AMA

2025 Public Hospital Report Card — Mental Health Edition

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November 2025
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President's introduction

Dr Danielle McMullen

Federal AMA President

For 18 years, the Australian Medical Association's Public Hospital Report Card has offered Australians an overview of public hospital performance. Over the past four years, we have also released a mental health edition to shine a light on the unique challenges faced by patients accessing mental healthcare in public hospitals.

As a general practitioner, I know firsthand how vital it is to have a connected and well-functioning mental health system. In my practice I'm seeing the significant burden of mental illness across the spectrum — from early, mild symptoms to chronic and complex conditions.

I wish this report showed something new. But sadly, as in previous years, it highlights logjams on the way into and out of mental health units. Firstly, there is a significant bottleneck resulting from reducing the availability of mental health beds. Secondly, bed blockages occur due to a shortage of appropriate community services to discharge patients to safety. And finally, the lack of interoperable electronic patient records or smooth communication across care settings results in time-consuming administrative burdens. For one or many of these reasons, patients are waiting in the emergency department far longer than clinically appropriate — compounding an already difficult situation.

We can't forget the need to reduce ED presentations and admissions in the first place. Community resources play a pivotal role in reducing the need to visit the ED. Properly resourced general practice and community mental health services — including child and adolescent health services, older persons mental health services, and acute care teams — are critical to reducing hospital presentations. Growing demand and under-resourcing has led to clinically-unacceptable long waiting lists for many of these services.

There are increasing numbers of patients presenting to health services in acute mental health crisis, requiring urgent intervention and coordinated care. For many of these patients, a hospital admission is required, and in every case, their journey through the ED is a daunting and overwhelming experience. The staff in these departments do an outstanding job — but the reality is, ED is not designed for acute mental healthcare.

EDs are not designed with the physical infrastructure or workflow support necessary to deliver best-practice care for mental illness. Instead, long waits in bright, noisy environments often lead to patients becoming agitated, distressed, or violent. Sadly, this can lead to either verbal or physical assaults on staff, with violence in public hospitals continuing to rise across Australia. The cumulative impact of these challenges is placing growing pressure on doctors and the wider healthcare team, contributing to stress, burnout, and the onset of mental health concerns among healthcare professionals.

Drawing on publicly available data from the Australian Institute of Health and Welfare (AIHW), released in August 2025, our report examines the capacity and performance of mental health services in Australia's public hospitals for the 2023–24 financial year. It provides both national and state-by-state analysis, giving policymakers and the public a valuable snapshot of how mental healthcare is being managed in our public hospitals.

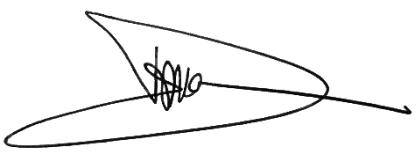
Australian public hospitals are currently in logjam, with pressure mounting to unprecedented levels. Our 2025 Public Hospital Report Card, released in February, revealed a troubling combination of record-high waiting times and historically low bed capacity per person across the public hospital system. Alarmingly, these issues extend to mental health wards, where the most recent data indicates just 27 specialised mental health beds per 100,000 people — a figure that remains unchanged from the previous year and continues to represent the lowest capacity on record.

This reflects a concerning decline in system capability at a time when the demand for mental healthcare is at an all-time high. A key concern is the shortage of specialised mental health beds. This shortfall contributes to extended stays in EDs, placing significant emotional strain on both patients and their families.

In 2023–24, the median length of stay in an ED for patients who were subsequently admitted to hospital for mental healthcare was 433 minutes — an increase of 13 minutes from the previous year, and more than two hours longer than in 2018–19.

Given the complex and layered nature of mental health, a unified approach across the healthcare system is crucial — from community-based primary care to hospital services for more complex presentations. It is essential governments focus on funding accessible, high-quality mental health supports outside of hospital environments. At the same time, Australia's public hospitals must be consistently prepared to meet urgent mental health needs. This report underscores the pressing need for increased investment in the public hospital system. This is particularly pertinent as we await the outcomes of the next National Health Reform Agreement (NHRA).

Our report reveals Australia's health system continues to fall short in supporting both people experiencing poor mental health and the healthcare workers who work tirelessly to provide care. The strain on public hospitals is taking an increasing toll on the workforce, with burnout and stress driving more medical and health professionals to leave the sector. At the same time, we are failing to deliver appropriate and acceptable care to some of our most vulnerable patients. Without meaningful reform, we will continue to see ongoing and worsening hospital logjams and an increase in the number of suicides. These are clear signs of a system at capacity. This must change, and it must change urgently.



Dr Danielle McMullen
AMA President

Report card overview

The AMA's Public Hospital Report Card — Mental Health Edition provides an accessible snapshot of mental health services within the public hospital system. It explores the capacity and 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, this edition aims to highlight trends in hospital service delivery, pinpoint gaps, and identify areas for improvement. It draws on publicly available data from the Australian Institute of Health and Welfare and the Productivity Commission**. A full list of data sources and references can be found on page 48**.

By publishing these report cards, the AMA offers the public and decision-makers a unique insight into the performance of public hospitals. Ultimately, the report cards are designed to encourage policy improvements that benefit patients, health and medical professionals working within the public hospital system, and the broader Australian community.

This report card enables accurate longitudinal analysis by comparing the current performance of the health system with previous years. Unfortunately, the fourth annual Mental Health Edition once again reveals a concerning decline in both the performance and capacity of mental health departments within our public hospitals.

Australia has experienced a long-term decline in the number of mental health beds available per person over the past 30 years. The latest figure — just 27 beds per 100,000 Australians — remains the lowest per-capita capacity on record, underscoring a troubling trend of reduced system capability.

This decline comes at a time when demand for care is higher than ever. Twenty years ago, 69 out of every 10,000 Australians presented to emergency departments for a mental health-related reason. That number has steadily increased, reaching 115 per 10,000 in 2023–24 — a 67 per cent rise over the past two decades.

The AMA is particularly concerned about the growing number of patients with severe, complex, and chronic conditions, where mental illness is often one of multiple co-occurring health issues. It is essential these patients receive comprehensive support across all aspects of their health — including physical health, mental health, and broader psychosocial needs.

Over the past 15 years, the number of Australians presenting to EDs with a mental illness triaged as an "emergency" (to be seen within 10 minutes) has more than doubled — from 9 to 23 per 10,000 people — while "urgent" presentations (care required within 30 minutes) have increased from 37 to 60 per 10,000 people.

In 2023–24, more than half (53 per cent) of mental health-related presentations came via an emergency services vehicle, compared to 27 per cent of all ED presentations.

These figures clearly demonstrate the needs of patients with severe mental illness are increasingly unmet by community and primary care services. As a result, many are turning to their local EDs as a last resort — often when their condition has reached a critical point.

A shortage of inpatient beds and insufficient resourcing continues to create access block in our public hospitals. As a result, highly distressed patients experiencing severe mental health issues are waiting, on average, more than seven hours in crowded EDs before being admitted. While the substantial level of trauma in the lives of people experiencing mental illness is increasingly recognised, the development of treatment pathways remains slow.

Even more concerning, the 90th percentile length of stay for mental health admissions has reached 1,404 minutes — more than 23 hours. In other words, 10 per cent of mental health patients who are eventually admitted spend nearly a full day in ED, with some staying significantly longer.

Despite the world-class expertise, dedication, and care provided by Australia's medical and healthcare professionals, EDs are not designed to deliver sustained, in-depth care for people with mental illness. The physical layout of most public hospital EDs is often ill-suited to quality mental healthcare, placing increasing pressure on clinical staff. This contributes to stress, burnout, and the emergence of mental health challenges among healthcare workers themselves.

Once admitted to hospital, mental health patients tend to stay significantly longer than non-mental health patients due to the complexity and fragility of their condition at the time of admission. In 2023–24, the average length of stay for mental health patients was 14 days, compared to just five days for other admissions.

With Australian hospitals facing ongoing logjams, greater investment in community and primary mental healthcare is needed to reduce the number and severity of admissions to mental health wards.

The AMA is particularly concerned by a sharp decline in the proportion of remote patients who received community follow-up care after discharge from specialised public hospital mental health services. This figure dropped from a high of 81 per cent the previous year to just 74.9 per cent in 2022–23.

A more positive sign is that the proportion of patients receiving follow-up care in the community has been steadily increasing over the past 10 years. 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. Despite a fall in community follow up for remote patients this year, the long-term improvement of this metric is a welcome sign, one which stands alone among a plethora of alarming trends.

The data is clear: Australia's public hospitals urgently need significant investment in capacity and workforce, as well as additional resourcing to ensure our world-class medical and healthcare professionals are equipped to meet the growing complexity and demand of Australia's healthcare needs.

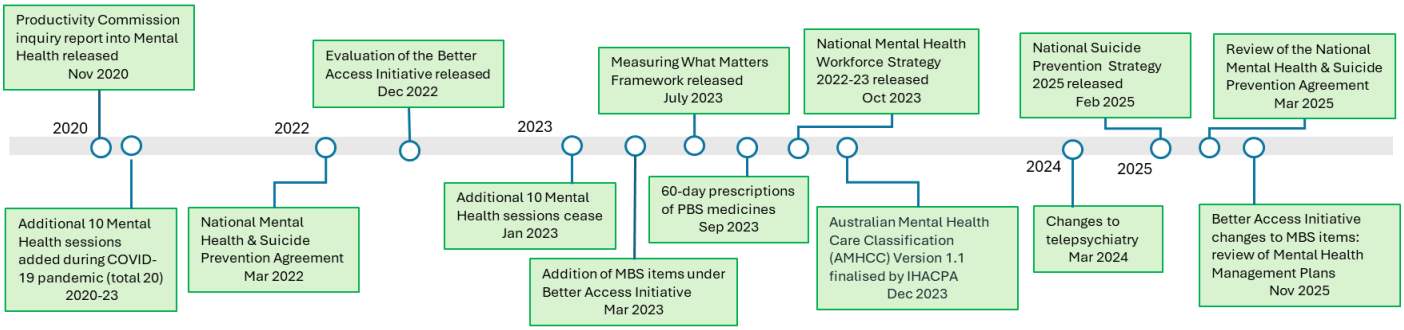
Australian political landscape: mental healthcare

Governments often search for a single solution to mental health issues within the population, without acknowledging that mental health is complex and multi-dimensional and influenced by biological, psychological, social and environmental factors. Care spans across a fragmented system of primary care, public services, and private specialists.

Shifting from short-term investments to strategies that strengthen prevention and early intervention — and identifying measures that go beyond emergency presentations and suicide rates to include quality of life, functioning, and recovery — will require bipartisan support to ensure reforms can withstand political change.

That is not to say there has been no focus on mental health in Australia. After the Productivity Commission Inquiry Report into Mental Health was released in 2020, policy changes have endeavoured to improve patient access to, and the affordability of, mental health services.

Timeline of recent mental health reforms 2020–2025



Furthermore, over the past 18 months, several significant policy changes have occurred:

- Patients could access 20 mental health sessions during the COVID-19 pandemic. In 2023, the number of sessions was reduced back to 10.
- The National Mental Health Workforce Strategy was released in 2023, citing significant psychiatry shortage and maldistribution.
- The National Mental Health Commission was reintegrated into the then Department of Health and Aged Care, effectively stripping it of its independent status in 2024.
- The federal government released the National Suicide Prevention Strategy in February 2025.
- In its interim review, the Productivity Commission has declared the current Mental Health and Suicide Prevention Agreement not fit for purpose.

AMA solutions for a healthier hospital system

This report card highlights the underlying challenges facing Australia's mental health system — including growing wait times, reduced capacity, and increasing severity of illness among those presenting to EDs.

Australia's population is growing, ageing, and developing more complex health needs. Without a coordinated shift in approach across all governments, the concerning trends outlined in this report are likely to persist and worsen.

The current funding model for our health system is no longer fit for purpose. It focuses narrowly on the volume of procedures delivered, without providing adequate support for preventative care and community-based services that keep people out of hospital in the first place.

The AMA's four-point plan to address the challenges facing our struggling, logjammed hospitals includes:

1. Improve performance
Reintroduce targeted funding for performance improvement — such as reducing elective surgery and emergency department wait times — to help reverse the decline in public hospital performance.

2. Expand capacity
Provide public hospitals with additional funding for more beds and staff, enabling them to expand capacity, respond to surges in demand, improve treatment times, and eliminate ambulance ramping.

3. Addressing demand for out-of-hospital alternatives
Invest in community-based care options for patients whose needs are better met outside hospital settings. Priority should be given to programs that work with general practitioners to prevent avoidable admissions and readmissions.

4. Increase funding and remove funding cap
Boost the federal government's contribution to hospital activity funding, allowing states and territories to reinvest freed-up resources into performance, capacity, and innovation. Remove the artificial cap on funding growth shared between jurisdictions so funding can reflect real-world community health needs.

We acknowledge the federal government's significant offer of increased funding and a more generous growth cap, announced last December. However, until a new National Health Reform Agreement (NHRA) is signed, this funding, along with the additional contributions required from states and territories, will not yet 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 healthcare

An available bed is the most basic requirement for receiving inpatient care in a public hospital. While the number of beds alone does not reflect the quality of mental healthcare provided, it is a key indicator of the system's capacity to deliver acute care to those who need it.

In 2022–23, there were 160 public hospitals providing specialised mental health services — a number which has remained relatively steady for the past 10 years.

These facilities comprise 19 public psychiatric hospitals and 141 public acute hospitals with a specialised psychiatric unit or ward. A total of 6,959 specialised mental health beds were available in 2022–23 (equating to 27 beds per 100,000). Although there was modest growth in the total number of mental health beds nationally — with an increase of 110 beds in 2022–23 — this growth has not exceeded the rate of population growth.

ACT data for 2021–22 and 2022–23 were not available at the time of publication. As a reference point, in 2019–20 and 2020–21, there were 29 mental health beds in the ACT. National total calculations for 2021–22 and 2022–23 does not include ACT data.

Australia has experienced a steady 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 remains the lowest per-person capacity figure on record, highlighting a concerning 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

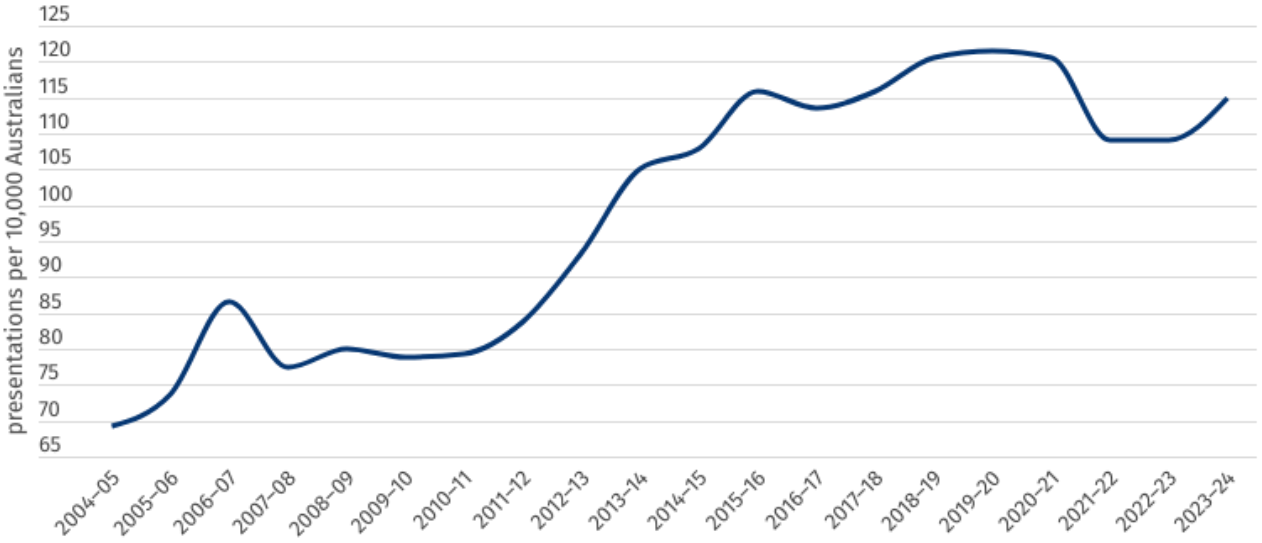
Note: This graph does not include the significant decline in bed numbers during the early 1990s, which resulted from the deinstitutionalisation of mental healthcare. Since then, insufficient investment in community services has failed to adequately support individuals experiencing mental health problems.

National overview

Emergency department presentations — mental health

The per-person frequency of mental health-related presentations to ED increased from 109 per 10,000 in 2022–23 to 115 per 10,000 Australians in 2023–24. Following a small decline in the presentation rate between 2020–21 and 2022–23 — likely due to COVID-19 and public messaging advising patients to avoid hospitals wherever possible — this rate is now trending upward again in the 2023–24 dataset (Figure 2).

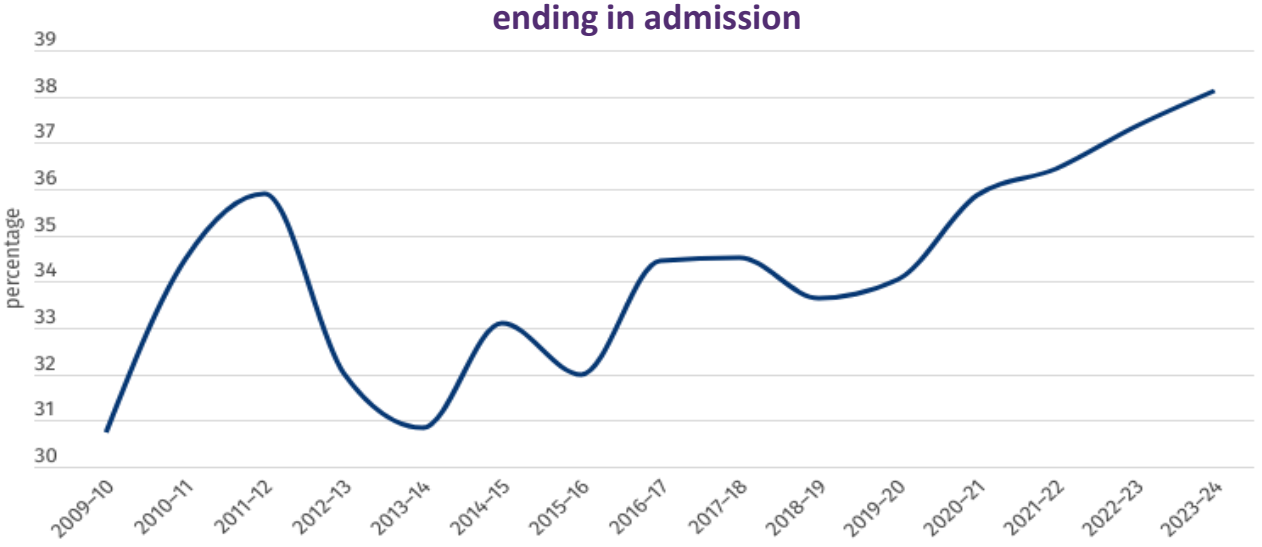
Figure 2: Mental health-related presentations to ED, per 10,000 population



For many patients, accessing mental healthcare through EDs is a last resort. These figures underscore the urgent need for greater investment in specialised mental health services — both within public hospitals and in the broader community — as they reflect a long-term rise in serious conditions and unmet mental health needs outside the hospital system.

As demonstrated by Figure 3 below, the proportion of patients presenting to the ED for mental health reasons who subsequently require in-hospital admission has increased from 31 to 38 per cent over the past decade. This further highlights the increase in the severity of cases and demand for inpatient services.

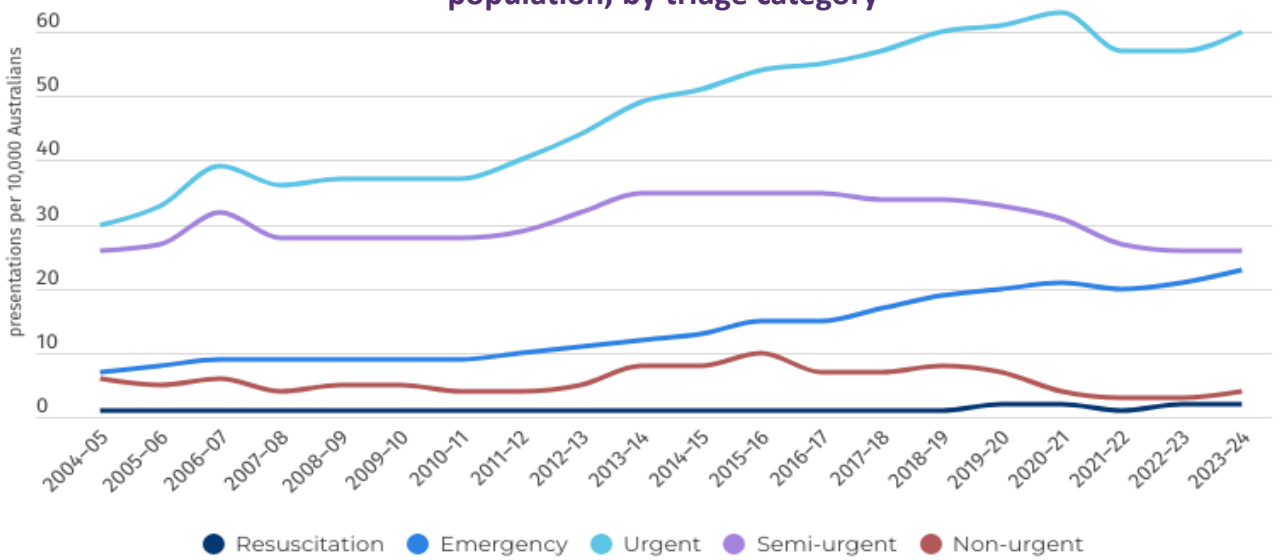
Figure 3: Percentage of mental health-related presentations to ED ending in admission



Concerningly, the data show increasing severity of illness among patients presenting to the ED.

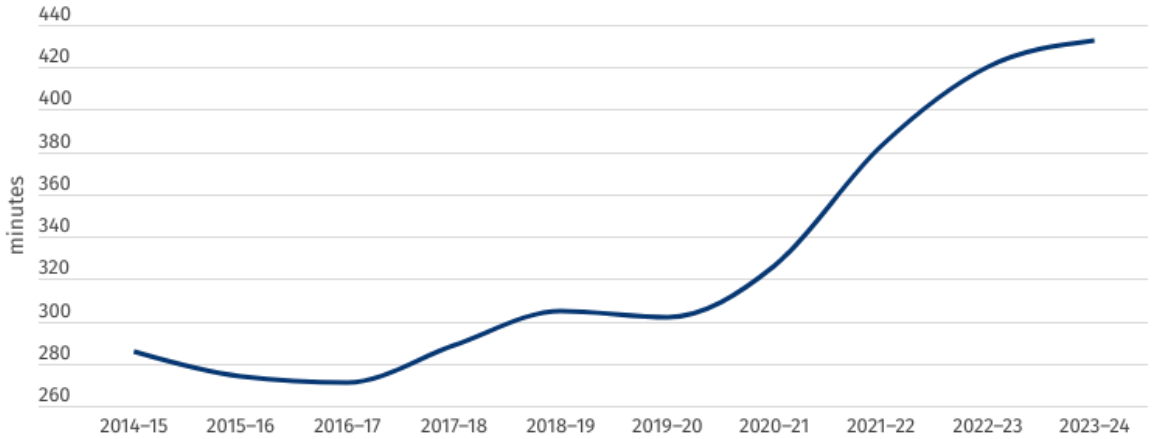
Over the past 15 years, the number of Australians presenting to ED with a mental illness triaged as an "emergency" (care required within 10 minutes) has more than doubled from 9 to 23 per 10,000 people, while the number of "urgent" (care required within 30 minutes) presentations has grown from 37 to 60 per 10,000 people (Figure 4).

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



As the severity of illness increases and the number of available beds declines, EDs and hospital staff are coming under mounting pressure. Patients requiring admission to a public hospital bed are experiencing record wait times to access the specialised care they need. In 2023–24, the median length of stay in ED for patients who were subsequently admitted was 433 minutes — an increase of 13 minutes from the previous year, and more than two hours longer than during 2018–19 (Figure 5).

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



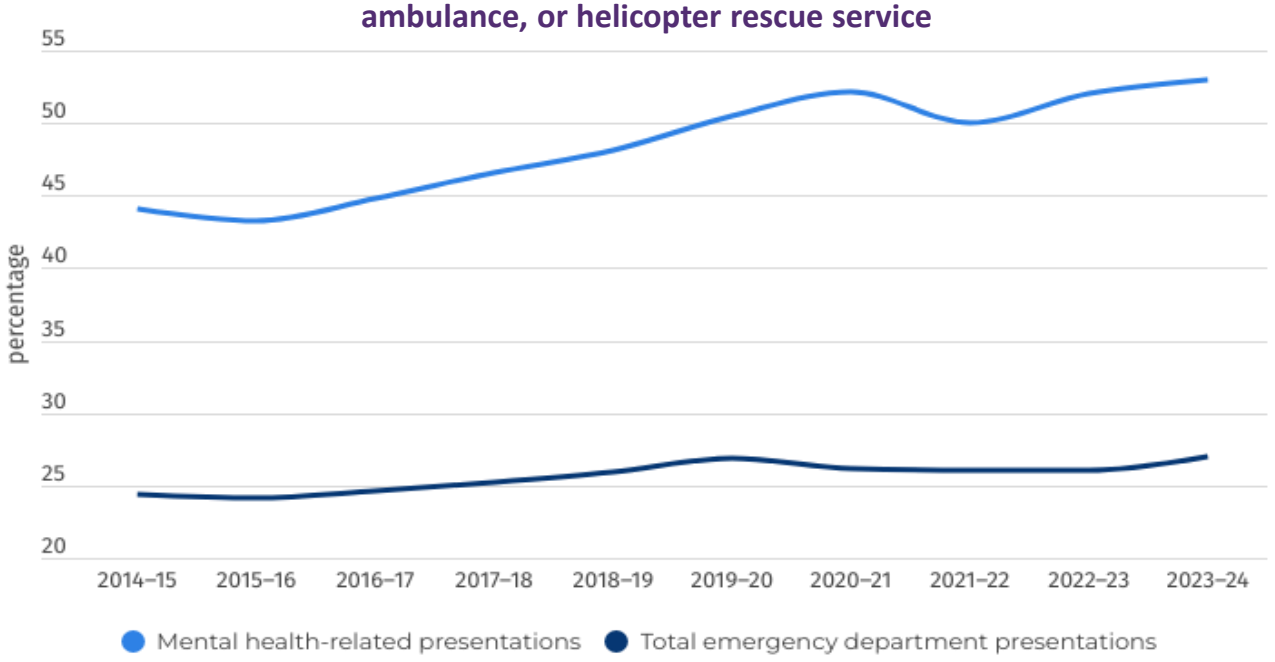
Despite the best efforts of hospital staff, a lack of inpatient beds and insufficient resourcing continues to create access block within public hospitals. Beyond having a detrimental effect on patient wellbeing and staff safety, this increase in wait time is symptomatic of a system in logjam. Without enough beds to admit new patients, EDs are overflowing, and ambulances remain ramped, signifying a system in crisis. Nationally, the 90th percentile length of stay for mental health patients in EDs who are then admitted to hospital has risen to 1,404 minutes, or more than 23 hours.

National overview

Emergency department presentations — mode of arrival

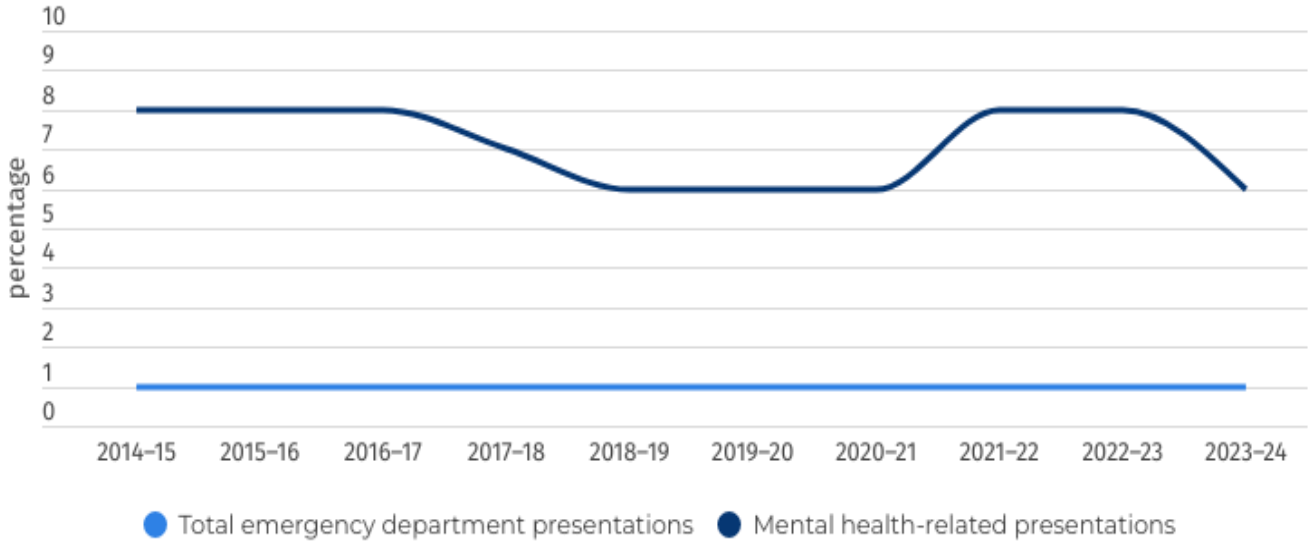
People with mental health conditions disproportionally present to an ED via emergency service vehicles (ambulances, helicopters or police vehicles) in comparison to non-mental health-related presentations. In 2023–24, more than half (53 per cent) of mental health-related presentations came via an emergency service vehicle, while only 27 per cent of total ED presentations came via an emergency service vehicle (Figure 6).

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



Figures 6 and 7 highlight not only the increasing severity and complexity of mental health presentations, but also the limited access to — and availability of — community-based care. Unfortunately, most mental health-related presentations come at a time of acute crisis. Rather than being guided towards appropriate care by a GP, support service, friend or family member, six per cent of mental health-related presentations to ED came via police vehicle in 2023–24 (compared to just one per cent for all presentations).

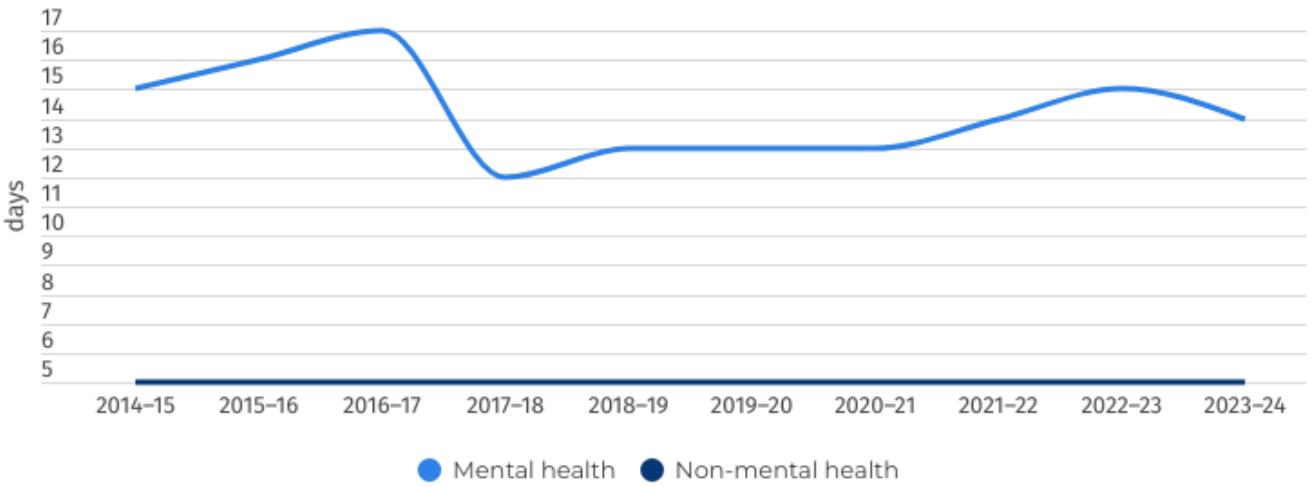
Figure 7: Percentage of emergency department presentations to public hospitals by police/correctional services vehicle



National overview
Overnight admitted mental healthcare

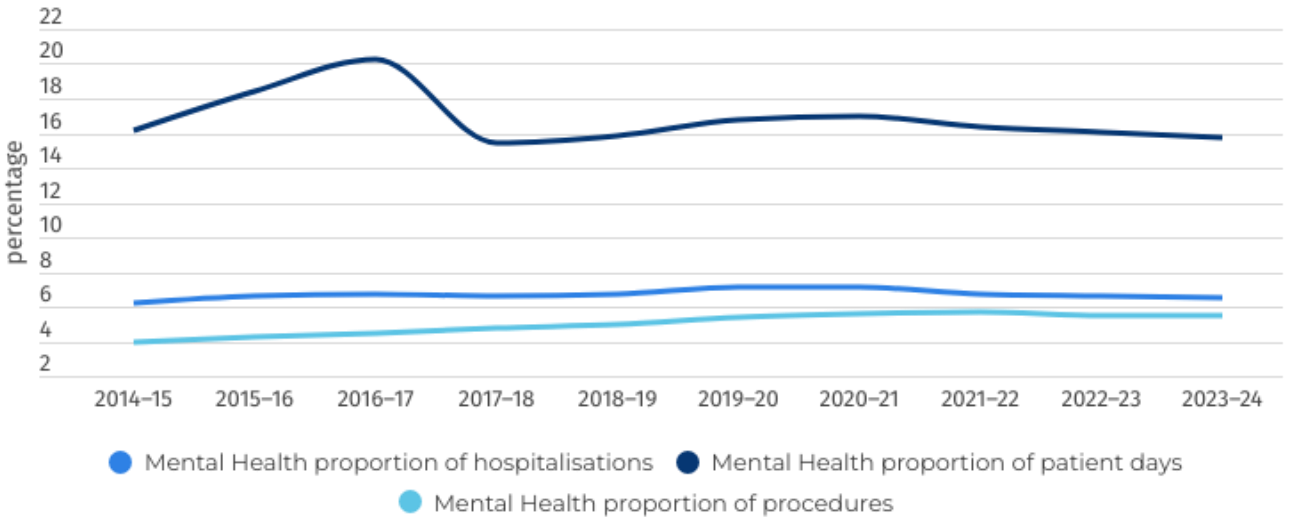
Mental health patients typically remain in hospital for longer than non-mental health patients due to the complexity and fragility of their health at the point of admission. In 2023–24, the average length of stay for mental health patients admitted to a public hospital was 14 patient days, compared to five patient days for non-mental health admissions (Figure 8).

Figure 8: Average number of patient days — overnight admissions to public hospitals



As shown in Figure 9, mental health patients account for a disproportionately high number of patient days in the public hospital system (16 per cent in 2023–24), reflecting the heightened complexity of their care needs. Combined with the rising number of mental health-related presentations to EDs, this underscores the urgent need for increased investment in both community-based supports and hospital capacity to meet current and future demand for mental health services.

Figure 9: Mental health activity as a proportion of total activity in public hospitals (overnight patients)



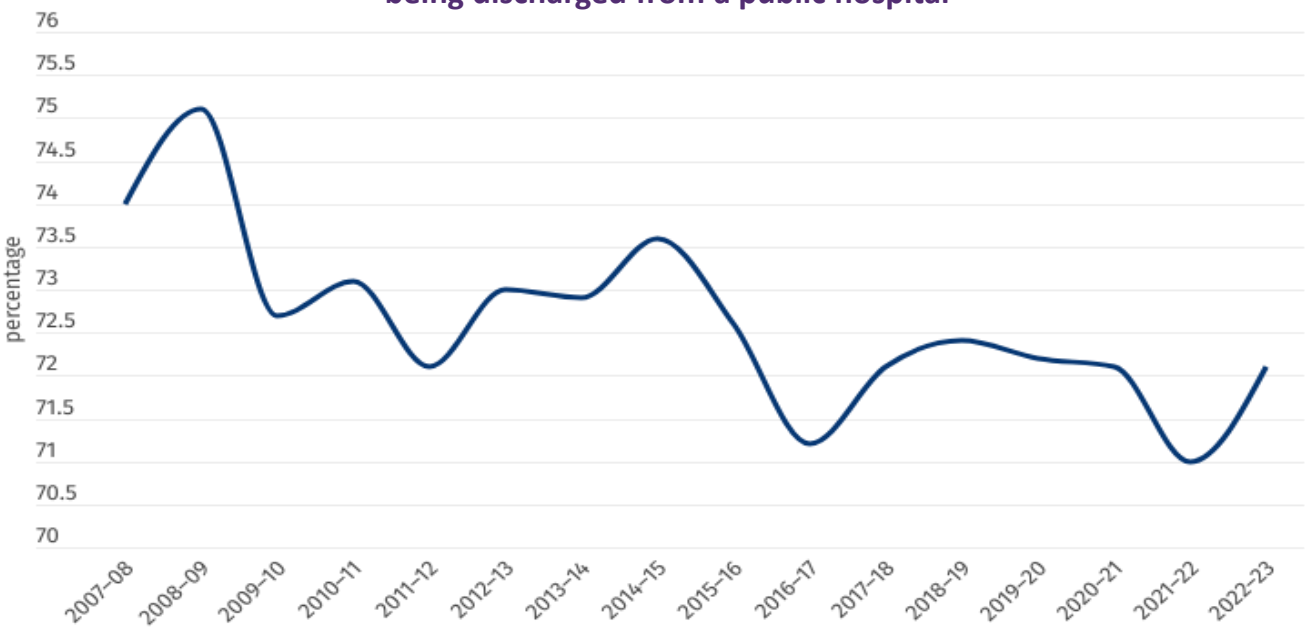
National overview
Overnight admitted mental healthcare

While measuring the complex objectives of healthcare must be approached with care, several metrics are available to help assess the effectiveness of a patient's stay in a specialised mental health bed.

One valuable performance measure is the National Outcomes and Casemix Collection (NOCC), which includes a set of outcomes and casemix measures focused on tracking a consumer's clinical status and functioning at various stages of their engagement with mental health services. The NOCC incorporates both clinician-rated and consumer-rated measures.

Figure 10 highlights the proportion of patients who saw a "significant improvement" due to inpatient care. In 2022–23, the most recent year for which data was available, 72.1 per cent of patients who were treated as an inpatient within an Australian public hospital saw a 'significant' improvement to their health, a 1.1 percentage point increase from the year prior.

Figure 10: Percentage of mental health patients who saw a significant improvement after being discharged from a public hospital



Although receiving mental healthcare in a public hospital often comes as a last resort, it is encouraging to see most patients experience a notable improvement due to their care.

By comparison, only 48.5 per cent of patients discharged from community-based ambulatory care saw a significant improvement, while 26.4 per cent of patients receiving ongoing community-based ambulatory care registered a significant improvement.

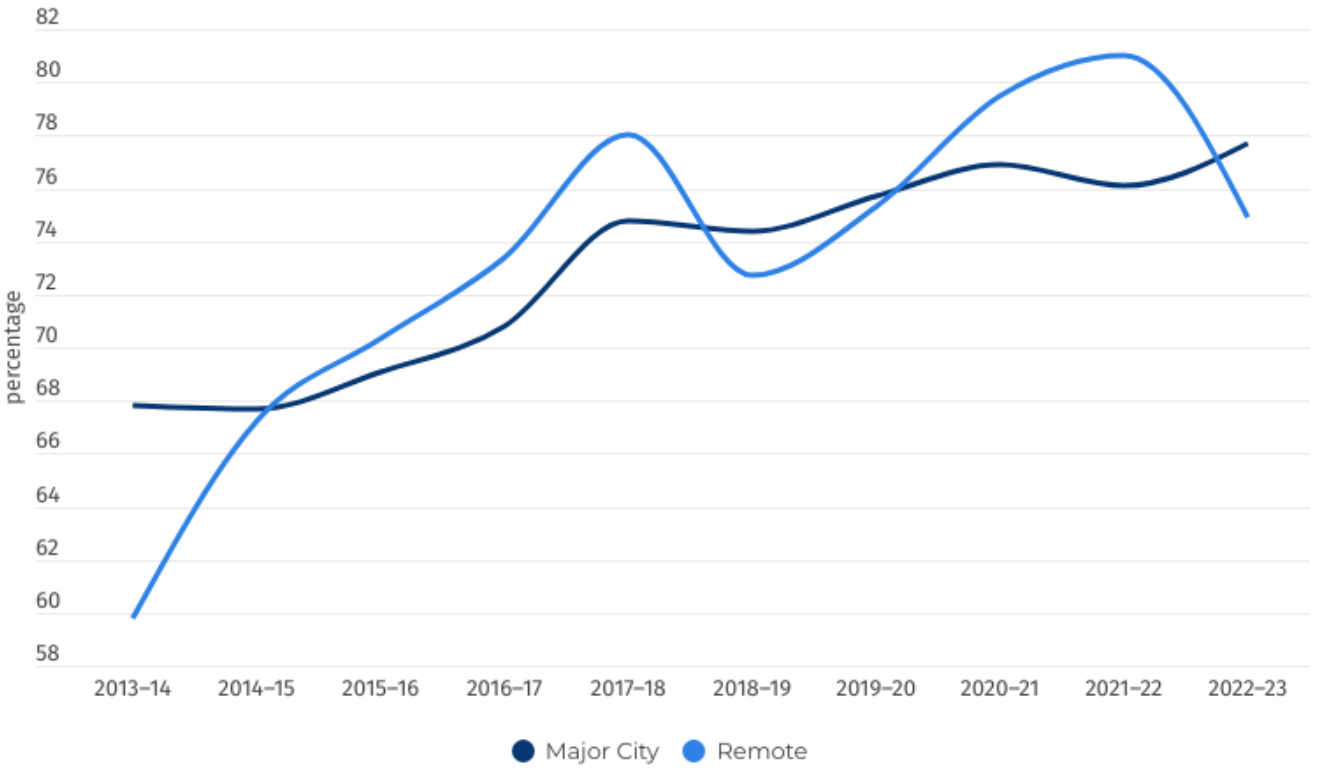
National public hospital performance
Community follow-up

Healthcare does not operate in silos. However, fragmentation within the system can lead to poor patient outcomes, as different levels of care — from primary to tertiary — may function without effective data sharing or handover processes. A critical component of cross-system collaboration is ensuring patients admitted to hospital for mental health reasons receive appropriate community follow-up after discharge.

Patients are particularly vulnerable in the post-discharge period, but the risk of readmission or relapse can be significantly reduced when they receive appropriate out-of-hospital care following an inpatient stay. Encouragingly, the rate of patients receiving community follow-up care has been rising in both major cities and remote areas over the past decade (Figure 11) — a positive trend likely to improve outcomes for Australians who have been hospitalised for mental health reasons.

However, the AMA notes a concerning decline in the proportion of "remote" patients receiving community follow-up from 81.0 per cent in 2022–22 to 74.9 per cent in 2022–23.

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



Note: The nationwide figure for this metric includes only available data, with some states and territories missing in different years throughout the reporting period. The above also does not reflect the quality or appropriateness of the community follow-up.

National public hospital performance
Demographic challenges

Like many Organisation for Economic Co-operation and Development (OECD) countries, Australia's health system must confront the growing challenges of an ageing population. Older Australians present unique needs requiring expanded capacity in specialised facilities and a suitably skilled workforce. As shown in Figure 12, patients aged 65 and over admitted to public hospitals for mental health reasons stay significantly longer than the broader mental health patient population — with an average length of stay of 36.8 days in "older people mental health services", compared to 13.2 days in "general mental health services" in 2022–23.

Figure 12: Average length of stay, mental health patients (2022–23)

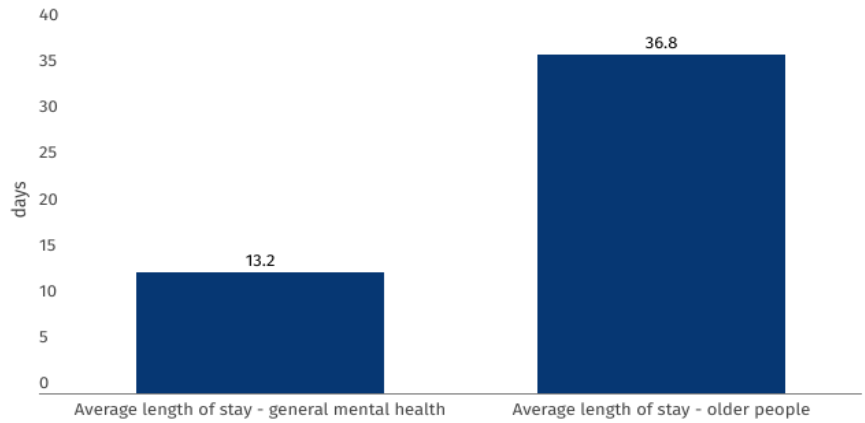
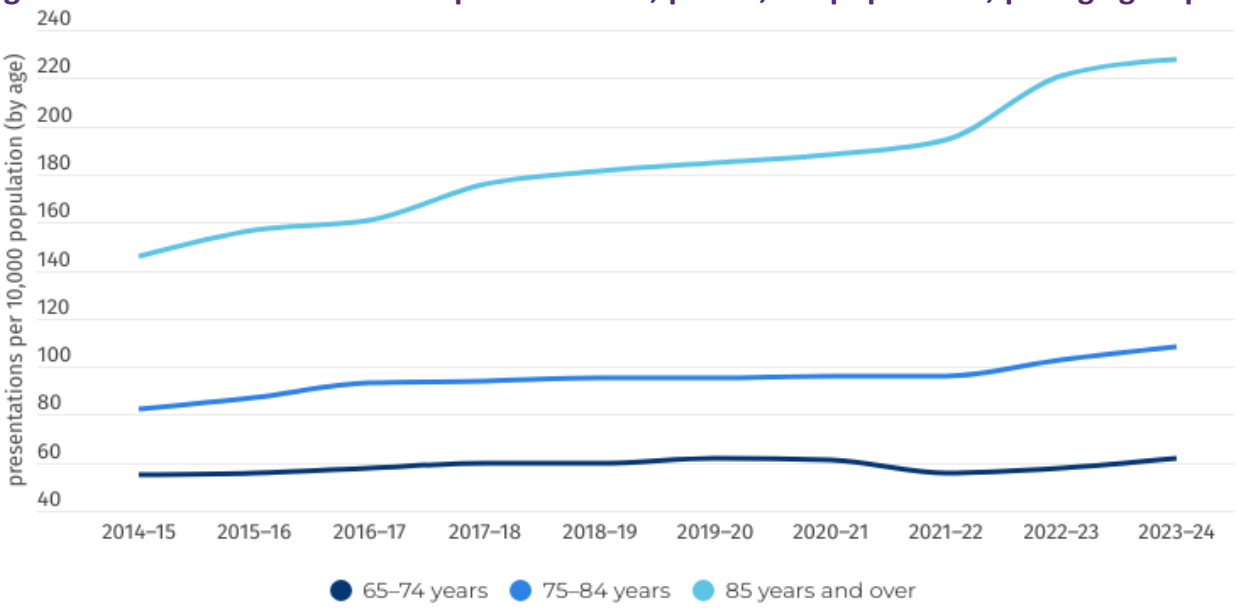


Figure 13 shows older Australians — particularly those aged 75 and over — are presenting to EDs with mental health issues at an increasing rate. While these conditions are predominantly classified as "organic, including symptomatic, mental disorders" — encompassing illnesses such as Alzheimer's disease and dementia — affected patients often face a complex interplay of mental and physical health challenges. This poses a significant challenge for clinicians and the broader health system.

Figure 13: Mental health-related presentations, per 10,000 population, per age group



While AMA members advise most older patients will not necessarily fill specialised mental health beds, these statistics highlight the changing nature of demand on the public hospitals system due to a growing number of older Australians. Overall, all statistics relating to Australia's ageing 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

Although New South Wales (NSW) added 60 public sector mental health beds in 2022–23, this increase did not offset the loss of 70 beds the previous year. Between 2018–19 and 2022–23, the state's total capacity declined by 58 beds.

Figure 2 highlights a concerning trend: a steady decline in per-person capacity within NSW's public mental health system. Since total bed numbers in NSW peaked in 2016–17, the number of beds per 100,000 people has dropped from 36 to 32. While NSW continues to maintain the highest bed-to-population ratio nationally, this downward trajectory contributes to hospital logjams and limits the system's ability to admit new patients in a timely manner.

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

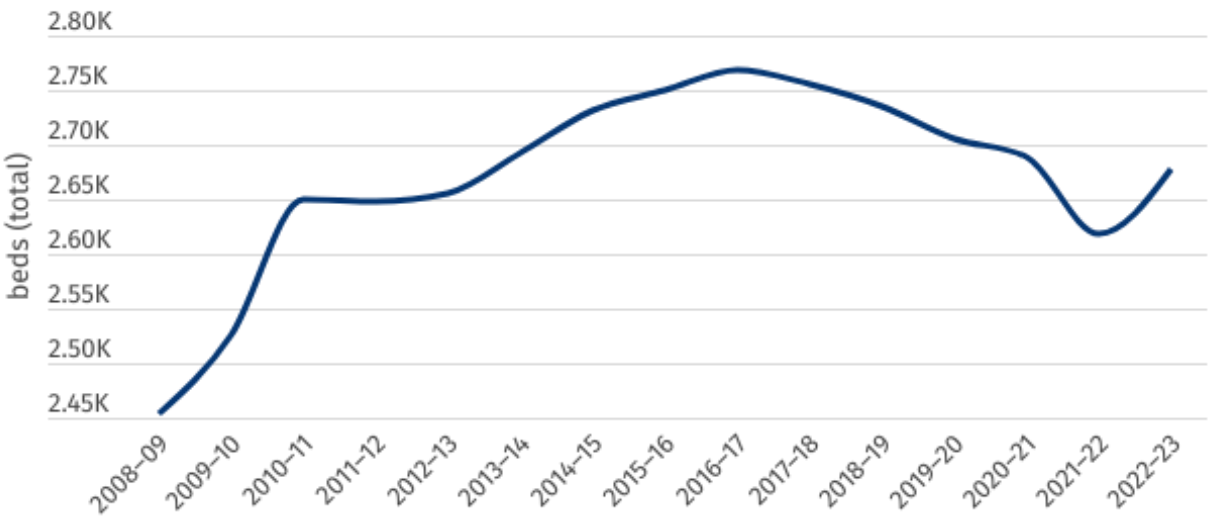
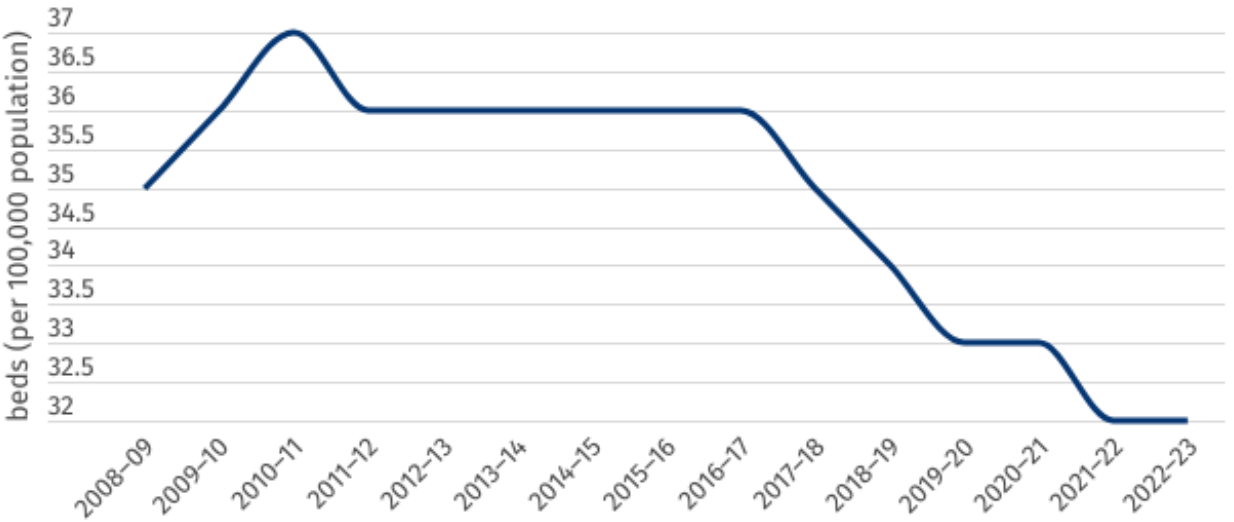


Figure 2 (NSW): Specialised mental health public hospital beds per 100,000 population

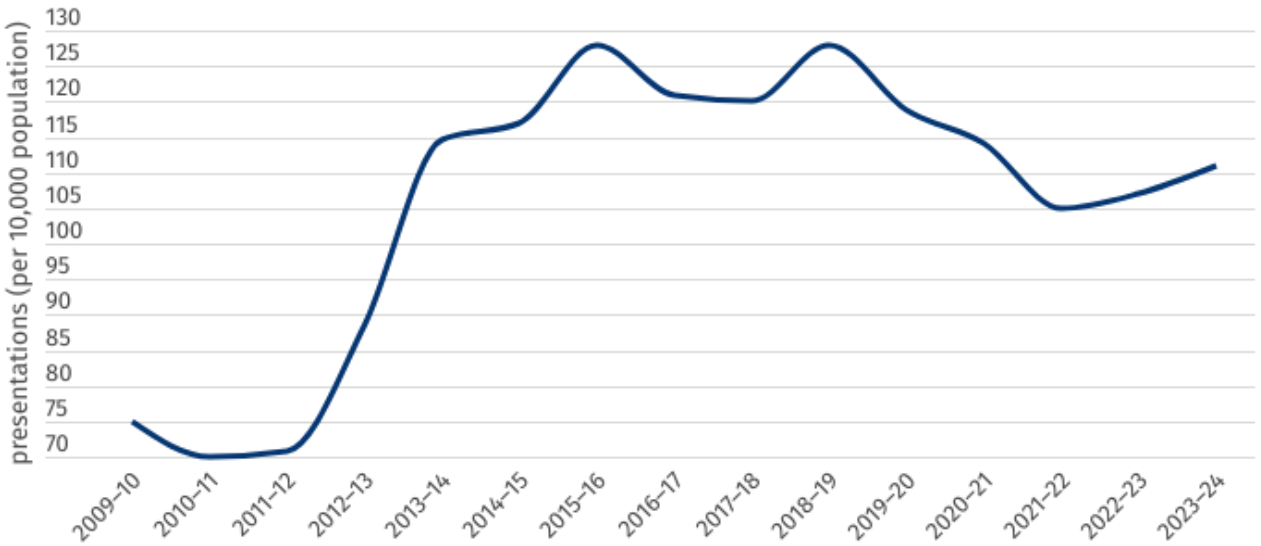


New South Wales

Mental health presentations to ED

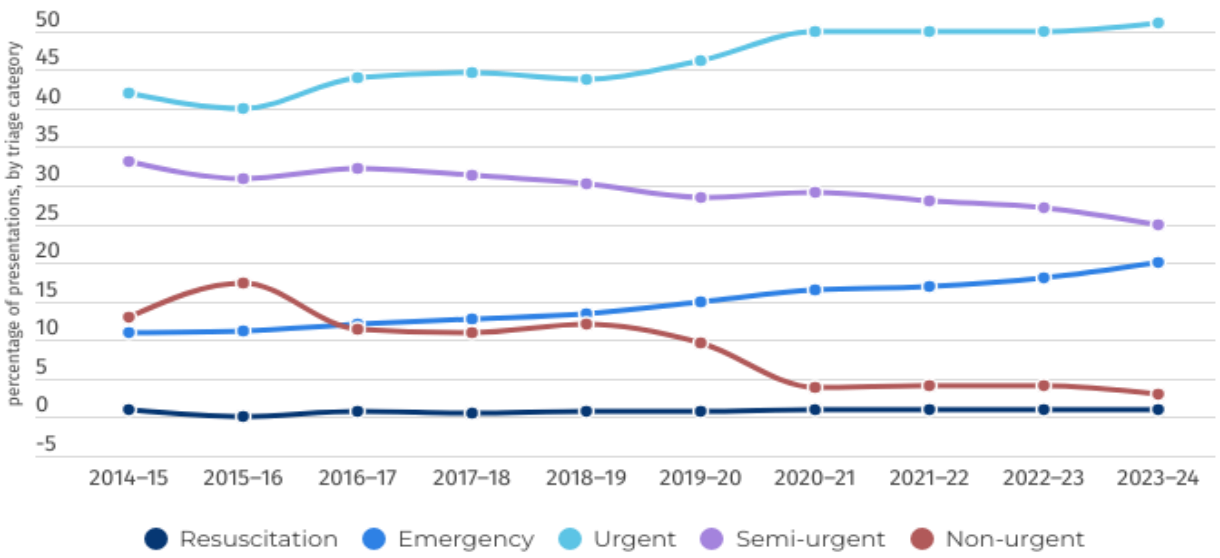
The number of per-person mental health presentations rose for the second year running in 2023–24, from 107 per 10,000 to 111 per 10,000 in NSW. While it is positive to see the number of people presenting to ED with mental health illness has fallen since the peak in 2018–19, the severity of cases continues to rise.

Figure 3 (NSW): Mental health-related presentations to ED, per 10,000 population



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 51 per cent since 2015–16, while "emergency" (within 10 minutes) has risen from 11 to 20 per cent over the same period.

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



New South Wales
Length of stay

This page highlights the length of stay in EDs for mental health patients in NSW.

Reflecting national trends, NSW has experienced a consistent and concerning rise in median ED wait times. Currently, 10 per cent of mental health patients wait 26 hours in overcrowded and high-stress EDs — a direct consequence of under-capacity and under-resourced hospitals.

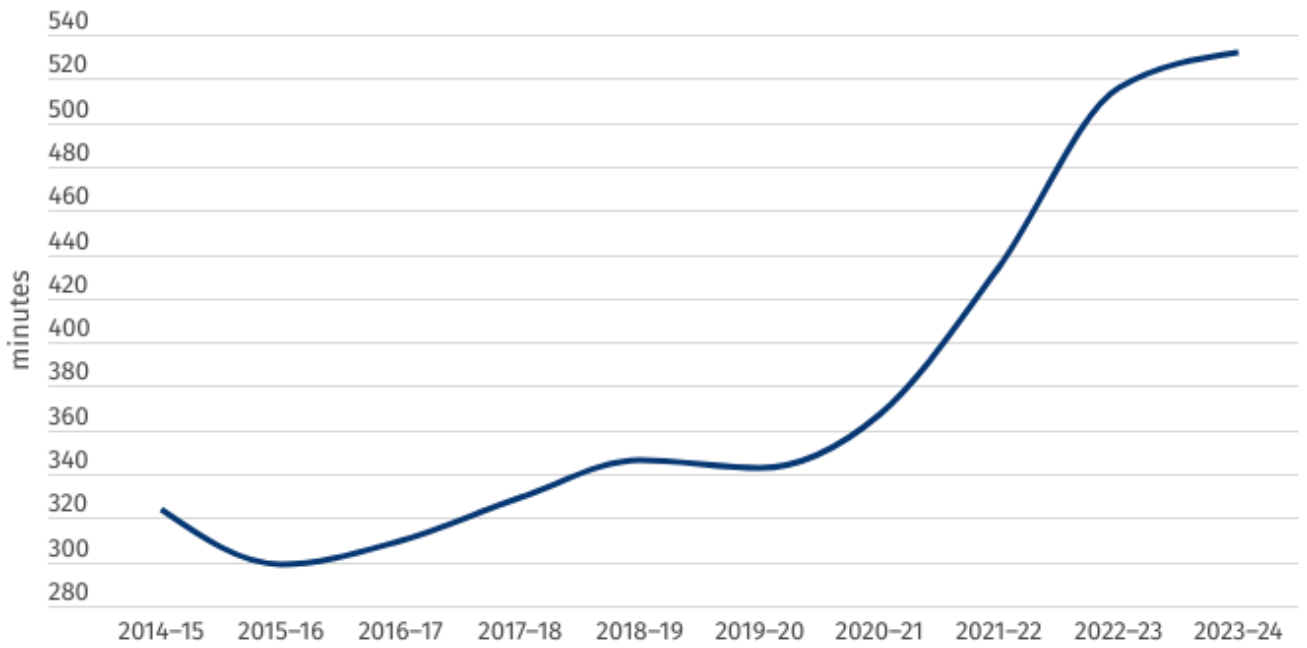
Figure 6 shows the concerning increase in the median waiting time in ED. The median NSW mental health patient who is eventually admitted to an impatient bed will spend more than three hours longer in emergency departments than they were just four years prior (2019–20), with a 64 per cent increase in wait time since 2014–15.

This persistent rise in ED wait times not only affects patient wellbeing and staff safety, but also signals a system under severe strain and consistent logjam.

Figure 5 (NSW): Length of stay in ED

NSW	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	5.43	6.07	7.14	8.36	8:52
Presentations ending in admission (90th percentile) hr:min	20.13	20.21	22.33	25.57	26:02
All MH presentations (median) hr:min	3.27	3.48	4.13	4.51	5:06
All MH presentations (90th percentile) hr:min	11.53	13.03	15.23	18.23	19:03

Figure 6 (NSW): Admitted mental health patients — median length of stay in ED

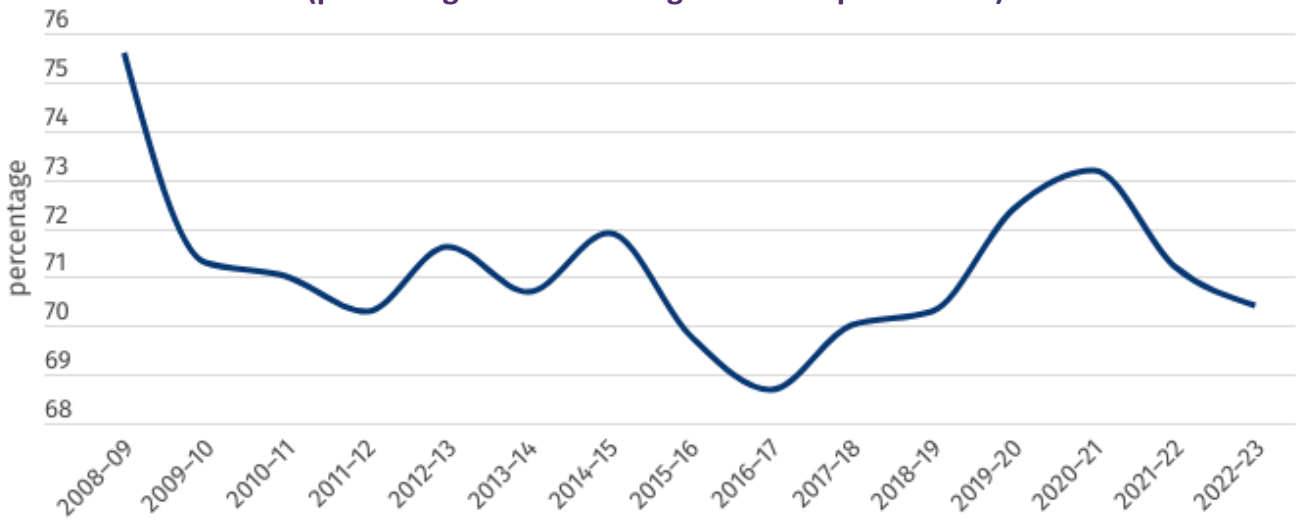


New South Wales

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who saw a significant improvement to their clinical outcome due to public hospital inpatient care, according to the National Outcomes and Casemix Collection (NOCC). While these figures cannot be compared across jurisdictions, 70.4 per cent of mental health-related public hospital inpatients surveyed saw a significant improvement as a result of their treatment in 2022–23 across NSW, a figure that has remained largely steady for the past 10 years.

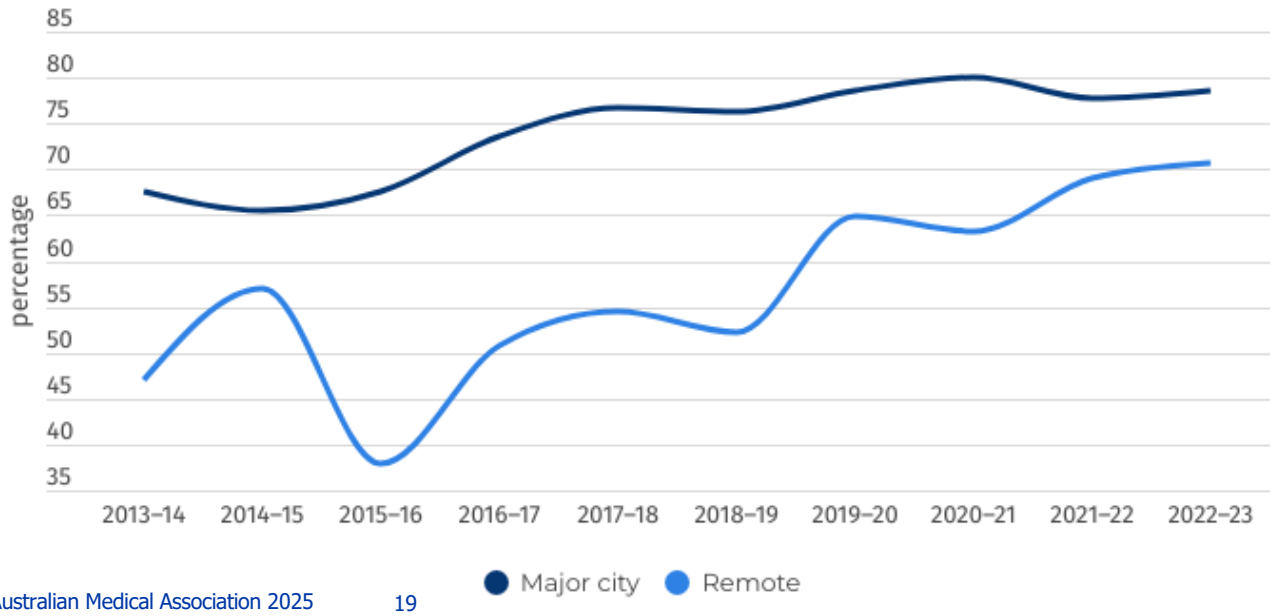
Figure 7 (NSW): Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units — managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge. Over the past 10 years, NSW has shown strong improvement in this category, particularly among patients in remote areas.

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



Victoria

Mental health capacity in public hospitals

While Victoria saw a significant increase in the number of mental health beds between 2012–13 and 2020–21, the total number of public sector mental health beds has declined over the past two years — down 53 beds from its peak.

Figures 1 and 2 illustrate a familiar trend in Australia's public health system: ongoing investment in new hospital beds has been offset by a growing and ageing population. Consequently, increases in total bed numbers have not resulted in improved per-capita capacity.

Currently, Victoria has 22 beds per 100,000 people — well below the national average of 27. This shortfall highlights the urgent need for further investment to ensure Victoria's public hospitals can adequately care for people experiencing acute mental health issues.

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

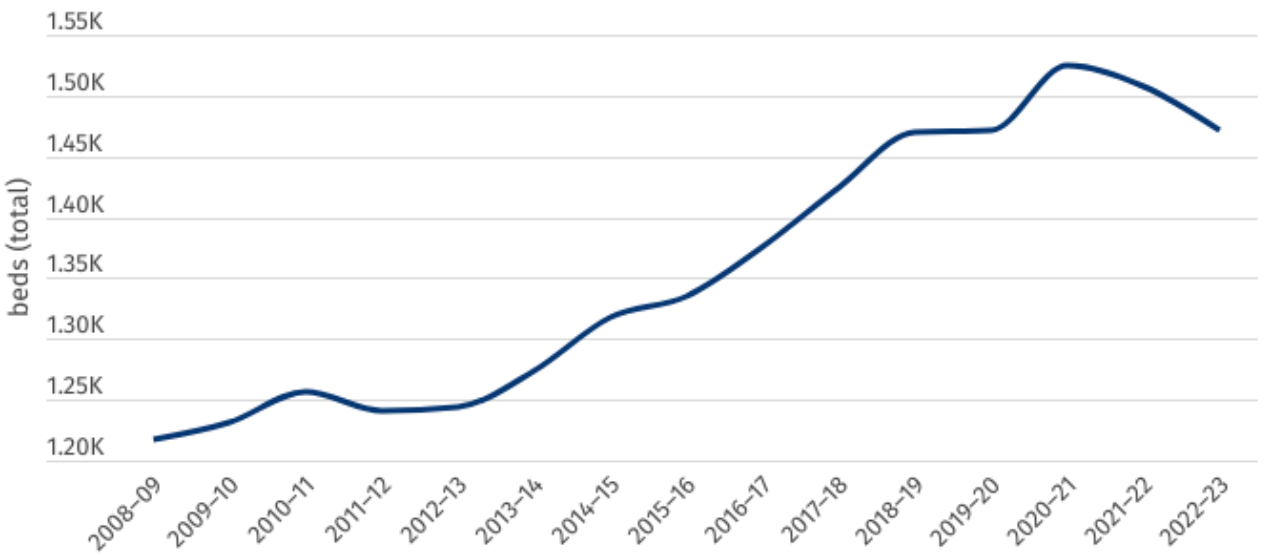
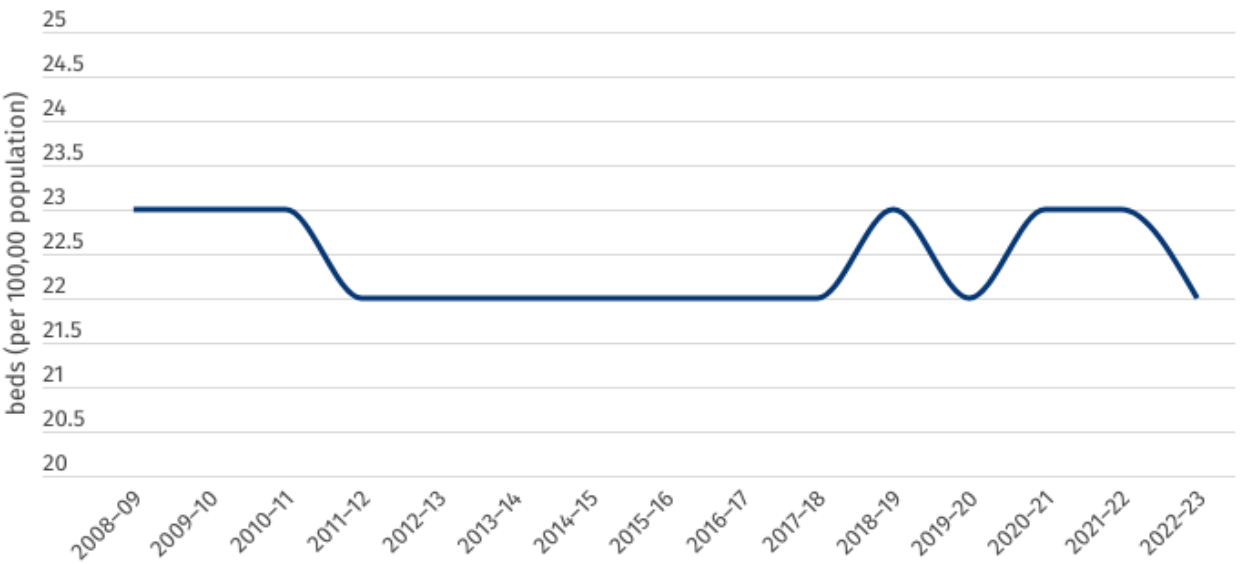


Figure 2 (Vic): Specialised mental health public hospital beds per 100,000 population

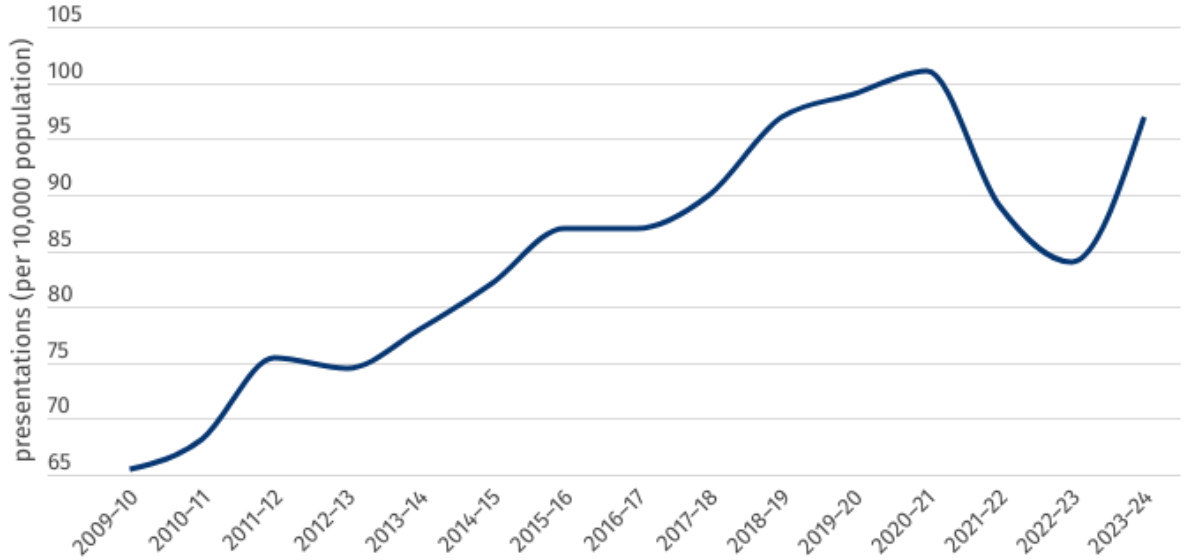


Victoria

Mental health presentations to ED

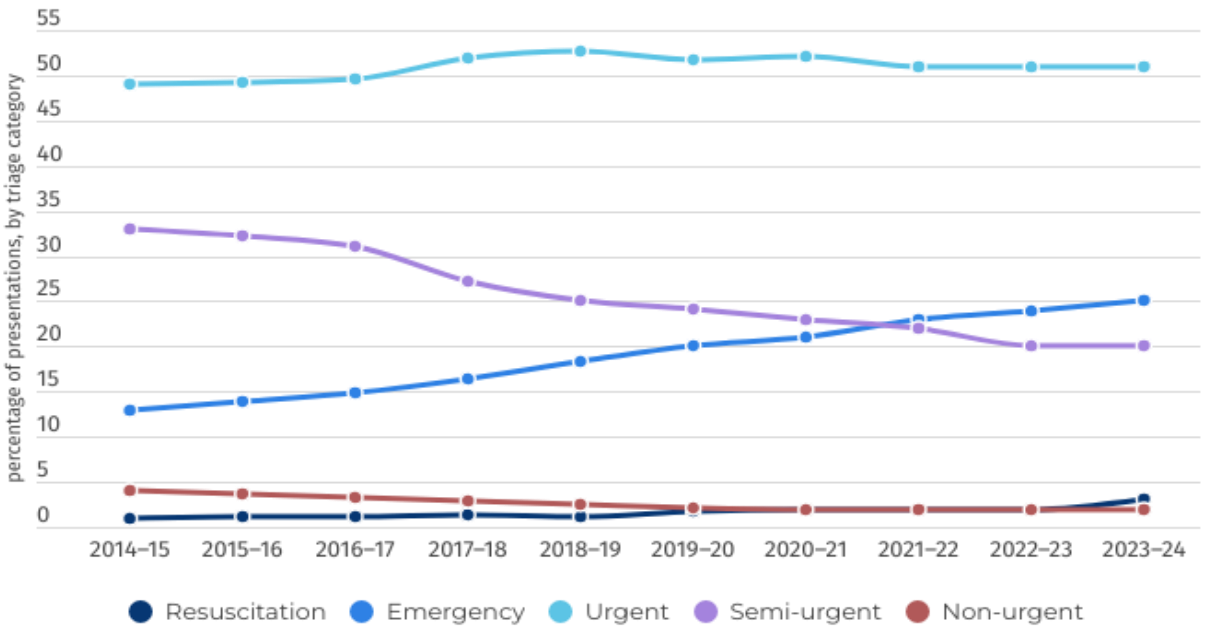
The number of mental health-related presentations per capita in Victoria rose significantly — from 87 per 10,000 in 2015–16 to 97 per 10,000 in 2023–24 (Figure 3). Despite this sharp annual increase, Victoria continues to record the lowest per-person rate of mental health presentations of any jurisdiction, even as the severity of cases continues to rise.

Figure 3 (Vic): Mental health-related presentations to ED, per 10,000 population



As shown in Figure 4, the most common triage category for mental health presentations remains Category 3, “urgent”, indicating patients should be seen within 30 minutes. More concerningly, the proportion of patients triaged as “emergency” (requiring attention within 10 minutes) has become the second most frequent category, rising from 13 per cent in 2014–15 to 25 per cent in 2023–24.

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



Victoria

Length of stay

This page highlights the length of stay in emergency departments for mental health patients in Victoria.

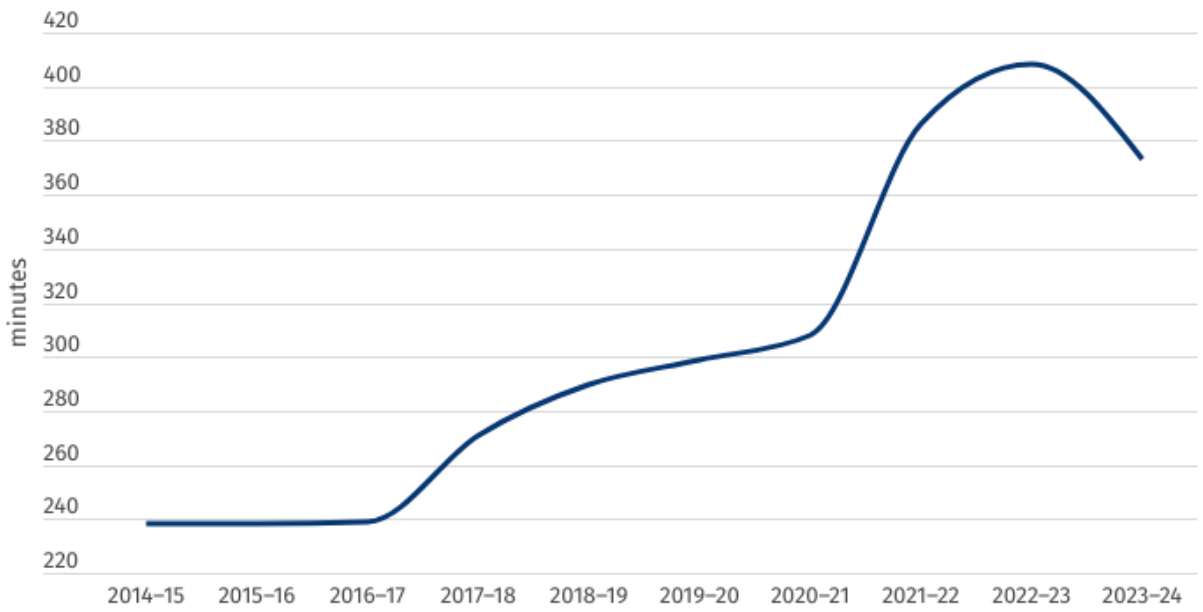
Reflecting national trends, Victoria has experienced a consistent and concerning increase in median ED wait times over the past decade — with a welcome decrease in 2023–24. Despite this improvement, the median mental health patient in Victoria who is eventually admitted to hospital now spends more than an hour longer in ED than they did in 2019–20, representing a 57 per cent increase in wait time since 2014–15.

Due to under-resourced and over-capacity hospitals, 10 per cent of patients now wait more than 22 hours in overcrowded emergency departments before being admitted to an inpatient bed.

Figure 5 (Vic): Length of stay in ED

VIC	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	4:59	5:08	6:26	06:48	6:13
Presentations ending in admission (90th percentile) hr:min	19:27	19:13	21:10	22:37	22:13
All MH presentations (median) hr:min	3:58	4:06	4:50	05:13	5:02
All MH presentations (90th percentile) hr:min	15:03	14:53	17:29	20:01	19:38

Figure 6 (Vic): Admitted mental health patients — median length of stay in ED

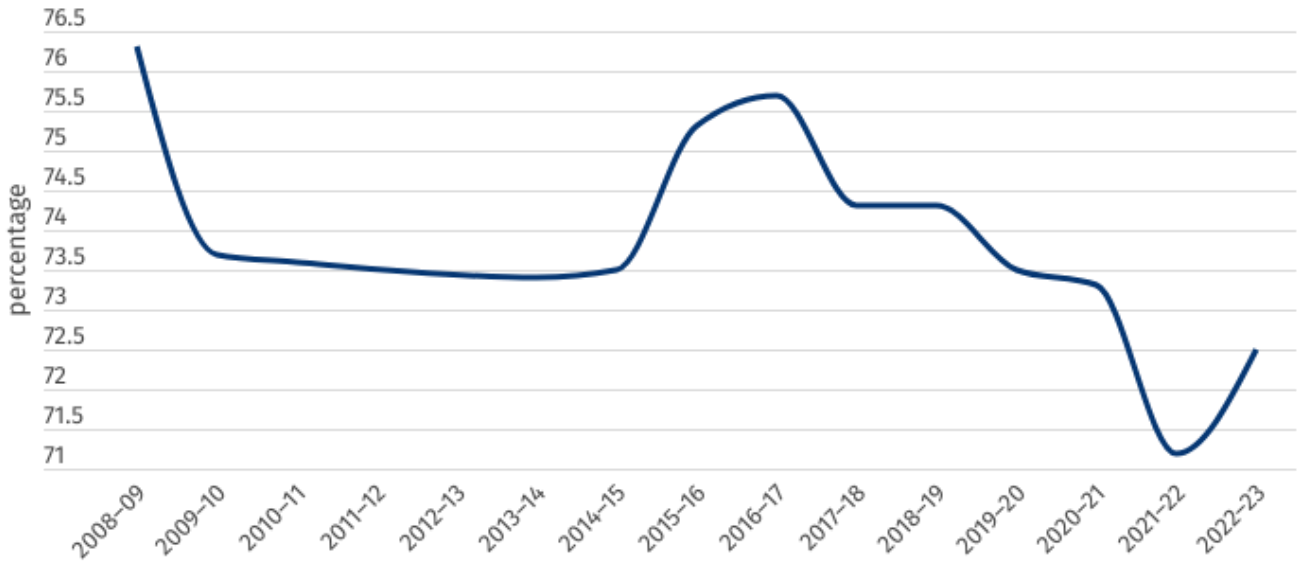


Victoria

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients who experienced a significant improvement in their clinical outcomes, as measured by the National Outcomes and Casemix Collection (NOCC). While these figures are not intended for cross-jurisdictional comparison, 72.5 per cent of surveyed public hospital inpatients in Victoria showed significant improvement following treatment in 2022–23 — the second-lowest result recorded in the past 15 years. Note that data is unavailable for the period between 2011–12 and 2013–14.

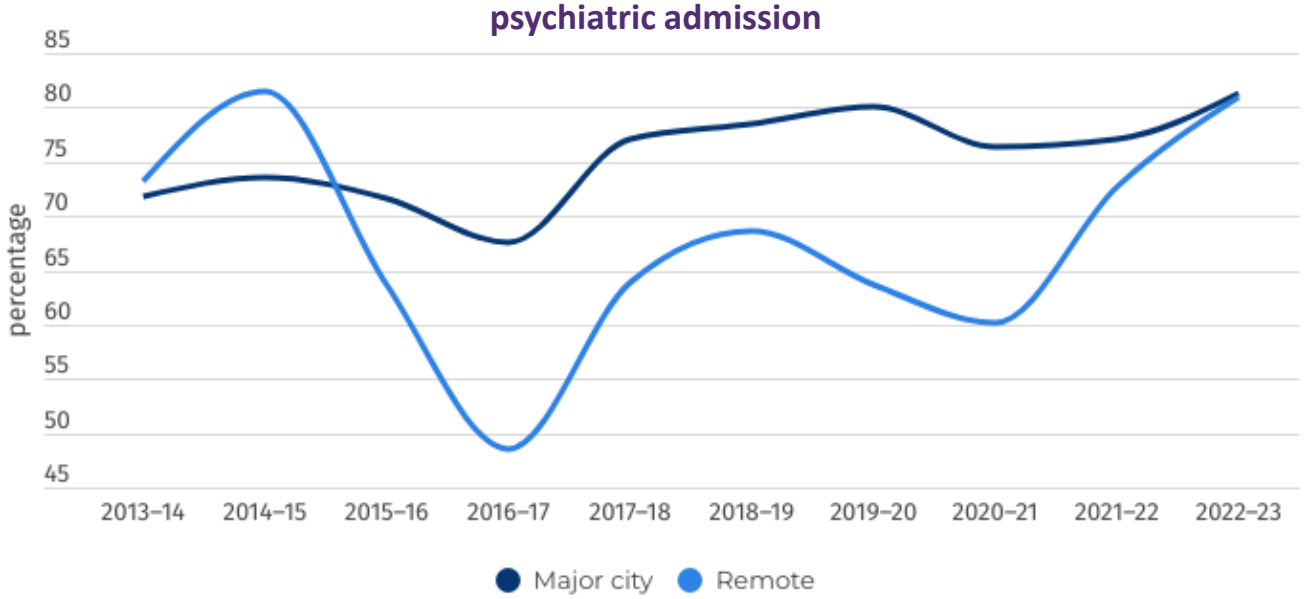
Figure 7 (Vic): Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units — managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge.

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



Queensland

Mental health capacity in public hospitals

Queensland's public hospital mental health capacity has declined significantly since 2016–17. The total number of specialised psychiatric beds in the public hospital system has dropped by 250 beds since that time.

While capacity has fluctuated year to year, the overall trend shown in Figure 2 is clear: the number of public mental health beds per person in Queensland is steadily decreasing. Over the past 15 years, the number of beds per 100,000 residents has fallen from 33 to 24, placing greater strain on hospital staff and contributing to longer emergency department waiting times.

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

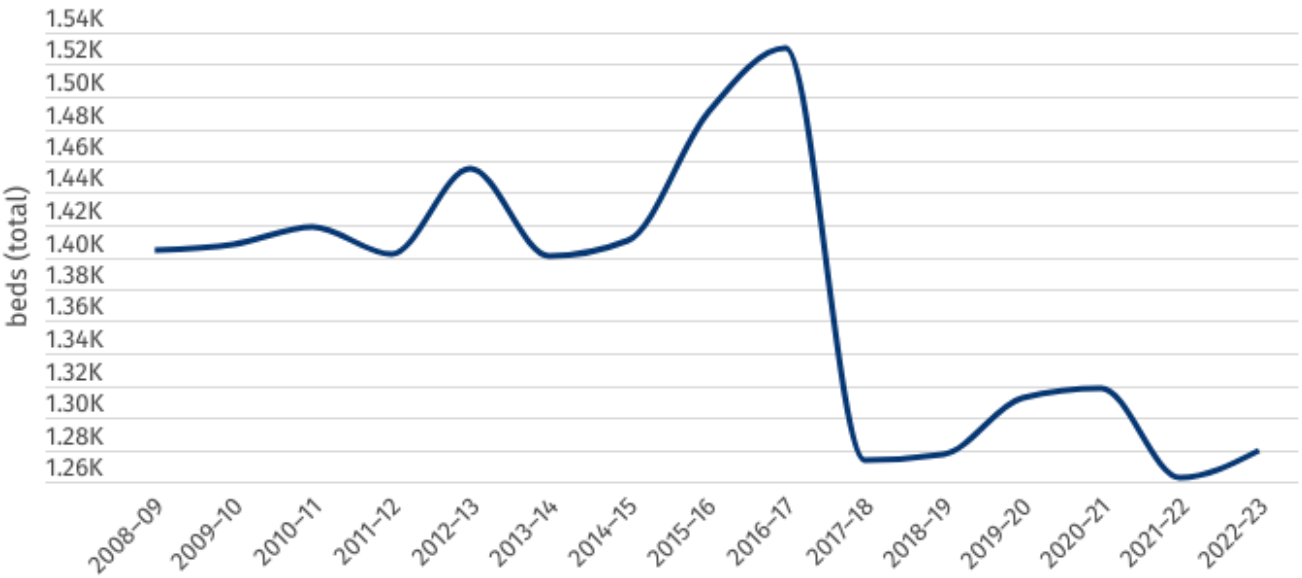


Figure 2 (Qld): Specialised mental health public hospital beds per 100,000 population

Queensland

Mental health presentations to ED

Mental health presentations per capita continued to rise in Queensland in 2023–24, with the rate increasing from 96 to 130 per 10,000 people over the past 15 years.

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 fasted growing triage category is “emergency”, reflecting the rising prevalence of severe mental health problems within the community.

Figure 3 (Qld): Mental health-related presentations to ED, per 10,000 population

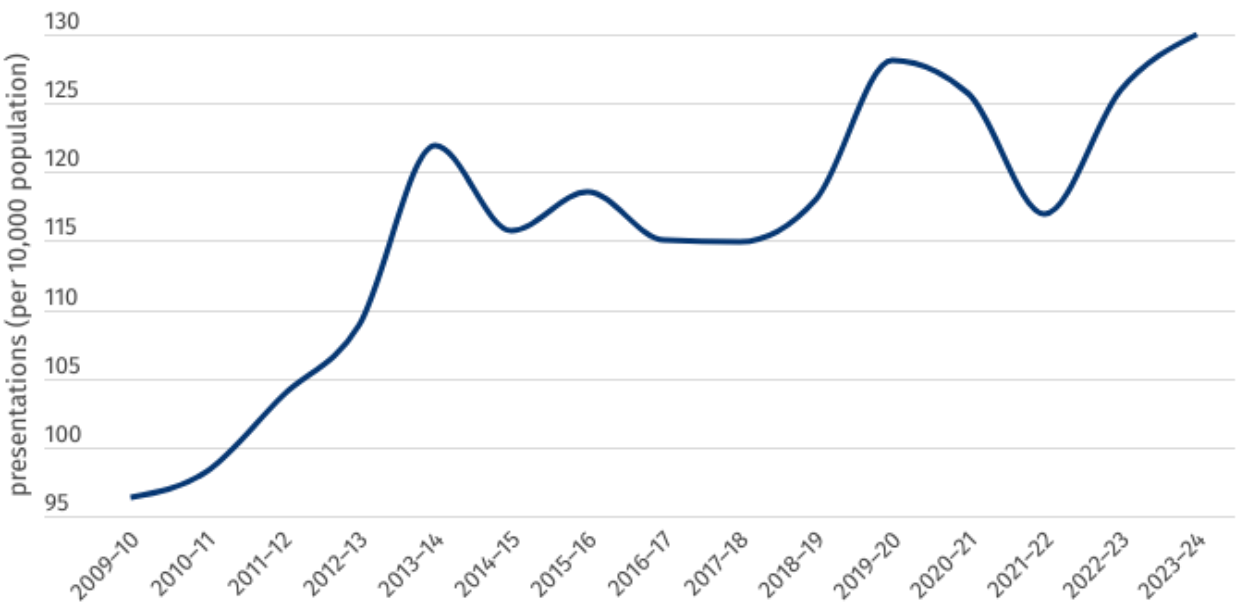
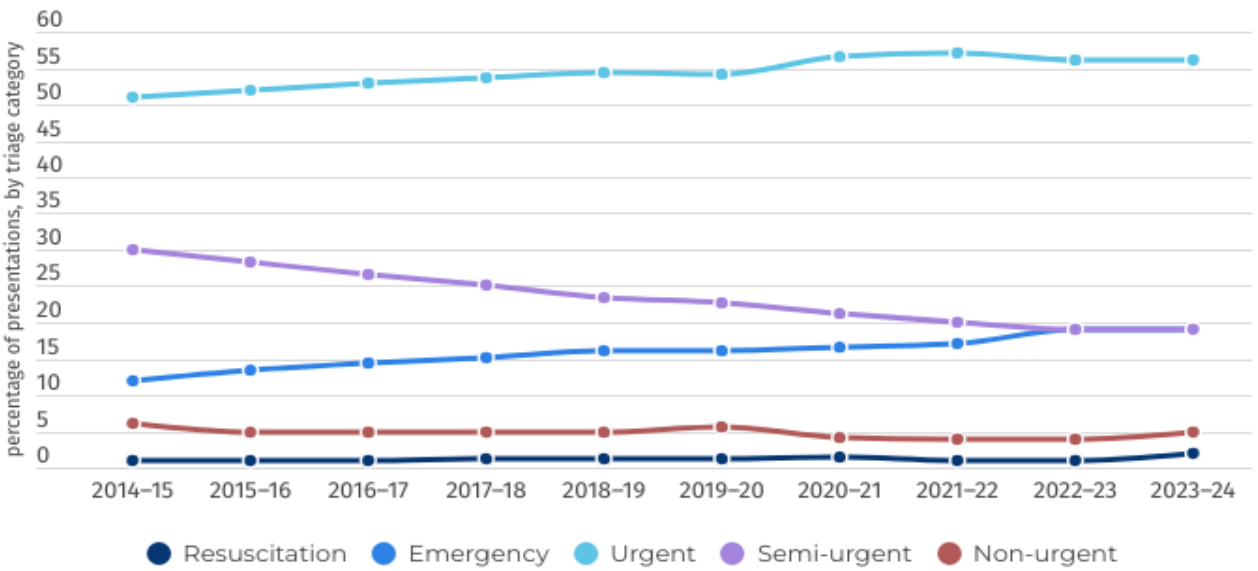


Figure 4 (Qld): Mental health-related ED presentations, by triage category, per cent



Queensland
Length of stay

This page highlights the length of stay in emergency departments for mental health patients in Queensland.

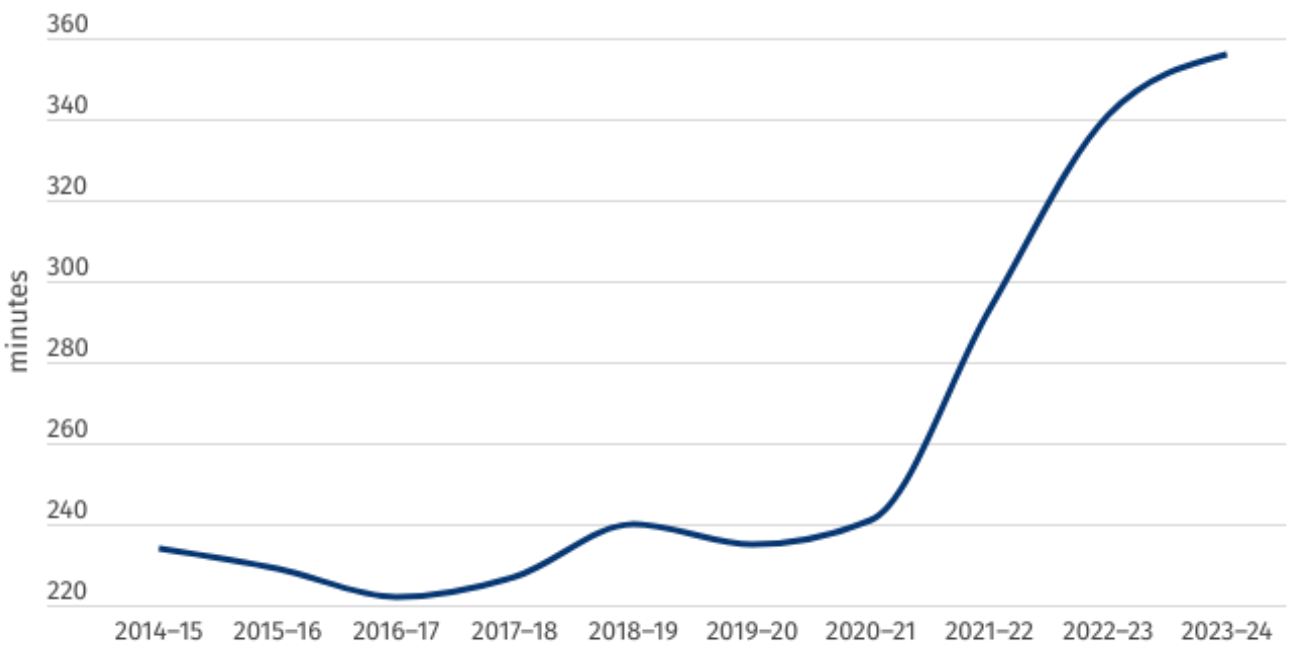
Although ED wait times for mental health care remained relatively stable between 2014–15 and 2020–21, Queensland has experienced a sharp increase in recent years.

The median mental health patient who is eventually admitted now spends more than two hours longer in ED than they did just four years ago (2019–20) — a 52 per cent increase in wait time over the past decade. Alarmingly, one in 10 patients now waits more than 20 hours in overcrowded and high-stress ED environments, driven by hospital overcapacity and chronic under-resourcing.

Figure 5 (Qld): Length of stay in ED

QLD	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	3:55	4:01	4:53	05:41	5:56
Presentations ending in admission (90th percentile) hr:min	12:26	12:37	15:24	19:01	20:40
All MH presentations (median) hr:min	3:19	3:37	4:01	04:27	4:34
All MH presentations (90th percentile) hr:min	9:53	10:23	12:02	14:03	15:08

Figure 6 (Qld): Admitted mental health patients — median length of stay in ED



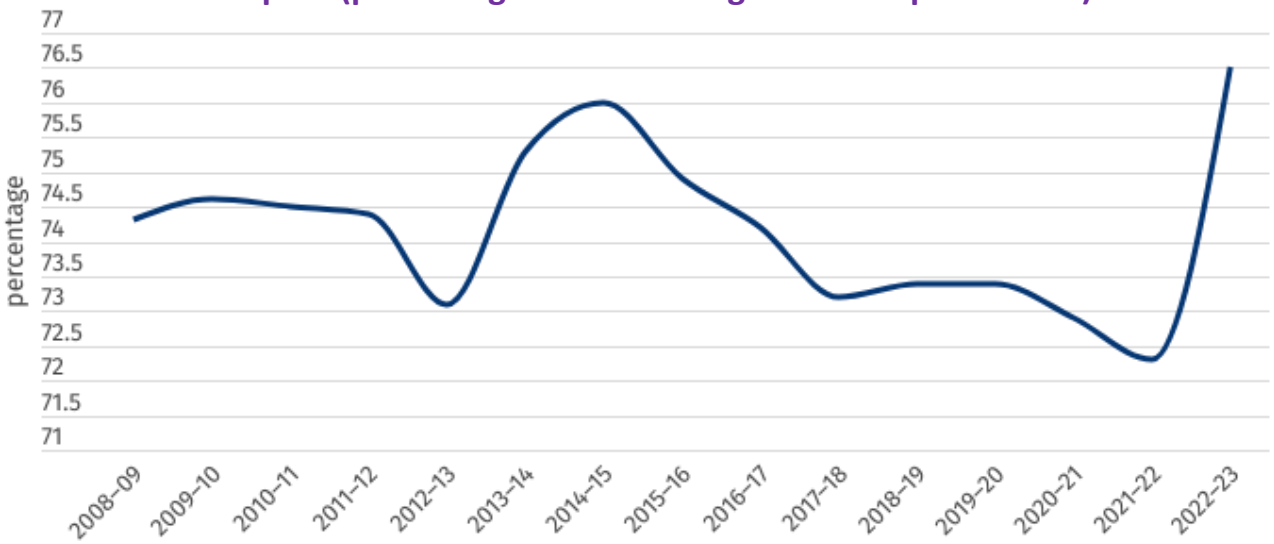
Queensland

Clinical outcomes

Figure 7 presents the percentage of public hospital inpatients receiving mental healthcare who showed significant clinical improvement, as measured by the National Outcomes and Casemix Collection (NOCC).

While these figures are not intended for cross-jurisdictional comparison, Queensland recorded its strongest result in 15 years in 2022–23, with 76.5 per cent of surveyed inpatients reporting a "significant" improvement following treatment.

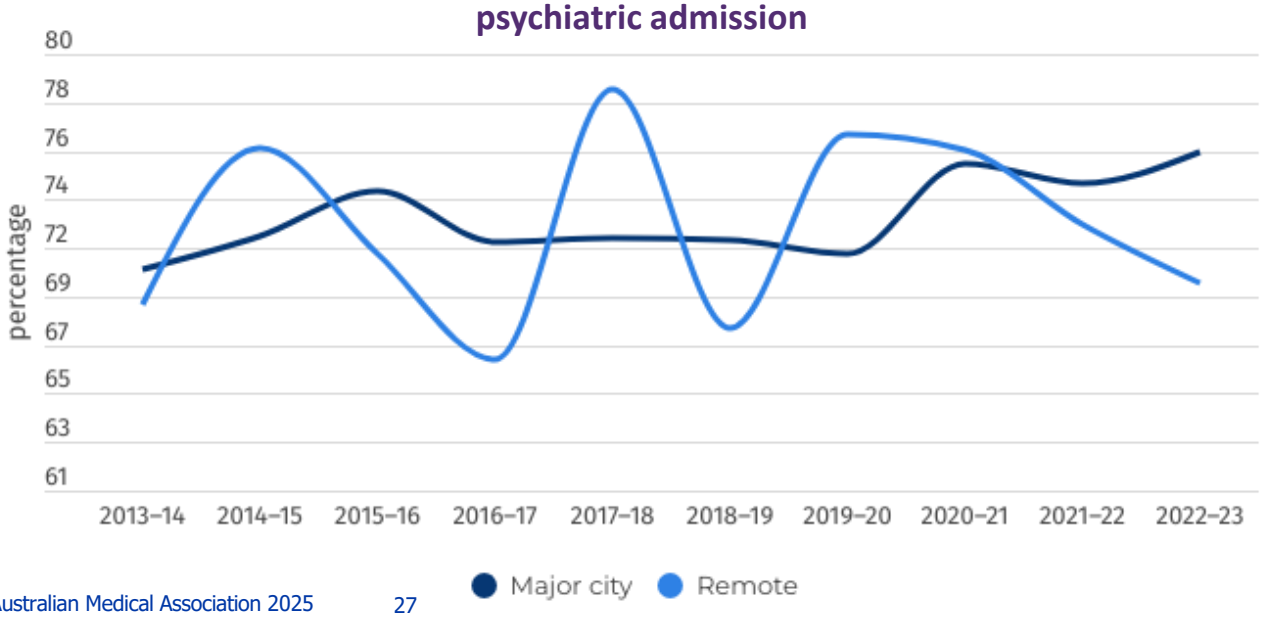
Figure 7 (Qld): Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units — managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge.

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



Western Australia

Mental health capacity in public hospitals

Western Australia has steadily increased the number of specialised public hospital beds for mental health over the past decade, with total beds rising from 678 in 2008–09 to 856 in 2022–23. The AMA welcomed the addition of 57 new beds in the most recent year.

However, this growth has merely kept pace with WA's population increase. Consequently, the number of mental health beds per 100,000 residents has slightly declined over the same period, reaching 30 per 100,000 in 2023–24. Consistent with trends across most states, these figures underscore the need to invest in public hospital capacity at a rate that matches population growth.

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

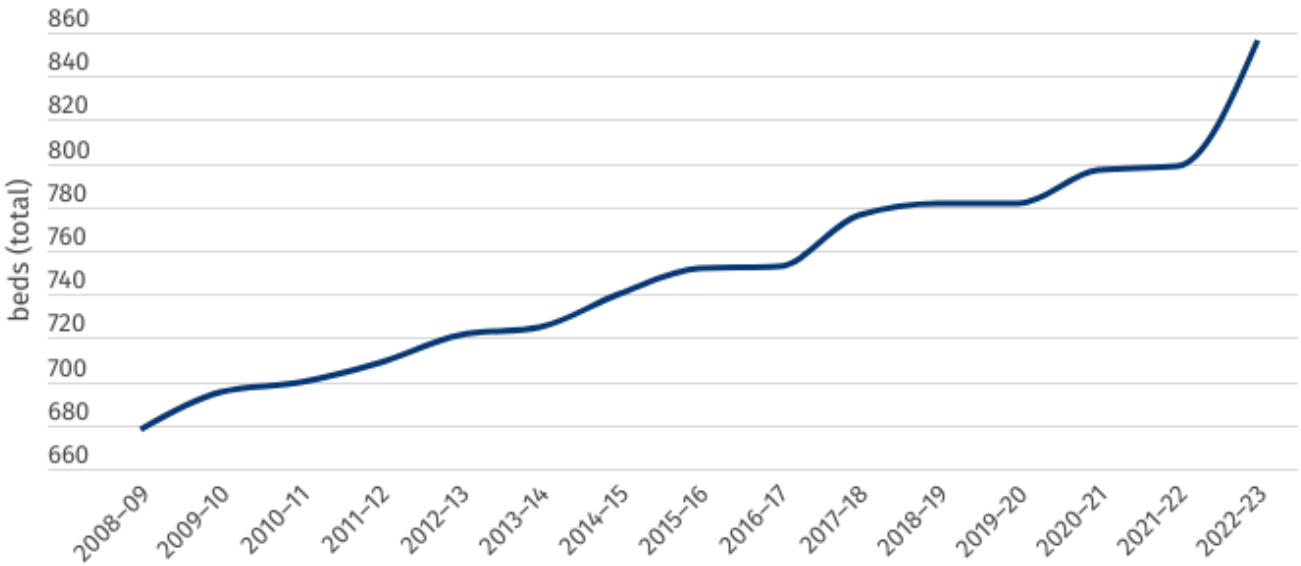
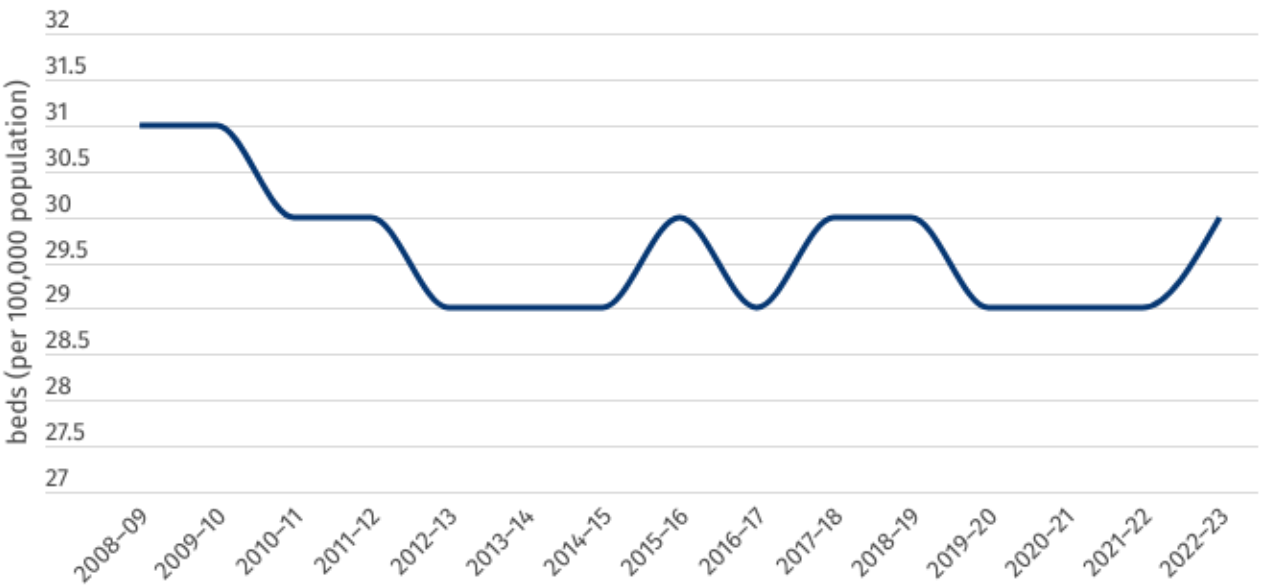


Figure 2 (WA): Specialised mental health public hospital beds per 100,000 population



Western Australia

Mental Health Presentations to ED

Following national trends, the per-person rate of mental health presentations to Western Australian emergency departments rose in 2023–24 after falling during the years affected by COVID-19. In the past 15 years since 2009–10, the rate of presentations per 10,000 people has almost doubled, up from 67 to 130.

While WA had the lowest rate of per-person presentations 20 years ago, as of 2023–24, Western Australians are presenting to EDs with mental health illnesses at the equal second-highest rate in the country, signalling a concerning rise in unmet mental health needs within the population.

Figure 3 (WA): Mental health-related presentations to ED, per 10,000 population

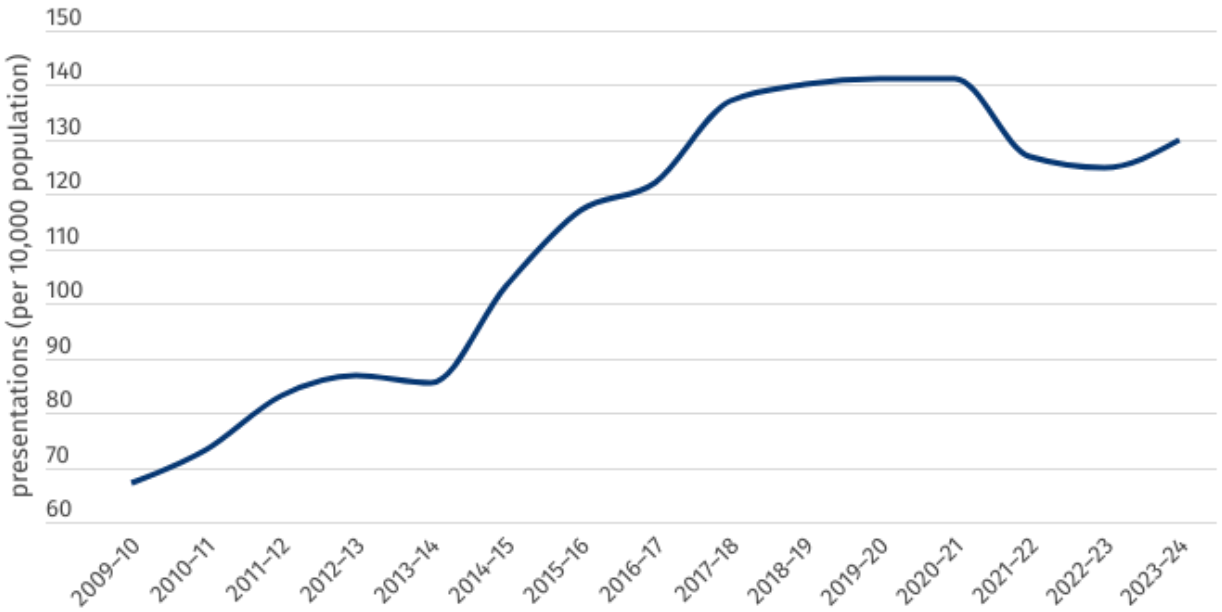
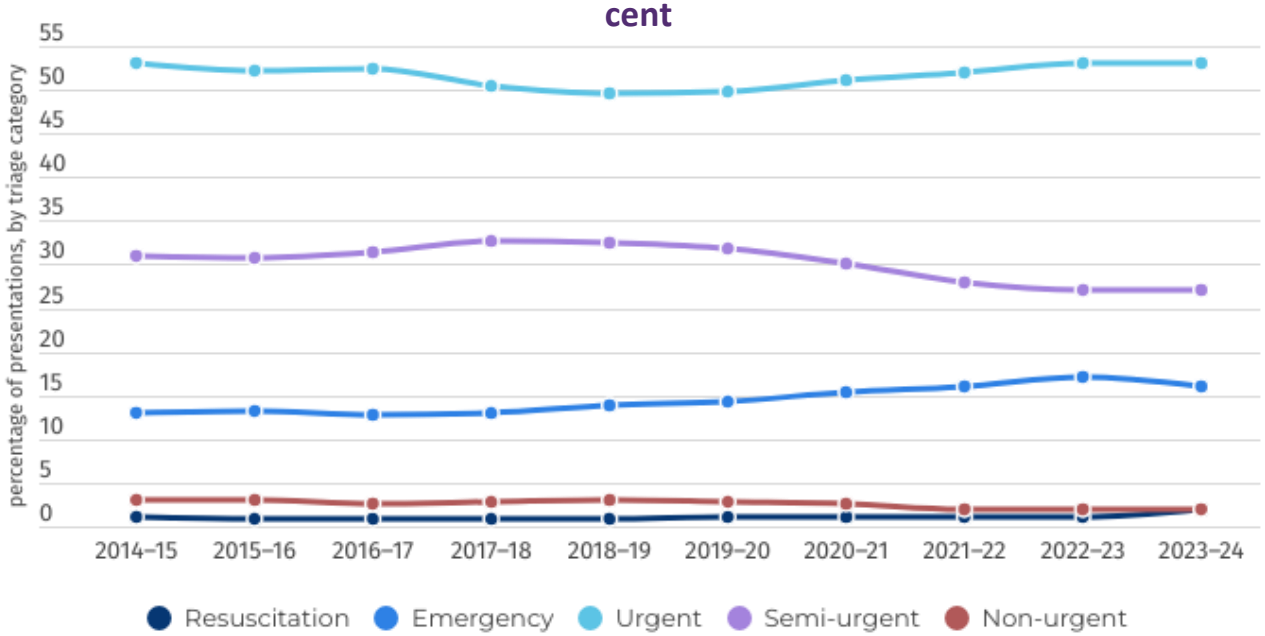


Figure 4 (WA): Mental health-related ED presentations, by triage category, per cent



Western Australia
Length of stay

This page highlights the length of stay in EDs for mental health patients in Western Australia.

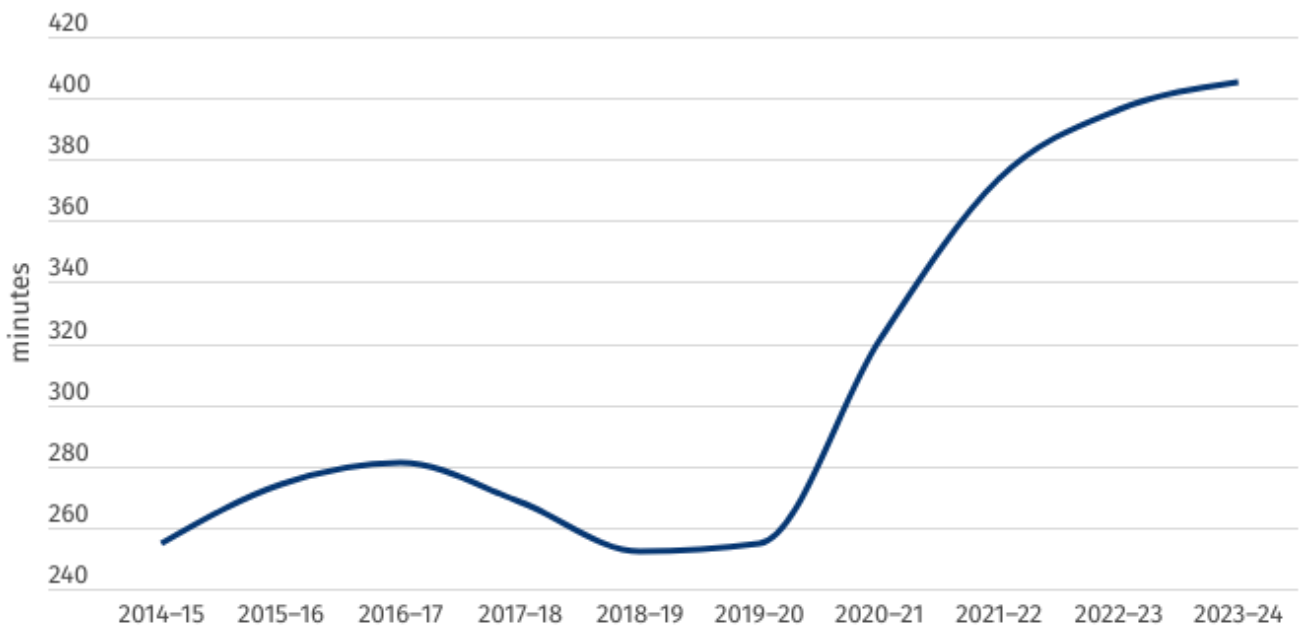
Despite increased inpatient capacity, Western Australia has seen a consistent rise in the median time mental health patients spend in EDs. Currently, 10 per cent of patients who are eventually admitted wait nearly a full day — 21.5 hours — in the emergency department.

Figure 6 shows a concerning upward trend in median ED wait times. The median mental health patient in WA now spends two and a half hours longer in ED than they did before COVID-19, representing a 59 per cent increase over the past decade.

Figure 5 (WA): Length of stay in ED

WA	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	4:15	5:21	6:14	06:36	6:45
Presentations ending in admission (90th percentile) hr:min	14:32	18:53	20:02	21:30	21:37
All MH presentations (median) hr:min	3:41	4:09	4:47	05:01	5:04
All MH presentations (90th percentile) hr:min	14:36	16:10	17:04	18:15	18:04

Figure 6 (WA): Admitted mental health patients — median length of stay in ED



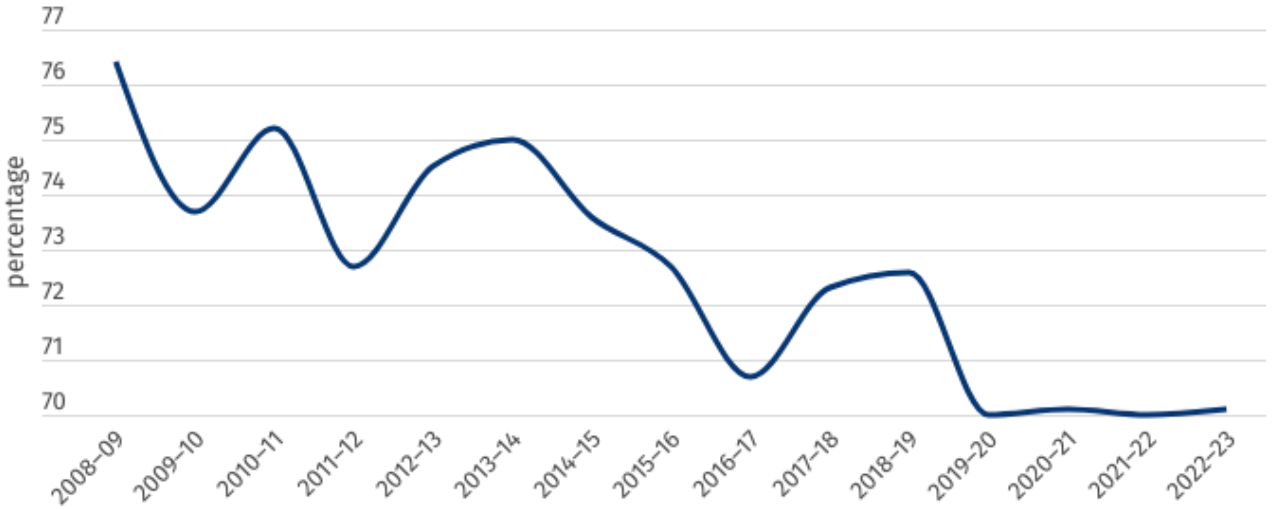
Western Australia

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients in Western Australia who experienced significant clinical improvement, as measured by the National Outcomes and Casemix Collection (NOCC).

While these figures are not intended for cross-jurisdictional comparison, 70.1 per cent of surveyed public hospital inpatients reported "significant improvement" following treatment in 2022–23. This result matches Western Australia's historically low performance, which has remained unchanged for the past four years.

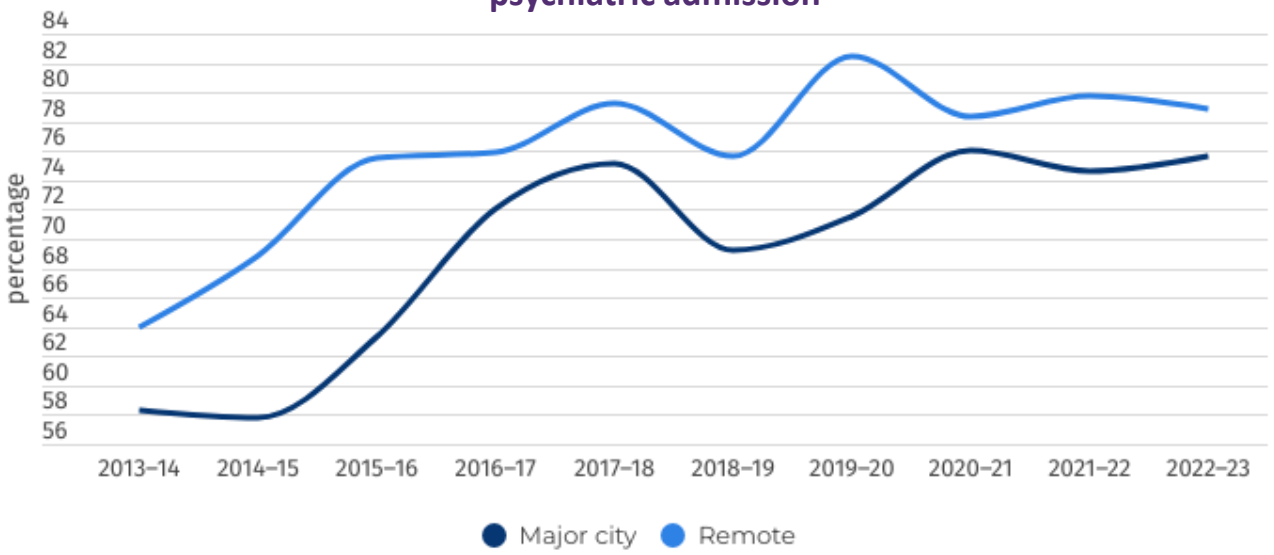
Figure 7 (WA): Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units — managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge.

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



South Australia

Mental health capacity in public hospitals

After a prolonged decline in mental health capacity, South Australia's public hospitals have gradually increased the number of specialised mental health beds since 2017–18, adding 57 beds over that period (Figure 1).

South Australia now has 28 specialised mental health public hospital beds per 100,000 residents (Figure 2) — slightly above the national average.

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

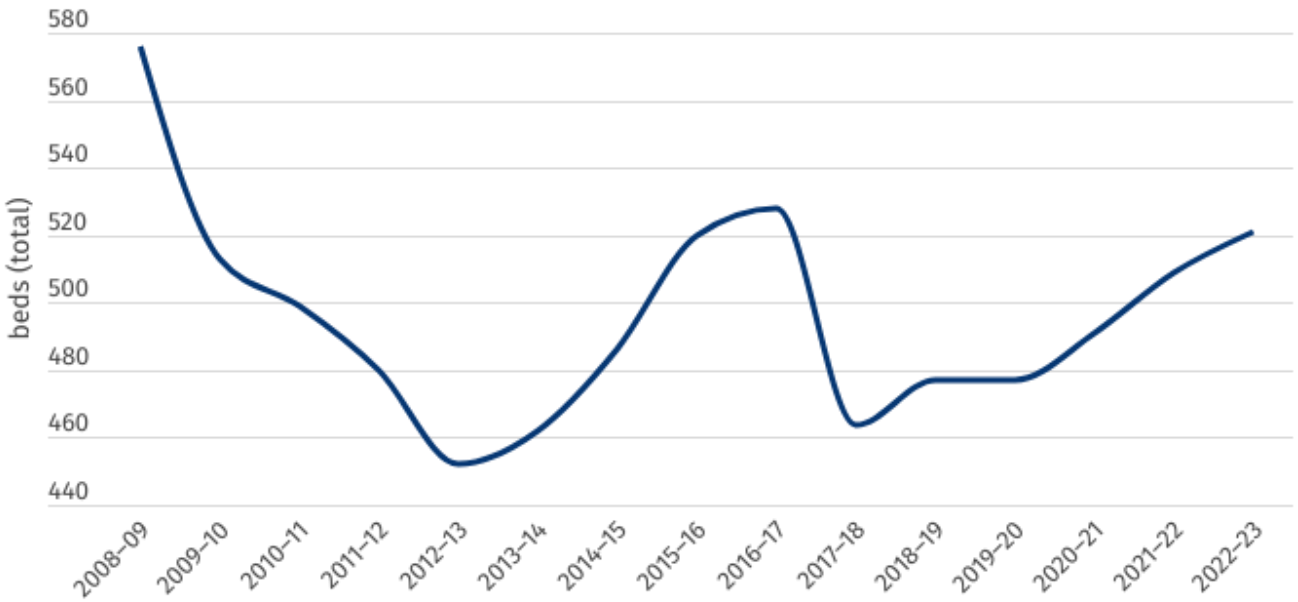
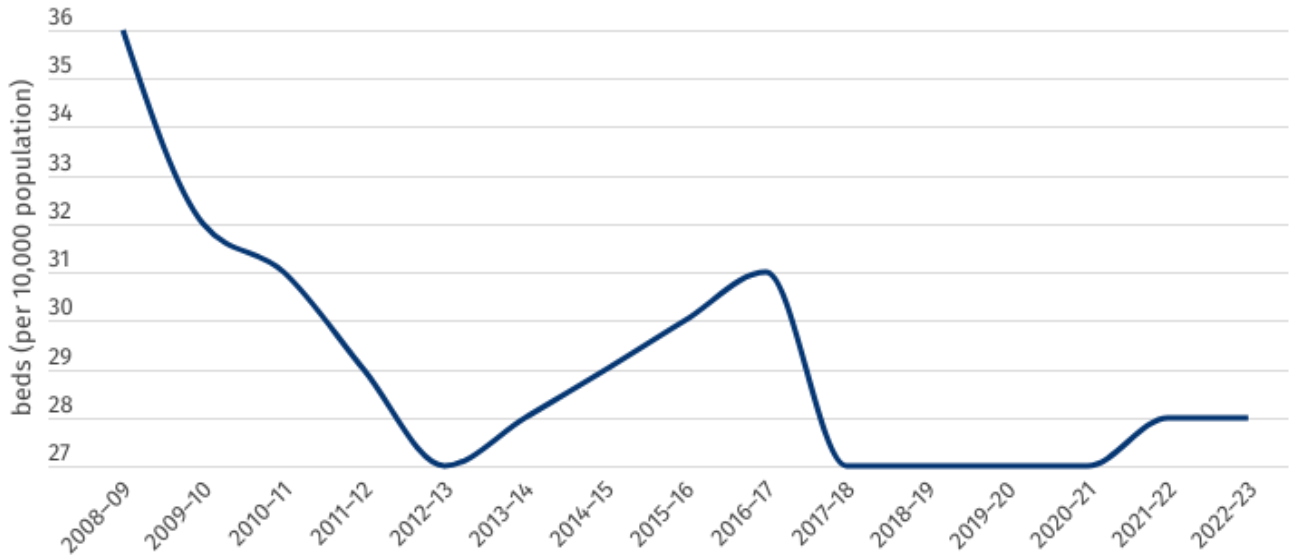


Figure 2 (SA): Specialised mental health public hospital beds per 100,000 population



South Australia

Mental health presentations to ED

After three consecutive years of decline, South Australia's per-capita rate of mental health-related ED presentations rose in 2023–24 to 119 presentations per 10,000 people (Figure 3). While this is the second-lowest rate recorded in the past decade, it remains above the national average.

Figure 4 shows the proportion of patients triaged as emergency has increased for the fourth consecutive year, rising from 15 per cent in 2019–20 to 21 per cent in 2023–24.

Figure 3 (SA): Mental health-related presentations to ED, per 10,000 population

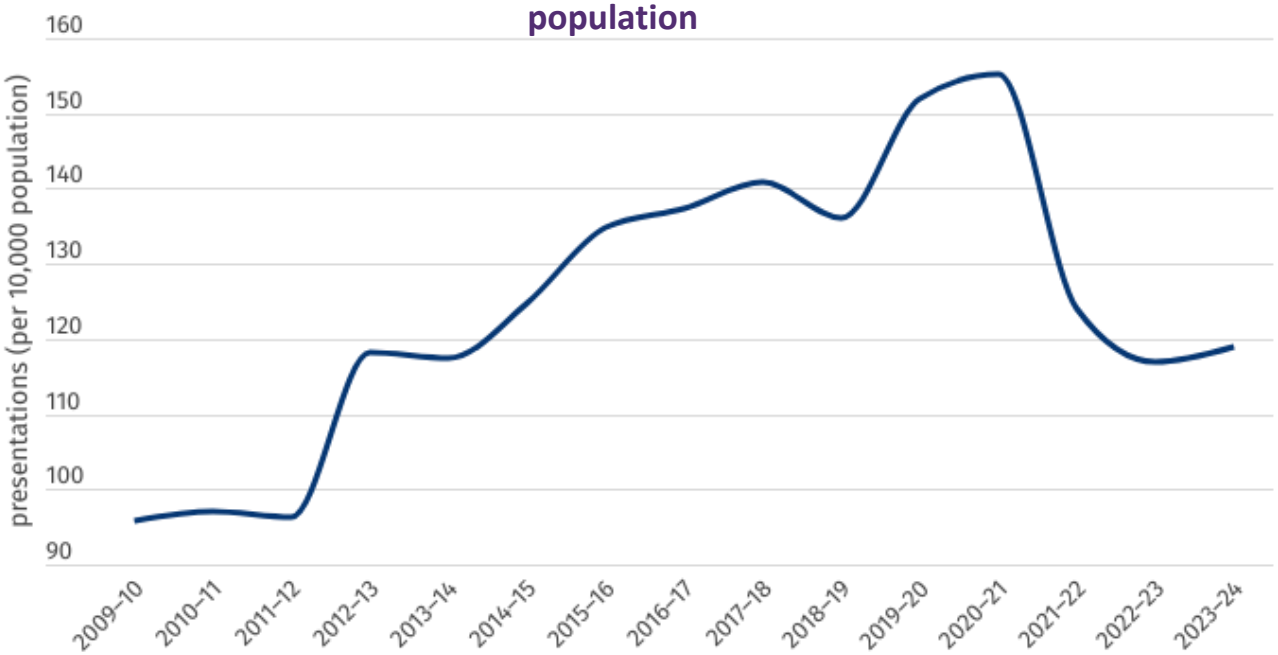
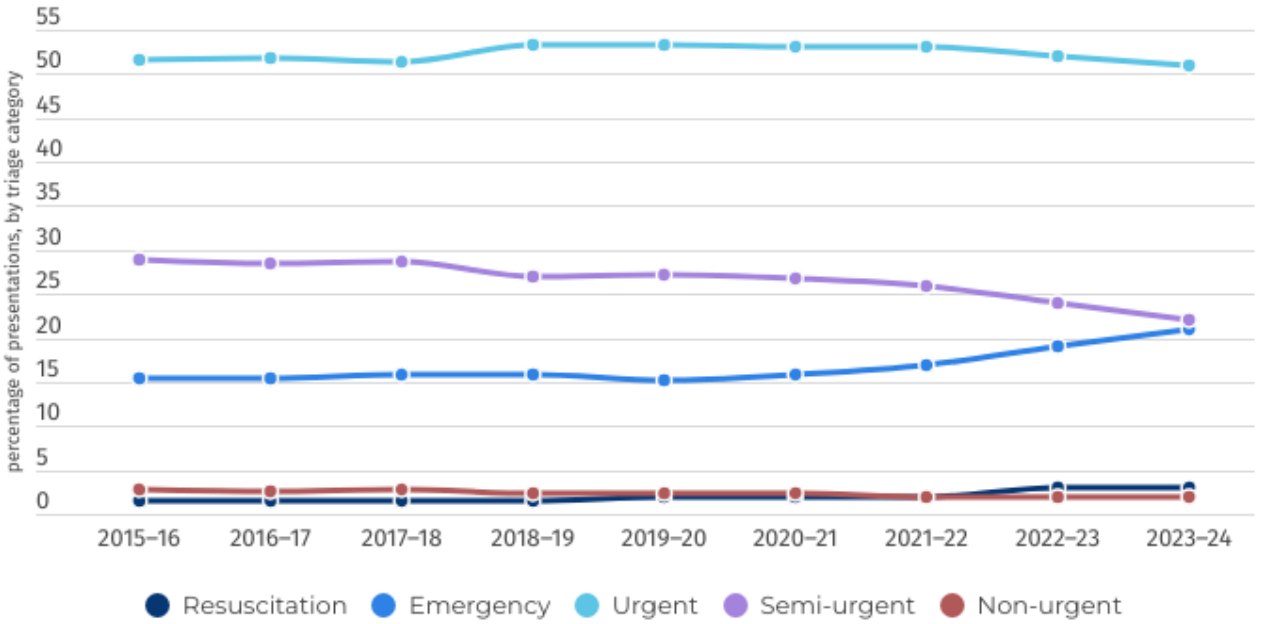


Figure 4 (SA): Mental health-related ED presentations, by triage category, per cent



South Australia
Length of stay

This page highlights the length of stay in EDs for mental health patients in South Australia.

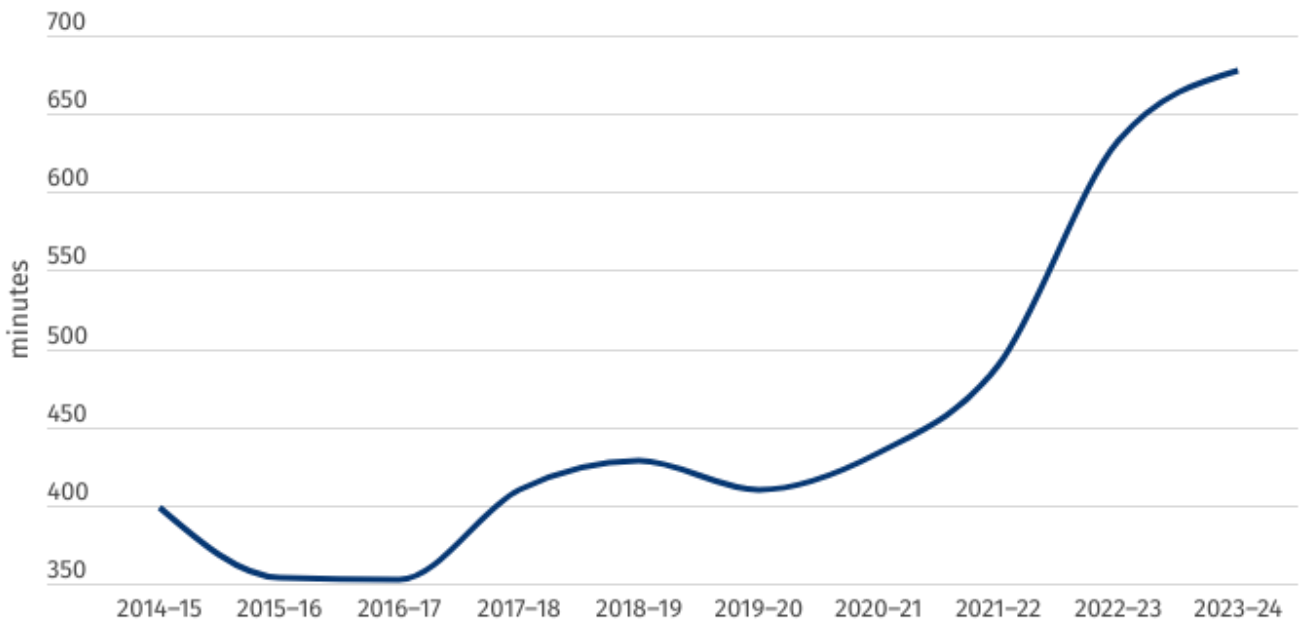
Over the past five years, South Australia has experienced a consistent increase in the median time mental health patients spend in EDs. The median patient who is eventually admitted now waits nearly four and a half hours longer than they did four years ago (2019–20) — a 70 per cent increase over the past decade (Figures 5 and 6). Currently, 10 per cent of admitted patients wait more than 35 hours — almost a day and a half — in an ED. This is the worst result nationally for this metric.

Extended ED wait times and ambulance ramping are symptoms of a system in gridlock, where overworked staff are unable to admit new patients due to exit block, under-resourced facilities, and broader systemic pressures.

Figure 5 (SA): Length of stay in ED

SA	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	6:50	7:13	8:09	10:33	11:18
Presentations ending in admission (90th percentile) hr:min	27:45	26:53	30:02	31:19	35:46
All MH presentations (median) hr:min	4:36	4:51	5:15	06:25	7:02
All MH presentations (90th percentile) hr:min	20:02	18:53	21:08	23:32	25:50

Figure 6 (SA): Admitted mental health patients — median length of stay in ED



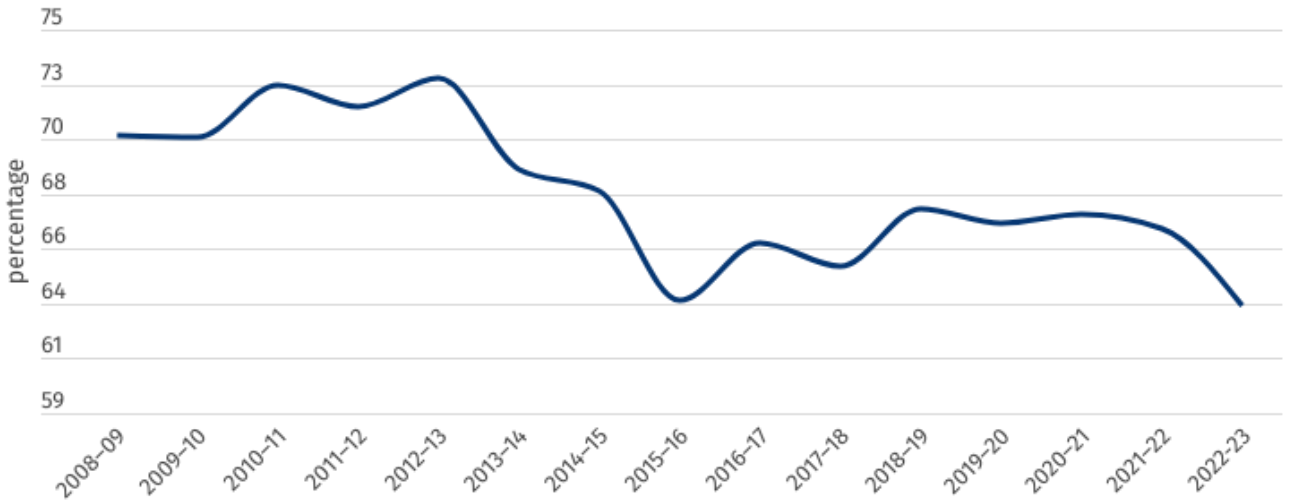
South Australia

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients in South Australia who experienced significant clinical improvement, as measured by the National Outcomes and Casemix Collection (NOCC).

Only 63.5 per cent of surveyed public hospital inpatients reported “significant improvement” following treatment in 2022–23 — the lowest result recorded in South Australia over the past 15 years (Figure 7).

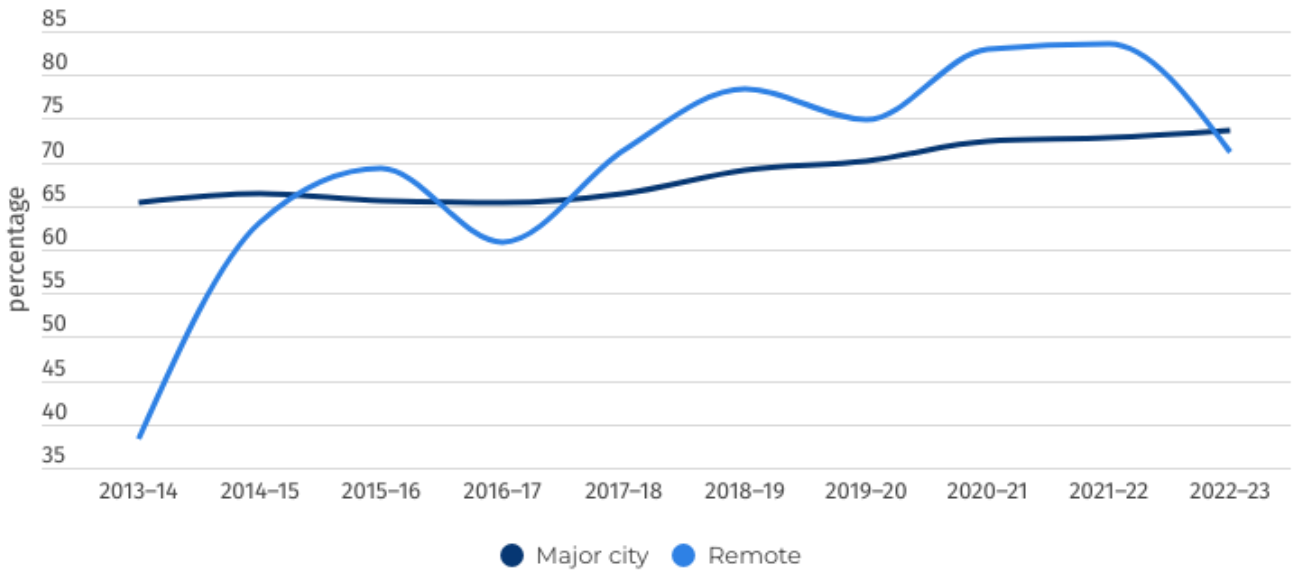
Figure 7 (SA): Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units —managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge.

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



Tasmania

Mental health capacity in public hospitals

Despite an increase in the total number of beds over the past five years, Tasmania continues to have the second-lowest per-capita availability of public mental health beds in Australia, with just 19 beds per 100,000 people (Figure 1).

A sharp reduction in bed numbers between 2013–14 and 2014–15 has likely contributed to Tasmania's worst-on-record ED wait times (Figure 6). On average, mental health patients wait nearly 15 hours in overcrowded EDs before receiving an inpatient bed.

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

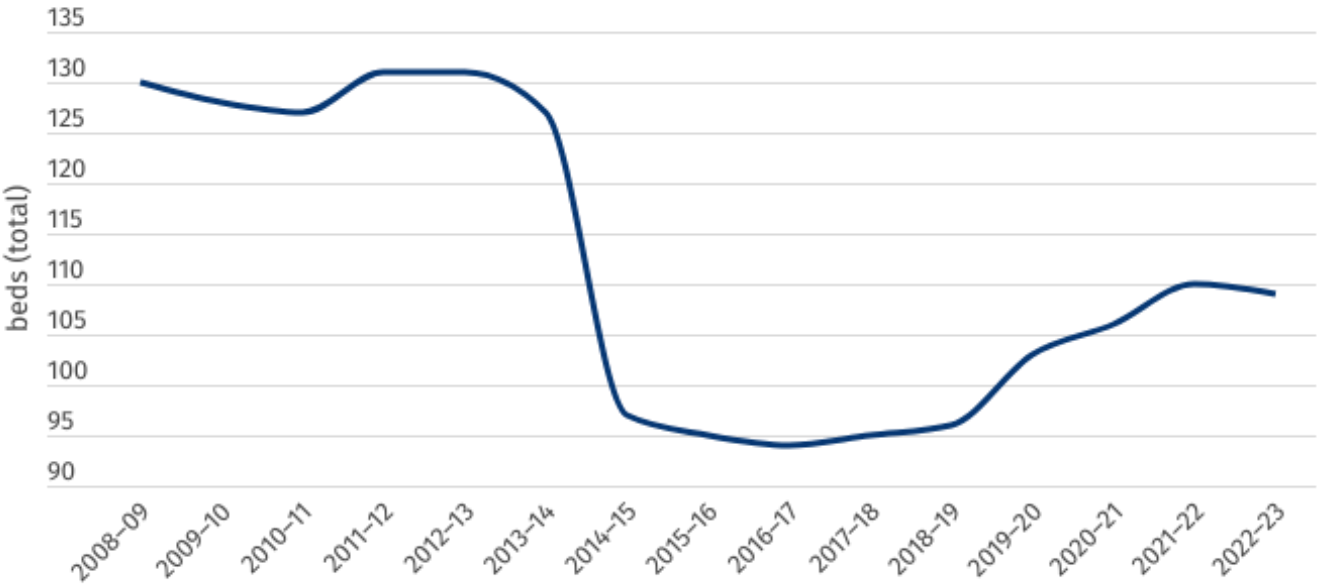
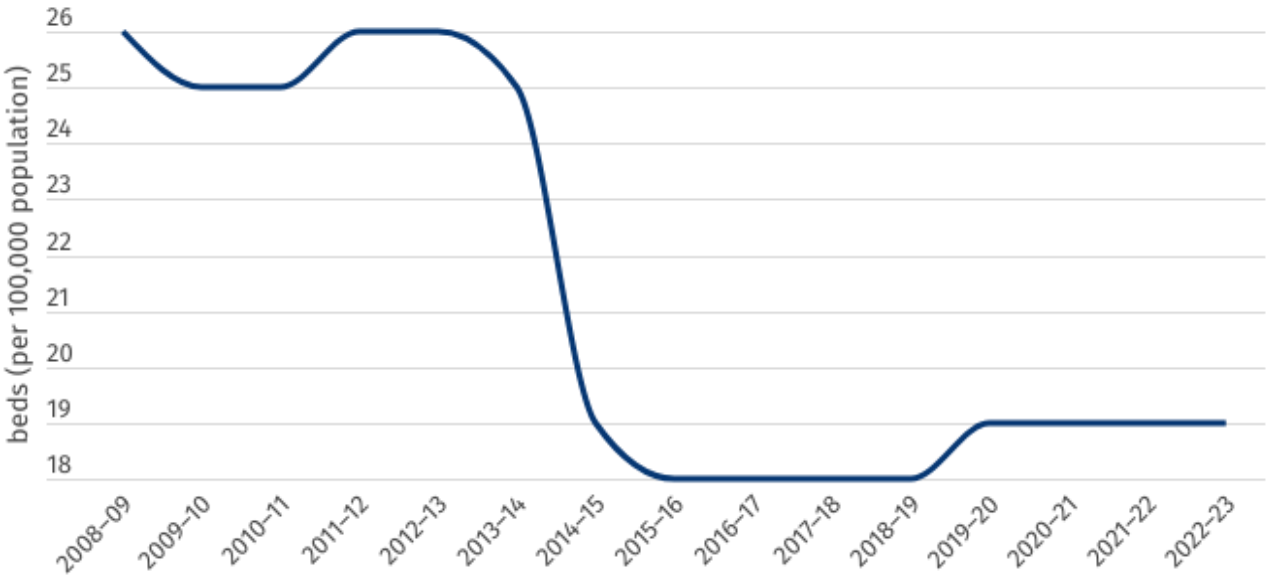


Figure 2 (Tas): Specialised mental health public hospital beds per 100,000 population



Tasmania

Following national trends, Tasmania's per-capita rate of mental health presentations rose in 2023–24 after three years of decline. At 105 presentations per 10,000 people, this is the second-lowest rate in the country (Figure 3).

Figure 4 shows a sharp rise in the proportion of mental health patients triaged as "emergency" (requiring treatment within 10 minutes), which has more than doubled over the past decade — from 8 per cent in 2014–15 to 20 per cent in 2023–24.

Figure 3 (Tas): Mental health-related presentations to ED, per 10,000 population

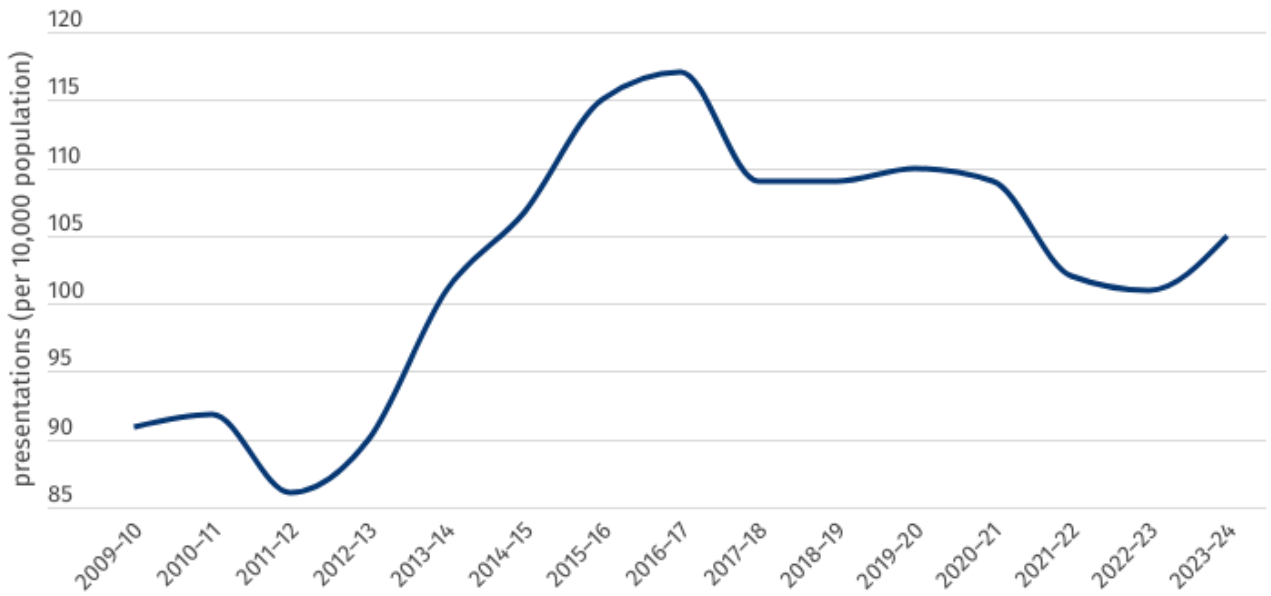
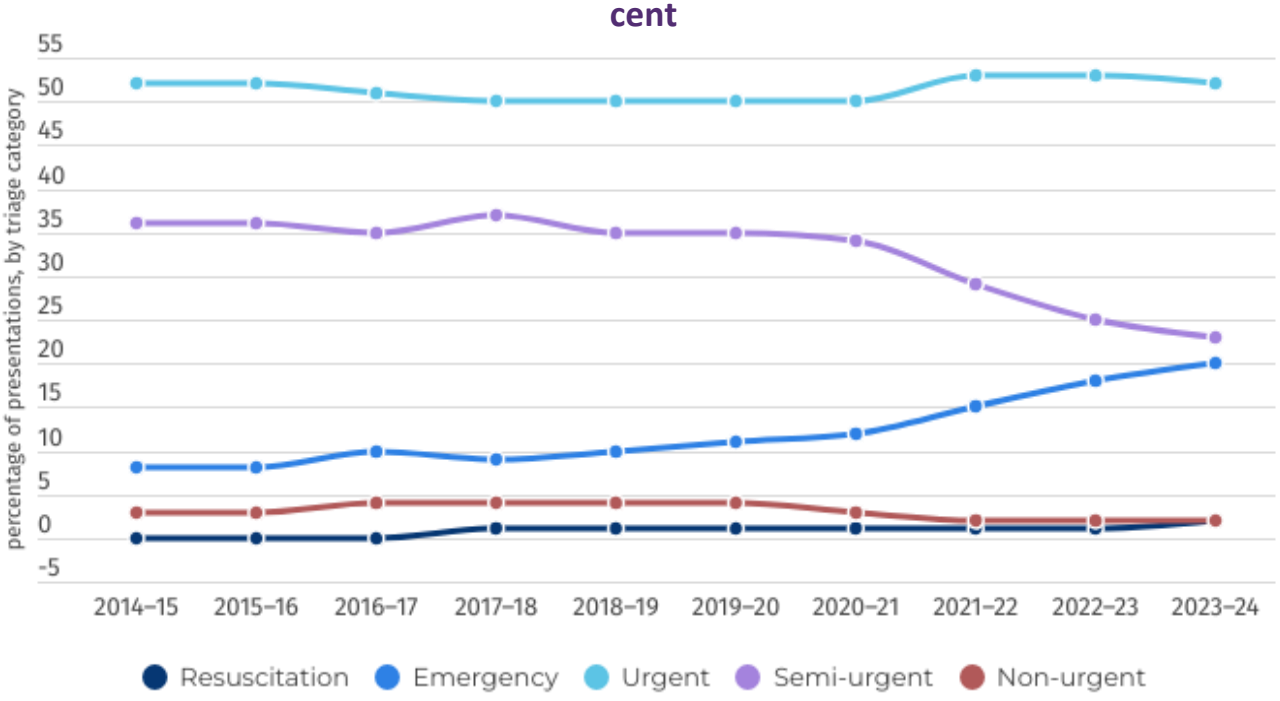


Figure 4 (Tas): Mental health-related ED presentations, by triage category, per cent



Tasmania

Length of stay

This page highlights the length of stay in EDs for mental health patients in Tasmania.

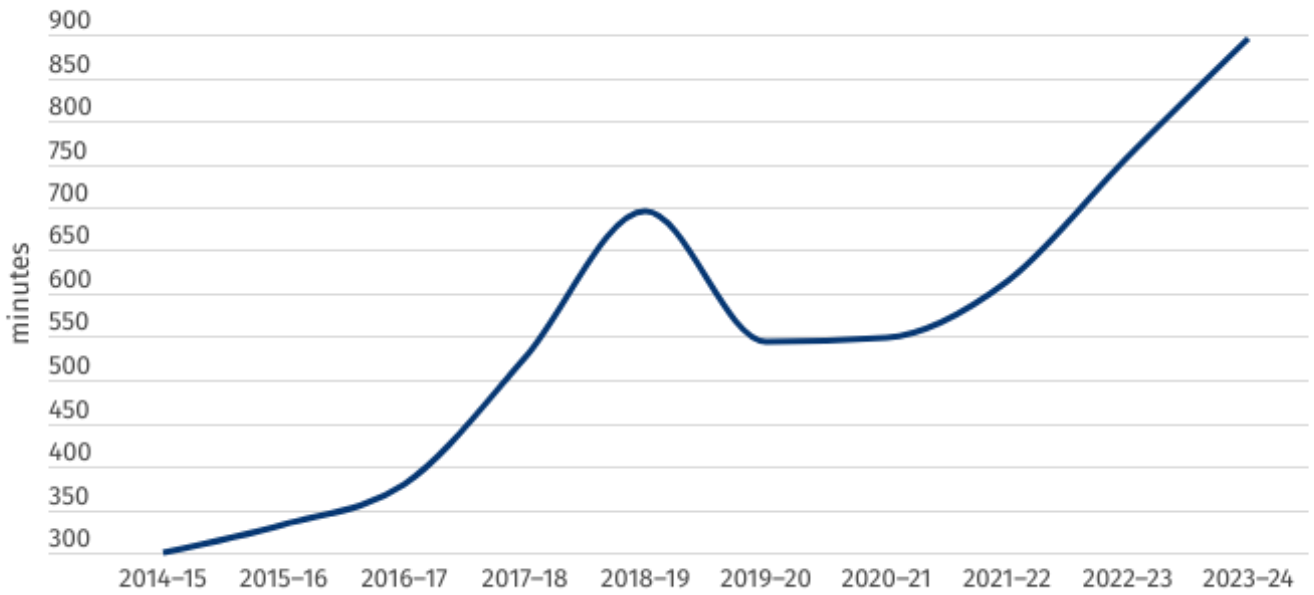
Tasmania's performance in this category deteriorating year-on-year for the past four years (from 2019–20 to 2023–24). The median mental health patient who is eventually admitted now spends nearly six hours longer in ED than they did four years ago — a staggering 198 per cent increase in median wait time over the past decade.

While there was a slight improvement in the 90th percentile figures in the past year (Figure 5), one in 10 admitted patients still waits more than 34 hours — almost a day and a half — in emergency departments largely due to under-capacity and poorly resourced hospitals (Figure 6).These figures are deeply concerning and highlight the urgent need to expand inpatient capacity and address bed block across Tasmania's public hospital system.

Figure 5 (Tas): Length of stay in ED

TAS	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	9:04	9:09	10:14	12:38	14:56
Presentations ending in admission (90th percentile) hr:min	32:01	28:33	31:01	36:00	34:07
All MH presentations (median) hr:min	4:58	5:27	5:52	06:28	6:44
All MH presentations (90th percentile) hr:min	22:58	21:55	23:34	25:27	25:49

Figure 6 (Tas): Admitted mental health patients — median length of stay in ED



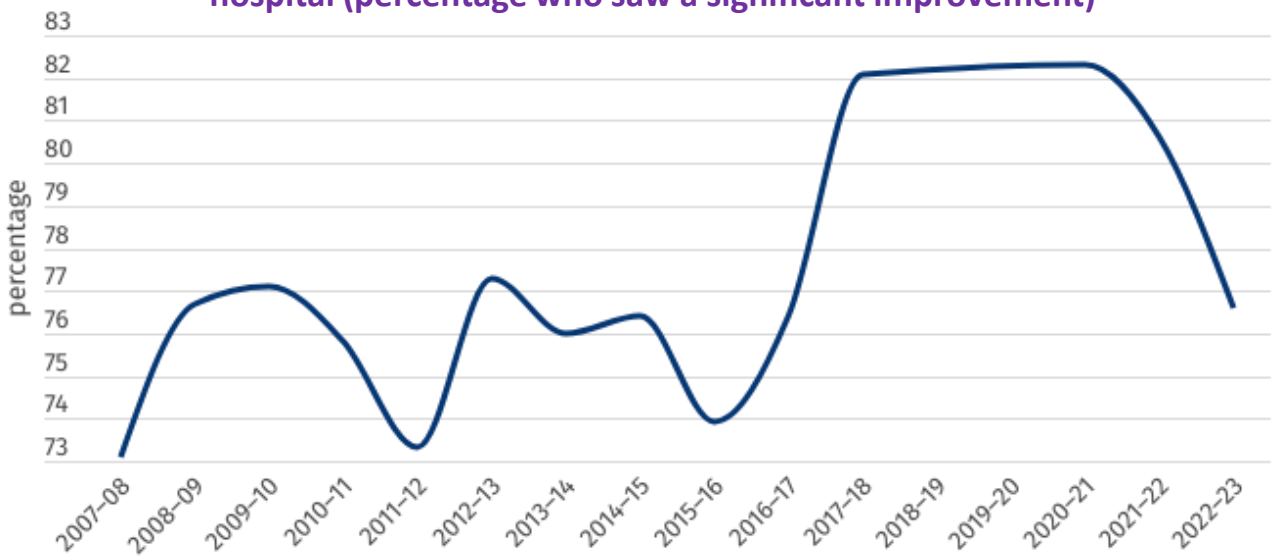
Tasmania

Clinical outcomes

Figure 7 shows the percentage of mental health inpatients in Tasmania who experienced significant clinical improvement, as measured by the National Outcomes and Casemix Collection (NOCC).

More than three in four (76.6 per cent) of surveyed public hospital inpatients reported "significant improvement" following treatment in 2022–23 (Figure 7). Note that data for 2018–19 and 2019–20 is unavailable.

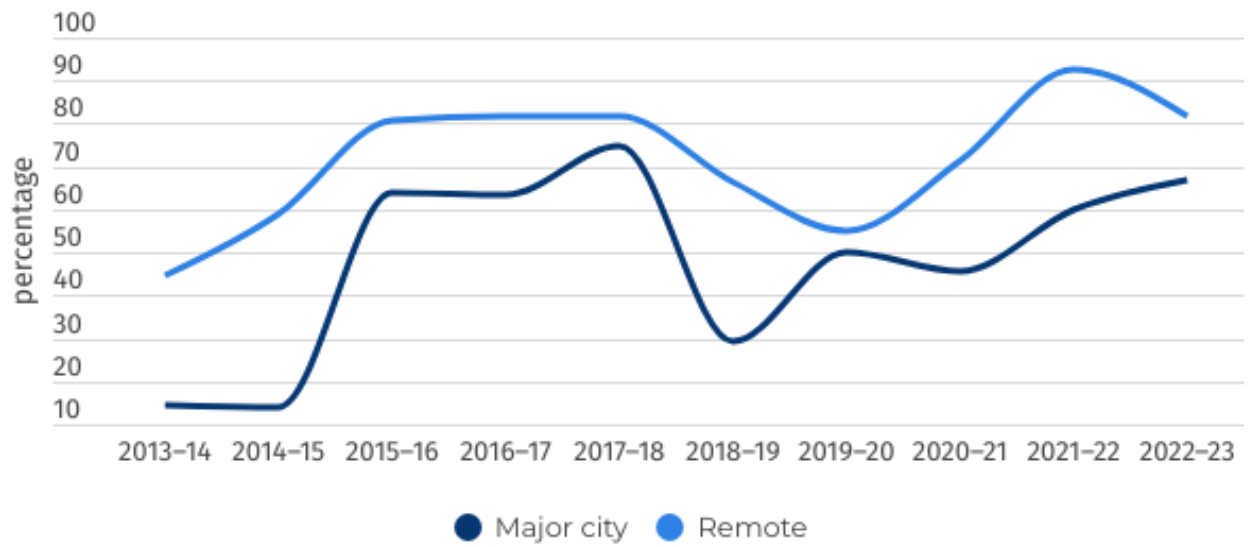
Figure 7 (Tas): Clinical outcome of people receiving mental healthcare in hospital (percentage who saw a significant improvement)



Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units — managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge.

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



Australian Capital Territory

Mental health capacity in public hospitals

The ACT has not reported its capacity statistics for the past two years.

While the ACT remains poor in sharing 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 (ACT): Total number of specialised mental health public hospital beds, no updated data available

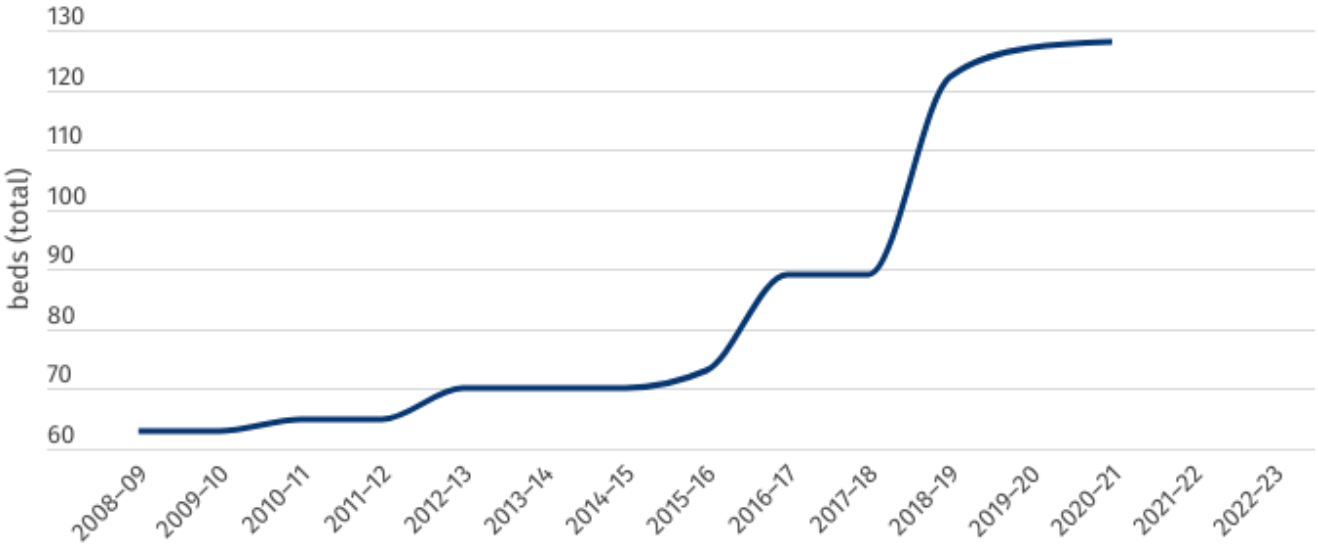
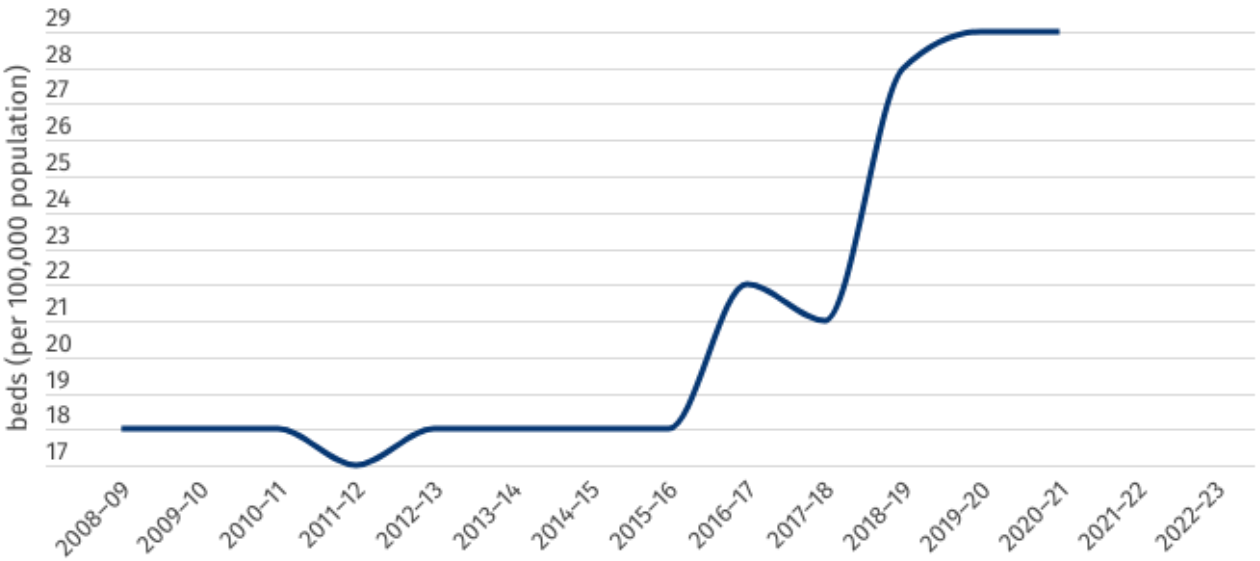


Figure 2 (ACT): Specialised mental health public hospital beds per 100,000 population, no updated data available



Australian Capital Territory

Mental health presentations to ED

In the ACT, mental health-related presentations per capita rose sharply in 2023–24, increasing to 107 per 10,000 people from 98 per 10,000 people in 2022–23 (Figure 3).

Meanwhile, the proportion of patients triaged as urgent, semi-urgent, or emergency has remained relatively stable over the past five years (Figure 4).

Figure 3 (ACT): Mental health-related presentations to ED, per 10,000 population

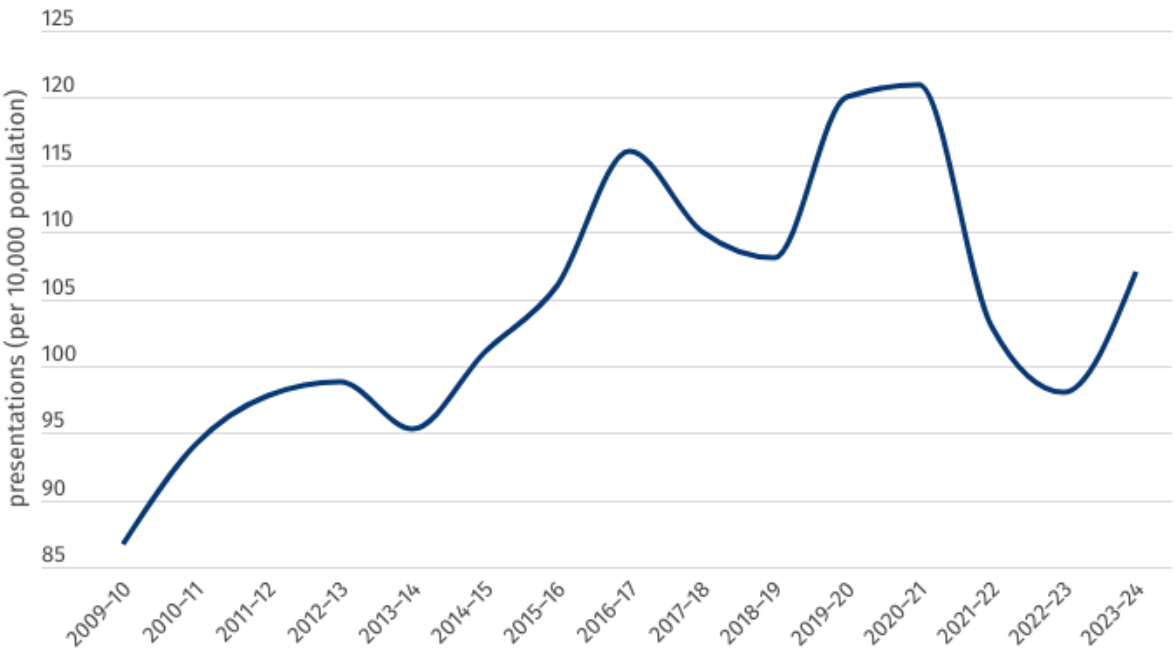
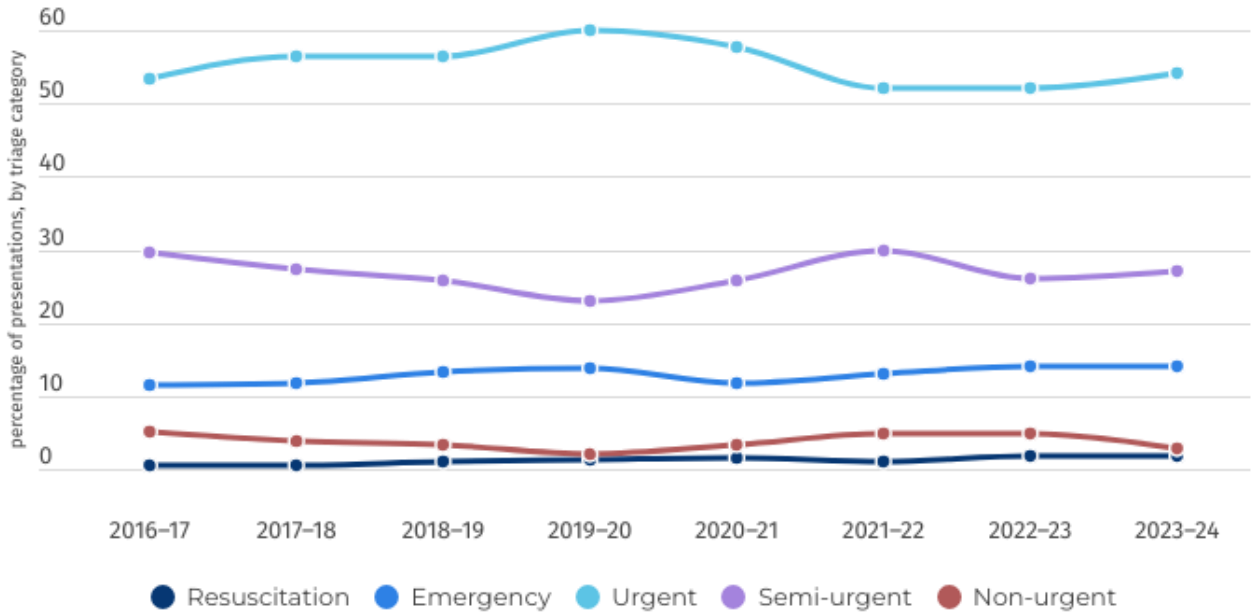


Figure 4 (ACT): Mental health-related ED presentations, by triage category, per cent



Australian Capital Territory

Length of stay

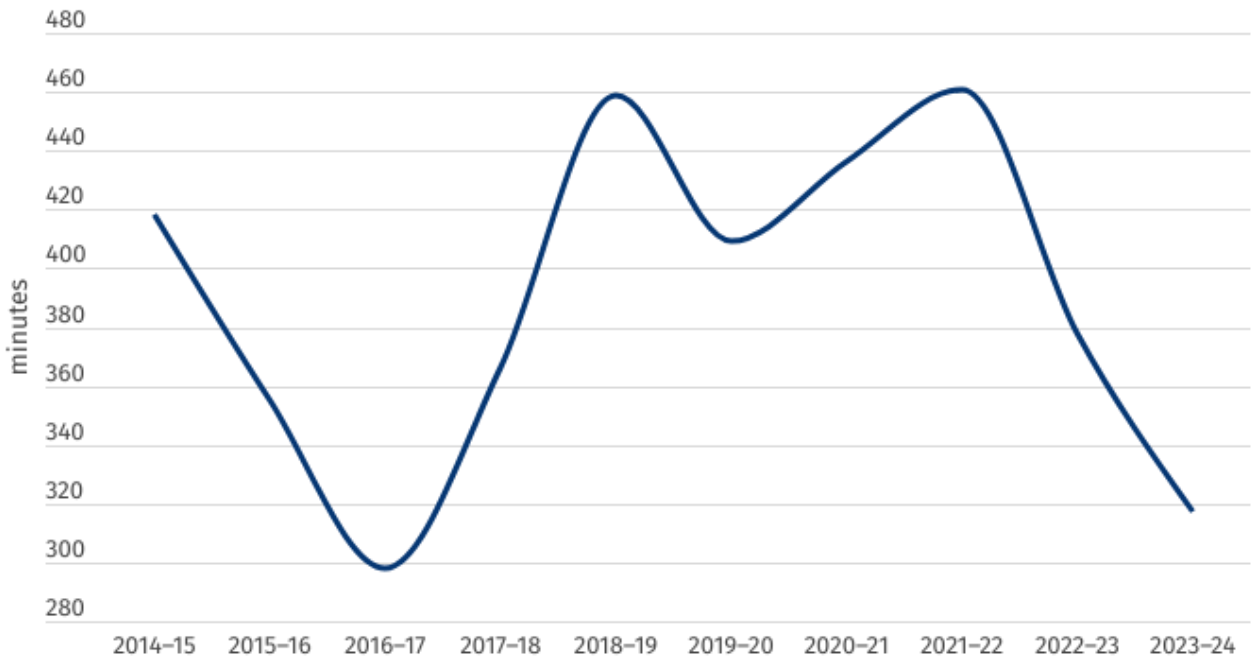
This page outlines the length of stay for mental health patients in two areas of the public hospital system: the ED and inpatient beds following admission.

The ACT is the only jurisdiction that has not experienced significant increases in ED wait times prior to hospital admission (Figure 6). This stability is likely due to substantial investment in public mental health hospital capacity over the past decade, marked by a 61 per cent increase in bed availability — from 18 beds per 100,000 people in 2015–16 to 29 in 2020–21, the most recent year for which data is available.

Figure 5 (ACT): Length of stay in ED

ACT	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	6:49	7:16	7:41	06:18	5:17
Presentations ending in admission (90th percentile) hr:min	23:07	23:58	20:00	16:10	11:46
All MH presentations (median) hr:min	4:43	5:02	5:29	05:25	4:52
All MH presentations (90th percentile) hr:min	15:40	17:45	15:40	13:55	11:00

Figure 6 (ACT): Admitted mental health patients — median length of stay in ED



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 is 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 eight years (Figure 1), resulting in a slight decline in per-capita capacity as the population has grown modestly.

With just 17 mental health beds per 100,000 people (Figure 2), the territory sits well below the national average of 27 beds per 100,000 — making it the lowest per-person capacity in the country.

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

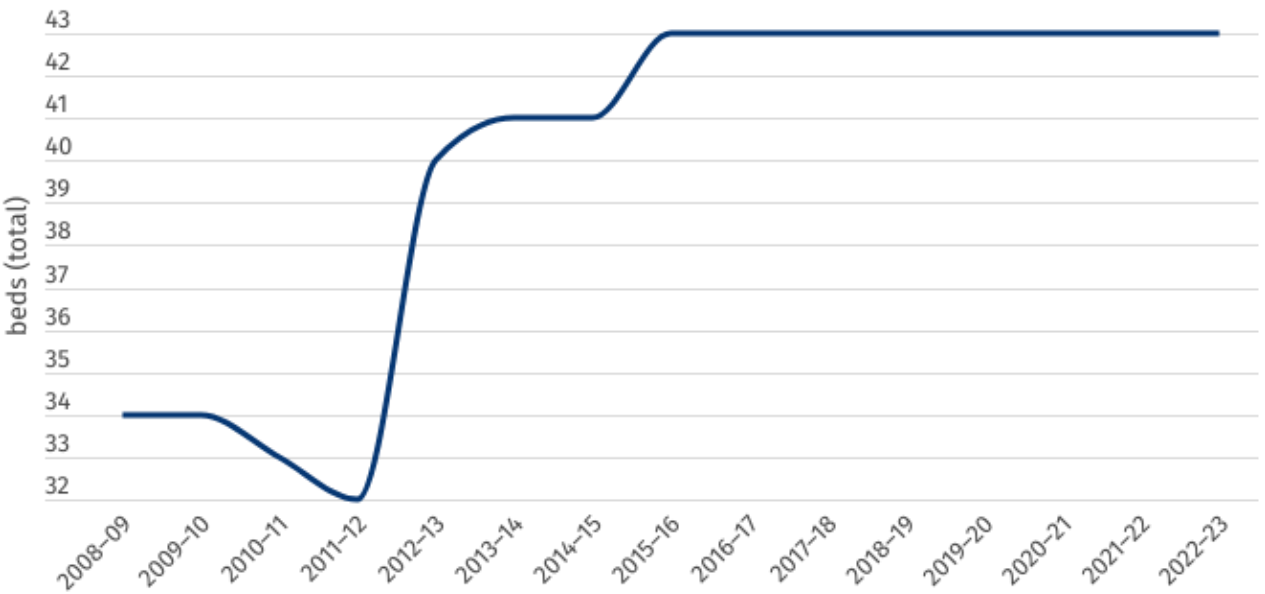
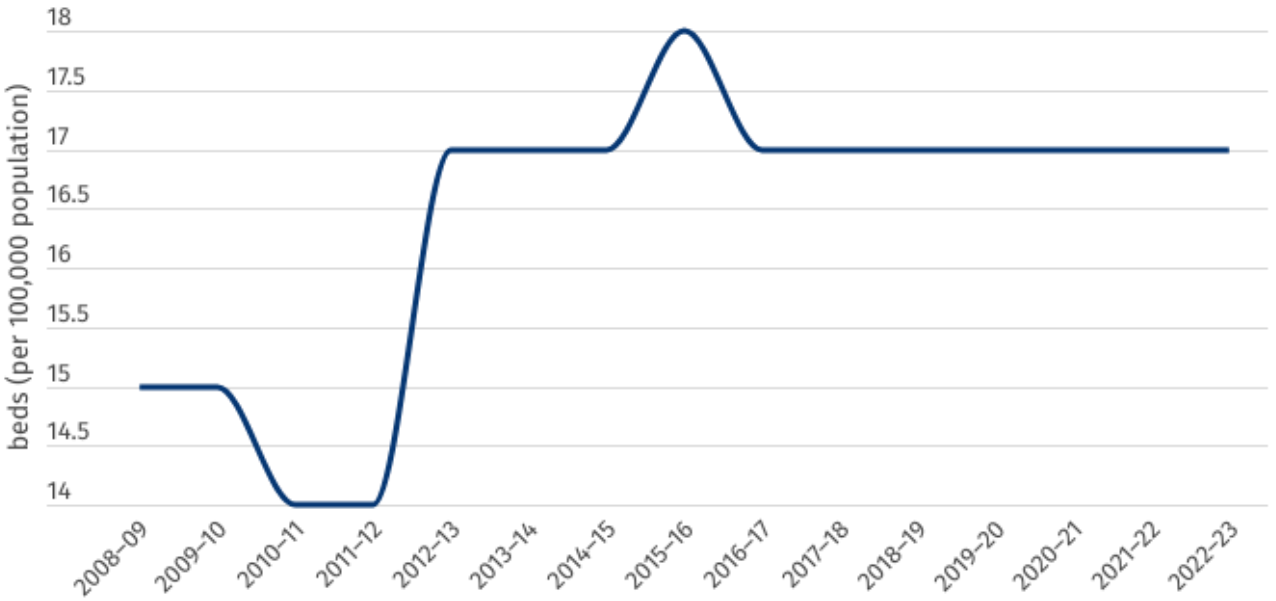


Figure 2 (NT): Specialised mental health public hospital beds per 100,000 population



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 (Figure 3). Following national trends, the number of patients triaged as "emergency" (to be seen within 10 minutes) has been rising, up from 17 per cent of presentations in 2014–15 to 26 per cent in 2023–24 (Figure 4).

Figure 3 (NT): Mental health-related presentations to ED, per 10,000 population

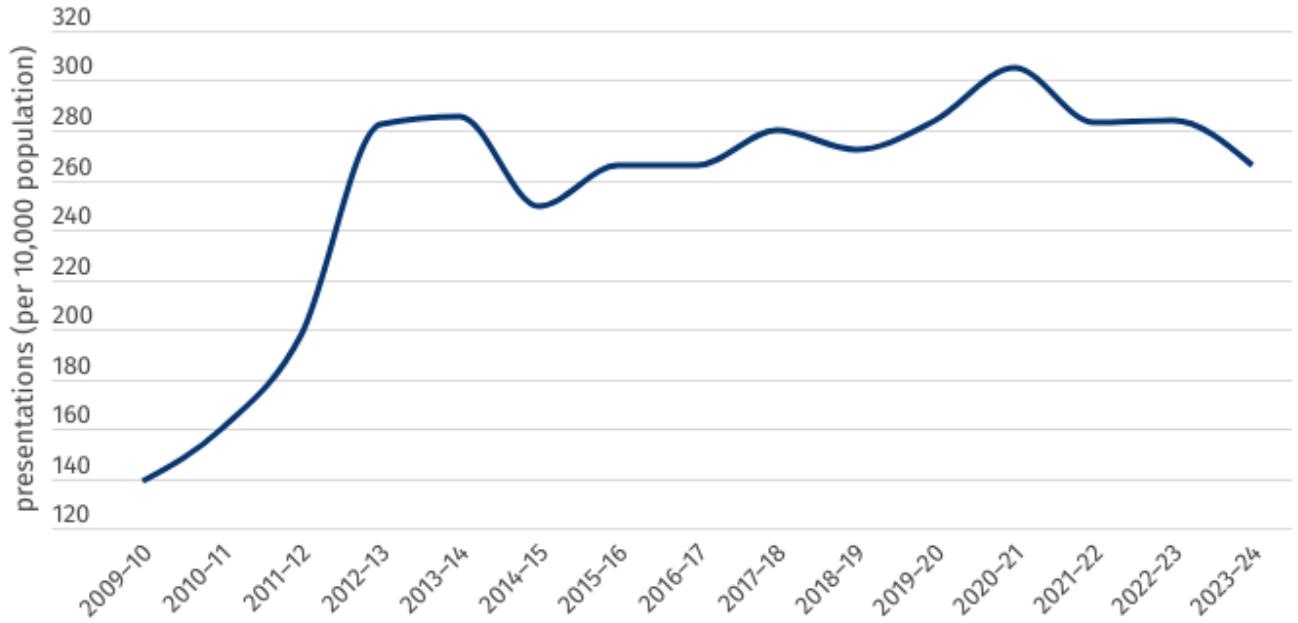
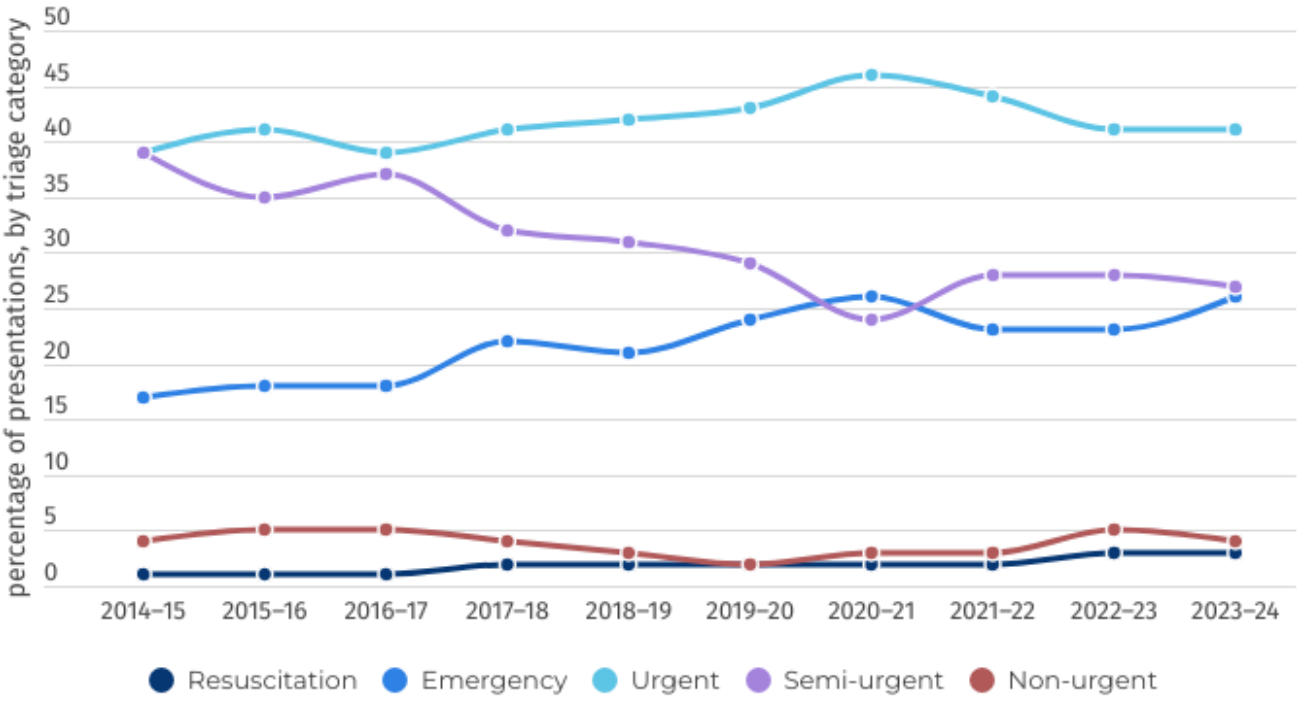


Figure 4 (NT): Mental health-related ED presentations, by triage category, per cent



Northern Territory

Length of stay

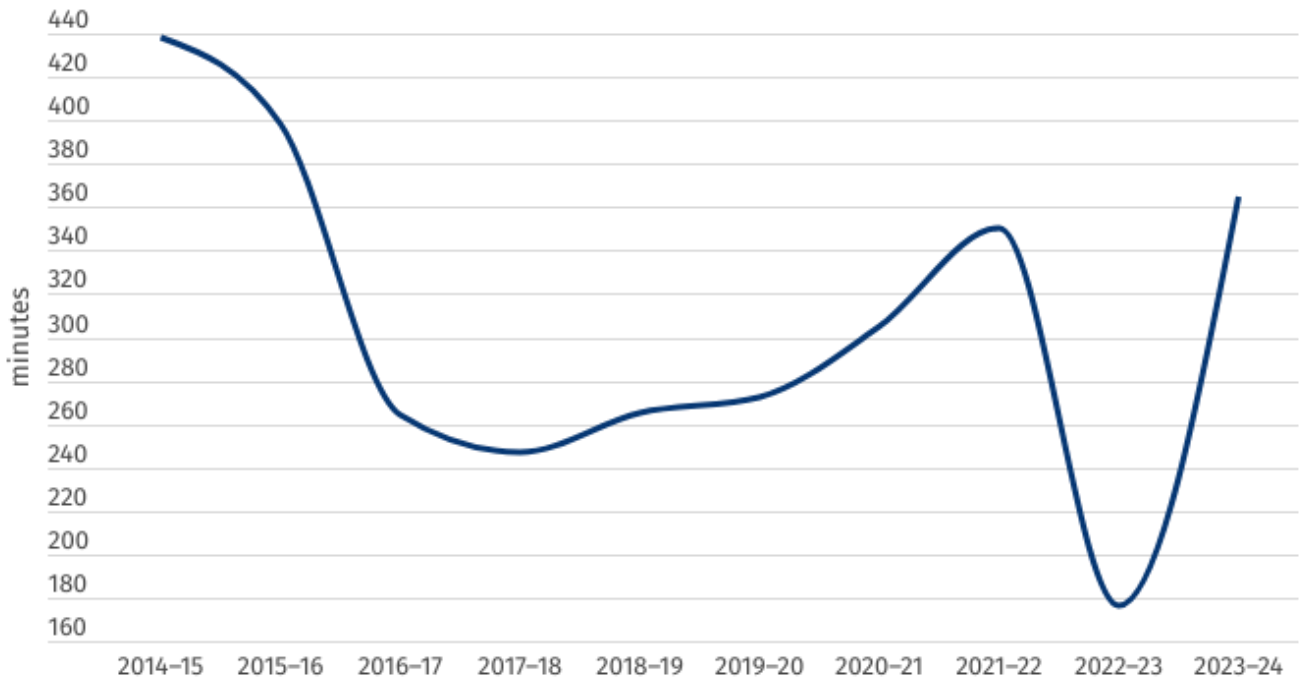
The Northern Territory currently reports the lowest median ED wait time in Australia for mental health patients requiring hospital admission. While 2022–23 data shows a sharp reduction in wait times, limitations in data collection within the NT public hospital system raise questions about the reliability of this figure.

Excluding the 2022–23 data point, the Northern Territory has experienced a moderate but consistent increase in ED wait times for mental health patients (Figure 6). One in 10 admitted patients now waits nearly a full day in ED before being transferred to an inpatient bed.

Figure 5 (NT): Length of stay in ED

NT	2019/20	2020/21	2021/22	2022/23	2023/24
Presentations ending in admission (median) hr:min	4:32	5:05	5:50	02:56	6:05
Presentations ending in admission (90th percentile) hr:min	16:33	19:20	22:06	09:26	23:05
All MH presentations (median) hr:min	3:23	3:31	4:06	03:09	4:25
All MH presentations (90th percentile) hr:min	12:29	14:06	16:09	09:25	17:37

Figure 6 (NT): Admitted mental health patients — median length of stay in ED



Northern Territory

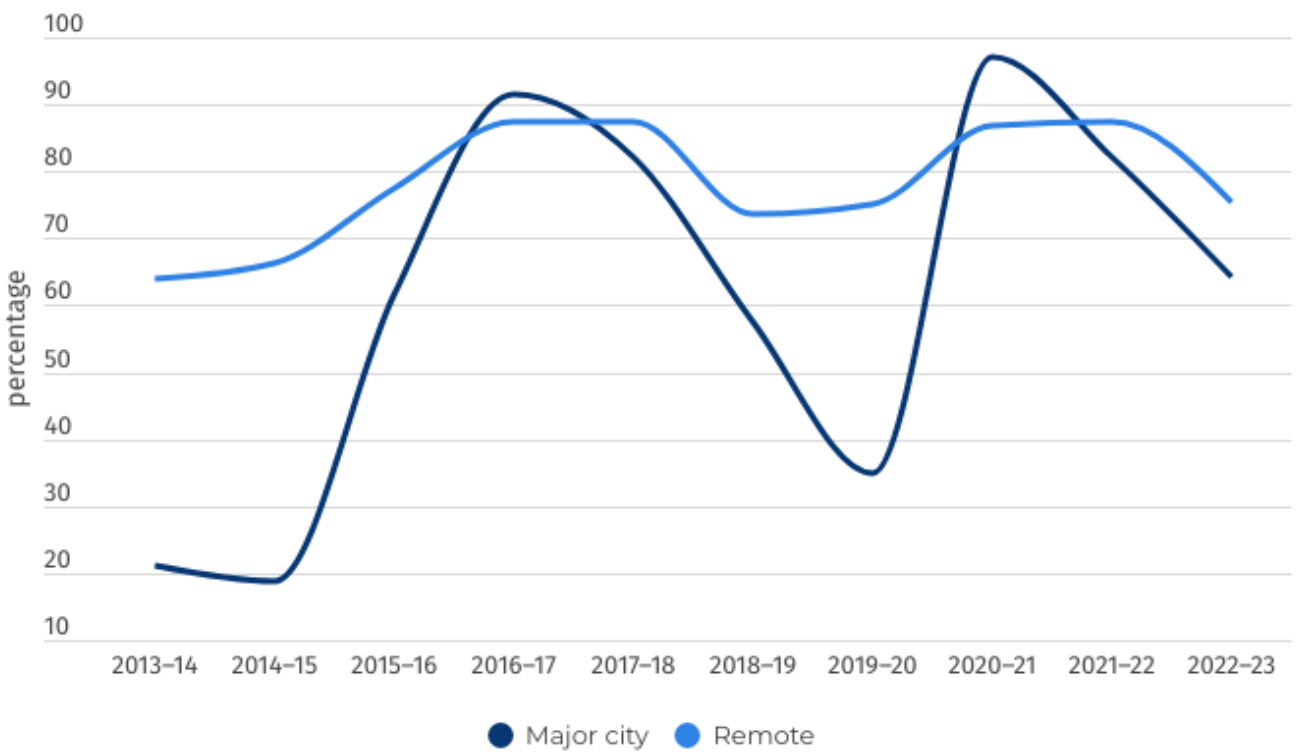
Clinical outcomes

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

Community follow-up

Community follow-up after psychiatric admission or hospitalisation is defined as the proportion of specialised public overnight acute separations from psychiatric units — managed by state and territory governments — for which a community-based ambulatory contact was recorded within seven days of discharge.

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



Data sources and references within this report card

The 2025 Public Hospital Report Card — Mental Health Edition draws primarily on two data sources: the Australian Institute of Health and Welfare (AIHW) annual mental health data, and the Productivity Commission Report on Government Services. Rather than referencing each graph individually, this section provides a guide for the data sources referenced throughout the report card.

Mental health-related ED presentations included in AIHW data are classified with a principal diagnosis 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. Codes for self-harm or poisoning are not included.

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

Capacity statistics (p8)

Australian Government — Australian Institute of Health and Welfare (2025) Data Tables – Specialised mental health facilities 2022–23 — Table FAC.1, FAC 12. Available at: https://www.aihw.gov.au/getmedia/599014f4-6f9f-452c-b976-e955559799d7/Specialised-mental-health-care-facilities-2022-23.xlsx

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

Australian Government — Australian Institute of Health and Welfare (2025) Data Tables – Specialised mental health facilities 2022–23 — Table FAC.13. Available at: https://www.aihw.gov.au/getmedia/599014f4-6f9f-452c-b976-e955559799d7/Specialised-mental-health-care-facilities-2022-23.xlsx

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.9 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip *Note: data from 2004–05 to 2013–14 retrieved from archive stored by AMA*

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.3 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.1 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip *Note: data from 2004–05 to 2013–14 retrieved from archive stored by AMA*

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_waittime_LOS_2324, Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.2 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.2 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

Figure 8: Average number of patient days per admission

Australian Government — Australian Institute of Health and Welfare (2025) Admitted patient mental health-related care 2023–24 National data. Table AC.1. Available at: https://www.aihw.gov.au/getmedia/504d71ad-62c3-4d4a-8c3d-6b1ba407ae59/Admitted-patient-mental-health-care-national-tables-2023-24.xlsx

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

Australian Government — Australian Institute of Health and Welfare (2025) Admitted patient mental health-related care 2023–24 National data. Table AC.1. Available at: https://www.aihw.gov.au/getmedia/504d71ad-62c3-4d4a-8c3d-6b1ba407ae59/Admitted-patient-mental-health-care-national-tables-2023-24.xlsx *(figures calculated internally by the AMA)*

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

Australian Government — Productivity Commission (2025) Report on Government Services; 13 Services for mental health – Table 13A.66. Available at: https://assets.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health/rogs-2025-parte-section13-services-for-mental-health-data-tables.xlsx

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

Australian Government — Productivity Commission (2025) Report on Government Services; 13 Services for mental health – Table 13A.33. Available at: https://assets.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health/rogs-2025-parte-section13-services-for-mental-health-data-tables.xlsx

Figure 12: Average length of stay — mental health patients (2022/23)

Australian Government — Productivity Commission (2025) Report on Government Services; 13 Services for mental health – Table 13A.42. Available at: https://www.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health/rogs-2025-parte-section13-services-for-mental-health-data-tables.xlsx

Figure 13: Mental health related presentations, older Australians, per 10,000 population, per age group

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.9 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

State and territory figures

Note 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 (2025) Data Tables – Specialised mental health facilities 2022–23 — Table FAC.12. Available at: https://www.aihw.gov.au/getmedia/599014f4-6f9f-452c-b976-e955559799d7/Specialised-mental-health-care-facilities-2022-23.xlsx

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

Australian Government — Australian Institute of Health and Welfare (2025) Data Tables – Specialised mental health facilities 2022–23 — Table FAC.13. Available at: https://www.aihw.gov.au/getmedia/599014f4-6f9f-452c-b976-e955559799d7/Specialised-mental-health-care-facilities-2022-23.xlsx

Figure 3: Mental health-related presentations to ED, per 10,000 population

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.6 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

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

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_Tables_2324, ED.6 Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

Figure 5: Length of stay in ED

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_waittime_LOS_2324, Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

Figure 6: Admitted Patients — Median Length of Stay in ED

Australian Government — Australian Institute of Health and Welfare (2025) *Data Tables – Mental health services provided in emergency departments 2023–24*, ED_waittime_LOS_2324, Available at: https://www.aihw.gov.au/getmedia/818a04bd-2803-4a23-9d4a-199af28b50a1/Mental-health-services-provided-in-emergency-departments-national-and-states-and-territories-2023-24.zip

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

Australian Government — Productivity Commission (2025) Report on Government Services; 13 Services for mental health – Table 13A.66. Available at: https://assets.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health/rogs-2025-parte-section13-services-for-mental-health-data-tables.xlsx

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

Australian Government — Productivity Commission (2025) Report on Government Services; 13 Services for mental health – Table 13A.33. Available at: https://assets.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health/rogs-2025-parte-section13-services-for-mental-health-data-tables.xlsx

November 2025
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