Community mental health care services
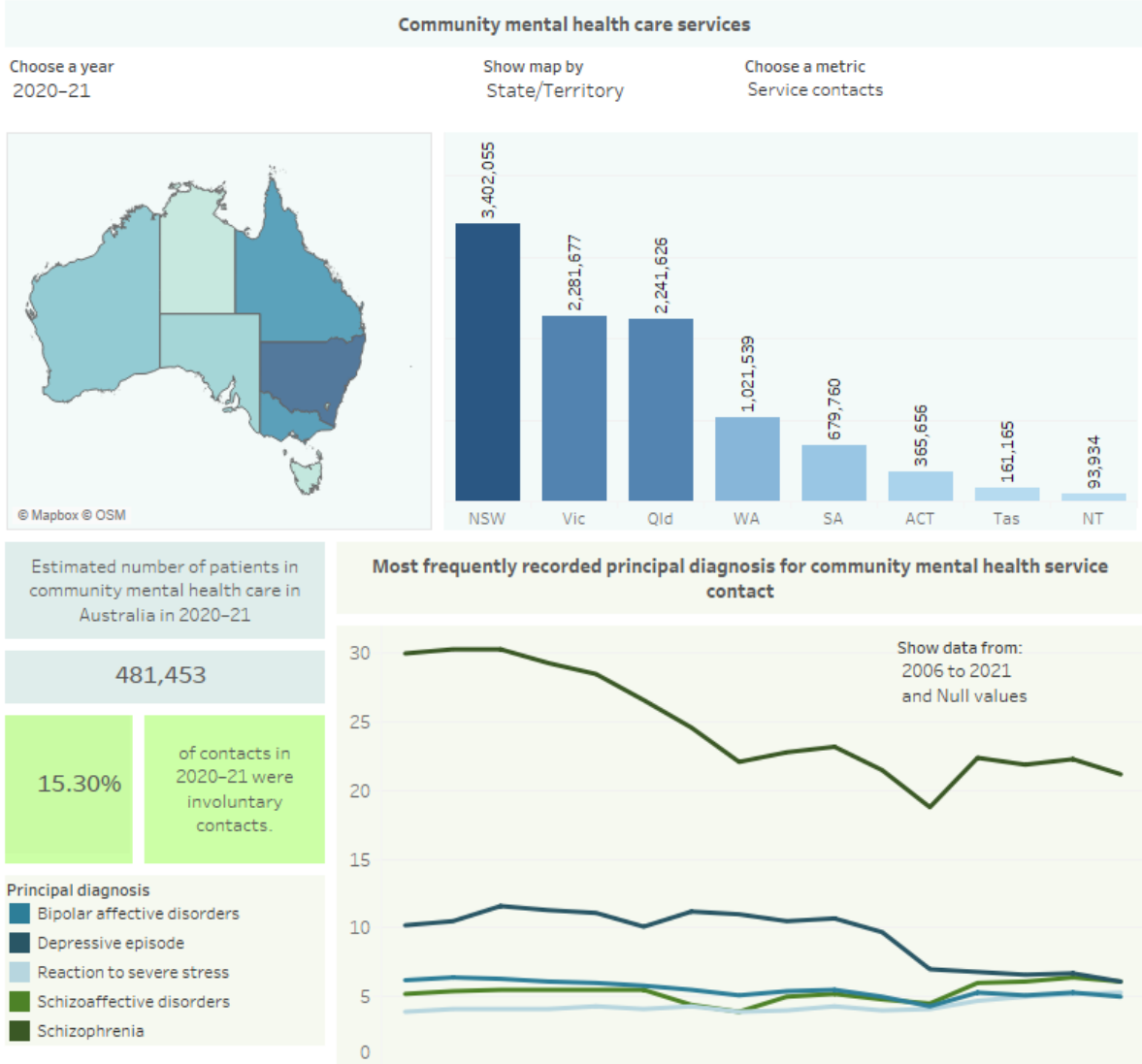
On this page:

Key points

- Around **10.2 million** community mental health care service contacts were provided to nearly 481,500 patients in 2020–21.

- The most common specified principal diagnosis recorded for patients during a service contact was *Mental disorder not otherwise specified* **(25%),** while the most common for a known diagnoses was Schzipohrenia (**21%**) .

- Involuntary contacts accounted for more than 1 in 7 **(15%)** of all contacts.

- The most frequently recorded type of community mental health care service contact was with an **individual patient** (as opposed to a group session). The most frequently recorded service contact duration was 5–15 minutes (38%).

Summary

Mental illness is often treated in community and hospital-based outpatient care services provided by state and territory governments. Collectively, these services are referred to as specialised community mental health care (CMHC) services.

State and territory health authorities collect a core set of information for the Community Mental Health Care National Minimum Data Set (CMHC NMDS), which is compiled annually into the National Community Mental Health Care Database (NCMHCD). Data from the NCMHCD are used to describe the care provided by these services. More information about the NCMHCD is available in the data source section.

Spotlight Figure CMHC.1: Community mental health care services in Australia by location

Community mental health care services

Choose a year
2020–21

Show map by
State/Territory

Choose a metric
Service contacts

© Mapbox © OSM

Service contacts by State/Territory:
- NSW: 3,402,055
- Vic: 2,281,677
- Qld: 2,241,626
- WA: 1,021,539
- SA: 679,760
- ACT: 365,656
- Tas: 161,165
- NT: 93,934

Estimated number of patients in community mental health care in Australia in 2020–21

481,453

15.30% of contacts in 2020–21 were involuntary contacts.

Most frequently recorded principal diagnosis for community mental health service contact

Show data from:
2006 to 2021
and Null values

Principal diagnosis
- Bipolar affective disorders
- Depressive episode
- Reaction to severe stress
- Schizoaffective disorders
- Schizophrenia

Source: National Community Mental Health Care Database 2020–21

http://www.aihw.gov.au/mhsa

Data downloads and links

Excel – Community mental health care services 2020–21 tables (XXXKB XLSX)

PDF – Community mental health care services 2020–21 section (XXXKB PDF)

Link – Data source information and key concepts related to this section.

Data coverage includes the time period 2005–06 to 2020–21. Data in this section were last updated in October 2022.

You may also be interested in:

Residential mental health care services

Consumer perspectives of mental health care

Consumer outcomes in mental health care

Services provided

Around 10.2 million service contacts were provided by community mental health care services to nearly 481,500 patients in 2020–21. This equates to an average of about 21 per patient.

The national average rate of patients receiving services was 19 patients per 1,000 population. The rate was highest in the Northern Territory (31) (Figure CMHC.2). Differences in jurisdictional data reporting systems may contribute to the observed variation in rates.

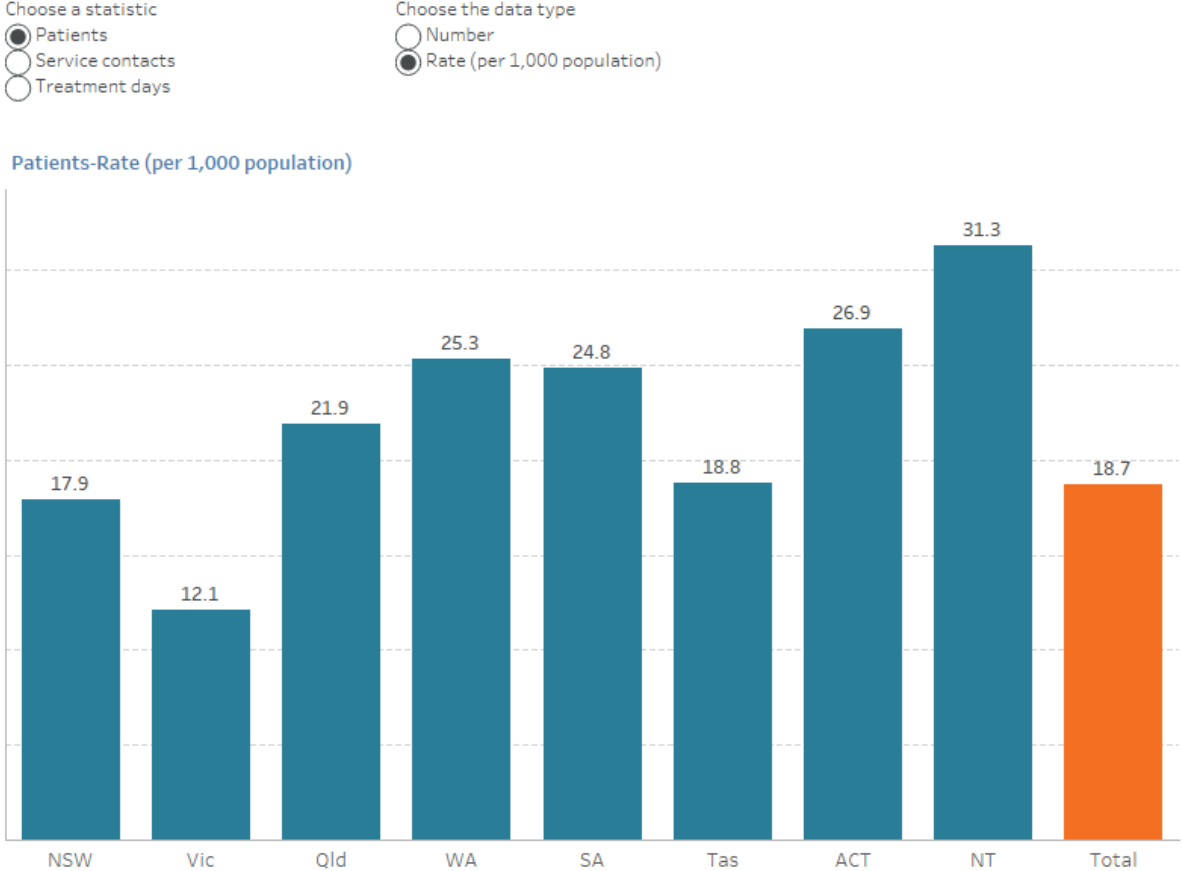**Figure CMHC.2: Community mental health care patients, by states and territories, 2020–21**

Choose a statistic
- ◉ Patients
- ○ Service contacts
- ○ Treatment days

Choose the data type
- ○ Number
- ◉ Rate (per 1,000 population)

Patients-Rate (per 1,000 population)

State/Territory	Rate
NSW	17.9
Vic	12.1
Qld	21.9
WA	25.3
SA	24.8
Tas	18.8
ACT	26.9
NT	31.3
Total	18.7

Figure CMHC.2: Community mental health care patients, by states and territories, 2020–21.

https://www.aihw.gov.au/mhsa

Note: Community mental health care treatment days is only reported as a number.

Source: Table CMHC.1.

Changes over time

In 2005–06, almost 5.7 million CMHC service contacts took place across Australia. This has increased to around 10.2 million in 2020–21.

Across Australia in 2020–21 the rate of service contacts was 399 per 1,000 population and the rate of patients was 19. The national rate of both service contacts and patients per 1,000 population has increased between 2016–17 and 2020–21 (365 to 399 for contacts and 17 to 19 for patients). In this 5–year period, the average annual change for the rate of service contacts shows an increase of about 2%. The rate of community patients showed an average annual increase of the same proportion. The annual change over this time period varied across jurisdictions.

Treatment periods

Nearly 2 in 5 registered patients (39%) had a length of treatment of 92 days or more (the time between their first and last service contact during the reporting period) in 2020–21.

These patients received the highest proportion of treatment days (81%) from CMHC services (Figure CMHC.3).

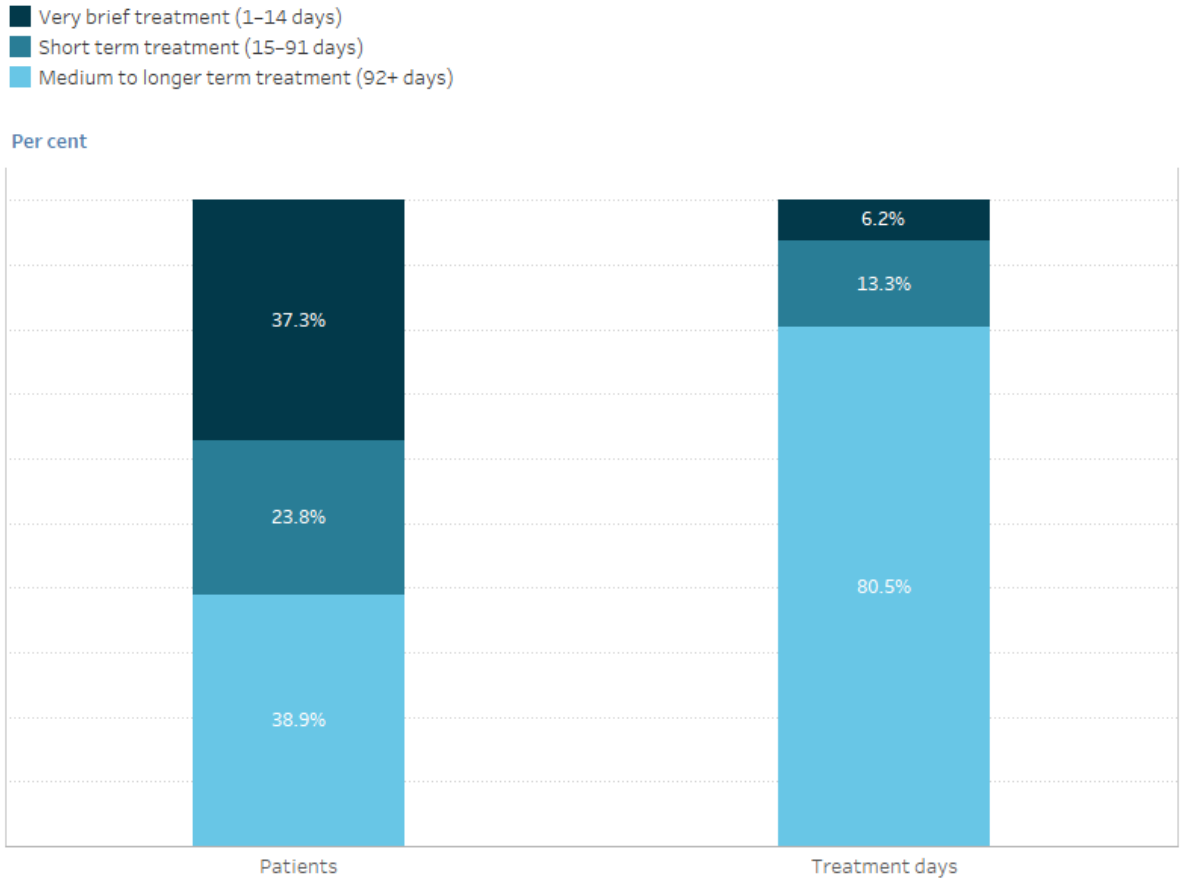**Figure CMHC.3: Patients and total treatment days, by length of treatment period, 2020–21**

Figure CMHC.3 Patients and total treatment days, by length of treatment period, 2020–21.

https://www.aihw.gov.au/mhsa

Source: Table CMHC.25.

Patient characteristics

In 2020–21, a slightly higher proportion of CMHC patients were females (53%). However, males accessed services at a similar rate to females (394 and 393 per 1,000 population respectively). People aged 12–17 years accounted for the highest rate of both patients

(39) and service contacts (751), with females accounting for a higher rate of service contacts than males: 1,063 and 447 respectively.

People living in *Major cities* made up the majority of CMHC patients (64%) and people living in *Very remote* areas made up the smallest proportion (2%). However, the population adjusted rate of patients was highest for people living in *Very remote* areas (38 per 1,000 population) and people living in *Major cities* had the lowest rate (16).

Aboriginal and Torres Strait Islander patients comprised 11% of CMHC patients in 2020–21, however the rate per 1,000 population was more than 3 times that of non-Indigenous patients (60 and 17 respectively) (Figure CMHC.4).

Figure CMHC.4: Community mental health care patients, by key demographics, 2005–06 to 2020–21
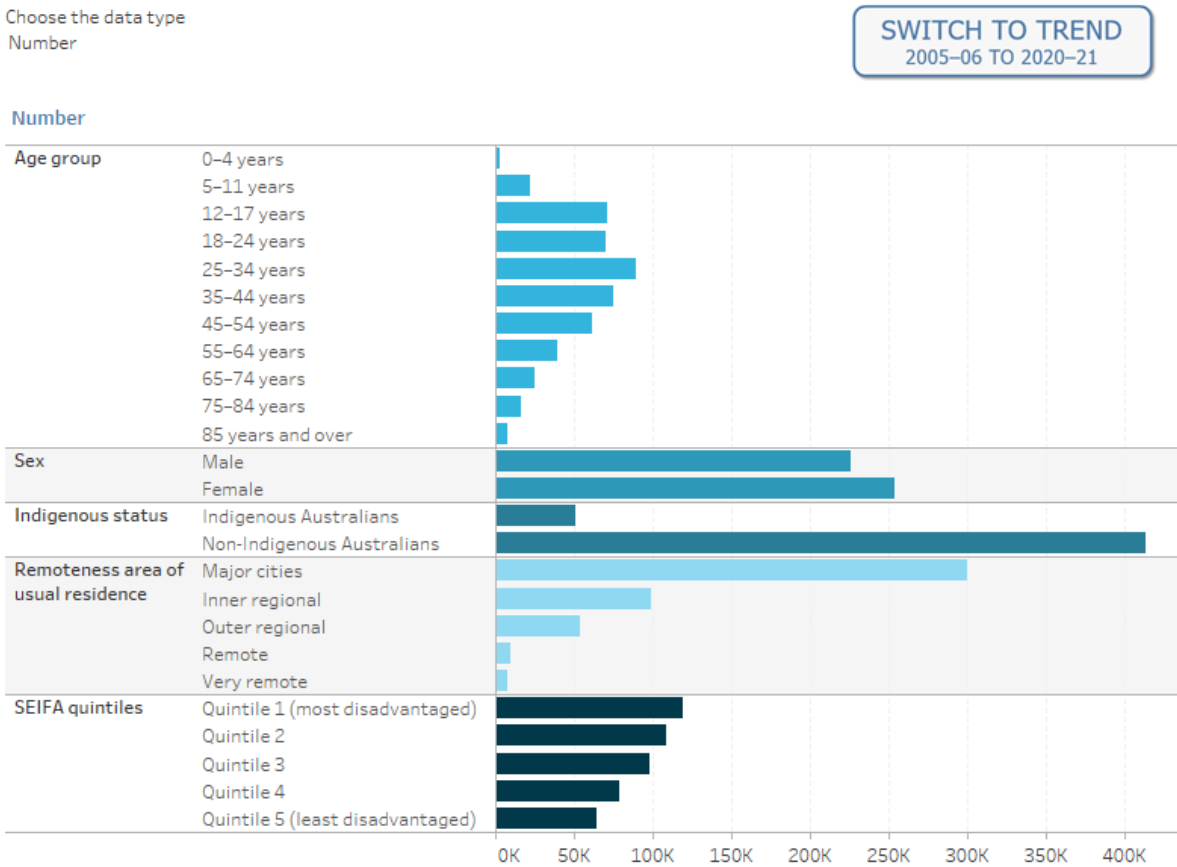

Figure CMHC.4.1: Community mental health care patients, by key demographics, 2020–21.

https://www.aihw.gov.au/mhsa

Note: Age-standardised rate is shown for Indigenous Status.

Sources: Tables CMHC.9 and CMHC.8.

Figure CMHC.3.1 can be found on the MHSA website.

Principal diagnosis

In 2020–21, *Mental disorder not otherwise specified* was the most frequently recorded mental health-related principal diagnosis for CMHC service contacts (25%). For those patients with aknown diagnoses *Schizophrenia* (21%) was the most common (21%) followed by:

-
- *Depressive episode* (6%)
- *Schizoaffective disorders* (6%)
- *Reaction to severe stress and adjustment disorders* (5%)
- *Specific personality disorders* (5%), and
- *Bipolar affective disorders* (5%).

A principal diagnosis was reported for 4 out of 5 (almost 8.5 million) CMHC service contacts.

There is variation however across age groups when looking at the most frequently recorded principal diagnosis for service contacts (Figure CMHC.5). Younger age groups (those aged up to 34 years) and older age groups (those aged 65 years and over) most frequently recorded *Mental disorder not otherwise specified*, while those aged 35–64 years most frequently recorded *Schizophrenia*.

Figure CMHC.5: Proportion of community mental health care service contacts, for six commonly reported mental health-related principal diagnoses, by age group, 2020–21

Choose the data type
- ◉ Number of contacts
- ◯ Per cent

Choose an age group
0–4 years

Number of contacts: 0–4 years

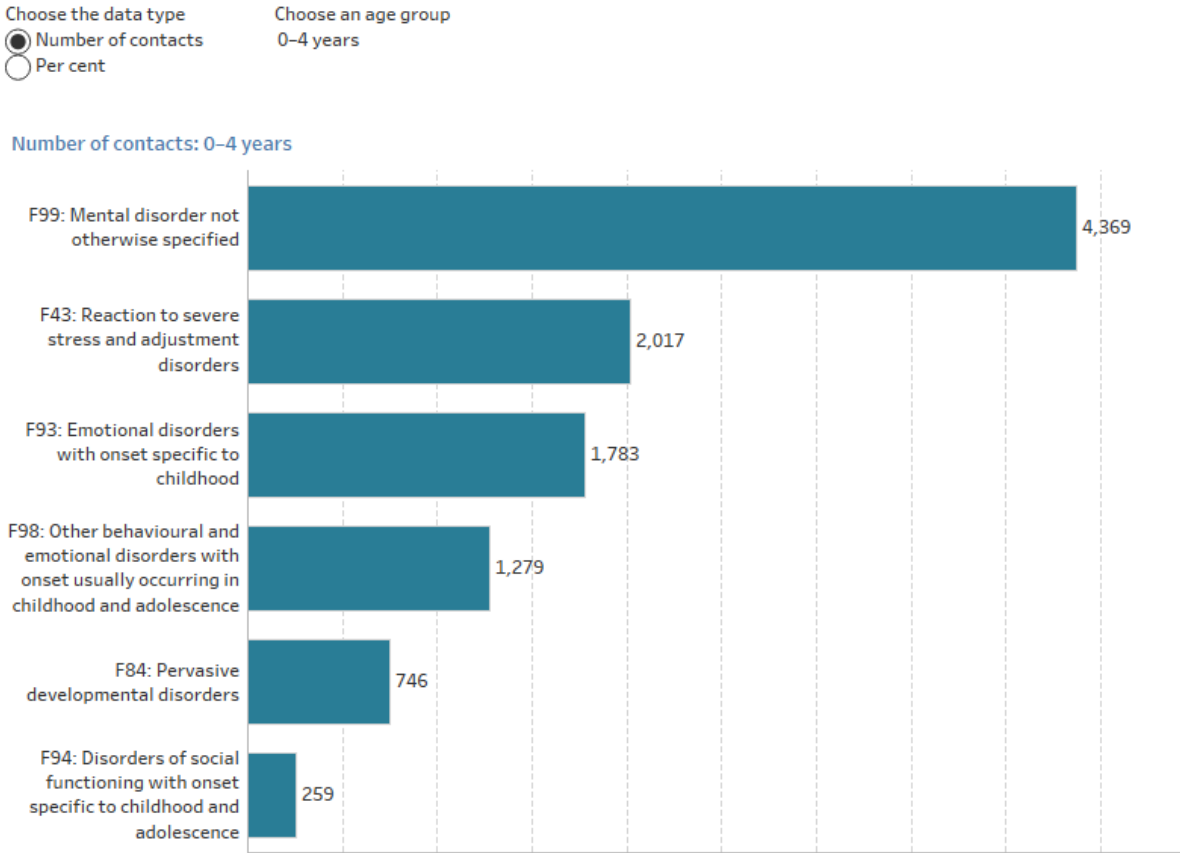| Diagnosis	Number of contacts
F99: Mental disorder not otherwise specified	4,369
F43: Reaction to severe stress and adjustment disorders	2,017
F93: Emotional disorders with onset specific to childhood	1,783
F98: Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	1,279
F84: Pervasive developmental disorders	746
F94: Disorders of social functioning with onset specific to childhood and adolescence	259

Figure CMHC.5: Community mental health care service contacts, for six of the most commonly reported mental health-related principal diagnoses, by age group, 2020–21.

https://www.aihw.gov.au/mhsa

Source: Table CMHC.18.

Characteristics of service contacts

CMHC service contacts can be conducted as either individual or group sessions. Service contacts can also be face-to-face, via telephone, or using other forms of direct communication such as video link. They can be conducted in the presence of the patient, with a third party (such as a carer or family member) and/or other professional or mental health worker.

The majority of service contacts reported in 2020–21 involved individual contact sessions (96%) and 4% of contacts were group sessions. Just over half of all contacts were individual sessions (52%), where the patient participated in the service contact (termed patient present).

Target population

Services targeted toward the *General* population made up 69% of all. Services targeted towards *Forensic, Older person,* and *Youth* populations accounted for smaller proportions of treatment days than the *General* population and *Child and adolescent* services. These results largely mirror the relative size (as measured by the number of full-time-equivalent staff) for each of the CMHC service target population categories, with the expection of *Older person* and *Child and adolescent* which both make up 11% (Specialised mental health care facilities section, Table FAC.41).

Duration of service contacts

The duration of CMHC service contacts ranges from less than 5 minutes to over 3 hours. In 2020–21, the average service contact session duration was 34 minutes. Nearly 2 in 5 contacts were 5–15 minutes (38%) and almost 1 in 4 contacts were 16–30 minutes (24%) (Figure CMHC.6). Service contacts with the patient present were on average twice as long in duration than those where the patient was absent (average 45 and 22 minutes respectively).

Of the 5 commonly reported principal diagnoses, *Reaction to severe stress and adjustment disorders* had the highest proportion of contacts lasting over 1 hour (13%, Table CMHC.23).

Figure CMHC.6: Community mental health care service contacts, by session duration, 2005–06 to 2020–21
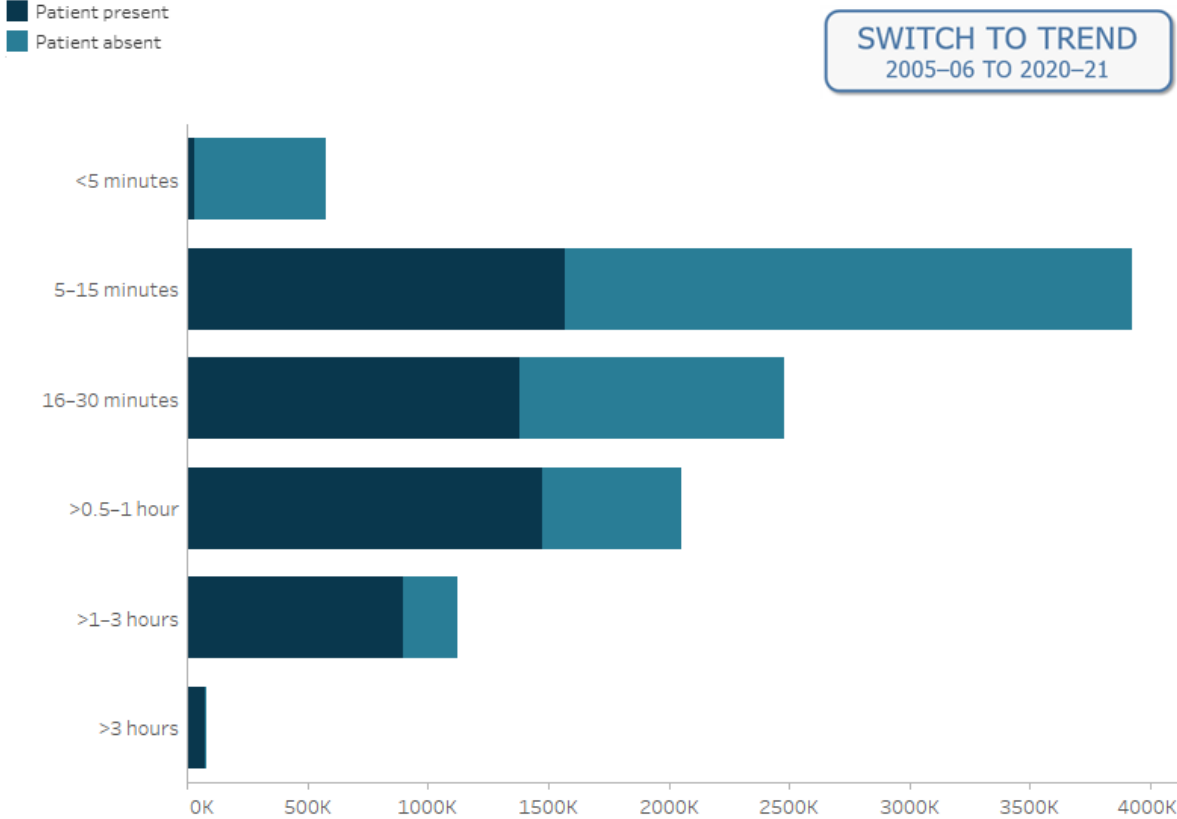

Figure CMHC.6.1: Community mental health care service contacts, by session duration and participation status, 2020–21.
https://www.aihw.gov.au/mhsa

Sources: Tables CMHC.22 and CMHC.24.

Figure CMHC 6.1, time series of of service contacts by session duration can be found on the MHSA website.

Mental health legal status

More than 1 in 7 (15%) CMHC service contacts in 2020–21 involved a patient with an involuntary mental health legal status. Western Australia reported the lowest proportion of involuntary contacts (3%), while Queensland reported the highest (25%). These differences most likely reflect the different legislative arrangements in place amongst the jurisdictions. More information can be found in the CMHC NMDS Data Quality Statement.

In 2020–21, of the 5 commonly reported principal diagnoses, the highest proportion of contacts involving a patient with an involuntary mental health legal status was seen for patients diagnosed with *Schizoaffective disorders* (43% involuntary) (Figure CMHC.7).

Figure CMHC.7: Community mental health care service contacts, by mental health legal status, 2020–21

Choose the data type
○ Number
● Per cent

■ Involuntary
■ Voluntary
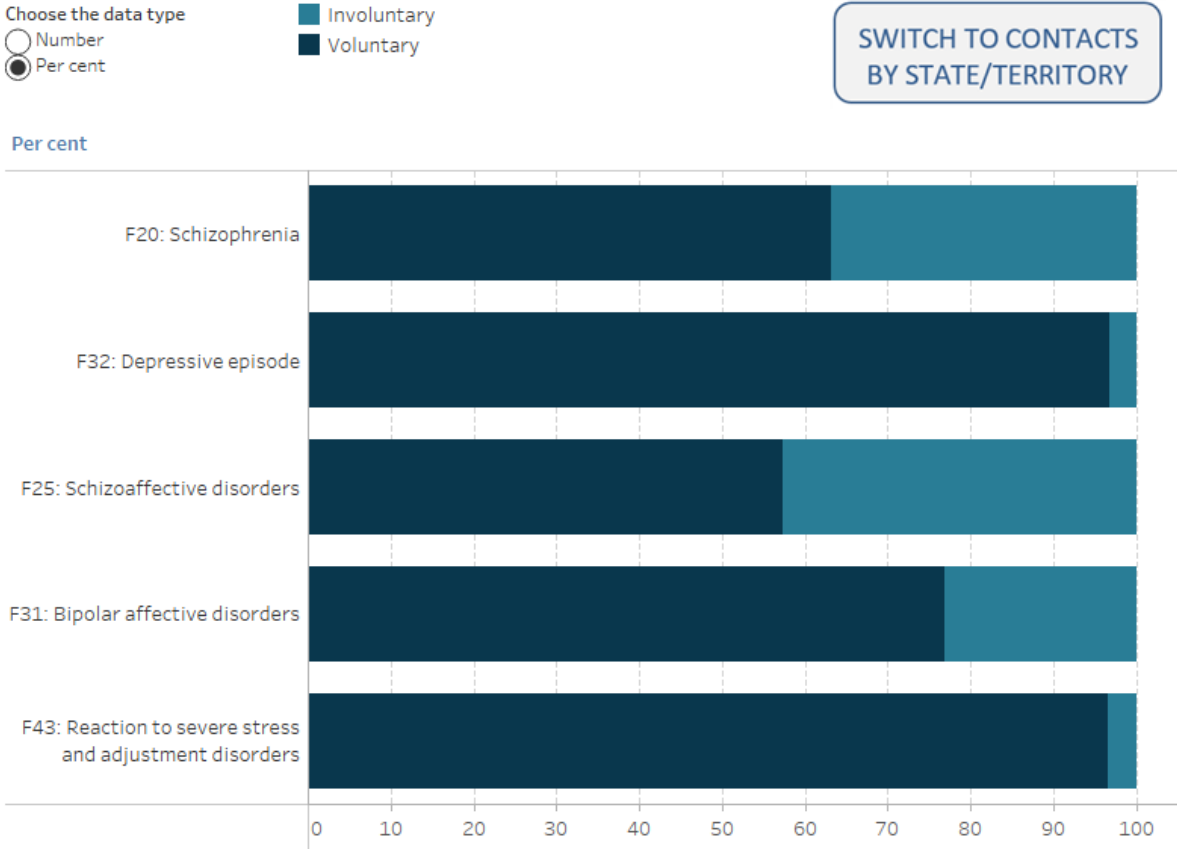
SWITCH TO CONTACTS BY STATE/TERRITORY

Per cent

Figure CMHC.7.1: Community mental health care service contacts, for five of the most commonly reported by principal diagnosis and mental health legal status, 2020–21.

https://www.aihw.gov.au/mhsa

Sources: Tables CMHC.28 and CMHC.27.

Figure CMHC.7.1 can be found on the MHSA website.

Data source

National Community Mental Health Care Database

State and territory health authorities collect a core set of information for the Community Mental Health Care National Minimum Data Set (CMHC NMDS), which is compiled annually into the National Community Mental Health Care Database (NCMHCD). The statistical counting unit used in the NCMHCD is a service contact between either a patient or a third party and a specialised community mental health care (CMHC) service provider.

Data quality over time

Differences in jurisdictional data reporting systems, reduced data coverage or under-reporting of service contacts may contribute to variation in service contact rates. Staff industrial action has resulted in a substantial reduction in data coverage for 2 jurisdictions in previous years: Victoria (2011–12, 2012–13, 2015–16 and 2016–17) and Tasmania (2011–12, 2012–13 and 2018–19). New South Wales and the Northern Territory also reported reduced data coverage for 2016–17, 2017–18 and 2018–19. The observed reductions in both service contact and patient numbers are considered to be primarily due to these missing data. Consequently, long term trends in the total number of service contacts are not available. Further information on data coverage can be found in the CMHC NMDS Data Quality Statement.

Data Quality Statements for National Minimum Data Sets (NMDSs) are published annually in AIHW's Metadata Online Registry (METeOR). These statements provide information on the environment, timelines, accessibility, interpretability, relevance, accuracy and coherence of the Institution. Visit the Community mental health care NMDS 2020–21: National Community Care Database, 2022 Quality Statement. Data quality statements for previous years are also accessible in METeOR.

The footnotes in each of the accompanying MS Excel tables contain details about the calculation of national rates over time.

Patient count

The number of unique patients provided with service contacts can be derived from the NCMHCD. However, the patient count is limited to people registered with state and territory community mental health care systems that have a unique person identifier; a person has one identifier across all individual service providers within a state or territory. The ability of jurisdictions to generate unique person identifiers varies as described in the Data Quality Statement for the CMHC NMDS.

Key concepts

Community mental health care services

Key Concept	Description
Community mental health care	**Community mental health care** refers to government-funded and operated specialised mental health care provided by community mental health care services and hospital-based ambulatory care services, such as outpatient and day clinics.
Length of treatment period	**Length of treatment period** is the total amount of time between the first and last service contact for each registered patient during the reporting period. Treatment periods are defined in this report

	as *Very brief* (1–14 days), *Short term* (15–91 days) and *Medium to longer term* (92+ days).
Mental health legal status	The state and territory mental health acts and regulations provide legislation that safeguards the rights and governs the treatment of patients with mental illness in admitted patient care, residential care and community-based services. The legislation varies between state and territory jurisdictions but all legislation contains provisions for the assessment, admission and treatment of patients on an involuntary basis, defined as "persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care".
Principal diagnosis	The **principal diagnosis** reported for patients who have a community mental health care service contact is based on the broad categories listed in the Mental and behavioural disorders chapter (Chapter 5) of the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM 11th edition). The data quality statement for the CMHC NMDS has further information on principal diagnosis data quality issues.
Service contacts	**Service contacts** are defined as the provision of a clinically significant service by a specialised mental health service provider for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals and residents in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. Any patient can have one or more service contacts over the relevant financial year period. Service contacts are not restricted to face-to-face communication and can include telephone, video link or other forms of direct communication. Service contacts can also be either with the patient or with a third party, such as a carer or family member, other professional or mental health worker, or other service provider.
Target population	Some specialised mental health service data are categorised using 5 **target population** groups (see METeOR identifier 682403): 1. Child and adolescent services focus on those aged under 18 years. 2. Older person services focus on those aged 65 years and over. 3. Forensic health services provide services primarily for people whose health condition has led them to commit, or be suspected

	of, a criminal offence or will be likely to reoffend without adequate treatment or containment. 4. General services targets services to the adult population, aged 18 to 64, however, these services may also provide assistance to children, adolescents or older people. 5. Youth services target children and young people generally aged 16–24 years. Note that in some states specialised mental health care beds for aged persons are jointly funded by the Australian federal and state and territory governments. However, not all states or territories report such jointly funded beds through the National Mental Health Establishments Database.
Treatment day	**Treatment day** refers to any day on which one or more service contacts (direct or indirect) are recorded for a registered patient (identified by a patient identifier number assigned to a uniquely identified person) during an ambulatory care episode. The number of treatment days are grouped as follows in Table CMHC.25: 1–14 days, 15–91 days and 92+ days.