

7.2 Government-operated community and residential mental health services

This section describes government-operated community and residential mental health services in terms of the number of services, availability of beds, staff employed and expenditure. The data relate only to government-operated residential mental health services that are staffed 24 hours per day: data on non-government-operated residential mental health services and government operated services staffed less than 24 hours are not available.

The National Community Mental Health Establishments Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community and residential 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 outlined in Appendix 5.

Table 7.9 presents a summary of services, number of available beds, staffing and expenditure from NCMHED since 1999–00. Information from the NCMHED on the number of services by state and territory in 2003–04 is presented in Table 7.10. A list of the services that are reported to NCMHED can be found in the Internet-only tables at <www.aihw.gov.au>.

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

Between 1999–00 and 2003–04 the number of FTE staff increased from 8,570 to 10,783, or an average rate of 5.9% annually. Salaries and wages expenditure over the same period increased each year by 6.8% on average, from \$500.5 million to \$651.7 million (in constant prices), and non-salary expenditure (including depreciation) increased 5.2% annually on average, from \$196.3 million to \$240.3 million (in constant prices).

There were 1,246 available beds reported to the NCMHED for 2003–04, representing 6.2 beds per 100,000 population (Table 7.10). Tasmania had the highest number of available beds per 100,000 (29.2), followed by Victoria (18.1).

Data on the number of full-time equivalent (FTE) staff employed in community and residential mental health services 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 10,783 FTE staff were employed in government-operated community and residential mental health services for 2003–04.

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* (20.8%, or 2,248 FTE staff) and *Diagnostic and allied health professionals* (18.7%, or 2,020 FTE staff). The community and residential mental health care workforce also included *Administrative and clerical staff* (9.9%, or 1,071 FTE staff), *Salaried medical officers* (4.2%, or 456 FTE staff), *Domestic and other staff* (2.7%, or 292 FTE staff) and *Other personal care staff*.