State of mental health

An analysis of the adequacy of
public mental health resources
in Tasmania

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November 2018

Executive summary

This report is based on a large quantity of data recently released by the Australian Institute of Health and Welfare. These data have been analysed here to show the state of mental health resources in Tasmania, to define the relative need of Tasmanians for these services compared with the rest of the country, to track trends in funding and resource availability, and to show how these services compare with those received by other Australians.

Relative need

The main indicators of relative need for mental health services indicate that Tasmania, with a much higher prevalence of mental health risk than Australia as a whole, needs state government investment that is at least 20% higher than the average in order to provide a comparable standard of care to each patient. The indicators are income, suicide rates, access to PBS and Medicare mental health services, and Commonwealth Grants Commission assessments of health need.

Funding mental health services

In 2018-19 the Tasmanian government receives $299 million annually in extra GST, redistributed from other states, in recognition of the need to provide a greater-than-average level of services in all areas of health, including mental health. But rather than contributing 20% more than average, its funding is one of the nation's lowest. None of that health-related GST finds its way into the health sector.

Mental health funding in Tasmania rose steadily over many years before reaching a peak in 2010-11, when it was enough to provide a national standard of care, taking into account this state's high needs. But mental health was one of the first areas to be cut under the Giddings Labor-Green government's savage budget reductions of 2011. In a year, the state government's contribution fell from $133.2 million to $119.5 million – a decline of 10.3%. It fell every year after that, with the rate again accelerating in 2015-16 under the new Hodgman Liberal government. In six years, funding had fallen by 16.2%.

By 2015-16 the state government's share of Tasmanian mental health funding was by far the lowest in the nation, at 88.08%, compared with a national average of 95.2%.

As state government funding fell, Commonwealth funding increased as it has everywhere and by 2015-16 the Commonwealth share stood at 9.27% compared with a national average of 2.69%. This is solely because of the sharp and continued decline in state government expenditure.

To make matters worse, Commonwealth funding does not take into account the special needs of this state's population. That is the responsibility of the state government, and it is funded to provide this extra investment through its high GST share. As with the entire health portfolio – as with most other service areas[1] – this extra health-specific GST

1. See Productivity Commission, *Report on horizontal fiscal equalisation,* p. 96.

money is diverted away from health and into other areas to which the government has assigned higher priority.

If it was to fund its mental health services at a level at which they would be able to provide a national standard of care to Tasmanians, the state government would have to increase funding to the sector by about $30 million a year.

Resources and delivery

To deliver a national-standard of care to its more needy population, Tasmania should have at least 20% more public psychiatric beds than the average of other states. In fact, it has the fewest. It would need another 50 beds just to match the national average; 20% on top of that would take the number of needed extra beds to 80.

In 2015-16, Tasmania has 18.4 public sector psychiatric beds per 100,000 population. This was the lowest rate of any state. The national average is 29.4. On this measure, Tasmania had 37.4% fewer beds than the average. With the further loss of 10 beds at the Royal Hobart Hospital, that difference has since increased substantially.

Despite the relative paucity of acute facilities, a higher-than-average proportion of the Tasmanian population were receiving overnight inpatient care, but patients were discharged sooner: the number of overnight patient days was the second-lowest in the nation and 30.2% below the average. Same-day care was the second-lowest in the country, 75.2% below the average.

The number of seclusion events was the highest of any state.

Residential mental health beds, on the other hand, were far more plentiful in Tasmania than elsewhere: 35.5 per 100,000 population against an average of 9.9. These beds are much cheaper than hospital beds but fulfil a quite different purpose.

Community-base care is less in Tasmania than elsewhere. The number of community treatment days in 2015-16 was 14.3% below the Australian average.

As hospitals and other mental health services try to do more with less, the amount of money available to treat each patient has fallen, even though – with the system unable to treat everyone and concentrating on the most urgent – the average complexity of treated cases has been rising. Between 2010-11 and 2015-16 the average cost per patient day (over all public facilities) fell from $1,246 to $1,054 and is now 8.6% below the average.

Mental health cases in emergency

Most people needing mental health care in public hospitals arrive through emergency departments. Over the six years 2011-12 to 2016-17 the number of such presentations in Tasmania rose from 4,408 to 6,122, an increase of 30.7%.

Of those, a greater proportion need to be admitted to the a specialist psychiatric ward than in any other state, a rate 18.5% higher than the national average.

Not surprisingly, this increase in cases has put serious strains on the capacity of emergency department and specialist psychiatric staff to cope. The number of patients seen on time is well below national targets and similar to the nation's worst. Statistics are not available on the impact of bed block on mental health patients; anecdotally, the situation is very serious and becoming worse, particularly at the Royal Hobart Hospital.

Statewide, 57.2% of mental health patients in emergency were seen on time, against 68% for the nation.

A far greater proportion of Tasmanian mental health patients seen in emergency departments in 2016-17 arrived in police vehicles than is the case nationally – 14.3% against 7.7%. The proportion arriving by ambulance was relatively low, 37.7% against 44.8%.

Homelessness and mental health

As specialist mental health facilities become unable to accommodate the numbers needing their care, more and more people are forced into homelessness services. Although even in normal times a large proportion of homeless people have significant mental health issues, the proportions have changed dramatically, in line with the decline in mental health funding. In accommodation services for homeless people, 49% of all clients in 2016-17 had a mental health issue.

In the five years to 2016-17, the number of support periods provided by homelessness services to people with a current mental health issue rose by 235%.

The workforce

Tasmania has a greater shortage of psychiatrists than any other state. Although these figures do not distinguish between public- and private-sector practitioners, the fact that the whole state had only 57 psychiatrists (on a full-time equivalent basis) in 2016 inevitably impacts on both sectors. The rate at which psychiatrists are utilised is 17.7% below the national average.

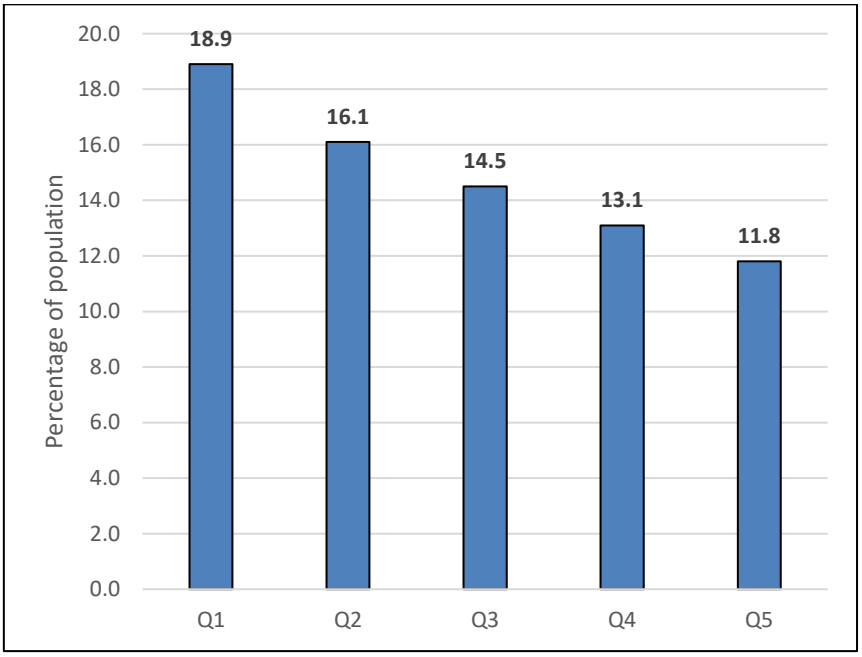
The number of full-time equivalent mental health nurses is in line with the national average. However the FTE figure is increased by the amount of overtime being worked in the public sector.

Among the states, Tasmania has the second lowest use of clinical psychologists and is 14.7% below the national average.

Why Tasmanians have a higher need for mental health services

The demographic composition of the Tasmanian population means the state has a greater need than any other state for mental health services. Poorer mental health, like poorer general health, is strongly associated with lower levels of income, wealth and education. This is demonstrated by national figures showing the clear relationship between socio-economic status and the need to access mental health services.

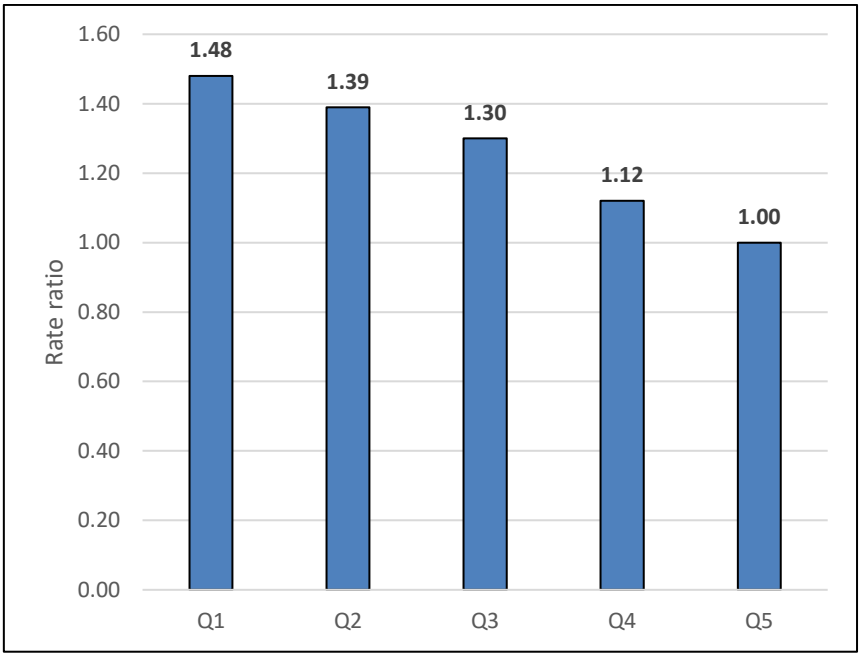
People accessing Medicare and/or PBS mental health services, by socio-economic quintile, Australia, 2011



Quintile 1 = most disadvantaged, Quintile 5 = least disadvantaged.
Source: ABS Cat 4329.0.00.003, Patterns of Use of Mental Health Services and Prescription Medications, 2011

Perhaps the most disturbing aspect of this is that this relationship between wealth and mental health also dictates how likely someone is to kill themselves. Suicide rates are higher in poorer areas and lower in richer areas.

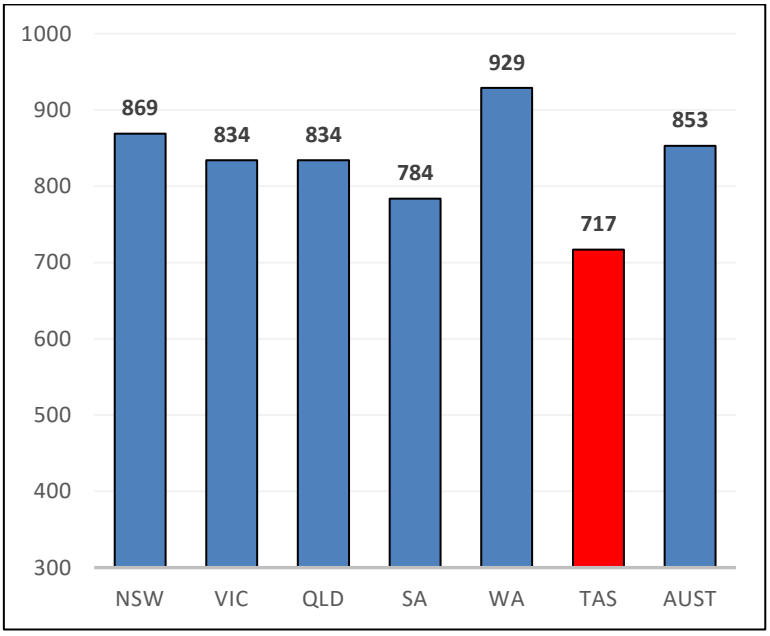
Suicide deaths by socio-economic quintile, rate ratios (Q5=1), Australia, 2009-11



Quintile 1 = most disadvantaged, Quintile 5 = least disadvantaged.
Source: AIHW, Mortality inequalities in Australia 2009–2011.

National statistics show Tasmanians have the lowest average incomes of any state ...[2]

Median weekly income, states, ($), 2015-16

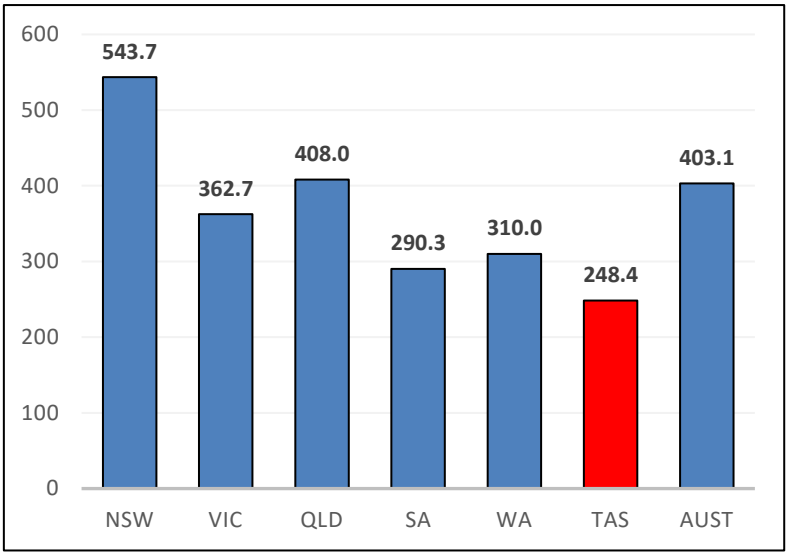


Source: ABS Cat 201516, Household Income and Wealth, Australia: Summary of Results, 2015-16.

2. Throughout this report, the territories have been excluded from comparisons because their populations cannot be validly compared with those of the states or of each other. Many people from southern NSW are treated in the ACT; and the high, remote indigenous population of the NT means its patterns of services are unique.

... as well as the lowest levels of household wealth.

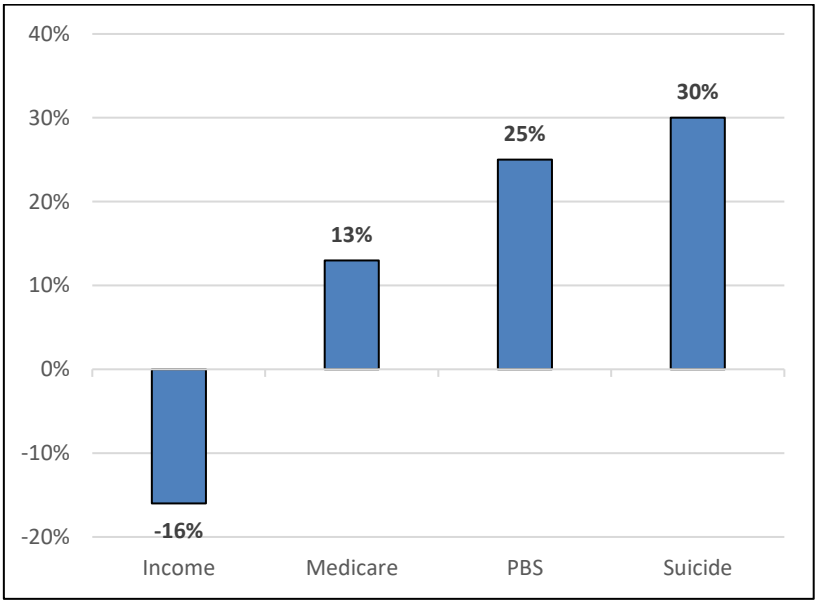
Average (mean) household financial assets ($'000), states, 2015-16



Source: ABS Cat 201516, Household Income and Wealth, Australia: Summary of Results, 2015-16.

Although this tells us that Tasmania needs greater mental health resources than the average, it does not yet tell us how much. So we must look at the differences between state and the nation revealed by the relevant indicators. Those indicators are income, rates of Medicare[3] and PBS subsidised mental health treatment; and suicide rates.

Differences from national averages in indicators of relative mental health need, Tasmania



Sources: ABS, AIHW

3. Figures for accessing Medicare-subsidised mental health services are likely to be misleadingly low because of the relative scarcity of psychiatrists and other practitioners in Tasmania.

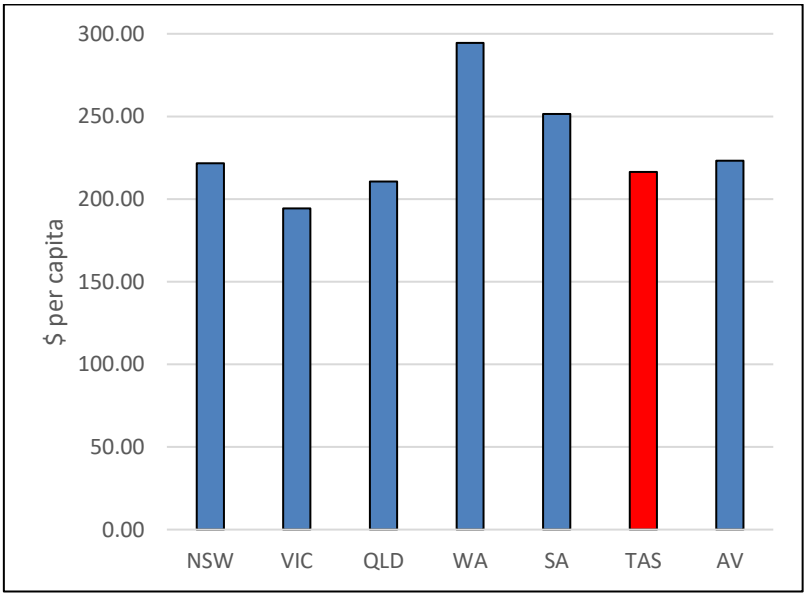
Although the Commonwealth Grants Commission does not calculate Tasmania's relative need of mental health funding, its finding for the health sector generally is that the state needs to spend 21% more than the average of other jurisdictions to meet its disproportionately high need. This is reflected in the annual $260 million-plus in health-specific GST allocated to Tasmania.

The indicators of mental health need are generally in line with the Commission's overall health calculation. It is reasonable to conclude, then, that the state government's own funding for mental health should be around 20% higher than the average of all states: after all, the GST system ensures it has the money to spend. In fact, the government's contribution is below the average.

Funding mental health services

In 2015-16 – the most recent figures available – the Tasmanian government's contribution to recurrent per-capita mental health funding has declined to $222.96. This was actually $3.56, or 1.6%, lower than the average. That 1.6% would have translated into an extra $1.84 million. The extra services provided with that money would have in turn attracted more Commonwealth activity-based and other funding.

Recurrent state government expenditure ($'000) on mental health services, adjusted for Australian Government funds, 2015–16

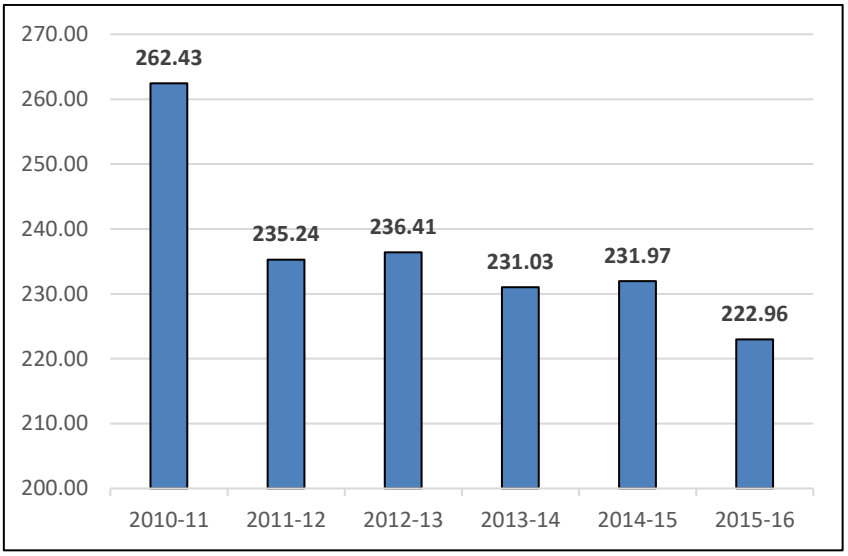


Source: AIHW, Mental health services in Australia: Expenditure on mental health services.

Much more important, though, is the failure to spend the extra health-specific GST allocation on health in general and mental health in particular. If that had been done, the total amount of state government mental health expenditure in 2015-16 would have been 22% higher and would have risen from $116 million to $140 million, a difference of $24 million.

As the following chart shows, the state government's spending on mental health reached a peak in 2010-11, when it was 20.5% higher than the national figure. Budget restrictions in the following year slashed that result and have continued to do so: over the five years, funding fell by 17.7%. The constant-price figures in the following charts are adjusted for health price inflation – that is, for the amount that we pay for things, including wages – but this does not reflect the constant increase in demand. In real terms, these figures show an unrelenting squeeze on the capacity of the mental health care system to deal with the demands being placed upon it.

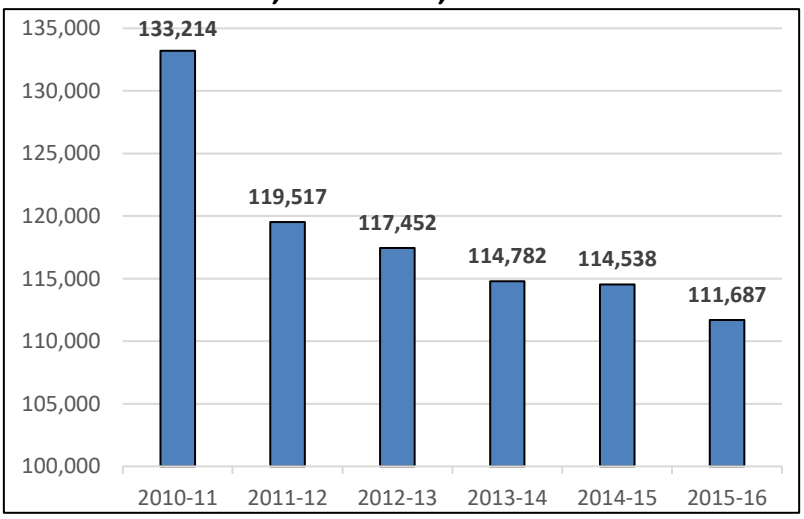
Recurrent expenditure on mental health, constant prices, $ per capita, all sources of funds, Tasmania, 2010-11 to 2015-16



In 2015-16 dollars
Source: AIHW, Mental health services in Australia: Expenditure on mental health services.

As Commonwealth funding continued to increase in line with costs and patient demand, successive state governments took money out. The increase in federal money allowed state politicians to claim that the trajectory of funding was better than it was, and to hide the extent of their own parsimony. These figures, adjusted for health price inflation, show what happened to the state's own contribution. Overall, by 2015-16 the Tasmanian government was spending 3.03% *less* on mental health than the average of all states but needed to spend 20% *more* than the average to provide a national standard of care, assuming equal operational efficiency. Budgetary and other data show there is no reason to believe that this gap has narrowed since that time. On this basis, we can conclude that services are currently under-funded by between $25 million and $30 million.

Recurrent state government expenditure ($'000) on mental health services, Tasmania, 2010-11 to 2015–16



In 2015-16 dollars. Source: AIHW, Mental health services in Australia: Expenditure on mental health services.

By 2015-16, following cuts by successive administrations, the Tasmanian state government's contribution to mental health funding was the lowest in the country as a proportion of the total.

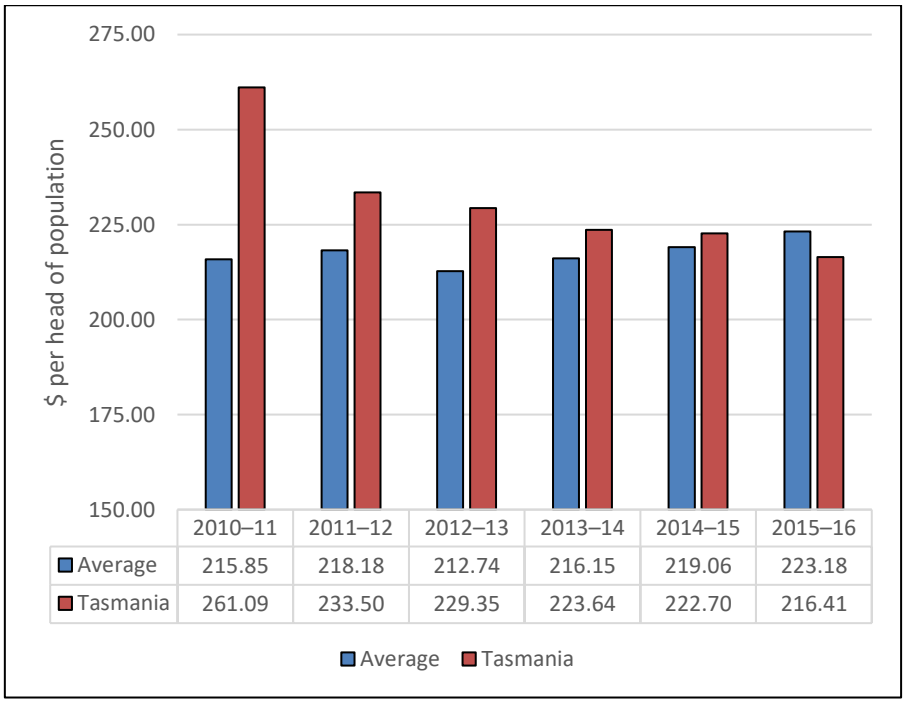
Sources of mental health funding, states and territories, 2015-16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
State	97.31%	91.79%	95.25%	97.69%	93.28%	88.08%	96.39%	95.76%	95.20%
Cwlth	1.35%	3.84%	2.25%	1.43%	6.02%	9.27%	2.84%	3.85%	2.69%
Other	1.34%	4.37%	2.50%	0.88%	0.70%	2.65%	0.77%	0.39%	2.12%
Total funds	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: AIHW, Mental health services in Australia: Expenditure on mental health services.

Other states and territory governments continued to increase mental health funding after 2010-11; in Tasmania, the trend was in the other direction. Once again, these figures are adjusted to negate the effects of price inflation and population growth.

Per capita state government mental health funding, Tasmania and average of all states and territories, constant prices, 2010-11 to 2015-16



Includes payments from the Commonwealth Department of Veterans Affairs.
Source: AIHW, Mental health services in Australia: Expenditure on mental health services..

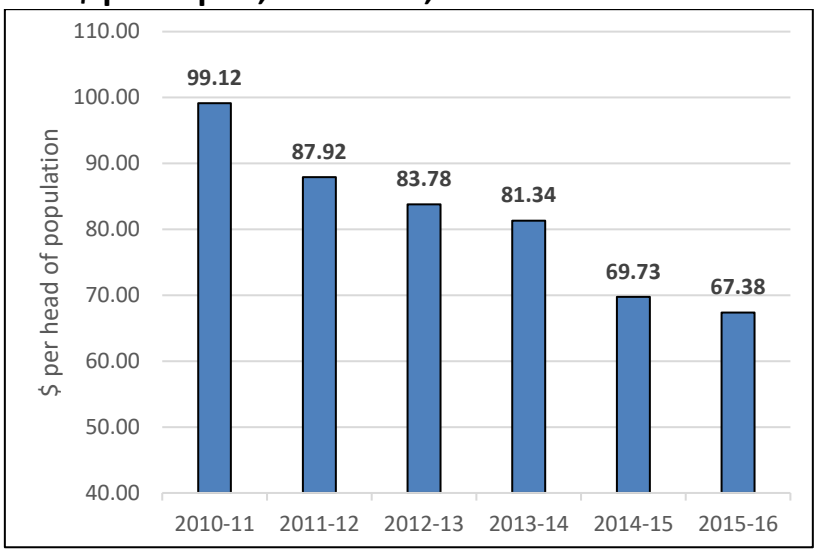
Over the period, average per capita funding by Australian state governments rose by 3.4%; the Tasmanian government's expenditure fell by 17.1%. Annual funding in 2015-16 was $21.5 million less than it was six years earlier. By 2015-16 the Tasmanian government was spending 3.03% per capita less on mental health than the national average when it needed to spend – and was being funded through GST to spend – about 20% more.

All areas of mental health have suffered. Similar levels of decline over the five-years from 2010-11 were seen in the funding of psychiatric wards. That has continued since, as bed

numbers at the Royal Hobart Hospital were further reduced. At the same time, demand has soared. The number of specialist psychiatric separations rose between 2011-12 and 2016-17 by 51% at the RHH and 75% at the LGH. For specialist psychiatric services in public hospitals, the trajectory of overall funding is clear.

The sudden decline in 2014-15 is due to reclassification of 27 non-acute beds as cheaper residential beds, but the general pattern is clear.

Recurrent expenditure on specialised psychiatric services in Public hospitals, constant prices, all sources of funds, $ per capita, Tasmania, 2010-11 to 2015-16

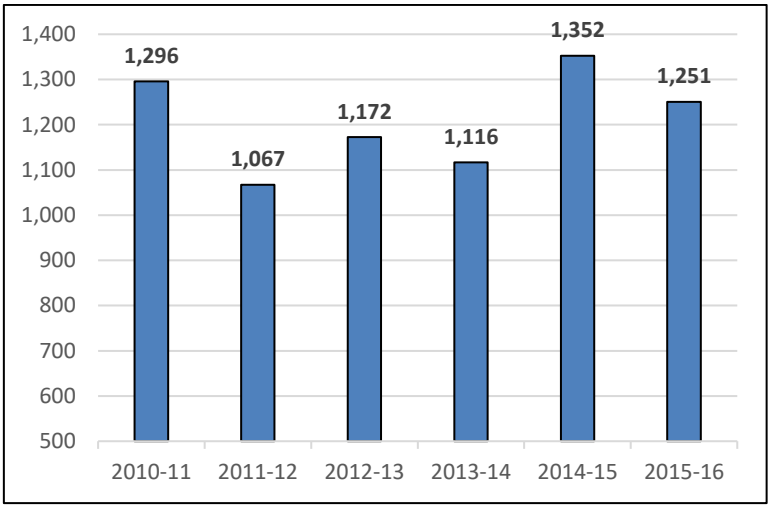


In 2015-16 dollars. In 2014-14, 27 acute psychiatric beds were reclassified as residential, reflecting a change in purpose for the unit concerned.
Source: AIHW, Mental health services in Australia: Expenditure on mental health services.

The following chart shows all-source funding in current prices (that is, not adjusted for inflation) for each day an average patient is in a public hospital psychiatric ward. Although both costs and Commonwealth funding have risen, state government funding has fallen. Other data also show the average length of stay has reduced and that the average complexity (and therefore cost) of patients has risen.

As in other areas of the state's public hospitals, staff who are unable to treat everyone must concentrate on the most urgent cases.

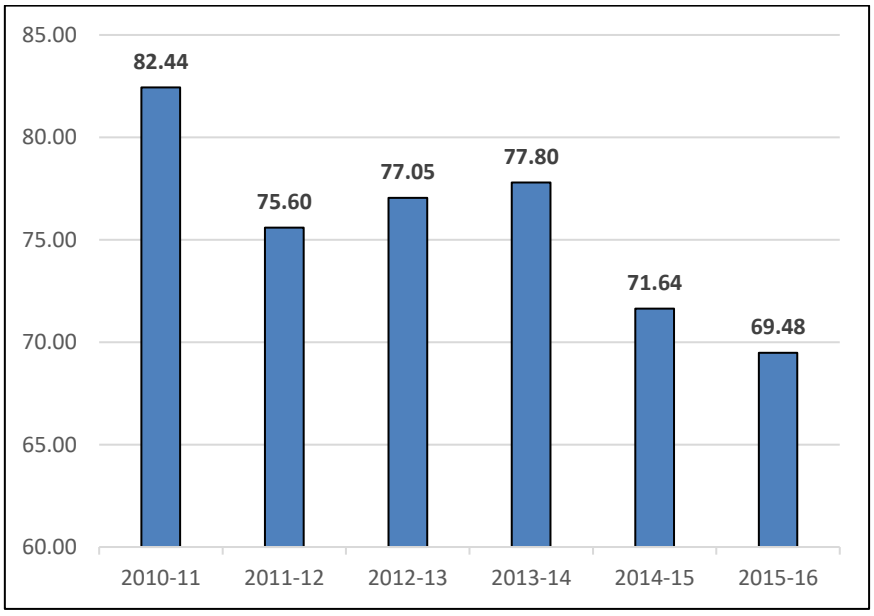
Recurrent expenditure on psychiatric services in public hospitals, per patient day, current prices, all sources of funds, Tasmania, 2010-11 to 2015-16



In 2015-16 dollars. In 2014-14, 27 acute psychiatric beds were reclassified as residential, reflecting a change in purpose for the unit concerned.
Source: AIHW, Mental health services in Australia: Expenditure on mental health services.

Community-based care has been subject to the same pattern.

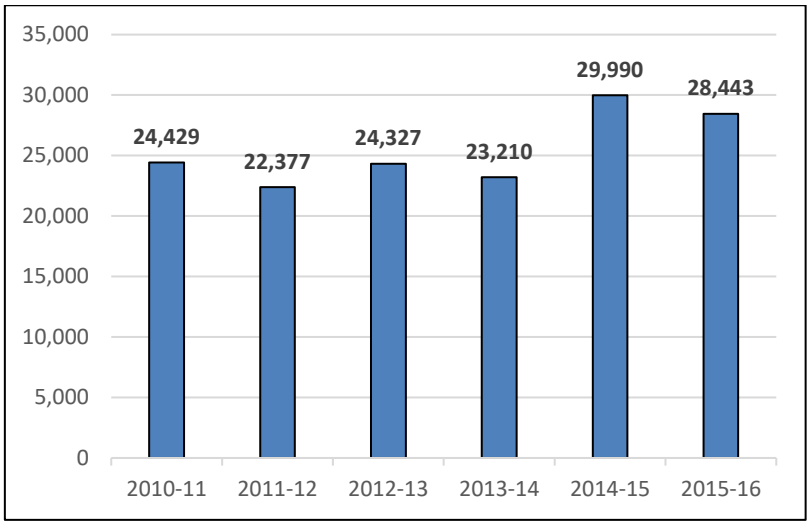
Recurrent expenditure on community-based mental health services, constant prices, $ per capita, Tasmania 2010-11 to 2015-16



In 2015-16 dollars
Source: AIHW, Mental health services in Australia

Expenditure on residential care has also failed to keep up with demand. The funding for each day a patient is in residential care has declined when adjusted for health price inflation. The increase in 2014-15 is due to the reclassification of 27 non-acute beds as cheaper residential beds.

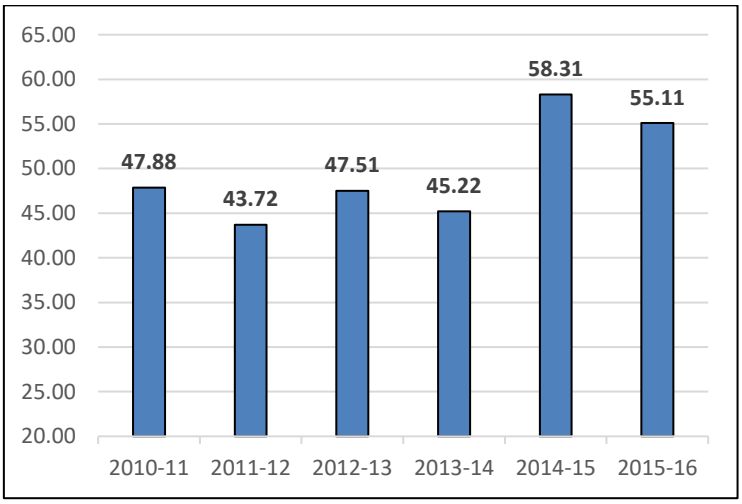
Recurrent expenditure on residential mental health care, per care day, constant prices, all sources of funds, Tasmania 2010-11 to 2015-16



In 2015-16 dollars. In 2014-14, 27 non-acute psychiatric beds were reclassified as residential, reflecting a change in purpose for the unit concerned.
Source: AIHW, Mental health services in Australia

The same picture is seen when we look at the funding for residential care per head of population.

Recurrent state government expenditure on residential mental health services, constant prices, $ per capita, Tasmania 2010-11 to 2015-16[4]



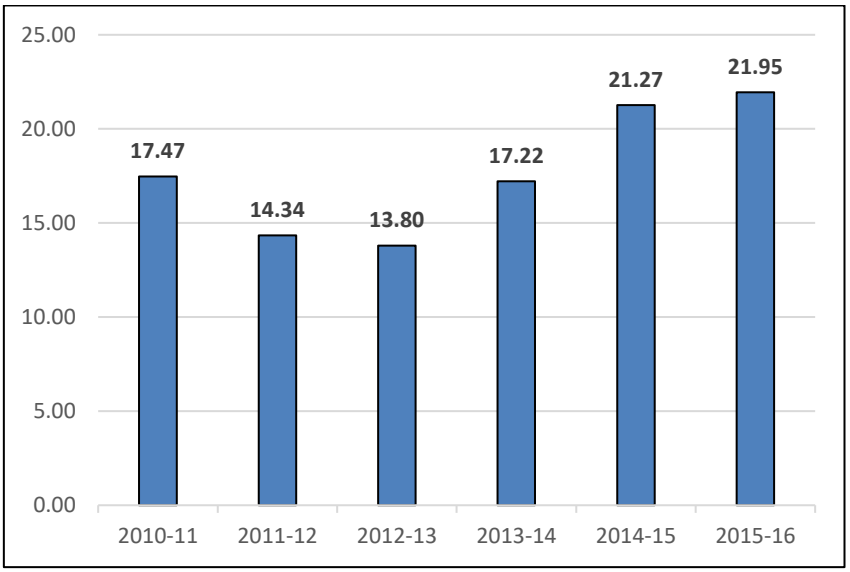
In 2015-16 dollars. In 2014-14, 27 non-acute psychiatric beds were reclassified as residential. Source: AIHW, Mental health services in Australia

Non-government organisations are the only sector to receive more state government funding. A decline in NGO funding was reversed in 2013-14, coinciding with the election of the Liberal government. It is often the perception that NGOs operate more cheaply and cost-effectively than the public sector, although they offer quite different services. It has

4. 27 non-acute admitted beds were reclassified as residential beds in 2014–15, reflecting a change in function of the unit.

also been claimed that money given to NGOs would prevent more expensive hospitalisations. Nevertheless, the amount of extra money flowing into this sector is a tiny proportion of the money taken out of acute, non-acute and residential care.

State government grants to non-government organisations, constant prices, $ per capita, Tasmania 2010-11 to 2015-16

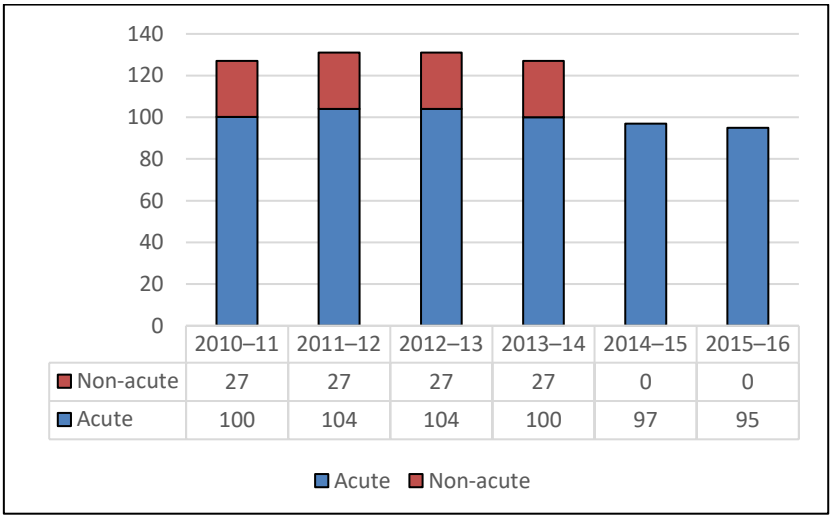


In 2015-16 dollars. These grants do not include funding for NGO-operated residential care.
Source: AIHW, Mental health services in Australia

Resources and delivery

Despite increasing demand, the number of psychiatric beds in public hospitals has fallen. These facilities deal with the most serious patients experiencing mental crises. Since these figures were compiled, ten more acute beds have been lost at the Royal Hobart Hospital.

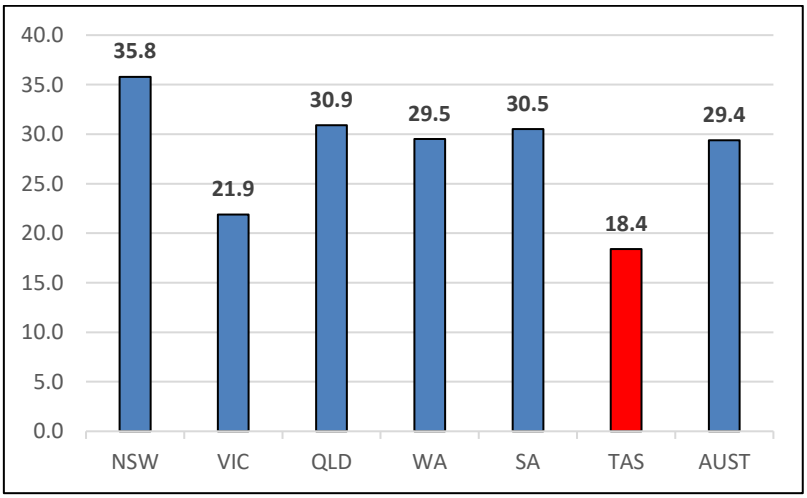
Number of acute and non-acute psychiatric beds in public hospitals, Tasmania, 2011-12 to 2015-16



Source: AIHW, Mental health services in Australia, Specialist mental health care facilities

To deliver a national-standard of care to its more needy population, Tasmania should have at least 20% more public psychiatric beds than the average of other states. In fact, it has the fewest. It would need another 50 beds just to match the national average; 20% on top of that would take the number of needed extra beds to 80.

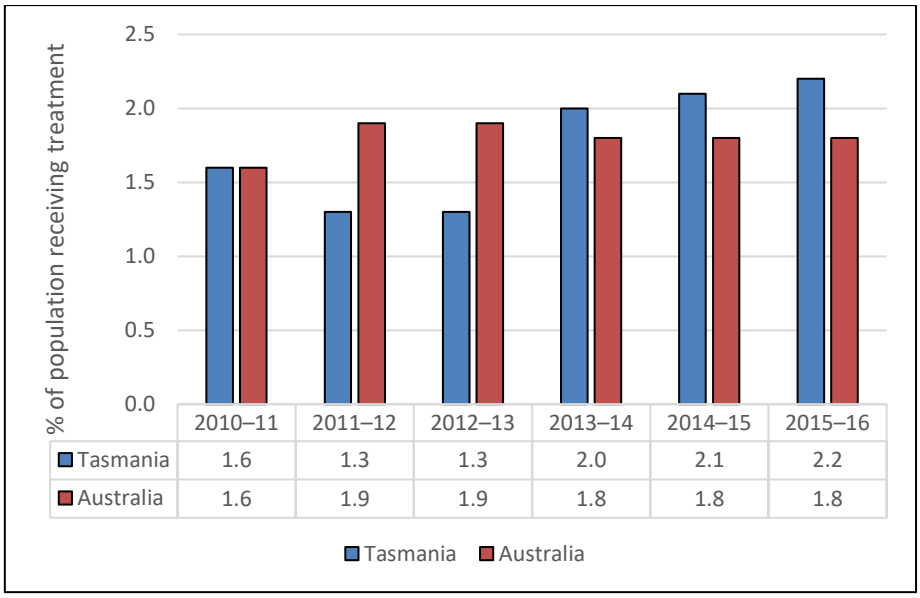
Public sector psychiatric beds per 100,000 population, states, 2015-16



Source: AIHW, Mental health services in Australia, Specialist mental health care facilities

Even with constrained public facilities, a significantly greater proportion of Tasmanians are receiving mental health care than other Australians. These figures do not, of course, take into account those people in need of treatment but who have been unable to receive it. Nor do these data show whether the care being received is sufficient.

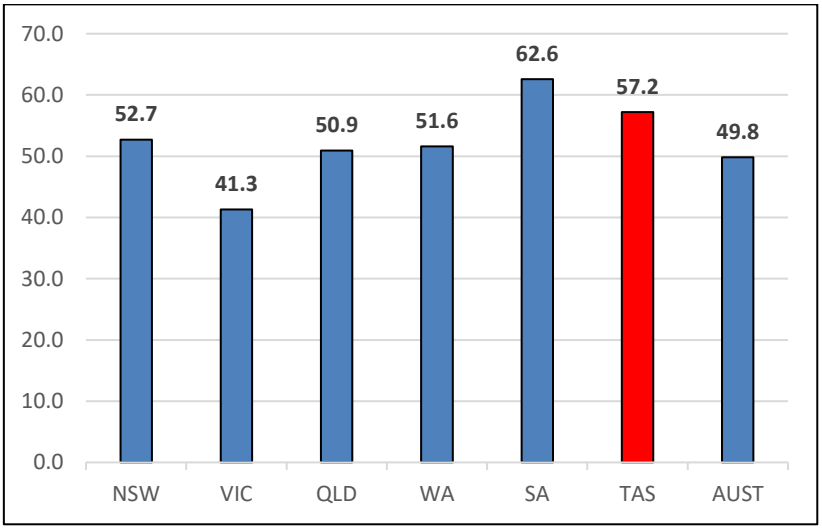
Percentage of population receiving mental health treatment, Tasmania and Australia, 2010-11 to 2015-16



Source: AIHW, Mental health services in Australia: Specialist mental health care facilities

Hospital admission lasting for two or more days reflects demand from the most seriously ill patients: those in crisis needing urgent attention. The more constrained facilities are, the more serious the average case is likely to be, as less serious cases are left to lower-acuity facilities.

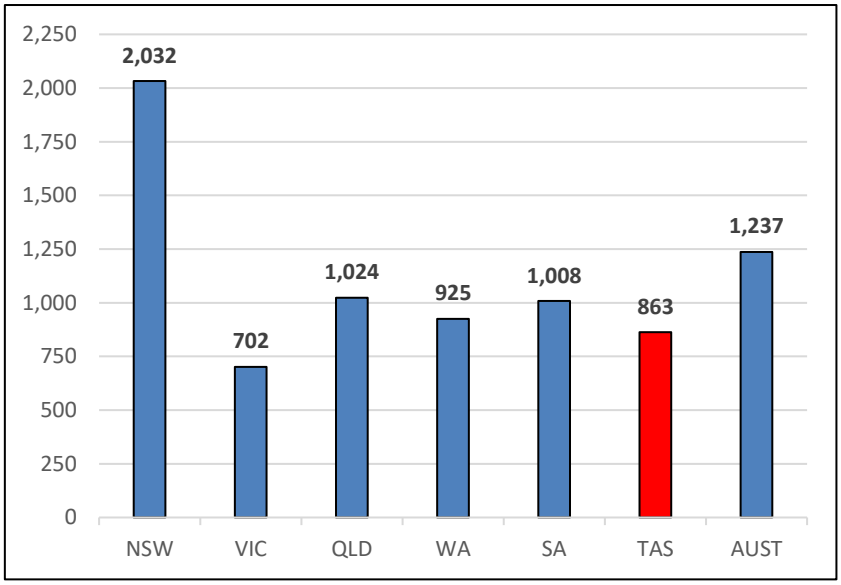
Overnight admitted mental health separations with specialised psychiatric care per 10,000 population, public acute and psychiatric hospitals, states, 2016-17



Source: AIHW, Mental health services in Australia

The number of patient days is a more accurate reflection of the amount of inpatient care available. Tasmania, though needing the most, in fact has the second-least.

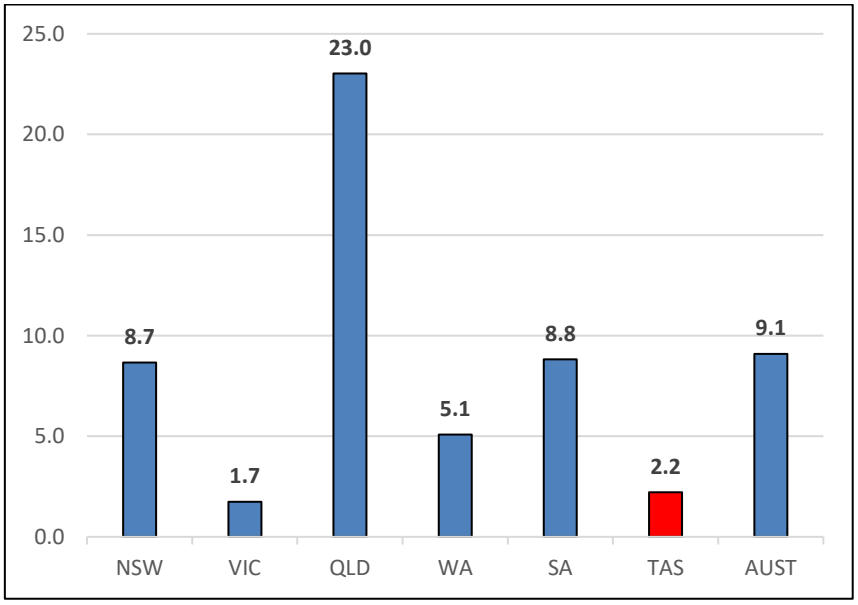
Overnight admitted mental health patient days with specialised psychiatric care per 10,000 population, public acute and psychiatric hospitals, 2016-17



Source: AIHW, Mental health services in Australia: Overnight admitted mental health care

The number of same-day separations (that is, completed episodes of inpatient care) is even more strikingly different from the rest of the country.

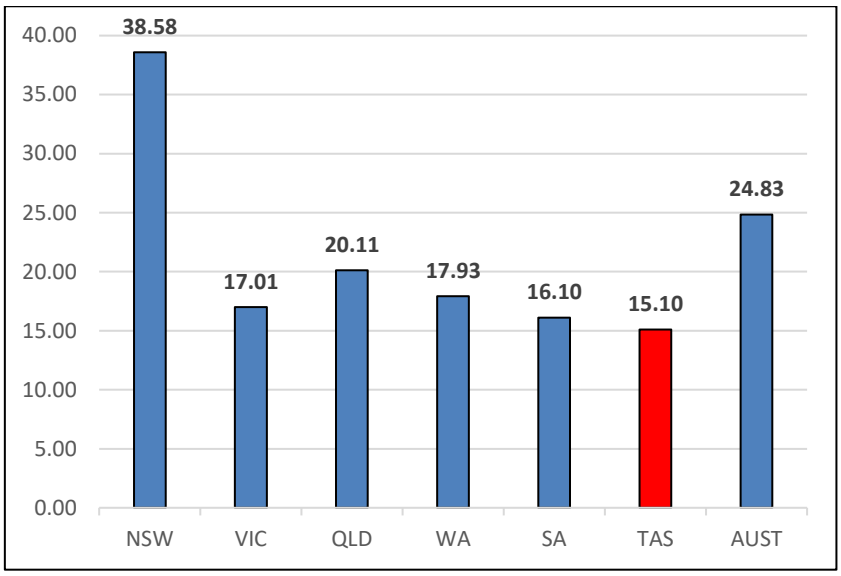
Same-day admitted mental health separations with specialised psychiatric care per 10,000 population, public acute and psychiatric hospitals, states, 2016-17



Source: AIHW, Mental health services in Australia: Same-day admitted mental health care.

Clinical staff try to cope with the disparity between available beds and the numbers of patients in crisis by shortening the time each one stays in hospital. All states experience such pressures but the difference in average length of stay in Tasmania, compared with the rest of the nation, is again striking. The danger is that patients will be prematurely discharged, remaining at serious risk, in order to make room for others. The main measure of this, the rate of readmissions within 28 days, was 14.6% in 2015-16 but 15.25% in 2017-18.[5]

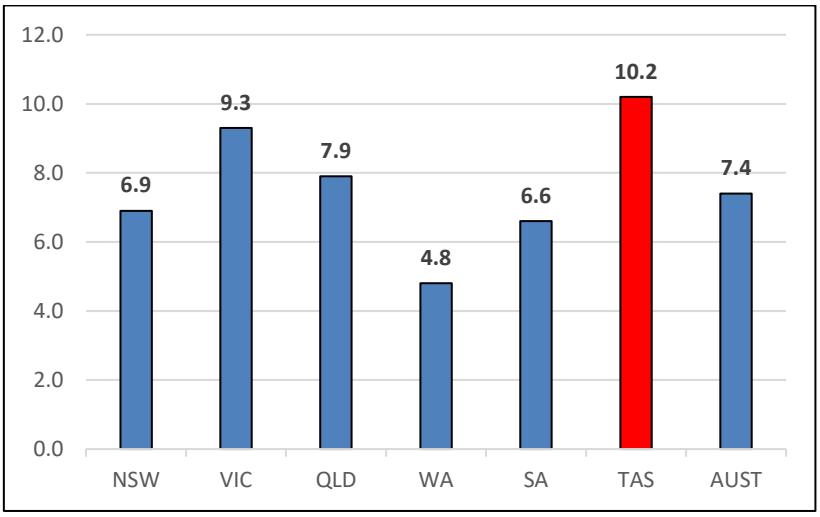
Average length of stay (days), overnight admitted mental health separations, public acute and psychiatric hospitals, 2016-17



Source: AIHW, Mental health services in Australia: Overnight admitted mental health care.

The rate of seclusion events in Tasmania is the highest of any state, perhaps reflecting the relative seriousness of the casemix.

Rate of seclusion events per 1,000 bed days, public acute psychiatric wards, 2015-16

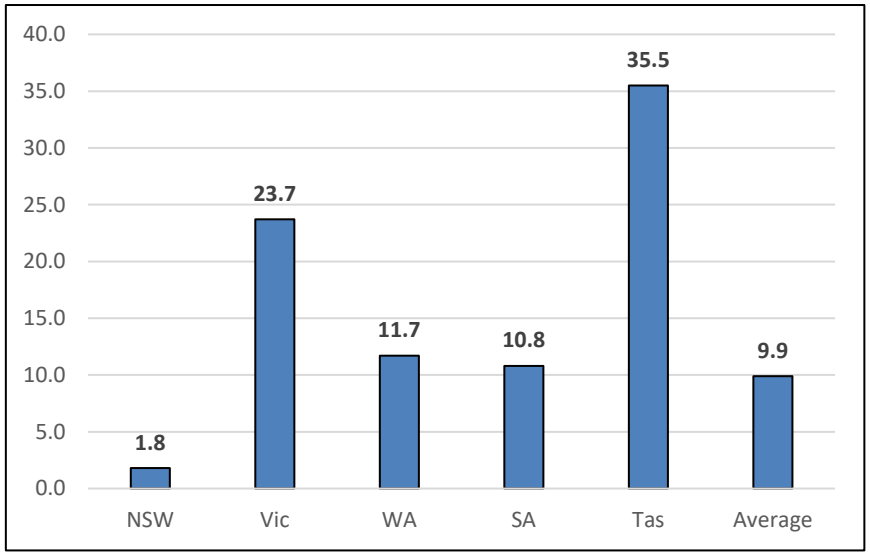


Source: AIHW, Mental health services in Australia: Key performance indicators for Australian public mental health facilities.

5. Department of Health & Human Services: Health system dashboard.

The state government's policy has been to put patients into lower-cost facilities such as residential care, while reducing the amount of higher-cost acute treatment available.

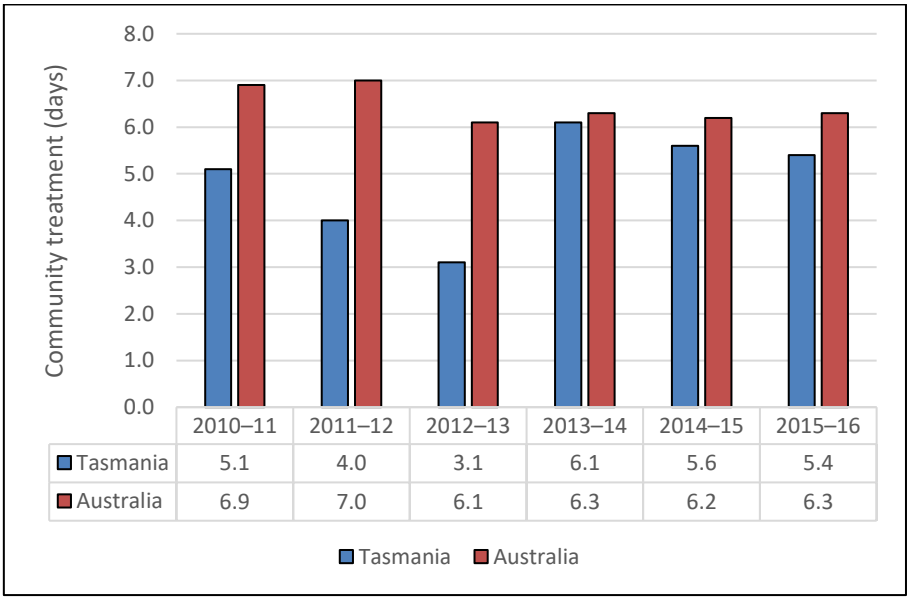
Residential mental health beds per 100,000 population, states, 2015-16



There are no residential mental health beds in Queensland.
Source: AIHW, Mental health services in Australia: Residential mental health care.

Similarly, treatment in the community has increased.

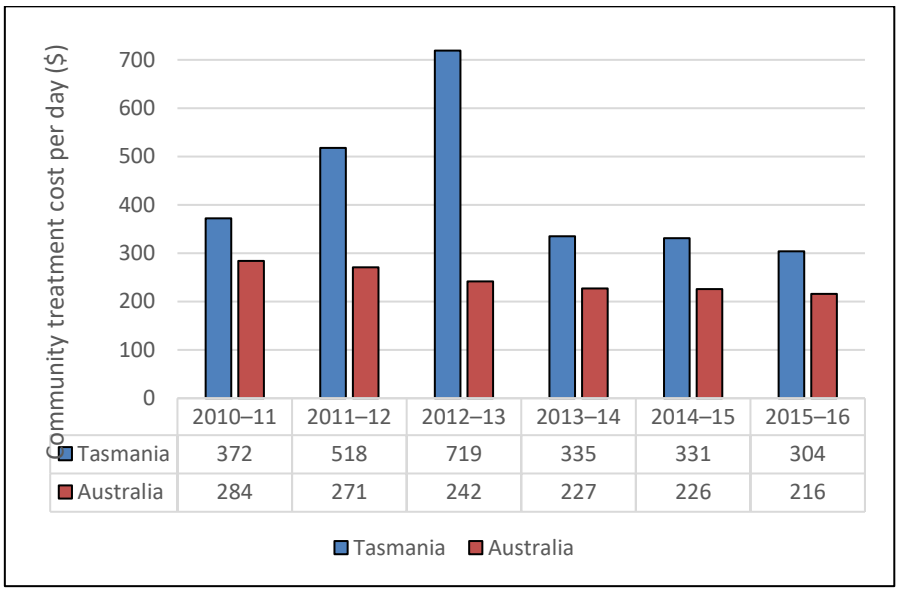
Average number of community treatment days per 3-month period, Tasmania and Australia, 2010-11 to 2015-16



Source: AIHW, Mental health services in Australia: State and territory community mental health services.

Community-based treatment and care is much cheaper than most other mental health services but in Tasmania remain relatively high. After rising strongly in the first half of the period under discussion, costs fell sharply from 2013-14.

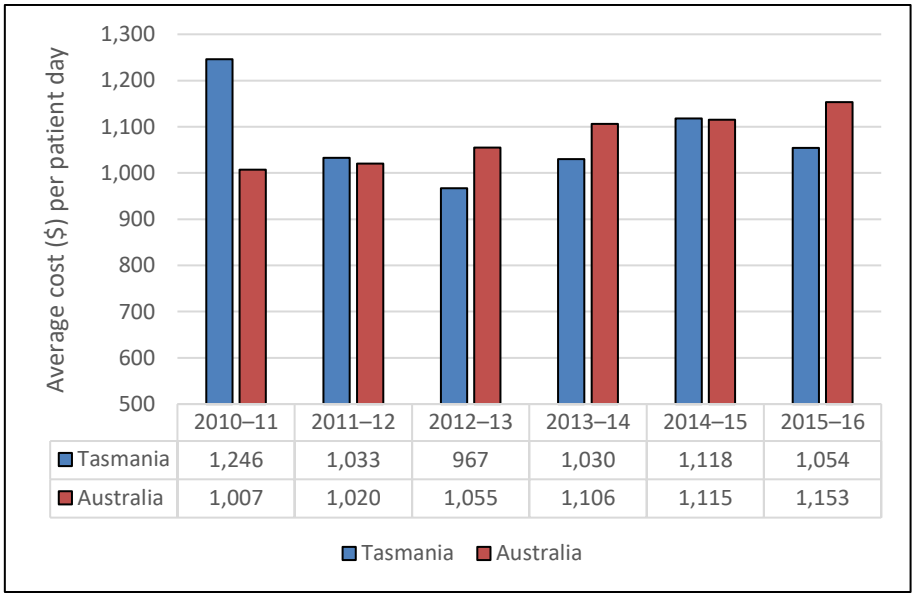
Average cost per community treatment day ($), 2010-11 to 2015-16



Source: AIHW, Mental health services in Australia: State and territory community mental health services.

The following chart shows how the increasing budget constraints imposed by successive governments have affected average patient costs. While costs have risen in line with input prices in other states, Tasmania has gone against the trend. Over the period 2010-11 to 2015-16, the average cost per patient day has gone from well above the national average to well below.

Average cost per mental health patient day ($), all public facilities, Tasmania, 2010-11 to 2015-16

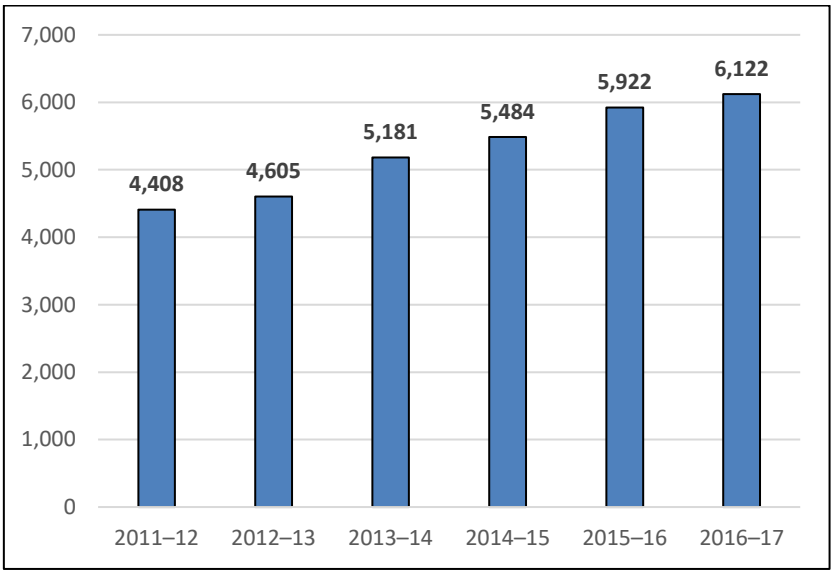


Source: AIHW, Mental health services in Australia: Key performance indicators for Australian public mental health facilities.

Mental health cases in emergency

Most people needing mental health care in public hospitals arrive through emergency departments. Over the six years 2011-12 to 2016-17 the number of such presentations in Tasmania rose from 4,408 to 6,122, an increase of 30.7%.

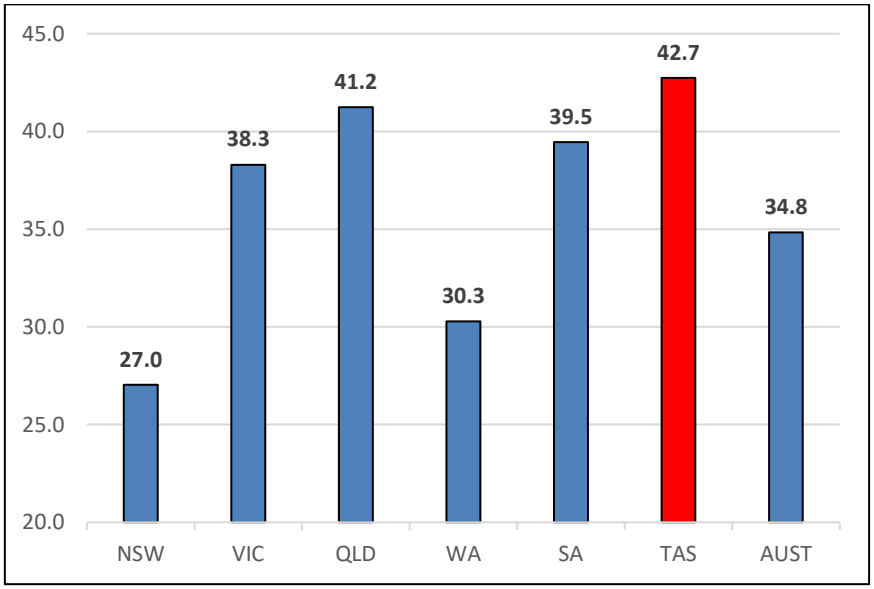
Mental health related emergency department presentations, Tasmania, 2011-12 to 2016-17



Source: AIHW, Mental health services in Australia

Of those, a greater proportion need to be admitted to the a specialist psychiatric ward than in any other state.

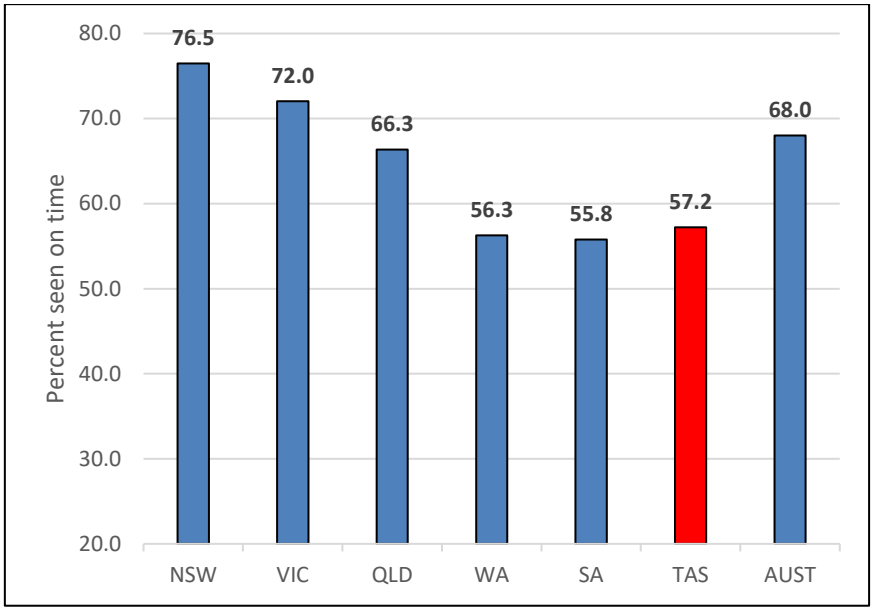
Percentage of mental health emergency patients admitted to the hospital, states, 2016-17



Source: AIHW, Mental health services in Australia: Services provided in public hospital emergency departments.

Not surprisingly, this increase in cases has put serious strains on the capacity of emergency department and specialist psychiatric staff to cope. The number of patients seen on time is well below national targets and similar to the nation's worst. Statistics are not available on the impact of bed block on mental health patients; anecdotally, the situation is very serious and becoming worse, particularly at the Royal Hobart Hospital.

Percentage of mental health emergency patients seen on time, states, 2016-17



Source: AIHW, Mental health services in Australia: Services provided in public hospital emergency departments.

A far greater proportion of Tasmanian mental health patients seen in emergency departments arrive in police vehicles than is the case nationally. The proportion arriving by ambulance is relatively low.

Mode of arrival for emergency mental health patients, percentages, 2016-17

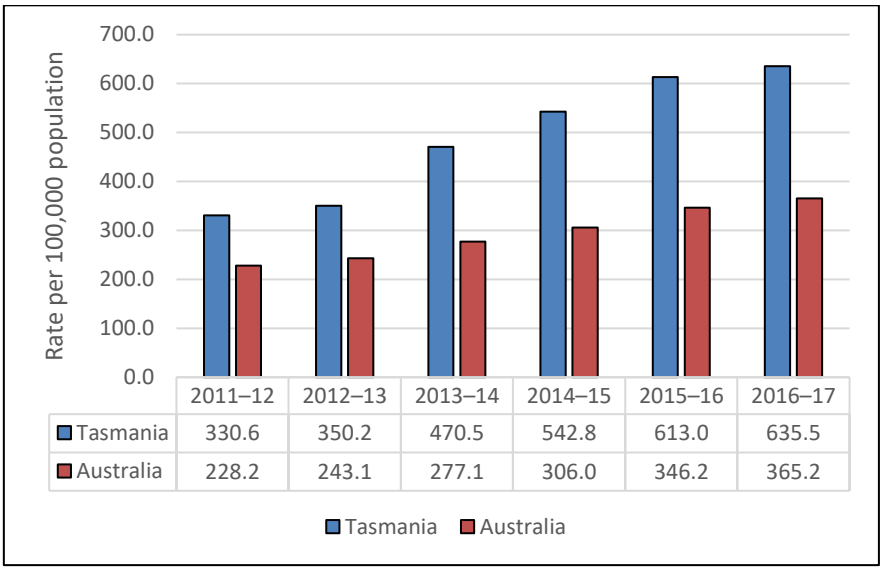
	NSW	VIC	QLD	WA	SA	TAS	AUST
Ambulance	42.6	49.7	48.3	35.2	52.5	**37.7**	44.8
Police	4.1	5.4	11.3	12.9	7.4	**14.3**	7.7
Other	53.4	44.9	40.4	51.9	40.1	48.0	47.5

Source: AIHW, Mental health services in Australia: Services provided in public hospital emergency departments.

Homelessness and mental health

As specialist mental health facilities become unable to accommodate the numbers needing their care, more and more people are forced into homelessness services. Although even in normal times a large proportion of homeless people have significant mental health issues, the proportions have changed dramatically, in line with the decline in mental health funding. In accommodation services for homeless people, 49% of all clients in 2016-17 had a mental health issue.

Homelessness service clients with a current mental health issue per 100,000 population, Tasmania and Australia, 2011-12 to 2016-17

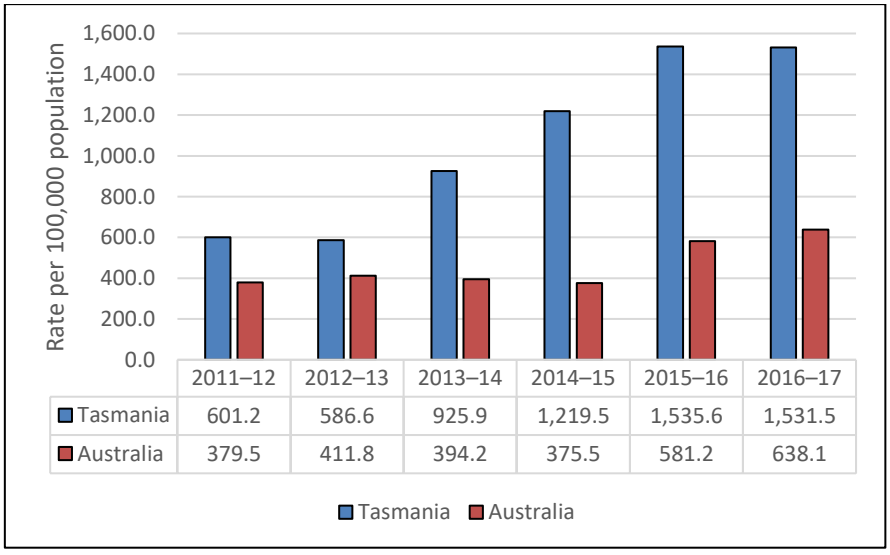


	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
Tasmania	330.6	350.2	470.5	542.8	613.0	635.5
Australia	228.2	243.1	277.1	306.0	346.2	365.2

Source: AIHW, Mental health services in Australia: Specialist homelessness services.

In the five years to 2016-17, the number of support periods provided by homelessness services to people with a current mental health issue rose by 235%.

Number of support periods provided by homelessness services to clients with a current mental health issue, per 100,000 population



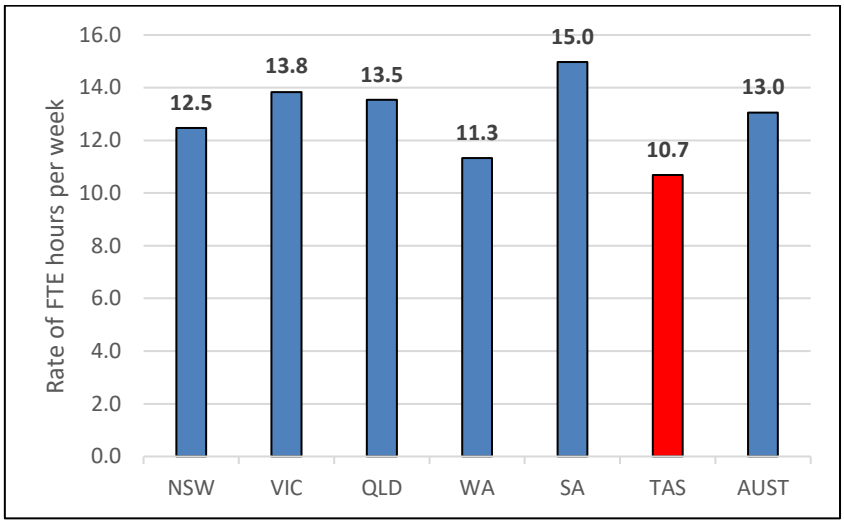
	2011–12	2012–13	2013–14	2014–15	2015–16	2016–17
Tasmania	601.2	586.6	925.9	1,219.5	1,535.6	1,531.5
Australia	379.5	411.8	394.2	375.5	581.2	638.1

Source: AIHW, Mental health services in Australia: Specialist homelessness services.

The workforce

Tasmania has a greater shortage of psychiatrists than any other state. Although these figures do not distinguish between to public- and private-sector practitioners, the fact that the whole state had only 57 psychiatrists (on a full-time equivalent basis) in 2016 inevitably impacts on both sectors. The rate at which psychiatrists are utilised is 17.7% below the national average.

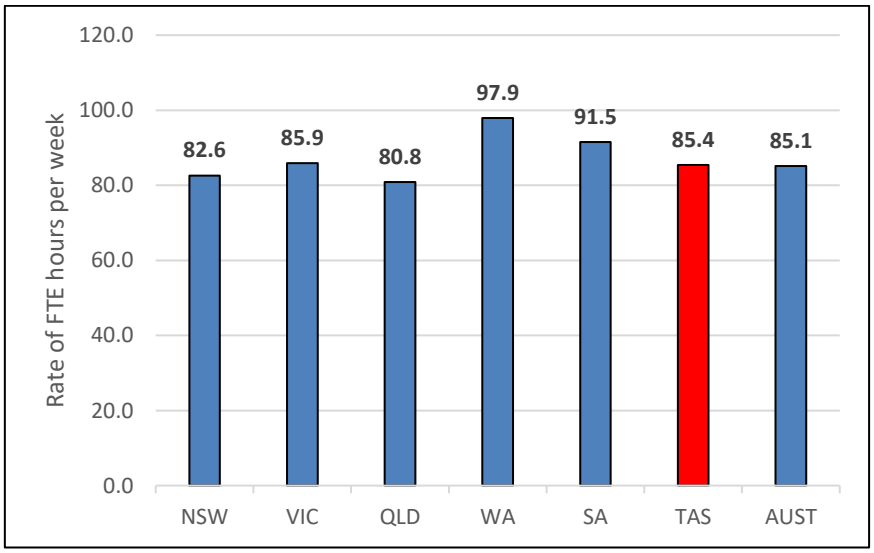
Employed psychiatrists, full-time equivalent hours per week per 100,000 population, states, 2016



Source: AIHW, Mental health services in Australia: Mental health workforce.

The number of full-time equivalent mental health nurses is in line with the national average. However the FTE figure is increased by the amount of overtime being worked in the public sector.

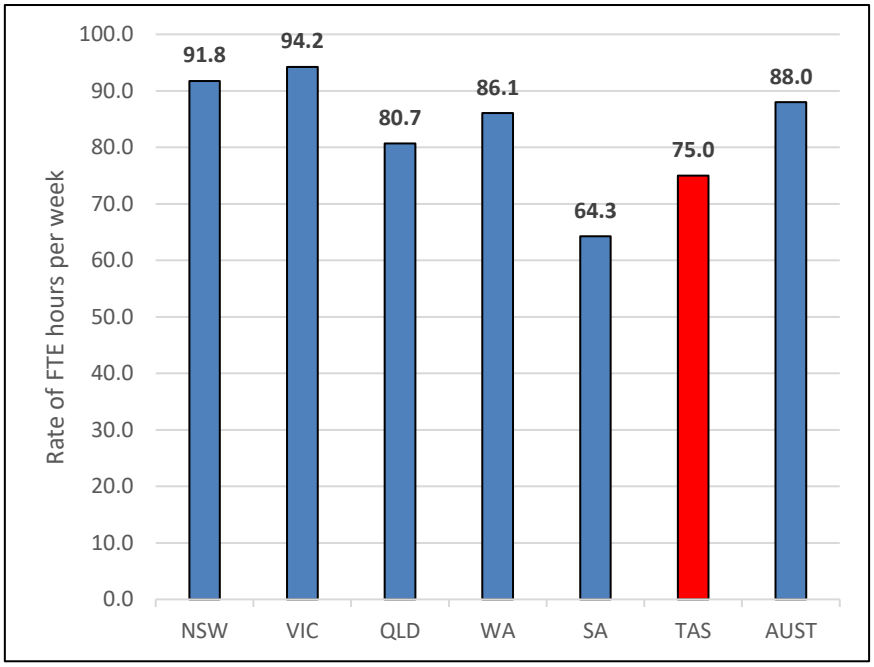
Employed mental health nurses, full-time equivalent hours per week per 100,000 population, states, 2016-17



Source: AIHW, Mental health services in Australia: Mental health workforce.

Among the states, Tasmania has the second lowest use of clinical psychologists and is 14.7% below the national average.

Employed clinical psychologists, full-time equivalent hours per week per 100,000 population, states, 2016-17



Source: AIHW, Mental health services in Australia: Mental health workforce.