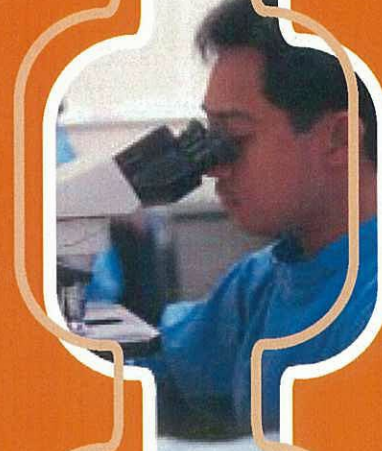
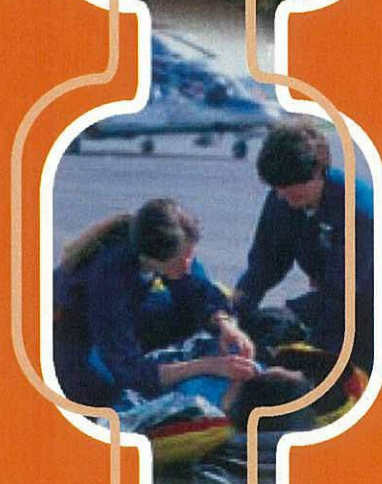
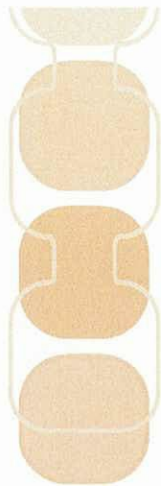


Annual Report 04/05

NSW Department of Health



NSW  HEALTH



PERFORMANCE INDICATOR

Radiotherapy utilisation rates

For new cancer patients.

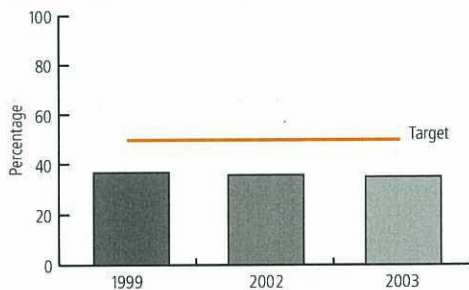
Desired outcome

Improved outcomes for cancer patients who would benefit from radiotherapy for curative or palliative purposes.

Context

Selected treatments for appropriate target groups can contribute to quality and length of life. Access to such services can be measured through treatment rates, the target for radiotherapy being 50 per cent of new cancer patients.

Radiotherapy utilisation rates – for new patients



Source: NSW Central Cancer Registry, RMIS Reports

Interpretation

Radiotherapy utilisation rates for 2003 continue to be below the 50 per cent target.

Factors impacting on utilisation rates over this period include:

- rural Area Health Services have limited influence over increasing access rates primarily because radiotherapy treatment services are predominantly provided in metropolitan area
- increased linear accelerator (linac) downtime due to ageing machines and workforce shortages (identified national shortage of trained Radiation Therapists and Medical Physicists)
- replacement of linacs result in downtime for recommissioning.

Note: While the utilisation rate has plateaued on a State basis, there has been a steady increase in the number of cancer cases being treated for NSW residents.

Strategies to achieve desired outcomes

There has been a range of strategies in place for a number of years, with improvements experienced more recently to address factors impacting on utilisation rates:

- Distribution of treatment machines improved with six new linacs (linear accelerators) at public sector services.
- Seven older machines replaced in established public treatment centres to reduce preventable downtime.
- Workforce strategies introduced to attract and retain Radiation Therapists (RT) and Medical Physicists in public centres.
- Overall workforce numbers increased through increased RT student intakes and Medical Physicist Trainee placements.

PERFORMANCE INDICATOR

Mental health needs met

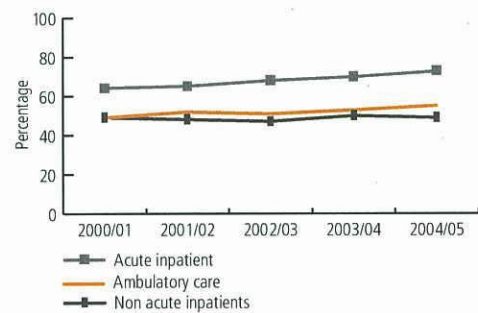
Desired outcome

Improved mental health and well-being.

Context

Access to appropriate mental health services is an important part of NSW mental health strategies. The Need Met measure is an indicator of the level of services actually available compared to the theoretical need calculated for the population.

Mental health needs met



Source: DOHRS (Acute inpatient, Non-acute inpatient) National Survey of Mental Health Services (Ambulatory Care)

Interpretation

These global indexes of service capacity are calculated with reference to the population need projections in the MH-CCP model (available on the Department's website). For indexes to increase, service capacity has to expand by more than population growth of 0.9 per cent per annum.

Acute Inpatient Beds: The index increased from 64 per cent to 74 per cent over the period, reflecting average availability of an additional 167 acute beds.

Non-acute Inpatient Beds: The index was the same (49 per cent) at the end of the period as at the beginning. This reflects maintenance of existing capacity levels in psychiatric hospitals.

Ambulatory Care Clinical Staff: The index increased from 49 per cent to 55 per cent over the period, with the 2004–05 level being 35.5 clinical FTE staff per 100,000 population as against 31.6 per 100,000 in 2000–01.

Strategies to achieve desired outcomes

- The increase in acute bed capacity is on track to achieve the target level of 80 per cent by 2007–08.
- Inclusion of 14 beds at prince of Wales Hospital and 100 sub-acute beds at other general hospitals will add about 7 per cent to the non-acute index by 2007–08.
- The provision of 226 High-support HASI beds is expected to meet some of the need for both acute and non-acute hospital beds, and this effect will be modelled when data are available.
- Ambulatory care enhancements in 2005–06 are expected to increase the index to 60 per cent.

Information reported under Section 301 of the *Mental Health Act 1990*

In accordance with Section 301 of the *NSW Mental Health Act* (1990) the following report details mental health activities for 2004/05 in relation to:

- the care of the patients and persons detained in each hospital
- the state and condition of each hospital
- important administrative and policy issues
- such other matters as the Director-General thinks fit.

A similar Appendix has been provided since the 1976/77 Annual Report of the Health Commission of NSW. With only minor variations in wording, this reporting requirement dates back to the *Lunacy Act of 1878*.

Sources

Previous reports may be found in the State Library of NSW, as:

- Reports of the Inspector of the Insane and other bodies (to 1878)
- Reports of the Inspector-General of the Insane (to 1918)
- Reports of the Inspector-General of Mental Hospitals (to 1959)
- Reports of the Director of State Psychiatric Services (to 1971)
- Special reports of the NSW Health Commission for the period 1971/72 to 1976/77
- Annual Reports of the Health Commission of NSW (1977/78 to 1981/82)
- Annual reports of the NSW Department of Health (from 1982/83).

Limitations

When comparing data over time it is important to be aware of changes in the scope and definition of the services comprised by the mental health systems in different places and at different times. In broad terms, each series of reports shown above is referring to a different group of services under the heading of "mental health", and there are many difficulties comparing them. The change is usually the result of the passage of new legislation.

Changes in reporting for the new Area Health Services in 2004/05

This section of the Annual Report has been revised in 2004/05, with historical data provided back to 2000/01. The changes reflect a number of developments:

- The new structure for Area Health Services that came into force in 2004/05.
- New Performance Indicators for Area Mental Health Services, relating the levels of acute and non-acute inpatient services, and of ambulatory care clinical staff, to the estimated need for these resources.

- The need to improve monitoring of increases in bed capacity resulting from investments in NSW since 2000/01.
- Requests for information arising out of the NSW Legislative Council Inquiry into Mental Health in 2002, the NSW Audit Office Performance Review of Emergency Mental Health Services in 2005, and the Australian Senate Inquiry into Mental Health in 2005, which have provided the possibility of reviewing historical data and arriving at a current time series of reliable information.

Changes have been made that should make the data presented here more useful for those with an interest in contemporary mental health services. A number of new statistics are presented for the first time, namely:

- funded beds at 30 June
- average available beds for the financial year
- average occupied beds for the financial year.

The number of *Funded Beds* in a mental health unit has the same meaning as the term "platform" in the general health bed management system. Except for a small number of beds funded for particular patients by the Department of Veteran's Affairs (ten beds at Rozelle Hospital in 2004/05), the number of funded beds is determined by NSW Health. It is a measure of input that can be determined in advance – that is, the AHS either had funding to operate the bed in the previous financial year, received additional recurrent funding during the financial year to open a new unit or expand an existing one, or (more rarely) transferred a unit from another funding program (for example, 15 beds at St Joseph's, Auburn were transferred into Program 3.1 in 2002/03).

The measure only applies to hospital beds operated by NSW Health. It is not the same as the "approved beds" that were reported historically, because (a) the approved complement of beds in a hospital was typically exceeded in practice by 10–25 per cent for most of the 100 years from about 1870 to 1970, and (b) thereafter, there was an increasing number of "approved beds" that had not been used for years.

Available Beds has the same meaning as it does in the general health system. They are beds which are staffed and fit for occupancy on a particular day. Historically, availability has been reported only on a single census day each year (30 June). For a few child/adolescent units that operate in conjunction with special schools, this has led to zero available beds being reported when the census day falls on Friday, Saturday or Sunday. It is also subject to the effects of temporary situations (eg refurbishment) that happen to span the census day.

In the case of new units, there will usually be some delay between the date of funding and full availability of all beds, as the clinical staff are recruited. Presenting the *Average Available Beds* for a period provides a more reliable measure of these effects, especially the average over a year. The data are reported by Area Health Services monthly to the Department of Health Reporting System (DOHRS). The average is calculated as the sum of the number of Available Beds on each day in the period, divided by the number of days in the period.

The *Average Occupied Beds* for a period is the sum of the number of beds occupied on each day of the period, divided by the number of days in the period. Historically, the number of occupied beds has only been reported for the single census day of 30 June. Again, the average over a year is a better indicator of usage.

For historical reasons, in relation to 19th century and 20th century mental health services, the main census day statistics have been retained. However, the annual averages are preferable, and have been carried back to 2000/01 to provide a time series for the 21st century.

The report has been rearranged, as follows:

- Hospitals within an Area Health Service are presented together, and AHS totals are provided.
- Acute and Non-Acute beds are reported separately, as are specialist child/adolescent beds.
- Two hospital units (Bankstown Lidcombe Ward 2D and Braeside) are shown because they are in scope for national mental health reporting. However, as they are not funded from the mental health program their beds and other statistics are not counted in the totals.

Program reporting

The reporting of performance for Program 3.1 that was included in the 2003/04 Annual Report has been continued. The indicators that applied in 2004/05 are presented. The time series data on these indicators was completely reviewed during 2004/05. A number of new performance indicators were developed in 2004/05 for use from 2005/06 onwards. They are presented as Performance Indicators in the body of the Annual Report.

As foreshadowed in 2003/04, the data on ambulatory care contacts has been included for the first time in this report.

Changes in Bed Capacity (1986/87 to 2000/01)

Prior to 1986/87, it is not possible to clearly identify the number of what would now be called "Mental Health" beds as distinct from Developmental Disability beds. The exception is the year 1981/82 where the numbers of beds (but not patients) of each type is given in the

Richmond Report (1983) for the 5th Schedule Hospital system. Although there were hospitals that were mainly for one purpose or the other, a number served both groups. Over the next few years the services were separated into their Mental Health and Developmental Disability components with patients transferred between the relevant institutions. This process began in the 1970s until 1986/87 when the reporting was clear.

The following table summarises the Annual Report data from that period.

Available Public Beds and Occupied Beds: 1986/87 to 2000/01

The table below shows the Annual Report data for the period after the Mental Health and Developmental Disability services were reported as separate programs in NSW. No attempt has been made to correct or adjust the Annual Report totals. The day of the census is included because of weekend leave and discharge effects.

Financial Year (day of week for 30 June census)	at 30 June			
	Available Public MH beds	Occupied Public MH beds	Vacant available beds	% Occupancy
1986/87 (Tue)	3,171	2,520	651	79
1987/88 (Thu)	3,081	2,426	655	79
1988/89 (Fri)	2,977	2,487	490	84
1989/90 (Sat)	2,847	2,095	752	74
1990/91 (Sun)	2,741	2,104	637	77
1991/92 (Tue)	2,609	2,145	464	82
1992/93 (Wed)	2,410	1,884	526	78
1993/94 (Thu)	2,297	1,846	451	80
1994/95 (Fri)	2,093	1,671	422	80
1995/96 (Sun)	1,958	1,692	266	86
1996/97 (Mon)	1,963	1,702	261	87
1997/98 (Tue)	2,017	1,739	278	86
1998/99 (Wed)	1,921	1,728	193	90
1999/00 (Fri)	1,861	1,602	259	86
2000/01 (Sat)	1,876	1,589	287	85

Changes in Bed Capacity in the 21st Century

In 1992, NSW health issued the policy document *Leading the Way: A Framework for NSW Mental Health Services 1991–2001*. It set the following targets for Area Health Service planning:

- 15 Acute inpatient beds per 100,000 population
- Long term (7) and asylum (5) beds per 100,000 population.

On that basis, *Leading the Way* projected a need for 1,800 (public) mental health beds in 2001. According to the previous table, the actual number of beds in 2000/01 conformed closely to the prediction. However, despite a substantial growth

Information reported under Section 301 of the *Mental Health Act 1990*

Funded capacity

	2000/01	2001/02	2002/03	2003/04	2004/05
Funded Beds at 30 June	1,874	1,922	2,004	2,107	2,157
Increase since 30 June 2001	–	48	130	233	283

Average availability (Full Year)

	2000/01	2001/02	2002/03	2003/04	2004/05
Average Available beds	1,814	1,845	1,899	1,985	2,075
Increase since 30 June 2001	–	31	85	171	261
Average Availability (%) – of funded beds	97%	96%	95%	94%	96%

Average occupancy (Full Year)

	2000/01	2001/02	2002/03	2003/04	2004/05
Average Occupied beds	1,572	1,621	1,702	1,773	1,847
Increase since 30 June 2001	–	48	130	201	274
Average Occupancy (%) – of available beds	87%	88%	90%	89%	89%

in community-based staff over the period, as documented in the National Mental Health Reports, there was intense pressure on acute beds. In 2000/01, NSW Health released the Mental Health – Clinical Care and Prevention (MH-CCP) planning model. This provided specific predictions by age group, ambulatory care staff and hospital beds. The overall hospital bed predictions are:

- 24.4 acute inpatient beds per 100,000 (total) population
- 24.5 non-acute beds per 100,000 (total) population.

Under the NSW Government Action Plan for Health (2000/01 to 2002/03), and with subsequent enhancements commencing in 2004/05, a significant investment has been made to increase bed capacity. Detailed figures for 2003/04 and 2004/05 for each unit and Area Health Service are shown at the end of this Appendix. The overall changes since 2000/01 appear above.

In summary, the system was funded for a net increase in capacity of 283 beds over the five years. Overall, 94–97 per cent of the funded capacity was available all year, and 87–90 per cent of the available capacity was used. It should be noted that design occupancy is 87 per cent, so that there is still pressure on available beds.

Historical data – census day statistics

The same picture is re-presented below, using the single-day statistics that have been presented in previous Annual Reports, but including only Program 3.1 beds. The number of funded beds is the same as in the previous table, and the Available Beds and Occupied Beds are calculated on the same basis as in the 1986/87 to 2000/01 series presented earlier.

End of year Census data (on 30 June)

	2000/01	2001/02	2002/03	2003/04	2004/05
Funded Beds on 30 June	1,874	1,922	2,004	2,107	2,157
Available beds on 30 June	1,853	1,907	1,997	2,063	2,142
Occupied beds on 30 June	1,577	1,679	1,814	1,881	1,902
Availability on 30 June (% of funded beds)	99%	99%	100%	98%	99%
Occupancy on 30 June (% of available beds)	85%	88%	91%	91%	93%

AHS Performance Indicator – Mental Health Clinical Staff (Full-time equivalent)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	329	335	317	404	422
Hunter New England	715	641	726	769	809
North Coast	219	244	287	318	330
North Sydney Central Coast	862	841	889	915	992
South Eastern Sydney/Illawarra	631	722	707	755	771
Greater Southern	301	314	323	334	353
Sydney South West	827	931	914	981	971
Sydney West	825	864	866	872	916
Children's Hospital at Westmead	1	2	3	41	60
Justice Health Service	128	144	143	140	163
NSW	4,839	5,038	5,174	5,530	5,787

Notes

Sources: Program and Product Data Collection (PPDC) and National Survey of Mental Health Services (NSMHS)

Definitions: Clinical staff is defined as in the National Survey of Mental Health Services (NSMHS), namely medical, nursing, allied health and 'other personal care' staff.

Limitations: Data for 2003/04 are provisional NSMHS returns still subject to Commonwealth auditing. Data for 2004-5 are funded FTE (2003/04 returns plus new positions funded in 2004/05).

The comparison of the number of occupied beds demonstrates the main problem of single-day statistics. There were 325 more patients occupying beds on 30 June 2005 (a Thursday) than on 30 June 2001 (a Saturday). In fact the average number of patients only increased by 274 over the period. Past reports have attempted to compensate for this effect by considering the number of patients on leave on the census day, but this does not fully address the issues. The full-year averages over 365 or 366 days are much more reliable.

Performance Indicators

The 2003/04 Annual Report showed the Program 3.1 (Mental Health) indicators as they were defined for the Health Service Performance Agreement (HSPA) of that year. These HSPA indicators covered not only Program 3.1 services, but also a small number of services funded by other programs (mainly the Primary Care program and the Rehabilitation and Aged Care Program) where these meet the national reporting definitions for "mental health".

During 2004/05 the Health Service Performance Agreement (HSPA) indicators were refined to exclude "out of program" staff. A five-year historical series on these has now been prepared for each new Area Health Service, and all previous data have been reviewed. The indicators are consistent between Areas within NSW, but for interstate comparisons the data in the annual Report on Government Services and the National Mental Health Report should be used.

Interpretation

Clinical staffing levels provide the simplest overall indicator of the resources available to an integrated mental health service. In addition to increasing acute hospital beds, NSW has been increasing community-based clinical care. The increase over the period reflects the impact of continuing enhancement of mental health funding. For increases in ambulatory care, refer to the Performance Indicator data in the body of this report.

Information reported under Section 301 of the *Mental Health Act 1990*

AHS Performance Indicator – Mental Health Acute Inpatient Care (Separations from overnight stays)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	877	954	858	1,197	1,505
Hunter New England	3,402	3,511	3,839	4,166	3,969
North Coast	1,566	1,545	2,034	2,395	2,354
North Sydney Central Coast	2,803	2,755	2,628	2,776	3,187
South Eastern Sydney and Illawarra	3,577	3,866	3,876	4,609	4,425
Greater Southern	1,369	1,373	1,318	1,342	1,348
Sydney South West	4,545	4,866	5,041	5,058	5,135
Sydney West	3,309	3,493	3,149	3,124	3,074
Children's Hospital at Westmead	–	–	–	–	94
Justice Health Service	161	151	100	92	91
NSW	21,609	22,514	22,843	24,759	25,182

Notes

Source: Area Health Service returns to Department of Health Reporting System (DOHRS)

Limitations: Separations from the 14 non-acute beds at Prince of Wales Hospital could not be separately reported from the acute activity in DOHRS in 2004/05. These separations are included here.

The Children's Hospital at Westmead (CHW) did not have any specialized acute inpatient beds until the end of 2003-04.

Interpretation

The 17 per cent growth in the number of acute overnight stays (separations) reflects the increased number of acute beds.

AHS Performance Indicator – Mental Health Non-Acute Inpatient Care (Bed-days in Overnight stays)

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	30,440	30,741	33,555	38,344	39,978
Hunter New England	42,464	42,913	42,868	43,502	42,450
North Coast	–	–	–	–	–
North Sydney Central Coast	56,324	56,248	55,820	59,397	62,815
South Eastern Sydney/Illawarra	–	–	–	–	–
Greater Southern	14,669	16,680	17,426	17,697	17,959
Sydney South West	32,260	30,048	28,949	29,467	22,913
Sydney West	52,580	53,250	56,291	56,123	55,805
Children's Hospital at Westmead	–	–	–	–	–
Justice Health Service	21,765	22,396	21,299	21,604	21,769
NSW	250,502	252,276	256,208	266,134	263,688

Notes

Source: Area Health Service returns to Department of Health Reporting System (DOHRS)

Limitations: Bed-days in the 14 non-acute beds at Prince of Wales Hospital could not be separately reported from the acute activity in DOHRS in 2004/05, and do not appear in the table.

Interpretation

An integrated mental health service requires that acute services be backed up by rehabilitation and extended care services, including those in hospitals. In NSW at present, most non-acute inpatient services are provided only in psychiatric hospitals and a number of child/adolescent units. Towards the end of 2004/05, 14 non-acute beds opened in the Prince of Wales Hospital. However, a change is required to the DOHRS system to detect the bed days associated with these beds.

The increase in 2004/05 is partly due to a further increase in beds at Bloomfield Hospital and partly due to the full-year availability of Hamilton Ward at Macquarie Hospital in NSCCAHS. The activity for 2004/05 also includes the bed-days of two wards (44 beds) at Rozelle which have now been closed and been replaced by 40 places in the new service at the Holy Spirit Nursing Home, Croydon.

Area Health Service – Ambulatory Contacts

Area Health Service	2000/01	2001/02	2002/03	2003/04	2004/05
Greater Western	73,557	88,643	102,644	101,994	111,112
Hunter New England	90,365	89,692	111,593	129,721	108,739
North Coast	5,945	69,278	120,586	145,000	123,710
North Sydney Central Coast	103,928	228,093	282,408	295,704	351,699
South Eastern Sydney/Illawarra	98,072	159,475	221,264	233,001	291,447
Greater Southern	6,399	82,702	106,753	25,332	88,237
Sydney South West	57,568	113,802	166,910	195,935	227,012
Sydney West	146,494	150,022	125,178	123,872	118,026
Children's Hospital at Westmead	3,183	8,634	10,885	10,055	12,787
Justice Health Service	–	443	4,608	171,115	299,101
NSW	585,511	990,784	1,252,829	1,431,729	1,731,870

Notes

Source: NSW Health HIE from Area ambulatory source systems

Limitations: Reporting is still incomplete in a number of Area Health Services

AHS Performance Indicator – Ambulatory care (contacts)

The 2003/04 Annual Report stated that mental health ambulatory care data would be presented when compliance with reporting unit-record contact data reached 85 per cent. While the total number of contact records reported for 2004/05 represents about 63 per cent of expected, a number of Area Health Services have achieved the target level. Thus the table is included to show progress since this collection commenced in 2000/01. Note that this reflects improvement in documented service provision and reporting, and reporting is still incomplete. Increases in service capacity are indexed by the Performance Indicator on Mental Health Needs Met in the Performance Section of this Annual Report.

From 2005/06 the Performance Indicator for Ambulatory Mental Health Care will change to a measure of client-related provider hours. As the mental health unique identifier will be available early in 2005/06, it may also be possible to estimate and present the number of individuals seen by mental health services in the next report for 2005/06, and the average amount of client-related time received.

Interpretation

Although reporting is still incomplete, this volume collected in 2004/05 is now equivalent to that in Victoria, and the number of records collected electronically is nearly as large as the number in the whole NSW Admitted Patient Collection. It is larger than the electronic Emergency Department Information System (EDIS) collection. This is a major achievement by Area Health Services over the past five years. To put it in context, NSW mental health services reported that they provided 0.94 million ambulatory care "occasions of service" in 1990/91

(Leading the Way, Appendix C), but this was based on aggregate monthly returns from service providers which (a) were not audited in any way and (b) provided no information on either the clients who received the services or what those services were. The current collection, though still incomplete, documents 1.73 million service contacts from thousands of individual staff and hundreds of individual service units, in the form of unique de-identified electronic records provided to the Area and Department Data Warehouses for analysis, similar to the Admitted Patient and EDIS records. The content of the records is given in Policy Directive PD 2005–325.

With the introduction of Unique Patient Identifiers in 2005/06, the combined service use of mental health service clients will be able to be evaluated. In conjunction with the outcomes data that commenced collection during 2001/02, these data meet a commitment made in *Caring for Mental Health* (1998): "The clinical status of clients at entry to and exit from care will be monitored in relation to services provided and outcomes achieved." A great deal of work remains to be done to develop the reporting around this collection. However, it is now at the stage where the overall provision of mental health services – both in hospitals and in the community – can be assessed.

Information Activities during 2004/05

The National Minimum Datasets for Admitted Patient Mental Health Care, Community Mental Health Care and Community Mental Health Establishments were delivered on time along with the National Survey of Mental Health Services and the National Outcomes and Casemix Data (NOCC). The Australian Mental Health Outcomes and Casemix Network (AMHOCN) has done some preliminary analysis and reporting on outcome data submitted

Information reported under Section 301 of the *Mental Health Act 1990*

by all states and territories. The Australian Institute of Health and Welfare AIHW released Mental Health Services in Australia 2002/03 in June 2005 based on client and other data submitted under the Australian Health Care Agreements.

Standard mental health clinical documentation is now in place in all NSW services with file audits conducted by some Areas. The NSW Audit Office performance audit of Emergency Mental Health Care (May 2005) noted this as an instance of "Good Practice".

The technical environment for the process used to provide unique patient identifiers for mental health data records in NSW was completed in 2004/05. Area level identifiers will be allocated to all relevant mental health patient records in the data warehouse by end October 2005.

Recruitment to the new InforMH unit in NSCCAHS occurred early in 2005 and the unit is operating at about 60 per cent capacity. It is involved with Mental Health systems development, consolidation of the MHOAT initiative, developing a reporting framework for national and state key performance Indicators and other service evaluation functions.

A major reconciliation exercise across Departmental reporting systems for mental health data has resulted in the development of performance indicators and activity targets which form the basis for Mental Health Service Agreements between the Director General of the Department of Health and Areas.

Data Sources for the Annual Report

All bed data and some of the activity data in the attached tables are based on a paper collection from psychiatric hospitals, co-located psychiatric units in general hospitals and private hospitals with authorised psychiatric beds, specifically for the 2004/05 Annual Report. Public hospital data are combined and presented for the categories "Average Available beds", "Average Occupied beds", and "Overnight Separations" from the Department of Health Reporting System (DOHRS) where the facility can be identified in the DOHRS database. Overnight separation (ie admitted and separated on different dates) refers to the process by which an admitted patient completes an episode of care by "being discharged, dying, transferring to another hospital or changing type of care". Separation data is one of the main national indicators of hospital activity.

Public Beds under the mental health program (Program 3.1) in 2003/04 and 2004/05

These statistics can be calculated from the information presented in the detailed unit-by-unit table. The overall changes for five years are given in earlier tables. Details of changes at individual units are covered by notes to the main table.

Acute Beds (Total)

- Funded Acute beds increased by 98, from 1,218 to 1,316.
- Average Available Acute beds increased by 92, from 1,143 to 1,235.
- Average Occupied Acute beds increased by 78, from 1,046 to 1,124.

Non-Acute Beds (Total)

- Funded Non-acute beds decreased by 48, from 889 to 841.
- Average Available Non-Acute beds decreased by 2, from 842 to 840.
- Average Occupied Non-Acute beds decreased by 5, from 727 to 722.

The decrease of 48 beds from 2004 to 2005 was due to a reduction of four DVA-funded patients in Ward H at Rozelle (from 14 to 10), and the closure and transfer of two older people's extended care wards (Ward A and Ward 18) at Rozelle (total 44 beds) to Holy Spirit Nursing Home, Croydon. Since the latter are not hospital beds they are not reported here. The impact on average bed availability and occupancy was limited in 2004/05 because the beds closed progressively through the latter part of the financial year. The average availability data does not capture activity in the 14 Non-Acute beds at Prince of Wales Hospital, since it was reported together with the Acute data for the hospital in DOHRS. The POWH reported that all 14 of these beds were available on 30 June 2005, whereas staff were still being recruited on 30 June 2004. It should be possible to report the activity for these beds accurately next year.

Child/Adolescent beds

- The number of funded Acute beds increased by 6, from 41 to 47.
- The number of average available Acute beds remained the same at 36.
- The number of average occupied Acute beds increased by 3, from 26 to 29.

The acute units at Campbelltown and the Sydney Children's Hospital reported staff recruitment issues as the main factor limiting bed availability.

The number of funded, average available, and occupied non-acute beds at the Rivendell, Coral Tree, and Redbank units remained essentially the same. The availability and occupancy statistics for these units are complicated by the fact that they operate mainly during the week and school term.

Public Psychiatric Hospitals and Co-located Psychiatric Units in Public Hospitals
– with beds gazetted under the Mental Health Act 1990 and other non-gazetted Psychiatric Units

Area Health Service/Hospital	Location	Funded ¹ beds		Available ² beds		Occupied ³ beds		Average Available ³ beds in year		Average Occupied ³ beds in year		Overnight separations 30/6/05 to 30/6/05	On leave 30/6/05 to 30/6/05	Deaths in 12 mths to 30/6/05
		2004	2005	2004	2005	2004	2005	2003/04	2004/05	2003/04	2004/05			
X500 Sydney South West		378	348	372	345	299	299	355.3	340.2	294.9	288.9	5,491	53	2
Acute Beds – Adult														
Royal Prince Alfred Hospital ⁴	Camperdown	40	40	30	40	27	36	40.0	40.0	34.7	35.4	771	6	0
Rozelle Hospital ⁵	Leichhardt	114	114	122	114	88	89	104.4	104.1	83.9	85.6	1,887	21	0
Liverpool Hospital ⁶	Liverpool	30	48	30	48	28	47	30.0	42.0	29.2	38.4	895	4	0
Campbelltown Hospital	Campbelltown	30	30	30	30	30	29	30.0	30.0	30.3	28.3	473	5	0
Bankstown/Lidcombe HS – Hosp.	Bankstown	30	30	30	30	30	25	30.0	30.0	29.5	31.8	712	5	0
Bowral and District Hospital	Bowral	2	2	2	2	0	1	2.0	2.0	1.1	0.8	70	0	0
Acute Beds – Child/Adolescent														
Campbelltown Hospital (GnaKaLun) ⁷	Campbelltown	10	10	6	7	6	7	9.7	6.1	5.7	5.9	126	0	0
Non-Acute Beds – Adult														
Rozelle Hospital ⁸	Leichhardt	98	50	98	50	83	53	96.7	74.1	74.8	57.2	339	3	2
Non-Acute Beds – Child/Adolescent														
Thomas Walker Hospital	Concord	24	24	24	24	7	12	12.5	11.9	5.7	5.5	218	9	0
Other Program Beds (not in totals)⁹														
Bankstown Ward 2D	Bankstown			12	12	7	12					119	0	1
Braeside	Prairiewood			16	16	16	10					138	0	0
X510 South Eastern Sydney/Illawarra		234	234	210	227	199	181	208.2	215.4	194.2	202.7	4,441	22	5
Acute Beds – Adult														
Wollongong	Wollongong	20	20	20	20	21	21	20.1	20.2	19.6	19.5	439	8	2
Shellharbour Hospital	Shellharbour	49	49	49	49	41	43	49.4	49.1	44.6	42.8	1,505	5	0
St. Vincents Public Hospital ¹⁰	Darlinghurst	27	27	27	27	27	30	27.0	27.0	25.4	26.4	575	3	0
Prince of Wales Hospital	Randwick	60	60	53	53	52	48	50.5	63.3	50.1	62.0	809	4	1
St George Hospital	Kogarah	28	28	28	28	28	28.7	28.3	27.3	27.6	545			
Sutherland Hospital	Sutherland	28	28	28	28	25	25	27.5	23.3	23.3	20.1	470	2	2
Acute Beds – Child/Adolescent														
Sydney Children's Hospital	Randwick	8	8	5	8	5	5	5.0	4.2	3.9	4.2	82	0	0
Non-Acute Beds														
Prince of Wales Hospital ¹¹	Randwick	14	14	0	14	0	9	0.0	In acute	0.0	In acute	16	0	0
X520 Sydney West		368	395	369	393	348	358	364.5	374.2	332.7	328.7	3,150	27	5
Acute Beds – Adult														
Blacktown Hospital	Blacktown	30	30	30	30	30	30	28.9	30.2	28.9	30.0	446	8	4
St Josephs Hospital, Auburn	Auburn	15	15	15	15	13	15	15.9	14.9	15.7	10.4	85	0	0
Westmead (adult)	Westmead	26	26	26	26	23	25	20.4	26.0	18.7	22.4	324	2	0
Cumberland Hospital ¹²	Westmead	82	102	82	102	81	87	82.1	85.1	80.3	78.5	1,215	9	0
Penrith DHS – Nepean Hospital	Penrith	30	37	30	33	30	33	30.0	33.0	28.7	30.6	714	2	0
Acute Beds – Child/Adolescent														
Westmead (Redbank – AAU)	Westmead	9	9	9	9	8	7	10.6	9.0	6.9	4.0	98	1	1
Non-Acute Beds – Adult														
Cumberland Hospital	Westmead	159	159	159	159	152	154	156.6	159.0	146.9	145.4	82	5	0
Non-Acute Beds – Child/Adolescent														
Westmead (Redbank – AFU & CFU)	Westmead	17	17	18	19	11	7	20.0	17.0	6.5	7.5	186	0	0
X530 Northern Sydney/Central Coast		345	380	345	380	333	354	312.2	365.3	291.7	334.8	3,696	11	8
Acute Beds – Adult														
Greenwich Home of Peace Hospital	Greenwich	20	20	20	20	20	20	20.0	20.0	19.3	18.5	216	2	0
Hornsby & Ku-Ring-Gai Hospital	Hornsby	25	25	25	25	25	25	25.0	25.0	24.3	23.9	413	1	0
Manly District Hospital	Manly	30	30	30	30	30	30	28.3	30.0	27.2	28.8	552	2	2
Royal North Shore Hospital	St Leonards	20	20	20	20	20	13	20.0	18.3	19.6	19.4	267	0	0
Macquarie Hospital	North Ryde	14	14	14	14	14	11	14.0	13.9	13.7	13.0	264	3	2
Gosford District Hospital	Gosford	25	25	25	25	24	23	25.1	19.4	24.4	18.3	583	0	0
Wyong District Hospital ¹³	Wyong	15	50	15	50	15	46	0.8	44.3	0.9	40.8	892	0	1
Non-Acute Beds – Adult														
Macquarie Hospital	North Ryde	181	181	181	181	170	173	171.0	185.8	157.3	167.2	41	3	3
Non-Acute Beds – Child/Adolescent														
Coral Tree	North Ryde	15	15	15	15	15	13	8.0	8.6	5.0	4.9	468	0	0

Information reported under Section 301 of the Mental Health Act 1990

Area Health Service/Hospital	Location	Funded ¹ beds		Available ² beds		Occupied ² beds		Average Available ³ beds in year		Average Occupied ⁴ beds in year		Overnight separations in 12 mths to 30/6/05	On leave as at 30/6/05	Deaths in 12 mths to 30/6/05
		2004	2005	2004	2005	2004	2005	2003/04	2004/05	2003/04	2004/05			
X540 Hunter/New England		303	305	299	301	279	275	294.9	301.5	268.1	270.0	4,100	29	16
Acute Beds														
Maitland Hospital	Maitland	24	24	24	24	17	24	24.0	24.0	21.2	22.2	916	9	0
James Fletcher Hospital ¹⁴	Newcastle	86	86	82	82	79	74	82.1	82.0	76.5	76.4	1,760	9	6
Armidale and New England Hospital	Armidale	8	8	8	8	9	8	7.4	9.4	7.4	7.4	285	0	0
Tamworth Base Hospital	Tamworth	25	25	25	25	22	25	20.6	24.2	19.8	19.6	522	0	1
Manning River Base Hospital	Taree	20	20	20	20	19	16	20.0	20.0	14.8	17.0	391	5	0
Acute Beds – Child/Adolescent														
John Hunter Hospital (Nexus)	Newcastle	10	12	10	12	9	11	10.6	11.9	9.6	11.2	95	1	0
Non-Acute Beds – Adult														
Morisett Hospital	Morisett	130	130	130	130	124	117	130.2	130.0	118.9	116.3	131	5	9
X550 North Coast		90	100	90	100	89	99	85.6	90.2	75.0	85.0	2,624	10	0
Acute Beds – Adult														
Lismore Base Hospital	Lismore	25	25	25	25	25	25	23.0	24.9	23.5	23.8	723	6	0
Tweed Heads District Hospital	Tweed heads	25	25	25	25	25	25	25.1	25.0	20.9	22.2	660	1	0
Coffs Harbour and District Hospital	Coffs Harbour	30	30	30	30	29	30	30.0	30.0	23.0	27.0	726	2	0
Kempsey Hospital	Kempsey	10	10	10	10	10	10	7.5	6.6	7.7	8.3	245	0	0
Port Macquarie Base Hospital ¹⁵	Port Macquarie	–	10	–	10	9	n.a.	3.7	n.a.	3.7	270	1	0	
X560 Greater Southern		116	118	106	118	86	99	108.3	111.3	97.7	99.1	1,610	11	4
Acute Beds – Adult														
Albury Base Hospital	Albury	24	24	24	24	18	17	21.0	21.0	18.6	18.0	452	1	0
Wagga Wagga Base Hospital ¹⁶	Wagga Wagga	16	18	6	18	4	18	13.3	16.3	12.4	14.0	412	0	0
Goulburn Base Hospital	Goulburn	20	20	20	20	18	16	19.9	20.0	18.2	17.9	484	6	0
Queanbeyan Hospital	Queanbeyan	2	2	2	2	2	0	n.a.	n.a.	n.a.	n.a.	144	0	0
Non-Acute Beds – Adult														
Kenmore Hospital	Goulburn	54	54	54	54	44	48	54.1	54.0	48.4	49.2	118	4	4
X570 Greater Western		171	171	172	172	146	131	167.0	174.2	130.8	137.0	1,696	8	12
Acute Beds – Adult														
Dubbo Base Hospital ¹⁷	Dubbo	2	2	3	3	3	3	2.2	2.7	1.8	2.4	150	0	0
Mudgee District Hospital	Mudgee	2	2	2	2	0	0	2.0	2.0	0.3	0.2	16	0	0
Bloomfield Hospital	Orange	28	28	28	28	24	24	28.0	28.0	21.9	23.3	1,214	6	6
Broken Hill Base Hospital ¹⁸	Broken Hill	2	2	2	2	2	5	2.0	2.0	2.0	1.5	125	0	0
Non-Acute Beds – Adult														
Bloomfield Hospital	Orange	137	137	137	137	117	99	132.8	139.5	104.8	109.5	191	2	6
X160 Children's Hospital Westmead		4	8	4	8	4	8	0.3	4.8	0.1	3.6	94	0	0
Children's Hospital Westmead	Westmead	4	8	4	8	4	8	0.3	4.8	0.1	3.6	94	0	0
X170 Justice Health Service		98	98	98	98	98	98	89.0	98.0	88.0	96.9	108	0	0
Acute Beds – Adult														
Long Bay (Ward D and B East)	Malabar	38	38	38	38	38	38	29.0	38.0	29.0	37.3	91	0	0
Non-Acute Beds – Adult														
Long Bay (Wards A and C)	Malabar	60	60	60	60	60	60	60.0	60.0	59.0	59.6	17	0	0
NSW – TOTAL		2,107	2,157	2,065	2,142	1,881	1,902	1,985.3	2,075.0	1,773.1	1,846.7	27,010	171	52

- "Funded beds" are those funded by NSW Health, except for beds at Rozelle hospital funded by DVA for individual veterans (14 in 2003/04, 10 in 2004/05).
- "Available beds" and "Occupied Beds" at 30 June are a census count on the last day of the financial year, except for Child/Adolescent units that operate in conjunction with schools, when it is the last operating day preceding 30 June.
- "Average Available beds" are the average of 366 nightly census counts (in 2003/04) or 365 nightly census counts (in 2004/05); as reported in DOHRS.
- "Average occupied beds" are calculated from the total Occupied Overnight bed days for the year, as reported in DOHRS, divided by 366 (2003/04) or 365 (2004/05).
- At the end of 2004, 10 beds were temporarily closed for refurbishing at RPAH, and patients were accommodated in 8 temporarily opened beds at Rozelle.
- 14 HDU and 4 PECC beds in Liverpool opened in Jan 2005
- Only 7 beds were available on 30/6/05 in the unit due to shortage of medical staff
- Two Older People's extended care wards at Rozelle totalling 44 beds (ward A closed 29/11/04; ward 18 closed 17/2/05) were closed and transferred to Holy Spirit Nursing Home at Croydon in 2004/05
- Ward H now has 10 DVA-funded beds for veterans – reduced from 14 reported in last year's census
- The 3 bed Special Care Suite (Ward C29) is only funded when required for patients with special needs. It has not been required since 1999/00
- Bankstown/Lidcombe Ward 2D and Braeside hospital are not funded from Program 3.1, but are in scope for National Mental Health reporting. They are included here to align with national reporting.

- Three excess patients reported in residence on 30/6/05
 - This unit opened in May 2004 but the beds were not reported in last census (30/6/04) as there were not operational due to staff shortage. 2004/05 activity data cannot yet be distinguished from POW acute units.
 - New acute unit (Riverview) with 20 funded beds opened in May 2005
 - All 50 beds in Wyong now fully operational
 - 4 funded bed at James Fletcher will become operational again when relocated to the Mater Hospital.
 - Hospital status changed from private to public on 22 Jan 05
 - Gissing House at Wagga Wagga had beds closed for refurbishment on 30 June 2004
 - Partial funding for 16 additional beds provided in 2004/05 for opening of unit in August 2005. One excess MH patient accommodated in the medical ward under the care of MH staff from this unit
 - Partial funding for additional 4 beds provided in 2004/05. Three excess MH patient accommodated in the medical ward under the care of MH staff from this unit
- Psychiatric hospitals and Children and Adolescent Hospitals/Units – listed in order of presentation in the table
- Psychiatric hospitals: Rozelle, Macquarie, Cumberland, James Fletcher Newcastle, Morisett, Kenmore and Bloomfield
- Children and Adolescent Hospitals/Units: GnaKaLun, Thomas walker, Sydney Children's Hospital, Westmead (Redbank acute/non-acute), Coral Tree
- John Hunter Hospital (Nexus) and Children's Hospital Westmead
- Source: Centre for Mental Health

Private Hospitals

In 2005, 15 private hospitals authorised under the Mental Health Act provided inpatient and same-day psychiatric services in NSW. These hospitals reported 596 authorised available psychiatric beds on 30 June 2005, compared with 560 reported on 30 June 2004 from 13 hospitals.

Changes from 2004 to 2005:

- three additional private hospitals – Cape Hawke, Mosman and Sydney Southwest – with authorised psychiatric beds were included in the 2005 census
- Evesham hospital is now renamed 'Northside Cremorne Clinic'. The number of authorised beds in the hospital is reduced from 42 in 2004 to 36 in 2005

- Lingard reported all its authorised beds (41) in 2005 compared to 25 in 2004
- Port Macquarie Base hospital does not have any authorised bed as of January 2005.

In 2005 there was an overall increase of 36 beds across all private hospitals from 2004. Bed occupancy on 30 June 2005 in private hospitals was 64 per cent with 382 patients occupying 596 beds. This is a decrease from 30 June 2004 when bed occupancy was 76 per cent (426 patients occupying 560 beds). Overnight admissions to private hospitals also decreased by 17 per cent from 9,857 admissions in 2003/04 to 8,139 in 2004/05. However, same day admissions increased by 13 per cent from 18,339 in 2003/04 to 20,691 in 2004/05.

Private Hospitals in NSW authorised under the Mental Health Act 1990

Hospital/Unit	Authorised beds		In residence		Admitted in 12 mths to 30/6/05		On leave as at 30/6/05	Deaths in 12 mths to 30/6/05
	as at 30/6/04 ¹	as at 30/6/05 ²	as at 30/6/04	as at 30/6/05	Over Night	Same Day		
Albury/Wodonga Private	12	12	10	11	135	325	0	1
Cape Hawke Private ³	–	9	–	0	93	95	0	0
Evesham ⁴	42	–	25	–	423	1,680	0	0
Lingard	25	41	20	30	418	1,082	0	0
Mayo Private Clinic	6	6	5	6	101	1	0	0
Mosman Private ³	–	16	–	10	27	0	0	0
Northside Clinic	98	93	83	87	1,463	4,363	0	1
Northside Cremorne Clinic ⁴	–	36	–	20	368	1,469	0	0
Northside West Clinic	80	80	29	25	703	1,534	0	1
Port Macquarie Base	10	–	10	–	261	8	1	0
South Pacific	35	33	21	18	322	625	0	0
St John of God Burwood	86	86	70	52	1,249	1,708	0	0
St John of God Richmond	64	64	58	53	1,057	1,614	0	0
Sydney Private Clinic ⁵	34	34	33	16	530	2,049	0	1
Wandene	30	30	29	24	407	143	0	0
Wesley Private	38	38	33	24	467	3,894	0	1
Sydney Southwest Private ³	–	18	–	6	115	101	0	0
Total 2004/05	–	596	–	382	8,139	20,691	1	5
Total 2003/04	560	–	426	–	9,857	18,339	1	2
Total 2002/03	580	–	422	422	8,048	17,589	2	4
Total 2001/02	570	–	377	377	7,822	18,666	4	1
Total 2000/01	524	–	524	348	7,126	14,454	42	4

1 The number of beds available in Private hospitals reported in 2004 were not necessarily the same as the number of "Authorised beds"

2 The number of beds in this column are the actual number of authorised beds in private hospitals for 2005 – any discrepancy in reported number of beds from the hospitals are noted below

3 New additions – included for the first time in 2004/05

4 Evesham now renamed Northside Cremorne Clinic – now has 36 authorised beds compared with 42 last year 2003/04

5 Sydney Private Clinic reported 18 of its 34 authorised beds as unavailable on 30 June 2005 due to renovation

Source: Centre for Mental Health