



## Demographics

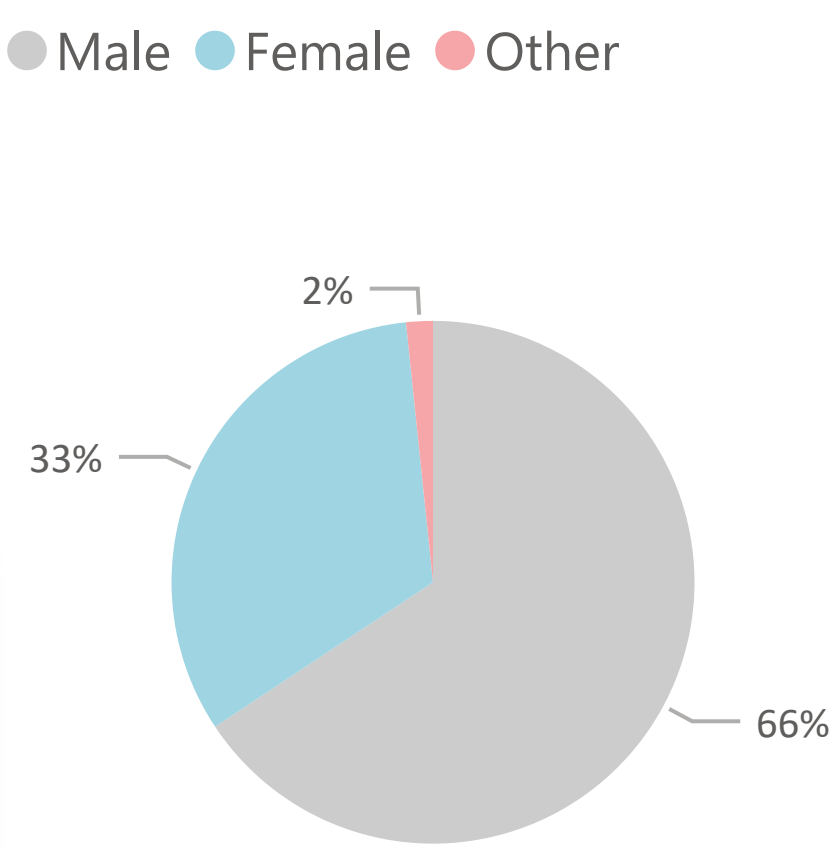
20 January 2023  
Census Date

738  
Licensed Beds

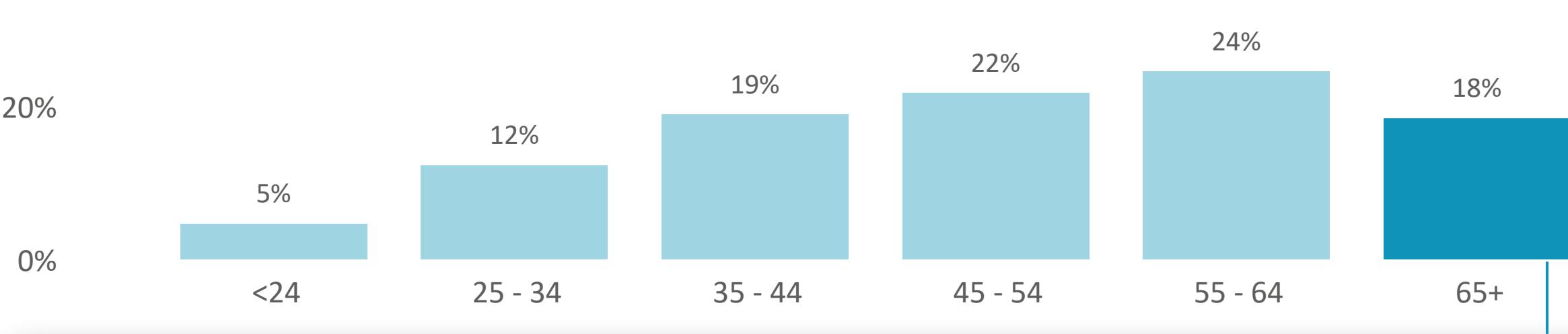
The number of licensed beds has increased from 707 in 2022, due to two new hostels being opened.

The majority of hostels are located in the Perth metropolitan area. There are no hostels north of Geraldton

Gender



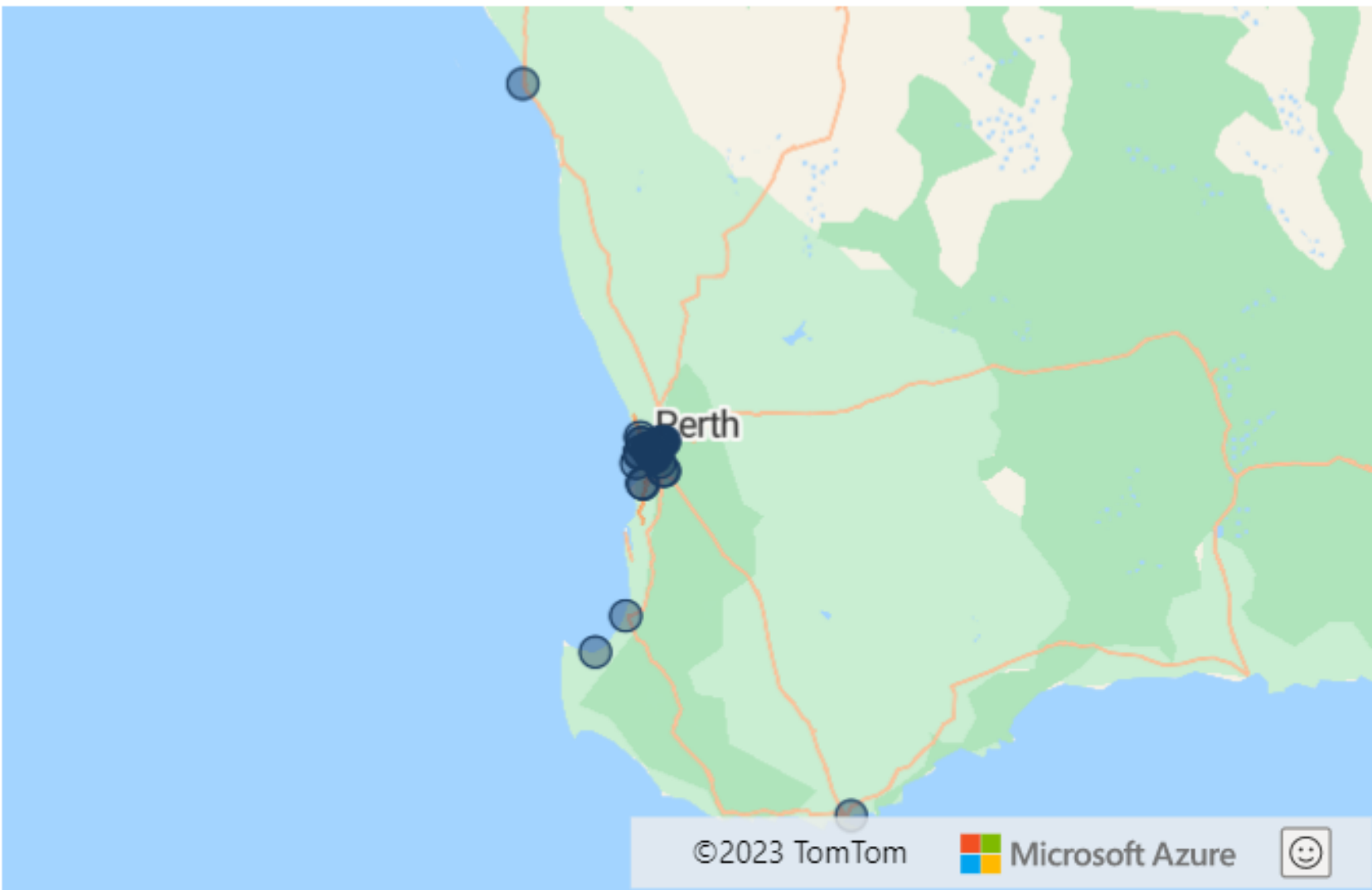
Age Range



There remains a significant proportion of residents aged over 65. As people age, they may need specialised care that can meet the needs of older adults. Most Western Australian psychiatric hostels are not designed to provide this type of care.

More than half of residents have a nominated person. They are appointed by the resident and entitled to receive information and be involved in the person s treatment and care.

Hostel Location



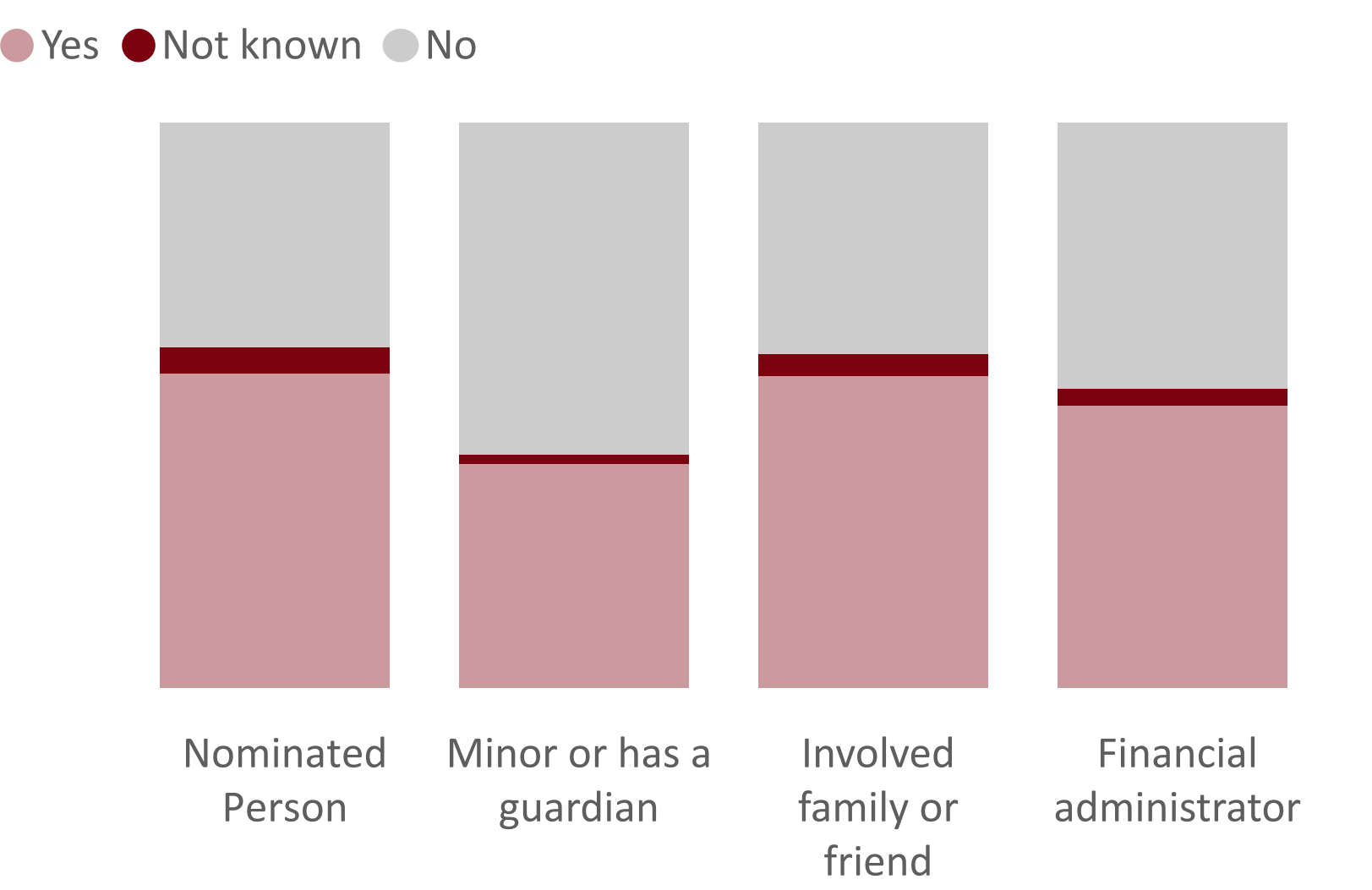
Aboriginal



Ethno-Culturally and Linguistically Diverse Background



Supports



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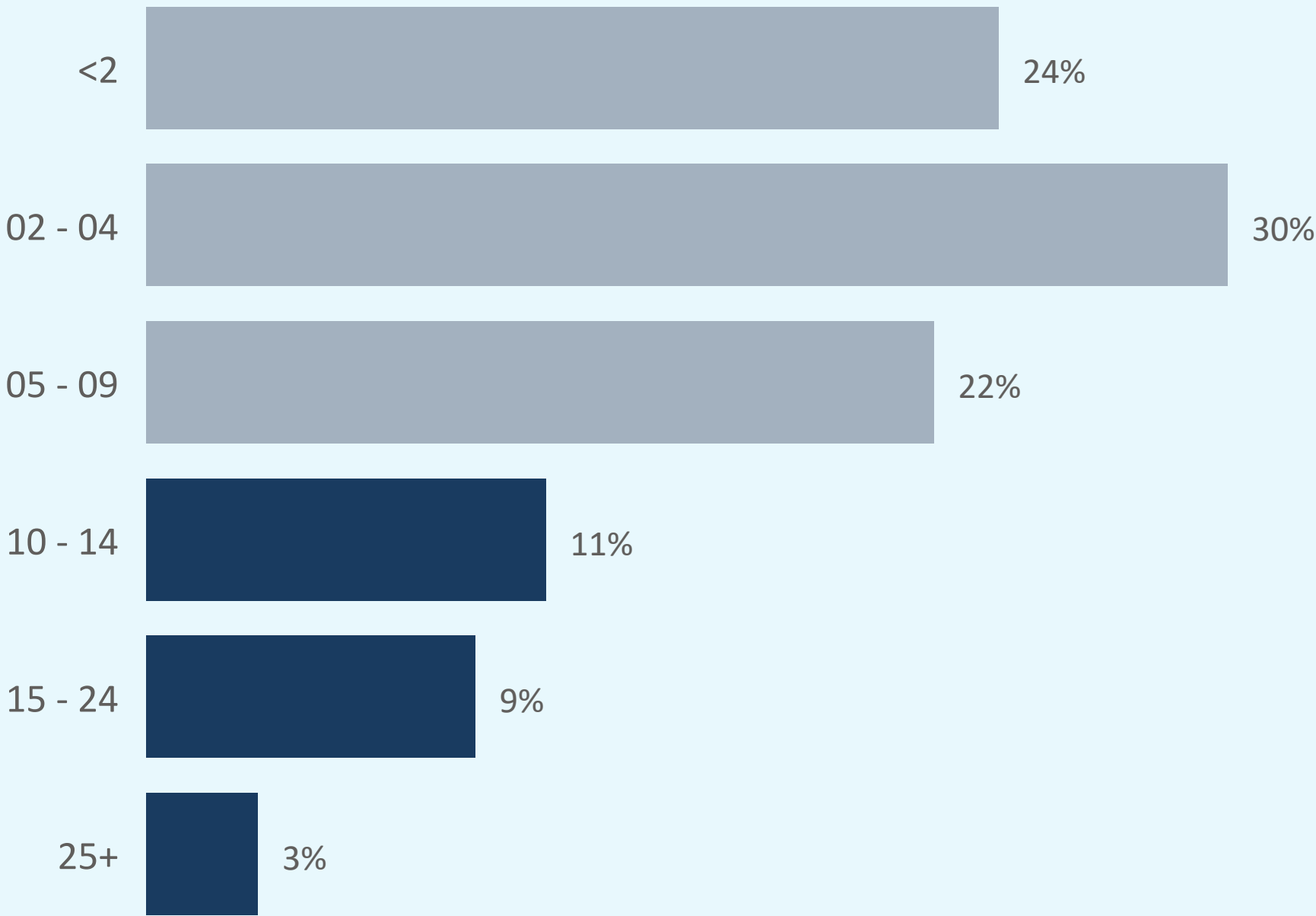


# Private Psychiatric Hostel Snapshot 2023

## Moving in to the Hostel / Moving out from the Hostel

### People living in the hostel on the census date

How long people have been living in the hostel



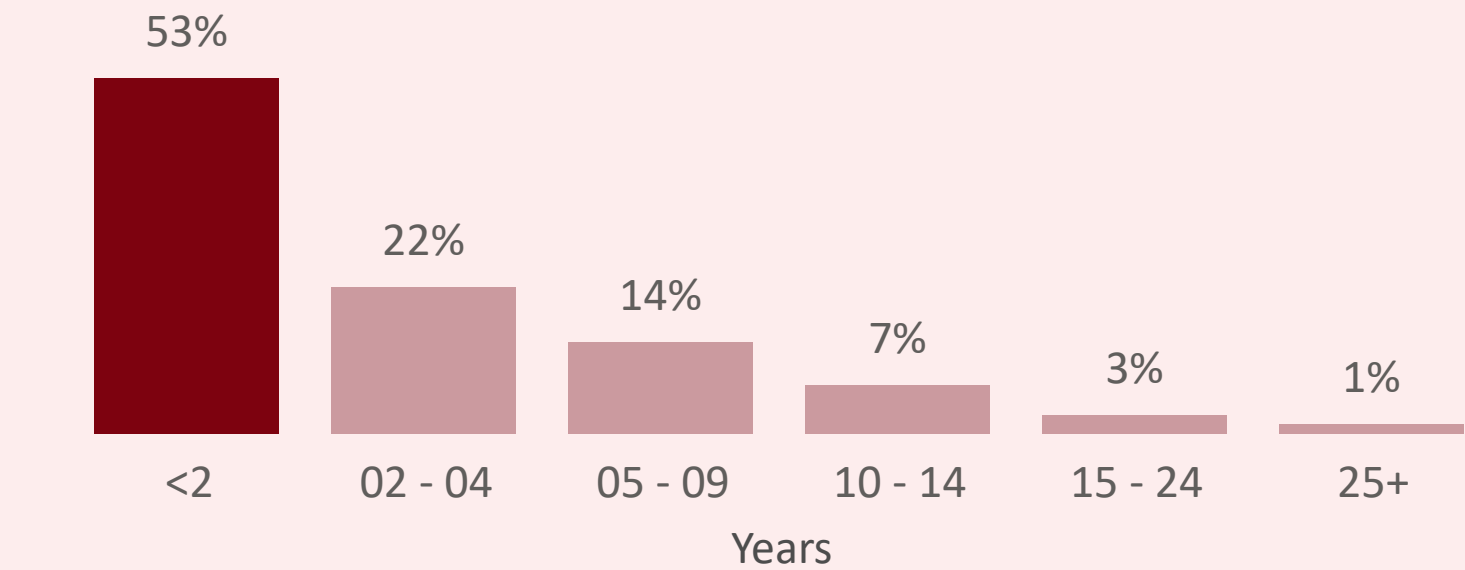
Years of residence  
(average)

6.5

Some people live in hostels for longer periods. Some people need permanent supported accommodation to achieve personal recovery, that is, living a life that is meaningful despite symptoms of mental illness. It is important that our system accommodates those needs.

### People who have moved out since the last snapshot

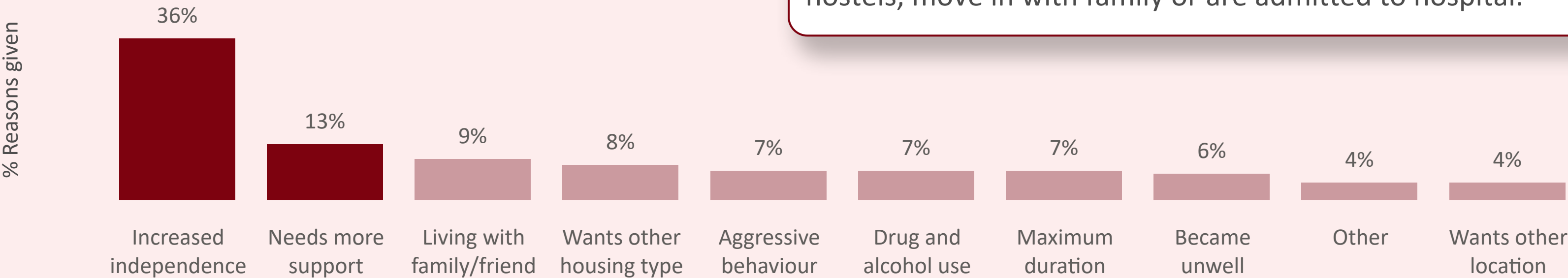
How long people lived in the hostel



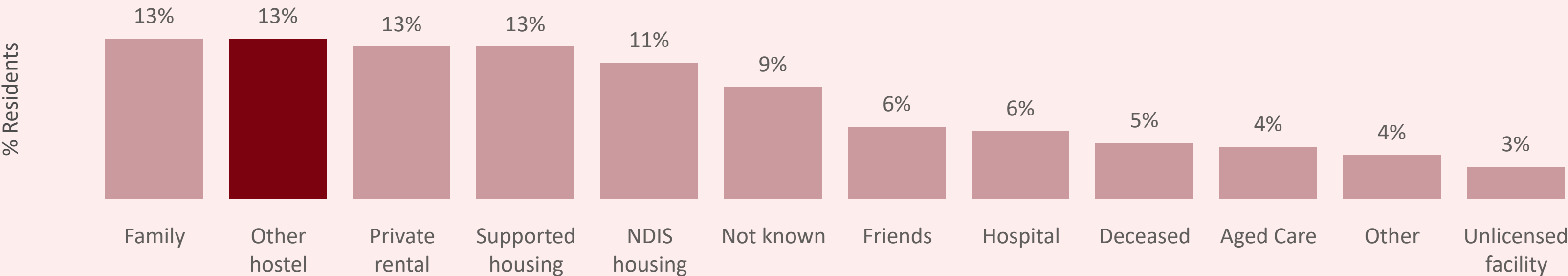
Most people who moved out of the hostel moved within two years and most of those people moved because they had become more independent and need less support.

Notably, 13% of the reasons given for moving out were that the person needs more support. This means that some private psychiatric hostels are unable to provide care to people with higher support needs. Some of these people move to Supported Independent Living Services operated by National Disability Insurance Scheme (NDIS) providers and some to aged care, but a large proportion move to other hostels, move in with family or are admitted to hospital.

### Reason for leaving the hostel



### Where people move to

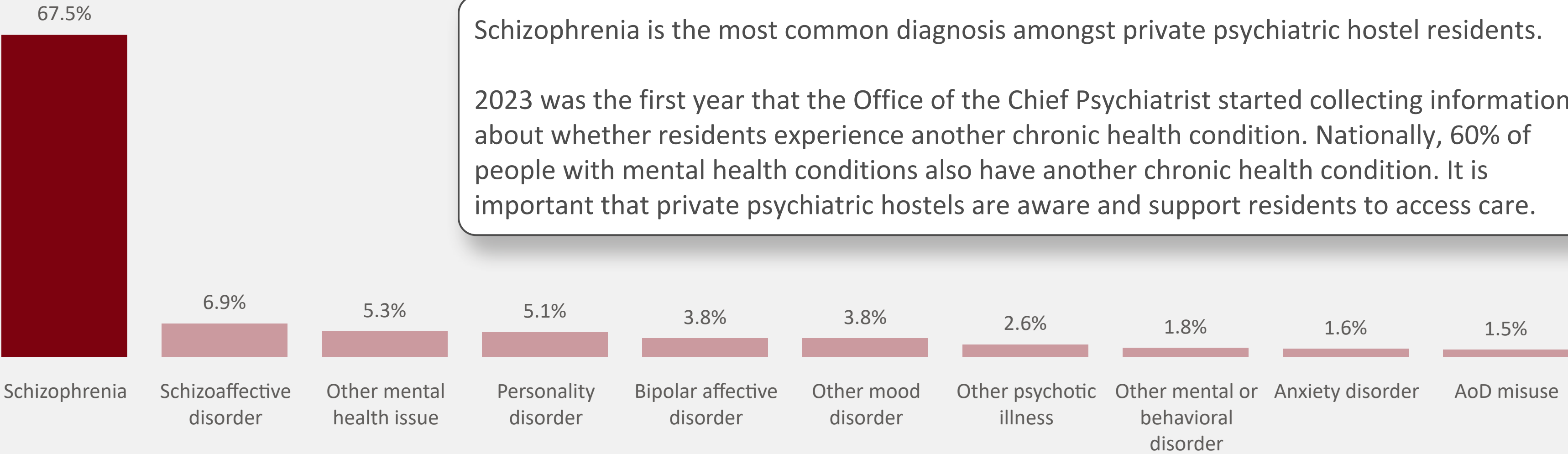


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Needs

Primary Mental Health Diagnosis

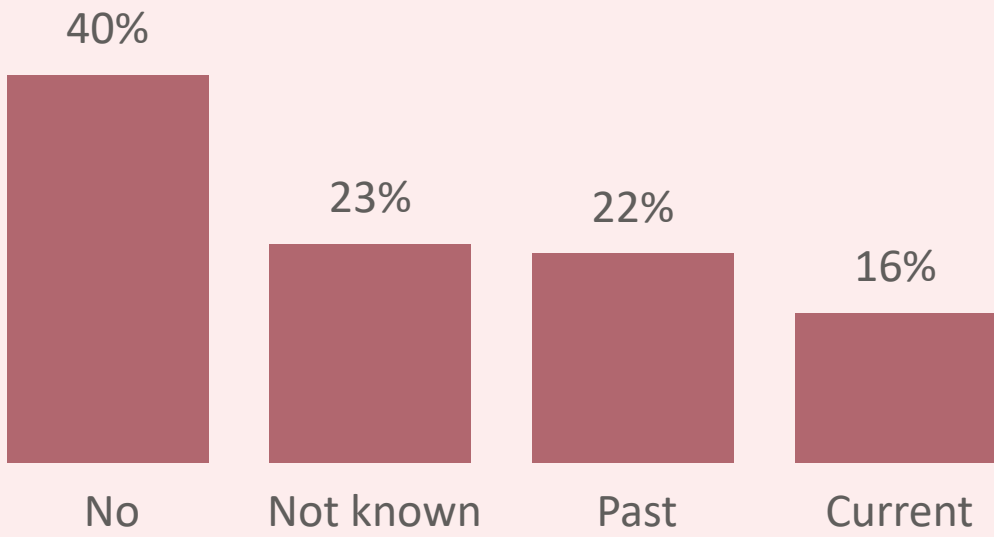


Schizophrenia is the most common diagnosis amongst private psychiatric hostel residents.

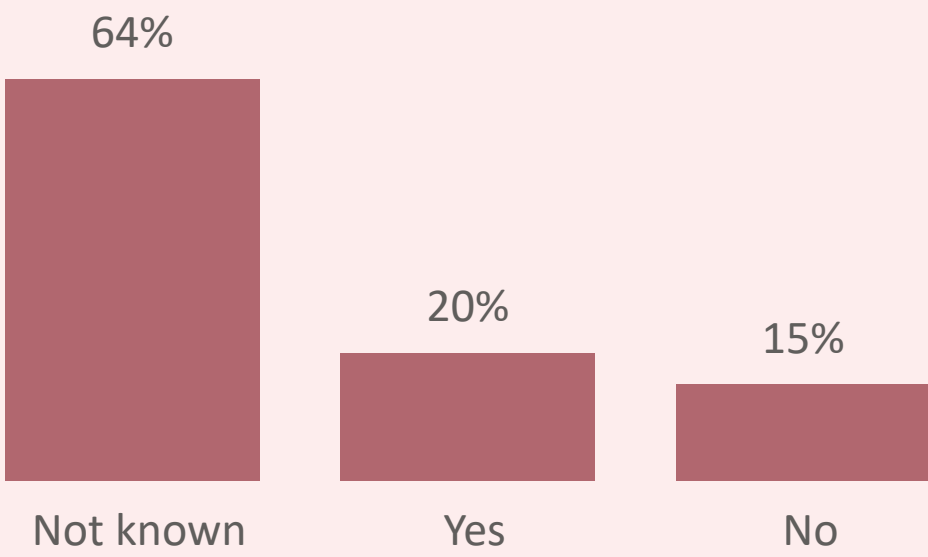
2023 was the first year that the Office of the Chief Psychiatrist started collecting information about whether residents experience another chronic health condition. Nationally, 60% of people with mental health conditions also have another chronic health condition. It is important that private psychiatric hostels are aware and support residents to access care.

Needs in addition to mental health

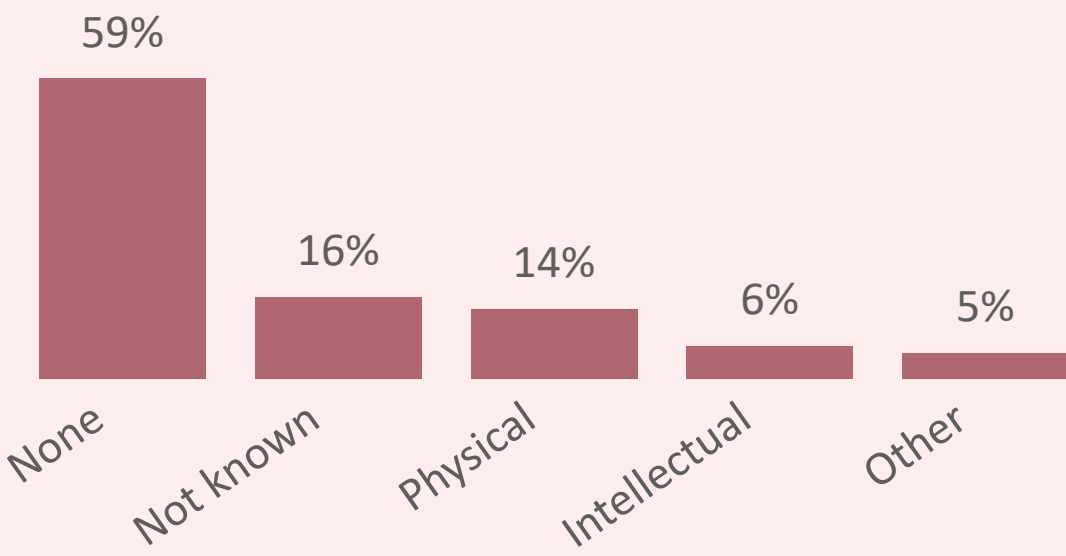
Alcohol or other drug issues



Other Chronic Health Condition



Co-Occurring Disability



National Outcomes Casemix Collection (NOCC)

Health of the Nation Outcome Scale (HoNOS)

Life Skills Profile (LSP)

Kessler 10 Plus (K10+)

7.32

6

12.13

11

19.02

16

Total score (average)

Total score (median)

Total score (average)

Total score (median)

Total score (average)

Total score (median)

HoNOS is a measure of complexity of mental health needs. In adult mental health services, it should be routinely assessed every 90 days. Scores can range from 0 - 48. A higher score indicates more complex needs.

LSP is a measure of how much mental health issues impact on daily living. It should be routinely assessed in adult mental health services every 90 days. Scores can range from 0 - 48. A lower score means the person can manage more without help.

K10+ is a consumer-rated measure which should be routinely offered to consumers every 90 days in adult mental health services. Scores can range from 10 - 50; higher scores indicate the person feels more distress.

For more information about NOCC go to <https://www.amhocn.org>

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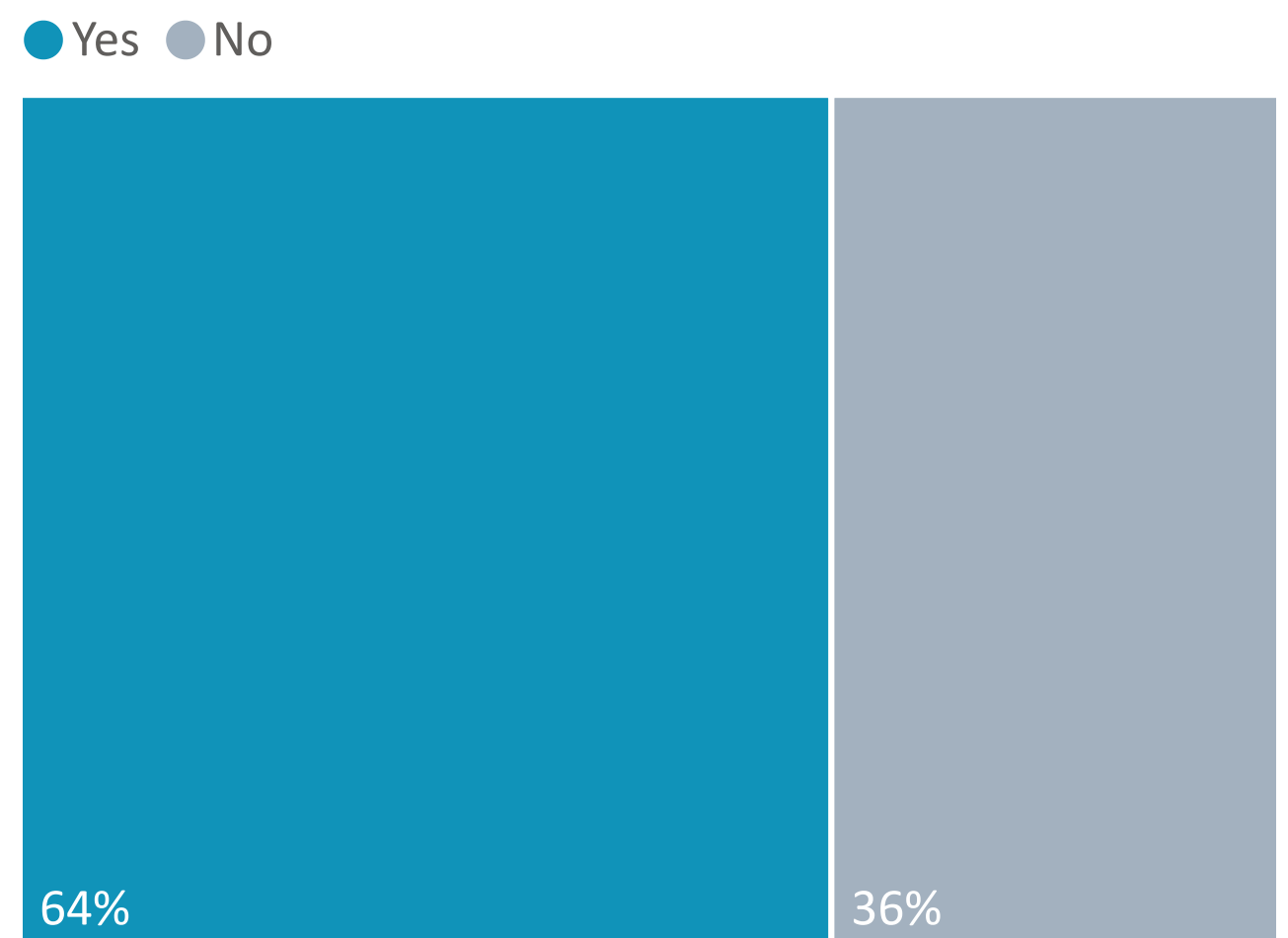




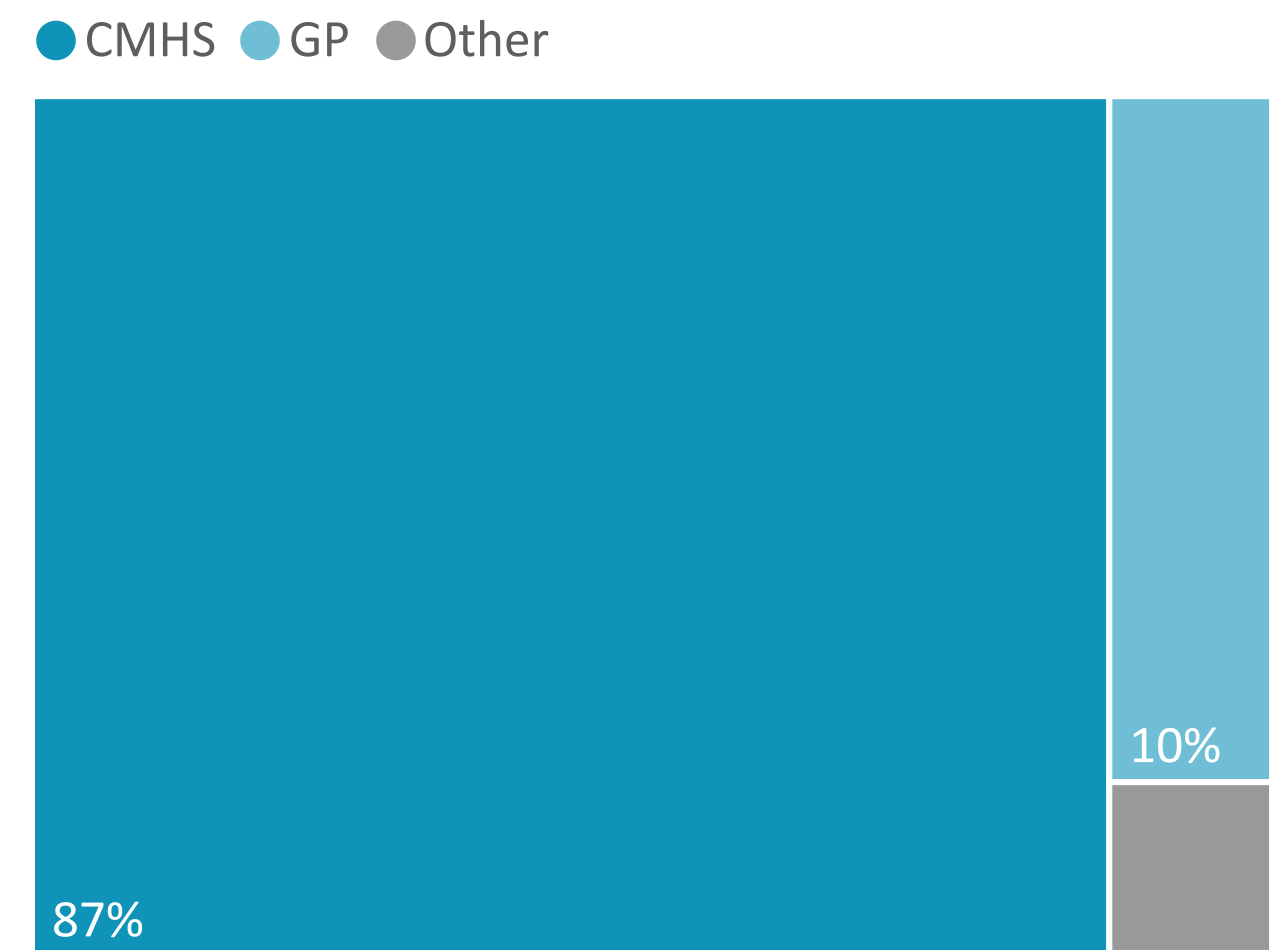
# Private Psychiatric Hostel Snapshot 2023

## Treatment and Care in the Community

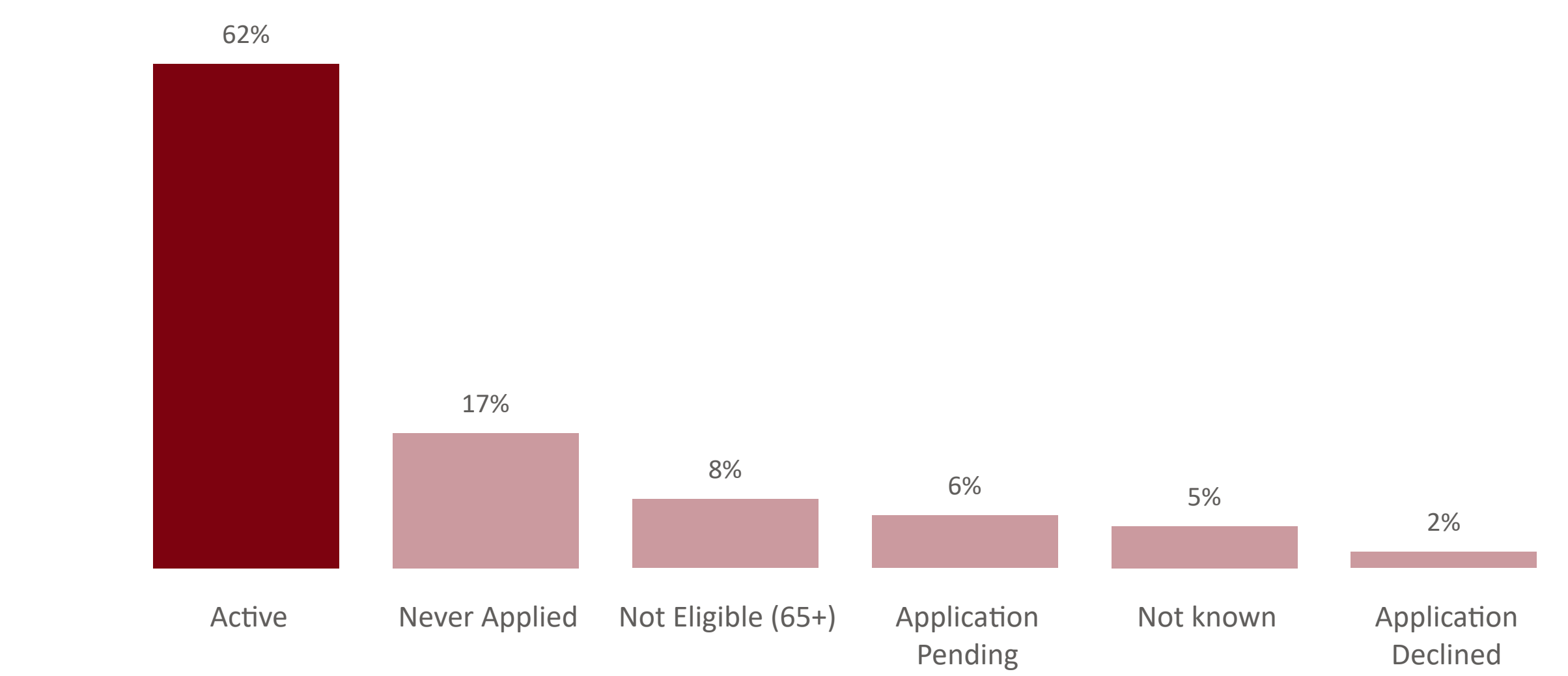
Receiving Treatment and Care from a Clinical Mental Health Service (CMHS)



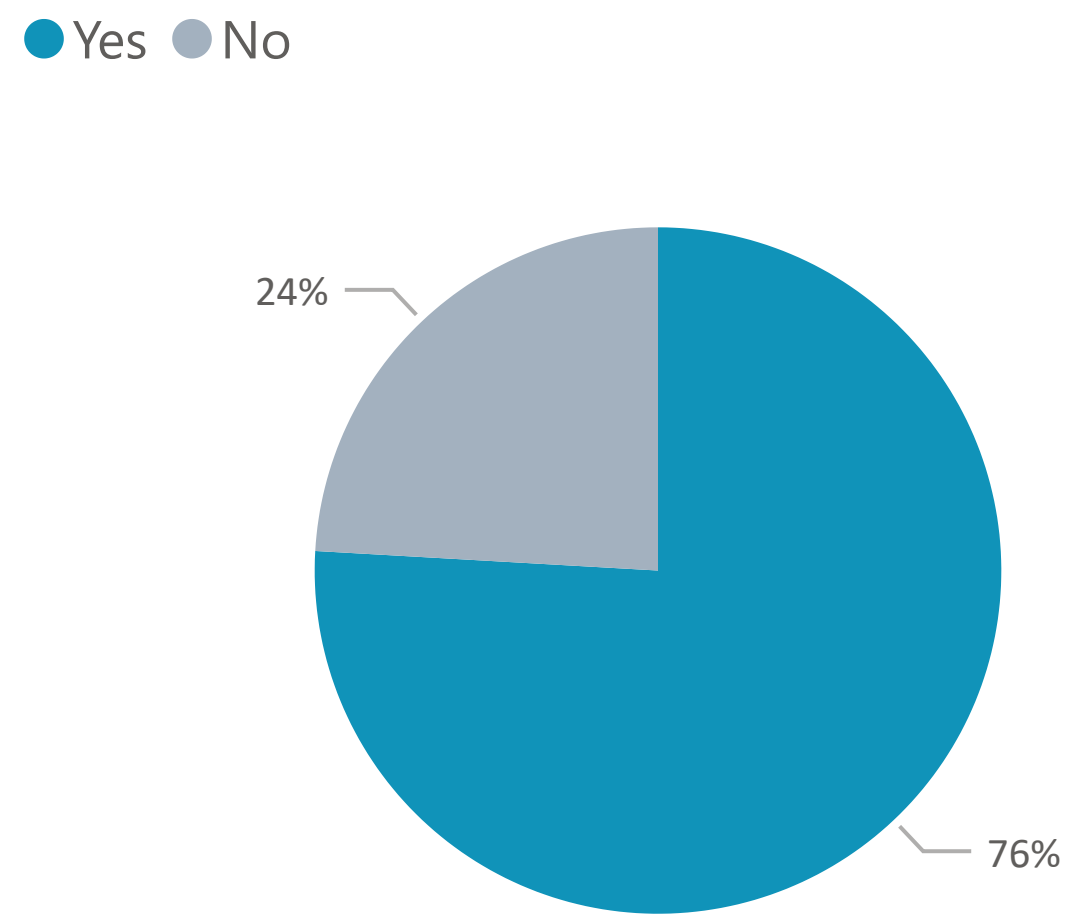
Hostel's impression - primary mental health care provider



National Disability Insurance Scheme (NDIS) Status



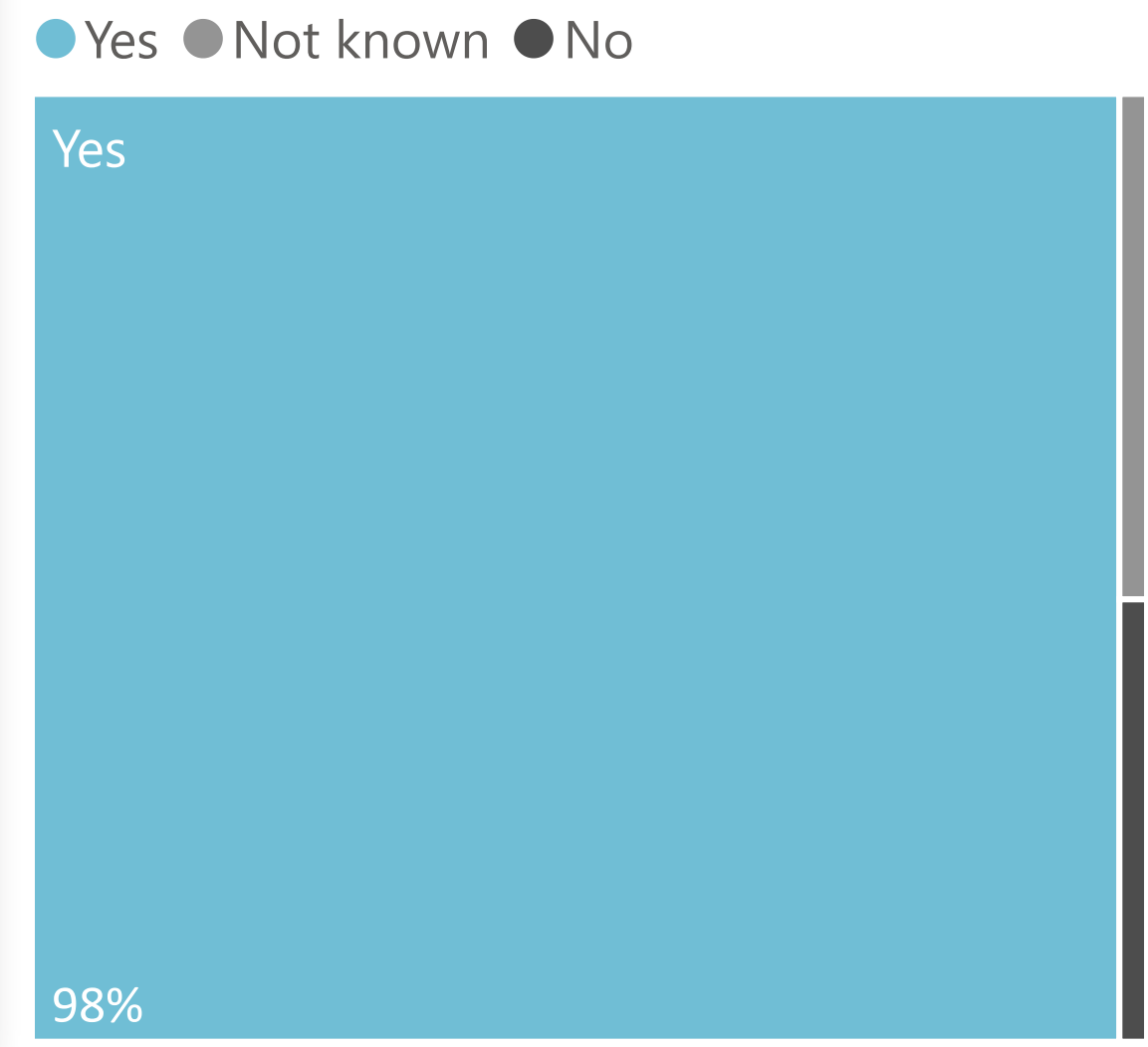
Seen by a CMHS in past 12 months



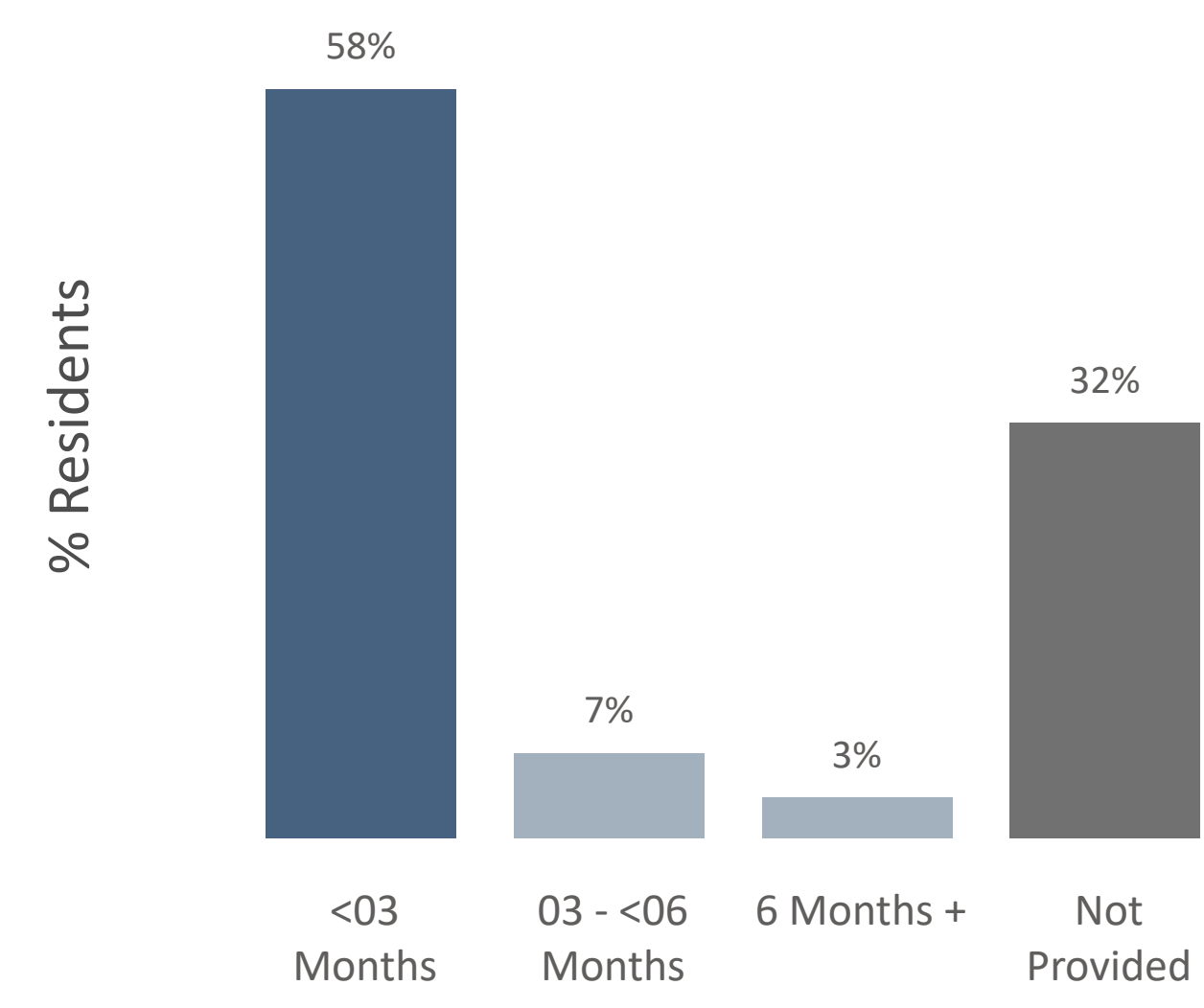
It is important that hostels know who is the primary mental health care provider, because good communication between services is the cornerstone of safe, high quality care.

This year, the discrepancy between whether the hostel reported that the CMHS is providing care and whether the person was receiving a service from the CMHS jumped from 11% to 29%. This discrepancy may indicate poor communication between services.

Residents with a GP



Last seen by GP (range)

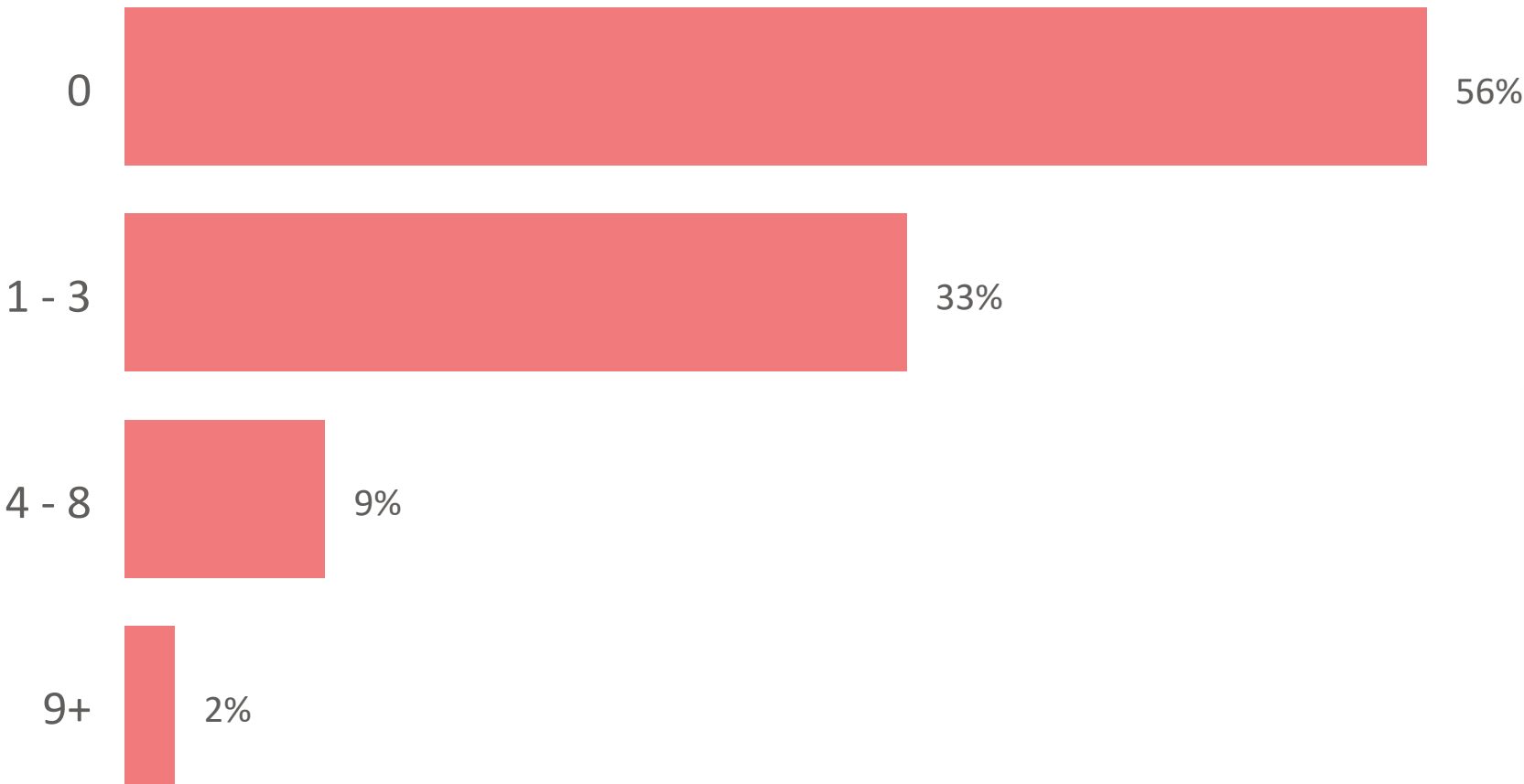


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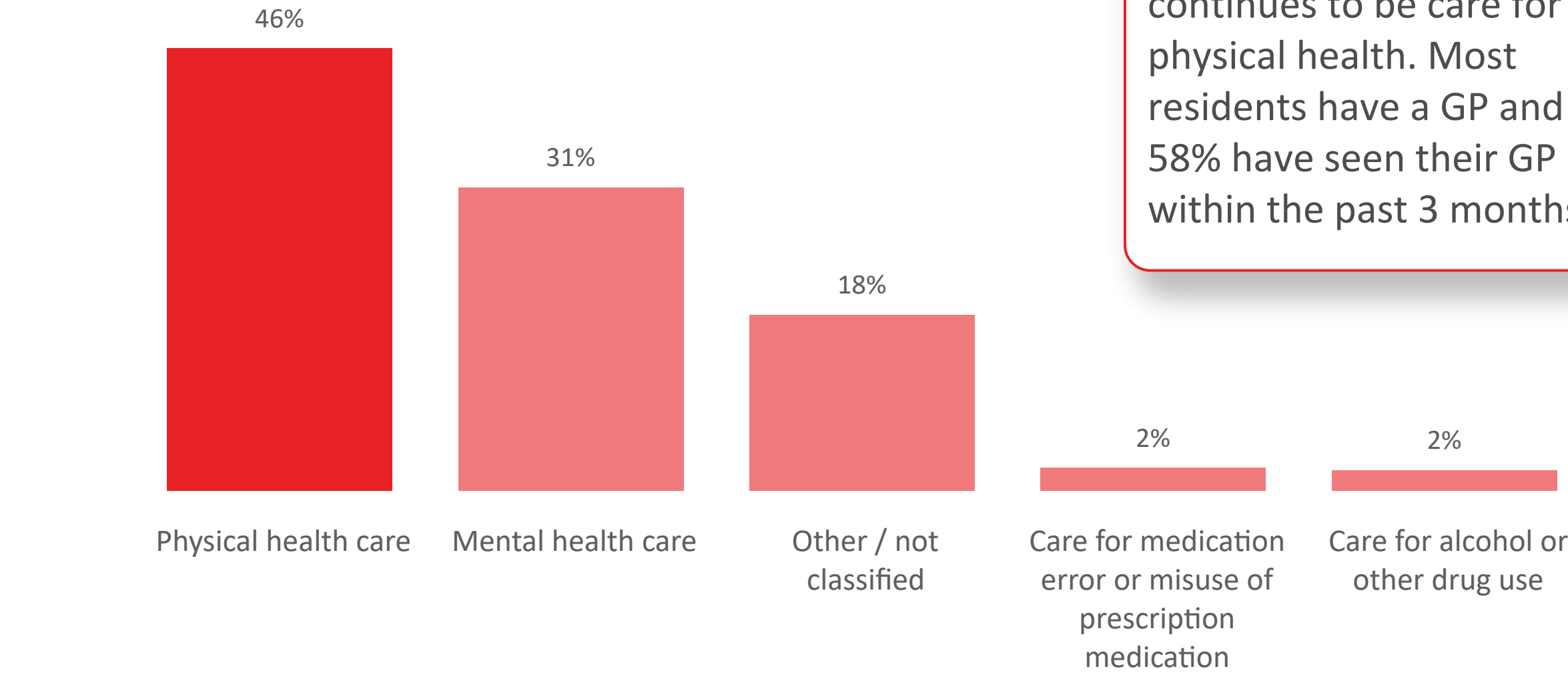


Inpatient and Emergency Service Use

Emergency Department Presentations per Resident



Reason for Emergency Department Presentations



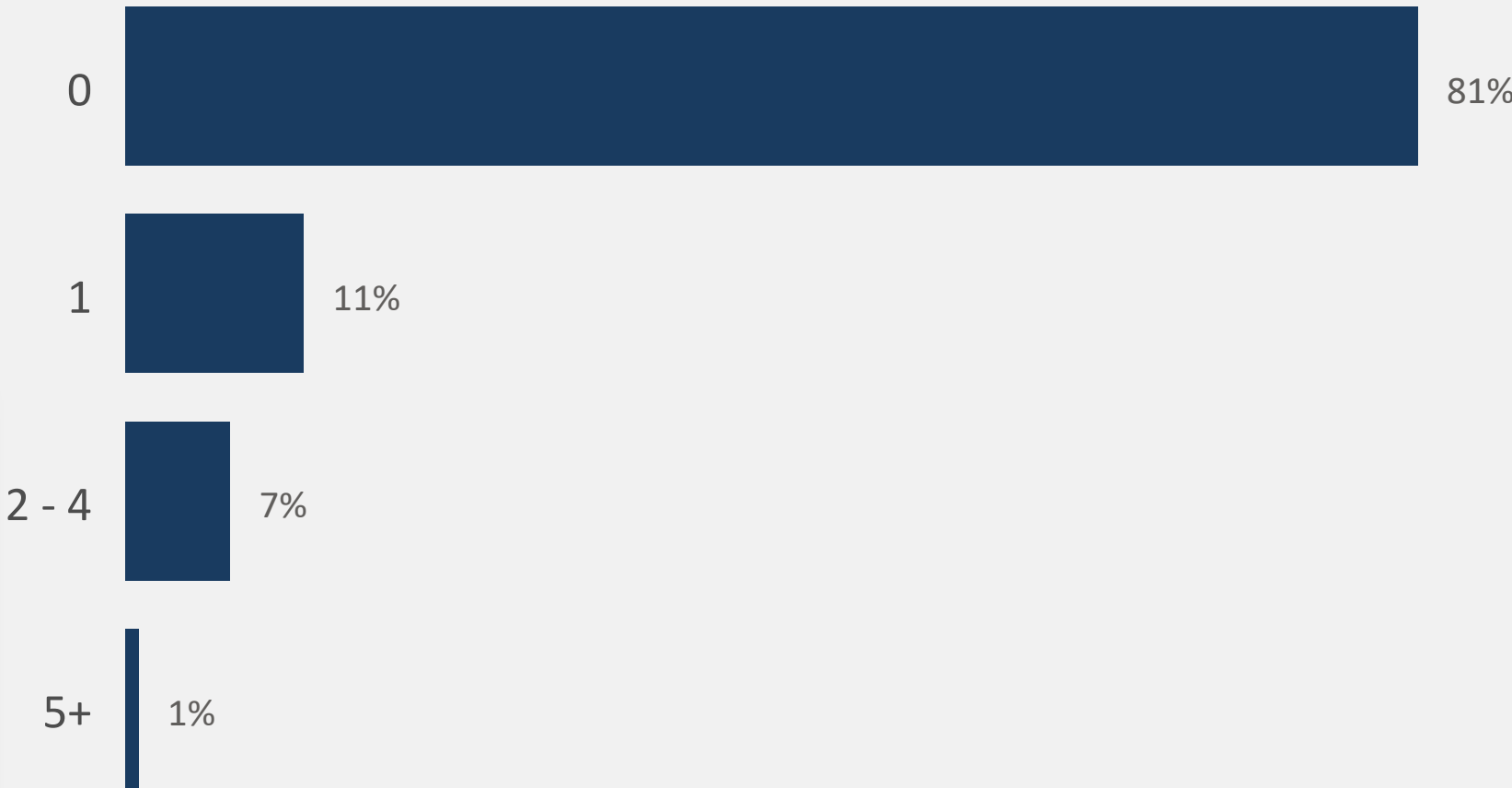
Total Presentations

757  
Emergency Department

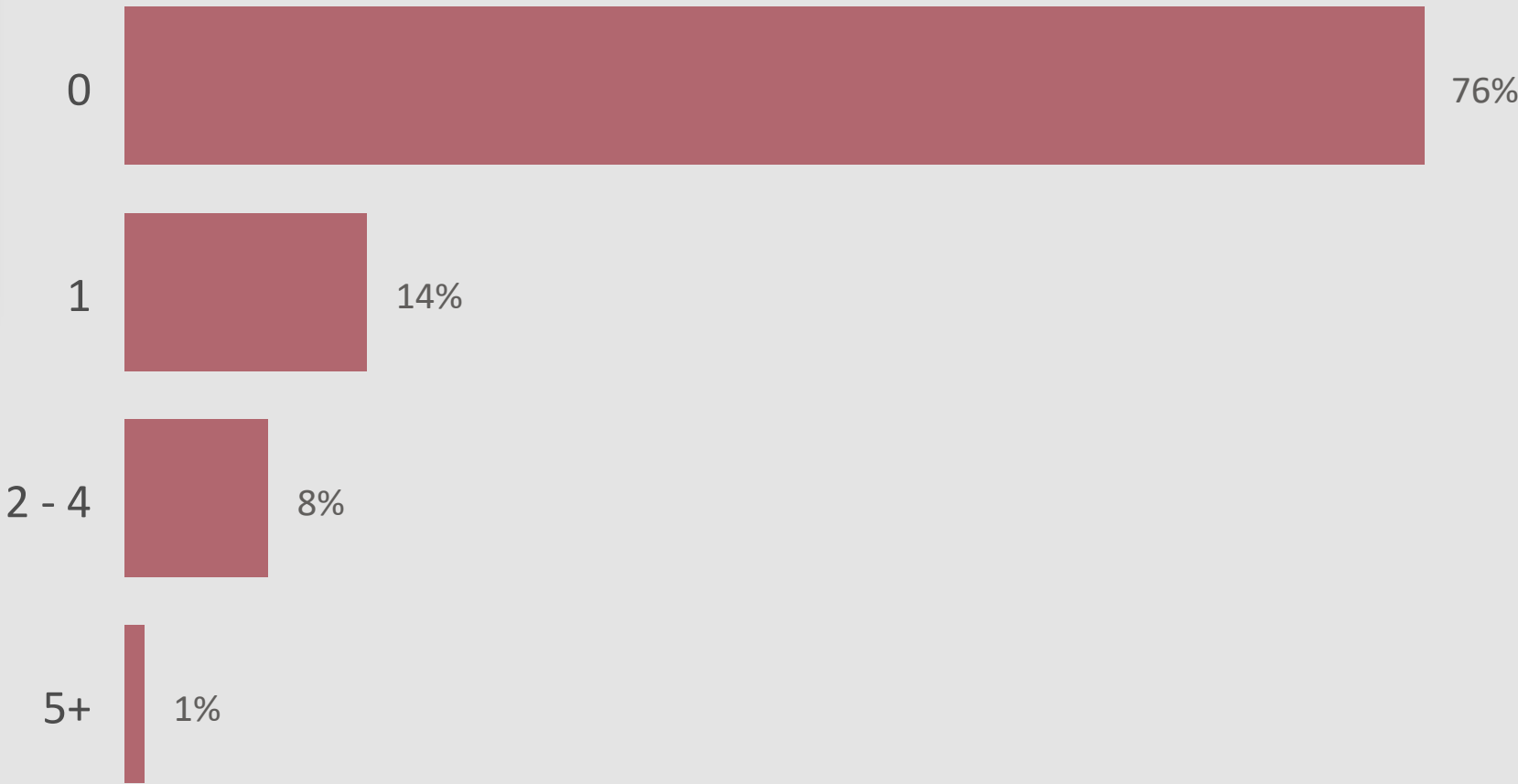
In 2023, there were 257 fewer presentations to the Emergency Department by hostel residents than there were in 2022.

The most common reason for presenting to the Emergency Department continues to be care for physical health. Most residents have a GP and 58% have seen their GP within the past 3 months.

Mental Health Admissions per Resident



Physical Health Admissions per Resident



Total admissions

227  
Mental Health

Average Days in Hospital

28.8  
Mental Health

Total admissions

275  
Physical health

Average Days in Hospital

3.3  
Physical Health

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