



THE INTEGRATED ATLAS OF MENTAL HEALTH SERVICES IN THE AUSTRALIAN CAPITAL TERRITORY 2024-25

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Disclaimer: This report was prepared through a consultancy process using the methods outlined in the DESDE-LTC methodology Annex. The project team relied on the accuracy of information provided by service providers and made every reasonable effort to gather data from across the region.

Mental health services delivered through primary care providers and information on service utilisation are not included in this report. The information, statements, statistics, and commentary (together referred to as “the information”) were prepared by the project team using publicly available data, along with information from the Primary Health Network and mental health service providers within the ACT catchment area.

Some service categories mapped in this report (e.g. outpatient, day care, non-acute) may appear hospital centric. However, these terms reflect the nomenclature of the Description and Evaluation of Services and DirectoriEs for Long Term Care (DESDE-LTC) classification system rather than the actual nature of services. The use of these standardised categories—applied for many years in European health service mapping—ensures a consistent framework and enables meaningful comparisons of services across regions, nationally and internationally.

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EXECUTIVE SUMMARY

Mental disorders are a major public health challenge in the Australian Capital Territory (ACT). Almost half of ACT residents have experienced a lifetime mental disorder, and more than one in four were affected in the past year—the second-highest prevalence nationally. Demand for services continues to grow, particularly among young people, underscoring the need for prevention, early intervention, and accessible care across the lifespan.

Policy frameworks at both national and ACT levels emphasise stepped care, suicide prevention, integration of services, and continuity of support for people not covered by the NDIS. While the NDIS has expanded access for some, it has also created risks for those ineligible or unable to engage with the scheme. The COVID-19 pandemic intensified service demand and drove rapid innovation in digital delivery, but also exposed fragility in traditional service models.

The ACT Government has established comprehensive strategies—such as the *Mental Health and Suicide Prevention Plan 2019–2024* and the *Workforce Strategy 2023–2033*—and embedded mental health priorities into broader disability and wellbeing policies. Despite these efforts, the system remains fragmented and difficult to navigate.

The MChart project, using data obtained in the development of this Atlas, addresses this gap by mapping and geocoding service data to create a digital navigation tool for planners and professionals. This enables better visualisation of services, workforce, and system characteristics to inform decision-making.

Since 2016, service availability has grown along with the population, but diversity remains limited. Outpatient services dominate, while residential alternatives to hospitalisation and day services for adults are absent. Community-managed organisations deliver more than half of public services but face financial fragility, while private psychology practices are numerous yet often constrained by closed books or reduced hours.

The ACT mental health system has expanded but continues to face challenges of fragmentation, service gaps, and workforce pressures. The Atlas provides a critical tool to enhance transparency, support navigation, and strengthen planning for a more responsive and balanced system.

INTRODUCTION

Mental Health in the ACT: Context and Challenges

Epidemiological profile

Mental disorders are a significant and persistent public health challenge in Australia. The 2020–2022 National Study of Mental Health and Wellbeing, using the WHO’s Composite International Diagnostic Interview (3.0), found that almost half (45.7%) of residents in the ACT aged 16–85 years had experienced a mental disorder in their lifetime, and more than one in four (25.5%) reported a disorder in the past 12 months—the second-highest prevalence nationally after the Northern Territory (ABS 2022). Demand for care is reflected in rising psychiatrist use and increasing admitted episodes since 2017–18, with particularly sharp growth in some age groups (ABS 2022). Earlier data from the 2013–14 Young Minds Matter survey reinforce the importance of prevention and early intervention: 14% of young people aged 12–17 experienced a mental disorder in the preceding year, most commonly anxiety or ADHD, with higher prevalence among males (16% vs. 13% for females) (Lawrence et al. 2015). These findings underscore the ongoing need for accessible, responsive services across the lifespan.

National priorities

National priorities emphasise integrated regional planning, suicide prevention, and improved support for people with severe and complex illness. Stepped care approaches are central to this vision, ensuring that service intensity matches need, clinical and non-health supports are linked, and planning is guided by a consistent national framework. Governments have committed to continuity of care for people ineligible for the NDIS and have tasked Primary Health Networks (PHNs) and Local Health districts (LHD) with strengthening regional coordination, addressing service gaps, commissioning stepped care services, and promoting digital platforms such as Head to Health.

The NDIS and psychosocial disability

The full rollout of the NDIS in the ACT in 2016 highlighted both opportunities and challenges for people with psychosocial disability. While the scheme expanded access for some, services reported unclear roles, limited planner understanding of mental illness, funding and workforce pressures, and the loss of outreach supports (Furst et al., 2018). Those ineligible for the NDIS, or unable to access it, were at particular risk of falling through service gaps. These pressures reinforce the importance of comprehensive service mapping to inform planning and commissioning.

Covid 19 impacts

The COVID-19 pandemic further intensified demand. Medication prescribing surged in March 2020, coinciding with the first national lockdown, and survey data pointed to heightened psychological distress during 2020–2021 (AIHW,2021). Service delivery rapidly pivoted to telehealth and digital platforms to maintain access, but in-person supports were disrupted during lockdowns. The pandemic thus accelerated innovation while exposing the fragility of existing models.

Policy and governance in the ACT

The ACT has developed a robust policy and governance framework for mental health and suicide prevention. The ACT Mental Health and Suicide Prevention Plan 2019–2024, co-designed with consumers, carers, and providers, prioritises integrated services, suicide prevention, early intervention, and improved physical health outcomes (CHN, 2019). These are supported by enabling strategies such as the *Towards our Vision* framework (ACT Government (Health))(a), the Mental Health Portfolio Action Plan, and the coordinating role of the Office for Mental Health and Wellbeing. Long-term workforce capacity is being addressed through the ACT Mental Health Workforce Strategy 2023–2033 (ACT Government (Health))(b), which embeds lived experience roles alongside clinical expertise. Advisory and advocacy bodies, such as the Mental Health Advisory Council and MHCC ACT, further guide priorities, particularly around service gaps and cross-sectoral issues like housing, disability, and justice.

Mental health is also embedded in broader ACT strategies. The ACT Disability Strategy 2024–2033 (ACT Government)(a), and Disability Health Strategy 2024–2026 (ACT Government)(b), strengthen inclusion in housing, employment, and health. The Wellbeing Framework and Budget integrate mental health into fiscal planning (ACT Government, 2020), while the Charter of Rights for People Experiencing Mental Health Issues (ACT Government (Health, 2023) reinforces equity and non-discrimination. Together, these initiatives reflect the ACT Government's recognition that improved mental health outcomes require coordinated cross-sectoral action.

System navigation

Despite these strategies, the ACT mental health system—like others across Australia—remains fragmented, making navigation difficult for both service users and planners. Effective tools are needed to identify available supports and match people with the most appropriate services (Rosenberg & Harvey, 2021; Salinas-Perez et al., 2023).

This Atlas was developed as part of the MChart project, a demonstration study in the ACT to create a digital navigation tool for mental health planners and professionals. Using the Atlas methodology, service data are collected and geocoded into the MChart platform to visualise services, workforce, and other key characteristics, supporting informed planning and decision-making

Integrated Atlases

Integrated Atlases of care provide essential information on service availability, placement capacity, and workforce characteristics within a local area. Service data for these atlases are collected using DESDE-LTC (Description and Evaluation of Services and Directories for Long-Term Care), an ontology-based international classification system that enables standardised coding and comparison across territories and care sectors (Salvador-Carulla et al., 2013). It enables identification of patterns of care provision (availability, capacity, workforce) and facilitates comparisons across jurisdictions and over time. This approach supports analysis of the balance of care (e.g., hospital vs community services), grouping of services by meaningful characteristics (such as organisational context), clarification of terminology (disambiguation and interoperability), gap analysis, and examination of connections across organisations within the local system (e.g., through Social Network Analysis).

Integrated Atlases of Mental Health provide vital information for integrated care planning. They provide detailed information on the social and demographic characteristics and health-related needs of a health jurisdiction, as well as data on service availability and capacity across all sectors of care. Geographic Information Systems (GIS) are used to map service locations and represent key social and demographic indicators relevant to mental health. Extensive use of maps and graphics enables easy visualisation of the data and allows policy planners and decision makers to work together to build bridges between the different sectors. Used to monitor a system over time, they can provide a unique opportunity to examine changes in the pattern of mental health care delivery to highlight variations of care, detect gaps in the system and examine the impact of mental health reforms. Atlases also generate the foundational data required for a range of Decision Support Systems (DSS), including modelling efficiency, automated coding of services, and navigation tools.

In Australia, Integrated Atlases have enabled comparison of mental health needs and the availability, diversity, capacity and distribution of services across 12 PHN regions. A total of 20 Integrated Mental Health Atlases have been completed since 2015, including the Integrated Atlases of Mental Health Services in the ACT in 2016 and 2020.

The DESDE-LTC system classifies services based on actual service activity (i.e. what the service does) rather than on their official name. It uses a standardised procedure and methodology for data collection and coding. This standardised approach allows service planners and researchers to complete meaningful comparisons of service systems across and within countries. Such comparisons allow for sharing of best practice, analysis of gaps in service availability, and monitoring of health systems. The use of the DESDE-LTC model in the ACT atlases has provided a unique opportunity to assess longitudinal change within the mental health system of the ACT between 2016 and 2025, at a time when there has been significant reform to the delivery of mental health care, major changes in social policy, and a global pandemic.

DESDE-LTC and its antecedent European Service Mapping System (ESME) have been used in 585 catchment areas and 34 different countries to describe services at local, regional and national levels. Its metric properties have been extensively analysed, and the usability of the system has been demonstrated around the world (Romero et al., 2019). DESDE-LTC aggregates micro and meso level data to provide a bottom-up analysis of actual care provision (Table 1). This contrasts with, but complements, the National Mental Health Service Planning Framework (NMHSPF), which uses macro-level data to provide top-down models for ideal macro and meso-level provision (Diminic et al., 2023). The NMHSPF predicts the mental health service activity and resource requirements for a given population and can therefore be used to identify priority areas for mental health planning and service development when compared to existing services.

A full description of the DESDE-LTC system and the methodology used for this Atlas can be found in Appendix 2 of this report.

Table 1 Mental Health matrix modified

<i>Levels of Care</i>	INPUT	THROUGHPUT	OUTPUT
MACRO Country/region	1A	1B	NMHSPF: Population based planning
MESO Local <i>Health districts, catchment areas</i>	2A	2B	
MICRO Service <i>Settings, facilities, care teams</i>	3A*	DESDE-LTC: Provision based service Atlas	3C
NANO Individual agents <i>Users, carers, profs.</i>	4A		4B

* Modified from Thornicroft & Tansella (1999) *The Mental Health Matrix*, Cambridge Univ. Press

METHOD

Atlas data collection

Figure 1 describes the process of development of an Integrated Atlas.

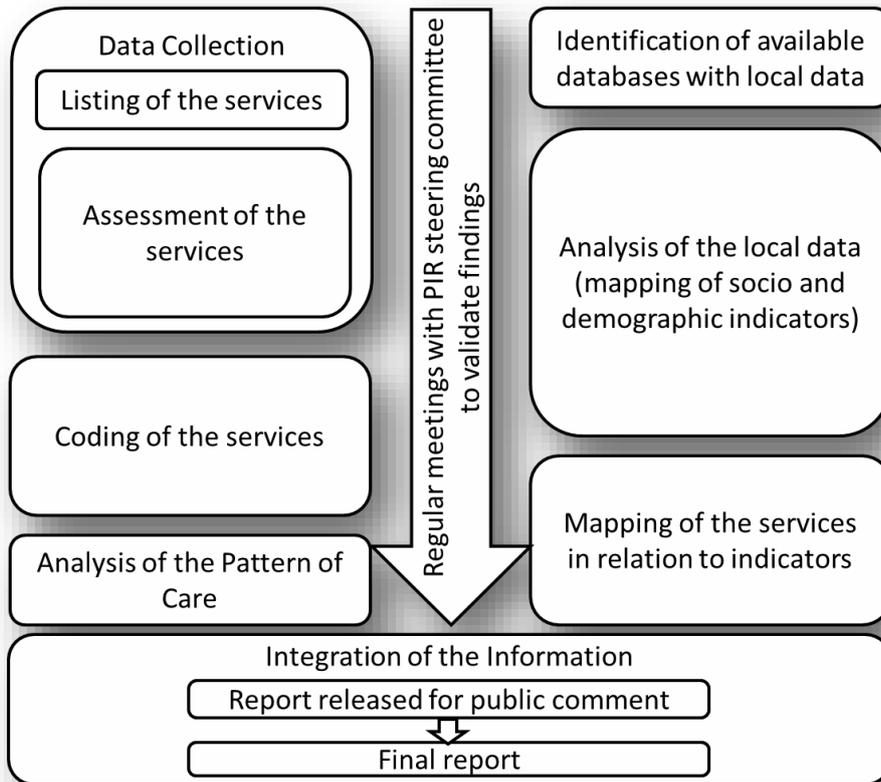


Figure 1 Development of an Atlas

1. Geospatial analysis

For the Geographical Information Systems (GIS) analysis of an area the size of the ACT PHN region, the most effective unit of analysis is the SA2 (Statistical Area Level 2). The use of SA2 ensures that concentrated pockets of deprivation and disadvantage, and risk factors for mental disorders are captured, enabling the design of targeted programs and services.

Socio-demographic indicators identified from national databases including the Australian Bureau of Statistics (Table 2) are visualised using choropleth maps (maps that use different colours inside defined geographical areas), which were depicted using the GIS to illustrate the distributions and small-area variations (SA2) in each of the indicators calculated. The maps are structured in a large zoom-in inset which shows the ACT's urban areas, and a small zoom-out inset displaying the whole ACT. In each map, the values have been divided into four intervals based on the mean value. Thus,

intervals 1 and 2 represent the SA2 below the mean, and the intervals 3 and 4 above the mean. The SA2 with population density below 100 inhabitants per km² have been removed as they have large surfaces with very low number of residents what may distort the interpretation. Even so, their values can be seen in the zoom-out inset. A second set of maps was then constructed to visualise the locations of the services/BSIC in relation to two indicators: population density and percentage of population with psychological distress.

Table 2 Population mental health and wellbeing indicators

Indicator	Numerator	Denominator	Unit
Population density	Inhabitants (total)	Area (km ²)	
Dependency index	Percentage of population aged below 15 years old and above 64 years old	Population aged between 15 and 64 years old	X 100
Ageing index	Population aged above 64 years old	Population aged below 15 years old	X 100
Not married or defacto people	Not married or defacto population	Total population (without not stated)	X 100
People who live alone	Lone person in usual residence	Total population (without not applicable)	X 100
Single parent families	Single parent families with children under 15 years old	Total families (without not applicable)	X 100
Australian Aboriginal and Torres Strait people	Population who identified themselves as being of Australian Aboriginal and/or Torres Strait Islander	Total population (without not stated)	X 100
People who were born abroad	Population born overseas	Total population (without not stated)	X 100
People with low English proficiency	Population who speaks English: not well or not at all	Total population (without not stated)	X 100
Under 10 years of school completed people	Population below year 10 or equivalent as highest Year of School Completed	Population above 14 years old (without not stated or not applicable: <15 y.o.)	X 100
Unemployed people	Unemployed population	Labour force (total population without not stated, not applicable or not in labour force)	X 100
Household income under \$500	Household with less than \$500 per week, including those on negative incomes	Population above 14 years old (without not stated or not applicable: <15 y.o.)	X 100
Decile of the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)	Decile of the Index of Relative Social Disadvantage and Advantage Score		

People who need assistance with core activities	Population who has needed for assistance with core activities	Total population (without not stated)	X 100
People with some long-term health condition	Population with some long-term health condition	Total population (without not stated)	X100
People with some long-term mental health condition	Population with some long-term mental health condition	Total population (without not stated)	X100
Deaths from suicide and self-inflicted injuries (x1000) (0-74 years old)	Deaths from suicide and self-inflicted injuries	Population aged between 0 and 74 years	X 1000
People with high or remarkably high psychological distress	Estimated number of people aged 18 years and over with high or very high psychological distress, based on the Kessler 10 Scale (K10)	Population aged over 18 years	X 100

2. Service data collection.

Ethics approval for the Integrated Atlas of Mental Health Services was granted by ACT Health Research Ethics and Governance Committee (2022/ETH02523). Mental health service data were first collected in 2023 and published in the 2023 ACT Directory of Mental Health Services, and a subsequent update of data collection was undertaken between 1 August 2024 and 4 April 2025. This report summarises the methods and findings following the 2024/25 data update.

For the first round of interviews in 2023, email invitations and Participant Information Sheets were sent to managers of mental health services identified using a website search and in discussion with local health service officials in the Capital Health Network and ACT Health. Managers were invited to participate in an online interview to gather the following service information: a) basic service information (e.g. name, type of service, description of governance); b) location and geographical information about the service (e.g. service of reference, service area); c) service data (e.g. opening days and hours, staffing, management, economic information, legal system, user profile, number of consumers, number of contacts or admissions, number of days in hospital or residential accommodation, number of available beds or places, links with other services). Following interview, each included service was then coded according to DESDE-LTC criteria.

Participating providers were contacted again in 2024 to update their previously submitted information. A web search was conducted to identify new organisations providing mental health services and to remove those no longer active. The two university-based providers that contributed in 2023 were re-invited to participate. Public health service availability data from 2023 were verified with a representative of ACT Health. Information from other public agencies, including the Community

Services Directorate, Department of Veterans' Affairs, ACT Justice Services, and the Education Directorate—was drawn from the *2023 Directory* and official Directorate websites.

In 2024, interviews were also conducted online via Microsoft Teams, this time using a REDCap survey form based on the DESDE-LTC classification system, with additional questions developed in consultation with members of the MChart Expert Panels. To ensure the usability of the updated survey, interviewees completed the form collaboratively with the interviewer, who provided clarification as needed. Questions were revised during this process to improve clarity. Interviews were not recorded; instead, completed forms were submitted and securely stored in REDCap.

This report includes, but distinguishes, publicly and privately accessible services. *Public Access* services are generally not-for-profit and do not require substantial out-of-pocket payments or private insurance. These include Community Managed Organisations (CMOs) and public agencies, as outlined above. In contrast, *Private Access* services are typically for-profit and usually require full or partial payment by the user, either directly or through private insurance. Private-for-profit providers operating under the National Disability Insurance Scheme (NDIS), are included in this category.

Given the large number of private providers in the ACT, it was not feasible to interview all private services individually. In 2023, a small group of representative private providers was therefore selected and invited to participate, and these same providers were re-invited for the 2024/25 update. Information on all other private providers was obtained from publicly available sources, including website searches of psychosocial and mental health services in the ACT, NDIS provider listings, and professional directories such as the Australian Health Practitioner Regulation Agency (AHPRA), the Royal Australian and New Zealand College of Psychiatrists, and the Australian Psychological Society.

Private practitioners or services were included if they maintained their own business website or could be identified as independent businesses operating within a shared or co-located practice. Practitioners were excluded if they appeared to be employees of a group practice without operating independently under their own business entity.

For services that did not respond in 2024, data from the *2023 Directory* were cross-checked against current information on service websites. For services not listed in the *2023 Directory*, information was obtained directly from their websites.

Minor data updates were made in July 2025, including the addition of one public health service and the removal of another. Several private services that could no longer be identified as independent providers through a web search were also removed.

Service coding

Services were coded using the DESDE-LTC system according to the main type of care provided (Residential, Day, Outpatient, Accessibility, Information, or Self-help and Volunteer). Each of these main care typology branches is further divided into sub-levels that capture additional characteristics, such as the acuity of user needs, frequency of care, and length of stay. (See Appendix 2 for more detailed explanation of DESDE-LTC methodology).

RESULTS

1. Geospatial analysis-mapping the area.

The Australian Capital Territory (ACT) covers 2,351 square kilometres, of which more than half (around 55%) is designated as protected land—including a national park, wilderness areas, botanic gardens, and multiple nature reserves. Namadji National Park alone, in the south-west, accounts for 46% of the ACT's total area. Canberra is the territory's only city, structured into seven districts: North Canberra, South Canberra, Woden Valley, Belconnen, Weston Creek, Tuggeranong, and Gungahlin. Just across the border in New South Wales, the city of Queanbeyan (population ~65,000) is integrated with Canberra's economy and services, reflecting strong cross-border ties. ACT is a rapidly growing region, reflected in a population growth of over 25% between 2016 and 2023 (Figure 2).

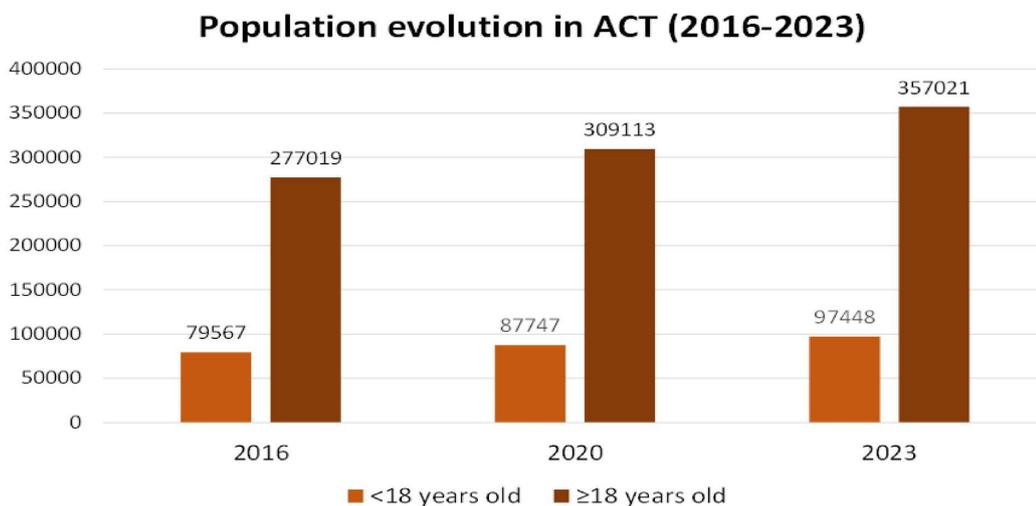


Figure 2 Population evolution in ACT 2016-2023

Figures 3-11 map the local distribution of mental health–related indicators across the ACT. These factors, when unevenly distributed, can magnify vulnerability despite the ACT’s overall socioeconomic advantage. These maps show that while the ACT overall is a relatively educated and prosperous region, nevertheless, there is significant variation within its boundaries, and areas of significant disadvantage. Inner suburban areas, particularly immediately south of Lake Burley Griffin, experience lower population density, lower rates of long-term mental health conditions, lower levels of socioeconomic disadvantage, higher levels of education, lower unemployment, and show lower risk of psychological distress. The areas further south of the centre as well as those in the northwest tend to be more densely populated, with lower levels of education attainment and higher unemployment, and higher rates of psychological distress.

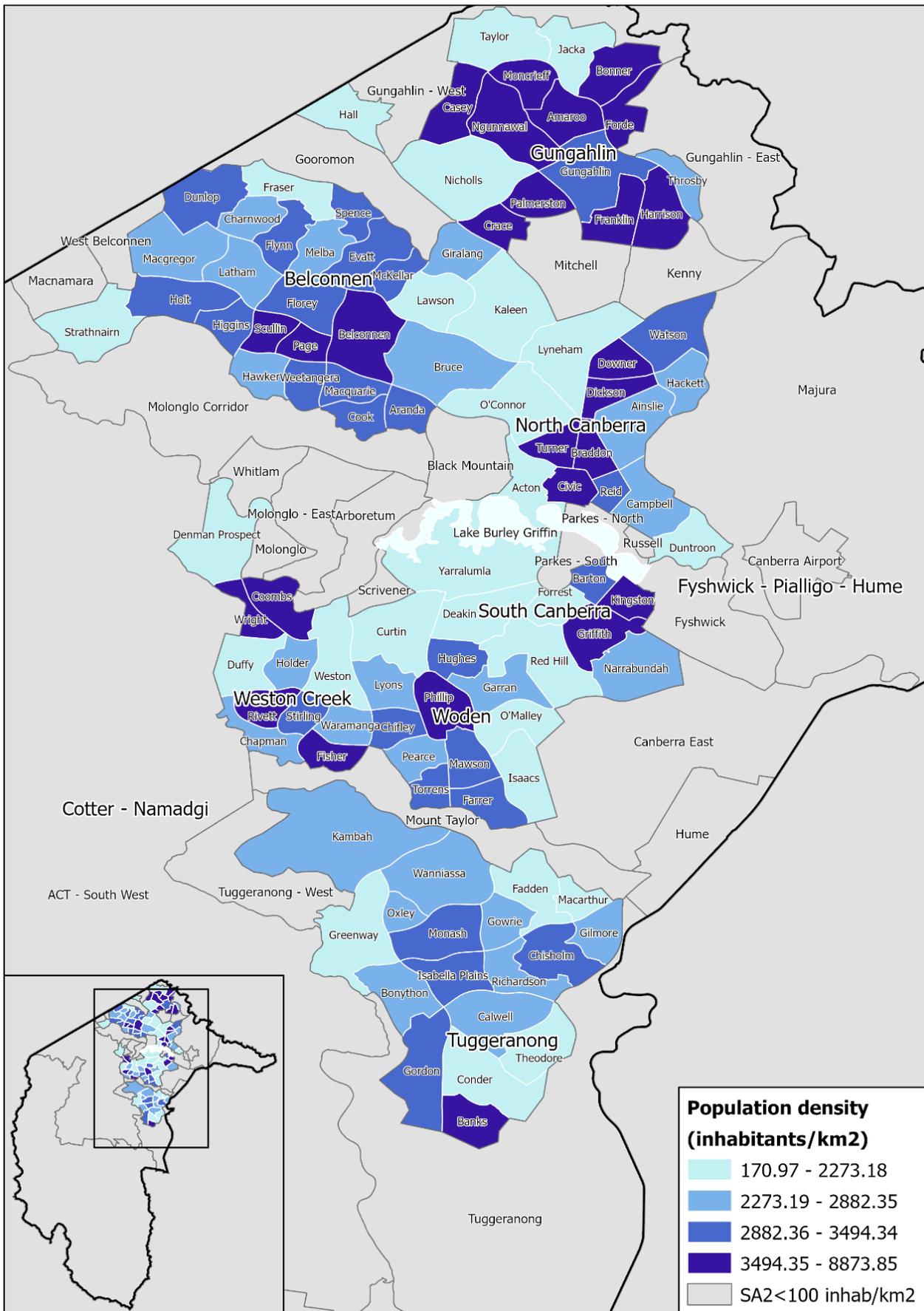


Figure 3 Population density by Statistical Area 2: Census (ABS, 2021)

Representation by quartiles (25% Statistical Areas 2 per interval)

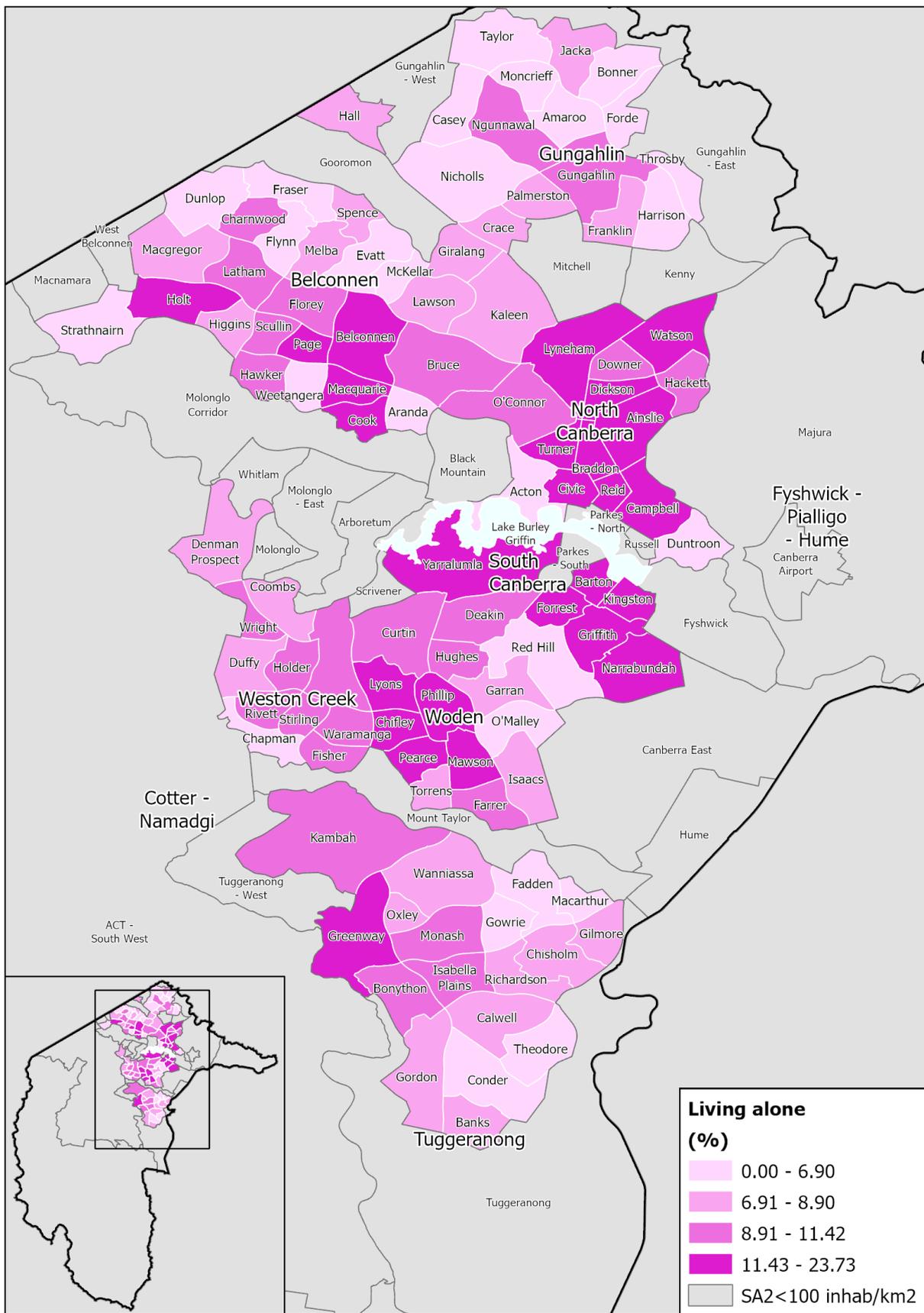


Figure 4 People who live alone (%) by Statistical Area 2: Census (ABS, 2021)

Representation by quartiles (25% Statistical Areas 2 per interval).

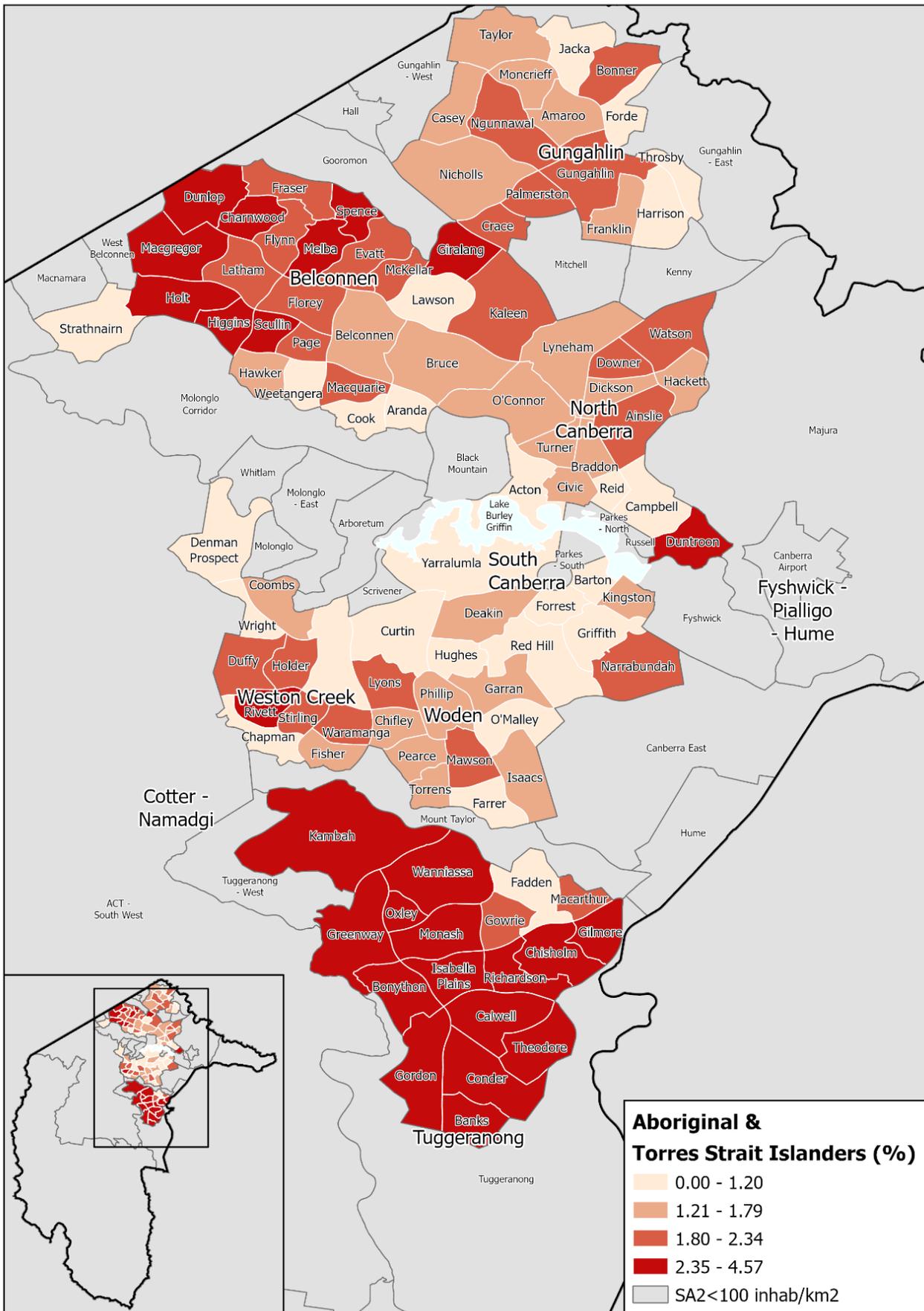


Figure 5 Australian Aboriginal and Torres Strait people (%) by Statistical Area 2: Census (ABS, 2021)

Representation by quartiles (25% Statistical Areas 2 per interval).

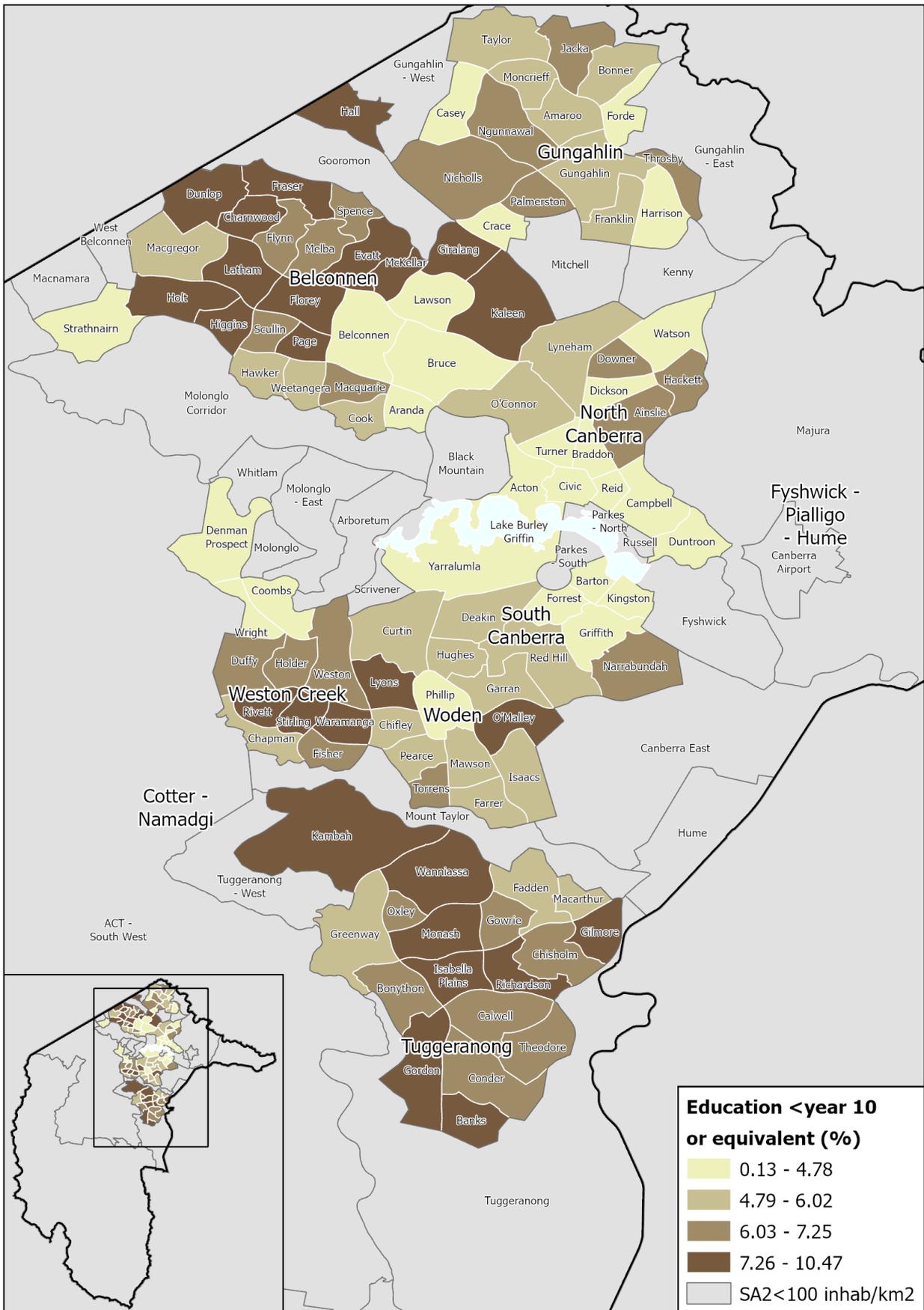


Figure 6 Completion of under 10 years of school people (%) by Statistical Area 2: Census (ABS, 2021)

Representation by quartiles (25% Statistical Areas 2 per interval).

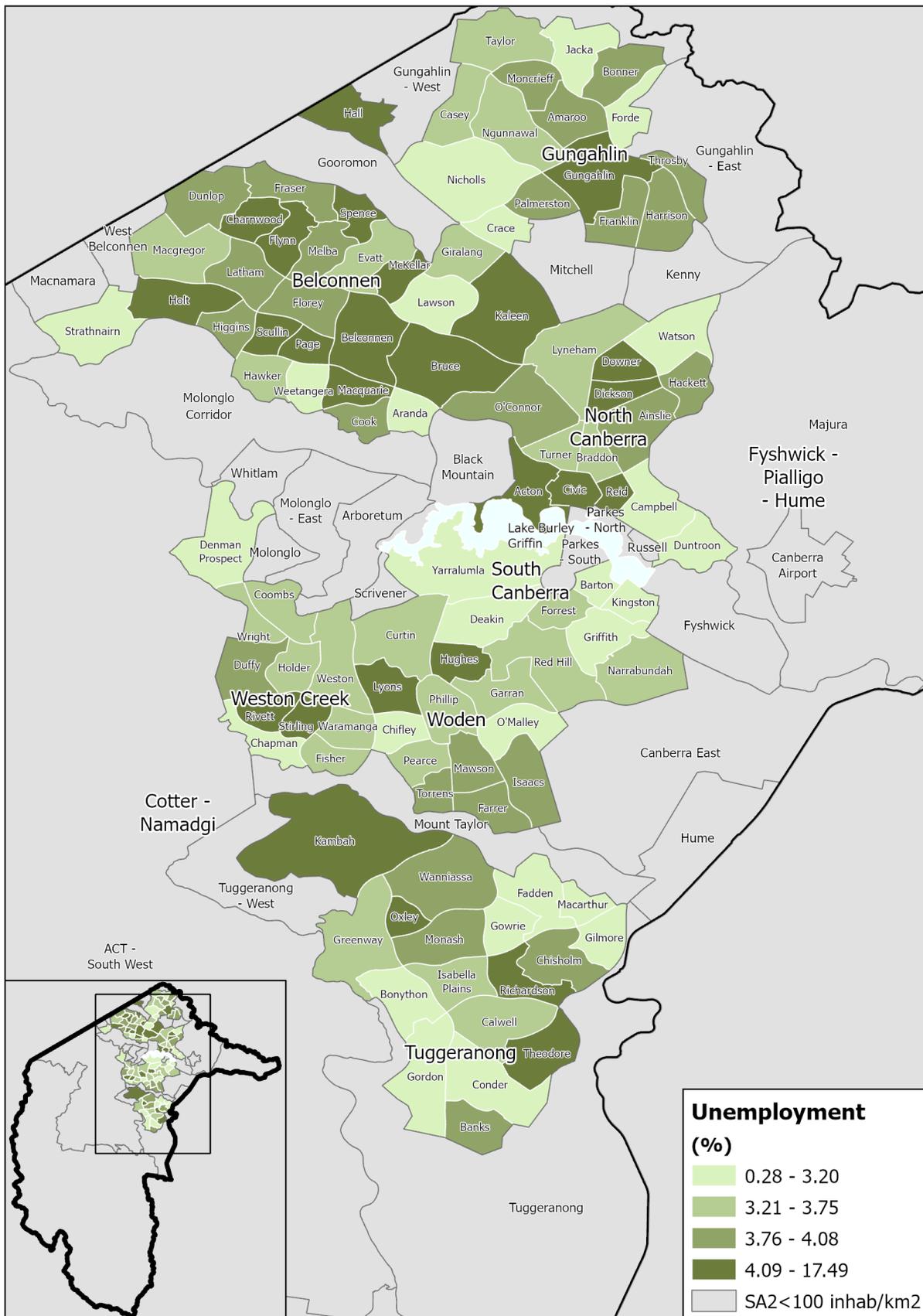


Figure 7 Unemployed people (%) by Statistical Area 2: Census (ABS, 2021)

Representation by quartiles (25% Statistical Areas 2 per interval).

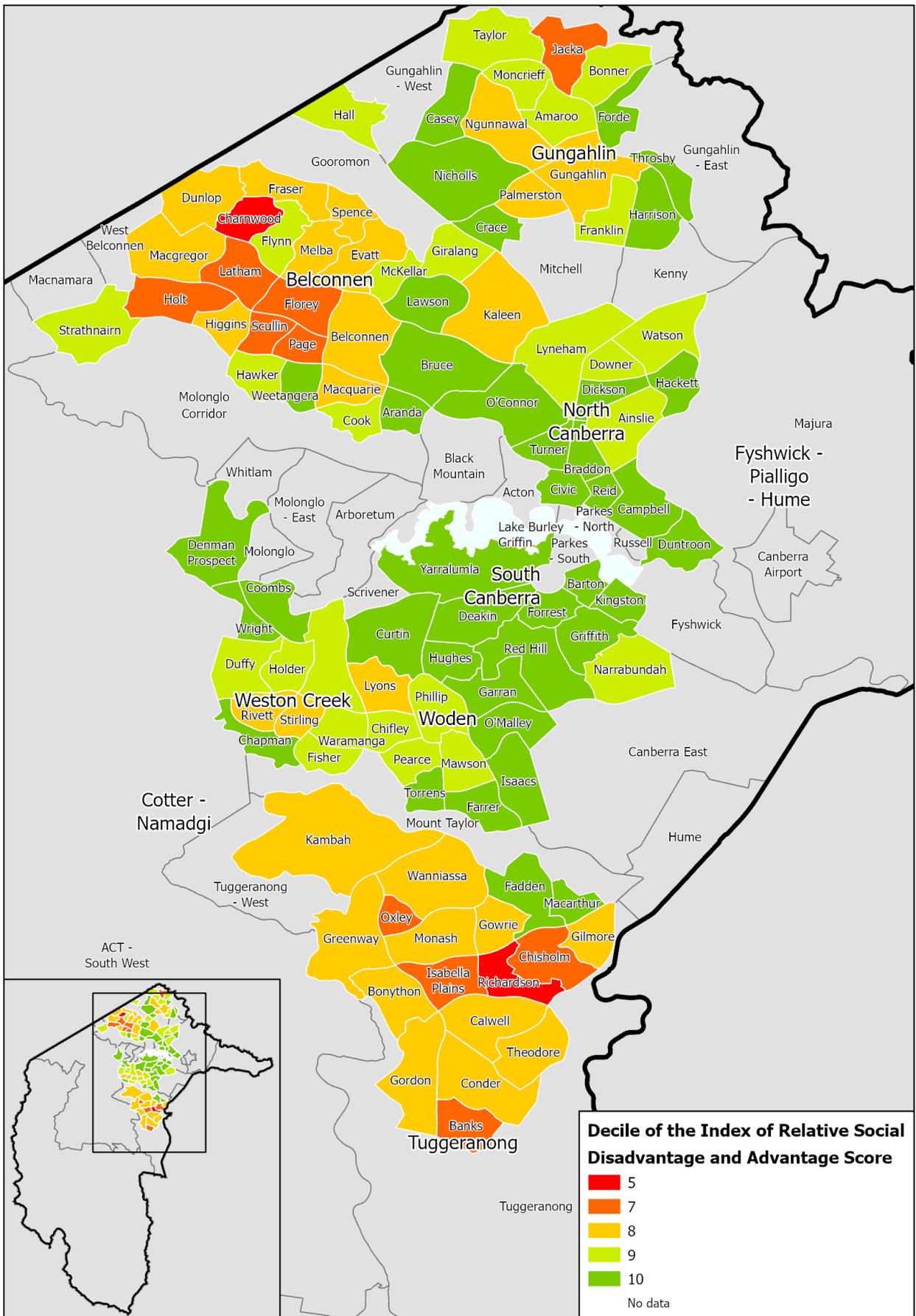


Figure 8 Decile of the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) by Statistical Area 2: Census (ABS, 2021)

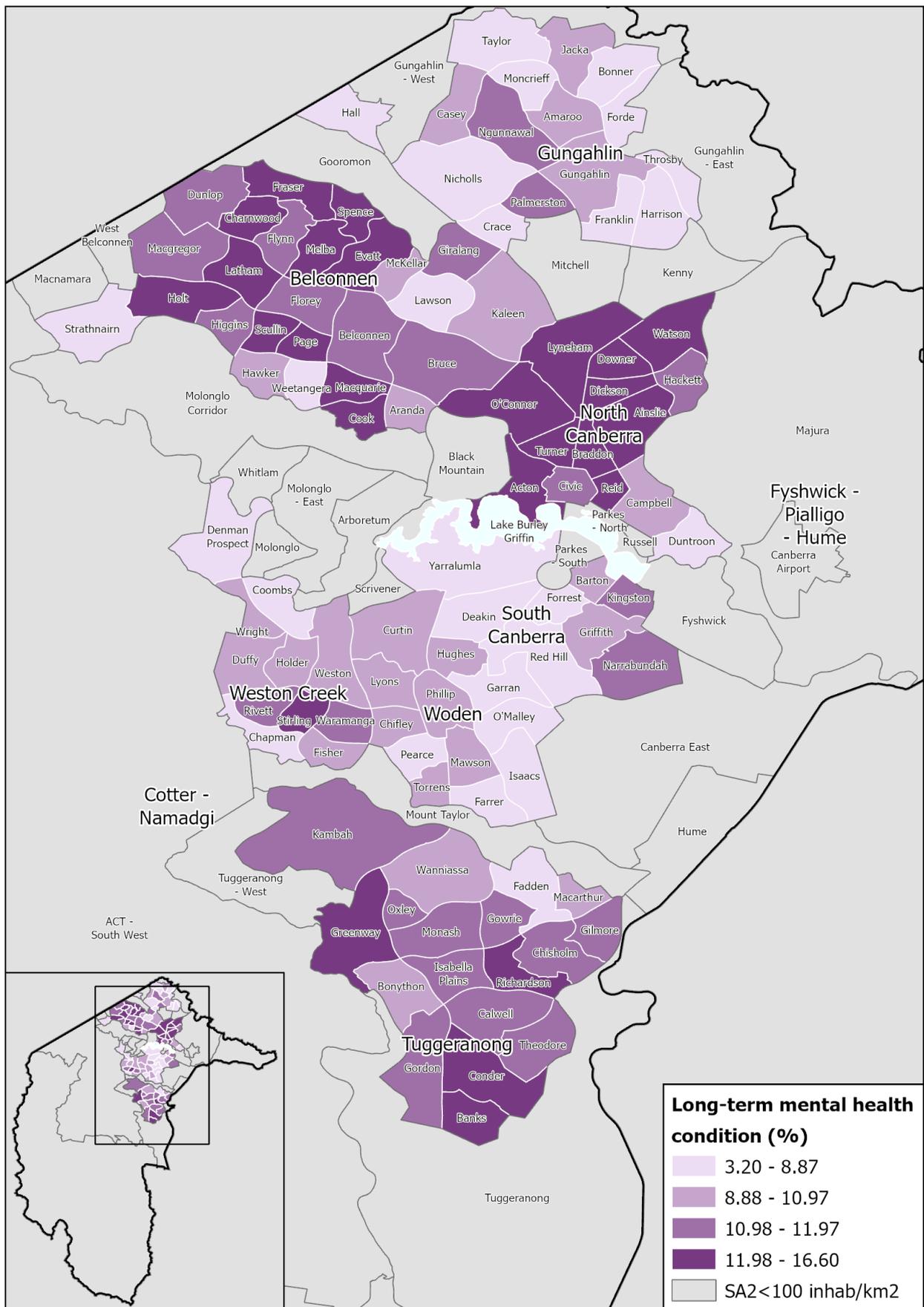


Figure 9 People with a long-term mental health condition (%) by Statistical Area 2: Census (ABS, 2021)

Representation by quartiles (25% Statistical Areas 2 per interval).

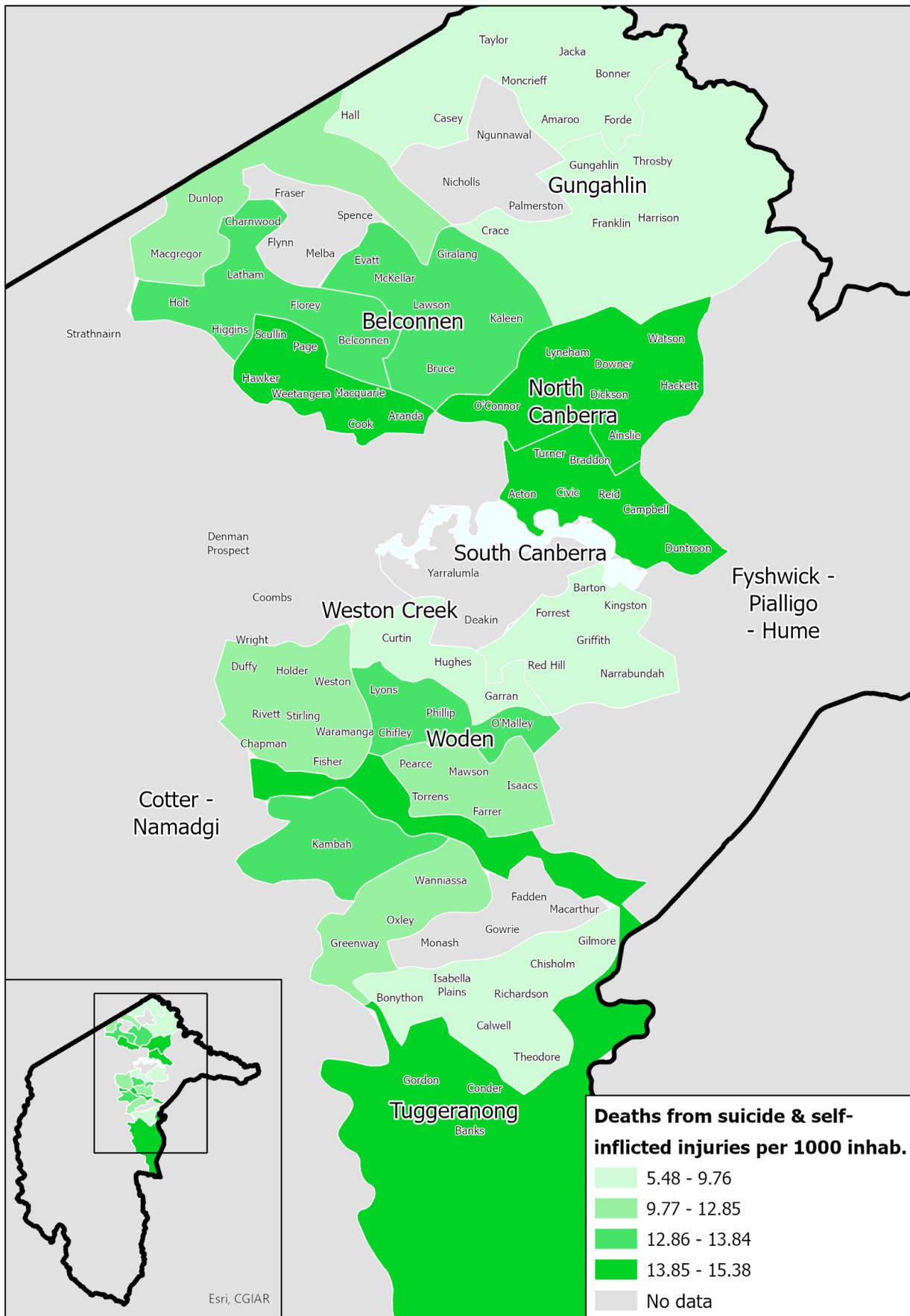


Figure 10 Deaths from suicide and self-inflicted injuries (x1000) (0-74 years old) by Population Health Area: PHIDU (2020)
Representation by quartiles (25% Statistical Areas 2 per interval).

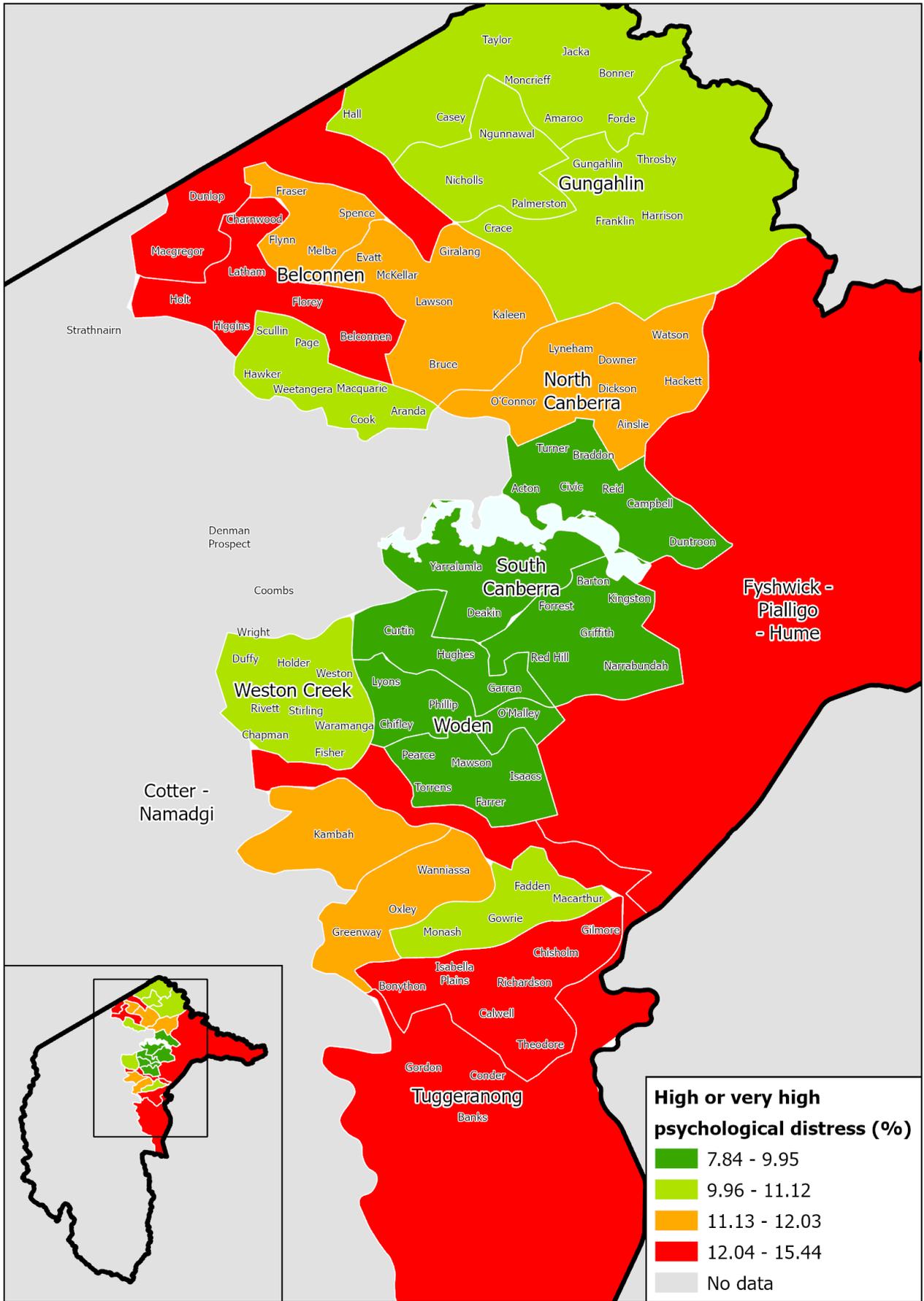


Figure 11 People with high or very high psychological distress by Population Health Areas (over 18 years old): PHIDU (2020)

2. Service availability-mapping the services.

To obtain information about service availability and characteristics, a total of 34 service providers were contacted, of whom 18 agreed to participate in the Atlas. These organisations reported on 44 unique service teams, nine of which operated across more than one geographic location in the ACT. Of these, four were classified as *Private Access* services, while the remainder were CMOs (*Public Access*).

Eleven services that had participated in 2023 did not respond to the 2024/25 invitation, which was not unexpected given the relatively short time between data collection periods. Conversely, two services that had not responded in 2023 agreed to participate in 2024/25, and one CMO that commenced providing a mental health service in 2024 was also included.

All interviews were conducted online via Microsoft Teams, with an average duration of 40–60 minutes depending on the number of services offered by each organisation.

Data for a total of 319 "Basic Stable Inputs" (professional care teams) provided by 225 organisations, delivering 325 Main Types of Care, were identified and analysed. Three providers delivered both Private and Public access services. There were a further 25 (nine Private Access, 16 Public Access) satellite or "other care teams" (OCTs- teams which were organisationally dependent on a primary team), providing another 25 Main Types of Care. These are not independent teams and are thus not included in the following data. However, their locations are included in geographic mapping.

Public Access services were provided by five public (government) agencies, two universities, and 26 Community Managed Organisations (CMOs). Private Access services were delivered by two private hospitals, two CMOs, and the remainder by private individual or group practices. It should be noted that a significant proportion of Private Access services were delivered by sole practitioners, many of whom indicated on their websites limited or no current availability to new clients. A complete list of services and their assigned codes can be found in Appendix 1 to this report.

Figures 12 and 13 below show mental health and psychosocial service availability in the ACT. Figure 12 presents Public and Private Access services in 2025, while Figure 13 compares the availability of Public Access services from 2016 to 2025.

Each figure presents four indicators from the DESDE-LTC service classification system:

1. Providers - the number of service provider organisations identified.
2. Basic Stable Inputs - the number of professional service teams offered by these organisations.
3. Main Types of Care - the total number of care types delivered.

4. Diversity- the number of distinct DESDE-LTC codes assigned, reflecting the variety of care available.

Figure 12 shows that although substantially more Private Access services were identified compared to Public Access services, Public Access services were generally larger providers, such as CMOs and government departments, typically delivering multiple services. In contrast, Private Access services were usually smaller in scale, often consisting of group psychology practices offering a single service, with a notable proportion operated by solo practitioners. Service diversity—measured by the number of unique DESDE-LTC codes—was substantially greater in Public Access services than Private Access services.



Figure 12 Number of Mental Health Service Providers, Teams, Main Types of Care, and Service Diversity- Comparison of Public and Private Access Services (2025)

Figure 13 illustrates an increase in both service availability and diversity among Public Access services between 2016 and 2025, with the decline observed in 2020 likely attributable to operational disruptions caused by the COVID-19 pandemic. Notably, the diversity of services available using DESDE-LTC criteria did not increase in line with the increase in availability.



Figure 13 Number of Mental Health Service Providers, Teams, Main Types of Care, and Service Diversity- Comparison of Public and Private Access Services (2025)

Figures 14 and 15 illustrate the target populations of Public and Private Access services by age group, using DESDE-LTC age codes. In both sectors, most services were either intended for adults or did not specify a particular age group.

Within the Public Access sector, just over one-quarter of services specifically targeted children and adolescents, or subgroups within this population. Services specifically designed for individuals aged 65 and over were extremely limited, comprising only 1% of all identified Public Access services. Private Access services predominantly served adults or offered care that was not age specific.

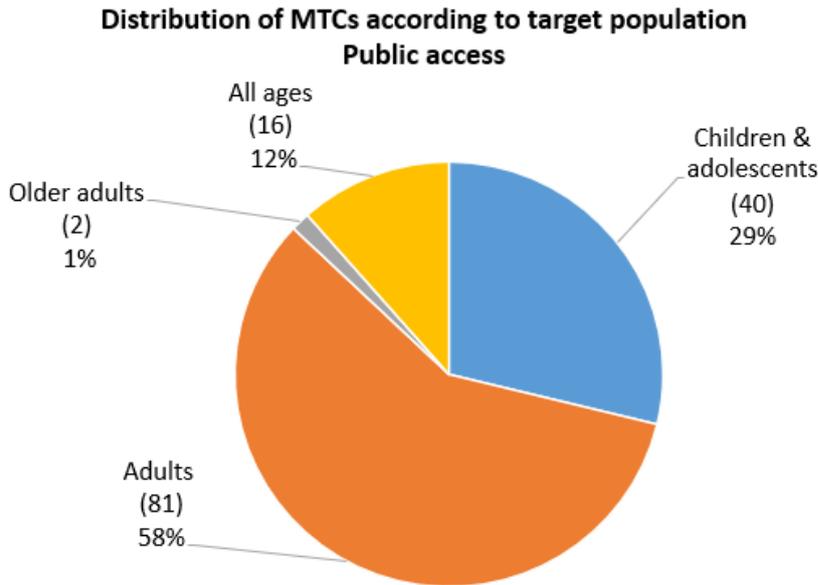


Figure 14 Proportion of Main Types of Care by Age Group of Target Population - Public Access Services in the ACT (2025)

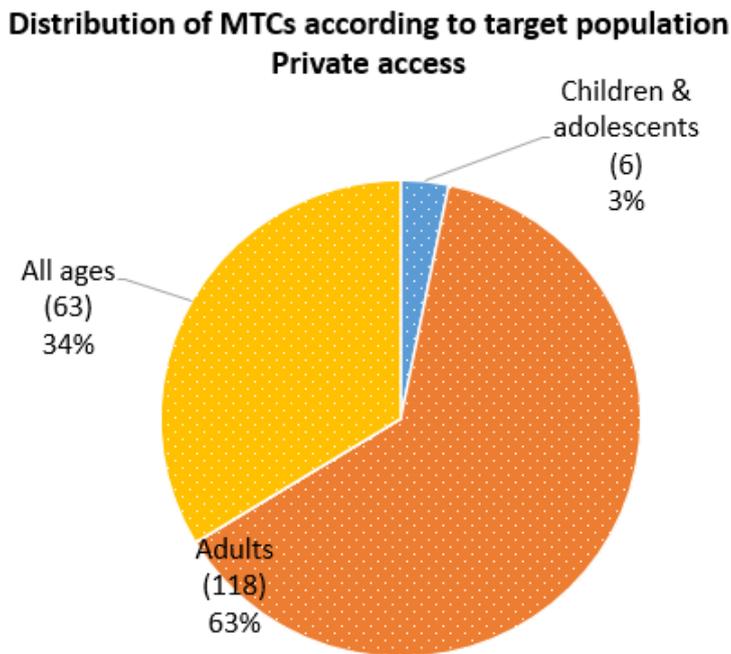


Figure 15 Proportion of Main Types of Care by Age Group of Target Population - Private Access Services in the ACT (2025)

Figure 16 shows the distribution of Public Access services for adults and older adults, including services for the general population (i.e., no specific target age group), by sector and by DESDE-LTC Main Type of Care (MTC) categories. Across all sectors, the majority of services were either health-

related or socially oriented outpatient services, followed by residential care in the public health, justice, not-for-profit CMO, and private sectors. Services focused on improving access to care, providing information or guidance, or offering self-help and volunteer-based support represented only a small proportion of services and were not available in the private sector. Day services also comprised a small proportion of available services within the public health, CMO, and private NDIS provider sectors.

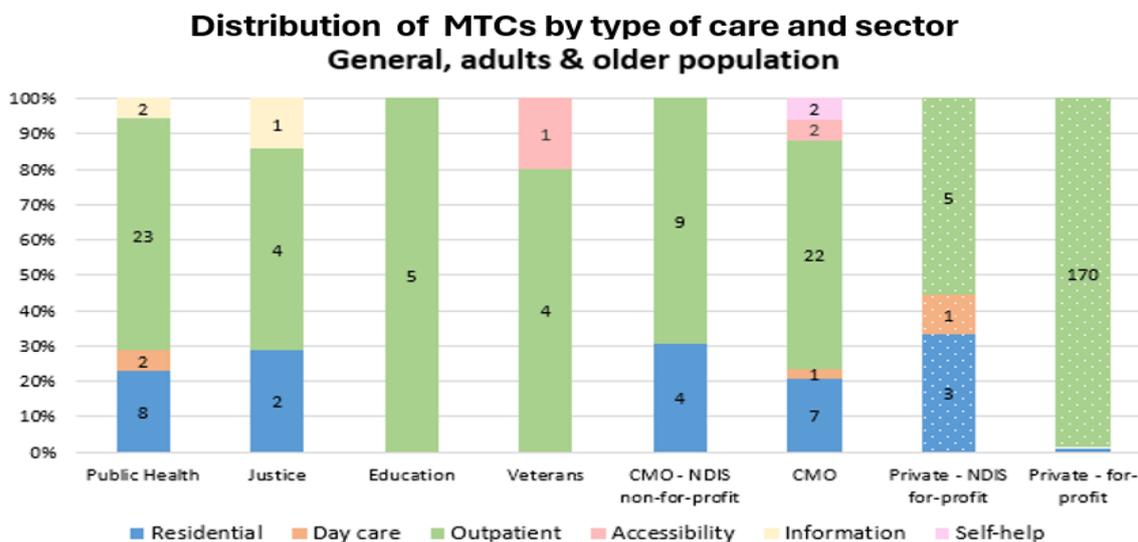


Figure 16 Main Types of Care (adults, older and general population) by type of care and sector - Public Access Services in the ACT (2025)

Figure 17 shows the distribution of Public Access services for children and adolescents, according to sector and DESDE-LTC Main Type of Care (MTC) categories. The majority of services were outpatient services in all sectors, with a small number of day and residential services provided by the public health and CMO sectors. There were no Accessibility services identified.

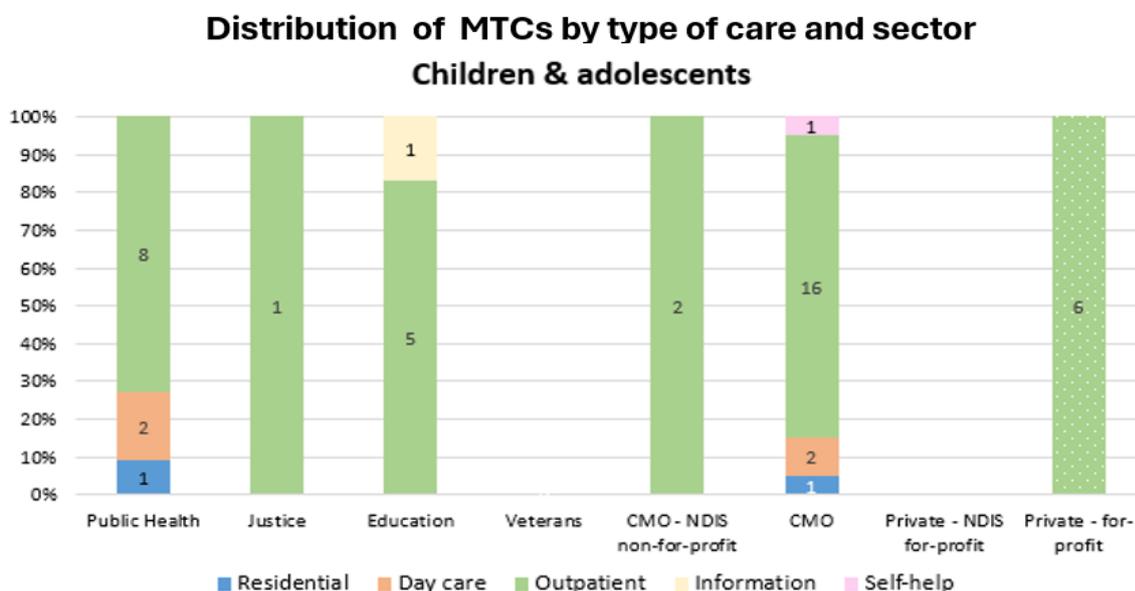


Figure 17 Main Types of Care (children and adolescents) by type of care and sector - Public Access Services in the ACT

Core health services—defined as those in which registered health professionals constitute at least 10% of direct care staff—account for approximately two-thirds of Public Access services (Figure 18) and over four-fifths of Private Access services for adults (Figure 19). The remaining services fall below the 10% threshold for registered health professional staffing.

Distribution of the MTCs according to the balance of care
Public access

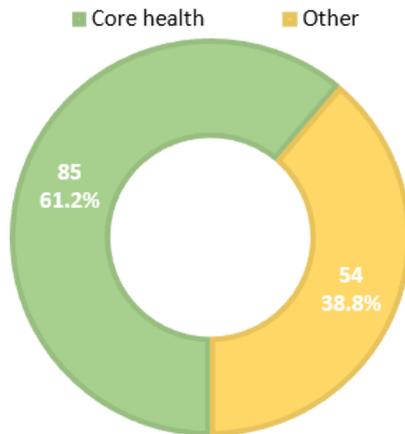


Figure 18 Proportion of Public Access Services in 2025 with Registered Health Professionals Representing at Least 10% of Core Direct Care Staff

Distribution of the MTCs according to the balance of care
Private access

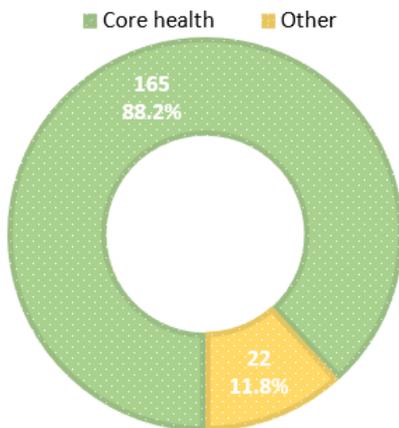


Figure 19 Proportion of Private Access Services in 2025 with Registered Health Professionals Representing at Least 10% of Core Direct Care Staff

Figure 20 presents a longitudinal view of the shift in service composition from 2016 to 2025, showing a gradual increase in core health services—from less than half to more than half of all identified services—indicating a growing emphasis on care involving registered health professionals.

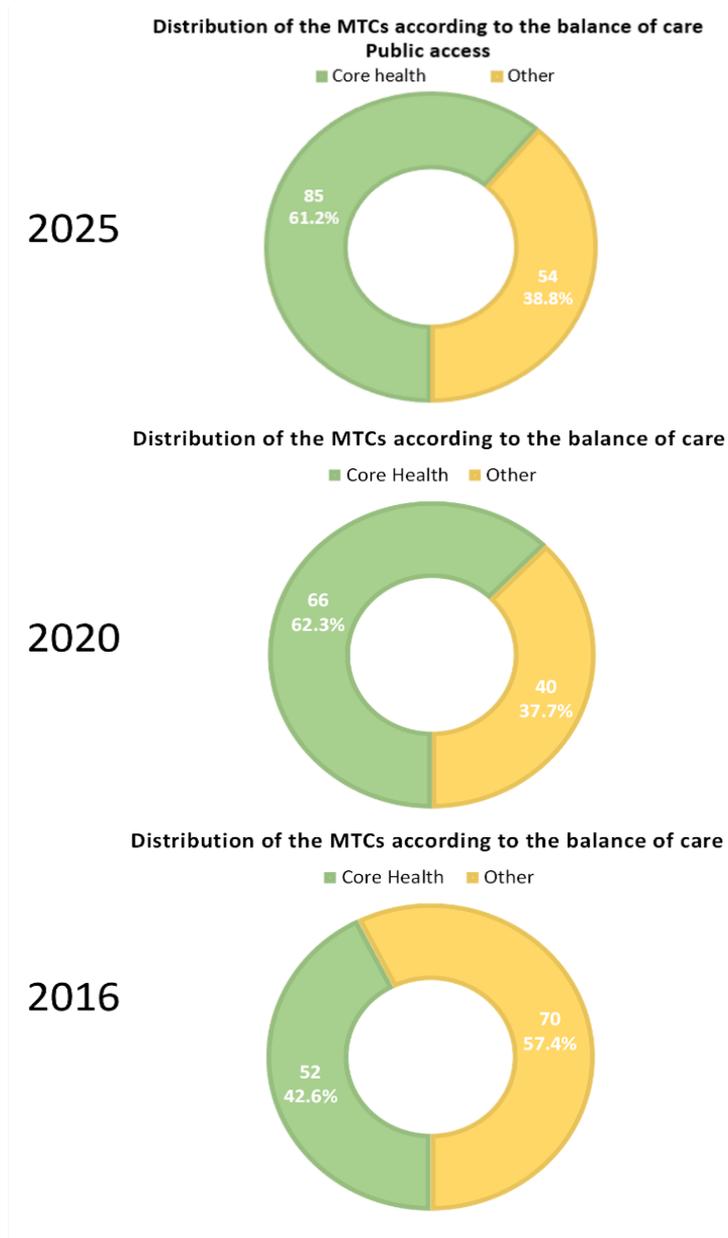
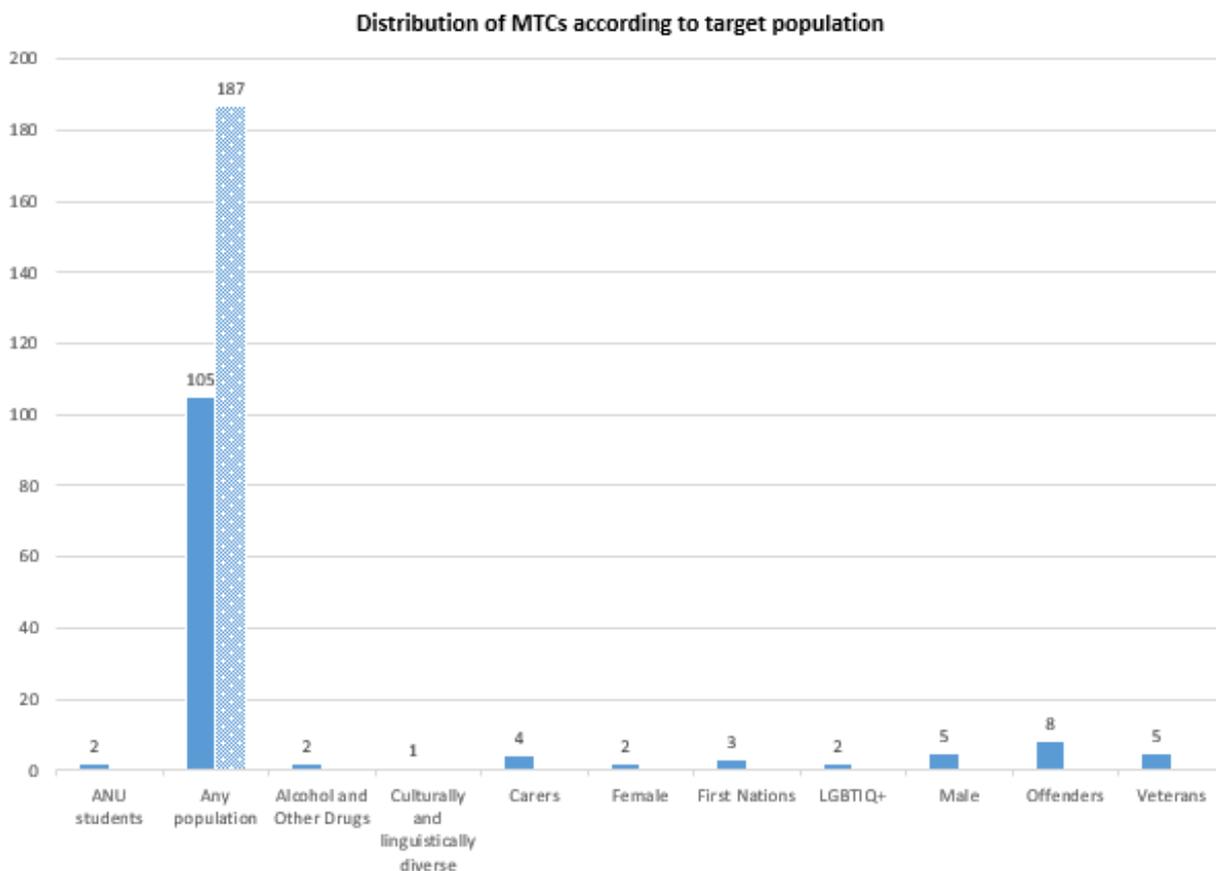


Figure 20 Proportion of Public Access Services in 2025 with Registered Health Professionals Representing at Least 10% of Core Direct Care Staff (2016, 2020, 2025)

A small number of services were designed for particular populations (Figure 21). The most common of these were gender-specific services, services for veterans, and services for individuals in contact with the justice system. Services for Culturally and Linguistically Diverse (CALD) populations were the least represented.



CALD: Culturally and Linguistically Diverse LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+

Figure 21 Main Types of Care by Specific Target Population - Public Access Services in the ACT (2025)

Figure 22 shows that ambulatory non-outreach (centre-based) services comprised the largest group of services in both the Public Access and Private Access sectors, followed in both cases by ambulatory outreach services.

Acute hospital and crisis or emergency services were available only in the Public Access sector. However, both sectors provided non-acute hospital care and community residential services, demonstrating some overlap in service types despite differences between sectors.

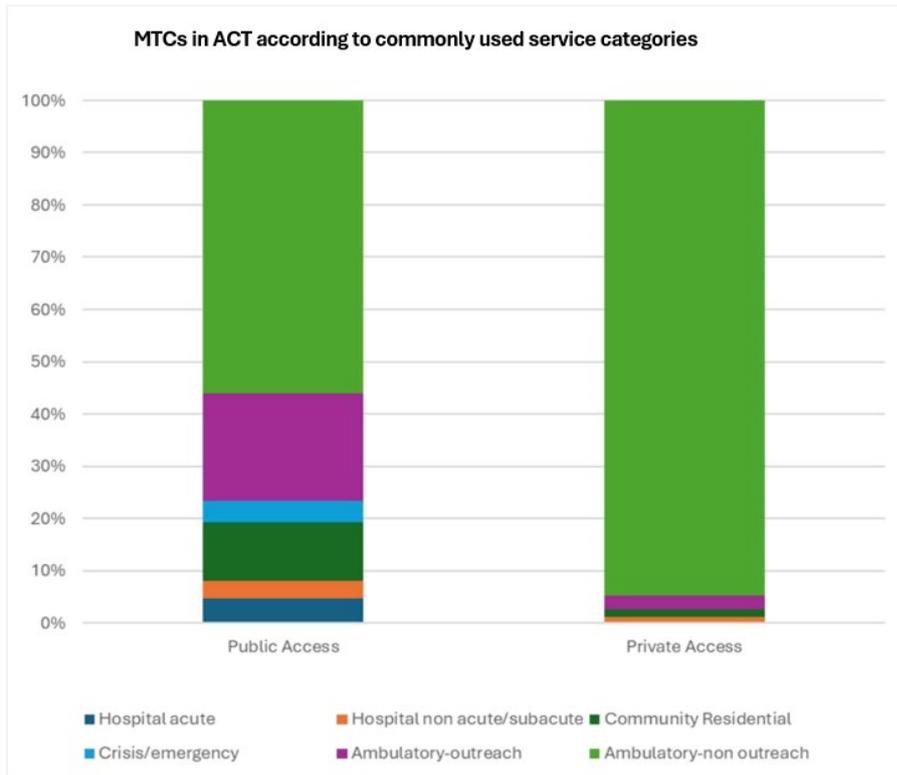


Figure 22 Main Types of Care in ACT according to commonly used service categories: comparison of private and public access services (2025)

Figure 23 breaks down services provided by CMOs according to whether they are foundational (do not require individual funding or funding plan) or NDIS funded. It shows that most mental health services provided by CMOs are foundational, with NDIS services comprising just over one tenth of available services.

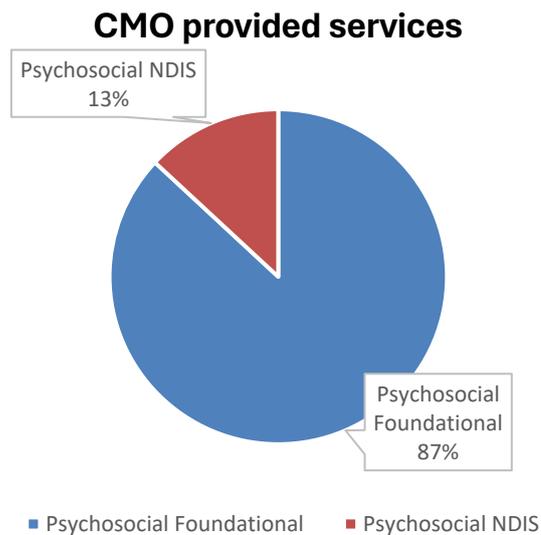


Figure 23 ACT CMO services by eligibility type (NDIS Plan Required (NDIS) vs. General Eligibility (Foundational))

Between 2016 and 2025 the most significant changes in the number of Public Access beds available were an increase in non-acute hospital type beds, along with a sustained decline in high-intensity community residential beds, such as those in Step Up/Step Down services, which provide more intensive, short-term support. (Figure 24). These findings should be interpreted with caution, as not all services provided data on bed numbers.

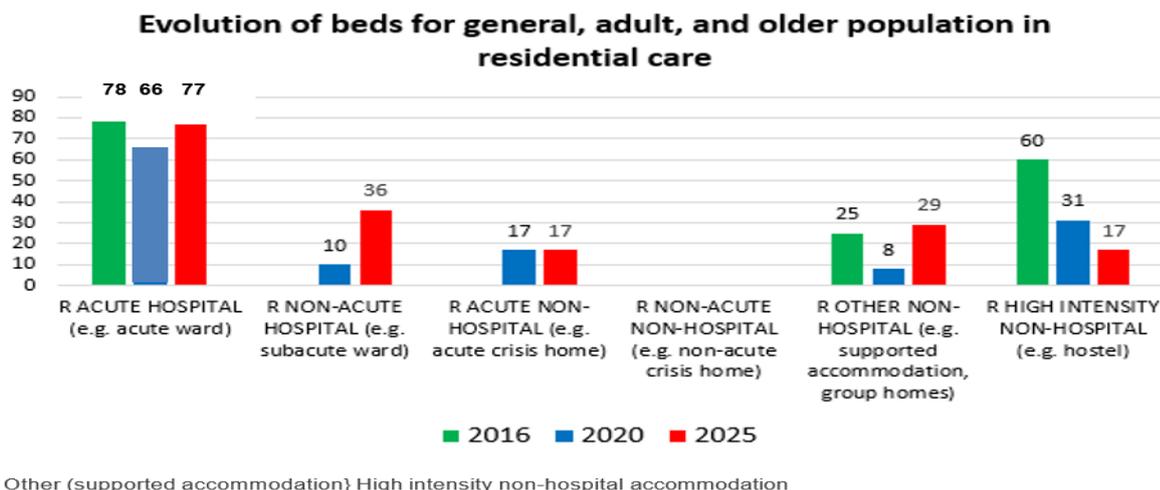


Figure 24 Trends in Residential Care Beds for adults in the ACT (2025)

The only notable development between 2016 and 2025 during this period was the introduction of an acute inpatient ward for adolescents at The Canberra Hospital (Figure 25).

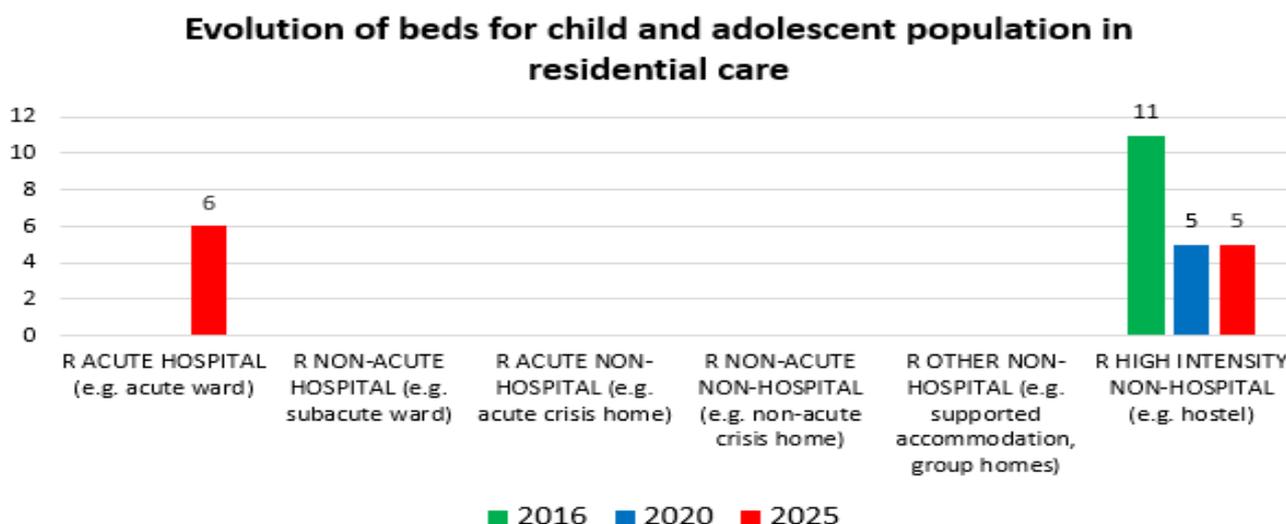


Figure 25 Trends in Residential Care Beds for children and adolescents in the ACT (2025)

The "v" qualifier is an additional code assigned to services that may experience significant variation in care provision over the short or medium term, often due to funding instability or changes in funding systems. Services operating solely on NDIS funding are included in this category. Most services with a "v" qualifier are delivered by CMOs, which rely heavily on short-term funding contracts-typically lasting no more than one year at a time. In the ACT, more than half of CMO services have been assigned this qualifier, and this figure has remained relatively unchanged since 2016 (Figure 26).

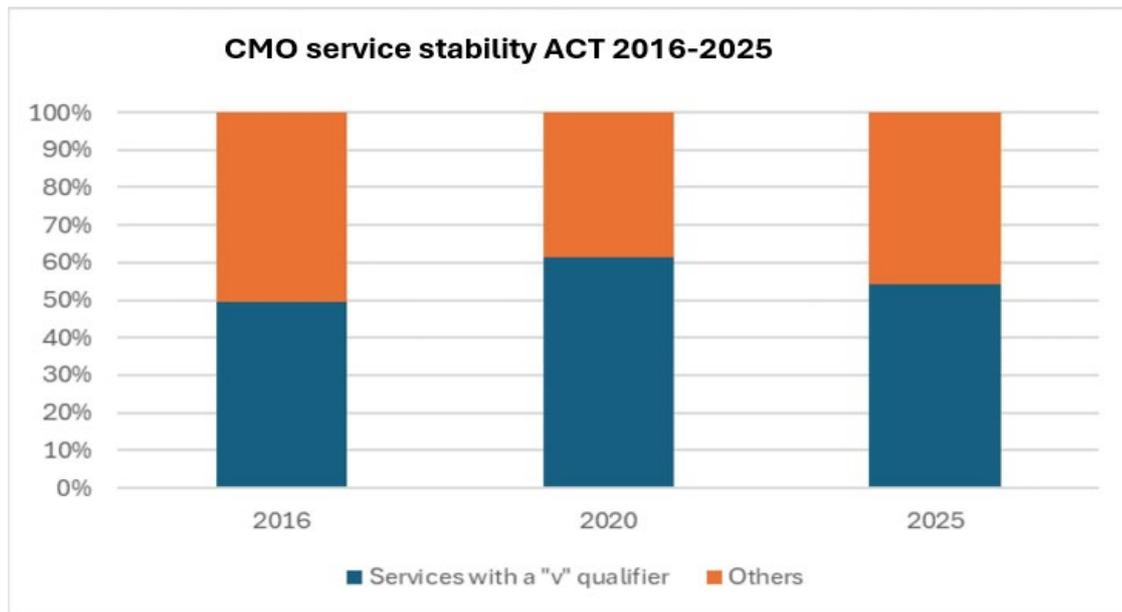
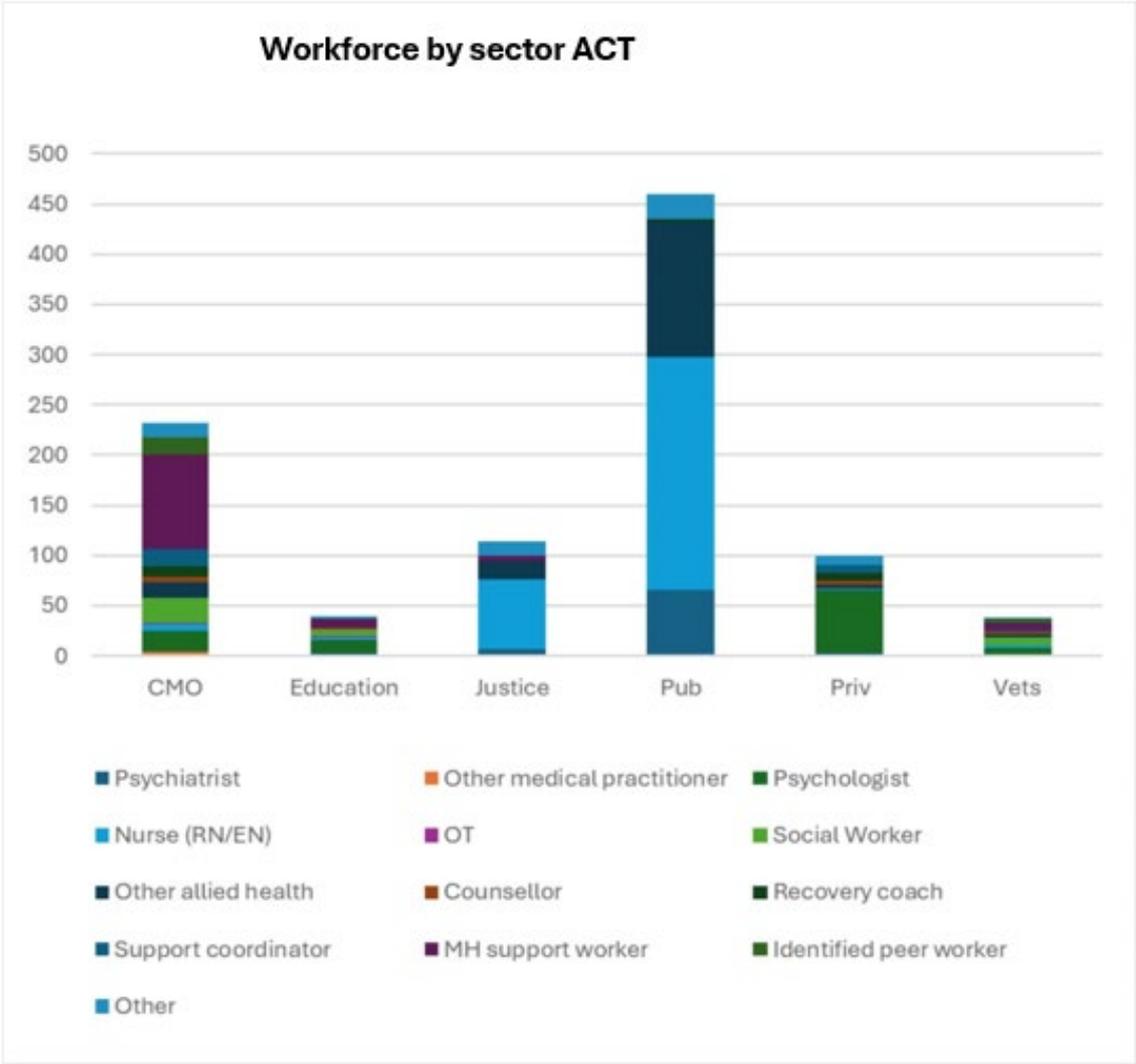


Figure 26 Proportion of CMO services with a "v" qualifier

Workforce

The largest group of direct care staff in public health services are nurses, followed by allied health professionals (Figure 27). Public health services also employ the highest number of psychiatrists.

Justice-related services are the second-largest employers of nurses. In the Community Managed Organisation (CMO) sector, mental health support workers constitute the largest portion of the workforce, with CMOs overall offering the widest range of professional roles. In private services, psychologists are the predominant professional group. These findings should be interpreted cautiously due to the limited scope of the available workforce data.



CMO: Community Managed Organisation Pub: Public Health Priv: Private Access “Vets”: Service for veterans” OT: Occupational therapist
Figure 27 ACT mental health and psychosocial workforce distribution by sector (2025)

Description of the pattern of care

Figures 28-32 in the following section depict the pattern of mental health care in the ACT PHN region in 2024/2025. To understand the balance between the different types of care offered in an area, a radar tool is used to depict the mix of service types (pattern of care) in each area. Each of the 23 points on the radius of the diagram represents the number of MTC for a particular group of care types per 100,000 adults. The blue area refers to residential care, the orange area to day care, the green to outpatient care and the yellow one to accessibility. Table 3 shows the specific DESDE-LTC codes according to each subgroup of care on the radar graph.

Table 3 DESDE-LTC code groups

Group	DESDE codes
R: ACUTE HOSPITAL	R1, R2, R2.1, R2.2, R3.0
R: NON-ACUTE HOSPITAL	R4, R6
R: ACUTE NON-HOSPITAL	R0, R3.1, R3.1.1, R3.1.2
R: NON-ACUTE NON-HOSPITAL	R5, R7
R: OTHER NON-HOSPITAL	R9, R9.1, R9.2, R10, R10.1, R10.2, R12, R13, R14
R: HIGH INTENSITY NON-HOSPITAL	R8, R8.1, R8.2, R11
D:ACUTE HEALTH	D0, D0.1, D0.2, D1, D1.1, D1.2
D: NON-ACUTE HEALTH	D4, D4.1, D8, D8.1
D:WORK RELATED	D2, D2.1, D2.2, D3, D3.1, D3.2, D6, D6.1, D6.2, D7, D7.1, D7.2
D:OTHER	D4.2, D4.3, D4.4, D5, D5.1, D5.2, D8.2, D8.3, D8.4, D9, D9.1, D9.2, D10
O:ACUTE MOBILE HEALTH	O1, O1.1, O2, O2.1
O:ACUTE NON-MOBILE HEALTH	O3, O3.1, O4, O4.1
O:NON-ACUTE MOBILE HEALTH	O5, O5.1, O5.1.1, O5.1.2, O5.1.3, O6, O6.1, O7, O7.1
O:NON-ACUTE NON-MOBILE HEALTH	O8, O8.1, O9, O9.1, O10, O10.1
O:NON-ACUTE NON-MOBILE NON-HEALTH	O8.2, O9.2, O10.2
NON-ACUTE MOBILE NON-HEALTH	O5.2, O5.2.1, O5.2.2, O5.2.3, O6.2, O7.2
O:CUTE NON-MOBILE NON-HEALTH	O3.2, O4.2
O:ACUTE MOBILE NON-HEALTH	O1.2, O1.2.1, O1.2.2, O2.2
O:OTHER NON-ACUTE	O11
A: OTHER	A0, A1, A2, A3, A5, A5.1, A5.2, A5.3,

A:CARE COORDINATION	A4, A4.1, A4.1.1, A4.1.2, A4.2, A4.2.1, A4.2.2, A4.2.3
A:EMPLOYMENT	A5.4
A:HOUSING	A5.5

Figures 28 -30 provide comparisons of the proportional availability of services between public and private sectors, between adult and child/adolescent services in the ACT, and between services in the ACT and Andalusia, Spain, illustrating patterns of care provision across these groups.

Figure 28 highlights differences in the diversity of service availability between Private and Public Access services. Private Access services are primarily outpatient-based, whereas Public Access services are more broadly distributed across outpatient, residential, accessibility, day, self-help, and information categories.

Figure 29 shows that day services are considerably more available for children and adolescents than for adults and older adults, while residential services are less available for this younger population.

The comparison between the ACT and Andalusia (Figure 30) reveals differing patterns of service availability: Andalusia has lower overall availability, with a care pattern that is less hospital- and outpatient-focused but shows higher availability of socially oriented day services compared to the ACT.

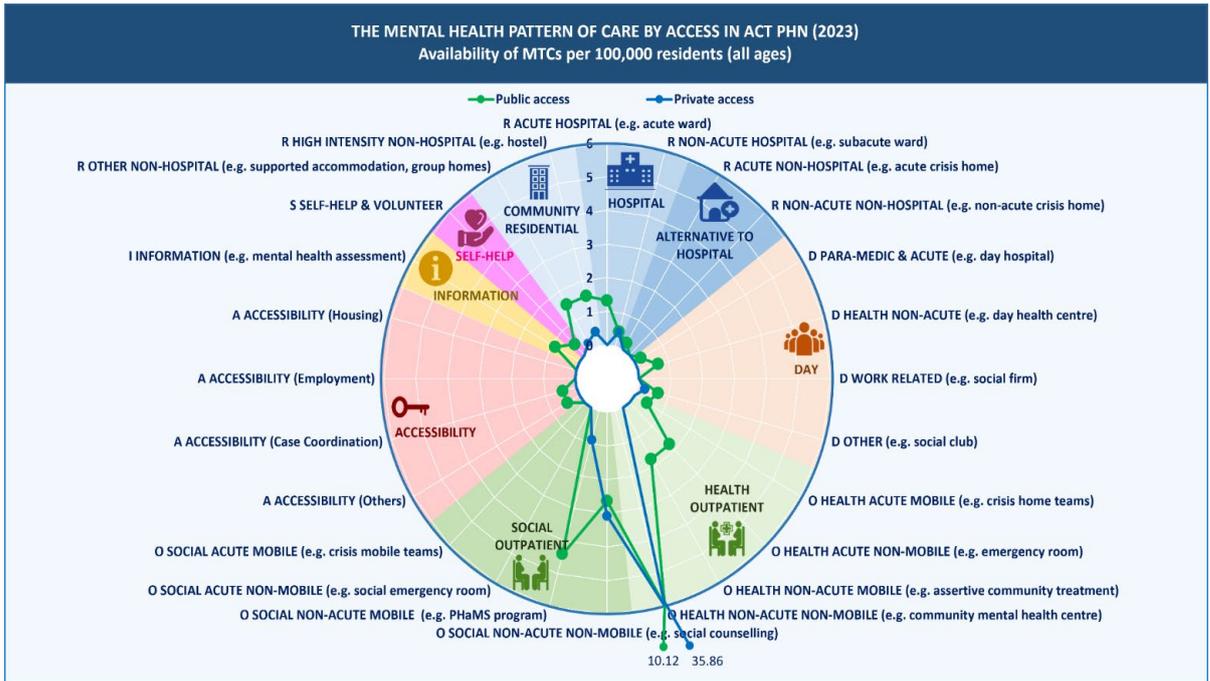


Figure 28 The pattern of mental health service availability for adults, children and adolescents in both the public and private sectors in the ACT 2024-25

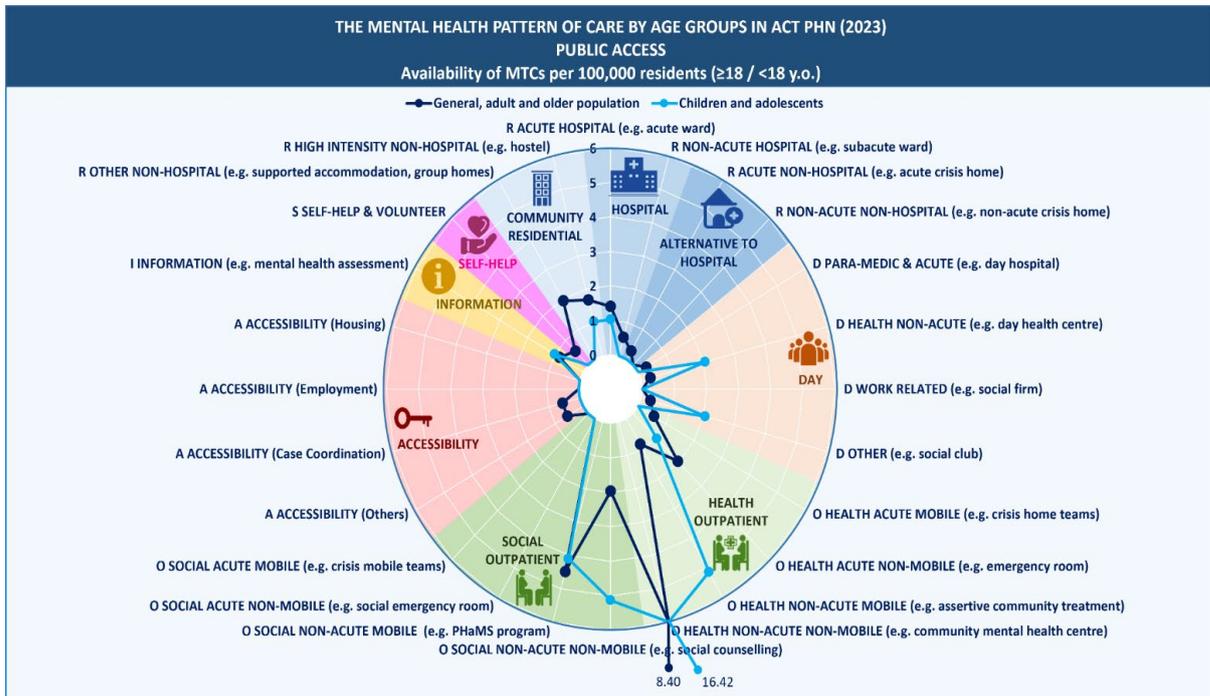


Figure 29 The pattern of mental health service availability for adults, and children and adolescents (Public Access) in the ACT 2024-25

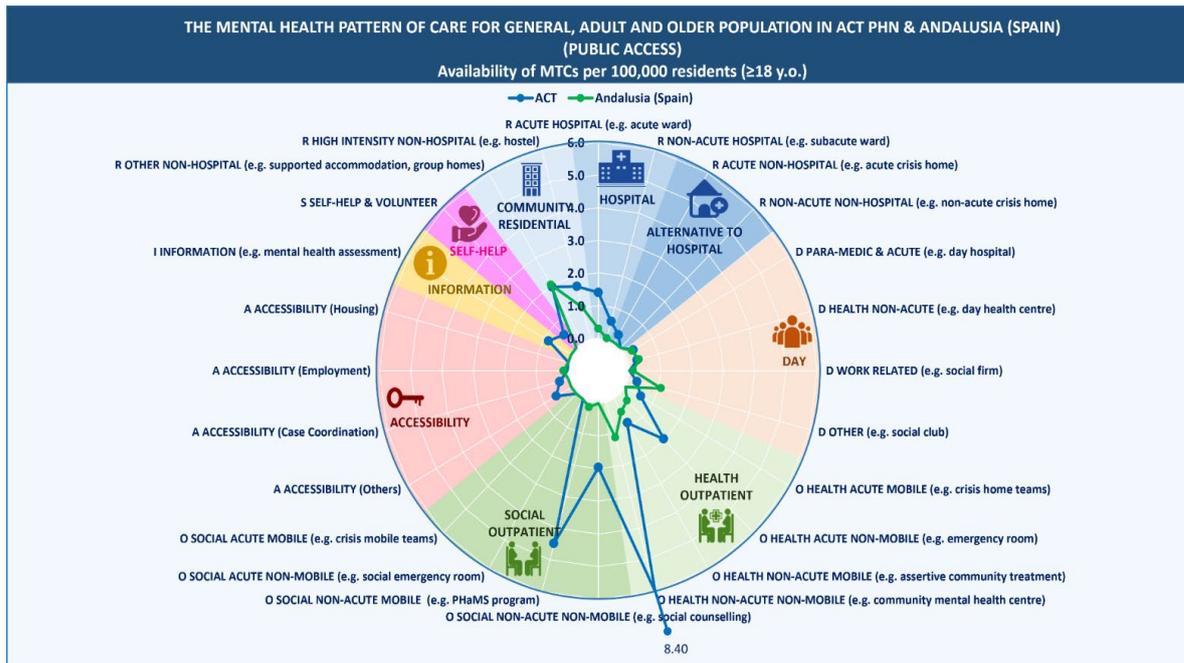


Figure 30 The pattern of mental health service availability for adults, older adults and the general population (Public Access) in the ACT 2024-25

Figures 31 and 32 illustrate the evolution of the pattern of care from 2016 to 2025 for adults, and for children and adolescents. They show that gaps remain in day services for both age groups, except for social type day services for children and adolescents, and in alternatives to hospital. Services for adults and the general population have become less available per head of population in all areas except social outpatient services, which is unchanged. There has been a relative increase of availability of non-acute non-mobile health and social outpatient services for children and adolescents, but a decrease in availability of non-acute social mobile services and community residential services

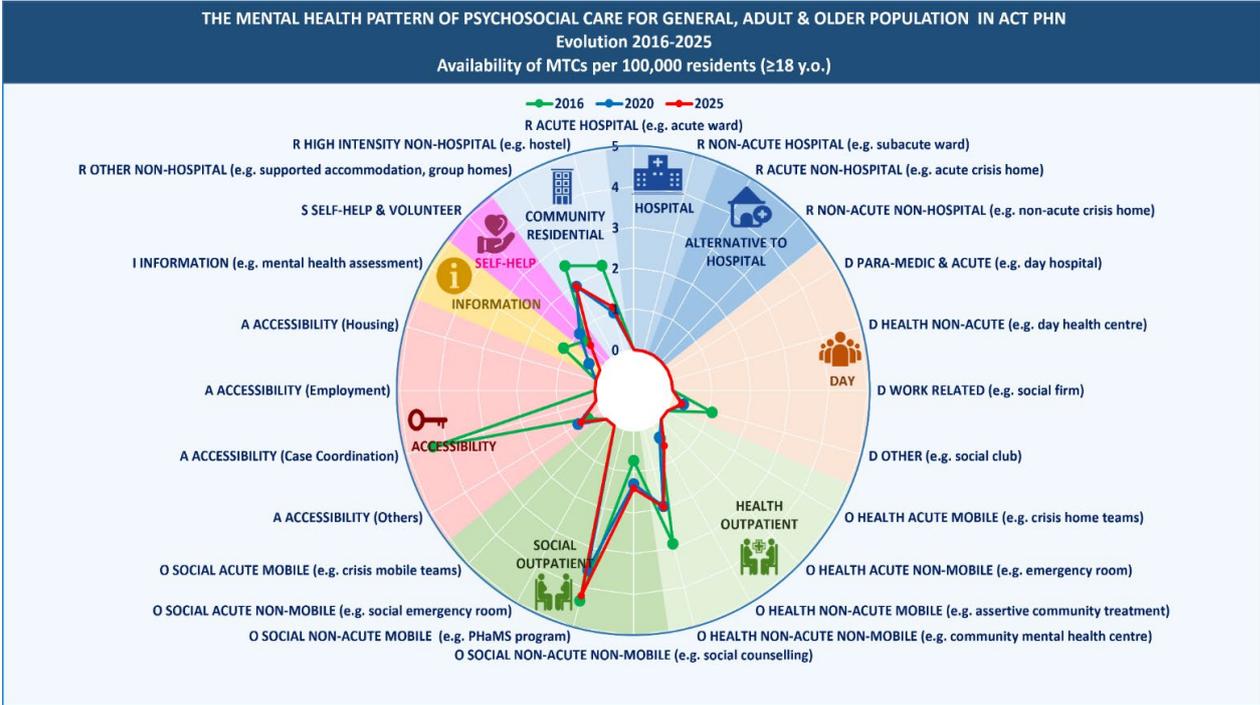


Figure 31 The pattern of mental health service availability for adults, older adults and the general population (Public Access) in the ACT 2016-25

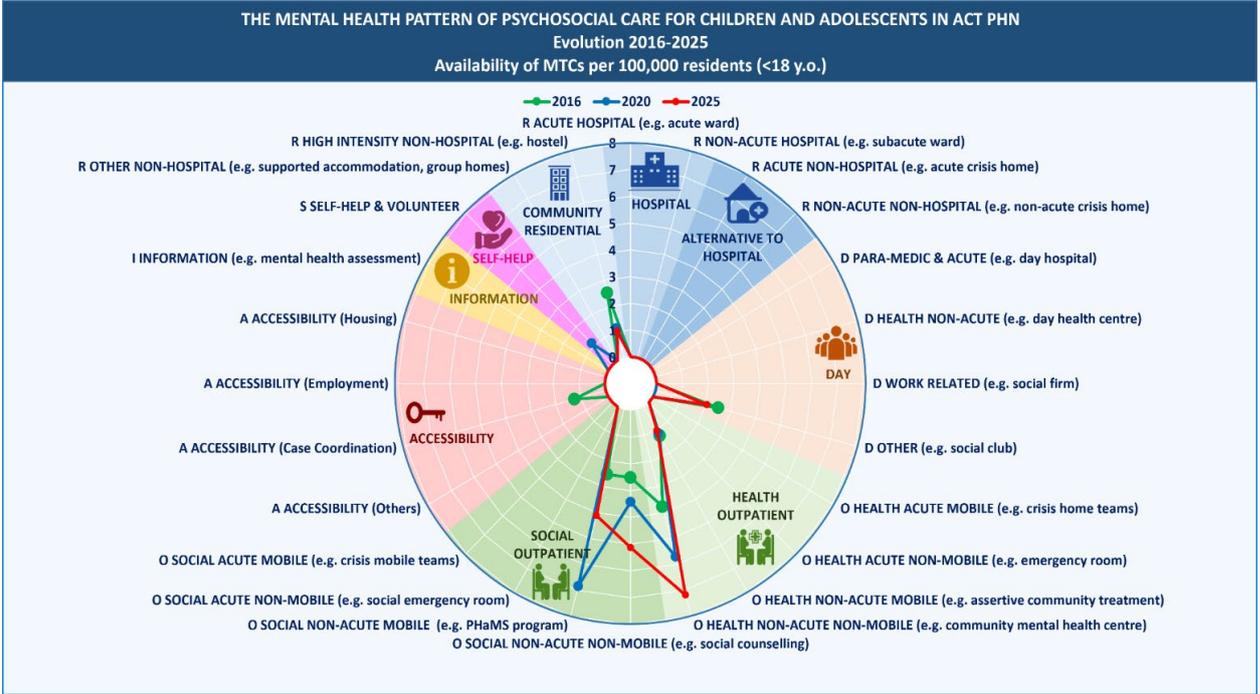


Figure 32 The pattern of mental health service availability for children and adolescents (Public Access) in the ACT 2016-25

Figures 33-39 show the location of the different service types according to DESDE-LTC classification criteria and by district

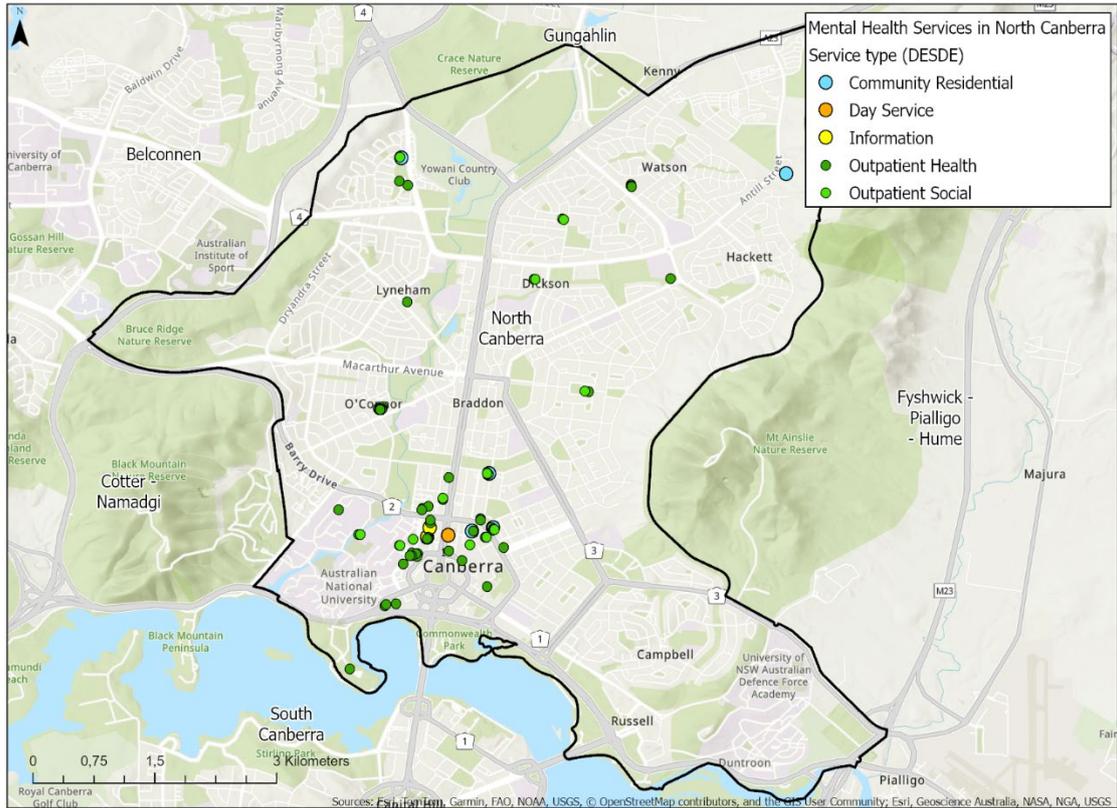


Figure 33 North Canberra mental health service distribution ACT 2025

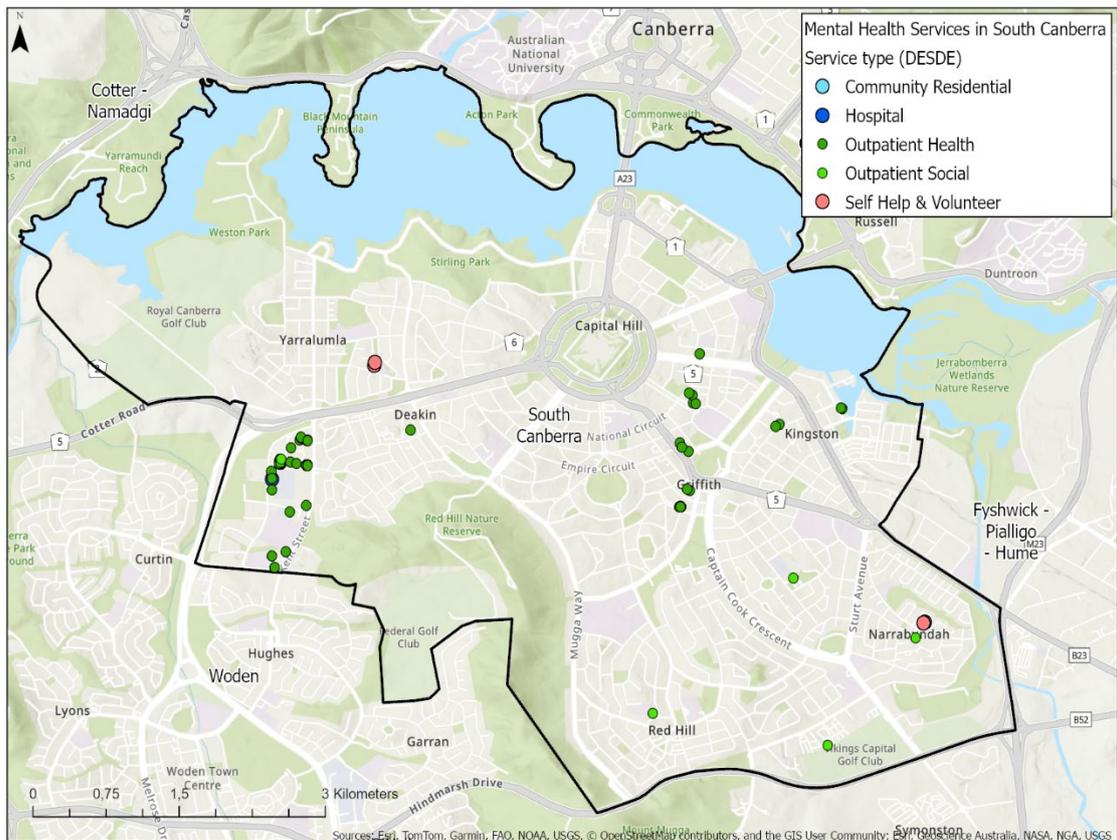


Figure 34 South Canberra mental health service distribution ACT 2025

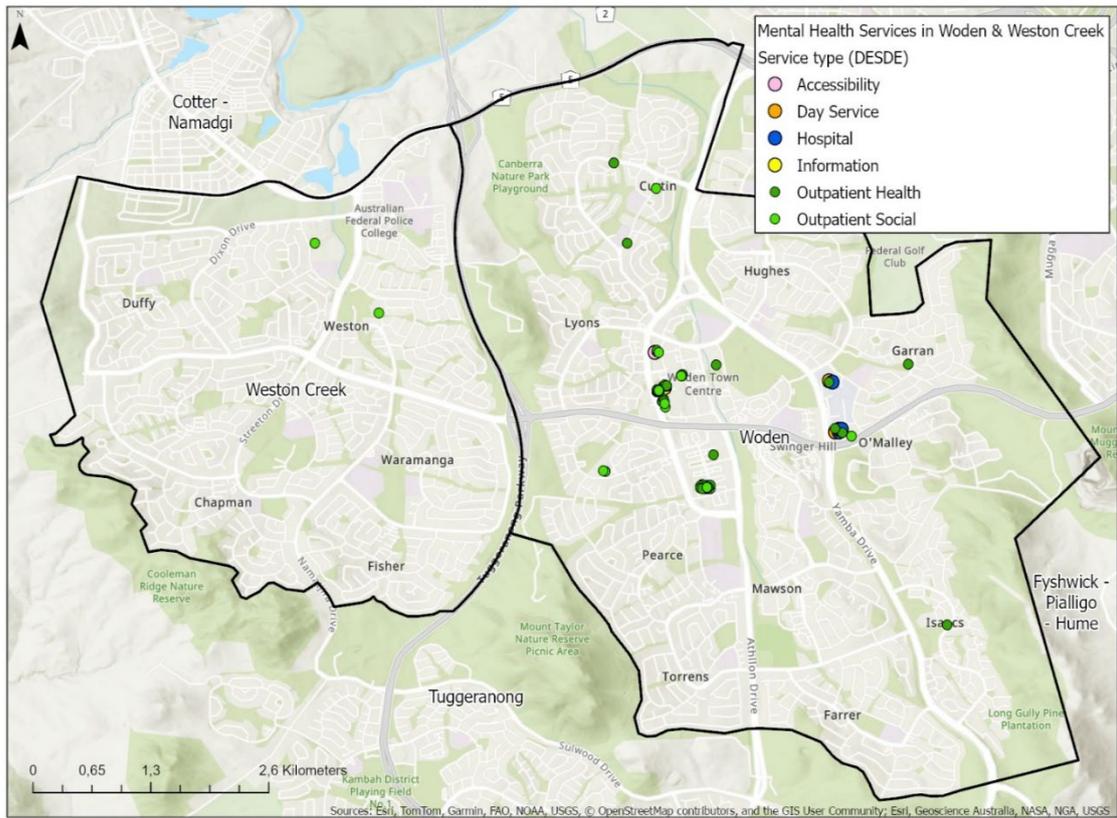


Figure 35 Woden and Weston Creek mental health service distribution ACT 2025

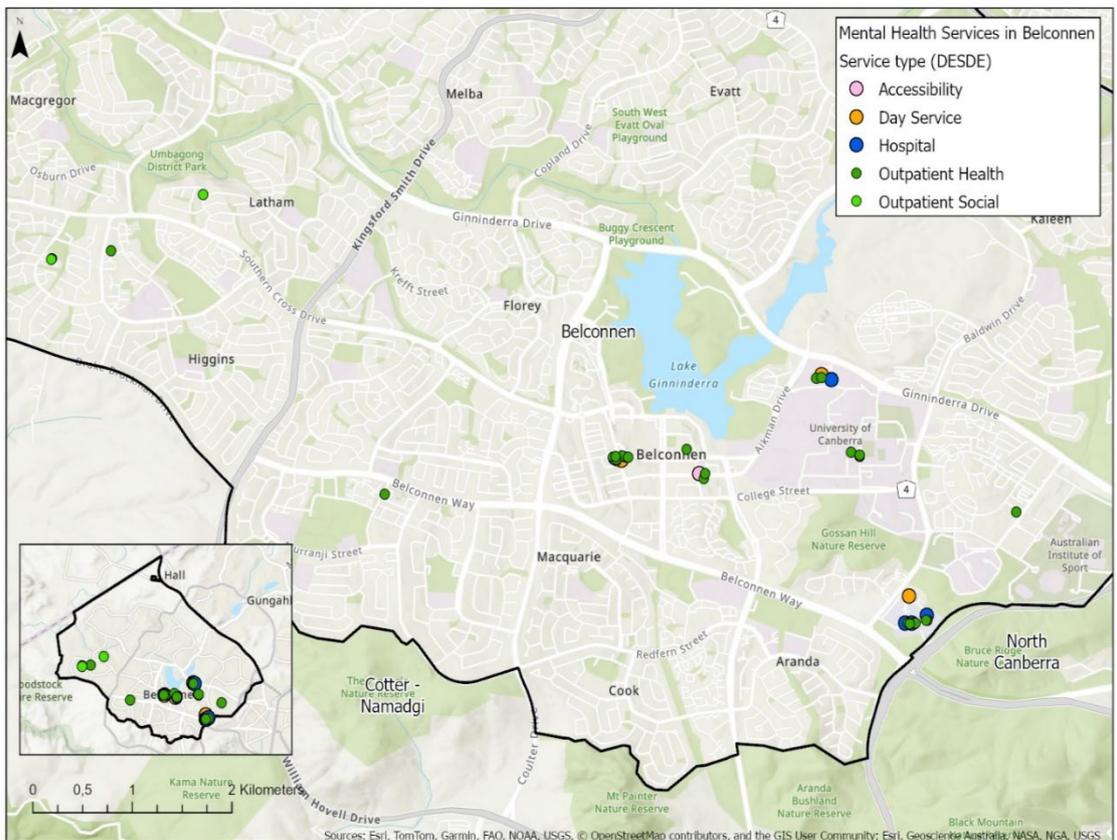


Figure 36 Belconnen mental health service distribution ACT 2025

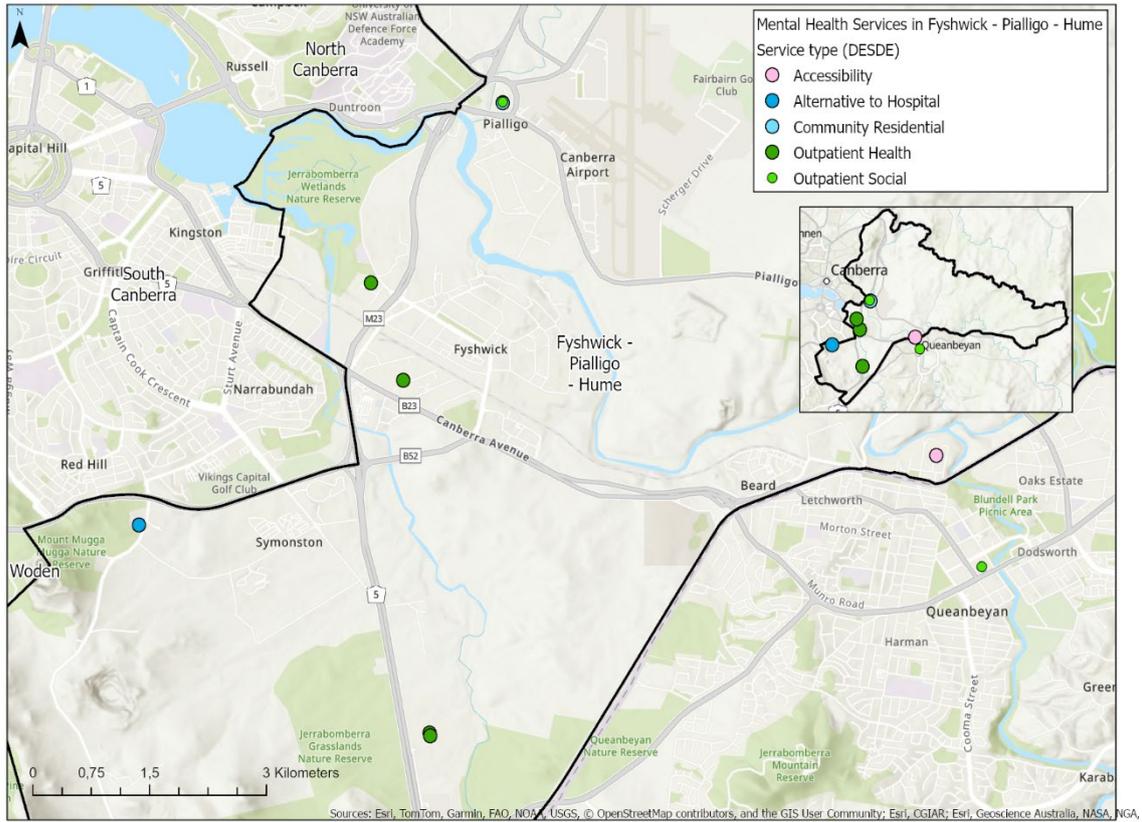


Figure 39 Fyshwick-Pialligo-Hume mental health service distribution ACT 2025

SUMMARY

Data collection focused on ACT services providing care or support to individuals with mental health or psychosocial needs. Information was drawn from the *2023 Directory of Mental Health Services*, following the DESDE-LTC methodology, supplemented where possible by follow up interviews with service managers (August 2024–April 2025) and website reviews. Both Public Access services (typically not-for-profit and low-cost or free) and Private Access services (often for-profit, including private NDIS providers) were included.

The number of Public Access provider organisations has remained relatively stable since 2016, but the number of professional teams and Main Types of Care has increased, following a small decrease in 2020. Across both private and public sectors, outpatient services—particularly those where at least 10% of direct care is provided by registered health professionals—comprised the majority of available services. Day services offering social support and community participation remained limited, primarily available for children and adolescents, while residential services providing an alternative to hospitalisation remain absent in the ACT.

Since 2016, the ACT population has grown by 28%. However, while the number of services has grown, relative availability of some types of service has declined, and diversity has increased only slightly, indicating that gaps in service types persist despite population growth.

Several gaps identified in previous Atlases in 2016 and 2020 persist.

- a lack of acute and non-acute alternatives to hospitalisation.
- a lack of acute and non-acute health-related day programs.
- a lack of employment related services: and
- a lack of CALD services.

Although the number of services has increased overall, the availability of some types of service has declined relative to population growth. There are relatively fewer community residential services for adults, a strength identified in previous Atlases, but which appears to have declined since 2020. There is also less

availability of day services and mobile health related services, and the availability of social type outpatient services has remained the same.

For children and adolescents, the picture differs slightly. While a decline in community residential services for this age group was also identified, there was increased availability in non-mobile health related services, but a reduction in social type outpatient services.

In 2016, core health services—defined as those where registered health professionals comprise at least 10% of direct care staff—made up less than half of Public Access services. Since 2020, core health services now account for over 50% of services for people with mental health needs. Despite this shift, the overall proportion of clinical versus psychosocial services has remained relatively stable, suggesting that psychosocial services are increasingly incorporating clinical staff. Potential contributing factors include shortages of trained personnel and rising severity of service user needs.

Services assigned the “v” qualifier—indicating organisational instability or limited planning capacity due to funding or other constraints—continue to represent a substantial proportion of CMO-delivered services, though this proportion has declined slightly in 2025. As CMOs account for more than half of all Public Access services, this highlights ongoing fragility within the mental health service system.

Despite the expansion of the NDIS and its growing influence on the psychosocial service sector, foundational services in the ACT—defined as psychosocial services available to the general population without significant out-of-pocket costs or reliance on NDIS funding—continue to constitute the majority of available psychosocial services.

Some providers now operate across both Public and Private Access sectors. Several larger CMOs offer a combination of foundational services and NDIS-funded supports, with three also expanding into private service provision. NDIS services are delivered by both Public and Private Access providers, reflecting an increasing blending of service models across the sector.

Public Access services demonstrate greater diversity in service types and target age groups compared to Private Access, with this diversity increasing slightly since 2020. Private Access services are largely psychology practices serving adults or

unspecified age groups, many operated by solo practitioners. In contrast, the Public Access sector includes larger CMOs and government agencies, such as Canberra Health Services, which provide multiple services. Outpatient services dominate mental health care for both adults and children across sectors, while notable gaps persist in residential alternatives and accessibility services; information and self-help services are provided only in the public sector.

Although private services are numerically numerous, many were observed during website reviews to have closed books or limited operating hours, suggesting that actual service availability in the Private Access sector may be lower than indicated.

Limitations

- Some services may be missing because we did not reach them. Additionally, a small number of services did not respond to our invitation to participate. However, we have sought feedback from the PHN during the project and from individual providers when interviewed, and we believe the majority of services in the region have been included.
- The assessment of the services was conducted through interviews with the managers of the services. Some information may not be accurate and should be objectively confirmed (e.g. the percentage of activities carried out outside the office in order to be classified as a mobile service).
- We have only included services within the boundaries of the ACT PHN region. We acknowledge that some services outside the area may also be used by people in the ACT PHN region.
- The comprehensiveness and accuracy of workforce capacity data are limited by the availability of this data and by the lack of reliable and standardised data to categorise the various roles, particularly in the non-registered professional workforce. These results, however, provide a baseline of workforce capacity from which analyses of future need can be monitored.

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THE INTEGRATED ATLAS OF MENTAL HEALTH SERVICES

AUSTRALIAN CAPITAL TERRITORY
2024-25

APPENDICES 1 & 2

APPENDIX 1

DESDE DIRECTORY OF MENTAL HEALTH SERVICES IN THE AUSTRALIAN CAPITAL TERRITORY (2025)

DIRECTORY OF MENTAL HEALTH SERVICES IN ACT (2025)

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ACRONYMS

DESDE: Description and Evaluation of Services and DirectoriEs

FTE: number of professionals by Full Time Equivalent

NA: not available

CMO: Community Managed Organisations

PUBLIC ACCESS SERVICES

SERVICES FOR ADULTS

RESIDENTIAL CARE

Residential care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town / Suburb	Area of Coverage
Canberra Health Services	12B Low Dependency Unit - LDU, The Canberra Hospital	AX[F00-F99]p-R2		16.4*	Garran	ACT
Canberra Health Services	Adult Inpatient Unit - Acacia (formerly 2N)	AX[F00-F99]p-R2 v		49.2	Bruce	ACT
Canberra Health Services	Adult Mental Health Rehabilitation Unit - (AMHRU), University of Canberra Hospital - UCH	AX[F00-F99]p-R4		16.4*	Bruce	ACT
Canberra Health Services	Adult Mental Health Unit (AMHU), The Canberra Hospital	AX[F00-F99]p-R2 AX[F00-F99]-R1		65.6	Garran	ACT
Canberra Health Services	Eating Disorders Residential Treatment Centre (EDRTC)	AX[F50]s-R8.2		NA	Coombs	ACT
Canberra Health Services	Mental Health Short Stay Unit, The Canberra Hospital (previously MH Assessment Unit - ID 121) Now: Mental Health Short Stay Unit, The Canberra Hospital	AX[F00-F99]p-R2		16.4*	Garran	ACT
Canberra Health Services	Older Persons Mental Health Inpatient Unit - Banksia (formerly	OX[F00-F99]p-R4 v		30.4	Bruce	ACT

known as
OPMHIU)

*Data all Canberra Hospital adult inpatient teams

Residential care (Justice)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Justice Health Services	Dhulwa Secure Health Unit (aka Mental Unit - SMHU)	AX[F00-F99][Z65.3]-R3.1.1 c,j AX[F00-F99 Z65.3]-R11 c,j		92.4	Symonston	ACT

Residential care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Everyman	Head Tenancy	AX[M][F00-F99][Z59]-R12		7.7	Canberra City	ACT
Everyman	Mens' Tenancy and Support	AX[M][F00-F99][Z59]-R9.2		8.5	Canberra City	ACT
Grow	Grow House	AX[F00-F99]-R9.2 k		2.0	Narrabundah	ACT and surrounds
Stride	Step Down Up/Step	AX[F00-F99]s-R8.1 v		4.6	Garran	ACT
Wellways	Adult StepUp/StepDown-Wellways	AX[F00-F99]s-R8.2 v		6.0	Lyneham	ACT
Wellways	Women's Transitional Accommodation	AX[F][F00-F99][Z59]-R10.2 k		1.3	Braddon	ACT
Wellways	Youth StepUp/StepDown-Wellways	AY[F00-F99]s-R8.2 v		7.0	Kambah	ACT

Residential care (CMO - NDIS non-for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
	Aramac House	AX[M][F00-F99]m-R12		NA	Braddon	ACT
Mental Health Foundation	Discharge Transition-Mental Health Foundation	AX[F00-F99]m-R9.1 v		NA	Wanniassa	ACT
Mental Health Foundation	Accommodation Services (respite)Mental Health Foundation	AX[F00-F99 Z63.6]m-R9.1 v		15*	Kambah	ACT
Mental Health Foundation	Accommodation Services -Mental Health Foundation	AX[F00-F99]m-r12 v,t		15*	Florey	ACT
Mental Health Foundation	Accommodation Services Mental Health Foundation	AX[F00-F99]m-r12 v,t		15*	O'Connor	ACT
Mental Health Foundation	Accommodation Services -Mental Health Foundation	AX[F00-F99]m-r12 v,t		15*	Lyneham	ACT
Mental Health Foundation	Accommodation Services -Mental Health Foundation	AX[F00-F99]m-r12 v,t		15*	Narrabundah	ACT
Mental Health Foundation	Accommodation Services -Mental Health Foundation	AX[F00-F99]m-r12 v,t		15*	Wanniassa	ACT
Richmond Fellowship	Supported Independent Living-Richmond Fellowship	AX[F00-F99]m-R11 v		NA	Pialligo	ACT

*Shared between Accommodation services and Community Connections

DAY CARE

Day programs (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Canberra Health Services	Adult Mental Health Day Service (AMHDS)	AX[F00-F99]s-D4.1 h		NA	Garran	ACT
Canberra Health Services	Neurostimulation Therapy Suite	AX[F00-F99]s-D0.1 s		NA	Garran	ACT

Day programs (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Stride	Safe Haven	AX[F00-F99]-D5 k,v		3.0	Belconnen	ACT

OUTPATIENT CARE

Acute mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Canberra Health Services	Home Assessment and Acute Response Team (HAART)	AX[F00-F99]s-O1.1		NA	Canberra	ACT
Canberra Health Services	Police Ambulance and Clinician Early Response (PACER)	AX[F00-F99]s-O2.1		NA	Canberra	ACT

Acute non-mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Canberra Health Services	Emergency Department Mental Health Consultation Liaison Team, The Canberra Hospital	AX[ICD][F00-F99]s-O3.1 h,l		NA	Garran	ACT
Canberra Health Services	Inpatient_ED	GX[F00-F99]-O3.1h		NA	Bruce	ACT

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Canberra Health Services	Mental Health Consultation Liaison Service, North Canberra Hospital	AX[ICD][F00-F99]s-O4.1	h,i,v	NA	Bruce	ACT
Canberra Health Services	Mental Health Consultation Liaison Service, The Canberra Hospital	AX[ICD][F00-F99]s-O4.1	h,i	NA	Garran	ACT
Canberra Health Services	University of Canberra Hospital (UCH) Mental Health Consultation Liaison Team.	AX[ICD][F00-F99]s-O4.1	h,i	NA	Bruce	ACT
Canberra Health Services	Emergency Department MH	GX[ICD F00-F99]-O3.1		NA	Bruce	ACT

Acute non-mobile health care (Justice)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Justice Health Services	Forensic Mental Health Service Alexander Maconochie Centre (AMC) Assertive Response	AX[F00-F99 Z65.3]s-O4.1	a,j,q	NA	Hume	ACT

Non-acute mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Canberra Health Services	Assertive Community Outreach Service (ACOS)	AX[F20-F29]s-O6.1		29.0	Canberra	ACT

Non-acute mobile health care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Woden Community Services	New Path	AX[F00-F99]-O6.1 v		2	Phillip	ACT
Woden Community Services	Continuity Supports	of AX[F00-F99]-O5.1 g,v		2.5	Phillip	ACT

Non-acute mobile other care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Australian Red Cross	Humanitarian Settlement Program	GX[CALD][Z55-Z65]s-O5.2.1 m		8.0	Garran	ACT
Directions ACT	Commonwealth Psychosocial Support Service-Directions	AX[F10-F19][F00-F99]-O6.2 m,v		1.2	Woden	ACT
Flourish	Commonwealth Psychosocial Support Service-Flourish	AX[F00-F99]-O6.2 b,m,v		4.8	Gungahlin	ACT
Mental Health Foundation	Community Connections	AX[F00-F99]-O5.2.2v		NA	Chifley	ACT
Wellways	Detention Community Outreach	Exit AX[F00-F99]s-O5.2.2 j,m		3.8	Braddon	ACT
Wellways	StandBy After Suicide Support	AX[T14.91]-O6.2 k		1.0	Lyneham	ACT

Non-acute mobile other care (CMO – NDIS not for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Flourish	NDIS services-Flourish	AX[F00-F99]m-O6.2 v		NA	Queanbeyan	ACT and surrounds
Marymead CatholicCare	NDIS counselling-Marymead CatholicCare	GX[F30-F49]m-O6.2 v		NA	Braddon	Any

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Marymead CatholicCare	NDIS counselling-Marymead CatholicCare	GX[F30-F49]m-o6.2 v,t		NA	Red Hill	Any
Marymead CatholicCare	NDIS counselling-Marymead CatholicCare	GX[F30-F49]m-o6.2 v,t		NA	O'Connor	Any
Richmond Fellowship	NDIS Support Co-ordination/Peer support/Group facilitation-Richmond Fellowship	AX[F00-F99]m-O6.2 g,v		NA	Pialligo	ACT
Wellways	NDIS Direct Care/other insurance	GX[F00-F99]m-O5.2.2 v		22.2	Braddon	ACT and surrounds
Wellways	NDIS Support coordination/recovery Wellways coach-	GX[F00-F99]m-O6.2 m,v		1.0	Braddon	ACT
Woden Community Service	Hoarding Advocacy Support Service	AX[F42.3]s-O5.2 b,g,v		2.0	Phillip	ACT
Woden Community Service	Southside Step-Up Step-Down Outreach	AX[F00-F99]s-O5.2.2 b,v		3.0	Phillip	ACT
Woden Community Service	The WayBack	AX[T14.91]s-O5.2b, v		4.0	Phillip	ACT
Woden Community Service	Trec (Transition to Recovery)	AX[F00-F99]s-O5.2.2 b,v		NA	Phillip	ACT

Non-acute non-mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services	Aboriginal & Torres Strait Islander Mental Health Service	AX[FN][F00-F99]-O9.1		NA	Canberra	ACT

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services	Access Mental Health Comprehensive	AX[F00-F99]p-09.1b		NA		ACT
Canberra Health Services	Adult Mental Health Teams-Belconnen	AX[F00-F99]s-08.1q		29.0*	Belconnen	ACT
Canberra Health Services	Adult Mental Health Teams-City	AX[F00-F99]s-08.1q		29.0*	Canberra	ACT
Canberra Health Services	Adult Mental Health Teams-Gungahlin	AX[F00-F99]s-08.1q		29.0*	Gungahlin	ACT
Canberra Health Services	Adult Mental Health Teams-Tuggeranong	AX[F00-F99]s-08.1q		29.0*	Tuggeranong	ACT
Canberra Health Services	Adult Mental Health Teams-Woden	AX[F00-F99]s-08.1q		29.0*	Woden	ACT
Canberra Health Services	Mental Health Neuropsychology	GX[F00-F99]s-09.1 s		NA	Phillip	ACT
Canberra Health Services	Mental Health Service for Intellectual Disability	AX[F00-F99][F70-F79]-09.1 l		NA	Gungahlin	ACT
Canberra Health Services	Older Persons Mental Health Service (OPMHS)	OX[F00-F99]-08.1		21.6	Bruce	ACT
Canberra Health Services	Perinatal and Infant Mental Health Consultation Service	AX[F][F53]-09.1		NA	Phillip	ACT
Canberra Health Services	The Therapies Team	AX[F00-F99]s-09.1		NA	Canberra	ACT
Canberra Health Services	Eating Disorders Program	GX[F50]-09.1		NA	Phillip	ACT
Canberra Health Services (CAMHS)	STRIDE - Short-Term Recovery Interventions for Disordered Eating	GX[F50]-09.1		NA	Canberra City	ACT

*FTE for all ACT Health adult community teams

Non-acute non-mobile health care (Justice)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Justice Health Services	Alexander Maconochie Centre Mental Health Services (AMCMHS)	AX[F00-F99 Z65.3]s-O9.1 j		NA	Hume	ACT
Justice Health Services	Forensic Consultation and Intervention Service	GX[F00-F99 Z65.3]s-O9.1 j,l,m		NA	Canberra	ACT
Justice Health Services	Forensic Mental Health Court Liaison Service	AX[F00-F99 Z65.3]s-O9.1 j,l,m		NA	Canberra	ACT

Non-acute non-mobile health care (Education)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Australian National University	ANU Psychology Clinic	AX[F00-F99]-O9.1 † CC[F00-F99]-O9.1		6.0	Acton	ACT
Australian National University	Counselling Service-ANU	AX[F00-F99]-O9.1		10.0	Acton	Any
University of Canberra	Psychology Clinic	GX[F00-F99]-O9.1 †		NA	Bruce	ACT
University of Canberra	UC Medical and Counselling Service	GX[ICD][F00-F99]-O8.1		NA	Belconnen	Any

Non-acute non-mobile health care (Veterans)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Department of Veterans' Affairs	Open Arms-clinical coordination	AX[F00-F99][Z55-Z65]-O8.1 e,m,q		3.0	Philip	Any
Department of Veterans' Affairs	Open Arms-counselling and peer support	GX[F00-F99]-O9.1 GX[F00-F99]-O6.2 k		19.0	Philip	Any
Department of Veterans' Affairs	Open Arms-counselling and peer support	GX[F00-F99]-o9.1 t		NA	Gungahlin	Any

Non-acute non-mobile health care (CMO)

Provider	Name	Main DESDE Code	FTE	Town Suburb	Area of Coverage
Directions ACT	Psychiatrist for at risk populations-Directions	AX[F10-F19 F00-F99]p-O10.1 v	0.4	Woden	ACT
Everyman	Everyman	AX[M][F00-F99]-O8.1	NA	Canberra City	ACT
Marymead CatholicCare	Better Access	GX[F00-F99]m,p-O9.1 b,e	1.7	Braddon	ACT
Marymead CatholicCare	Better Access	GX[F00-F99]m,p-o9.1 b,e,t	NA	O'Connor	ACT
Marymead CatholicCare	Better Access	GX[F00-F99]m,p-o9.1 b,e,t	NA	Red Hill	ACT
Marymead CatholicCare	Next Step High Intensity	AX[F30-F49]m,p-O9.1 b	10.0	Braddon	ACT
Marymead CatholicCare	Next Step High Intensity	AX[F30-F49]m,p-o9.1 b,t	NA	Red Hill	ACT
Marymead CatholicCare	Next Step High Intensity	AX[F30-F49]m,p-o9.1 b,t	NA	O'Connor	ACT
Marymead CatholicCare	SEED	AX[F50][e310x]-O9.1 b,e	1.2	Braddon	ACT
Meridian	Inclusive Pathways	AX[LGBTIQ+][F00-F99]m,p-O9.1 b,m,v	2.1	Turner	ACT
Think Mental Health	Medicare Mental Health Centre-Clinical Team (previously Head to Health)	GX[F00-F99]-O8.1 m	8.3	Canberra City	ACT and surrounds

Non-acute non-mobile other care (Education)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Australian National University	Student Safety and Wellbeing	AX[F00-F99 Z55-Z65]-09.2 m		4	Acton	ACT

Non-acute non-mobile other care (Veterans)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Department of Veterans' Affairs	Mutually Respectful Behaviour	AX[Z55-Z65]-09.2 e,m		1.0	Philip	ACT

Non-acute non-mobile other care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Carers ACT	Coaching team	AX[e310x][F00-F99]-09.2		8.0	Holt	ACT
Carers ACT	Counselling Team	AX[e310x][F00-F99]-O10.2		2.6	Holt	ACT
Marymead CatholicCare	Arts Therapy	GX[F00-F99]-09.2v		NA	Red Hill	ACT
Marymead CatholicCare	Next Step Low Intensity	AX[F30-F49]-09.2 b		6.0	Braddon	ACT
Marymead CatholicCare	Next Step Low Intensity	AX[F30-F49]-o9.2 b,t		NA	Red Hill	ACT
Marymead CatholicCare	Next Step Low Intensity	AX[F30-F49]-o9.2 b,t		NA	O'Connor	ACT
Meridian	Counselling-Meridian	AX[LGBTIQ+][F00-F99]-09.2 b,m		2.1	Turner	ACT
Perinatal Wellbeing Centre	Perinatal Mental Health Team	AX[F53]-09.2 e		4.5	Weston	ACT and surrounds
Think Health	Mental Health Centre-Wellbeing Team (previously Head to Health)	GX[F00-F99]-09.2		6.5	Canberra City	ACT and surrounds

ACCESSIBILITY TO CARE

Accessibility to Care (Veterans)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Department of Veterans' Affairs	Triage Connect	and AX[F00-F99]-A4.2 b,e,m		5.0	Philip	ACT

Accessibility to Care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
St Vincent de Paul	Community Inclusion Program	AX[F00-F99]-A5.3 v		NA	Yarralumla	ACT
Volunteering ACT	Inclusive Volunteering Pathways Employment	to AX[F00-F99]-A5.4		3.0	Canberra	ACT

INFORMATION FOR CARE

Information (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Canberra Health Services	Access Triage Mental Health	AX[F00-F99]-I1.1e		NA		ACT
Canberra Health Services (CAMHS)	Eating Disorders Clinical Hub	GX[F50]-I1.1		NA	Phillip	ACT

Information (Justice)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Justice Health Services	Forensic Mental Court Assessment	AX[F00-F99] Z65.3]s-I1.1 j		18.5	Canberra	ACT

SELF-HELP AND VOLUNTEER

Self-help and volunteer (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Grow	Groups program	AX[F00-F99]-S1.3 g,k		0.1	Narrabundah	ACT and surrounds
St Vincent de Paul	Compeer	AX[F00-F99]p-S1.3		NA	Yarralumla	ACT

SERVICES FOR CHILDREN AND ADOLESCENTS

RESIDENTIAL CARE

Residential care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Adolescent Inpatient Unit	CA[F00-F99]p-R2		NA	Garran	ACT

Residential care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Marymead CatholicCare	Steps	CA[F00-F99]s-R8.2		7.0	Watson	ACT

DAY CARE

Day programs (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Adolescent Day program	CA[F00-F99]s-D4.1 b,h		NA	Garran	ACT
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health	CA[F00-F99]s-D4.1 b,h		NA	Bruce	ACT

Service (CAMHS) Cottage - Day Program

Day programs (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Gugan Gulwan	Drop In	CX[FN][F00-F99]-D5.1g		NA	Wanniassa	ACT
Kookaburra Kids	Kookaburra Kids-Defence activities	CX[F00-F99][e310x]-D4.3g		NA	Kaleen	ACT

OUTPATIENT CARE

Acute non-mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Hospital Liaison Team	CX[ICD F99]-O4.1 h,l	F00-		Garran	ACT

Non-acute mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Adolescent Intensive Home Treatment Team (AIHTT)	CX[F00-F99]s-O5.1 b		6.6	Garran	ACT
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS)	CA[F00-F99]s-o5.1 t		6.6	Woden	ACT

	Adolescent Mobile Outreach Service (AMOS) Woden					
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Adolescent Mobile Outreach Service (AMOS) Belconnen	CA[F00-F99]s-O5.1	6.6	Belconnen	ACT	
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Specialist Youth Mental Health Outreach (SYMHO)-Woden	CY[F20-F29]s-O5.1	6.6	Woden	ACT	
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Specialist Youth Mental Health Outreach (SYMHO), Belconnen	CY[F20-F29]s-O5.1	6.6	Belconnen	ACT	

Non-acute mobile health care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Marymead CatholicCare	Stepping Stones	CC[Z55-Z65][e310x]-O6.1 b		2.9	Braddon	ACT
Marymead CatholicCare	Stepping Stones	CC[Z55-Z65][e310x]-o6.1 b,t		NA	Red Hill	ACT

Non-acute mobile other care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Barnardos	Case Management	CX[Z55-Z65][e310x]-		5.0	Downer	ACT

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
	Service	O6.2 m,v				
Barnardos	Intensive Intervention Service	CX[Z55-Z65][e310x]-O5.2.1 m,v		8.0	Downer	ACT
Marymead CatholicCare	New Horizons-Marymead	CX[F00-F99][e310x]-O6.2		6.0	Narrabundah	ACT and surrounds
Marymead CatholicCare	Youth Wellbeing Outreach and MH	CY[F00-F99]-O6.2 m		3.0	Braddon	ACT

Non-acute mobile other care (CMO – NDIS not-for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Anglicare	Cyclops	CX[e310x][F00-F99]-O6.2		3.0	Canberra	ACT

Non-acute non-mobile health care (Public Health)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Community Team- Northside	CX[F00-F99]-O8.1		17.6	Belconnen	ACT
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service (CAMHS) Community Team- Southside	CX[F00-F99]-O8.1		17.6	Woden	ACT
Canberra Health Services (CAMHS)	Child and Adolescent Mental Health Service	CA[F00-F99]s-O8.1 h		NA	Bruce	ACT

(CAMHS) Dialectical Behaviour Therapy
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Non-acute non-mobile health care (Justice)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Justice Health Services	Bimberi Justice Mental Service	Youth Centre Health	CY[F00-F99 Z65.3]s-O8.1 a,j,q	NA	Gungahlin	ACT

Non-acute non-mobile health care (Education)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Community Services Directorate	Melaleuca Place	CC[O8.1 q	Z62.8]s-	NA	Dickson	ACT and surrounds
Education Directorate/CHS	Early Intervention Team-Belconnen	CC[F00-F99]s-O9.1 g		NA	Holt	ACT and surrounds
Education Directorate/CHS	Early Intervention Team-Tuggeranong	CC[F00-F99]s-O9.1 g		NA	Tuggeranong	ACT and surrounds
University of Canberra	WOKE	TA[F60-F69]p-O9.1 b,v, [NA	Bruce	ACT

Non-acute non-mobile health care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Grand Pacific Health	headspace Canberra	CY[F00-F99]-O9.1		2.0	Braddon	Any
Grand Pacific Health	headspace Tuggeranong	CY[F00-F99]-O9.1		1.5	Tuggeranong	Any
Marymead CatholicCare	Next Step: Cool Kids/Cool Little Kids Braddon	TC[F40-F48][e310x]-O9.1 CC[F40-		0.6	Braddon	ACT

		F48][e310x]- O9.1				
Marymead CatholicCare	Next Step: Cool Little Kids Red Hill	CC[F40-F48][e310x]-o9.1 b,t	NA	Red Hill	ACT	
Uniting	headspace Early Psychosis	CY[F20-F29]-O8.1 v	8.1	Braddon	ACT	
Woden Community Service	T25	CY[ICD][F00-F99]-O9.1	NA	Phillip	ACT	

Non-acute non-mobile health care (CMO – NDIS not-for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Anglicare	The Junction	CY[ICD][F00-F99]-O9.1		8.2	Canberra	ACT

Non-acute non-mobile other care (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Grand Pacific Health	Vocational Support-headspace Tuggeranong	TA[F00-F99][Z56]-O9.2		2.5	Tuggeranong	Any
Gugan Gulwan	Community Arts Program	CY[FN][F00-F99][F10-F19]-O9.2 m		NA	Wanniassa	ACT
Marymead CatholicCare	Mindmap	CX[F00-F99]-O10.2e,m,v		NA	Braddon	ACT
Menslink	Counselling and mentoring	CY[M][Z55-Z65]-O9.2		NA	Holder	ACT
Tuggeranong Arts Centre	Messengers	CY[Z55-Z65]-O9.2 g,v		NA	Greenway	ACT

INFORMATION FOR CARE
Information (Education and others)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Community Services Directorate	Therapeutic Assessment Services	CC[Z62.8]-I1.1		NA	Canberra	ACT and surrounds

SELF-HELP AND VOLUNTEER
Self-help and volunteer (CMO)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
St Vincent de Paul	St Nicholas Young Carers	CA[e310x][F00-F99]-S1.3		NA	Yarralumla	ACT

PRIVATE ACCESS SERVICES

SERVICES FOR ADULTS

RESIDENTIAL CARE

Residential care (Private for profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Calvary Healthcare	Hyson Green	GX[F00-F99]-R4Π			Bruce	ACT
Deakin Private Hospital	Deakin Private Hospital	GX[F00-F99]-R4Π			Deakin	

Residential care (Private, NDIS for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	/ Area of Coverage
Empower Living	NDIS Supported Independent Living -Taylor (1)	AX[F00-F99]m-R11 v,Π		NA	Taylor	ACT
Empower Living	NDIS Supported Independent Living -Taylor (2)	AX[F00-F99]m-r11 t,v,Π		82.0	Taylor	ACT
Empower Living	NDIS Supported Independent Living-Chisholm	AX[F00-F99]m-r11 t,v,Π		NA	Chisholm	ACT
Empower Living	NDIS Supported Independent Living -Downer	AX[F00-F99]m-r11 t,v,Π		NA	Downer	ACT
Empower Living	NDIS Supported Independent Living -Bonner	AX[F00-F99]m-r11 t,v,Π		NA	Bonner	ACT
Empower Living	NDIS Supported Independent Living -Jacka	AX[F00-F99]m-r11 t,v,Π		NA	Jacka	ACT
Empower Living	NDIS Independent Living Options-Downer	AX[F00-F99]m-R12 v,Π		NA	Downer	ACT
Empower Living	NDIS Independent Living Options-Jacka	AX[F00-F99]m-r12 t,v,Π		NA	Jacka	ACT

Livability Australia	NDIS Supported Independent Living -Downer	AX[F00-F99]m-R11 v,Π AX[F00-F99]-O6.2 v,Π	37.5	Wanniassa	ACT
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DAY CARE

Day programs (Private, NDIS for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Omnia Inclusive employment Solutions	NDIS supports	AY[F00-F99 Z55]m-D8.4 v,Π		1.0	Canberra city	ACT

OUTPATIENT

Non-acute mobile other care (Private, NDIS for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Empower Living	NDIS Community access and in Home Care	AX[F00-F99]m-O5.2.2 v,Π		NA	Dickson	ACT
Livability Australia	NDIS Community support	AX[F00-F99]m-O5.2.2 v,Π		37.5	Greenway	ACT
Person Centred support	Person Support Centred	AX[F00-F99]m-O6.2 v,Π		2.0	Lyneham	ACT

Non-acute non-mobile health care (Private, NDIS for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
ORS	Psychology team	GX[F00-F99]m-O9.1 Π		4.0	Fyshwyck	ACT

Non-acute non-mobile health care (Private for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
ACT Centre	Pain ACT Centre Specialist	AX[F00-F99]p-O9.1Π		NA	Deakin	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Capital Region Community Services	Wellbeings	GX[F00-F99]-O9.1 Π	2.6	Belconnen	ACT
Deakin Private Hospital	Deakin Private Practice	GX[F00-F99]-O9.1Π	NA	Deakin	ACT
Marymead CatholicCare	Mindscope	GX[F00-F99]m,p-O9.1 Π	0.4	Braddon	ACT
Private multidisciplinary practice	Canberra Child Psychiatry Centre	GX[F00-F99]p-O9.1Π	NA	Deakin	ACT
Private multidisciplinary practice	Canberra Child Psychology Centre for Children and Families -Acton	GX[F00-F99]p-O9.1,Π	NA	Acton	ACT
Private multidisciplinary practice	Canberra Child Psychology Centre for Children and Families - O'Connor	GX[F00-F99]p-o9.1 t,Π	NA	O'Connor	ACT
Private multidisciplinary practice	Canberra Child Psychology Centre for Children and Families-North Belconnen	GX[F00-F99]p-o9.1 t,Π	NA	North Belconnen	ACT
Private multidisciplinary practice	In Positive Health	AX[F00-F99]-O9.1 Π	2.2	Braddon	ACT
Private Multidisciplinary practice	Little Matters	AX[F53]-O9.1 Π	NA	Bruce	ACT
Private multidisciplinary practice	Rainbow-Mandala	AX[F00-F99]p-O9.1e, Π	NA	Belconnen	ACT
Private multidisciplinary practice	The Pain Centre	GX[ICD F00-F99]p-O9.1 Π	1.0	Deakin	ACT
Private multidisciplinary	Waymind	AX[F00-F99]p-O9.1	1.0	Deakin	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
practice		Π			
Private multidisciplinary practice	Zed Three and Veterans Military	GX[F00-F99]p-O9.1,Π	1.0	Bruce	ACT
Private multidisciplinary practice	ZedThree Specialist Centre	GX[F00-F99]p-O9.1,Π	5.0	Bruce	ACT
Private psychiatry	Beth Mah	AX[F00-F99]p-O9.1 u,Π	0.2	Deakin	ACT
Private psychiatry	Dr Adesina Adesanya	AX[F00-F99]p-O9.1 u,Π	NA	Canberra	ACT
Private psychiatry	Dr David Westcombe	AX[F00-F99]p-O9.1 u,Π	NA	Curtin	ACT
Private psychiatry	Dr Fatma Lowden	AX[F00-F99]p-O9.1 u,Π	NA	Canberra	ACT
Private psychiatry	Dr Paul Fitzgerald	AX[F00-F99]p-O9.1 e,u,Π	NA	Acton	ACT
Private psychiatry	Dr Saba Javed	AX[F00-F99]p-O9.1 Π	0.1	Barton	ACT
Private psychiatry	North Lyneham Professional Centre	AX[F00-F99]p-O9.1 Π	2.0	North Lyneham	ACT
Private psychiatry	Psychiatrist Canberra	AX[F00-F99]p-O9.1 Π	NA	Gungahlin	ACT
Private psychologist	AnneMarie Nicol Psychology	GX[F00-F99]-O9.1 Π,u	NA	Kambah	ACT
Private psychologist	Arc Psychology	GX[F00-F99]-O9.1 Π,u	NA	Griffith	ACT
Private psychologist	Archwise Psychology	AX[F00-F99]-O9.1 Π,u	NA	Canberra City	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychologist	Canberra Psychology Services	AX[F00-F99]-O9.1 Π	NA	Belconnen	ACT
Private psychologist	Capital Assessment and Therapy Centre	GX[F00-F99]-O9.1 Π	NA	Deakin	ACT
Private psychologist	Chapman Marques Psychology Relationship Counselling (Canberra Psychology Services) &	AX[F00-F99]-O9.1 Π,u,	NA	Belconnen	ACT
Private psychologist	Corinna Chambers	GX[F00-F99]-O9.1 Π	NA	Woden	ACT
Private psychologist	DBT Canberra	AX[F60-F69]-O9.1 Π	NA	Hawker	ACT
Private psychologist	Debra Harris Psychology	AX[F00-F99]-O9.1 Π,u	NA	Belconnen	ACT
Private psychologist	Dr Stuart Cathcart	AX[F00-F99]-O6.1 Π,u,e	NA		ACT
Private psychologist	Evo Psychology	AX[F00-F99]-O9.1 Π	NA	Isaacs	ACT
Private psychologist	Families In Mind	GX[F00-F99][e310x]-O9.1 Π	NA	Canberra	ACT
Private psychologist	Feel to Heal	AX[F00-F99]-O9.1 Π	NA	Deakin	ACT
Private psychologist	Focus Clinical Psychology	AX[F00-F99]-O9.1 Π	NA	Gungahlin	ACT
Private psychologist	Freedman Clinical Psychology	AX[F00-F99]-O9.1 Π,u	NA	Barton	ACT
Private psychology	Healthy Living Psychology	AX[F00-F99]-O9.1 Π	1.0	Kingston	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychologist	hr psychology	GX[F00-F99]-09.1 Π	NA	City	ACT
Private psychologist	Laneway Psychology	AX[F00-F99]-09.1 Π,u	NA	Turner	ACT
Private psychologist	Lifestyle Psychology	AX[F00-F99]-09.1 Π,u	NA	Gungahlin	ACT
Private psychologist	Lyneham Clinical Psychology	AX[F00-F99]-09.1 Π	NA	Lyneham	ACT
Private psychologist	Mak Psychology (Canberra Psychology Services)	AX[F00-F99]-09.1 Π,u,	NA	Belconnen	ACT
Private psychologist	Manuka Psychology	AX[F00-F99]-09.1 Π,u	NA	Manuka	ACT
Private psychologist	Mark Quinn Psychology	GX[F00-F99]-09.1 Π,u	NA	Kingston	ACT
Private psychologist	Mental Care Clinic	GX[F00-F99]-09.1 e, Π,u	NA	Kingston	ACT
Private psychologist	Nathan Harris Psychology	AX[F00-F99]-09.1 Π,u	NA	Dickson	ACT
Private psychologist	Nicole Jones Clinical Psychologist	AX[F00-F99]-09.1 Π,u,e	NA	O'Connor	ACT
Private psychologist	Northside Psychology	GX[F00-F99]-09.1 Π	NA	Belconnen	ACT
Private psychologist	Northside Psychology (satellite)	GX[F00-F99]-09.1 Π,t	NA	Gungahlin	ACT
Private psychologist	Optimal Health and Performance	GX[F00-F99]-09.1 Π	NA	Hawker	ACT
Private psychologist	Origin Psychology	AX[F00-F99]-09.1 Π,u,	NA	Forrest	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychologist	Pam Connor & Associates	AX[F00-F99]-O9.1 Π,u	NA	Harrison	ACT
Private psychologist	Primrose and Chen	AX[F00-F99]-O9.1 Π	NA	Watson	ACT
Private psychologist	Psyche-First	AX[F00-F99]-O9.1 Π,u	NA	Woden	ACT
Private psychologist	Psychreach	AX[F00-F99]-O9.1 Π,u	NA	Belconnen	ACT
Private psychologist	Randolph Sparks	AX[F00-F99]-O9.1 Π,u	NA	Deakin	ACT
Private psychologist	SimplyPsychology (FourSeasons Psychology)	AX[F00-F99]-O9.1 Π,u	NA	Tuggeranong	ACT
Private psychologist	The psych hive	GX[F00-F99]-O9.1 Π	NA	Deakin	ACT
Private psychologist	Wonderbump	AX[F53]-O9.1 Π	NA	Deakin	ACT
Private psychologist	Your Psychology	GX[F00-F99]-O9.1 Π	NA	Watson	ACT
Private psychology	Ahu Kocak (Lantern Psychology)	GX[F00-F99]-O9.1 u,Π	NA	Deakin	ACT
Private psychology	Ainsley Waddington Psychology	AX[F00-F99]-O9.1 u,Π	0.8	O'Connor	ACT
Private psychology	Altius group	AX[F00-F99 Z56.6]s-O9.1Π	NA	Canberra	ACT
Private psychology	Anita Miragaya	GX[F00-F99]-O9.1 u,Π	NA	Canberra City	ACT
Private psychology	Ascentem	AX[F00-F99]-O9.1Π AX[Z65.3]-O9.1Π	NA	Kingston	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychology	Beau Dunlop-Bayly – Mind Matters Neuropsychology	AX[F00-F99]-O9.1 u,Π,s	0.2	Phillip	ACT
Private psychology	Beth Cunningham	AX[F00-F99]-O9.1 u,Π	NA	O'Connor	ACT
Private psychology	Beth Sinclair	GX[F00-F99]-O9.1 u,Π	0.4	O'Connor	ACT
Private psychology	Canberra Clinical and Forensic Psychology	AX[F00-F99]-O9.1Π AX[Z65.3]-O9.1Π	0.2	Canberra	ACT
Private psychology	Canberra Psychology Clinic	AX[F00-F99]-O9.1 Π	NA	Turner	ACT
Private psychology	Capital Psychology Clinic	GX[F00-F99]-O9.1 Π	NA	Garran	ACT
Private psychology	Certa Psychology	AX[F00-F99]-O9.1 u,Π	1.0	Deakin	ACT
Private psychology	Chelsi Wingrove	AX[F00-F99]-O9.1 u,Π	1.0	O'Connor	ACT
Private psychology	Chia Psychology	AX[F00-F99]-O9.1 u,Π	0.2	Phillip	ACT
Private psychology	City Edge Psychology	AX[F00-F99]-O9.1 u,Π	1.0	O'Connor	ACT
Private psychology	Crane Psychology - Sue Fick	GX[F00-F99]-O9.1 u,Π	1.0	Deakin	ACT
Private psychology	Crawford James (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	0.8	Deakin	ACT
Private psychology	Danielle Clout	AX[F00-F99]-O9.1 u,Π	0.2	Phillip	ACT
Private psychology	David O'Donohue (Lantern	AX[F00-F99]-O9.1	0.4	Deakin	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
	Psychology)	u,Π			
Private psychology	Dickson Psychology	GX[F00-F99]-O9.1 Π	1.0	Dickson	ACT
Private psychology	Discourse psychology	GX[F00-F99]-O9.1 Π	1.0	Turner	ACT
Private psychology	Dr Alice Heikkonen – Nourish Clinical Psychology	AX[F00-F99]-O9.1 u,Π	0.2	Phillip	ACT
Private psychology	Dr Alison Christie (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	1.0	Deakin	ACT
Private psychology	Dr Andrea Kysely (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	1.0	Deakin	ACT
Private psychology	Dr Bianca Calabria (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	NA	Deakin	ACT
Private psychology	Dr Christian Torres-Capital Clinical Psychology	AX[F00-F99]-O9.1 u,Π	0.9	O'Connor	ACT
Private psychology	Dr Guy Little (Resonate Psychology)	AX[F00-F99]-O9.1 Π	1.0	Barton	ACT
Private psychology	Dr Isabelle Bauer (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	0.4	Deakin	ACT
Private psychology	Dr Linda Nicholson (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	0.4	Deakin	ACT
Private psychology	Dr Niah Campbell	GX[F00-F99]-O9.1 u,Π	0.2	O'Connor	ACT
Private psychology	Dr Phil Kavanagh	GX[F00-F99]-O9.1 u,Π	0.2	Phillip	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychology	Ease Psychology	GX[F00-F99]-09.1 Π	NA	Barton	ACT
Private psychology	Effective Psychology Solutions	AX[F00-F99]-09.1 u,Π	NA	Kingston	ACT
Private psychology	Emma Pretorius	AX[F00-F99]-09.1 u,Π	1.0	Deakin	ACT
Private psychology	Emma Sait (Lantern Psychology)	AX[F00-F99]-09.1 u,Π	0.6	Deakin	ACT
Private psychology	Eriksson Psychology	AX[F00-F99]-09.1 Π	NA	Canberra	ACT
Private psychology	Erin Potter (Lantern Psychology)	GX[F00-F99]-09.1 u,Π	0.4	Deakin	ACT
Private psychology	Fe Donaghue (Lantern Psychology)	AX[F00-F99]-09.1 u,Π	0.4	Deakin	ACT
Private psychology	Footsteps Psychology	GX[F00-F99]-09.1 u,Π	0.7	Canberra	ACT
Private psychology	Foresight Clinical and Forensic Psychology	AX[F00-F99][Z65.3]-09.1 Π	NA	Griffith	ACT
Private psychology	Francesco Causo	GX[F00-F99]-09.1 u,Π	0.8	O'Connor	ACT
Private psychology	Grounded Psychology	AX[F00-F99]-09.1 u,Π	NA	Lyneham	ACT
Private psychology	Hynes Psychology	AX[F00-F99]-09.1 u,Π	0.6	O'Connor	ACT
Private psychology	Inge Psychology - Deborah Inge	GX[F00-F99]-09.1 u,Π	1.0	Forrest	ACT
Private psychology	Inner North Psychology	AX[F00-F99]-09.1 Π	NA	Ainslie	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychology	Inner Psych	AX[F00-F99]-09.1 e,Π	NA	Forrest	ACT
Private psychology	Isobel Kelly (Lantern Psychology)	AX[F00-F99]-09.1 u,Π	0.6	Deakin	ACT
Private psychology	Jaye Corkoron (Lantern Psychology)	GX[F00-F99]-09.1 u,Π	0.6	Deakin	ACT
Private psychology	Jean Xu	AX[F00-F99]-09.1 u,Π	0.3	Phillip	ACT
Private psychology	Jenny Lewis (Lantern Psychology)	GX[F00-F99]-09.1 u,Π	0.2	Deakin	ACT
Private psychology	Jetlyn Payne (Clinical Psychology)	AX[F00-F99]-09.1 u,Π	0.8	O'Connor	ACT
Private psychology	JMA Psychology Canberra	AX[F00-F99]-09.1 e,u,Π	NA	Fyshwick	ACT
Private psychology	Jo Burke (Lantern Psychology)	GX[F00-F99]-09.1 u,Π	0.4	Deakin	ACT
Private psychology	Jo Lane (Lantern Psychology)	GX[F00-F99]-09.1 u,Π	0.2	Deakin	ACT
Private psychology	Karen Ely	AX[F00-F99]-09.1 u,Π	0.4	Phillip	ACT
Private psychology	Lacy Clews (Psychology)	AX[F00-F99]-09.1 u,Π	0.6	Kambah	ACT
Private psychology	Lauren Fee (Psychology)	AX[F00-F99]-09.1 u,Π	0.4	Phillip	ACT
Private psychology	Li Lim	GX[F00-F99]-09.1 u,Π	NA	Phillip	ACT
Private psychology	Life Unlimited Psychology	AX[F00-F99]-09.1Π	9.0	Turner	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychology	Lucy Erickson	AX[F00-F99]-O9.1 u,Π	0.2	O'Connor	ACT
Private psychology	Madeline Althaus (Lantern Psychology)	GX[F00-F99]-O9.1 u,Π	0.2	Deakin	ACT
Private psychology	Mandy McNaught (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	0.4	Deakin	ACT
Private psychology	Maro Health	AX[F00-F99]-O9.1 u,Π	NA	Lyneham	ACT
Private psychology	Megan Tomlins	GX[F00-F99]-O9.1 u,Π	NA	O'Connor	ACT
Private psychology	Mercedes Pasco (Lantern Psychology)	GX[F00-F99]-O9.1 u,Π	0.2	Deakin	ACT
Private psychology	Michael Barry	AX[F00-F99]-O9.1 u,Π	0.6	O'Connor	ACT
Private psychology	Michael Hughes	GX[F00-F99]-O9.1 u,Π	0.4	O'Connor	ACT
Private psychology	Ms Cath Bylett: Alpine Psychology	GX[F00-F99]-O9.1 u,Π	0.6	Phillip	ACT
Private psychology	Natalie Kuester (Lantern Psychology)	GX[F00-F99]-O9.1 u,Π	0.2	Deakin	ACT
Private psychology	Nicole Daly	AX[F00-F99]-O9.1 u,Π	0.7	Deakin	ACT
Private psychology	Oak Tree Psychology	GX[F00-F99]-O9.1 u,Π	NA	Manuka	ACT
Private psychology	Paige Mewton	GX[F00-F99]-O9.1 u,Π	0.4	Phillip	ACT
Private psychology	Patch Psychology	AX[F00-F99]-O9.1 u,Π	0.6	Philip	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychology	Phoenix Psychology Canberra	GX[F00-F99]-09.1 Π	NA	Canberra	ACT
Private psychology	Professional Wellbeing	AX[F00-F99]-09.1 u,Π	NA	Woden	ACT
Private psychology	Rebalance Psychology	GX[F00-F99]-09.1 Π	NA	Canberra	ACT
Private psychology	Resolution Psychology	GX[F00-F99]-09.1 Π	NA	Canberra	ACT
Private psychology	Rhiannon Brophy (Lantern Psychology)	GX[F00-F99]-09.1 u,Π	1.0	Deakin	ACT
Private psychology	Robyn Henderson (Lantern Psychology)	AX[F00-F99]-09.1 u,Π	0.2	Deakin	ACT
Private psychology	Roni Botterill Psychology	AX[F00-F99]-09.1 u,Π	0.2	Phillip	ACT
Private psychology	Rosalie Poesiat (Lantern Psychology)	AX[F00-F99]-09.1 u,Π	0.5	Deakin	ACT
Private psychology	Samantha Jugovac	GX[F00-F99]-09.1 u,Π	0.2	Phillip	ACT
Private psychology	Shauna Browning	AX[F00-F99]-09.1 u,Π	0.6	Deakin	ACT
Private psychology	Sherylyn Crisp	GX[F00-F99]-09.1 u,Π	1.0	Phillip	ACT
Private psychology	Strategic psychology	GX[F00-F99]-09.1Π	16.0	Canberra	ACT
Private psychology	The Happy Neurons Co (CBT for psychosis)	AX[F00-F99]-09.1 u,Π	1.0	Canberra	ACT
Private psychology	The Woden Clinic	AX[F00-F99]-09.1 u,Π	1.0	Phillip	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private psychology	Tommy Choi	AX[F00-F99]-O9.1 u,Π	0.2	Deakin	ACT
Private psychology	Tribe Psychology	AX[F00-F99]-O9.1 u,Π	0.6	Griffith	ACT
Private psychology	Vanessa Quigley Psychology	AX[F00-F99]-O9.1 u,Π	0.4	Phillip	ACT
Private psychology	Well Mind Psychology	GX[F00-F99]-O9.1Π	4.2	Watson	ACT
Private psychology	Yvonne Lee (Lantern Psychology)	AX[F00-F99]-O9.1 u,Π	0.2	Deakin	ACT
Private psychology	Wendy Styles	AX[F00-F99]-O9.1 u,Π	1.0	Hughes	ACT
Private ACT	TMS ACT	AX[F33]s-O8.1 s,Π	0.4	Philip	ACT
Think Health	Mental Think Health Clinic	GX[F00-F99]p-O9.1Π	9.4	Deakin	ACT
TMS Specialists	TMS Specialists	AX[F00-F99]s-O9.1s	NA	Deakin	ACT

Non-acute non-mobile other care (Private for-profit)

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Braver Together	Braver Together	GX[F00-F99]-O9.2 u,v,Π	0.4	Latham	ACT and surrounds
Mental Foundation	Health Clear Path Counselling	AX[F00-f99]-O9.2Π	3.0	Chifley	ACT
Phynix Initiative	Phynix Initiative-coaching	AX[F00-F99]-O9.2 k,u,v,Π	0.2	Narrabundah	ACT
Private counselling	Central Counselling Services	AX[F00-F99]-O9.2 u,Π	1.0	Holder	ACT

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private counselling	Karen Stewart Clarity of Self	AX[F00-F99]-09.2 u,Π	1.0	Curtin	ACT
Private counselling	Richard Cordiner (Lantern Psychology)	GX[F00-F99]-09.2 u,Π	NA	Deakin	ACT
Private counselling	Robyn Elliot Counselling	AX[F00-F99]-09.2 e,u,Π	0.8	Canberra	ACT
Private counselling	Safe Space Counselling Canberra	AX[F00-F99]-09.2 u,Π	NA	Narrabundah	ACT
Private hypnotherapy	Inspired Mindset	AX[F00-F99]-09.2 u,Π	1.0	Canberra	ACT
Private psychotherapy	Mike van Diemen (Lantern Psychology)	GX[F00-F99]-09.2 u,Π	NA	Deakin	ACT
Private psychotherapy	Psychotherapy and Counselling Support	AX[F00-F99]-09.2 u,Π	NA	Canberra	ACT
Private psychotherapy/social worker	Mindscape Therapy	AX[F00-F99]-09.2 Π	NA	Philip	ACT
Private therapist	yoga Yonnie Fung	GX[F00-F99]-09.2 u,Π	NA	Phillip	ACT

SERVICES FOR CHILDREN AND ADOLESCENTS

OUTPATIENT CARE

Non-acute non-mobile health care (Private for-profit)

Provider	Name	Main DESDE Code	FTE	Town Suburb	/ Area of Coverage
Private multidisciplinary practice	Canberra Development Clinic	CX[F00-F99]p- 09.1 Π	NA	Deakin	ACT

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Private psychiatry	Dr Claire Pattison	CX[F00-F99]p-O9.1 u,Π		NA	Turner	ACT
Private psychologist	Spark for Life Psychology	CX[F00-F99]-O9.1 Π		NA	Isaacs	ACT
Private psychology	Caroline Henry Psychologist	CX[F00-F99]-O9.1 u,Π		1.0	Kingston	ACT
Private psychology	Dan Gresham (Lantern Psychology)	CX[F00-F99]-O9.1u,Π		0.6	Deakin	ACT

Non-acute non-mobile othercare (Private for-profit)

Provider	Name	Main Code	DESDE	FTE	Town Suburb	Area of Coverage
Private Therapist	Play ProPlay Therapy	CA[F00-F99]-O9.2 Π,u		NA	Ainslie	ACT

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APPENDIX 2

DESDE-LTC METHODOLOGY

WHAT ARE INTEGRATED ATLASES OF CARE?

General health atlases are typically compiled from lists or directories of services, with inclusion based on their official or commonly used titles. This approach poses several challenges (Salvador-Carulla et al., 2015). First, there is wide variability in service and program terminology, even within the same geographic area. Second, service names often do not reflect their actual function—for example, day hospitals, day centres, or social clubs may perform very different activities than their titles suggest. Third, there is a lack of consensus on what constitutes a “service.” The term itself is an umbrella concept that encompasses highly structured, permanent services, clinical units, and even short-term programs or interventions, which can obscure meaningful comparisons and analyses.

For example, the Australian Government Department of Health defines “mental health services” as “services in which the primary function is specifically to provide clinical treatment, rehabilitation, or community support targeted towards people affected by mental illness or psychiatric disability, and/or their families and carers. Mental health services are provided by organisations operating in both the government and non-government sectors, where such organisations may exclusively focus on mental health service provision, or provide such activities as part of a broader range of health or human services” (Australian Government Department of Health, 2015). While comprehensive, this broad definition does not provide a formal description of “services” suitable for standardised classification, description, or comparison.

To address these limitations, we used the Description and Evaluation of Services and Directories in Europe for Long-Term Care (DESDE-LTC) (Salvador-Carulla et al., 2013). DESDE-LTC is an open-access, validated, international instrument for the standardised description and classification of long-term care services. It provides a taxonomy tree and coding system that classifies services within a defined catchment area according to the main care structure or activity offered, and determines their level of availability and utilisation. Classification is based on the actual activities of the service, rather than its name, thereby reflecting the true provision of care within the catchment area.

In research on health and social services, it is important to consider the unit of analysis,

which must be consistent for meaningful comparisons. Units of analysis may include macro-organisations (e.g., a Local Health District), meso-organisations (e.g., a hospital), or micro-organisations (e.g., a service). Smaller units within a service—such as Main Types of Care, Care Modalities, Care Units, Care Intervention Programs, or Activities—can also be considered. Our analysis, using DESDE-LTC, focuses on Basic Stable Inputs of Care (BSICs), the minimal organisational units providing care.

WHAT ARE BASIC STABLE INPUTS OF CARE (BSIC)?

A Basic Stable Input of Care (BSIC) can be defined as a team of professionals working together to provide care for a defined group of people. They have time stability (typically they have been funded for more than three years) and structural stability. Structural stability means that they have administrative support, their own space, their own finances (for instance a specific cost centre) and their own forms of documentation (i.e. they produce their own report by the end of the year). The following box shows the criteria for a BSIC.

Criterion A: Has its own professional staff

Criterion B: All activities are used by the same clients/consumers

Criterion C: Time continuity (more than three years)

Criterion D: Organisational stability

Criterion D.1: The service is registered as an independent legal organisation (with its own company tax code or an official register). This register is separate, and the organisation does not exist as part of a meso- organisation (for example a service of rehabilitation within a general hospital) → **IF NOT:**

Criterion D.2.: The service has its own administrative unit and/or secretary's office and fulfils two additional descriptors (see below) → **IF NOT:**

Criterion D.3.: The service does not have its own administrative unit, but it fulfils **three** additional descriptors:

D3.1. To have its own premises and not as part of other facility (e.g. a hospital)

D3.2. Separate financing and specific accountability (e.g. the unit has its own cost centre)

G3.3. Separated documentation when in a meso-organisation (e.g. specific end of the year reports).

BSICs were identified according to these criteria and subsequently labelled. The

typology of care provided by each BSIC is further broken down into smaller units of analysis, known as Main Types of Care (MTCs). Each service is described using one or more MTC codes, reflecting the primary care structure and activity it provides. For example, a single service might have a principal activity classified as 'residential' and an additional activity classified as 'day care.' Figure 2 illustrates the different types of care included in our system.

There are six main types of care (Salvador-Carulla et al., 2013):

1. Residential care: Codes in this branch classify facilities that provide overnight beds for clients for clinical and social management of their health condition. Use of these services is not based solely on homelessness or lack of access to a home. Residential care is further divided into acute and non-acute branches, with additional sub-branches.
2. Day care: This branch classifies facilities that:
 - Serve multiple consumers simultaneously rather than individually;
 - Provide structured treatment or support related to long-term care needs, including social contact;
 - Operate during regular opening hours; and
 - Expect consumers to remain at the facility beyond face-to-face contact with staff.*Note:* In Australia, these services are more commonly referred to as day programs rather than "day care."
3. Outpatient care: Codes in this branch classify services that:
 - Involve direct contact between staff and consumers for managing clinical or social needs; and
 - Are not delivered as part of residential or day care.
4. Accessibility to care: This branch includes facilities whose primary aim is to improve access to care for individuals with long-term care needs, without providing therapeutic care themselves.
5. Information for care: Codes in this branch are applied to facilities that provide information and/or assessment of consumer needs, without engaging in follow-up or direct care provision.
6. Self-help and voluntary care: This branch includes facilities offering support, self-help, or contact through unpaid staff, for any of the care types described above (residential, day, outpatient, accessibility, or information).

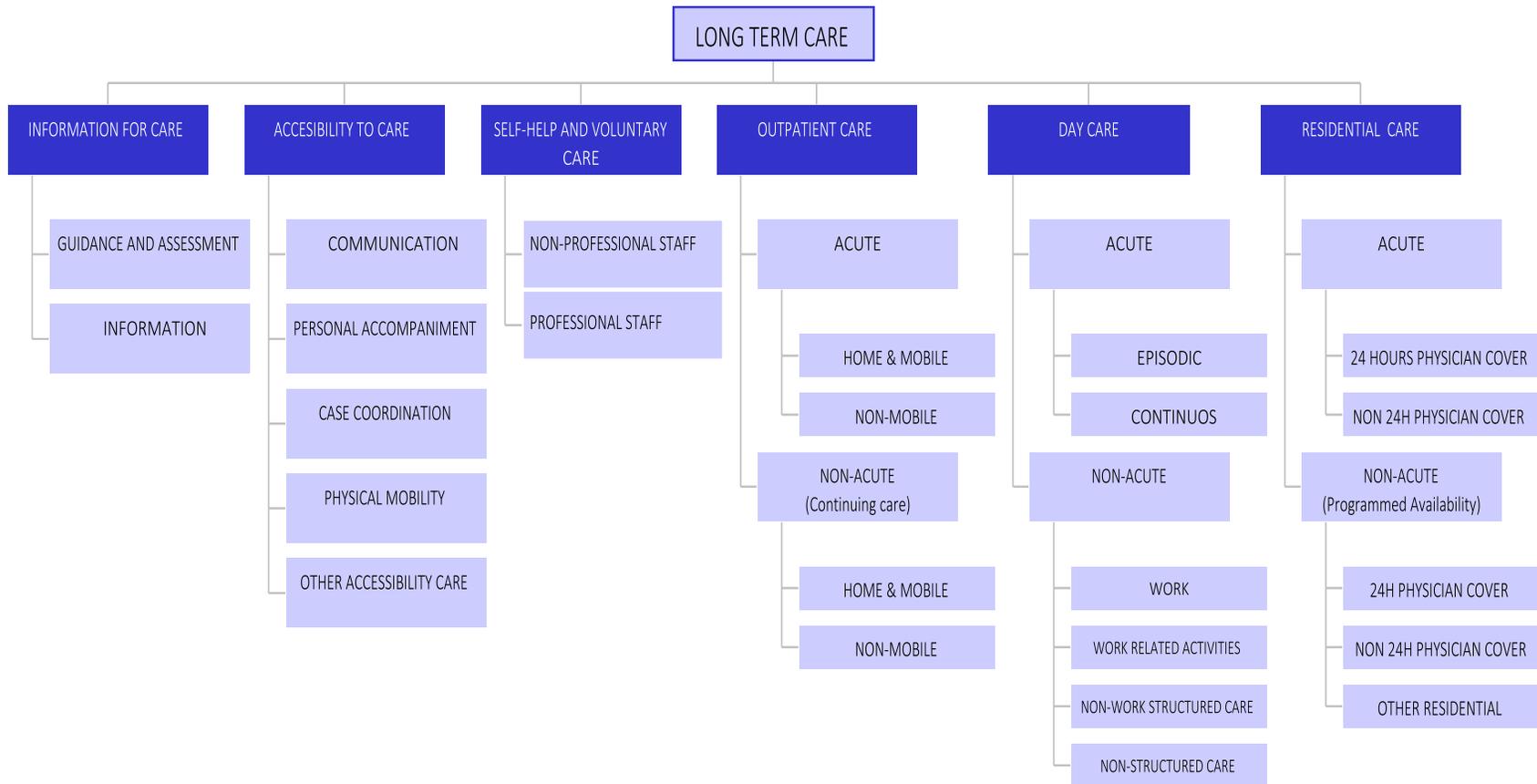
In the Results section of an Atlas, figures, rates per 100,000 residents, and a comprehensive description of Main Types of Care (MTCs) by age group and specific population are presented according to MTC. Detailed analysis of the service delivery system, however, is provided in tables by functional teams or BSICs. These dual approaches enable both comparisons of main types of care across jurisdictions and a detailed description of service organisation at multiple levels: macro (e.g., hospitals), meso (e.g., mental health services), and micro (e.g., functional teams).

Using a modified version of Tansella and Thornicroft’s matrix for mental health services, service activity and capacity at the individual service, or “micro,” level are described and measured to provide a comprehensive picture of total care provision at the “meso” or small-area level (Tansella & Thornicroft, 1998) (see box below).

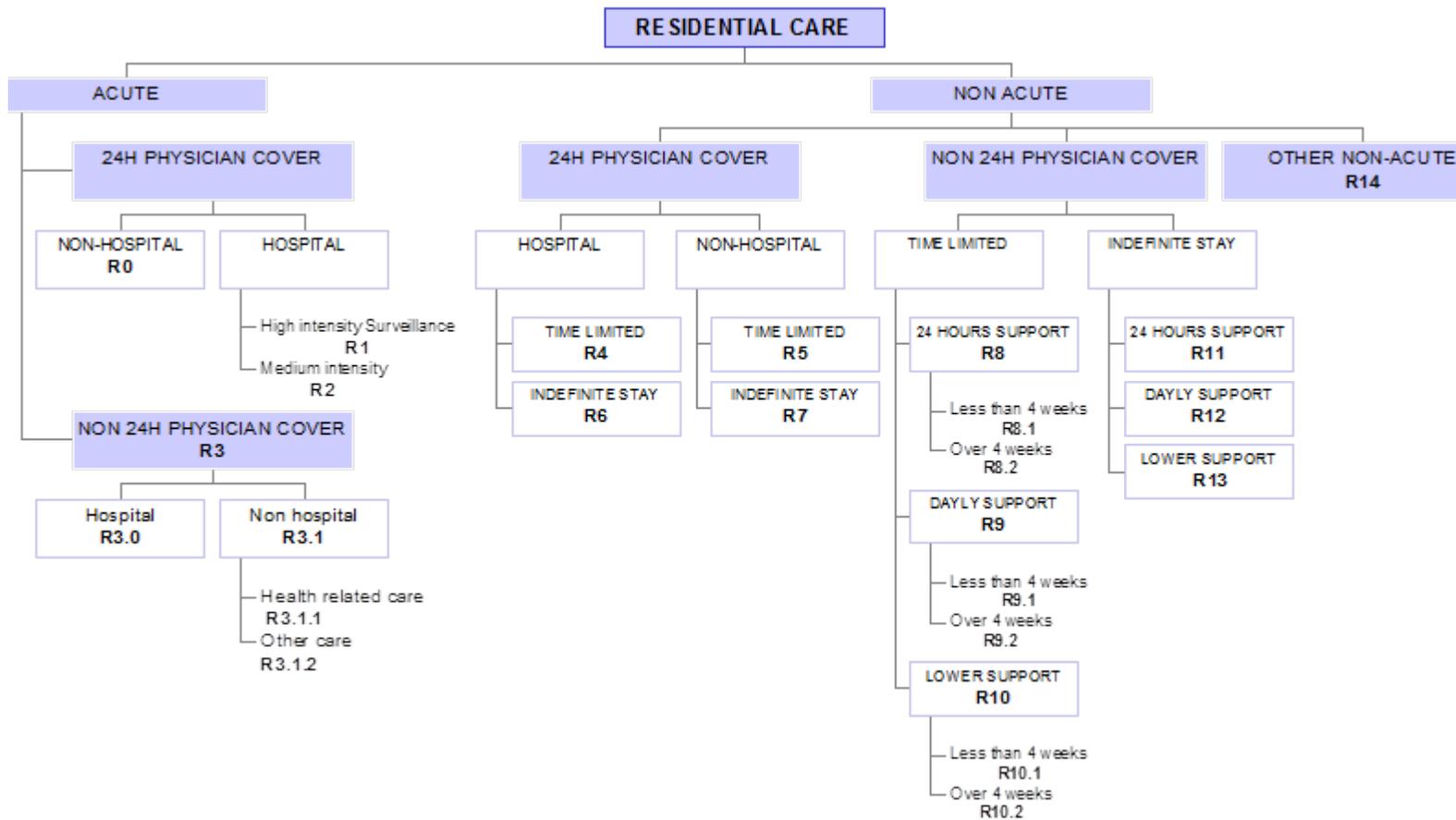
	INPUT	THROUGHPUT	OUTPUT
Macro Country/region	1A	1B	1C
Meso Local área	2A	2B	2C
Micro Service	3A*	3B	3C
Nano Individual	4A	4B	4C

Mental Health Matrix (adapted Tansella & Thornicroft, 1998)

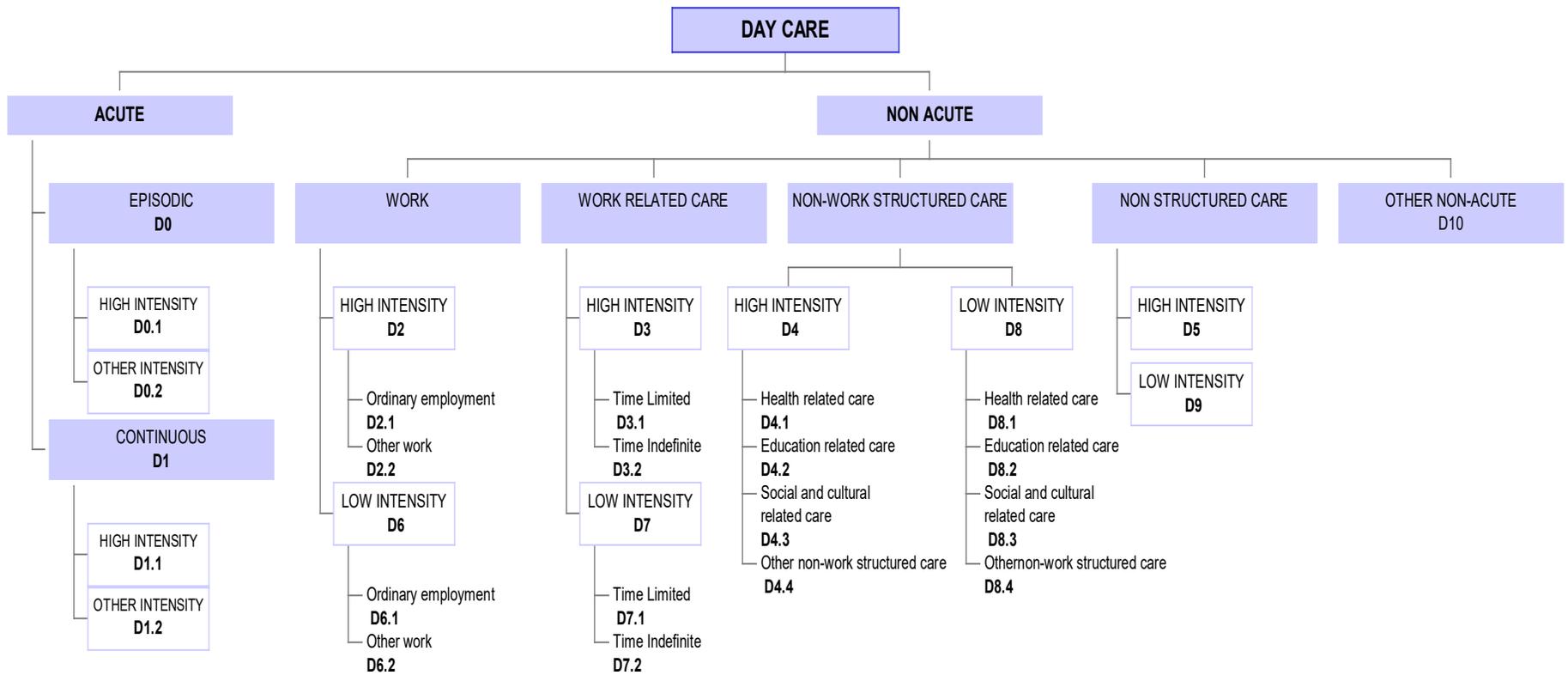
*STC or BSICs are part of 3A.



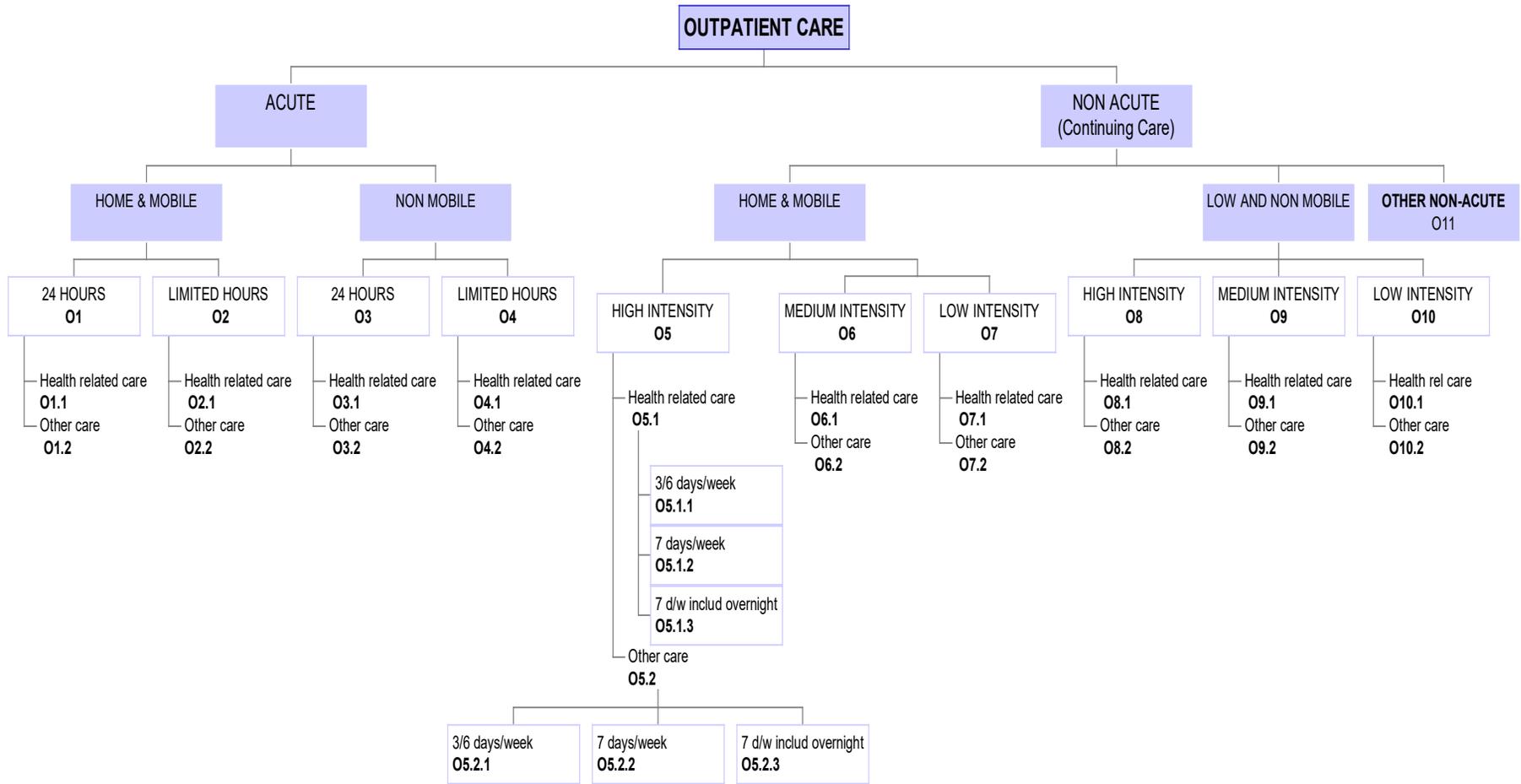
DESDE-LTC main branches of care.



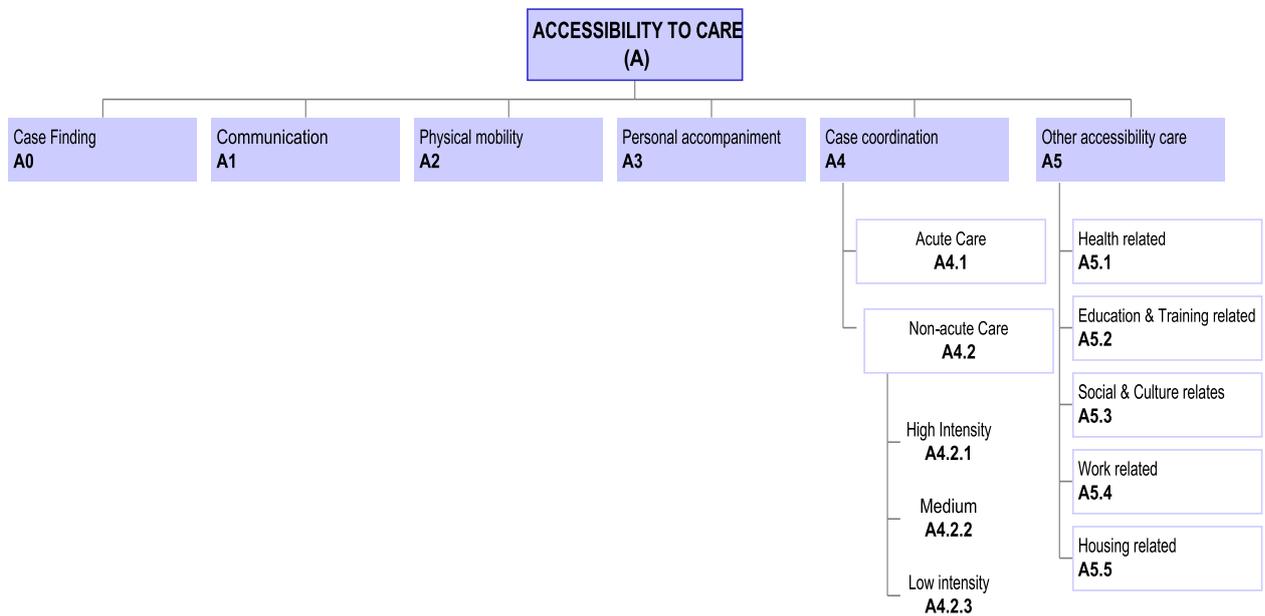
Residential care coding branch.



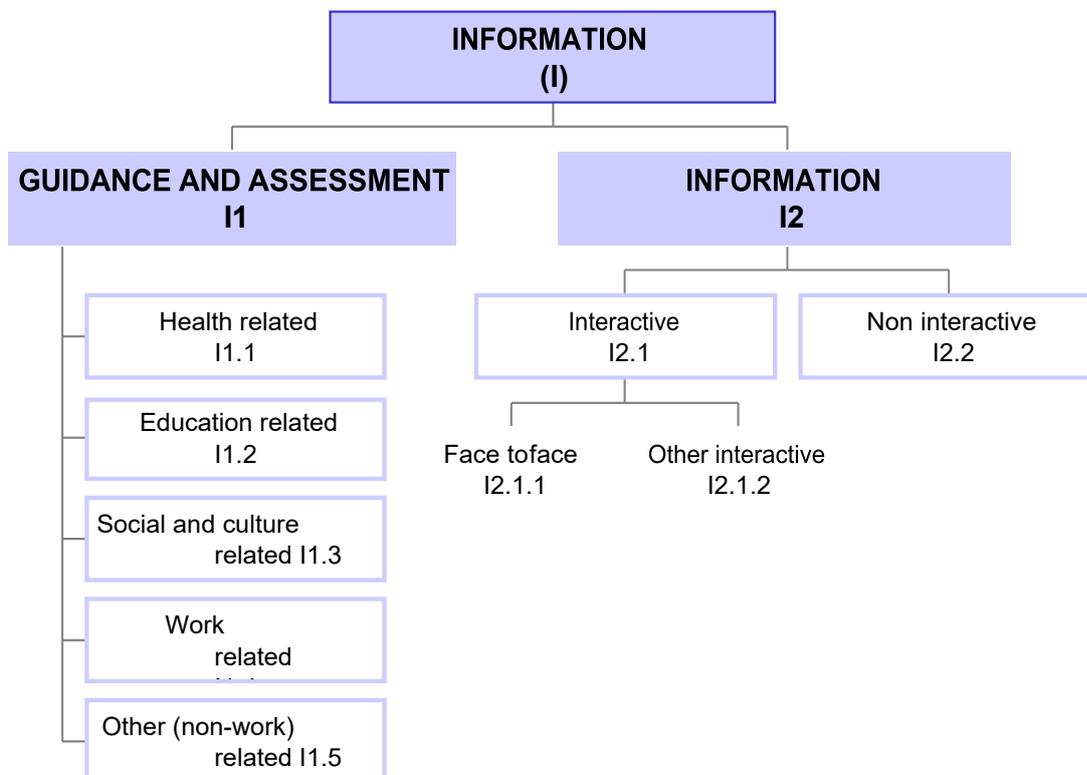
Day care coding branch



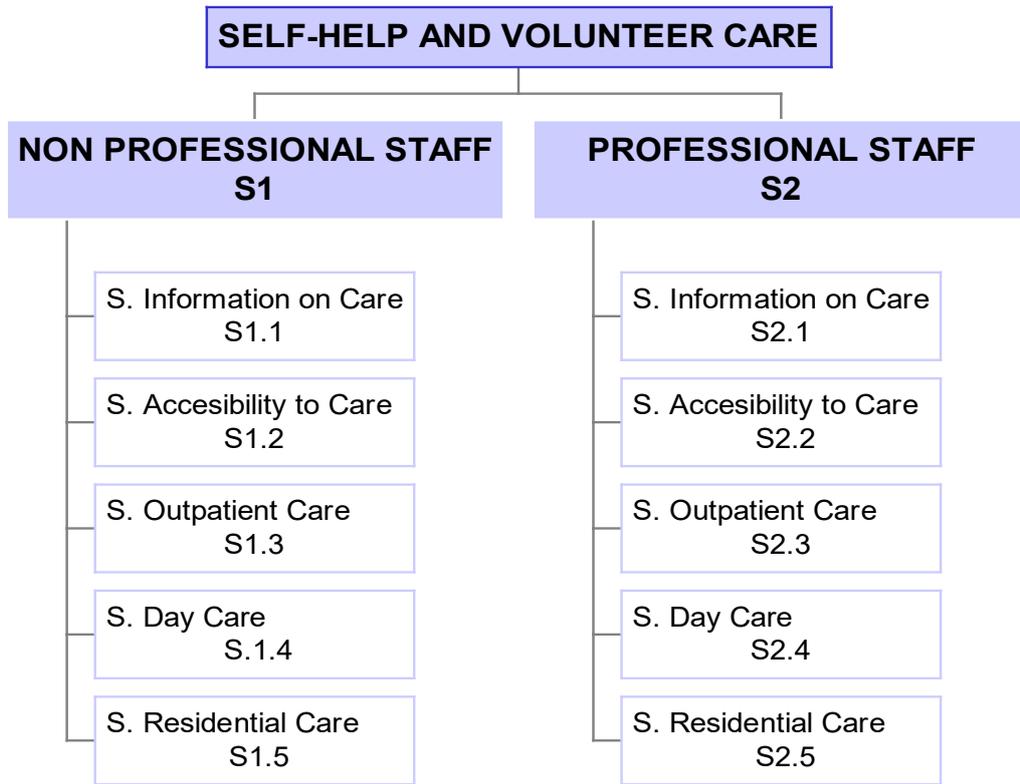
Outpatient care coding branch



Accessibility to care coding branch



Information and Guidance coding branch.



Self-Help and Volunteer coding branch

INCLUSION CRITERIA

To be included in the Atlas, a service had to meet the following criteria:

1. Target population: The service must primarily support people with a lived experience of mental illness or psychosocial disability. Including generic services without staff specialised in mental health could bias the analysis and obscure the true availability of services with the expertise required for this population.
2. Geographic location: The service must operate within the boundaries of the ACT PHN region. This ensures an accurate representation of local resource availability. Although some ACT residents access services in Queanbeyan, no formal cross-jurisdictional agreement exists, and therefore these services were not included.
3. Direct care provision: The service must provide direct care or support to consumers. Services solely focused on system improvement or administrative functions without direct consumer contact were excluded.

DATA COLLECTION

Step 1: Service identification

A comprehensive list of all services providing care or support to people with a lived experience of mental illness is developed, in collaboration with local health officials and agencies, and in conjunction with an online search. Services were then contacted by email and invited to a face to face or online interview to gather the following information:

- Basic service information: Name, type of service, and governance structure.
- Location and geographic information: Service reference, service area, and catchment.
- Service data: Opening days and hours, staffing, management, economic details, legal framework, user profile, number of consumers, contacts or admissions, days in hospital or residential care, number of beds or places, and links with other services.
- Additional information: Name of the coder, date of data collection, number of observations, and any issues encountered.

Step 2: Codification of the services

Services are coded, following criteria defined in DESDE-LTC, according to their MTC (not the official service name). The codes can be split into four different components:

- (i) Client age group: This represents the main target group for which the service is intended or currently accessed by, using capital letters.

Code	Age group description
GX	All age groups
NX	None/undetermined
CX	Child & adolescents (0–17)
CC	Only children (0–11)
CA	Only adolescents (12–17)
CY	Adolescents and young adults (12–25)
AX	Adults (18–65)
AY	Young adults (18–25)
AO	Older adults (50–65)
OX	Old

- (ii) Diagnostic group: ICD-10 codes (provided in brackets after the age group code but before the DESDE-LTC code) were used to describe the main diagnostic group served by each service. In most cases, the code [F0–F99] was applied, indicating that the service includes all types of mental disorders or does not specify a particular diagnosis.

If the client is a child but the professional works with the family, or if the service is aimed at carers, the code [e310] (immediate family) from the International Classification of Functioning (ICF) was used.

Code	Description
F10– F19	Mental and behavioural disorders due to psychoactive substance use (e.g., alcohol or other drugs)
F00– F99	Mental, behavioural, and neurodevelopmental disorders
F20– F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30– F49	Mood [affective] disorders
F33	Major depressive disorder, recurrent
F40– F48	Anxiety, dissociative, stress-related, somatoform, and other non-psychotic mental disorders
F42.3	Hoarding disorder

F50	Eating disorders
F53	Pre- or post-natal mental and behavioural disorders
F60– F69	Disorders of adult personality and behaviour
ICD	Medical disorders
T14.91	Suicide attempt
Z55- Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z62.8	Other specified problems related to upbringing
Z65.3	Problems related to other legal circumstances

(iii) DESDE-LTC code:

The core DESDE-LTC code, the Main Type of Care (MTC), forms the third component of the service code. Services are classified according to their primary type of care, which can be:

- Residential care (codes starting with R)
- Day care (codes starting with D)
- Outpatient care (codes starting with O)
- Accessibility to care (codes starting with A)
- Information for care (codes starting with I)
- Self-help and voluntary care (codes starting with S)

(iv) Qualifiers:

A fourth component may be added to describe additional characteristics relevant to local policy. These include:

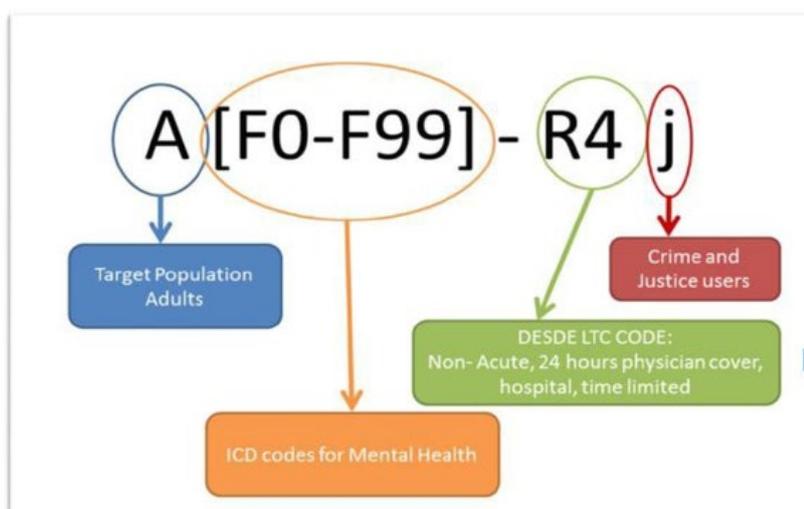
Code	Description
a	Acute – Service is non-acute but can provide acute support if needed.
b	Bundled – Support provided within a time-limited plan (e.g., 3-month psychotherapy course) or ultra-short residential stays (e.g., Short Stay Units in an Emergency Department).
c	Closed – Service with high security, provided under locked doors.
e	Ecare – Service delivered primarily via information and communication technologies

	(ICTs), including telehealth, telemedicine, teleconsultation, telemonitoring; at least 50% of care is provided digitally.
g	Group – Service delivered primarily through group activities.
h	Hospital – Service provided in a meso-organisation registered as a hospital but not acute residential care.
j	Justice – Service specifically for justice or law enforcement users (e.g., prison hospitals, surveillance wards, psychiatric units in prisons).
k	Non-professional staff – Service delivered primarily by peers, family members, or other non-professional staff (>90% of staff).
l	Liaison – Service provides support to a subgroup of users from a different main target population (e.g., psychiatric liaison for oncology patients).
m	Management – Service provides planning, coordination, or navigation of care, including some direct support as part of its activity.
q	Quite – Attributes at the lower end; if coded non-mobile, up to 50% of care may be mobile.
s	Specialised – Service supports a specific subgroup within the designated target population (e.g., eating disorder services).
t	Tributary – Secondary or satellite unit of a team primarily operating from a different main location.
u	Unitary – Service delivered by a single health or social care professional (e.g., psychiatrist, psychologist, nurse, social worker).
V	Variable – Service may experience significant short- or medium-term variation due to funding instability or system changes.
n	Pi – Service requires out-of-pocket payment or private insurance, with minimal public reimbursement.
⌈	Tau – Service provided primarily by students under supervision of qualified professionals.

Eligibility qualifiers (applied in italics after the diagnosis code):

Code	Description
<i>m</i>	Service users require a management plan (e.g., GP Mental Health Plan or NDIS funding plan) to access the service.
<i>p</i>	Service users require a referral from a primary source (e.g., GP or primary health provider) to access the service.
<i>s</i>	Service users require a referral from a specialised source (e.g., mental health specialist) to access the service.

Example: A sub-acute forensic unit in a hospital for adults with lived experience of mental illness will receive the following code presented in Figure 9.



Components of the code- an example of a sub-acute forensic unit based in a hospital

Step 3 - Mapping the BSIC

The next step in the construction of the Atlas was to map the supply of mental health services in relation to indicators of potential demand within the ACT PHN area. To achieve this step, the BSIC data was exported into a Geographic Information System (GIS) for visualisation.

Step 4 - Description of the pattern of care - service availability and capacity

The availability of services was analysed according to their MTC, as well as their capacity.

Availability - defined as the presence, location and readiness for use of service delivery teams in a catchment area at a given time. A service is available when it is operable or useable upon demand to

perform its designated or required function. The availability rate for the MTC is calculated per 100,000 of the target population. For example, for services for children and adolescents the estimated residential population of children and adolescents is used.

Placement capacity – this is the maximum number of beds in residential care, and places in day care in a care delivery organisation or catchment area at a given time. Rates are also calculated per 100,000 of the target population (2016 population figures).

Spider diagrams – to understand the balance between the different types of care offered in an area, a radar chart tool, also referred to as a spider diagram, is used. The spider diagram is essentially a tool to visually depict the pattern of care in an area. Each of the 21 points on the radius of the diagram represents the number of MTC for a particular type of care per 100,000 population (2016 population figures).

This analysis allows for comparisons of the availability and capacity rates with other areas, and to estimate whether the provision of services is adequate with regard to the population's needs.

Following the coding of the services and development of a draft Atlas, the Atlas is presented to planners for them to review and adjust the data and codes presented where necessary. The Draft for Consultation is then prepared by the research team for release to stakeholders. Time is allowed for stakeholders to review the service data and coding and provide any further comment. After further revision based on the feedback received, a Final Version is released to the planners.

Workforce Capacity: Workforce capacity is defined as the maximum number of paid staff available in a service or catchment area to provide direct care. This excludes voluntary staff and administrative personnel. Workforce capacity is measured in Full-Time Equivalent units (FTE), based on a 37.5-hour working week, and rates are calculated per 100,000 residents.

The following table provides a full description of each component of the DESDE coding system found in this report.

1. RESIDENTIAL – Accommodation, Hospital, Residential
Acute Hospital Care (R1-R3.0): High Dependency Inpatient; Acute Care Unit; Intensive Care Unit; Psychiatric Assessment & Planning Unit
Non-Acute Hospital (R4-R6): Sub-acute; Community Care Units; Extended Care Rehabilitation Unit
Acute Non-Hospital (R0-R3.1.1): Hospital in the Home; Crisis homes (rare)
Non-Acute Non-Hospital (R5-R7): Step Up-Step Down (SUSD); PARC
Other Non-Hospital (R9,R10,R12-R14): Psychiatric Hostels; Group Houses; Supported Accommodation; Crisis Accommodation (e.g., Common Ground)
Non-Hospital High Intensity (R11): PARC/SUSD; Housing Supported Care (HASI, HASP)
2. DAY CARE – Rehabilitation or Recovery
Health Acute (D1-D1.2): Day Hospital services (non-existent in Australia)
Health Non-Acute (D4.1-D8.1): Specialist services (e.g., Psychological Trauma Recovery, Neuropsychiatric Rehab)
Work-Related (D2,D3,D6,D7): Disability Enterprises; Social Firms; Worker Cooperatives
Other (D4.2-D10): Social Clubs; Club Houses
3. OUTPATIENT – Community or Ambulatory Care
Acute Mobile Health (O1.1-O2.1): Police & Acute Care Response; Crisis & Treatment Teams; Assertive Community Treatment
Acute Non-Mobile Health (O8.1-O10.1): Emergency Departments; Psychiatric Emergency; Psychiatric Liaison
Non-Acute Mobile Health (O5.1-O7.1): Mobile Support & Treatment Teams; Community Outreach
Non-Acute Non-Mobile Health (O8.1-O10.1): Outpatients; Clinics; Dual Diagnosis; Community Care/Continuing Care
Non-Acute Mobile/Non-Health (O5.2-O7.2): Personal Helpers & Mentors; Psychosocial Support
Acute Non-Mobile Non-Health (O3.2-O4.2): Family & Sexual Violence Crisis Services (e.g., Yarrow Place, Adelaide)
4. ACCESSIBILITY – Access to other support
Care Coordination (A4): Partners in Recovery; Care Navigator
Accessibility – Social (A5.3): Social participation

Accessibility – Work (A5.3): Employment access
5. INFORMATION – Information and assessment
Information for Care (I1.1): Telephone triage; Intake & Assessment
6. SELF-HELP & VOLUNTEER – Support by unpaid staff
Outpatient / Self-Help (S1.3): Volunteer-led outpatient support

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