

# 12 Mental health facilities

## 12.1 Introduction

This chapter presents an overview of available data on the characteristics of the main establishments or facilities delivering specialised mental health care in Australia. The facilities described include *public* and *private psychiatric hospitals, psychiatric units or wards* in *public acute hospitals*, and *government-operated community and residential mental health services*. This chapter describes these facilities in terms of the number of facilities, number of available beds and staff employed and then presents information on facilities within *specialised mental health service organisations*. Information on expenditure and revenue for these facilities is provided in Chapter 14.

### 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. In this report, they have been defined as those that are licensed/approved by a state or territory health authority and for which 50% or more of the total patient days were for psychiatric patients.

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 provide round-the-clock comprehensive qualified nursing service 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 stay per admission is relatively short.

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

**Government-operated community mental health services** are facilities that provide specialised mental health services to non-admitted patients. They can be both community and hospital-based ambulatory care services that are government-operated. They do not include psychiatric hospitals or designated psychiatric units in acute care hospitals, and 24-hour staffed specialised residential mental health services.

**Community mental health service outlets** are the individual units providing services within a community mental health service. The number of outlets, for the purpose of this report, are derived from the number of individual service units reporting to the National Community Mental Health Care Database.

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

- are operated by Commonwealth or state or territory government;
- employ mental health-trained staff on-site for 24 hours per day;
- 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; and
- encourage the resident to take responsibility for their daily living activities.

(continued)

A **specialised mental health service organisation** is a separately constituted specialised mental health service that is responsible for the clinical governance, administration and financial management of service units providing specialised mental health care. A specialised mental health service organisation may consist of one or more service units based in different locations and providing services in admitted patient, residential and ambulatory settings. For example, a specialised mental health service organisation may consist of several hospitals or two or more community centres.

When the specialised mental health service organisation consists of multiple service units, those units can be considered to be components of the same organisation when they:

- operate under a common clinical governance arrangement;
- aim to work together as interlocking services that provide integrated, coordinated care to consumers across all mental health service settings; and
- share clinical records or, in the case where there is more than one physical clinical record for each patient, staff may access (if required) the information contained in all of the physical records held by the organisation for that patient.

For most states and territories, a specialised mental health service organisation is equivalent to the area/district mental health service. These are usually organised to provide the full range of admitted patient, residential and ambulatory services to a given catchment population. However, the term may also refer to health care organisations which provide only one type of mental health service (for example, acute admitted patient care) or which serve a specialised or state-wide function (for example, child and adolescent mental health services).

## 12.2 Mental health facilities

### Public psychiatric hospitals

In 2004–05, there were 20 public psychiatric hospitals in Australia. They were responsible for 5.0% of all mental health-related hospital separations and 7.0% of the separations with specialised psychiatric care (Tables 5.1 and 7.1). The number of separate hospitals reported for 2004–05 was similar to that reported for the previous 4 years (Table 12.1). The majority of public psychiatric hospitals were located in Major cities (55% or 11 hospitals) (Table 12.2).

A useful indicator of public psychiatric hospital service delivery is the number of available beds. The number of available beds for 2004–05 was 2,487, compared with 2,560 in 2003–04 and 2,523 in 2002–03. For the first time since 2001–02, a decline in the number of beds was observed compared with the previous year. This observed decrease was mainly due to a decrease of 76 available beds in New South Wales between 2003–04 and 2004–05. Across jurisdictions, New South Wales reported the highest number of available beds in 2004–05 (1,161), while South Australia had the highest number of available beds per 100,000 population (30.1) (Table 12.2).

The data on full-time-equivalent (FTE) staff refer to the average available staff for the year. In 2004–05, there was 5,748 FTE staff employed in public psychiatric hospitals. The number of FTE staff remained relatively stable between 2000–01 and 2004–05, with an average annual increase of 0.6%. The majority of the FTE staff in 2004–05 were *Nursing staff* (53.3% or 3,061 FTE staff), followed by *Domestic and other staff* (17.1% or 984 FTE staff) (Table 12.3).

**Table 12.1: Summary of public and private psychiatric hospitals and government-operated community and residential mental health services, 2000–01 to 2004–05**

	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
<b>Public psychiatric hospitals</b>						
Number of hospitals <sup>(a)</sup>	22	21	19	20	20	–2.4
Available beds <sup>(b)</sup>	2,430	2,409	2,523	2,560	2,487	0.6
Full-time-equivalent staff	5,601	5,545	5,458	5,600	5,748	0.6
<b>Public acute hospitals</b>						
Number of hospitals with a specialised psychiatric unit or ward <sup>(a)</sup>	109	110	128	124	122	2.9
Available beds in psychiatric units or wards	n.a.	n.a.	3,281	3,458	3,450	2.5
<b>Private psychiatric hospitals</b>						
Number of hospitals	24	24	25	25	26	2.0
Available beds <sup>(b)</sup>	1,369	1,387	1,463	1,441	1,512	2.5
Full-time-equivalent staff	1,566	1,707	1,704	1,672	1,680	1.8
<b>Government-operated community and residential mental health services</b>						
Number of services <sup>(c)</sup>	233	246	242	246	234	0.1
Services providing residential care <sup>(c)(d)</sup>	49	53	50	52	46	–1.6
Available beds <sup>(b)</sup>	1,306	1,249	1,241	1,246	1,226	–1.6
Full-time-equivalent staff	8,933	9,759	10,420	10,783	10,879	5.1

(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 hospitals buildings or campuses. Some data for 2000–01 to 2003–04 have been updated since previously published.

(b) Average available beds.

(c) The count of government-operated community and residential mental health services can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(d) The number of establishments providing residential care services reported to the National Community Mental Health Establishments Database (NCMHED) is larger than the number of establishments reporting to the National Residential Mental Health Care Database (NRMHCD) because Victoria reported specialised aged care residential services in the NCMHED that are not in-scope for the NRMHCD.

n.a. Not available.

Sources: National Public Hospital Establishments Database, Private Health Establishments Collection, and National Community Mental Health Establishments Database.

## Public acute hospitals

In 2004–05, there were 122 public acute hospitals with a specialised psychiatric unit or ward (Table 12.1). These provided 54.4% of all mental health-related hospital separations and 41.4% of the separations with specialised psychiatric care (Tables 5.1 and 7.1).

New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (42 and 31 respectively) (Table 12.4). The majority of public acute hospitals with specialised psychiatric units or wards were located in Major cities (68.0% or 83 hospitals).

In these hospitals, there were on average 3,450 available beds in the specialised psychiatric units and wards (17.2 available beds per 100,000 population). This number has been increasing since 2002–03 with an average annual increase of 2.5%. The largest number of these beds per 100,000 population was also in Major cities (19.8) (Table 12.4).

**Table 12.2: Public psychiatric hospitals<sup>(a)</sup> and available beds, by Remoteness Area, states<sup>(b)</sup>, 2004–05**

	NSW	Vic <sup>(c)</sup>	Qld	WA	SA	Tas	Total
<b>Public psychiatric hospitals</b>							
Major cities	7	1	1	1	1	..	11
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
<b>Total all regions</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>20</b>
<b>Available beds</b>							
Major cities	807	115	192	205	461	..	1,780
Inner regional	354	0	204	0	0	69	627
Outer regional	0	0	80	0	0	0	80
Remote and Very remote	0	0	0	0	0	0	0
<b>Total all regions</b>	<b>1,161</b>	<b>115</b>	<b>476</b>	<b>205</b>	<b>461</b>	<b>69</b>	<b>2,487</b>
<b>Available beds per 100,000 population</b>							
Major cities	16.8	3.2	9.4	14.7	41.9	..	13.4
Inner regional	25.6	0	20.1	0	0	22.4	14.9
Outer regional	0	0	11.8	0	0	0	3.9
Remote and Very remote	0	0	0	0	0	0	0
<b>Total all regions</b>	<b>17.3</b>	<b>2.3</b>	<b>12.2</b>	<b>10.4</b>	<b>30.1</b>	<b>14.3</b>	<b>12.4</b>

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

(c) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

.. Not applicable.

Source: National Public Hospital Establishments Database.

**Table 12.3: Full-time-equivalent staff by staffing category<sup>(a)</sup>, public psychiatric hospitals, states<sup>(b)</sup>, 2004–05**

Staffing category	NSW <sup>(c)</sup>	Vic <sup>(d)</sup>	Qld <sup>(e)</sup>	WA <sup>(f)</sup>	SA <sup>(c)</sup>	Tas	Total
Salaried medical officers	169	23	29	42	63	1	327
<b>Nurses</b>							
Registered nurses	n.a.	n.a.	477	289	392	33	n.a.
Enrolled nurses	n.a.	n.a.	114	59	120	18	n.a.
<b>Total nurses</b>	<b>1,394</b>	<b>166</b>	<b>591</b>	<b>348</b>	<b>512</b>	<b>51</b>	<b>3,061</b>
Other personal care staff	n.a.	n.a.	40	n.a.	n.a.	21	n.a.
Diagnostic and allied health professionals	274	12	114	70	131	0	600
Administrative and clerical staff	372	27	106	93	115	3	716
Domestic and other staff	495	22	203	112	144	8	984
<b>Total staff</b>	<b>2,703</b>	<b>249</b>	<b>1,083</b>	<b>664</b>	<b>964</b>	<b>84</b>	<b>5,748</b>

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2005 were used. Staff contracted to provide products (rather than labour) are not included.

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

(c) *Other personal care staff* are included in *Diagnostic and allied health professionals* and *Domestic and other staff*.

(d) For Victoria, full-time-equivalent staff numbers may be slightly understated. *Other personal care staff* are included in *Domestic and other staff*.

(e) Queensland pathology services provided by staff employed by the state pathology service are not reported here.

(f) Some hospitals were unable to provide a split between nurse categories and these have been reported as *Registered nurses*.

n.a. Not available.

Source: National Public Hospital Establishments Database.

**Table 12.4: Public acute hospitals with psychiatric units or wards<sup>(a)</sup> and available beds, by Remoteness Area, states and territories, 2004–05**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Public acute hospitals with psychiatric units or wards</b>									
Major cities	29	22	9	13	8	..	2	..	83
Inner regional	12	8	6	1	0	2	0	..	29
Outer regional	1	1	3	2	0	1	..	1	9
Remote and Very remote	0	0	0	0	0	0	..	1	1
<b>Total all regions</b>	<b>42</b>	<b>31</b>	<b>18</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>122</b>
<b>Available psychiatric beds</b>									
Major cities	714	763	567	383	172	..	44	..	2,643
Inner regional	179	124	230	15	0	62	0	..	610
Outer regional	2	12	111	16	0	24	..	26	191
Remote and Very remote	0	0	0	0	0	0	..	6	6
<b>Total all regions</b>	<b>895</b>	<b>899</b>	<b>908</b>	<b>414</b>	<b>172</b>	<b>86</b>	<b>44</b>	<b>32</b>	<b>3,450</b>
<b>Available psychiatric beds per 100,000 population</b>									
Major cities	14.9	21.0	27.6	27.4	15.6	..	13.6	..	19.8
Inner regional	12.9	11.7	22.7	5.8	0	20.1	0	..	14.4
Outer regional	0.4	4.7	16.4	8.6	0	14.7	..	23.8	9.3
Remote and Very remote	0	0	0	0	0	0	..	6.6	1.2
<b>Total all regions</b>	<b>13.3</b>	<b>18.1</b>	<b>23.4</b>	<b>20.9</b>	<b>11.2</b>	<b>17.8</b>	<b>13.6</b>	<b>16.0</b>	<b>17.2</b>

(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 hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database.

.. Not applicable.

Source: National Public Hospital Establishments Database.

## Private psychiatric hospitals

Data from the Private Health Establishments Collection held by the ABS suggest that there were 26 private hospitals defined as 'psychiatric' hospitals in 2004–05, with an average of 1,512 available beds (Tables 12.1 and 12.5). New South Wales reported the highest number of private psychiatric hospitals (9), followed by Victoria (6). New South Wales also reported the highest number of available beds (494). Victoria reported the highest number of beds per 100,000 population (8.5).

In 2004–05, the average number of FTE staff employed by private psychiatric hospitals was 1,680. There was an average annual increase of 1.8% between 2000–01 and 2004–05. The majority of FTE staff were in the *Nursing staff* category (55.5% or 932 FTE staff) (Table 12.6).

**Table 12.5: Private psychiatric hospitals, available beds and available beds per 100,000 population, states<sup>(a)</sup>, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	Total <sup>(b)</sup>
Private psychiatric hospitals	9	6	4	n.a.	n.a.	n.a.	26
Available beds <sup>(c)</sup>	494	423	289	n.a.	n.a.	n.a.	1,512
Available beds per 100,000 population <sup>(d)</sup>	7.3	8.5	7.4	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) Total includes figures not available.

(c) Average available beds.

(d) Crude rate based on the Australian estimated resident population as at 31 December 2004.

n.a. Not available.

Source: Private Health Establishments Collection.

**Table 12.6: Full-time-equivalent staff by staffing category<sup>(a)</sup>, private psychiatric hospitals, states<sup>(b)</sup>, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	Total <sup>(c)</sup>
Salaried medical officers	12	n.a.	n.a.	n.a.	n.a.	n.a.	21
Nurses <sup>(d)</sup>	287	312	176	n.a.	n.a.	n.a.	932
Diagnostic and allied health professionals	42	45	41	n.a.	n.a.	n.a.	151
Administrative and clerical staff	121	71	34	n.a.	n.a.	n.a.	281
Domestic and other staff <sup>(e)</sup>	110	n.a.	n.a.	n.a.	n.a.	n.a.	294
<b>Total staff<sup>(c)</sup></b>	<b>572</b>	<b>517</b>	<b>294</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,680</b>

(a) Average full-time-equivalent staff.

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

(c) Includes totals for hospitals that were not able to provide data by staffing category.

(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*.

n.a. Not available.

Source: Private Health Establishments Collection.

## Government-operated community and residential mental health services

In 2004–05, there were 234 government-operated community and residential mental health services reported to the National Community Mental Health Establishments Database, 46 of which included residential care services (Tables 12.1 and 12.7). The number of services reported does not necessarily reflect the number of physical buildings or service outlets from which mental health care was provided as there is variation across jurisdictions in the definitions of what constitutes a ‘service’. For example, in Tasmania and Queensland, the services reported 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 area health services were defined as services.

The number of available beds decreased from 1,246 in 2003–04 to 1,226 in 2004–05, with an annual average decrease of 1.6% between 2000–01 and 2004–05. Victoria reported the highest number of available beds (907). Tasmania reported the highest number of beds per 100,000 population (23.1). Nationally, there were 6.1 of these beds per 100,000 population (Table 12.7).

There were 10,879 average FTE staff reported in 2004–05. This number increased each year from 2000–01, with an average annual increase of 5.1%. *Nursing staff* made up the largest category of staff (20.9% or 2,275 FTE staff), followed by *Diagnostic and allied health professionals* (19.1% or 2,075 FTE staff) and *Administrative and clerical staff* (9.7% or 1,054 FTE staff) (Table 12.8).

**Table 12.7: Government-operated community and residential mental health services, services providing residential care, available beds and available beds per 100,000 population, states and territories, 2004–05**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Services <sup>(a)</sup>	10	38	96	18	35	28	2	7	234
Services providing residential care <sup>(a)(b)</sup>	5	30	0	2	1	7	1	0	46
Available beds <sup>(c)</sup>	138	907	0	21	20	112	28	0	1,226
Available beds per 100,000 population <sup>(d)</sup>	2.0	18.2	0.0	1.1	1.3	23.1	8.6	0.0	6.1

(a) The count of government-operated community and residential mental health services can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(b) The number of establishments providing residential care services reported to the National Community Mental Health Establishments Database (NCMHED) is larger than the number of establishments reporting to the National Residential Mental Health Care Database (NRMHCD) because Victoria reported specialised aged care residential services in the NCMHED that are not in-scope for the NRMHCD.

(c) Average available beds.

(d) Crude rate based on the Australian estimated resident population as at 31 December 2004.

Source: National Community Mental Health Establishments Database.

**Table 12.8: Full-time-equivalent staff by staffing category<sup>(a)</sup>, government-operated community and residential mental health services, states and territories, 2004-05**

	NSW <sup>(b)</sup>	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaries medical officers	219	n.a.	136	n.a.	81	20	14	13	483
Nurses									
Registered nurses	n.a.	n.a.	473	n.a.	284	141	67	35	n.a.
Enrolled nurses	n.a.	n.a.	6	n.a.	16	36	14	0	n.a.
<i>Total nurses</i>	<i>1,203</i>	<i>n.a.</i>	<i>479</i>	<i>n.a.</i>	<i>300</i>	<i>177</i>	<i>81</i>	<i>35</i>	<i>2,275</i>
Other personal care staff	n.a.	n.a.	29	n.a.	7	53	0	2	n.a.
Diagnostic and allied health professionals	965	n.a.	633	n.a.	296	60	99	22	2,075
Administrative and clerical staff	634	n.a.	230	n.a.	110	34	24	22	1,054
Domestic and other staff	137	n.a.	10	n.a.	6	32	7	0	192
<b>Total staff<sup>(c)</sup></b>	<b>3,157</b>	<b>3,563</b>	<b>1,517</b>	<b>1,145</b>	<b>800</b>	<b>377</b>	<b>226</b>	<b>94</b>	<b>10,879</b>

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2005 were used.

(b) For New South Wales, *Other personal care staff* are not available separately and are included in the total.

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

n.a. Not available.

Source: National Community Mental Health Establishments Database.

## 12.3 Mental health service organisations

Table 12.9 presents information on public sector specialised mental health facilities and the way they are structured as the specialised mental health service organisations reported by states and territories. The table details the number of organisations, which include public acute hospitals with specialised psychiatric units or wards, public psychiatric hospitals, residential mental health care services and/or community mental health care services.

In 2004–05, there were 218 organisations reported. Just under 40% of these organisations consisted of a community mental health care service only. These contained 174 community mental health care *service outlets* and accounted for 507,577 (9.9%) of the total number of service contacts reported to the National Community Mental Health Care Database in 2004–05.

The next most common type of organisation was those that consisted of a public acute hospital and community mental health care service only (72 organisations; 33.0%). These organisations consisted, in total, of an average of 2,106 available beds in public acute hospitals and accounted for 52,801 (60.9%) separations with specialised psychiatric care from these hospitals. They also consisted of 500 community mental health care service outlets and accounted for 2,577,205 (50.4%) of service contacts reported.

Organisations in which they were the only specialised mental health facility were the most common type of organisation for public psychiatric hospitals.

Similarly, organisations in which there was only a residential mental health care service were the most commonly reported organisations for residential mental health care services.

Only two organisations included all four types of specialised mental health facilities (that is, a public acute hospital with a specialised psychiatric ward or unit, public psychiatric hospital, residential mental health care service and community mental health care service).

**Table 12.9: Specialised mental health organisations (public sector), 2004–05**

	Public acute hospitals with a specialised psychiatric ward or unit						Public psychiatric hospitals		Residential mental health care services		Community mental health care services	
	Number of organisations	Available beds		Separations <sup>(a)</sup>		Available beds	Separations <sup>(a)</sup>	Available beds <sup>(b)</sup>	Episodes of care	Service outlets <sup>(c)</sup>	Service contacts	
Public acute hospital(s) only	16	348	10,200	..	..	..	..	..	..	..	..	
Public psychiatric hospital(s) only	7	..	..	1,248	7,235	..	..	..	..	..	..	
Residential mental health care service(s) only	1	..	..	..	..	33	21	..	..	..	..	
Community mental health care service(s) only	85	..	..	..	..	..	..	..	..	174	507,577	
Public acute hospital(s) and public psychiatric hospital(s) only	0	0	0	0	0	..	..	..	..	..	..	
Public acute hospital(s) and residential mental health care service(s) only	0	0	0	..	..	0	0	0	0	..	..	
Public acute hospital(s) and community mental health care service(s) only	72	2,106	52,801	..	..	..	..	..	..	500	2,577,205	
Public psychiatric hospital(s) and residential mental health care service(s) only	0	..	..	0	0	0	0	0	0	..	..	
Public psychiatric hospital(s) and community mental health care service(s) only	3	..	..	171	2,356	..	..	..	..	8	29,454	
Residential mental health care service(s) and community mental health care service(s) only	6	..	..	..	..	192	212	80	240,068	..	..	
Public acute hospital(s), public psychiatric hospital(s) and residential mental health care service(s) only	0	0	0	0	0	0	0	0	0	..	..	
Public acute hospital(s), public psychiatric hospital(s) and community mental health care service(s) only	4	204	4,086	587	2,061	..	..	16	209,995	..	..	
Public acute hospital(s), residential mental health care service(s) and community mental health care service(s) only	21	726	16,876	..	..	633	1,059	294	1,438,293	..	..	
Public psychiatric hospital(s), residential mental health care service(s) and community mental health care service(s) only	1	..	..	168	1,414	34	157	19	67,945	..	..	
Public acute hospital(s), public psychiatric hospital(s) and residential mental health care service(s) and community mental health care service(s)	2	66	2,719	313	1,596	334	745	17	37,987	..	..	
<b>Total</b>	<b>218</b>	<b>3,450</b>	<b>86,682</b>	<b>2,487</b>	<b>14,662</b>	<b>1,226</b>	<b>2,194</b>	<b>1,108</b>	<b>5,108,524</b>			

(a) Separations with specialised psychiatric care only.

(b) The number of available beds for residential mental health care services reported to the National Community Mental Health Establishments Database (NCMHED) may not directly correspond to the number of services reporting to the National Residential Mental Health Care Database (NRMHCD) due to Victoria reporting specialised aged care residential services in the NCMHED that are not in-scope for the NRMHCD.

(c) The number of service outlets reporting data to the National Community Mental Health Care Database.

.. Not applicable.

Sources: National Hospital Morbidity Database, National Public Hospital Establishments Database, National Community Mental Health Care Database, National Residential Mental Health Care Database, National Community Mental Health Establishments Database, and information provided by state and territory health authorities.