

12 Profile of specialised mental health care facilities

12.1 Introduction

The facilities delivering specialised mental health care in Australia include *public* and *private psychiatric hospitals, psychiatric units or wards in public acute hospitals, community mental health care services* and *government* and *non-government-operated residential mental health services*. In this chapter, information is presented on the number of facilities, number of available beds, and the number of staff employed for public and private sector facilities, for the period 2006–07. The public sector data are sourced from the National Mental Health Establishments Database, while some historical information is taken from the National Survey of Mental Health Services, previously undertaken by the Australian Government Department of Health and Ageing. Private hospital information is sourced from the Private Health Establishments Collection (PHEC) held by the Australian Bureau of Statistics (ABS). For information relating to the scope of the National Mental Health Establishments Database, see Appendix 1.

Key concepts

A **public psychiatric hospital** is an establishment devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders that is controlled by a state or territory health authority and offers free diagnostic services, treatment, care and accommodation to all eligible patients.

A **private psychiatric hospital** is an establishment devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. The data are sourced from the PHEC, held by the ABS, which identifies private psychiatric hospitals as those that are licensed/approved by a state or territory health authority and which cater primarily for admitted patients with psychiatric, mental or behavioural disorders (ABS 2008b), that is, providing 50% or more of the total patient days for psychiatric patients. The data published in this chapter describe only those private psychiatric hospitals meeting this definition.

A **public acute hospital** is an establishment that provides at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care and provides round-the-clock comprehensive qualified nursing services as well as other necessary professional services. They must be licensed by the state or territory health department or be controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average length of stay is relatively short.

Psychiatric units or wards are specialised units/wards, within public acute hospitals, that are dedicated to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders.

Community mental health care services include hospital outpatient clinics and non-hospital community mental health care services, such as crisis or mobile assessment and treatment services, day programs, outreach services and consultation/liaison services.

(continued)

Government-operated residential mental health services are specialised residential mental health services which:

- are operated by a state or territory government
- employ mental health-trained staff on-site
- provide rehabilitation, treatment or extended care to residents for whom the care is intended to be on an overnight basis and in a domestic-like environment
- encourage the resident to take responsibility for their daily living activities.

Non-government-operated residential mental health services are specialised residential mental health services which meet the same criteria as government-operated residential mental health services. These services, while funded by governments, are operated by non-government agencies.

Target population

In this report, some data are presented based on public sector specialised mental health services categorised by four target population groups. *Child and adolescent* services focus on those aged under 18 years, while *Older person* programs focus on those aged 65 years and over. *Forensic* health services provide services primarily for people whose health condition has led them to commit, or be suspected of, a criminal offence or make it likely that they will reoffend without adequate treatment or containment. This can include prison-based services, but excludes services that are primarily for children and adolescents and for older people even where they include a forensic component. The remaining category, *General*, targets the adult population, aged 18 to 64. *General* mental health services may also provide assistance to children, adolescents or older people (Metadata Online Registry (METeOR) identifier 288957).

In some states, specialised mental health beds for aged persons are jointly funded by the Australian and state and territory governments. However, not all states or territories report such jointly-funded beds through the National Mental Health Establishments Database.

Program type

The provision of public sector specialised mental health care can also be categorised as being either *Acute* or *Non-acute*, based on the principal purpose(s) of the program rather than the classification of the individual patients. *Acute* care admitted patient programs involve short-term treatment for individuals with acute episodes of mental disorder. These episodes are characterised by recent onset of severe clinical symptoms of mental disorder that have potential for prolonged dysfunction or risk to self and/or others. *Non-acute* care refers to all other admitted patient programs, including rehabilitation and extended care services (METeOR identifier 288889).

Number of available beds

The number of available mental health beds refers to the average number of beds that are immediately available for use by an admitted patient within the mental health establishment over the financial year, estimated using monthly figures (METeOR identifier 270133).

12.2 Mental health facilities

There are six key types of specialised mental health facilities involved in the provision of mental health-related services. Their distribution is detailed in Table 12.1. Nationally, during 2006–07, there were 16 stand alone public psychiatric hospitals and 25 stand alone private psychiatric hospitals, with a further 139 public acute hospitals providing a dedicated psychiatric unit or ward.

Table 12.1: Number of specialised mental health facilities^(a), states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals	8	2	3	1	2	..	..	..	16
Public acute hospitals with a specialised psychiatric unit or ward ^(b)	46	34	27	14	8	6	2	2	139
Government-operated residential mental health services ^(c)	20	48	..	3	4	5	1	..	81
Non-government-operated residential mental health services ^(c)	5	30	..	8	1	6	5	1	56
Community mental health care services ^(d)	409	214	135	44	85	21	11	13	932
Private psychiatric hospitals	9	6	4	n.a.	n.a.	n.a.	n.a.	n.a.	25
Total facilities	497	334	169	70	100	38	19	16	1,249

(a) These figures differ from *Australian hospital statistics 2006–07* (AIHW 2008a) due to differences in definitions and jurisdictional reporting.

(b) Includes three publicly funded WA private hospitals which may also be included in the total for private psychiatric hospitals sourced from the ABS Private Health Establishments Collection.

(c) 'Services' refers to the number of actual residential mental health service units, not the number of organisations providing the services.

(d) The number of community mental health care services are a representation of the reporting structure in each jurisdiction and do not necessarily reflect the number or size of services provided.

n.a. Not available but included in totals where applicable, unless otherwise indicated.

.. Not applicable.

Source: National Mental Health Establishments Database and Private Health Establishments Collection (ABS) (Private psychiatric hospitals only).

Table 12.2 provides data on the change in the number of services between 2002–03 and 2006–07. While there has been an average annual decline of 4.2% in the number of public psychiatric hospitals, there has been an increase of 2.1% in the number of specialised psychiatric units or wards in public acute hospitals. There has also been an average annual increase of 12.8% in the number of government-operated residential mental health services during the reported time period.

In 2006–07, there were 932 community mental health care services in Australia (Table 12.3). The largest proportion of these services provided care to the *General* target population group (64.8% or 604 services). Of the remainder, 21.5% (200 services) were specialised *Child and adolescent* services, 11.7% (109) were *Older person* services and 2.0% (19) were *Forensic* services.

Table 12.2: Number of specialised mental health facilities, 2002–03 to 2006–07

	2002–03 ^(a)	2003–04 ^(a)	2004–05 ^(a)	2005–06	2006–07	Average annual change (per cent)
Public psychiatric hospitals	19	20	20	15	16	–4.2
Public acute hospitals with a specialised psychiatric unit or ward ^(b)	128	124	122	138	139	2.1
Government-operated residential mental health services ^(c)	50	52	46	77	81	12.8
Non-government-operated residential mental health services ^{(c)(d)}	n.a.	n.a.	n.a.	55	56	..
Community mental health care services ^(d)	n.a.	n.a.	n.a.	927	932	..
Private psychiatric hospitals	25	25	26	26	25	0.0
Total facilities^(e)	222	221	214	1,238	1,249	..

(a) Historical data for public hospitals and government-operated residential services were sourced from the National Public Hospitals Establishments and Community Mental Health Establishments databases and therefore may differ from 2005–06 and 2006–07 data due to definitions and reporting requirements.

(b) Includes publicly funded WA private hospitals which may also be included in the total for private psychiatric hospitals sourced from the ABS Private Health Establishments Collection.

(c) 'Services' refers to the number of actual residential mental health service units, not the number of organisations providing the services.

(d) Data only available from 2005–06 onwards with the introduction of the National Mental Health Establishments Database.

(e) Totals for 2005–06 onwards include both non-government-operated residential mental health services and community mental health care services.

n.a. Not available.

.. Not applicable.

Source: National Mental Health Establishments Database, National Public Hospitals Establishments Database, Community Mental Health Establishments Database and Private Health Establishments Collection (ABS) (Private psychiatric hospitals only).

Table 12.3: Community mental health care services^(a), by target population, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General	283	146	70	18	60	12	6	9	604
Child and adolescent	85	33	42	14	18	3	3	2	200
Older person	36	34	18	11	4	5	1	..	109
Forensic	5	1	5	1	3	1	1	2	19
Total	409	214	135	44	85	21	11	13	932

(a) The number of community mental health care services are a representation of the reporting structure in each jurisdiction and do not necessarily reflect the number or size of services provided.

.. Not applicable.

Source: National Mental Health Establishments Database.

12.3 Number of available beds

Public hospital specialised mental health beds

There were 6,407 specialised mental health hospital beds available in 2006–07 in Australia (Table 12.4). Almost two-thirds of these beds (65.5% or 4,196 beds) were in specialised psychiatric units or wards within public acute hospitals, while the remaining 2,211 beds were in public psychiatric hospitals.

The total number of available public sector specialised mental health hospital beds increased between 2002–03 and 2006–07 by an annual average of 1.3% (Table 12.5). The annual average decrease in public psychiatric hospital beds of 1.6% was offset by an increase in the number of public acute hospital beds within a specialised psychiatric unit or ward of 3.1%.

Table 12.4: Public sector specialised mental health hospital beds, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals	1,060	134	375	254	388	..	..	..	2,211
Public acute hospitals with a specialised psychiatric unit or ward	1,227	1,055	1,022	415	247	126	70	34	4,196
Total beds	2,287	1,189	1,397	669	635	126	70	34	6,407

.. Not applicable.

Source: National Mental Health Establishments Database.

Table 12.5: Public sector specialised mental health hospital beds, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06	2006–07	Average annual change (per cent)
Public psychiatric hospitals	2,360	2,335	2,339	*2,255	2,211	–1.6
Public acute hospitals with a specialised psychiatric unit or ward	3,713	3,753	3,863	*4,016	4,196	3.1
Total beds	6,073	6,088	6,202	6,271	6,407	1.3

* Data updated from published figures in *Mental health services in Australia 2005–06*.

Source: National Mental Health Establishments Database and *National Mental Health Report* (DoHA 2008c).

Target population and program type

Public sector specialised mental health hospital beds can be described using target population categories, program type categories or a combination of both. During 2006–07, the majority of specialised mental health hospital beds were within *General* services providing care to the adult population (18–64 years) (Table 12.6). Approximately 16.4% of the total 6,407 specialised mental health hospital beds were in *Older person* services, 9.4% were in *Forensic* services and 4.3% were in *Child and adolescent* services. Although beds for *General* services made up the greatest proportion of specialised mental health hospital beds in all states and territories, not all service types were specifically catered for in each state and territory.

Approximately two-thirds of all public specialised mental health hospital beds across Australia were specifically for *Acute* services during 2006–07 (Table 12.6). The proportion of

Acute and *Non-acute* specialised mental health hospital beds varied substantially between states and territories. Victoria had the greatest proportion of *Acute* beds (85.0%), while Queensland had an almost even split between *Acute* and *Non-acute* beds. The two territories described all of their mental health hospital beds as *Acute* for 2006–07.

When the combination of target population and program type were considered, nationally *Acute* beds accounted for around three-quarters of the *General* and *Child and adolescent* service beds (Table 12.6), while *Acute* beds accounted for nearly two-thirds of *Older person* service beds. Beds allocated to *Forensic* services differed markedly from the other specialist bed types, with the majority of the total 600 beds being classified as *Non-acute*.

When state and territory populations were considered, South Australia (40.3) had the highest number of beds per 100,000 population, while the Northern Territory had the least (16.0) (Table 12.6). Western Australia (24.2) had the highest number of specialised *Acute* beds per 100,000 population, while the Northern Territory (16.0) had the least. Of those jurisdictions reporting *Non-acute* specialised beds, Queensland (17.3) had the highest number of beds per 100,000 population.

Table 12.6: Public sector specialised mental health hospital beds, by target population and program, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of beds									
General									
Acute	1,176	668	579	356	282	81	50	26	3,218
Non-acute	546	100	390	107	96	27	..	..	1,266
Child and adolescent									
Acute	54	72	52	20	12	..	..	..	210
Non-acute	42	..	15	8	..	..	..	..	65
Older person									
Acute	163	215	53	108	78	..	20	..	637
Non-acute	114	..	138	32	127	..	..	..	411
Forensic									
Acute	81	56	..	19	8	18	..	8	190
Non-acute	111	78	170	19	32	..	..	..	410
Total	2,287	1,189	1,397	669	635	126	70	34	6,407
Beds per 100,000 population^(a)									
Acute	21.5	19.6	16.6	24.2	24.1	20.1	20.8	16.0	20.4
Non-acute	11.9	3.4	17.3	8.0	16.2	5.5	..	..	10.3
Total	33.4	23.0	33.8	32.1	40.3	25.6	20.8	16.0	30.7

(a) Crude rate based on the total state and territory estimated resident population as at 31 December 2006.

.. Not applicable.

Source: National Mental Health Establishments Database.

Nationally, the number of beds for *Child and adolescent* and *Older person* services remained relatively constant during the period 2002–03 to 2006–07 (Table 12.7). During the reported period, the number of beds for the *Forensic* and *General* services increased by an annual average of 5.4% and 1.4% respectively.

Table 12.7: Public sector specialised mental health hospital beds, by target population, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06	2006–07	Average annual change (per cent)
General	4,234	4,210	4,340	4,401	4,484	1.4
Child and adolescent	270	282	284	256	275	0.5
Older person	1,083	1,058	1,037	1,035	1,048	–0.8
Forensic	486	538	541	579	600	5.4
Total	6,073	6,088	6,202	6,271	6,407	1.3

Source: National Mental Health Establishments Database and *National Mental Health Report* (DoHA 2008c).

Residential mental health service beds

During 2006–07 there were 2,165 mental health-related residential care beds available nationally (Table 12.8). They can be characterised by the service operator (government or non-government) and the level of staffing provided. The majority (1,490 or 68.8%) of residential mental health service beds were provided by government-operated services. There were 1,592 (73.5%) residential beds operating with mental health-trained staffed on the premises for the entire 24-hour period. The remaining 573 beds were provided by residential mental health services with mental health-trained staff on site for more than 6 hours, but less than 24 hours per day, totalling at least 50 hours per week.

Table 12.8: Number of residential mental health services beds, by service operator and staffing provided, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Service operator									
Government-operated	291	1,002	..	23	53	91	30	..	1,490
Non-government-operated	155	313	..	62	10	85	45	5	675
Staffing provided									
24-hour staffing									
Government-operated	237	996	..	23	40	91	30	..	1,417
Non-government-operated	16	36	..	18	10	85	10	..	175
<i>Subtotal</i>	<i>253</i>	<i>1,032</i>	<i>..</i>	<i>41</i>	<i>50</i>	<i>176</i>	<i>40</i>	<i>..</i>	<i>1,592</i>
Non-24-hour staffing									
Government-operated	54	6	..	..	13	..	..	..	73
Non-government-operated	139	277	..	44	..	..	35	5	500
<i>Subtotal</i>	<i>193</i>	<i>283</i>	<i>..</i>	<i>44</i>	<i>13</i>	<i>..</i>	<i>35</i>	<i>5</i>	<i>573</i>
Total	446	1,315	..	85	63	176	75	5	2,165

.. Not applicable.

Source: National Mental Health Establishments Database.

Target population

With the exception of New South Wales, which has a small number of *Child and adolescent* beds (see footnote (a) Table 12.9), the only residential mental health target population groups were *General* and *Older person*. The majority of residential mental health specialised beds were in services categorised as *General* (61.0%). However, when population was considered,

nationally there were 4.0 *Older person* residential beds per 100,000 population, compared to 6.3 *General* beds (Table 12.9). Tasmania (27.3) had the highest number of residential *General* beds per 100,000 population, while the Northern Territory (2.4) had the least. Of those jurisdictions reporting specialised *Older person* residential mental health service beds, Victoria (12.7) had the highest number of residential beds per 100,000 population, while New South Wales (2.0) had the least.

Table 12.9: Residential mental health services beds and beds per 100,000 population, by target population, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of beds									
General ^(a)	310	659	..	85	63	134	65	5	1,321
Older person	136	656	..	..	..	42	10	..	844
Total	446	1,315	..	85	63	176	75	5	2,165
Beds per 100,000 population^(b)									
General ^(a)	4.5	12.8	0.0	4.1	4.0	27.3	19.3	2.4	6.3
Older person	2.0	12.7	0.0	0.0	0.0	8.5	3.0	0.0	4.0
Total	6.5	25.5	0.0	4.1	4.0	35.8	22.3	2.4	10.4

(a) A small number of residential beds reported by NSW as *Child and adolescent* residential services beds were included in *General* at the request of NSW Health.

(b) Crude rate based on the total state and territory estimated resident population as at 31 December 2006. This is different to previous *Mental health services in Australia* publications.

.. Not applicable.

Source: National Mental Health Establishments Database.

Since 2002–03, there have been changes in the number of specialised residential mental health care beds, with numbers ranging between 1990 and 2165 (Table 12.10). Specialised residential mental health beds within services categorised as *General* increased by an average of 2.2% annually between 2002–03 and 2006–07. Beds within *Older person* services also increased over the same time period (1.5%).

Table 12.10: Residential mental health services beds, by hours staffed and target population, 2002–03 to 2006–07

	2002–03	2003–04	2004–05	2005–06 ^(a)	2006–07 ^(a)	Average annual change (per cent)
Staffing provided						
24-hour staffing	1,407	1,439	1,427	1,496	1,592	3.1
Non-24-hour staffing	598	596	563	597	573	-1.1
Target population						
General	1,211	1,227	1,206	1,279	1,321	2.2
Older person	794	808	784	814	844	1.5
Total	2,005	2,035	1,990	2,093	2,165	1.9

(a) A small number of residential beds reported by NSW as *Child and adolescent* residential services beds were included in *General* at the request of NSW Health.

Source: National Mental Health Establishments Database and *National Mental Health Report* (DoHA 2008c).

12.4 Staffing of state and territory specialist mental health facilities

The specialist mental health facility staff numbers reported in Table 12.11 refer to the average number of full-time-equivalent (FTE) staff reported by states and territories for 2006–07, in the three specialist mental health service settings. These settings are admitted patient services in public psychiatric hospitals or public acute hospitals with a specialised psychiatric unit or ward, community mental health care services, and residential mental health services, including government and non-government-operated services. This data does not include staff employed at the higher organisational level, usually performing organisation level management roles, nor the categories of carer consultant or consumer consultant. They are included in Table 12.12.

In 2006–07, 25,772 FTE staff were employed nationally in the provision of specialised mental health care services (Table 12.11). More than half (51.2%) of these staff provided specialised mental health services for patients in admitted patient services. The next largest employment sector was community mental health care services with 10,609 FTE staff (41.2%).

Table 12.11: Full-time-equivalent staff^(a) by service setting, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital admitted patient services	4,892.3	2,151.1	2,632.3	1,617.6	1,410.7	313.0	108.1	77.7	13,202.8
Community mental health care services	3,300.5	2,623.1	1,961.9	1,313.3	854.8	242.0	214.2	99.6	10,609.4
Residential mental health services	338.2	1,262.9	..	81.8	23.7	182.0	68.4	3.0	1,960.0
Total	8,531.0	6,037.1	4,594.2	3,012.7	2,289.2	737.0	390.7	180.3	25,772.2

.. Not applicable.

Source: National Mental Health Establishments Database.

The FTE staff employed within specialised mental health care services can also be described by labour force categories.

Nurses accounted for the majority of the national workforce in all specialised mental health facilities, totalling 13,222 FTE or 51.1% (tables 12.12 and 12.13). At the state level, Victoria (55.5%) had the highest proportion of the specialised mental health-related workforce employed as nurses, while the Australian Capital Territory (43.4%) had the lowest.

Salaried medical officers made up 9.1% of the national specialised mental health-related workforce, with a relatively even spread between consultant psychiatrists and psychiatrists, and psychiatry registrars and trainees (tables 12.12 and 12.13).

Diagnostic and allied health professionals (18.8%) made up the second largest group of FTE staff nationally (Table 12.13), with the majority of the total 4,866 FTE staff in this group being psychologists and social workers (1,662 and 1,541 FTE, respectively; Table 12.12).

Table 12.12: Full-time-equivalent staff by staffing category, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers									
Consultant psychiatrists and psychiatrists	376.0	237.1	187.3	99.3	89.8	22.2	13.0	8.3	1,033.0
Psychiatry registrars and trainees	365.9	229.3	229.1	99.0	94.8	14.0	15.3	8.4	1,055.8
Other medical officers	46.1	81.7	33.3	69.9	25.6	5.1	1.6	4.6	267.9
<i>Subtotal</i>	<i>788.0</i>	<i>548.1</i>	<i>449.7</i>	<i>268.2</i>	<i>210.2</i>	<i>41.3</i>	<i>29.9</i>	<i>21.3</i>	<i>2,356.7</i>
Nurses									
Registered	3,688.7	2,653.8	2,031.3	1,279.6	954.4	319.7	141.0	88.3	11,156.8
Enrolled	554.6	717.8	306.1	181.0	215.5	52.0	28.4	9.4	2,064.8
<i>Subtotal</i>	<i>4,243.3</i>	<i>3,371.6</i>	<i>2,337.4</i>	<i>1,460.6</i>	<i>1,169.9</i>	<i>371.7</i>	<i>169.4</i>	<i>97.7</i>	<i>13,221.6</i>
Diagnostic and allied health professionals									
Psychologist	561.1	422.7	329.9	168.5	80.0	27.1	60.6	12.4	1,662.3
Social worker	356.2	448.0	283.9	198.2	197.7	29.8	20.1	7.1	1,541.0
Occupational therapist	220.8	242.2	141.7	131.3	56.2	14.6	6.2	1.0	814.0
Diagnostic and health professionals ^(a)	367.6	144.1	119.0	109.8	61.2	28.4	6.9	12.0	849.0
<i>Subtotal</i>	<i>1,505.7</i>	<i>1,257.0</i>	<i>874.5</i>	<i>607.8</i>	<i>395.1</i>	<i>99.9</i>	<i>93.8</i>	<i>32.5</i>	<i>4,866.3</i>
Additional staffing categories									
Other personal care ^(b)	160.6	118.7	203.0	89.7	23.6	143.3	28.7	7.0	774.6
Carer consultants	8.6	13.6	0.9	..	..	..	..	..	23.1
Consumer consultants	24.8	19.0	10.3	0.8	2.1	..	..	..	57.0
Other staff ^(c)	1,833.4	741.7	729.6	586.3	490.9	109.2	68.9	22.0	4,582.0
<i>Subtotal</i>	<i>2,027.4</i>	<i>893.0</i>	<i>943.8</i>	<i>676.8</i>	<i>516.6</i>	<i>252.5</i>	<i>97.6</i>	<i>29.0</i>	<i>5,436.7</i>
Total	8,564.4	6,069.7	4,605.4	3,013.4	2,291.8	765.4	390.7	180.5	25,881.3

(a) *Diagnostic and health professionals* includes qualified staff (other than qualified medical or nursing staff) engaged in duties of a diagnostic, professional or technical nature and covers all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff) (METeOR identifier 327164).

(b) *Other personal care staff* includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR identifier 270171).

(c) Other staff includes *Administrative and clerical* and *Domestic and other staff* categories.

.. Not applicable.

Source: National Mental Health Establishments Database.

In 2006–07, there were 11.3 FTE salaried medical officers per 100,000 population, ranging from 13.3 in South Australia to 8.4 in Tasmania (Table 12.14). The number of FTE nurses per 100,000 population varied substantially across states and territories, from 75.6 FTE in Tasmania to 46.0 in the Northern Territory. The number of FTE other staff per 100,000 population, which includes the *Administrative and clerical* and *Domestic and other staff* categories, also varied substantially across states and territories (Table 12.14). South Australia (31.2) employed the highest number of other staff per 100,000 population, compared to the national average of 22.0.

Table 12.13: Full-time-equivalent staff by staffing category, states and territories, 2006–07 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	9.2	9.0	9.8	8.9	9.2	5.4	7.7	11.8	9.1
Nurses	49.5	55.5	50.8	48.5	51.0	48.6	43.4	54.1	51.1
Diagnostic and allied health professionals ^(a)	17.6	20.7	19.0	20.2	17.2	13.1	24.0	18.0	18.8
Other personal care ^(b)	1.9	2.0	4.4	3.0	1.0	18.7	7.3	3.9	3.0
Carer consultants	0.1	0.2	0.0	..	..	..	..	..	0.1
Consumer consultants	0.3	0.3	0.2	0.0	0.1	..	..	..	0.2
Other staff ^(c)	21.4	12.2	15.8	19.5	21.4	14.3	17.6	12.2	17.7
Total	100	100	100	100	100	100	100	100	100

(a) *Diagnostic and allied health professionals* includes psychologists, social workers, occupational therapists and diagnostic and allied health professionals.

(b) *Other personal care staff* includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR identifier 270171).

(c) Other staff includes *Administrative and clerical* and *Domestic and other staff* categories.

.. Not applicable.

Source: National Mental Health Establishments Database.

Table 12.14: Full-time-equivalent staff per 100,000 population by staffing category^(a), states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	11.5	10.6	10.9	12.9	13.3	8.4	8.9	10.0	11.3
Nurses	61.9	65.3	56.6	70.2	74.3	75.6	50.4	46.0	63.4
Diagnostic and allied health professionals ^(b)	22.0	24.3	21.2	29.2	25.1	20.3	27.9	15.3	23.3
Other personal care ^(c)	2.3	2.3	4.9	4.3	1.5	29.1	8.5	3.3	3.7
Carer consultants	0.1	0.3	0.0	..	..	..	..	..	0.1
Consumer consultants	0.4	0.4	0.2	0.0	0.1	..	..	..	0.3
Other staff ^(d)	26.7	14.4	17.7	28.2	31.2	22.2	20.5	10.4	22.0
Total	125.0	117.5	111.5	144.8	145.5	155.7	116.2	84.9	124.1

(a) Crude rate based on state and territory estimated resident population as at 31 December 2006.

(b) *Diagnostic and allied health professionals* includes psychologists, social workers, occupational therapists and diagnostic and allied health professionals.

(c) *Other personal care staff* includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR identifier 270171).

(d) Other staff includes *Administrative and clerical* and *Domestic and other staff* categories.

.. Not applicable.

Source: National Mental Health Establishments Database.

Between 2002–03 and 2006–07 there was an average annual growth of 3.5% in the national specialised mental health-related workforce (Table 12.15). During this period, all staffing categories, except other staff, experienced growth in their total FTE staffing numbers. Notably, salaried medical officers increased at an average annual rate of 5.3%, diagnostic and allied health professionals increased by 4.2% and nurses increased by 4.0%.

Table 12.15: Full-time-equivalent staff by staffing category, 2002–03 to 2006–07

	*2002–03	*2003–04	*2004–05	2005–06	2006–07	Average annual change (per cent)
Salaried medical officers	1,920	1,985	2,141	2,235	2,357	5.3
Nurses	11,312	11,765	12,150	12,754	13,222	4.0
Diagnostic and allied health professionals ^(a)	4,125	4,295	4,411	*4,700	4,866	4.2
Other personal care ^(b)	580	533	604	738	775	7.5
Carer consultants	9	9	14	15	23	28.0
Consumer consultants	54	60	55	61	57	1.5
Other staff ^(c)	4,575	4,558	4,512	*4,202	4,582	0.0
Total	22,574	23,206	23,886	24,705	25,881	3.5

(a) *Diagnostic and allied health professionals* includes psychologists, social workers, occupational therapists and diagnostic and allied health professionals.

(b) *Other personal care staff* includes staff engaged primarily in the provision of personal care to patients or residents, not formally qualified, for example attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants (METeOR identifier 270171).

(c) Other staff includes *Administrative and clerical* and *Domestic and other staff* categories.

n.a. Not available.

* Data updated from published figures in *Mental health services in Australia 2005–06*.

Source: National Mental Health Establishments Database and the *National Mental Health Report* (DoHA 2003, 2005 and 2008c) and unpublished Department of Health and Ageing.

12.5 Private psychiatric hospitals

The Private Health Establishments Collection, held by the ABS, defines private psychiatric hospitals as those licensed or approved by a state or territory health authority and which cater primarily for admitted patients with psychiatric, mental or behavioural disorders (ABS 2008b). This is further defined as those hospitals providing 50% or more of the total patient days for psychiatric patients. In 2006–07, there were 25 private hospitals defined as psychiatric, with 1,554 total average available beds (Table 12.16).

Table 12.16: Private psychiatric hospitals, available beds and available beds per 100,000 population, states^(a), 2006–07

	NSW	Vic	Qld	WA	SA	Tas	Total
Private psychiatric hospitals	9	6	4	n.a.	n.a.	n.a.	25
Available beds ^(b)	537	432	279	n.a.	n.a.	n.a.	1,554
Available beds per 100,000 population ^(c)	7.8	8.4	6.8	n.a.	n.a.	n.a.	7.5

(a) There were no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Average available beds.

(c) Crude rate based on the Australian estimated resident population as at 31 December 2006.

n.a. Not available but included in totals where applicable, unless otherwise indicated.

Source: Private Health Establishments Collection (ABS).

In 2006-07, there were 1,591 FTE staff employed by private psychiatric hospitals (Table 12.17). Nurses made up the majority of the private psychiatric hospital workforce, accounting for almost half of the FTE staff.

Table 12.17: Full-time-equivalent staff by staffing category^(a), private psychiatric hospitals, states^(b), 2006-07

	NSW	Vic	Qld	SA	WA	Tas	Total
Salaried medical officers	16.9	5.1	1.3	n.a.	n.a.	n.a.	25.6
Nurses ^(c)	264.5	197.7	157.1	n.a.	n.a.	n.a.	772.6
Allied health professionals	70.9	40.6	35.1	n.a.	n.a.	n.a.	163.5
Administrative and clerical staff	130.6	108.3	48.3	n.a.	n.a.	n.a.	343.6
Domestic and other staff ^(d)	105.0	67.1	61.5	n.a.	n.a.	n.a.	285.8
Total staff	587.9	418.9	303.3	n.a.	n.a.	n.a.	1,591.0

(a) Average full-time-equivalent staff.

(b) There were no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(c) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses, Other nursing staff* and *Other personal care staff* categories.

(d) Includes *Catering and kitchen, Domestic, Engineering and maintenance* and *Other* categories.

n.a. Not available but included in totals where applicable, unless otherwise indicated.

Source: Private Health Establishments Collection (ABS).