

7 Specialised mental health care resources

This chapter presents an overview of available data on the characteristics of psychiatrist, mental health nursing and clinical psychologist labour forces. It also describes the characteristics of establishments delivering specialised mental health care in Australia. The establishments described include public community mental health establishments, public and private psychiatric hospitals, and psychiatric units or wards in public acute care hospitals.

7.1 Specialised mental health care labour force

This section presents information on the characteristics of psychiatrists using data from the National Medical Labour Force Survey and of mental health nurses using data from the National Nursing Labour Force Survey. Data from the Australian Bureau of Statistics (ABS) Census of Population and Housing are also used to provide information on clinical psychologists.

Psychiatrists

The National Medical Labour Force Survey includes data on psychiatrists and trainee psychiatrists practising in both the public and private sectors. The Remoteness Area information on private psychiatrist services is sourced from the Department of Health and Ageing (DHA) Medicare data collections. Background information on *Medical Labour Force 2002* (AIHW 2004e) and the Medicare data collection is presented in Appendix 1.

National medical labour force survey data on the number of specialists practising as psychiatrists and psychiatry trainees are presented in Tables 7.1 to 7.4. For the purposes of the survey, a psychiatrist was defined as a medical practitioner that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Psychiatrists-in-training were defined as medical practitioners who had been accepted by the RANZCP into a training position supervised by a member of the college. Psychiatrists may work as clinicians or non-clinicians. All psychiatrists-in-training work as clinicians. The work of non-clinicians may include administration, teaching, research and public health.

In 2002, it was estimated that there were 15.0 psychiatrists and psychiatrists-in-training per 100,000 population in Australia. These comprised 2,367 specialists practising psychiatry as their main speciality (12.1 psychiatrists per 100,000 population) and 587 psychiatrists-in-training (3.0 psychiatrists-in-training per 100,000 population) (Table 7.1).

From 1998 to 2002, the number of psychiatrists and psychiatrists-in-training increased by 15.7%, from 2,554 to 2,954. For the majority of psychiatrists (85.3%), their main place of work was in a major city (Table 7.1 and Figure 1.24). There has been little or no variation in this pattern since 1998.

Of the estimated 2,954 psychiatrists and psychiatrists-in-training in Australia in 2002, two-thirds were male (65.9%). The increase in female psychiatrists between 1998 to 2002 (34.5%) was greater than for males (11.9%) (Table 7.2). This trend is set to continue with a growth in the proportion of female psychiatrists-in-training (33.2%) compared to a decline in male psychiatrists-in-training (10.2%). Female psychiatrists-in-training (50.6%) now just outnumber males (49.4%).

In 2002, the majority of psychiatrists in Australia were clinicians (2,167 or 11.0 per 100,000 population) compared with a total of 200 non-clinicians (1.0 per 100,000 population). Most clinician and non-clinician psychiatrists were males (69.5% and 75.5%, respectively) (Table 7.2).

The main age group for psychiatrists in 2002 was 45–54 years (31.3% for clinicians and 37.0% for non-clinicians), and the majority of psychiatrists-in-training were aged under 35 years (58.3%) (Table 7.3). The proportion of psychiatrists who were clinicians was between 90.2% and 93.1% across all age groups. There were 166 female psychiatrists working as clinicians in the 55–64 age group (27.8% of all clinicians in this age group), and this dropped to 37 female psychiatrists for those aged 65 and over (13.3%).

The state with the highest number of psychiatrists per 100,000 population was Victoria (15.7). The Northern Territory had the lowest, with 5.9 per 100,000 population (Table 7.4).

Based on Medicare Benefits Schedule fee income, the estimated number of full-time-equivalent private psychiatrists for 2003–04 was 1,024.3 (Table 7.5). The majority of these full-time-equivalent private psychiatrists were located in major cities (939.6 or 91.7%). South Australia (7.1) and Victoria (7.0) were the jurisdictions with the highest number of full-time-equivalent private psychiatrists per 100,000 population.

Table 7.1: Psychiatrists and psychiatrists-in-training, by Remoteness Area of main place of work, Australia, 1998 to 2002

	1998	1999	2000	2001	2002
Psychiatrists (clinicians and non-clinicians)^{(a)(b)}					
Major cities	1,724	1,855	1,888	1,806	2,019
Inner regional	173	187	155	180	221
Outer regional	59	54	58	49	49
Remote and very remote	8	10	6	4	8
<i>Total all regions^(c)</i>	<i>2,008</i>	<i>2,140</i>	<i>2,176</i>	<i>2,101</i>	<i>2,367</i>
Per 100,000 population ^(d)	10.7	11.3	11.4	10.8	12.1
Psychiatrists-in-training^{(a)(e)}					
Major cities	501	521	502	562	509
Inner regional	18	23	39	35	34
Outer regional	8	16	17	10	17
Remote and very remote	3	4	3	6	1
<i>Total all regions^(c)</i>	<i>546</i>	<i>581</i>	<i>587</i>	<i>643</i>	<i>587</i>
Per 100,000 population ^(d)	2.9	3.1	3.1	3.3	3.0
Total psychiatrists and psychiatrists-in-training^(a)					
Major cities	2,226	2,376	2,390	2,368	2,527
Inner regional	190	210	194	215	256
Outer regional	67	69	75	59	65
Remote and very remote	11	15	10	10	9
<i>Total all regions^(c)</i>	<i>2,554</i>	<i>2,722</i>	<i>2,763</i>	<i>2,744</i>	<i>2,954</i>
Per 100,000 population ^(d)	13.7	14.4	14.4	14.1	15.0

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same. Disaggregation of psychiatrists by clinician and non-clinician is not available for Remoteness Area.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e. a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Includes practitioners for whom Remoteness Area was not stated.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 1998, 1999, 2000, 2001 and 2002.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.2: Psychiatrists and psychiatrists-in-training by sex, Australia, 1998 to 2002

	1998	1999	2000	2001	2002
Psychiatrists^{(a)(b)}					
Clinicians					
Male	1,369	1,396	1,450	1,378	1,505
Female	485	595	552	563	661
<i>Total^(c)</i>	<i>1,854</i>	<i>1,991</i>	<i>2,002</i>	<i>1,941</i>	<i>2,167</i>
Per 100,000 population ^(d)	9.9	10.5	10.5	10.0	11.0
Non-clinicians					
Male	111	106	118	108	151
Female	43	43	56	52	49
<i>Total^(c)</i>	<i>154</i>	<i>150</i>	<i>174</i>	<i>160</i>	<i>200</i>
Per 100,000 population ^(d)	0.8	0.8	0.9	0.8	1.0
Psychiatrists-in-training^{(a)(e)}					
Male	323	326	330	317	290
Female	223	256	257	326	297
<i>Total^(c)</i>	<i>546</i>	<i>581</i>	<i>587</i>	<i>643</i>	<i>587</i>
Per 100,000 population ^(d)	2.9	3.1	3.1	3.3	3.0
Total psychiatrists and psychiatrists-in-training^(a)					
Male	1,804	1,828	1,898	1,804	1,946
Female	751	894	865	940	1,008
<i>Total^(c)</i>	<i>2,554</i>	<i>2,722</i>	<i>2,763</i>	<i>2,744</i>	<i>2,954</i>
Per 100,000 population ^(d)	13.7	14.4	14.4	14.1	15.0

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not sum to totals due to rounding.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 1998, 1999, 2000, 2001 and 2002.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.3: Psychiatrists and psychiatrists-in-training by age and sex, Australia, 2002

	<35	35–44	45–54	55–64	65+	Total
Psychiatrists^{(a)(b)}						
Clinicians						
Male	41	347	443	432	242	1,505
Female	31	192	235	166	37	661
<i>Total^(c)</i>	72	539	678	598	279	2,167
Non-clinicians						
Male	3	35	55	38	20	151
Female	3	18	20	5	3	49
<i>Total^(c)</i>	6	53	74	44	23	200
Psychiatrists-in-training^{(a)(d)}						
Male	183	68	39	0	0	290
Female	163	81	53	0	0	297
Total^(c)	346	148	93	0	0	587
Total psychiatrists and psychiatrists-in-training^(a)						
Male	227	450	537	471	262	1,946
Female	197	291	308	171	40	1,008
Total^(c)	425	741	845	642	302	2,954

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not add to totals due to rounding.

(d) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.4: Psychiatrists and psychiatrists-in-training by sex, states and territories, 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatrists^{(a)(b)}									
Clinicians									
Male	498	495	215	103	119	38	27	10	1,505
Female	192	203	105	53	75	13	18	2	661
<i>Total^(c)</i>	<i>691</i>	<i>698</i>	<i>321</i>	<i>157</i>	<i>194</i>	<i>51</i>	<i>44</i>	<i>12</i>	<i>2,167</i>
Per 100,000 population ^(d)	10.4	14.4	8.6	8.1	12.8	10.7	13.8	5.9	11.0
Non-clinicians									
Male	60	48	16	10	10	6	1	0	151
Female	18	15	4	3	6	0	3	0	49
<i>Total^(c)</i>	<i>78</i>	<i>62</i>	<i>20</i>	<i>13</i>	<i>17</i>	<i>6</i>	<i>4</i>	<i>0</i>	<i>200</i>
Per 100,000 population ^(d)	1.2	1.3	0.5	0.7	1.1	1.2	1.4	0.0	1.0
Psychiatrists-in-training^{(a)(e)}									
Male	96	116	21	20	30	0	4	2	290
Female	114	76	27	30	35	6	0	10	297
<i>Total^(c)</i>	<i>210</i>	<i>191</i>	<i>48</i>	<i>50</i>	<i>66</i>	<i>6</i>	<i>4</i>	<i>12</i>	<i>587</i>
Per 100,000 population ^(d)	3.2	3.9	1.3	2.6	4.3	1.2	1.4	6.2	3.0
Total psychiatrists and psychiatrists-in-training^(a)									
Male	654	659	253	133	160	44	32	12	1,946
Female	324	293	136	87	116	18	21	13	1,008
<i>Total^(c)</i>	<i>978</i>	<i>952</i>	<i>388</i>	<i>220</i>	<i>276</i>	<i>62</i>	<i>53</i>	<i>24</i>	<i>2,954</i>
Per 100,000 population ^(d)	14.7	19.6	10.5	11.4	18.2	13.1	16.5	12.2	15.0

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e. a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not add to totals due to rounding.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2002.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.5: Medicare-funded full-time-equivalent private psychiatrists, by Remoteness Area of psychiatrists' services, states and territories, 2003–04

Full-time-equivalent psychiatrists	NSW	Vic	Qld	SA	Tas	ACT	WA and NT	Total
Number								
Major cities	297.3	332.1	137.9	105.4	0.0	11.3	55.6	939.6
Inner regional	21.7	11.9	17.2	1.3	21.0	0.0	1.7	74.8
Outer regional	1.3	1.2	5.2	n.a.	n.a.	n.a.	1.7	9.4
Remote	0.0	0.0	0.0	n.a.	n.a.	n.a.	0.4	0.4
Very remote	0.0	0.0	0.1	n.a.	n.a.	n.a.	0.0	0.1
<i>Total all regions</i>	<i>320.3</i>	<i>345.2</i>	<i>160.3</i>	<i>108.0</i>	<i>21.3</i>	<i>11.3</i>	<i>59.4</i>	<i>1,024.3</i>
Per 100,000 population^(a)								
Major cities	6.2	9.2	6.9	9.6	0.0	3.5	4.0	7.1
Inner regional	1.6	1.1	1.7	0.7	6.9	0.0	0.7	1.8
Outer regional	0.3	0.5	0.8	n.a.	n.a.	n.a.	0.6	0.1
Remote	0.0	0.0	0.0	n.a.	n.a.	n.a.	0.3	0.0
Very remote	0.0	0.0	0.2	n.a.	n.a.	n.a.	0.0	0.0
<i>Total all regions</i>	<i>4.8</i>	<i>7.0</i>	<i>4.2</i>	<i>7.1</i>	<i>4.5</i>	<i>3.5</i>	<i>2.8</i>	<i>5.9</i>

(a) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2003.

n.a. Not available due to confidentiality protocols.

Source: Medicare data from DHA.

Mental health nurses

This information is based on the AIHW national nursing labour force collection from 1997 to 2003. The national nursing labour force collection is a biennial collection and the latest available data is from 2001. Additional information on this collection is presented in Appendix 1.

Mental health nurses are defined as nurses who indicate that their main area of nursing is in the psychiatric or mental health field. The latest data available on mental health nurses are for 2001 and these data were presented in *Mental Health Services in Australia, 2001–02* (AIHW 2004a).

In 2001, there were 12,077 mental health nurses, representing a per capita rate of 62.2 per 100,000 population. The main place of work for the majority of mental health nurses was in a major city, followed by inner regional areas. For further information see *Mental Health Services in Australia, 2001–02* (AIHW 2004a).

Information on the number of mental health nurses by age and sex is presented in Table 7.6. In 2001, just over two-thirds of mental health nurses were female. The majority of mental health nurses were in the 45–54 and 34–44 age groups (35.9% and 32.9%, respectively).

Table 7.6: Mental health nurses^{(a)(b)} by age and sex, Australia, 2001

	15–24	25–34	35–44	45–54	55–64	65+	Total
Sex							
Male	52	576	1,251	1,543	453	43	3,918
Female	218	1,452	2,727	2,802	883	95	8,177
Total	270	2,028	3,978	4,345	1,336	137	12,094

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Includes registered and enrolled nurses.

Source: AIHW 2003b.

Clinical psychologists

A clinical psychologist is defined in the *Health and Community Services Labour Force, 2001* (AIHW 2003c) report as someone who consults with individuals and groups, assesses psychological disorders and administers programs of treatment. This information is based on health and community services workers' data from the Australian Bureau of Statistics (ABS) 2001 Census of Population and Housing analysed in the *AIHW Health and Community Services Labour Force, 2001* report (AIHW 2003c).

Information on the number of clinical psychologists by age and sex and by state and territory is presented in Tables 7.7 and 7.8. In 2001, there were 7,572 clinical psychologists compared with 5,252 clinical psychologists in 1996 – an increase of 44.2% (AIHW 2003c). The majority of persons employed as clinical psychologists in Australia were females (71.7%) (Table 7.7). The highest proportion of clinical psychologists were aged between 45 and 54 years (30.7%) followed by the 25–34 age group (26.5%). Most male clinical psychologists were between 45 and 54 years (36.5%), and most females were between 25 and 34 years (30.6%).

In 2001, there were 40 persons employed as clinical psychologists in Australia per 100,000 population (Table 7.8). The highest numbers of clinical psychologists per 100,000 population were in the Australian Capital Territory (58), followed by Victoria (47) and Western Australia (43).

Table 7.7: Persons employed as clinical psychologists by age and sex, Australia, 2001

	15–24	25–34	35–44	45–54	55–64	65+	Total
Sex							
Male	21	345	559	782	346	92	2,145
Female	205	1,658	1,313	1,543	603	105	5,427
Total	226	2,003	1,872	2,325	949	197	7,572

Source: AIHW 2003c.

Table 7.8: Persons employed as clinical psychologists per 100,000 population, states and territories, 2001

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	2,638	2,222	1,100	794	456	126	183	53	7,572
Per 100,000 population ^(a)	41	47	31	43	31	27	58	30	40

(a) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2001.

Source: AIHW 2003c.

7.2 Public community mental health establishments

This section describes community mental health establishments in terms of the number of establishments, availability of beds, staff employed and expenditure. The data in this section relate only to public community mental health care establishments which are staffed 24 hours a day, as data on non-government community mental health establishments and public establishments staffed less than 24 hours are not available.

The Community Mental Health Establishments Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community mental health care establishment in Australia, from routine administrative collections. Further information on the NCMHED can be found in Appendix 1. The National Survey of Mental Health Services also collects data on these services, presented in the *National Mental Health Report* series (DHA 2004). The similarities and differences between the data collated by the survey and NCMHED are discussed in Appendix 4.

Table 7.9 presents a summary of establishments, number of available beds, staffing and expenditure from NCMHED since 1998–99. Information from the NCMHED on the number of establishments by state and territory in 2002–03 is presented in Table 7.10. A list of the establishments that report to NCMHED can be found in the Internet-only tables at <www.aihw.gov.au>.

Note that the definitions of the establishments varied between jurisdictions. In some jurisdictions, such as Tasmania and Queensland, the establishments were equivalent to individual service units, which can include hospital-based mental health outpatient and outreach services. In other jurisdictions, such as Western Australia, entire health regions or areas were defined as establishments. For these reasons, the number of establishments reported does not necessarily reflect the number of physical buildings or service outlets from which community mental health care was provided.

Between 1998–99 and 2002–03 the number of full-time equivalent staff increased 20.1% from 8,679 to 10,420. Salaries and wages expenditure over the same period increased 66.1% from \$390.4 million to \$648.4 million (in constant prices) and non-salary expenditure increased 66.2% from \$154.3 to \$256.4.

There were 1,241 available beds reported to the NCMHED for 2002–03 representing 6.3 beds per 100,000 population (Table 7.10). Tasmania had the highest number of available beds per 100,000 (29.5) followed by Victoria (18.2).

Data on the number of full-time equivalent (FTE) staff employed in community mental health establishments by state and territory are presented in Table 7.11. The FTE staff data presented are the average available staff for the year. Note that data collection by staff category is not consistent across all states and territories, with some jurisdictions providing best estimates. A total of 10,420 FTE staff were employed in community mental health establishments for 2002–03.

FTE staffing data by staff category were able to be supplied to the NCMHED by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For these jurisdictions, the majority of the FTE staff were *Nurses* (35.1% or 2,136 FTE staff) and *Diagnostic and allied health professionals* (32.7% or 1,995 FTE staff). The community mental health care workforce also included *Administrative and clerical staff* (18.2% or 1,111 FTE staff), *Salaried medical officers* (7.4% or 449 FTE staff), *Domestic and other staff* (5.1% or 308 FTE staff) and *Other personal care staff* (1.5% or 92 FTE staff).

The salary category made up 71.6% (\$624.6 million) of total expenditure (Tables 7.12 and 7.13). Salary payments include salaries and wages, payments to staff on paid leave, workers compensation, and salaries paid to contract staff for supply of labour. Non-salary expenditure includes expenses for medical supplies (excluding equipment purchases), administrative expenses, drug and food supplies, patient transport and repairs and maintenance. Recurrent expenditure by community mental health establishments in 2002-03 was \$871.7 million (Table 7.13).

New South Wales, Queensland, Tasmania, the Australia Capital Territory and the Northern Territory were able to supply their salary and wage data by staffing category. The proportion of salary and wage expenditure paid by the five jurisdictions to *Total nurses* and *Diagnostic and allied health professionals* was 36.8% (\$112.8 million) and 31.2% (\$95.6 million) respectively. *Administrative and clerical staff* payments and *Salaried medical officers* payments accounted for 14.6% (\$44.7 million) and 13.1% (\$40.3 million) of the salary expenditure.

Table 7.9: Summary of public and private psychiatric hospitals^(a) and public community mental health establishments^(b), Australia, 1998–99 to 2002–03

	1998–99	1999–00	2000–01	2001–02	2002–03
Public psychiatric hospitals					
Number of establishments	21	22	23	22	19
Available beds ^(c)	2,943	2,759	2,478	2,457	2,358
Full-time-equivalent staff	6,395	6,274	5,601	5,545	5,546
<i>Current prices^(d)</i>					
Salaries and wages expenditure (\$'000)	318,056	303,812	281,494	303,693	312,638
Non-salary expenditure (\$'000)	119,284	133,078	135,194	141,531	143,334
Total recurrent expenditure (\$'000)	437,340	423,827	416,688	445,224	455,972
Revenue (\$'000)	22,131	19,769	21,978	19,260	19,419
<i>Constant prices^(d)</i>					
Salaries and wages expenditure (\$'000)	291,657	284,672	272,768	303,693	323,580
Non-salary expenditure (\$'000)	109,383	124,694	131,003	141,531	148,351
Total recurrent expenditure (\$'000)	401,041	397,126	403,771	445,224	471,931
Revenue (\$'000)	20,294	18,524	21,297	19,260	20,099
Public acute hospitals					
Number of establishments with a specialised psychiatric unit or ward	115	107	111	108	128
Available beds in psychiatric units or wards	n.a.	n.a.	n.a.	2,985	3,281
Private psychiatric hospitals^(e)					
Number of establishments	26	24	24	24	25
Available beds ^(b)	1,471	1,369	1,369	1,387	1,463
Full-time-equivalent staff	1,660	1,572	1,566	1,707	1,704
<i>Current prices^(d)</i>					
Total recurrent expenditure (\$'000)	123,601	122,498	133,491	143,653	158,529
<i>Constant prices^(d)</i>					
Total recurrent expenditure (\$'000)	113,342	114,781	129,353	143,653	164,078
Public community mental health establishments					
Number of establishments ^(b)	208	232	233	246	242
Available beds ^(c)	1,301	1,171	1,306	1,249	1,241
Full-time-equivalent staff	8,679	8,570	8,933	9,759	10,420
<i>Current prices^(d)</i>					
Salaries and wages expenditure (\$'000)	421,192	453,492	505,310	563,495	624,680
Non-salary expenditure (\$'000)	166,409	177,865	187,887	214,636	247,052
Total recurrent expenditure (\$'000)	588,006	631,358	695,709	778,131	871,751
<i>Constant prices^(d)</i>					
Salaries and wages expenditure (\$'000)	390,445	431,271	493,183	563,495	648,418
Non-salary expenditure (\$'000)	154,261	169,150	183,378	214,636	256,440
Total recurrent expenditure (\$'000)	545,082	600,421	679,012	778,131	905,878

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) The count of public community mental health establishments can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(c) Average beds for the year.

(d) Expenditure and revenue data are listed in both current and constant prices. Constant price values are referenced to 2001–02 and are adjusted for inflation and expressed in terms of prices for the reference year.

(e) ABS defined private psychiatric hospitals as those that are licensed/approved by each state or territory health authority and for which 50% or more of the total patient-days were for psychiatric patients.

n.a. Not available.

Source: NPHED, PHEC, NCMHED.

Table 7.10: Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Establishments ^(a)	19	39	95	18	33	30	2	6	242
Establishments with residential care services	6	31	0	2	1	9	1	0	50
Available beds ^(b)	138	891	0	22	20	140	30	0	1,241
Available beds per 100,000 population ^(c)	2.1	18.2	0.0	1.1	1.3	29.5	9.3	0.0	6.3

(a) The number of establishments reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets. For details on the establishments reporting to NCMHED, refer to <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2003.

(c) Rates are crude rates based on the estimated resident population at 31 December 2002.

Source: NCMHED.

Table 7.11: Full-time-equivalent staff^(a), public community mental health establishments^(b), states and territories, 2002–03

Full-time-equivalent staff	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	220	n.a.	122	n.a.	76	8	13	10	449
Nurses									
Registered nurses	n.a.	n.a.	433	n.a.	228	124	70	30	885
Enrolled nurses	n.a.	n.a.	7	n.a.	6	48	12	0	73
<i>Total nurses</i>	<i>1,177</i>	<i>n.a.</i>	<i>440</i>	<i>n.a.</i>	<i>234</i>	<i>172</i>	<i>83</i>	<i>30</i>	<i>2,136</i>
Other personal care staff	n.a.	n.a.	25	n.a.	9	58	0	0	92
Diagnostic and allied health professionals	967	n.a.	574	n.a.	273	54	105	22	1,995
Administrative and clerical staff	695	n.a.	205	n.a.	117	38	37	19	1,111
Domestic and other staff	245	n.a.	8	n.a.	6	39	10	0	308
Total staff^(c)	3,305	3,255	1,374	1,071	715	369	249	82	10,420

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2003 were used.

(b) For details on the services reporting to the NCMHED, refer to <www.aihw.gov.au>.

(c) Includes total for establishments which were not able to provide data by staffing category.

n.a. Not available.

Source: NCMHED.

Table 7.12: Salaries and wages expenditure (\$'000), public community mental health establishments,^(a) states and territories, 2002-03

Recurrent expenditure category	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	23,729	n.a.	12,861	n.a.	n.a.	752	1,693	1,283	40,318
Nurses									
Registered nurses	n.a.	n.a.	22,780	n.a.	n.a.	6,078	4,526	1,975	35,359
Enrolled nurses	n.a.	n.a.	283	n.a.	n.a.	1,837	611	0	2,731
<i>Total nurses</i>	<i>74,729</i>	<i>n.a.</i>	<i>23,063</i>	<i>n.a.</i>	<i>n.a.</i>	<i>7,915</i>	<i>5,137</i>	<i>1,975</i>	<i>112,819</i>
Other personal care staff	n.a.	n.a.	966	n.a.	n.a.	1,780	0	0	2,746
Diagnostic and allied health professionals	55,720	n.a.	29,688	n.a.	n.a.	3,130	5,620	1,493	95,651
Administrative and clerical staff	32,730	n.a.	7,883	n.a.	n.a.	1,533	1,608	965	44,719
Domestic and other staff	8,378	n.a.	263	n.a.	n.a.	1,290	392	1	10,324
Total salaries and wages^(c)	195,286	211,529	74,725	64,354	42,224	16,396	14,450	5,716	624,680

(a) For details on the establishments reporting to NCMHED, refer to <www.aihw.gov.au>.

(b) Expenditure data for this collection are not regarded as reliable by the NSW Health Department.

It is recommended that data from the National Survey of Mental Health Services as published in the National Mental Health Report are used in preference.

(c) Includes total for establishments which were not able to provide salaries and wages data by staffing category.

n.a. Not available.

Source: NCMHED.

Table 7.13: Non-salary and total recurrent expenditure (\$'000), public community mental health establishments^(a), states and territories, 2002–03

Recurrent expenditure category	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Payments to visiting medical officers	10,125	n.a.	5,185	n.a.	n.a.	99	448	0	15,857
Superannuation	16,130	n.a.	8,324	n.a.	n.a.	1,842	1,688	465	28,449
Drug supplies	5,768	n.a.	2,625	n.a.	n.a.	554	43	38	9,028
Medical and surgical supplies	1,720	n.a.	252	n.a.	n.a.	39	6	2	2,019
Food supplies	1,336	n.a.	114	n.a.	n.a.	523	127	4	2,104
Domestic services	2,758	n.a.	1,384	n.a.	n.a.	534	149	25	4,850
Repairs and maintenance	6,640	n.a.	733	n.a.	n.a.	52	102	127	7,654
Patient transport	991	n.a.	12	n.a.	n.a.	14	37	1	1,055
Administrative expenses	30,325	n.a.	10,011	n.a.	n.a.	6,002	1,617	1,033	48,988
Interest payments	10	n.a.	0	n.a.	n.a.	0	0.1	0	10
Depreciation	9,482	n.a.	628	n.a.	n.a.	0	10	0	10,120
Other recurrent expenditure	17,033	n.a.	1,767	n.a.	n.a.	326	1,168	1,249	21,543
<i>Total non-salary expenditure^(c)</i>	102,319	64,100	31,036	20,862	10,410	9,985	5,396	2,944	247,052
Total recurrent expenditure^(c)	297,624	275,629	105,761	85,216	52,634	26,381	19,846	8,660	871,751

(a) For details on the services reporting to the NCMHED, refer to <www.aihw.gov.au>.

(b) Expenditure data for this collection are not regarded as reliable by the NSW Health Department. It is recommended that data from the National Survey of Mental Health Services as published in the National Mental Health Report are used in preference.

(c) Includes total for establishments which were not able to provide data by recurrent expenditure category.

n.a. Not available.

Source: NCMHED

7.3 Psychiatric and acute care hospitals

Public and private sector psychiatric and acute care hospitals provide admitted-patient and non-admitted-patient mental health care. For a complete picture of hospital-based mental health care, data from both psychiatric and acute care hospitals have been presented in this section. In order to present data on the different hospital types, this chapter has drawn on data from the National Public Hospital Establishments Database (NPHEd) and the ABS's PHEC. More details on each collection are presented in Appendix 1. Although there are currently more mental health-specific data available on psychiatric hospitals than on acute care hospitals, this does not indicate the relative importance or contribution of the two hospital types.

The NPHEd is not the only source of mental health-related staffing, resource and expenditure data on Australia's public hospitals. The National Survey of Mental Health Services also collects data on these hospitals, which are presented in the *National Mental Health Report* series (DHA 2002). The similarities and differences between the data collated by the survey and by the NPHEd are discussed in Appendix 4.

Public psychiatric hospitals

This section describes public psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. The public psychiatric hospital data were obtained from the NPHEd, which holds a record for each public hospital in Australia and is collated from routine administrative collections. The information presented below relates only to those establishments classified as public psychiatric hospitals.

In 2002–03, there were 19 public psychiatric hospitals in Australia providing 11.9% of the separations with specialised psychiatric care and 37.8% of the total psychiatric care days (Tables 4.2 and 4.3). The number of separate establishments reported was similar to that reported in the previous four years (Table 7.9).

When comparing between jurisdictions, note that the hospital reported by Victoria is a specialist forensic service, whereas the hospitals reported by other jurisdictions include a broader range of services. A list of the public psychiatric hospitals that were reported to NPHEd is presented on the AIHW web site.

A useful indicator of public psychiatric hospital service delivery is the number of available beds. The number of available beds for the 2002–03 year was 2,358 compared with 2,457 available beds for the 2001–02 year (Table 7.9). This represents a continuance of the earlier decline in available bed numbers, after a year of comparative stability.

The majority of public psychiatric hospital beds were located in major cities (68.3%). There were no public psychiatric hospitals in remote and very remote areas (Table 7.14).

Data on the number of staff employed in public psychiatric hospitals by state and territory are presented in Table 7.15. The data on FTE staff refer to the average available staff for the year. Note that data collection by staff category was not consistent across all states and territories, with some jurisdictions providing best estimates. FTE staff employed in Australian public psychiatric hospitals remained stable with an average of 5,546 FTE staff reported for 2002–03 compared with 5,545 reported for 2001–02.

The majority of the FTE staff were *Nursing staff* (49.7% or 2,759 FTE staff), followed by *Domestic and other staff* (18.9% or 1,046 FTE staff). *Salaried medical officers* and *Diagnostic and*

allied health professionals made up 5.4% (299 FTE staff) and 10.2% (566 FTE staff) of the public psychiatric hospital workforce respectively.

Box 7.1 Expenditure and staffing data for public psychiatric hospital services provided to non-admitted patients

The expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients and some community-based services (e.g. psychiatric outpatient services and community outreach services) are included in both the public hospital data and the public community mental health establishments data. Public hospitals report expenditure and staffing data for specialised mental health community, outpatient and outreach services under their management to NPHEd. Many of these mental health community, outpatient and outreach services also report these data separately to NCMHED. For this reason, the expenditure and staffing totals for public psychiatric hospitals and public community mental health services should not be added together.

Available on the AIHW web site is a list of the public psychiatric hospitals contributing to NPHEd and the community mental health establishments contributing to NCMHED. Dual listing of some establishments provides some evidence of overlap.

Tables 7.16 and 7.17 present information on recurrent expenditure in current prices by public psychiatric hospitals, including salary and non-salary categories. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation and amounts paid to contract staff for supply of labour. Non-salary expenditure includes payments for medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies.

The recurrent expenditure on public psychiatric hospitals in 2002–03 was \$456.0 million (Table 7.17). Between 2001–02 and 2002–03 recurrent expenditure increased by 6.0%, from \$445.2 million to \$471.9 million (constant prices) (Table 7.9).

The salary category made up 68.6% (\$312.6 million) of the recurrent expenditure of public psychiatric hospitals. In jurisdictions other than Victoria (for which detailed data were not available), salary and wage payments to *Nursing staff* made up 52.1% (\$162.9 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic and other staff* and *Salaried medical officers* made up 12.1% (\$37.9 million) and 9.7% (\$30.3 million) respectively.

Data on public psychiatric hospital revenue, excluding general revenue payments received from state or territory governments, are presented in Table 7.18. The revenue received by Australian public psychiatric hospitals (other than in Tasmania) was \$19.4 million for 2002–03 compared with \$19.3 million for 2001–02. This amount is equivalent to 4.3% of the total recurrent expenditure. A relatively large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (78.2% or \$15.2 million). In comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 55.0% (AIHW 2004d). The recoveries, which include income from the use of hospital facilities by salaried medical officers or private practitioners, were 14.6% (\$2.8 million) of the collected revenue in comparison to 5.2% (\$1.0 million) for 2001–02.

Table 7.14: Public psychiatric hospitals^(a) and available beds by Remoteness Area, states, 2002–03

Region	NSW	Vic	Qld	WA	SA	Tas	Total
Public psychiatric hospitals							
Major cities	6	1	1	1	1	..	10
Inner regional	3	0	1	0	0	3	7
Outer regional	0	0	2	0	0	0	2
Remote and very remote	0	0	0	0	0	0	0
Total all regions	9	1	4	1	1	3	19
Available beds^(b)							
Major cities	821	95	180	201	313	..	1,610
Inner regional	345	0	205	0	0	80	630
Outer regional	0	0	118	0	0	0	118
Remote and very remote	0	0	0	0	0	0	..
Total all regions	1,166	95	503	201	313	80	2,358
Available beds per 100,000 population^(c)							
Major cities	17.3	2.7	9.2	14.8	28.7	..	12.7
Inner regional	25.3	0.0	21.3	0.0	0.0	26.6	15.4
Outer regional	0.0	0.0	18.0	0.0	0.0	0.0	6.2
Remote and very remote	0.0	0.0	0.0	0.0	0.0	0.0	..
Total all regions	17.6	2.0	13.6	10.4	20.6	16.9	12.3

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHEd, refer to <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2003.

(c) Rates are crude rates based on the estimated resident population at 30 June 2002.

.. Not applicable.

Source: NPHEd.

Table 7.15: Full-time-equivalent staff^(a), public psychiatric hospitals^(b), states, 2002–03

Staffing category	NSW^(c)	Vic^(d)	Qld	WA	SA	Tas	Total
Salaried medical officers	133	20	28	37	81	0	299
Nurses							
Registered nurses	n.a.	122	479	241	449	30	1,321
Enrolled nurses	n.a.	22	106	49	116	3	296
<i>Total nurses</i>	<i>1,142</i>	<i>144</i>	<i>584</i>	<i>290</i>	<i>565</i>	<i>34</i>	<i>2,759</i>
Other personal care staff	n.a.	n.a.	47	n.a.	n.a.	0	47
Diagnostic and allied health professionals	246	25	99	65	131	0	566
Administrative and clerical staff	490	37	119	64	119	1	830
Domestic and other staff	524	10	229	110	159	14	1,046
Total staff	2,534	237	1,106	565	1,056	49	5,546

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2003 were used.

(b) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(c) New South Wales *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(d) For Victoria, FTEs may be slightly understated.

n.a. Not available.

Source: NPHED.

Table 7.16: Salaries and wages expenditure (\$'000), public psychiatric hospitals^(a), states, 2002–03

	NSW ^(b)	Vic ^(c)	Qld	WA	SA	Tas	Total
Salaried medical officers	15,614	n.a.	3,257	5,795	5,670	0	30,335
Nurses							
Registered nurses	n.a.	n.a.	28,009	15,258	26,885	1,831	71,982
Enrolled nurses	n.a.	n.a.	4,612	2,134	5,137	130	12,014
<i>Total nurses</i>	<i>78,943</i>	<i>0</i>	<i>32,621</i>	<i>17,392</i>	<i>32,023</i>	<i>1,961</i>	<i>162,940</i>
Other personal care staff	0	0	1,917	0	0	0	1,917
Diagnostic and allied health professionals	13,620	0	5,348	3,306	6,187	0	28,461
Administrative and clerical staff	16,736	0	5,463	2,959	4,868	35	30,060
Domestic and other staff	18,975	0	8,741	4,331	5,310	547	37,904
Total salaries and wages^(d)	143,887	21,022	57,347	33,782	54,057	2,543	312,638

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) New South Wales expenditure recorded against special purposes and trust funds is not included. *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(c) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single public psychiatric hospital.

(d) Includes recurrent expenditure not allocatable to a salary expenditure category.

n.a. Not available.

Source: NPHED.

Table 7.17: Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals^(a), states, 2002-03

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA	Tas	Total
Payments to visiting medical officers	1,841	n.a.	1,058	0	1,512	0	4,411
Superannuation	13,992	n.a.	5,616	3,277	4,750	150	27,785
Drug supplies	5,255	n.a.	1,555	1,376	1,768	46	10,000
Medical and surgical supplies	1,610	n.a.	608	478	284	2	2,982
Food supplies	4,342	n.a.	1,322	932	1,462	61	8,119
Domestic services	3,869	n.a.	3,435	1,404	1,811	46	10,565
Repairs and maintenance	6,005	n.a.	862	1512	3,706	4	12,088
Patient transport	97	n.a.	23	46	788	1	9,54
Administrative expenses	16,820	n.a.	5,923	2,426	2,233	826	28,228
Interest payments	11	n.a.	0	0	0	n.a	11
Depreciation	10,359	n.a.	10,595	1,004	n.a	n.a	21,957
Other recurrent expenditure	3,055	n.a.	169	44	4,380	17	7,665
Total non-salary expenditure^(e)	67,255	8,570	31,166	12,498	22,692	1,153	143,334
Total recurrent expenditure	211,142	29,592	88,513	46,280	76,749	3,696	455,972

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) New South Wales expenditure recorded against special purposes and trust funds is not included.

(c) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single public psychiatric hospital.

(d) Queensland *Interest payments* are included in *Administrative expenses*.

(e) Includes recurrent expenditure not allocatable to a salary expenditure category.

n.a. Not available.

Source: NPHED.

Table 7.18: Revenue (\$'000), public psychiatric hospitals^(a), states, 2002–03

Revenue	NSW	Vic^(b)	Qld^(c)	WA	SA	Tas	Total
Patient revenue ^(d)	8,937	0	2,964	1,105	2,057	114	15,177
Recoveries	1,751	1,036	41	0	0	0	2,828
Other revenue	1,068	238	-412	255	263	2	1,414
Total revenue	11,756	1,274	2,593	1,360	2,319	116	19,419

(a) For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) Revenue based on one separately reporting forensic public psychiatric hospital.

(c) Negative figure for Queensland is due to adjustments made for previous years.

(d) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

Source: NPHED.

Public acute hospitals

In 2002–03, public acute hospitals provided 65.3% of the separations with specialised psychiatric care and 44.4% of the total psychiatric care days (Table 5.9). In 2002–03, there were 128 public acute hospitals with specialised psychiatric units or wards in Australia (Table 7.19).

New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (42 and 37 respectively). The majority of public acute hospitals with specialised psychiatric units or wards were located in major cities (68.0%).

In 2002–03, public acute hospitals reported an average of 16.7 available beds in psychiatric units and wards. Of these beds, 77.5% were in hospitals in major cities. The largest number of these beds per 100,000 population was also in major cities (19.5 beds per 100,000 population).

Private psychiatric hospitals

In 2002–03, private hospitals provided 22.7% of the separations with specialised psychiatric care and 17.8% of the total psychiatric care days (Tables 4.2 and 4.3). Private hospitals are designated by the ABS as psychiatric where they are licensed or approved as such by the relevant state or territory health authority and for which 50% or more of the patient-days were for psychiatric patients. There were 25 private hospitals designated as psychiatric during 2002–03 (Table 7.9). The average number of available private psychiatric hospital beds for 2002–03 (1,463) was higher than the previous two years (Table 7.9).

There was a slight decrease in the number of FTE staff compared with the previous year. In 2002–03, the average number of FTE staff employed by private sector psychiatric hospitals was 1,704 (Table 7.21). This was 0.2% less than the 2001–02 figure of 1,707.

There were increases for both expenditure and revenue. In 2002–03, the recurrent expenditure in current prices for private psychiatric hospitals in Australia was \$158.5 million, an increase of 10.4% from \$143.7 million in 2001–02 (Tables 7.9 and 7.23). Private psychiatric hospital expenditure was 26.1% of the total psychiatric hospital expenditure in Australia. The total revenue for private psychiatric hospitals for 2002–03 exceeded total expenditure at \$186.5 million (Table 7.24)

Table 7.19: Public acute hospitals with psychiatric units or wards,^(a) by Remoteness Area, states and territories, 2002-03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute care hospitals with psychiatric units or wards									
Major cities	27	28	9	13	8	..	2	..	87
Inner regional	12	8	6	1	0	2	0	..	29
Outer regional	3	1	3	2	0	1	..	1	11
Remote and very remote	0	0	0	0	0	0	..	1	1
Total all regions	42	37	18	16	8	3	2	2	128
Available beds^(b)									
Major cities	634	769	556	367	172	..	45	..	2,542
Inner regional	174	89	230	13	..	54	..	..	560
Outer regional	2	12	101	12	..	20	..	26	173
Remote and very remote	..	..	..	..	..	..	..	6	6
Total all regions	810	870	887	391	172	74	45	32	3,281
Available beds per 100,000 population									
Major cities	13.38	21.55	28.52	27.01	15.76	..	14.03	..	19.51
Inner regional	12.76	8.64	23.95	5.44	..	17.94	0	..	13.71
Outer regional	0.41	4.74	15.42	6.44	..	12.45	..	24.13	8.54
Remote and very remote	..	..	..	..	..	..	..	6.60	1.19
Total all regions	12.21	17.91	23.90	20.32	11.33	15.66	14.00	16.11	16.70

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) Does not include 100 beds reported in prison health services.

.. Not applicable.

Source: NPHED.

Table 7.20: Private psychiatric hospitals, available beds and available beds per 1,000 population, states^(a), 2002–03

	NSW	Vic	Qld	SA	WA	Tas	Total ^(b)
Private psychiatric hospitals	9	6	4	n.a.	3	n.a.	25
Available beds ^(c)	531	358	290	n.a.	155	n.a.	1,463
Available beds per 100,000 population ^(d)	8.0	7.3	7.7	n.a.	8.0	n.a.	7.4

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

(b) Total includes figures not available.

(c) Average available beds.

(d) Rates are crude rates based on the estimated resident population at 31 December 2002.

n.a. Not available.

Source: PHEC.

Table 7.21: Full-time-equivalent staff^(a), private psychiatric hospitals, states^(b), 2002–03

Full-time-equivalent staff	NSW	Vic	Qld	SA	WA	Tas	Total ^(c)
Salaried medical officers	9	n.a.	n.a.	n.a.	n.a.	n.a.	17
Total nurses ^(d)	278	346	182	n.a.	77	n.a.	967
Diagnostic and allied health professionals	54	28	30	n.a.	n.a.	n.a.	135
Administrative and clerical staff	107	76	45	n.a.	n.a.	n.a.	274
Domestic and other staff ^(e)	123	n.a.	n.a.	n.a.	29	n.a.	310
Total full-time-equivalent staff^(c)	571	525	315	n.a.	148	n.a.	1,704

(a) Average full-time-equivalent staff.

(b) Includes totals for establishments which were not able to provide data by staffing category.

(c) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

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

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

(f) Includes totals for establishments which were not able to provide data by staffing category.

n.a. Not available.

Source: PHEC.

Table 7.22: Salaries and wages expenditure (\$'000), private psychiatric hospitals, states^(a), 2002–03

Full-time equivalent staff	NSW	Vic	Qld	SA	WA	Tas	Total^(b)
Salaried medical officers	765	n.a.	n.a.	n.a.	n.a.	n.a.	1,567
Total nurses ^(c)	16,718	17,223	11,223	n.a.	3,999	n.a.	54,374
Diagnostic and allied health professionals	2,876	1,522	1,801	n.a.	n.a.	n.a.	7,629
Administrative and clerical staff	5,088	3,868	2,405	n.a.	n.a.	n.a.	13,559
Domestic and other staff ^(d)	4,061	n.a.	n.a.	n.a.	980	n.a.	10,740
Total salaries and wages^(b)	29,509	25,338	17,947	n.a.	7,374	n.a.	87,868

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

(b) Includes total for establishments which were not able to provide salaries and wages data by staffing category.

(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.

Source: PHEC.

Table 7.23: Non-salary expenditure (\$'000), and total recurrent expenditure (\$'000), private psychiatric hospitals, states^(a), 2002-03

Recurrent expenditure category	NSW	Vic	Qld	SA	WA	Tas	Total
Superannuation	2,458	2,118	1,337	n.a.	653	n.a.	7,479
Payroll tax	817	1,347	776	n.a.	n.a.	0	3,646
On-costs excluding superannuation and payroll tax ^(b)	n.a.	776	303	n.a.	389	n.a.	4,485
Drug supplies	n.a.	437	290	n.a.	38	n.a.	2,037
Medical and surgical supplies	207	137	n.p.	n.a.	n.a.	n.a.	703
Surgically implanted prostheses and homograft items	0	0	0	0	0	0	0
Food supplies	2,616	1,369	738	n.a.	399	n.a.	5,650
Domestic services	1,047	720	607	n.a.	193	n.a.	2,866
Repairs and maintenance	803	470	362	n.a.	185	n.a.	1,994
Patient transport	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	71
Administrative expenses	12,379	7,151	2,066	n.a.	n.a.	n.a.	26,515
Interest payments	n.a.	n.a.	n.a.	0	n.a.	0	362
Depreciation	1,581	n.a.	794	n.a.	n.a.	n.a.	4,464
Contract services (excluding medical practitioners)	3,165	2,426	3,318	n.a.	n.a.	n.a.	9,899
Other recruitment expenditure	0	n.a.	150	n.a.	n.a.	n.a.	490
Total non-salary expenditure	29,010	18,441	10,984	n.a.	n.a.	n.a.	70,661
Total recurrent expenditure	58,519	43,779	28,931	n.a.	13,863	n.a.	158,529

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

(b) Includes total for establishments which were not able to provide data by recurrent expenditure category.

(c) Includes workers compensation premiums, uniforms and personal costs.

n.a. Not available.

Source: PHEC.

Table 7.24: Revenue (\$'000), private psychiatric hospitals, states^(a), 2002-03

Revenue	NSW	Vic	Qld	SA	WA	Tas	Total^(b)
Patient revenue ^(c)	62,818	48,883	33,804	n.a.	14,397	n.a.	176,723
Recoveries	n.a.	2,601	n.a.	n.a.	n.a.	n.a.	7,098
Other ^(d)	n.a.	n.a.	n.a.	0	n.a.	n.a.	2,656
Total revenue	68,323	51,574	34,362	n.a.	14,849	n.a.	186,478

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

(b) Total includes figures not available.

(c) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

(d) Other revenue includes investment income, income from charities, bequests, visitors' meals and accommodation, and kiosk sales.

n.a. Not available.

Source: PHEC.