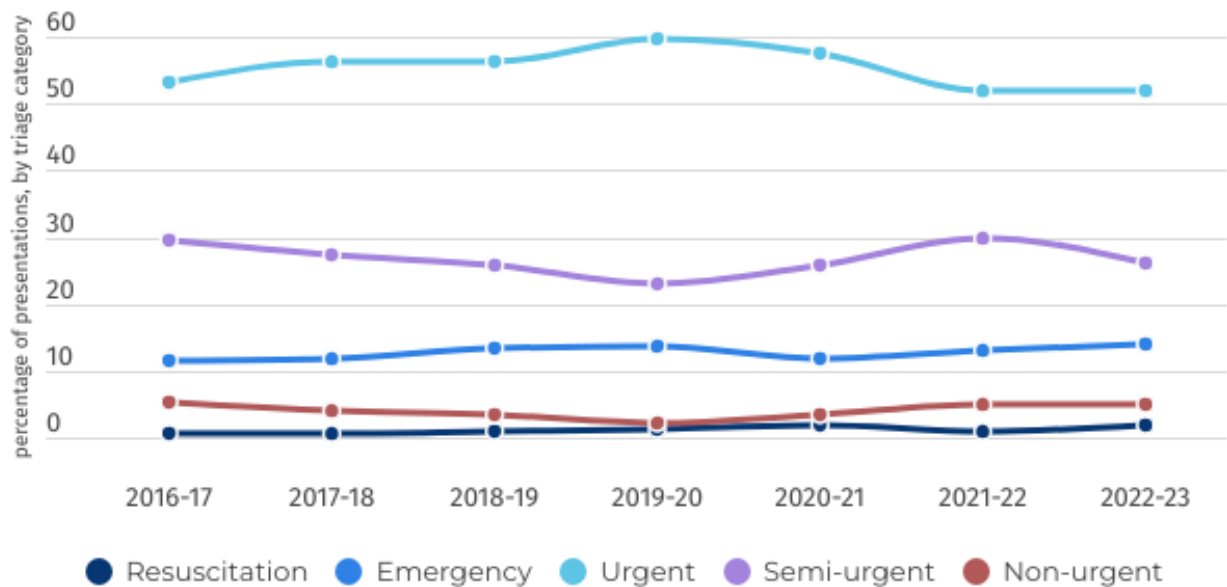


Figure 4: Mental health-related ED presentations, by triage category, per cent



Australian Capital Territory

Length of stay

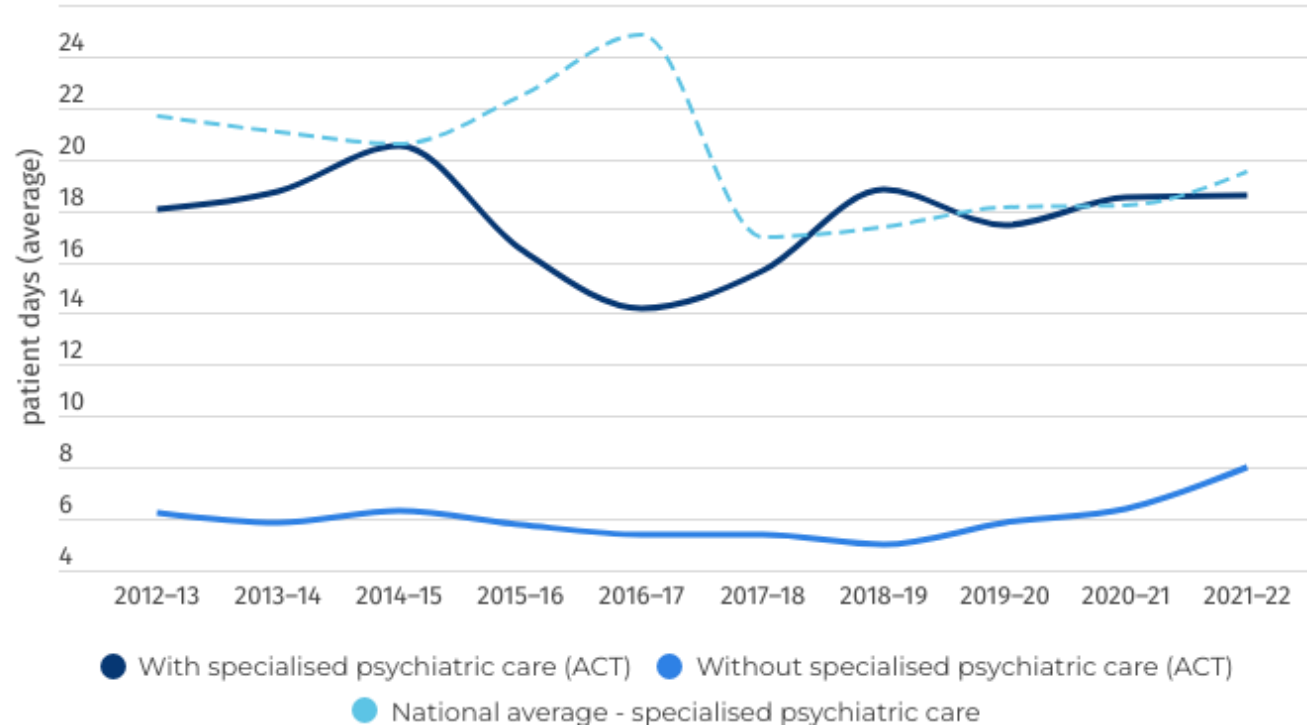
This page demonstrates the length of stay for mental health patients across two areas of the public hospital — the emergency department and inpatient beds once admitted to hospital.

The ACT is the only jurisdiction to not see major increases in time spent in the emergency department prior to being admitted to hospital. This is very likely due to the major investment in mental health public hospital capacity seen over the past decade, with a 50 per cent increase from 18 mental health beds per 100,000 in 2015–16 to 29 in 2020–21.

Figure 5: Length of stay in ED

ACT	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
Presentations ending in admission (median) hr:min	6:06	7.38	6:49	7:16	7:41	06:18
Presentations ending in admission (90th percentile) hr:min	21:20	25.35	23:07	23:58	20:00	16:10
All MH presentations (median) hr:min	3:59	4.31	4:43	5:02	5:29	05:25
All MH presentations (90th percentile) hr:min	13:34	17.45	15:40	17:45	15:40	13:55

Figure 6: Overnight admitted care length of stay (days)



Australian Capital Territory

Clinical outcomes/community follow-up

The ACT has incomplete data for many performance indicators, including the graphs included in this section. For this reason, the section will be left blank.

Northern Territory

Mental health capacity in public hospitals

The Northern Territory has maintained the same number of specialised mental health beds for the past seven years, translating to a very minor reduction in per-person capacity as the population has grown slightly.

The figure of 17 mental health beds per 100,000 population sits well below the national average of 27 beds per 100,000.

Figure 1: Total number of specialised mental health public hospital beds

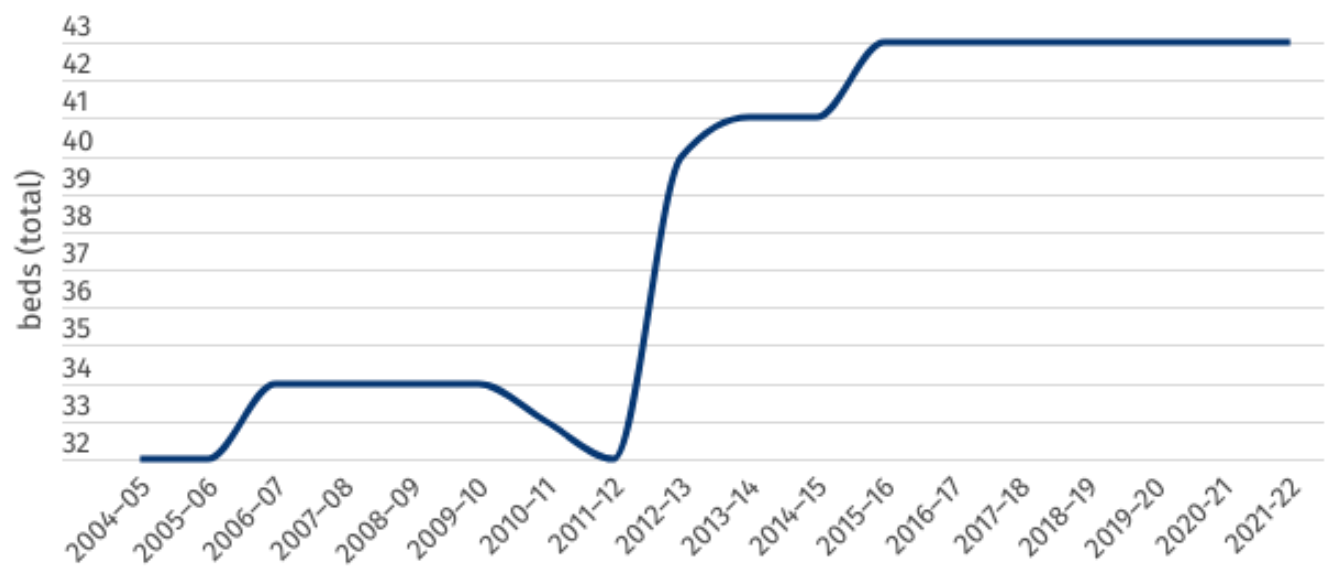
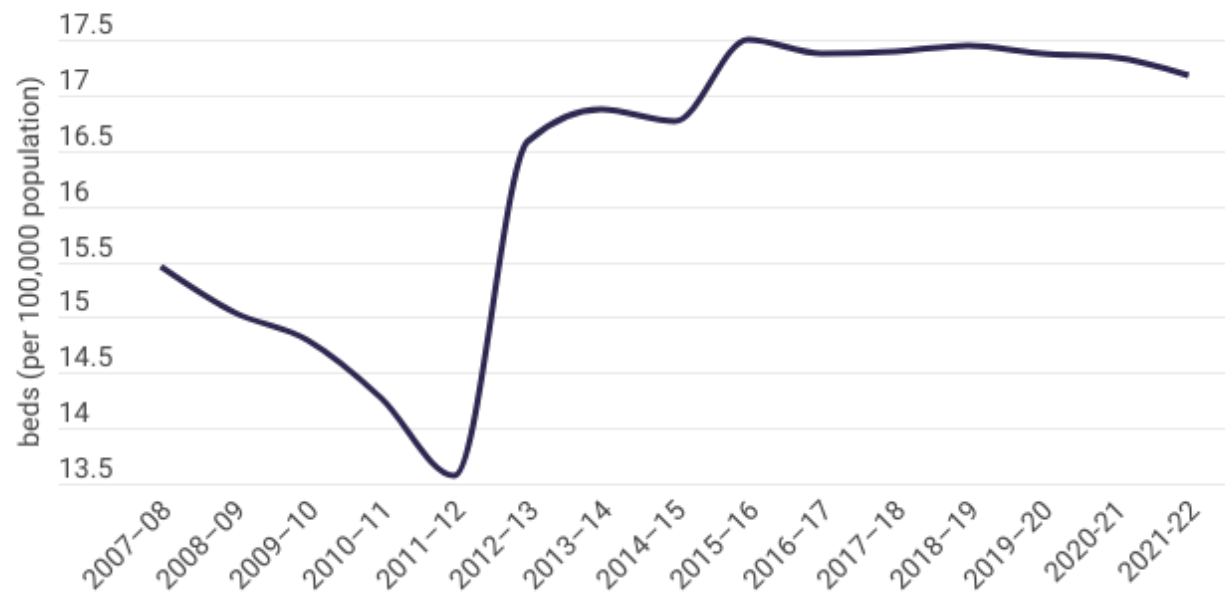


Figure 2: Specialised mental health public hospital beds per 100,000 population



Northern Territory

Mental health presentations to ED

The number and severity of mental health presentations has been largely steady in the Northern Territory over the past decade. After an increase in the share of emergency and urgent cases in the five years between 2015–16 and 2020–21, the severity of mental health presentations to ED has been falling since 2020–21.

Figure 3: Rate of ED mental health presentations per 10,000 population

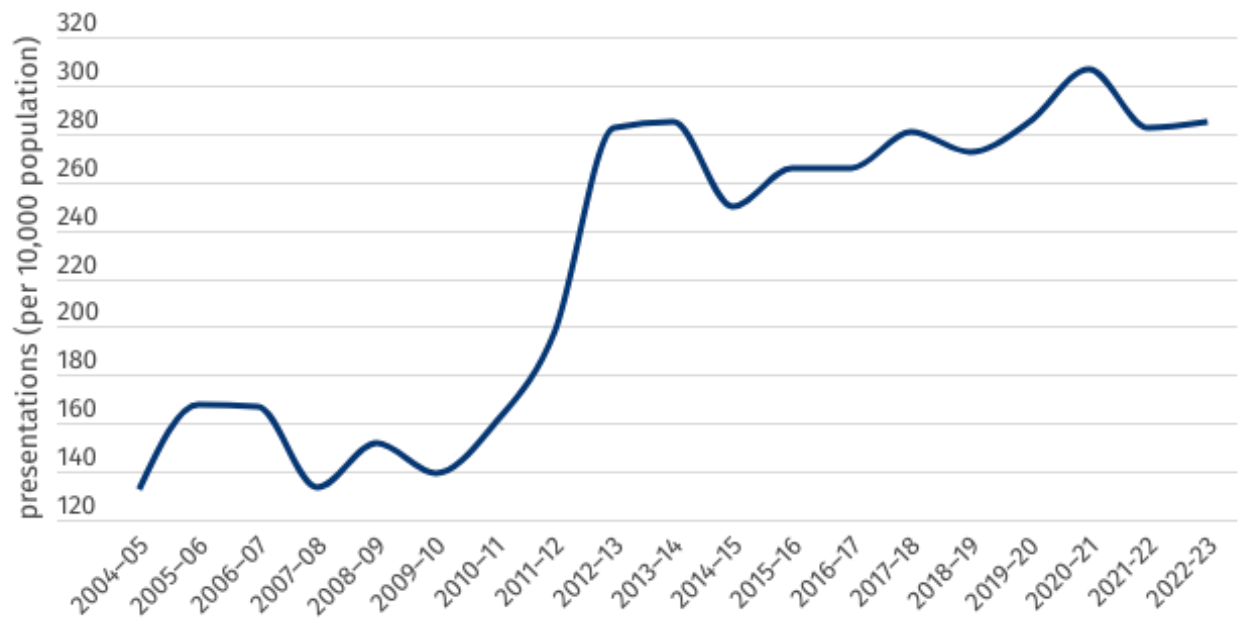
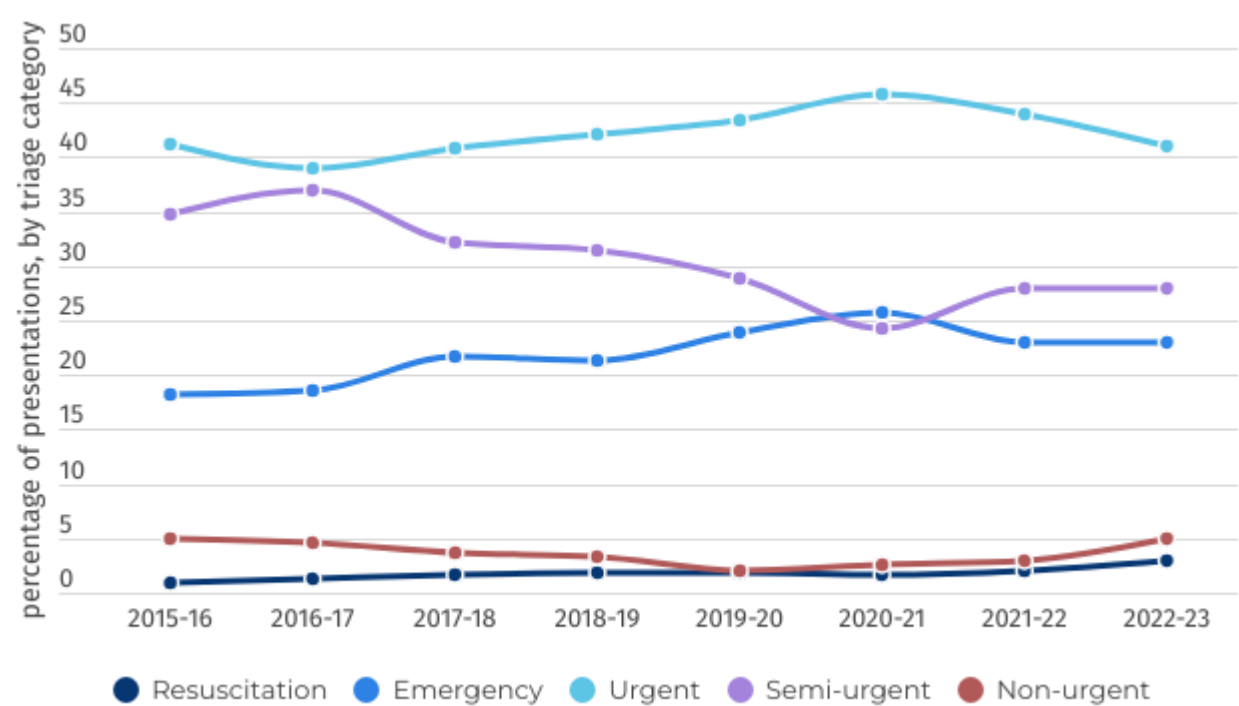


Figure 4: Mental health-related ED presentations, by triage category, per cent



Northern Territory

Length of stay

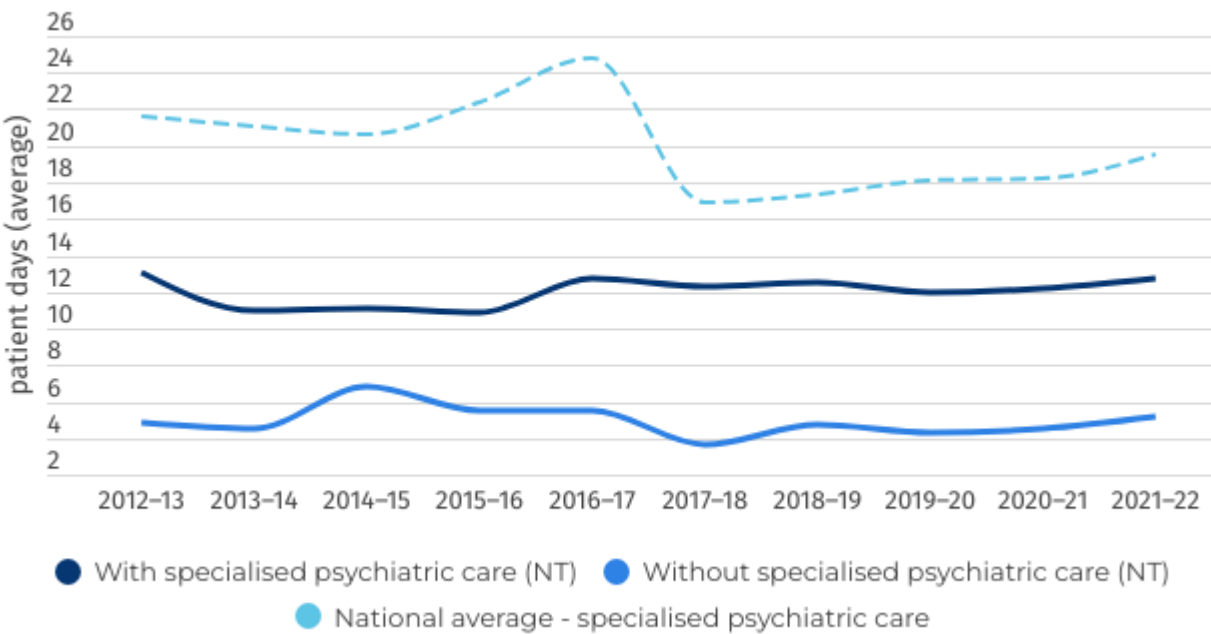
The Northern Territory has the lowest median wait time in Australia for ED patients requiring admission to hospital. The data points to a large reduction in wait times in 2022–23, reversing trends in previous years. This reduction does not reflect improved trends in attendance or capacity, pointing to the possibility of skewed or incomplete data for the 2022–23 period.

Figure 6 demonstrates mental health patients have historically spent far less time in hospital in the Northern Territory than across Australia.

Figure 5: Length of stay in ED

NT	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
Presentations ending in admission (median) hr:min	4:07	4.25	4:32	5:05	5:50	02:56
Presentations ending in admission (90th percentile) hr:min	15:49	16.21	16:33	19:20	22:06	09:26
All MH presentations (median) hr:min	3:26	3.27	3:23	3:31	4:06	03:09
All MH presentations (90th percentile) hr:min	12:14	12.1	12:29	14:06	16:08	09:25

Figure 6: Overnight admitted care length of stay (days)



Northern Territory

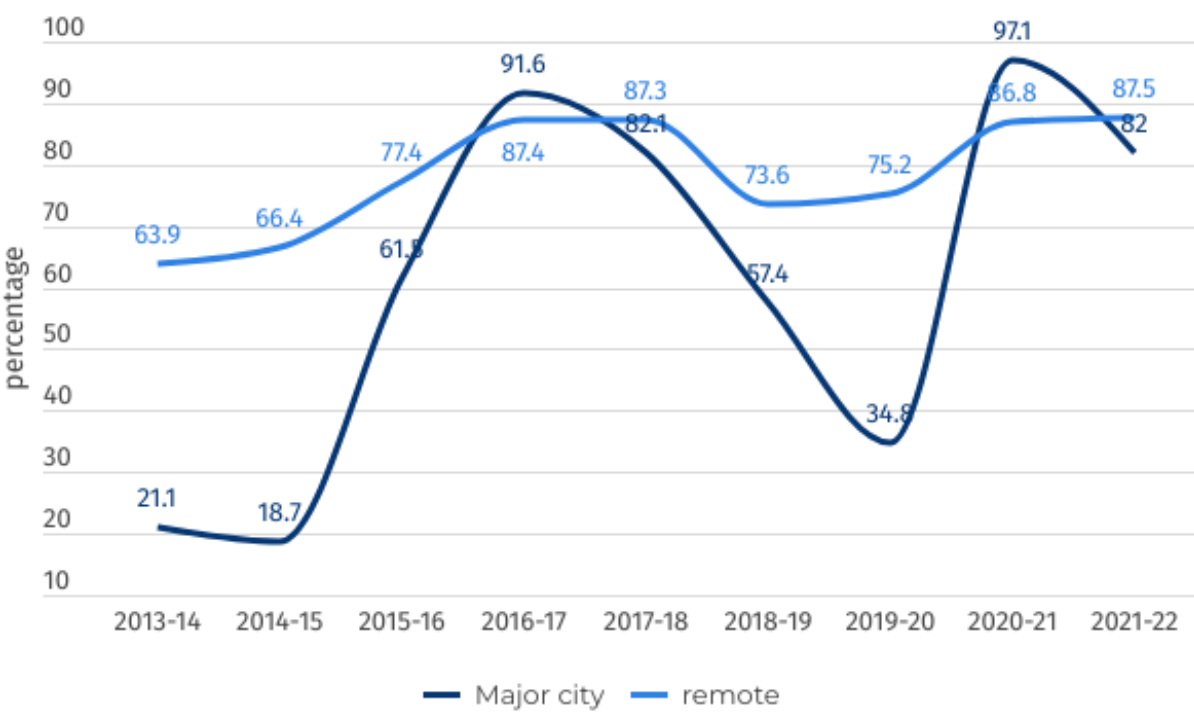
Clinical outcomes

Unfortunately, NOCC casemix data is not available for the Northern Territory. For this reason, this section will be left blank.

Community follow-up

Community follow-up after psychiatric admission/hospitalisation is defined as the proportion of state and territory governments’ specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation.

Figure 8: Rate of community follow-up within 7 days of discharge from a psychiatric admission



Data sources and references used within this report card

The 2024 Public Hospital Report Card – Mental Health Edition utilises data from three sources: The Australian Institute of Welfare, the Productivity Commission Report on Government Services, and the Australian Bureau of Statistics. Rather than referencing each graph individually, this section provides a guide for the data sources referenced throughout the report card.

Mental health-related emergency department presentations included in AIHW data are those that had a principal diagnosis that fell within the Mental and behavioural disorders chapter (Chapter 5) of ICD-10-AM (codes F00–F99) or the equivalent ICD-9-CM or SNOMED codes. It does not include codes for self-harm or poisoning.

All population data are taken from current and past ABS “National, state and territory population” data downloads. The most recent data download utilised within this report card is;

- Australian Bureau of Statistics (2023) – “*National, state and territory population*”; data downloads — data cubes; National, state and territory populations. Accessed 20th October 2024 from: https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/sep-2023/31010do001_202309.xlsx

Note some figures and statistics have been calculated internally by the AMA using the referenced sources. Some graphs include historical data published previously.

National figures

Figure 1: Public sector specialised mental health beds per 100,000

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; specialised mental health care facilities — Table FAC.12. Available at: <https://www.aihw.gov.au/getmedia/e82e182e-4991-45fe-825d-155875542901/specialised-mental-health-care-facilities-tables-2021-22.xlsx> Compared to ABS data (as above)

Figure 2: Mental health-related presentations to emergency departments, per 10,000 population

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.2. Available at: <https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 3: Percentage of mental health-related presentations to ED ending in admission

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.3 (calculated between admitted and total presentations). Available at: <https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 4: Mental Health related presentations to emergency departments, per 10,000 population, by triage category

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.1. Available at: <https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Data sources and references used within this report card

National figures (continued)

Figure 5: Median length of stay in ED for admitted mental healthcare patients (minutes)

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; State and territory mental health ED presentations, ED_waittime_2022-23. Available at; <https://www.aihw.gov.au/getmedia/499ed6ea-bbb2-4ea9-abf0-23c1f28c8f63/ED-State-and-territory-csv-files-2022-23.zip>

Figure 6: Percentage of emergency department presentations by ambulance, air ambulance, or helicopter rescue service

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.2. Available at; <https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 7: Percentage of emergency department presentations to public hospitals by police/correctional services vehicle – 2022/23

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.2. Available at; <https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 8: Average number of patient days per admission

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; Admitted patient care – national data 2022-23. Table AC.5. (calculated internally) Available at; <https://www.aihw.gov.au/getmedia/b81b3737-c281-48f4-9664-a6be136f47c7/Admitted-patient-care-tables-2223-National-only.xlsx>

Figure 9: Mental health activity as a proportion of total activity

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; Admitted patient care – national data 2022-23. Table AC.5. (calculated internally) Available at; <https://www.aihw.gov.au/getmedia/b81b3737-c281-48f4-9664-a6be136f47c7/Admitted-patient-care-tables-2223-National-only.xlsx>

Figure 10: Percentage of admitted mental health patients who saw a significant improvement due to public hospital care

Australian Government – Productivity Commission (2024) Report on Government Services; 13 Services for mental health – Table 13A.64. Available at; <https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/services-for-mental-health/rogs-2024-part2-section13-services-for-mental-health-data-tables.xlsx>

Figure 11: Percentage of patients who received community follow up services within 7 days after a psychiatric admission to a public hospital

Australian Government – Productivity Commission (2024) Report on Government Services; 13 Services for mental health – Table 13A.31. Available at; <https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/services-for-mental-health/rogs-2024-part2-section13-services-for-mental-health-data-tables.xlsx>

Data sources and references used within this report card

National figures (continued)

Figure 12: Mental health related presentations, 85 and over, per 10,000 population

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.4. Available at; <https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 13: Average length of stay – mental health patients (2022/23)

Australian Government – Productivity Commission (2024) Report on Government Services; 13 Services for mental health – Table 13A.40. Available at; <https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/services-for-mental-health/rogs-2024-parte-section13-services-for-mental-health-data-tables.xlsx>

Data sources and references used within this report card

State-by-state figures

Note that all state and territory figures use the same data sources to compare state-by-state performance.

Figure 1: Total number of specialised mental health beds

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; specialised mental health care facilities — Table FAC.12. Available at:
<https://www.aihw.gov.au/getmedia/e82e182e-4991-45fe-825d-155875542901/specialised-mental-health-care-facilities-tables-2021-22.xlsx>

Figure 2: Specialised mental health public hospital beds per 100,000 population

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; specialised mental health care facilities — Table FAC.12, calculated with ABS data (as above)

Available at: <https://www.aihw.gov.au/getmedia/e82e182e-4991-45fe-825d-155875542901/specialised-mental-health-care-facilities-tables-2021-22.xlsx>

Figure 3: Rate of ED mental health presentations per 10,000 population

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.6. Available at;
<https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 4: Mental health related ED presentations, by triage category, per cent

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; mental health related presentations to emergency departments – Table ED.6. Available at;
<https://www.aihw.gov.au/getmedia/d0b5317c-c2bc-4eaf-94bc-926a1c0d69c0/Mental-health-related-presentations-to-emergency-departments-202-23.xlsx>

Figure 5: Length of stay in ED

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; State and territory mental health ED presentations, ED_waittime_2022-23. Available at;
<https://www.aihw.gov.au/getmedia/499ed6ea-bbb2-4ea9-abf0-23c1f28c8f63/ED-State-and-territory-csv-files-2022-23.zip>

Figure 6: Overnight admitted care length of stay – days

Australian Government — Australian Institute of Health and Welfare (2023) Mental Health online report; Admitted patient care – national data 2022-23. Table AC.4. (calculated internally) Available at;
<https://www.aihw.gov.au/getmedia/2804d645-fae7-493b-9b38-59a6892794c7/admitted-patient-mental-health-related-care-tables-2021-22.xlsx>

Data sources and references used within this report card

State-by-state figures (continued)

Figure 7: Clinical outcome of people receiving mental health care in hospital (percentage who saw a significant improvement)

Australian Government – Productivity Commission (2024) Report on Government Services; 13 Services for mental health – Table 13A.64. Available at; <https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/services-for-mental-health/rogs-2024-parte-section13-services-for-mental-health-data-tables.xlsx>

Figure 8: Rate of community follow up within 7 days of discharge from a psychiatric admission

Australian Government – Productivity Commission (2024) Report on Government Services; 13 Services for mental health – Table 13A.31. Available at; <https://www.pc.gov.au/ongoing/report-on-government-services/2024/health/services-for-mental-health/rogs-2024-parte-section13-services-for-mental-health-data-tables.xlsx>



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