MENTAL HEALTH SERVICES
Number 5

Mental health services in Australia 2001–02

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. HSE 31

© Australian Institute of Health and Welfare 2004

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Mental Health Series. A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (<www.aihw.gov.au>).

ISSN 1443-6795

ISBN 1 74024 378 1

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2004. Mental health services in Australia 2001–02. Canberra: AIHW (Mental Health Series no. 5).

Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Gail Weaving
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1050

Published by Australian Institute of Health and Welfare

Printed by Pirion

Contents

List of tables ..... **vi**

List of figures ..... **xviii**

List of boxes ..... **xxi**

Acknowledgments ..... **xxii**

Abbreviations ..... **xxiii**

1 Introduction **1**

Report structure 1

Background 2

2 Overview **9**

Changes in mental health care over time 9

Patient demographics 12

Mental health problems and disorders 15

Medication 17

Labour force 18

3 Ambulatory mental health care **20**

Overview 20

Mental health care in general practice 24

Private psychiatrist services 43

Hospital outpatient services and community mental health care services 48

Commonwealth/State Disability Agreement-funded mental health-related non-residential care provided by disability support services 57

Ambulatory-equivalent mental health-related separations 58

4 Residential and admitted patient mental health care **71**

Definition of mental health-related separations 72

National overview 72

Admitted patient mental health care 75

Residential care provided by public residential mental health care establishments 78

Commonwealth/State Disability Agreement-funded mental health-related residential care provided by disability support services 78

5 Specialised admitted patient mental health care 94

Overview 94

Patient demographics 95

Principal diagnoses 104

Australian Refined Diagnosis Related Groups 122

Procedures 123

Mode of admission 132

Mode of separation 132

Care type 132

6 Non-specialised admitted patient mental health care 139

Overview 139

Patient demographics 141

Principal diagnoses 146

Australian Refined Diagnosis Related Groups 161

Procedures 161

Mode of admission 162

Mode of separation 162

Care type 162

7 Specialised mental health care resources 173

Specialised mental health care labour forces 173

Expenditure on mental health-related medications 184

Public community mental health establishments 184

Psychiatric and acute care hospitals 193

8 Mental health care for depression 206

Prevalence 207

Mental health care 210

Health service expenditure for depression 213

Appendix 1: Data sources 220

Appendix 2: Codes used to define mental health-related care and medications 231

Appendix 3: Separations that could be considered equivalent to ambulatory mental health care 233

Appendix 4: State and territory ambulatory mental health care and admitted patient data 241

Appendix 5: National Survey of Mental Health Services 269

Glossary: 271

References: 280

List of tables

1 Introduction

Table 1.1: Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler Psychological Distress Scale-10, Australia, 1997 and 2001 (per cent) 5

Table 1.2: Estimated number of adults using medications for mental wellbeing in the 2 weeks prior to interview, Australia, 2001 6

Table 1.3: Consultations with health professionals in the two weeks prior to interview: persons reporting mental and behavioural problems by problem, Australia, 2001 (per cent) 7

Table 1.4: Health system costs of mental disorders and Alzheimer's disease and other dementias in Australia, 1993–94 and 2000–01 ($millions) 8

3 Ambulatory mental health care

Overview of ambulatory mental health care

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2001–02 22

Table 3.2: Summary of available data for ambulatory mental health care provided by general practitioners and private psychiatrists, states and territories, 2002–03 23

Table 3.3: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists and ambulatory-equivalent mental health-related admitted patient care in hospitals, Australia, 1997–98 to 2002–03 24

Table 3.4: Most frequently reported mental health-related patient reasons for encounter, by patient sex, BEACH, 2002–03 29

Table 3.5: Most frequently reported mental health problems managed, by patient sex, BEACH, 2002–03 30

Table 3.6: Referrals for mental health-related problems, BEACH, 2002–03 33

Table 3.7: The most frequently referred mental health-related problems, by patient sex, BEACH, 2002–03 34

Table 3.8: Mental health-related problems most frequently referred by general practitioners to psychiatrists, by patient sex, BEACH, 2002–03 35

Table 3.9: Clinical treatments provided by general practitioners for mental health-related problems, BEACH, 2002–03 36

Table 3.10: Mental health-related problems most frequently managed by general practitioners using clinical treatments, by patient sex, BEACH, 2002–03 37

Table 3.11: Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2002–03 38
Table 3.12: Number of medications provided for mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2002–03 40
Table 3.13: Pharmaceutical Benefits Scheme-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories, 2002–03 42

Private psychiatrist services

Table 3.14: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2002–03 44
Table 3.15: Private psychiatrist services subsidised through Medicare by schedule item, by patient sex and age group, Australia, 2002–03 45
Table 3.16: Pharmaceutical Benefit Scheme-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories, 2002–03 47
Table 3.17: Community mental health care service contacts and per 1,000 population by sex and age group, 2001–02 53
Table 3.18: Community mental health care service contacts and per 1,000 population by Indigenous status, states and territories, 2001–02 54
Table 3.19: Community mental health care service contacts by mental health legal status, states and territories, 2001–02 55
Table 3.20: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, 2001–02 56

Ambulatory-equivalent mental health-related separations

Table 3.21: Summary of ambulatory-equivalent mental health-related separations, states and territories, 2001–02 63
Table 3.22: Ambulatory-equivalent mental health-related separations, by mental health legal status and hospital type, states and territories, 2001–02 64
Table 3.23: Ambulatory-equivalent mental health-related separations, by sex and age group, Australia 2001–02 65
Table 3.24: Ambulatory-equivalent mental health-related separations, by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02 66
Table 3.25: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 67
Table 3.26: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 68
Table 3.27: The 30 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2001–02 69

Table 3.28: The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations, Australia, 2001–02 70

4 Residential and admitted patient mental health care overview

Overview of residential and admitted patient mental health care

Table 4.1: Mental health-related separations and patient days, by principal diagnosis category, Australia, 1998–99 to 2001–02 81
Table 4.2: Summary of separations for mental health-related residential and admitted patient care, states and territories,2001–02 83
Table 4.3: Summary of patient days for mental health-related admitted patient care, states and territories, 2001–02 87
Table 4.4: Separations, patient days and psychiatric care days of separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2001–02 91

Principal diagnosis

Table 4.5: Separations, patient days and psychiatric care days for mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2001–02 92

5 Specialised admitted patient mental health care

Patient demographics

Table 5.1: Mental health-related separations with specialised psychiatric care, by sex and age group, Australia 2001–02 98
Table 5.2: Separations with specialised psychiatric care, by mental health legal status, sex and age group, Australia, 2001–02 99
Table 5.3: Separations with specialised psychiatric care, by mental health legal status and hospital type, states and territories, 2001–02 100
Table 5.4: Mental health-related separations with specialised psychiatric care, by Remoteness Area of usual residence of the patient, by hospital type and state or territory of usual residence, 2001–02 102
Table 5.5: Mental health-related separations with specialised psychiatric care, by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02 103

Principal diagnosis

National overview

Table 5.6: Separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 106

Table 5.7: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2001–02 107

Sex and age group

Table 5.8: Same day separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 112

Table 5.9: Same day mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 113

Table 5.10: Overnight separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 114

Table 5.11: Overnight separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 115

Aboriginal and Torres Strait Islander patients

Table 5.12: Mental health-related separations with specialised psychiatric care reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 116

Mental health legal status

Table 5.13: Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, and hospital type, Australia, 2001–02 117

Additional diagnoses

Table 5.14: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2001–02 118

Table 5.15: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2001–02 119

Table 5.16: Separations, patient days and psychiatric care days for the top five additional mental health-related diagnoses for separations with specialised psychiatric care by selected mental health-related principal diagnosis, Australia, 2001–02 120

Self-harm

Table 5.17: Separation statistics for separations with specialised psychiatric care, with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 121

Australian Refined Diagnosis Related Groups

National overview

Table 5.18: The 30 most frequently reported AR-DRGs for separations with specialised psychiatric care, Australia, 2001–02 124
Table 5.19: Separations, patient days and psychiatric care days for separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2001–02 125
Table 5.20: Separations, patient days and psychiatric care days for separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2001–02 126
Table 5.21: Separations, patient days and psychiatric care days for separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public psychiatric hospitals, Australia, 2001–02..... 127

Procedures

Table 5.22: The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2001–02..... 128
Table 5.23: Separations with specialised psychiatric care by mode of admission and hospital type, states and territories, 2001–02 133
Table 5.24: Separations with specialised psychiatric care by mode of separation and hospital type, states and territories, 2001–02 134

Care type

Table 5.25: Separations with specialised psychiatric care by care type and hospital type, states and territories, 2001–02 136
Table 5.26: Patient days for separations with specialised psychiatric care by care type and hospital type, states and territories, 2001–02 137
Table 5.27: Psychiatric care days for separations with specialised psychiatric care by type of episode of care and hospital type, states and territories, 2001–02..... 138

6 Non-specialised admitted patient mental health care

Patient demographics

Table 6.1: Mental health-related separations without specialised psychiatric care, by sex and age group, Australia 2001–02..... 143
Table 6.2: Mental health-related separations without specialised psychiatric care, by Remoteness Area of usual residence of the patient, by hospital type and state or territory of usual residence, 2001–02..... 144
Table 6.3: Mental health-related separations by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02 145

Principal diagnosis

National overview

Table 6.4: Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 150

Table 6.5: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2001–02 ... 151

Sex and age group

Table 6.6: Same day mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 152

Table 6.7: Same day mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 153

Table 6.8: Overnight mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 154

Table 6.9: Overnight mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02 155

Aboriginal and Torres Strait Islander patients

Table 6.10: Mental health-related separations without specialised psychiatric care reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 156

Additional diagnoses

Table 6.11: Separations, patient days and psychiatric care days for separations without specialised psychiatric care, with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2001–02 157

Table 6.12: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2001–02 158

Table 6.13: Separations and patient days for the top five additional mental health-related diagnoses for separations without specialised psychiatric care by selected mental health-related principal diagnosis, Australia, 2001–02 159

Self-harm

Table 6.14: Separation statistics for separations without specialised psychiatric care, with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02 . 160

Australian Refined Diagnosis Related Groups

Table 6.15: The 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care, Australia, 2001–02 163
Table 6.16: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2001–02 ... 164
Table 6.17: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2001–02 165

Procedures

Table 6.18: The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2001–02 166

Mode of admission and separation

Table 6.19: Mental health-related separations without specialised psychiatric care by mode of admission and hospital type, states and territories, 2001–02 169
Table 6.20: Mental health-related separations without specialised psychiatric care by mode of separation and hospital type, states and territories, 2001–02 170
Table 6.21: Mental health-related separations without specialised psychiatric care by care type and hospital type, states and territories, 2001–02 171

Care type

Table 6.22: Patient days for mental health-related separations without specialised psychiatric care by care type and hospital type, states and territories, 2001–02 172

7 Specialised mental health care resources

Labour force and expenditure

Table 7.1: Psychiatrists and psychiatrists-in-training by sex, and per 100,000 population, states and territories, 2001 174
Table 7.2: Psychiatrists and psychiatrists-in-training by sex, and per 100,000 population, Australia, 1995 to 2001 176
Table 7.3: Psychiatrists and psychiatrists-in-training, and per 100,000 population, by Remoteness Area of main place of work, Australia, 1995 to 2001 177
Table 7.4: Medicare-funded full-time-equivalent private psychiatrists, and per 100,000 population, by metropolitan, rural and remote region, states and territories, 2002–03 180
Table 7.5: Medicare expenditure ($'000) on services provided by private psychiatrists by schedule item, states and territories, 2002–03 181

Table 7.6: Medicare expenditure on services provided by private psychiatrists (current prices), 1990–91 to 2002–03 182
Table 7.7: Mental health nurses, and per 100,000 population, states and territories, 1993 to 2001 183
Table 7.8: Mental health nurses, by Remoteness Area of main place of work, 1994 to 2001 183
Table 7.9: Pharmaceutical Benefits Scheme-funded expenditure ($'000) on pharmaceuticals prescribed by private psychiatrists by pharmaceutical group, states and territories, 2002–03 185

Public community mental health establishments

Table 7.10: Pharmaceutical Benefits Scheme-funded expenditure ($'000) on mental health related pharmaceuticals prescribed by non-psychiatrists by mental health-related pharmaceutical group, states and territories, 2002–03 186
Table 7.11: Summary of public and private psychiatric hospitals and public community mental health establishments, Australia, 1997–98 to 2001–02 187
Table 7.12: Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, states and territories, 2001–02 188
Table 7.13: Full-time-equivalent staff, public community mental health establishments, states and territories, 2001–02 190
Table 7.14: Salaries and wages expenditure ($'000), public community mental health establishments, states and territories, 2001–02 191

Psychiatric and acute care hospitals

Table 7.15: Non-salary and total recurrent expenditure ($'000), public community mental health establishments, states and territories, 2001–02 192
Table 7.16: Public psychiatric hospitals, available beds and available beds per 1,000 population by Remoteness Area, states and territories, 2001–02 195
Table 7.17: Full-time-equivalent staff, public psychiatric hospitals, states, 2001–02 196
Table 7.18: Salaries and wages expenditure ($'000), public psychiatric hospitals, states, 2001–02 197
Table 7.19: Non-salary expenditure and total recurrent expenditure ($'000), public psychiatric hospitals, states, 2001–02 198
Table 7.20: Revenue ($'000), public psychiatric hospitals, states, 2001–02 199
Table 7.21: Public acute care hospitals with psychiatric units or wards, by Remoteness Area, states and territories, 2001–02 201
Table 7.22: Private psychiatric hospitals, available beds and available beds per 1,000 population, states, 2001–02 202
Table 7.23: Full-time-equivalent staff, private psychiatric hospitals, states, 2001–02 202
Table 7.24: Salaries and wages expenditure ($'000), private psychiatric hospitals, states, 2001–02 203

Table 7.25: Non-salary expenditure ($'000), and total recurrent expenditure ($'000), private psychiatric hospitals, states, 2001–02 204
Table 7.26: Revenue ($'000), private psychiatric hospitals, states, 2001–02 205

8 Mental health care for depression

Table 8.1: Prevalence of affective disorders (mainly depression) in adulthood, Australia, 1997 209
Table 8.2: Prevalence of depressive disorders in children and adolescents, Australia, 1998 209
Table 8.3: Community mental health care service contacts and per 1,000 population by sex and age group, with a principal diagnosis of depression (F32–F33), 2001–02 214
Table 8.4: Separations and patient days for mental health-related separations with a principal diagnosis of depression (F32–F33) by separation and hospital type, Australia, 2001–02 215
Table 8.5: Health system costs of depression in Australia, 1993–94 and 2000–01 ($millions) 216

Appendix 1: Data sources

Table A1.1: Data elements that constitute the NMDS for Admitted Patient Mental Health Care for 2001–02 228
Table A1.2: Data elements that constitute the NMDS for Community Mental Health Establishments for 2001–02 229
Table A1.3: Reporting of data elements that constitute the NMDS for Community Mental Health Care for 2001–02 230
Table A2.1: Anatomical Therapeutic Chemical codes used to define mental health-related medication prescribed by general practitioners and non-psychiatrist medical specialists in PBS data 232
Table A3.1: Same day mental health-related separations by hospital type and specialised psychiatric care status, states and territories, 2001–02 234
Table A3.2: Separations with procedures not expected to be undertaken in ambulatory mental health care for same day mental health-related separations, excluding separations with ECT and GA procedures, by sector and psychiatric care days, 2001-02 237
Table A3.3: Mode of admission for same day mental health-related separations, by states and territories, 2001–02 238
Table A3.4: Mode of separation for same day mental health-related separations, by states and territories, 2001–02 238
Table A3.5: Intended length of stay for same day mental health-related separations, by states and territories, 2001–02 239
Table A3.6: Summary of separations excluded from the ambulatory-equivalent mental health-related category, by hospital type and specialised psychiatric care status, 2001–02 239

Table A3.7: Same day mental health-related separations by ambulatory-equivalent status, by hospital type and specialised psychiatric care status, 2001–02 240
Table A4.1: Community mental health service contacts by sex and age group, states and territories, 2001–02 242
Table A4.2: Community mental health service contacts by principal diagnosis, states and territories, 2001–02 243
Table A4.3: Same day separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 245
Table A4.4: Overnight separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 246
Table A4.5: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 247
Table A4.6: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 248
Table A4.7: Overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories, 2001–02 249
Table A4.8: Average length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories, 2001–02 251
Table A4.9: Median length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories, 2001–02 253
Table A4.10: The 15 most frequently reported procedures for same day non-ambulatory-equivalent separations with specialised psychiatric care, states and territories, 2001–02 255
Table A4.11: The 15 most frequently reported procedures for overnight separations with specialised psychiatric care, states and territories, 2001–02 256
Table A4.12: Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 257
Table A4.13: Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 258
Table A4.14: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 259
Table A4.15: Overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories, 2001–02 260
Table A4.16: Average length of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories, 2001–02 262

Table A4.17: Median length of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories, 2001–02 264
Table A4.18: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, states and territories, 2001–02 266
Table A4.19: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, states and territories, 2001–02 266
Table A4.20: Ambulatory-equivalent mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 267
Table A4.21: Ambulatory-equivalent mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories, 2001–02 268

Appendix 6: Internet tables

*(*Following tables available on the Internet at <www.aihw.gov.au>*)*

Table A6.1: Number ofovernight mental health-related separations per 1,000 population by hospital type, Australia, 1995–96 to 2001–02
Table A6.2: Number patient days per 1,000 population for overnight mental health-related separations by hospital type, Australia, 1995–96 to 2001–02
Table A6.3: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2001–02
Table A6.4: Private psychiatrist services subsidised through Medicare by schedule item, sex and age group, 2001–02
Table A6.5: Overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 2001–02
Table A6.6: Overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 2001–02
Table A6.7: Average length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2001–02
Table A6.8: Average length of stay (days) for overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2001–02
Table A6.9: Median length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2001–02
Table A6.10: Median length of stay (days) for overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2001–02
Table A6.11: Separations with specialised psychiatric care by source of referral to public psychiatric hospital, states and territories, 2001–02

Table A6.12: Medicare-funded full-time-equivalent private psychiatrists, and per 100,000 population, by metropolitan, rural and remote region, states and territories, 2001–02

Table A6.13: Medicare expenditure ($'000) on services provided by private psychiatrists by schedule item, states and territories, 2001–02

Table A6.14: Pharmaceutical Benefits Scheme-funded expenditure ($'000) on pharmaceuticals prescribed by private psychiatrists by pharmaceutical group, states and territories, 2001–02

Table A6.15: Pharmaceutical Benefits Scheme-funded expenditure ($'000) on mental health related pharmaceuticals prescribed by non-psychiatrists by mental health-related pharmaceutical group, states and territories, 2001–02

Table A6.16: Public psychiatric hospitals reporting to NPHED for 2001–02

Table A6.17: Public community mental health establishments reporting to NCMHED for 2001–02

Table A6.18: Public hospitals reporting separations with psychiatric care days to NHMD for 2001–02

Table A6.19: Public community mental health establishments reporting service contacts to NCHMCD for 2001–02

List of figures

2 Overview

Figure 2.1: Mental health-related GP encounters per 1,000 population, 1998–99 to 2002–03 9

Figure 2.2: Medicare-funded psychiatrist attendances per 1,000 population, 1997–98 to 2002–03 10

Figure 2.3: Ambulatory-equivalent mental health-related separations per 1,000 population, by hospital sector, Australia, 1998–99 to 2001–02 10

Figure 2.4: CSDA-funded disability support services received by people with a psychiatric disability per 100,000 population, 1997 to 2002 11

Figure 2.5: Overnight mental health-related separations per 1,000 population by hospital type, 1993–94 to 2001–02 11

Figure 2.6: Patient days for mental health-related overnight separations per 1,000 population by hospital type, 1993–94 to 2001–02 12

Figure 2.7: Average and median length of stay for selected mental health-related overnight separations by hospital type, 1993–94 to 2001–02 12

Figure 2.8: Per cent of mental health-related GP encounters by age group and sex, 2002–03 13

Figure 2.9: Medicare-funded psychiatrist attendances per 1,000 population by age group and sex, 2002–03 13

Figure 2.10: Community mental health service contacts per 1,000 population by age group and sex, 2001–02 13

Figure 2.11: Non-ambulatory-equivalent mental health-related separations per 1,000 population by age group and sex, 2001–02 14

Figure 2.12: Mental health-related GP encounters per 1,000 population by rural, remote and metropolitan area classification, 2002–03 14

Figure 2.13: Medicare-funded psychiatrist attendances per 1,000 population by rural, remote and metropolitan area classification, 2002–03 14

Figure 2.14: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Remoteness Area of usual residence, 2001–02 15

Figure 2.15: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2001–02 15

Figure 2.16: Mental health-related problems managed by general practitioners, 2002–03 . 16

Figure 2.17: Principal diagnoses for service contacts, public community mental health care, 2001–02 16

Figure 2.18: Principal diagnoses for non-ambulatory mental health-related separations, public hospitals, 2001–02 17

Figure 2.19: Non-ambulatory-equivalent mental health-related separations with specialised psychiatric care, 2001–02 17

Figure 2.20: Principal diagnoses for mental health-related separations, private hospitals, 2001–02 17
Figure 2.21: Mental health-related PBS-funded prescriptions per 1,000 population, 1994–95 to 2002–03 18
Figure 2.22: Psychiatrists per 100,000 population by Remoteness Area, 1995 to 2001 18
Figure 2.23: Mental health nurses per 100,000 population by Remoteness Area, 1995 to 2001 19

3 Ambulatory mental health care

Figure 3.1: Data reported for encounters at which a mental health problem was managed, BEACH, 2002–03 27
Figure 3.2: Encounters with one or more mental health-related reasons for encounter by sex and age group of patient, BEACH, 2002–03 28
Figure 3.3: Number of medications for mental health problems managed per 100 problems managed, by sex and age group of patient, BEACH, 2002–03 41
Figure 3.4: Interrelationships of psychiatric disability with other data elements, all CSDA-funded ambulatory disability support services (non-residential), on a snapshot day, 2002 62

4 Residential and admitted patient mental health care overview

Figure 4.1: Summary of data reported for mental health-related separations, all hospitals, Australia, 2001–02 80
Figure 4.2: Data reported for CSDA-funded residential disability support services for persons with a psychiatric disability, 2001–02 snapshot day 93

5 Specialised residential and admitted patient mental health care

Figure 5.1: Summary of data reported for mental health-related separations with specialised psychiatric care, all hospitals, 2001–02 97

6 Non-specialised admitted patient mental health care

Figure 6.1: Summary of data reported for mental health-related separations without psychiatric care, all hospitals, 2001–02 140

8 Mental health care for depression

Figure 8.1: Data reported for encounters at which depression was managed, BEACH, 2001–02 217
Figure 8.2: Data reported for non-ambulatory-equivalent mental health–related separations with a principal diagnosis of depression (F32–F33), all hospitals, Australia, 2000–01 218

Figure 8.3: Data reported for ambulatory-equivalent mental health–related separations with a principal diagnosis of depression (F32–F33), all hospitals, Australia, 2000–01 219

Appendix 3: Ambulatory mental health care-equivalent hospital separations

Figure A3.1: Same day mental health-related separations per 1,000 population by hospital type, states and territories, 2001–02 234

List of boxes

1 Introduction

Box 1.1: National Mental Health Strategy 3

3 Ambulatory mental health care

Box 3.1: Disability groups 58

4 Residential and admitted patient mental health care overview

Box 4.1: Measuring hospital activity 74
Box 4.2: State and territory differences in the scope of services provided for admitted patients 76

5 Specialised residential and admitted patient mental health care

Box 5.1: Specialised psychiatric care and principal diagnosis 105

7 Specialised mental health care resources

Box 7.1: Expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients 194

8 Mental health care for depression

Box 8.1: Depression data sources, type of data and classification system used 208

Acknowledgments

This report would not have been possible without the valued cooperation and effort of the data providers in the health authorities of the states and territories. The Australian Institute of Health and Welfare (AIHW) would like to express its appreciation for their timely supply of the data and their assistance with data validation. The AIHW also wishes to thank the members of the Australian Health Ministers' Advisory Council National Mental Health Working Group Information Strategy Committee who assisted in the planning of this report and provided advice on its content. The AIHW would also like to acknowledge the funding, assistance and data provided by the Australian Government Department of Health and Ageing for this project.

Within the AIHW, the report was prepared by David Braddock, Katrina Burgess, Jenny Hargreaves, Danielle Sellick, Jayson Tatnell and Gail Weaving with assistance from Ruth Penm, Alannah Smith, and Ian Titulaer. Ainsley Morrissey coordinated the publication process.

Abbreviations

ABS	Australian Bureau of Statistics
ADD	attention deficit disorder
ADHD	attention deficit hyperactivity disorder
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ALOS	average length of stay
AR-DRG	Australian Refined Diagnosis Related Group, version 4.2
ARIA	Accessibility/Remoteness Index of Australia
ATC	Anatomical Therapeutic Chemical (classification)
BEACH	Bettering the Evaluation and Care of Health (survey)
CADE	Confused and disturbed elderly (services)
CAPS	Coding Atlas for Pharmaceutical Substances
CSDA	Commonwealth/State Disability Agreement
CSDA MDS	Commonwealth/State Disability Agreement Minimum Data Set
DALY	disability adjusted life year
DHA	Department of Health and Ageing
ECT	electroconvulsive therapy
EP1	English Proficiency Group 1
FTE	full-time-equivalent
GA	general anaesthesia
HIC	Health Insurance Commission
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICD-10-PC	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Primary Care
ICPC-2	International Classification of Primary Care, 2nd edition
LCL	lower confidence limit
MBS	Medicare Benefits Schedule
MOAI	monoamine oxidase inhibitor
NCMHCD	National Community Mental Health Care Database
NCMHED	National Community Mental Health Establishments Database
NHDD	National Health Data Dictionary
NHMD	National Hospital Morbidity Database

NMDS	National Minimum Data Set
NMHWG	National Mental Health Working Group
NPHED	National Public Hospital Establishments Database
PBS	Pharmaceutical Benefits Scheme
PHEC	Private Health Establishments Collection
RA	remoteness area
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RFE	reason for encounter
SSRI	selective serotonin re-uptake inhibitor
UCL	upper confidence limit
WHO	World Health Organization

1 Introduction

Mental Health Services in Australia 2001–02 is the fifth in the Australian Institute of Health and Welfare's (AIHW) series of annual reports describing the activity and characteristics of Australia's mental health care services. A key role of these reports is to make publicly available the data collected as specified in the National Minimum Data Sets (NMDSs) for Mental Health Care, which cover public community mental health services and specialised psychiatric care for patients admitted to public and private hospitals (see Appendix 1 for descriptions). Alongside the NMDS data, these reports also include a range of other data to describe mental health-related service delivery in Australia.

A wide range of service types is involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and services outside the health sector, provided in both residential and ambulatory care settings. Many are government services, but private hospitals, non-government organisations and private medical practitioners are also responsible for provision of mental health-related care. This report gives an overview of this range of services.

This report and accompanying additional tables are available on the Internet at <www.aihw.gov.au>. Some of the national data on admitted patient care are also available in an interactive data cube format at that site. Users can access these data cubes to create customised tables based on the age group, sex, principal diagnosis and mental health legal status of admitted patients who received specialised psychiatric care between 1998–99 and 2001–02.

Report structure

Chapter 1 presents information on this report's structure and background information on the prevalence and health system expenditure on mental disorders and on the objectives of the National Mental Health Strategy.

Chapter 2 presents overview information on mental health-related service activity over recent years and mental health-related service utilisation by selected population groups.

Chapter 3 summarises the available data on ambulatory care provided by specialised mental health care services and other service providers that are not specialised mental health care services but play a role in providing services for people with mental disorders. Reported specialised mental health care services include those provided by private psychiatrists and specialist psychiatric outpatient and community mental health care services. The non-specialised services reported include general practitioners, and ambulatory disability support services that were funded under the then Commonwealth, State Disability Agreement (CSDA). The CSDA-funded services include some specialist mental health care services provided by non-government organisations.

Chapters 4, 5 and 6 summarise the available data on residential and admitted patient mental health care and CSDA-funded residential disability support services. The information presented on patients admitted to hospitals includes data on those who received specialised psychiatric care (chapter 5) and those who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care (chapter 6).

Chapter 7 presents information on the public and private psychiatrist and mental health nurse labour force, Medicare expenditure on private psychiatrists and Pharmaceutical Benefits Scheme (PBS) expenditure on mental health-related medications. This chapter also presents data on the staffing and expenditure of public community mental health care establishments and public and private hospitals that provide specialised psychiatric care.

Chapter 8 presents information on mental health care for depression, accompanied by information on the estimated prevalence, burden and health system costs of this condition.

The appendixes provide more detailed technical notes on the data and analyses that are included in the chapters. Appendix 1 outlines the data sources used for this report and their respective strengths and weaknesses, and details the data elements specified in the NMDSs for Mental Health Care. Appendix 2 provides information on the codes used to define mental health-related care and medications. Appendix 3 presents information on the definition of hospital separations that could be considered to be equivalent to ambulatory mental health care. Appendix 4 provides state- and territory-specific data on admitted patient care, including ambulatory mental health care-equivalent care, and community mental health care. Appendix 5 presents information on the National Survey of Mental Health Services and how it compares with the establishment-level data collections used in this report.

The data in this report are primarily for 2001–02 or in the case of the CSTDA MDS snapshot data, for 2001. In the interest of presenting the most up-to-date data, data for 2002–03 are presented from the Medicare, PBS and BEACH data collections. Readers requiring 2001–02 data from the Medicare or PBS collections can refer to the internet tables accompanying this report on the Institute's web-site (<www.aihw.gov.au>). Those requiring 2001–02 data from the BEACH data collection can refer to the *Mental Health Services in Australia 2000–01* report (AIHW 2003a).

Background

This publication focuses on mental health services. However, this section provides some background information, including data from the 1997 National Survey of Mental Health and Wellbeing of Adults, the 1998 Survey of Disability, Ageing and Carers, the 1999 National Survey of Mental Health and Wellbeing of Children and Adolescents, the 2001 National Health Survey and the *Health System Costs of Disease 2000–2001* report (AIHW 2004a). These data include the prevalence of mental disorders, psychiatric disability and psychological distress; the use of medications for mental wellbeing in Australia and consultations with health professionals and health services expenditure related to mental health. This section also includes background information on the National Mental Health Strategy and its objectives (Box 1.1).

Prevalence of mental disorders in adults

The prevalence of mental disorders in adults can be reported using a range of different measures. A number of these measures are provided in the following sections of this chapter. The most commonly quoted figure of mental disorders in Australia is that one in five adults will experience a mental illness at some time in their life. This figure is from the survey conducted in 1997 by the Australia Bureau of Statistics (ABS), which was the adult component of the National Survey of Mental Health and Wellbeing. Approximately 10,600 people aged 18 years and over participated in the survey; a range of mental disorders was diagnosed using a computerised version of the Composite International Diagnostic Interview.

The survey found that an estimated 18% of Australian adults had experienced a mental disorder in the 12 months prior to interview (ABS 1998). The prevalence of mental disorders decreased with age, with the highest prevalence reported for adults aged 18–24 years (27%), reflecting a relatively high rate of substance use disorders. The prevalence was lowest, at 6%, for those aged 65 and over.

Women were more likely than men to have had an anxiety or affective disorder and men were more than twice as likely as women to have had a substance use disorder. Anxiety disorders were most common for women aged 45–54 years (16%). Affective disorders, which include depression, were most common for women aged 18–24 years (11%). Substance use disorders were most common for men aged 18–24 years (22%). More information on the results of this study can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

A study coordinated by the University of Western Australia examined the prevalence of psychotic disorders among Australian adults aged 18–64 years (Jablensky et al. 1999). The survey was based on a census of 3,800 people with psychotic illness who attended a public or private mental health service within defined areas of Brisbane and surrounds, Melbourne, Perth and the Australian Capital Territory. The study estimated that between 3.9 and 6.9 persons per 1,000 adult residents in urban areas (a weighted mean of 4.7) were in contact with mental health services each month due to the symptoms of a psychotic disorder. More information on the results of this study can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

Box 1.1: National Mental Health Strategy

In 1992, the Commonwealth, state and territory governments in Australia endorsed the National Mental Health Strategy as a framework to guide the reform agenda for mental health. A brief outline of the Strategy is given below. For more information on the National Mental Health Strategy, refer to the National Mental Health Report 2002 *(DHA 2002). The aims of the Strategy are to:*

- *promote the mental health of the Australian community and, where possible, prevent the development of mental disorders*
- *reduce the impact of mental disorders on individuals, families and the community*
- *assure the rights of people with mental disorders.*

The broad aims and objectives of the Strategy are described in the National Mental Health Policy. The Policy has 38 objectives including objectives relating to the shift from institutional to community care and the delivery of services in mainstream settings. The approach to be taken by the Australian, state and territory governments in implementing the aims and objectives of the Policy were described by the First National Mental Health Plan, which ran from 1992–93 to 1997–98. Near the end of the First Plan, an independent evaluation concluded that significant progress had been achieved but that the reform agenda had yet to be completed (AHMAC 1997).

In order to continue these reforms, the Second National Mental Health Plan (1998–99 to 2002–03) was endorsed by all governments in 1998. The aim of the Second Plan was to consolidate reforms of the First Plan and to extend into additional areas with a particular focus on promotion and prevention, partnerships in service reform and delivery, and service quality and effectiveness.

The National Mental Health Plan 2003–08 consolidates reforms begun under the first two plans and has four priority themes: promoting mental health and preventing mental health problems, increasing service responsiveness, strengthening quality and fostering research, and innovation and sustainability.

Prevalence of mental disorders in children and adolescents

The child and adolescent component of the National Survey of Mental Health and Wellbeing was conducted by the University of Adelaide in 1998 (Sawyer et al. 2000). The study examined the prevalence of clinically significant depressive disorder, conduct disorder and attention-deficit hyperactivity disorders (ADHD) among Australians aged 6–17 years using the Diagnostic Interview Schedule for Children (Version IV).

The most frequently reported disorder for children and adolescents was ADHD, accounting for 11% (an estimated 355,000 children and adolescents) of those in the age group. Less prevalent were conduct disorders (3% or 95,000) and depressive disorders (4% or 117,000). More information on the findings of this study are included in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

Self-reported long-term mental health conditions

Additional information on mental health problems in the population is available as the proportion who report that they have experienced a mental health condition. Almost 10% of adult respondents to the 2001 National Health Survey reported they had a long-term mental or behavioural problem (ABS 2002). These data were based on self-report rather than any formal diagnostic assessment or health professional's diagnosis and are therefore not comparable with the results of the National Survey of Mental Health and Wellbeing.

Prevalence of psychiatric disability

Having a mental health condition, such as depression or anxiety, can be disabling in its impact on day-to-day and/or long-term functioning at home and in the community. In 1998, the Australian Bureau of Statistics conducted the Survey of Disability, Ageing and Carers. Data from this survey estimated the prevalence of psychiatric disabling conditions at 4.1% of the Australian population, representing around 768,900 people (AIHW 2003b). Prevalence levels were higher for those 65 years of age and older (11.7% compared to 3.1% for those aged less than 65 years), and higher among older females (13.9%) than older males (8.7%).

A proportion of the Australian population with a psychiatric disability also had a severe or profound core activity restriction (2.1%) (i.e. they sometimes or always needed help with self care, mobility or communication activities). These higher levels of restriction were more common in older people (8.3% of those 65 years and older compared to 1.3% of those aged less than 65), especially older females (10.3% compared to 5.8% of older males).

Psychiatric disability is commonly associated with other disabling conditions. In 1998, additional disabilities were reported by 79% of those with a psychiatric disabling condition and 66% of those whose main disabling condition was psychiatric (AIHW 2003b).

Psychological distress

Both the National Survey of Mental Health and Wellbeing of Adults conducted in 1997 and National Health Survey conducted in 2001 collected information on the prevalence of current psychological distress using the 10-item Kessler Psychological Distress Scale-10 (K10) measure (ABS 1998, 2002). The instrument is used to ask about negative emotional states in the 4 weeks prior to interview. For example, respondents are asked how often they felt nervous, hopeless and restless. They can respond: all of the time, most of the time, some of the time, a little of the time or none of the time.

Table 1.1: Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler Psychological Distress Scale-10, Australia, 1997 and 2001 (per cent)

	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Year				Males			
1997	[(a)]0.6	[(a)]1.3	2.2	3.0	2.7	[(a)]1.9	1.9
2001	2.7	2.1	2.5	3.7	3.6	1.9	2.7
				Females			
1997	[(a)]2.1	2.8	2.4	3.8	[(a)]1.5	[(a)]1.3	2.4
2001	5.4	4.6	4.2	5.5	3.6	3.2	4.4
				Total			
1997	1.3	2.1	2.3	3.4	2.1	1.6	2.2
2001	4.0	3.4	3.4	4.6	3.6	2.6	3.6

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: ABS 1998, 2002.

The results from the K10 were grouped into four categories: low (score of 10–15 indicating little or no psychological distress); moderate (16–21); high (22–29); and very high levels of psychological distress (scores of 30–50). K10 scores in the very high psychological distress category can indicate a need for professional help (ABS 2002).

In 1997, an estimated 2.2% of Australians aged 18 and over had very high levels of psychological distress. About 6% had high levels of psychological distress, 18.1% had medium levels and 73.8% low levels. In 2001 the estimated proportion of persons with very high levels of psychological stress was 3.6%. The proportion of persons 18 years and over with high psychological distress had also risen, to 9.0%, 23.0% of persons had medium levels and 64.3% low levels.

In both 1997 and 2001, males and females in the age group 45–54 years most frequently had very high levels of psychological distress (Table 1.1). Between 1997 and 2001, the proportion of people who had very high levels of distress increased for all age groups and both sexes except males 65 years and over. The increase was greatest for people aged 18–24.

Use of medication for mental wellbeing

Additional information about mental health problems in the population is available as the proportion of people using medication for mental wellbeing. The 2001 National Health Survey asked adults whether they had used any vitamin/mineral supplement, herbal/natural remedy or medication for their mental wellbeing in the previous 2 weeks, or a relevant pharmaceutical medication (ABS 2002).

Table 1.2: Estimated number of adults using medications for mental wellbeing in the 2 weeks prior to interview, Australia, 2001

	Males		Females		Total	
Medication type	**('000)**	**Per cent**	**('000)**	**Per cent**	**('000)**	**Per cent**
Pharmaceutical medications						
Sleeping tablets	222.8	3.2	356.3	4.9	579.1	4.1
Tablet/capsules for anxiety or nerves	99.0	1.4	174.7	2.4	273.7	1.9
Tranquillisers	46.2	0.7	52.6	0.7	98.8	0.7
Antidepressants	232.8	3.4	430.4	5.9	663.2	4.7
Mood stabilisers	39.4	0.6	41.2	0.6	80.6	0.6
Other medications for mental health	20.5	0.3	31.1	0.4	51.6	0.4
Total[(a)]	491.6	7.1	864.2	11.9	1,355.8	9.5
Vitamin/ mineral supplements	425.4	6.1	685.8	9.5	1,111.2	7.8
Herbal/ natural medications	247.8	3.6	524.0	7.2	771.8	5.4
Total[(b)]	945.1	13.6	1,618.4	22.4	2,563.5	18.0
Did not use medication	6,001.3	86.4	5,619.9	77.6	11,621.2	82.0
Total	**6,946.4**	**100.0**	**7,238.3**	**100.0**	**14,184.7**	**100.0**

(a) Total includes all medications other than vitamin or mineral supplements, herbal or natural medications.

(b) Persons may have reported more than one type of medication and therefore components may not add to totals.

Source: ABS 2002.

Of the respondents, 18% had taken some form of medication; 9.5% of respondents had taken a pharmaceutical medication, 7.8% had used vitamin or mineral supplements and 5.4% had used herbal or natural treatments (Table 1.2). More females than males reported using medication of all types. The most frequently taken pharmaceutical medications were antidepressants and sleeping tablets. This predominance of antidepressants and sleeping tablets is consistent with the fact that depression and sleeping disturbance are the leading mental health-related problems for which general practitioners prescribed medication in 2001–02 (see chapter 3).

Consultations with health professionals

Information on consultations with health professionals, including visits to doctors, other health professionals, hospitals and psychologists by people reporting mental and behavioural problems was also collected in the 2001 National Health Survey.

An estimated 38.6% of people reporting long term mental and behavioural problems had contact with doctors in the two weeks prior to interview (Table 1.3). Consultations with other health professionals were relatively common (24.6%) with hospitalisations being less common (8.3%). An estimated 46.3% of people reporting mental and behavioural problems did not have any contact with health professionals.

The type of health professional contact was related to the type of mental and behavioural problem. Those people who reported organic mental problems were more likely to visit a hospital than were those with other mental and behavioural problems (15.2%). People reporting symptoms and signs involving cognition, perceptions, emotional state and behaviour were more likely to visit a doctor (48.3%). People reporting problems of psychological development were the least likely to have contact with a health professional (53.4%) (ABS 2003a).

Table 1.3: Consultations with health professionals in the two weeks prior to interview: persons reporting mental and behavioural problems[a] by problem, Australia, 2001 (per cent)

Mental and behavioural problem	Hospital-isations	Doctors[b]	Psychologists	Other mental health professionals[c]	Other health professionals[d]	No health professional contact	Total
Organic mental problems	[e]15.2	[e]40.1	0.0	[f]2.6	[e]20.5	[e]48.7	100.0
Alcohol and drug problems	[e]9.6	41.0	[e]4.4	[e]7.9	24.4	46.0	100.0
Mood (affective) problems	10.0	43.0	3.9	5.3	26.7	40.7	100.0
Anxiety related problems	7.8	40.4	3.6	4.1	26.2	44.8	100.0
Problems of psychological development	[e]6.4	32.4	[e]2.3	[e]2.5	23.0	53.4	100.0
Behavioural and emotional problems with usual onset in childhood/adolescence	[e]6.6	35.8	[e]6.5	[e]7.3	19.3	48.1	100.0
Other mental and behavioural problems	[e]8.1	36.0	[f]1.4	[e]4.4	23.4	49.7	100.0
Symptoms and signs involving cognition, perceptions, emotional state and behaviour	13.6	48.3	[e]4.6	12.2	23.9	41.2	100.0
Total	**8.3**	**38.6**	**2.9**	**4.3**	**24.6**	**46.3**	**100.0**

(a) Mental and behavioural problems which have lasted or are expected to last for six months or more.

(b) Mainly general practitioners.

(c) Accredited counsellor, alcohol and drug worker (not elsewhere classified) and social worker/welfare officer.

(d) Aboriginal health worker (not elsewhere classified), accredited counsellor, acupuncturist, alcohol and drug worker (not elsewhere classified), audiologist/audiometrist, chemist (for advice), chiropodist/podiatrist, chiropractor, dietitian/nutritionist, herbalist, hypnotherapist, naturopath, nurse, occupational therapist, optician/optometrist, osteopath, physiotherapist/hydrotherapist, social worker/welfare officer, speech therapist/pathologist.

(e) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

(f) Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Source: ABS 2003a.

Health service expenditure for mental health disorders

A detailed analysis of health service expenditure by disease and injury categories, including mental health, has been undertaken for 1993–94 and 2000–01 (AIHW 2004a). This analysis distributed total health expenditure in Australia by disease category, estimated using information such as diagnoses reported for patients admitted to hospital, and problems managed for patients attending general practitioners.

In this report expenditure costs of dementias have been included as well as mental disorders because dementias are included in the definition of mental health-related separations used in this report,. This reflects mental health-related care provided to patients with dementias who have been admitted to hospital. The expenditure on dementias in other settings, (e.g. aged care homes) may not necessarily be regarded as mental health-related care to the same extent.

For 2000–01 it was estimated that health care expenditure for mental health disorders, including expenditure on community mental health was $3.9 billion, or 6.7% of recurrent health care expenditure (Table 1.4). The majority of this expenditure was for hospital services (31% of mental health care expenditure or $1.2 billion), community mental health services (22% or $842 million) and pharmaceuticals (16% or $615 million). In 2000–01, expenditure on

Alzheimer's disease and other dementias totalled $2.7 billion and the majority of this expenditure occurred in aged care homes (87% or $2.3 billion).

In comparison, the health care expenditure for mental health disorders (including community health expenditure of $408 million) for 1993–94 (converted to 2000–01 prices) was estimated at $2.7 billion or 6.6% of recurrent health care expenditure. The expenditure was mostly for hospital services (41% or $1.1 billion) and out-of-hospital medical services (19% or $512 million). Expenditure on Alzheimer's disease and other dementias totalled $0.8 billion in 1993–94 (2.0% of recurrent health care expenditure) which was lower than the expenditure in 2000–01 (4.7% of recurrent health care expenditure or $2.7 billion).

Table 1.4: Health system costs of mental disorders and Alzheimer's disease and other dementias in Australia, 1993–94[(a)] and 2000–01 ($ millions)

Year	Hospitals[(b)]	Aged care homes	Out-of-hospital medical[(c)]	Pharma-ceuticals	Other health professional services[(d)]	Research	Community mental health	Total
Mental disorders excluding dementias[(e)]								
2000–01	1,196	366	589	615	144	109	842	3,495
1993–94 [(a)]	1,091	316	512	237	99	34	408	2,382
Alzheimer's disease and other dementias[(f)]								
2000–01	175	2,339	20	33	9	102	na	2,679
1993–94 [(a)]	132	647	13	2	5	14	na	814

(a) Expenditures for 1993–94 have been converted to 2000–01 prices by adjusting for health price inflation between 1993–94 and 2000–01.

(b) Hospitals include admitted and non-admitted patients and in-hospital private medical services.

(c) Out-of-hospital medical includes unreferred attendances, imaging, pathology and other medical.

(d) Other health professional services include services delivered by physiotherapists, chiropractors, occupational therapists, audiologists, speech therapists, hydropaths, podiatrists, therapeutic and clinical massage therapists, clinical psychologists, dietitians and osteopaths

(e) Mental disorders include ICD-10-AM codes F04–F99 (All mental and behavioural disorders excluding dementia in Alzheimer's disease, vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia), G31.2 (degeneration of nervous system due to alcohol) for 2000–01. ICD-9 chapter V (mental disorders), excluding 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–94.

(f) Alzheimer's disease and other dementias include ICD-10-AM codes F01–F03 (vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia), G30–G31 (Alzheimer's disease and Other degenerative disease of the nervous system not elsewhere classified) excluding G31.2 (degeneration of nervous system due to alcohol) for 2000–01. ICD-9 CM codes 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–04.

2 Overview

Mental Health Services in Australia 2001–02 is the fifth of the Australian Institute of Health and Welfare's annual reports describing the characteristics and activity of Australian mental health services. This chapter presents summary data on key themes within the report.

Mental health care can be conceptualised as having a tiered model of service delivery, sometimes referred to as a *cone of morbidity* (Henderson 2000). In this model only a small proportion of people within one tier progress to the next tier.

In this report service activity and patient characteristics data have been reported that correspond to the following three tiers:

1. patients with mental disorders managed by general practitioners
2. patients referred to ambulatory mental health services (e.g. private psychiatrists, community and hospital-based ambulatory services)
3. patients who are admitted to hospital or residential care for specialised mental health care.

Changes in mental health care over time

The three Plans of the National Mental Health Strategy have guided the reform of mental health services in Australia since 1993. The reform has resulted in significant changes in the level and type of activity of some mental health-related services.

General practice

In 2002–03, there were an estimated 10.0 million mental health-related general practice encounters. The contribution of general practice to mental health care has remained relatively stable in recent years. Between 1998–99 and 2002–03, the estimated number of mental health-related general practice encounters has remained between 510 and 570 encounters per 1,000 population (Figure 2.1 and Table 3.3).

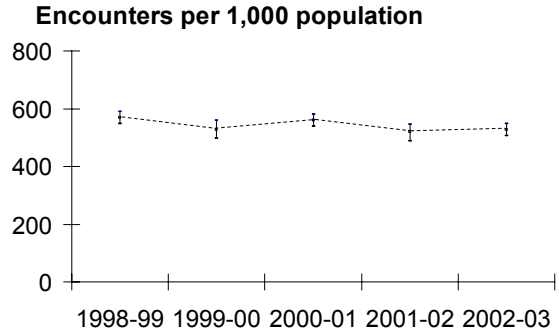


Figure 2.1: Mental health-related GP encounters per 1,000 population, 1998–99 to 2002–03

Private psychiatrists

In 2002–03, there were over 2 million Medicare-funded psychiatrist attendances, provided at a rate of 103.5 attendances per 1,000 population. This rate has declined each year since 1997–98 (Figure 2.2 and Table 3.3).

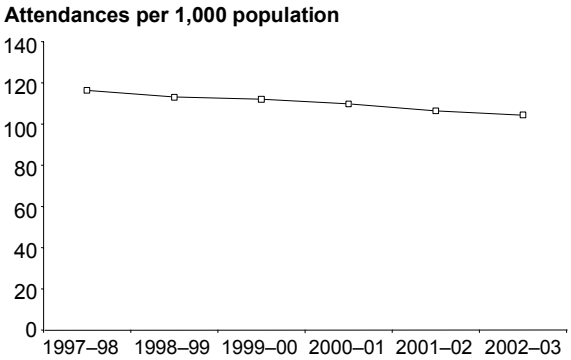


Figure 2.2: Medicare-funded psychiatrist attendances per 1,000 population, 1997–98 to 2002–03

The decline was accompanied by an 11.4% increase in the number of medical officers employed in public mental health services between 1996–97 and 1999–2000 (DHA 2002). The total number of psychiatrists employed in both the public and private sectors increased 13.7% between 1995 and 2001 (Table 7.2).

Ambulatory mental health care

An objective of the National Mental Strategy has been to increase the provision of community-based ambulatory care. In 2001–02, there were over 4.2 million ambulatory service contacts in public hospital outpatient clinics and community-based mental health services. This equated to 215.3 service contacts per 1,000 population (Table 3.1). At this stage, there are no reliable national time series data available on the activity of these services.

Some hospital admitted patient same day care can be considered to be ambulatory equivalent (see Appendix 3). The number of ambulatory-equivalent mental health-related separations increased from 82,326 in 1998–99 to 97,796 in 2001–02. The number per 1,000 population increased in the private sector by 31% and decreased in the public sector by 16% (Figure 2.3 and Table 3.3).

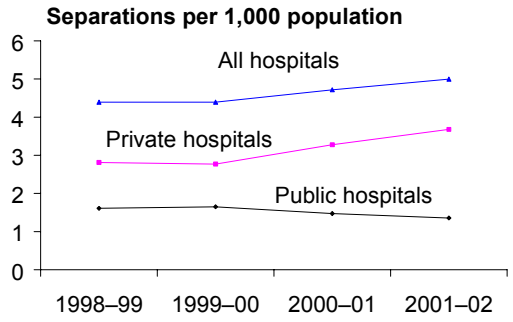


Figure 2.3: Ambulatory-equivalent mental health-related separations per 1,000 population, by hospital sector, Australia, 1998–99 to 2001–02

Disability support services

The Commonwealth/State Disability Agreement (CSDA) allocated responsibility and funding for disability support services between the Australian, state and territory governments. CSDA-funded service types include accommodation support, residential care, employment support and community access support. Data have been collected in all jurisdictions on clients of these services on a 'snapshot day' each year since 1997. Some psychiatric disability services are not CSDA-funded and are not included in this collection.

The number of CSDA-funded services (residential and ambulatory) received by people with a psychiatric disability (i.e. primary or other significant disability) remained between 55 and 60 services per 100,000 population since 1999 (Figures 2.4, 3.4 and 4.2). The rate for clients with a psychiatric disability that was not their primary disability has increased compared with the recent decline for those for whom it was their primary disability.

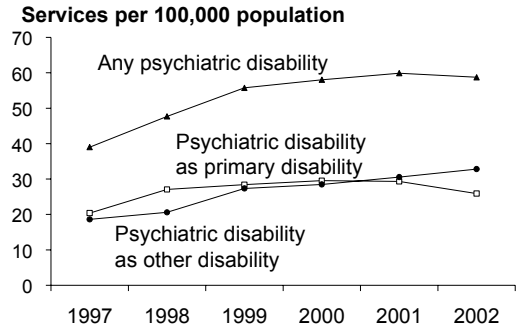


Figure 2.4: CSDA-funded disability support services received by people with a psychiatric disability per 100,000 population, 1997 to 2002

Hospital admitted patient care

Another objective of the National Mental Health Strategy has been to reduce the size and number of stand-alone psychiatric hospitals and increase the role of psychiatric units in general hospitals in providing admitted patient mental health-related care. This section presents information on the changes to admitted patient care in terms of the number of separations, patient days and average length of stay. Information on the relative merits of these different measures of hospital activity is provided in Box 4.1.

Admitted patient care for patients with mental disorders can be either in a specialised psychiatric unit or hospital, or in a unit or hospital not specialising in psychiatric care. Admission to a specialist psychiatric unit or hospital is not always the most appropriate treatment for all mental and behavioural disorders. For some disorders, treatment without specialised psychiatric care would be appropriate to the needs of the patient.

Hospital admitted patient care can be regarded as mental health-related if it includes specialised psychiatric care and/or a mental health-related principal diagnosis is reported for it. It can also be regarded as comprising ambulatory-equivalent same day care (see above), other same day care, and care that lasts for at least one night. Information on overnight separations is presented here.

Separations

There were 166,660 overnight mental health-related separations in 2001–02.

The number of these separations was relatively stable between 1998–99 and 2001–02 for all hospitals. However, over this period, separations from public acute hospitals increased by 4.8%, separations from private hospitals decreased by 4.5% and separations from public psychiatric hospitals decreased by 22.5% (Table 4.1).

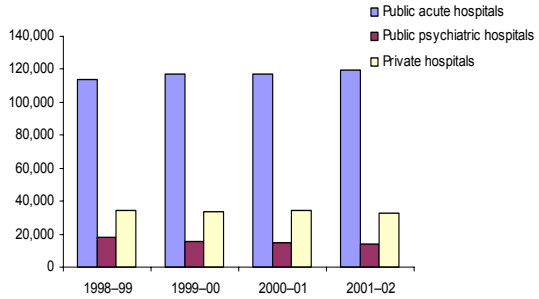


Figure 2.5: Overnight mental health-related separations by hospital type, 1998–99 to 2001–02

The number of separations per 1,000 population by hospital type, for the period 1995–96 to 2001–02 is available on the internet at <www.aihw.gov.au>.

Patient days

The patient day data presented includes all days of patient care received during the hospitalisation. Some of these may have occurred in previous years, particularly for public psychiatric hospitals, for which numbers of very extended stays were reported, particularly in 1998–99 and 1999–2000.

There were 3,057,568 patient days attributed to overnight mental health-related separations in 2001–02. For public acute hospitals, the number of these patient days increased 10.0% between 1998–99 and 2001–02, the number of

patient days from private hospitals increased by 9.0% and the number of patient days from public psychiatric hospitals decreased by 21.3% (Table 4.1).

The number of overnight mental health-related patient days per 1,000 population by hospital type, for the period 1995–96 to 2001–02 is available on the internet at <www.aihw.gov.au>.

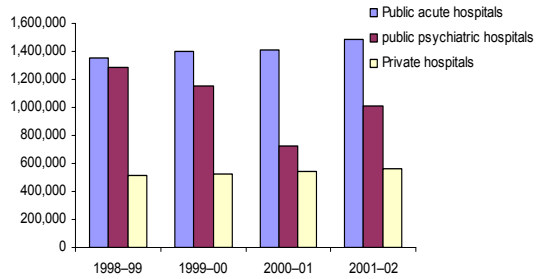


Figure 2.6: Patient days for mental health-related overnight by hospital type, 1998–99 to 2001–02

Average length of stay

In order to maximise the comparability over time, the average length of stay (ALOS) data in this chapter exclude separations for patients who transferred from one hospital to another, who changed type of episode of care during their hospital stay, who died in hospital, who left against medical advice or who were transferred to a nursing home. These data also exclude any separations that began with a transfer from another hospital or a change of care type.

For public acute hospitals, the ALOS for these selected separations was 11.8 days in 1993–94. Since then, the ALOS declined 14.4% to 10.1 days in 2001–02 (Figure 2.7). Private hospital separations had longer average lengths than public acute hospital separations and increased to 16.0 days for 2001–02. In 2001–02, the median lengths of stay for public acute and private hospitals were 5 and 12 days, respectively.

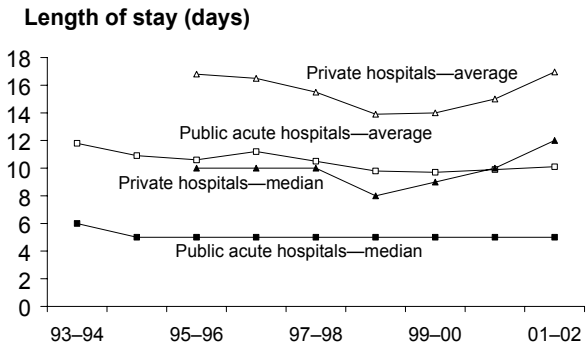


Figure 2.7: Average and median length of stay for selected mental health-related overnight separations by hospital type, 1993–94 to 2001–02

Patient demographics

Age and sex

Previous studies have found that the overall prevalence of mental disorders declines with age (ABS 1998). They have also found that females are more likely to experience affective and anxiety disorders whereas males are more likely to experience substance use and psychotic disorders (ABS 1998; Jablensky et al. 1999). Patterns of service use differ for males and females and by age group, often reflecting the particular disorders most often treated by the service provider. For example, a large proportion of mental health-related encounters with GPs involve affective disorders in female patients, whereas psychotic disorders in male patients are relatively commonly reported for community mental health care service contacts (Figures 2.16 and 2.17).

General practice

In 2002–03, 60.1% of mental health-related general practice encounters involved a female patient. The proportion of encounters that were for females was higher than for males in all age groups

except for patients under 15 years (Figures 2.8 and 3.2).

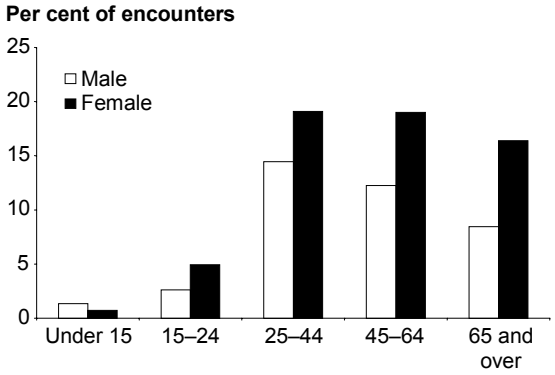


Figure 2.8: Per cent of mental health-related GP encounters by age group and sex, 2002–03

Private psychiatrists

The patient age and sex distribution for Medicare-funded attendances with private psychiatrists was similar to that for general practice. In 2002–03, 60.8% of these attendances were for female patients. There were 124.8 attendances per 1,000 population for females, compared with 81.9 for males. Again, the rate was higher for females than males in all age groups except for patients under 15 years (Figure 2.9 and Table 3.15).

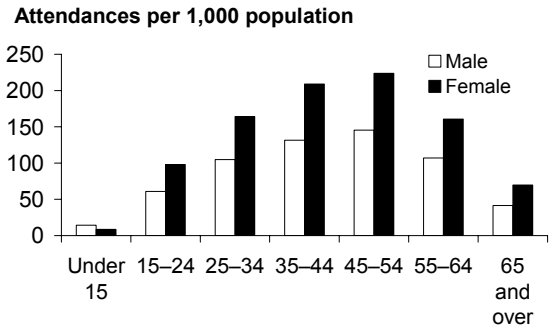


Figure 2.9: Medicare-funded psychiatrist attendances per 1,000 population by age group and sex, 2002–03

Ambulatory mental health care

In 2001–02 there were slightly more public community-based mental health service contacts for male (50.5%) than female patients (47.5%). There were 219.7 service contacts per 1,000 population for males, compared with 201.1 for females. Male patients dominated the age groups below 44 years and females dominated the older age groups (Figure 2.10 and Table 3.17).

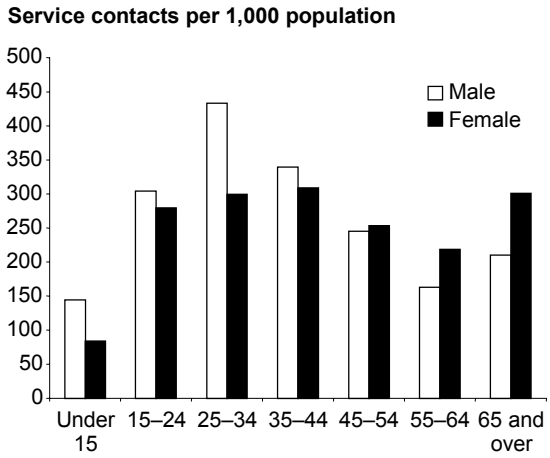


Figure 2.10: Community mental health service contacts per 1,000 population by age group and sex, 2001–02

Hospital admitted patient care

In 2001–02, there were 187,043 mental health-related separations, excluding separations that could be considered to be equivalent to ambulatory mental health care. For more information on these ambulatory equivalent separations, refer to Chapter 3 and Appendix 3.

Of the 187,043 mental health-related separations, 51.9% were for female patients. There were 9.9 of these separations per 1,000 population for females, compared with 9.3 for males. The rate was higher for females in all age groups above 35 years and in the 15—24 year age group (Figure 2.11).

In 2001–02, there were 1,540,969 patient days for female patients compared with 1,536,537 for males. There were 156.6 days per 1,000 population for females, compared with 158.5 for males. The rates were higher for females than for males in the under 15 years and over 44 years age groups (Tables 5.1 and 6.1).

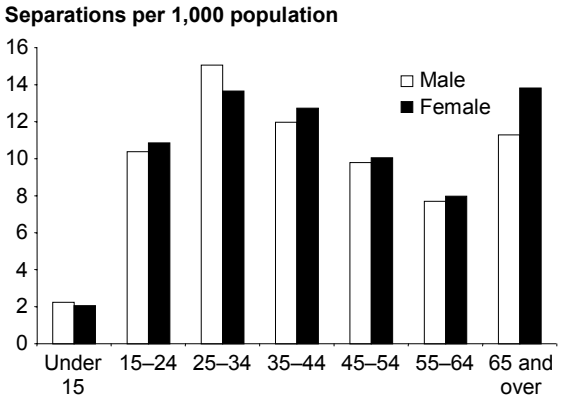


Figure 2.11: Non-ambulatory-equivalent mental health-related separations per 1,000 population by age group and sex, 2001–02

Patient's area of usual residence

This section presents summary information on service use by the area of usual residence of the patient. Community mental health care was not included in this section due to substantial under-reporting of patient's area of usual residence.

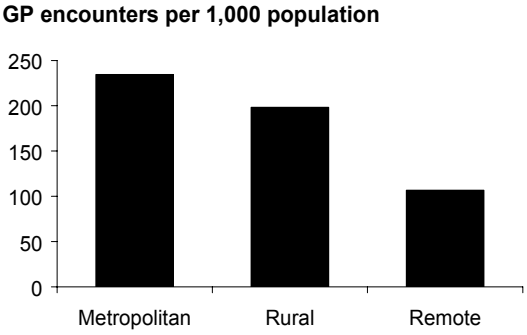


Figure 2.12: Mental health-related GP encounters per 1,000 population by Rural, Remote and Metropolitan Area classification, 2002–03

General practice

In 2002–03, almost 73% of general practitioners were located in metropolitan areas (Britt et al. 2003). Patients residing in major cities were reported for an estimated 235 mental health-related encounters per 1,000 population compared with an estimated 107 for patients in remote areas (Figure 2.12).

Private psychiatrists

In 2002–03 almost 89% of full-time-equivalent private psychiatrists were located in major cities. Reflecting this distribution, the number of Medicare-funded psychiatrist services per 1,000 population ranged from 1.5 in remote areas to 137.6 in metropolitan areas (Figure 2.13 and Table 7.4).

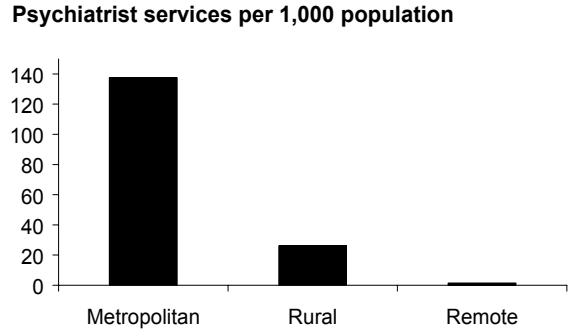


Figure 2.13: Medicare-funded psychiatrist attendances per 1,000 population by Rural, Remote and Metropolitan Area classification, 2002–03

Hospital admitted patient care

The pattern of separations (excluding separations that could be considered to be equivalent to ambulatory mental health care) per 1,000 population by Remoteness Area differed for separations with and without specialised psychiatric care (Figure 2.14 and Tables 5.4 and 6.2). In the case of separations with specialised psychiatric care, the rate per 1,000 population was highest for patients living in major cities (5.8) and lowest for those living in very remote areas (2.7).

The opposite was true for separations without specialised psychiatric care. There the rate was highest for patients living in very remote areas (8.7) and lowest for those living in major cities (3.2).

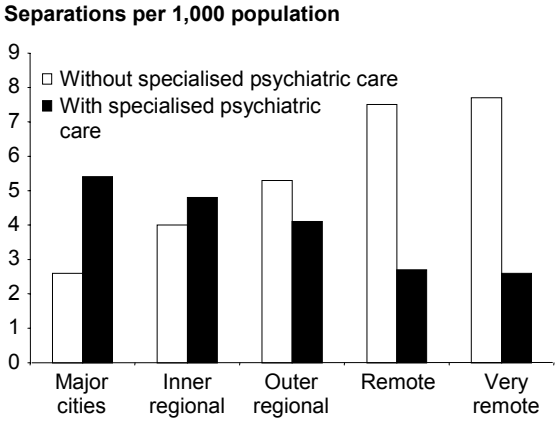


Figure 2.14: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Remoteness Area of usual residence, 2001–02

Aboriginal and Torres Strait Islanders

Indigenous people view mental health basically as social and emotional wellbeing. Hence, data on their use of services may reflect a different range of conditions compared with non-Indigenous peoples. Mental health data on Aboriginal and Torres Strait Islander peoples are thought to be under-identified in health care data collections, including those for mental health care.

Hospital admitted patient care

The number of separations (excluding separations that could be considered to be equivalent to ambulatory mental health care) with specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander population was higher than that for other Australians (9.6 compared with 5.6) (Figure 2.15 and Tables 5.5 and 6.3).

However, the proportion of care that was specialised was lower for Aboriginal and Torres Strait Islander patients (45.7%) compared with other patients (60.0%).

The comparatively high hospitalisation rate could be explained by a greater prevalence of mental disorders for Aboriginal and Torres Strait Islander people or different patterns of access to different types of services (e.g. ambulatory and admitted patient services).

The higher proportion of non-specialised care for Aboriginal and Torres Strait Islander patients can be partially explained by the differing pattern of disorders between Aboriginal and Torres Strait Islander patients and other Australians. However, after directly standardising by diagnosis groups (as presented in Figure 2.19) the proportion of separations that included specialised psychiatric care remained lower for Indigenous persons (45.7%) than for other Australians (59.9%).

The accuracy of Indigenous identification in hospital separations data needs improvement and these data need to be used with caution (refer to Chapters 5 and 6 for further details).

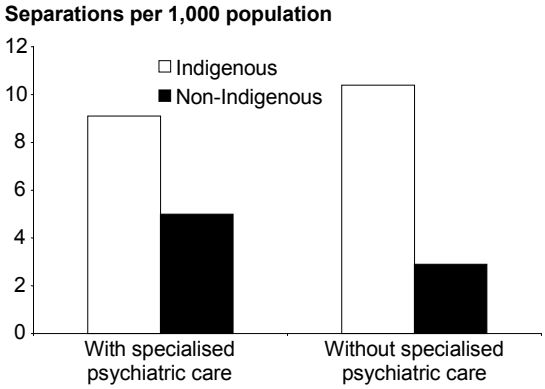


Figure 2.15: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2001–02

Mental health problems and disorders

This section presents information on the problems and disorders treated by the different types of mental health service providers. Mood (affective) and anxiety disorders are the most prevalent forms of mental disorder in the Australian population (ABS 1998; Sawyer et al. 2000). It would be expected that these disorders

would be reflected in the problems and disorders treated by mental health service providers.

General practice

Of the mental health problems managed by general practitioners in 2002–03, mood (affective) related problems were the most frequently managed, followed by anxiety-related and physical disturbances (mainly sleep disturbance) (Figure 2.16 and Table 3.4).

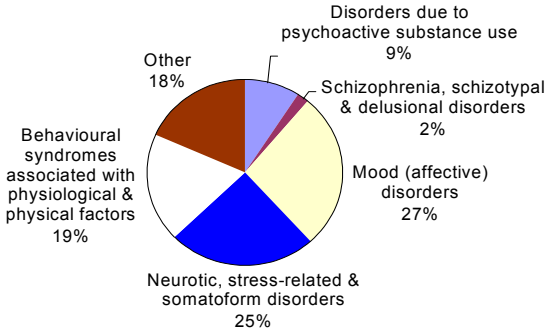


Figure 2.16: Mental health-related problems managed by general practitioners, 2002–03

Outpatient and community ambulatory mental health care

The mental disorders treated in public community-based ambulatory mental health services and hospital outpatient services in 2001–02 included low prevalence disorders such as *Schizophrenia, schizotypal and delusional disorders* (Figure 2.17 and Table 3.20).

These data should be interpreted with caution because no principal diagnosis information was available for a large proportion of service contacts.

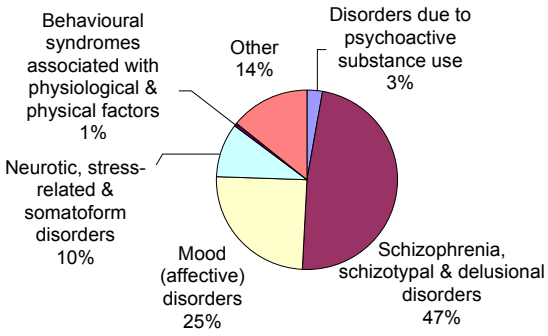


Figure 2.17: Principal diagnoses for service contacts, public community mental health care, 2001–02

Hospital admitted patient care

This section presents some information on the mental health-related diagnoses reported for non ambulatory-equivalent mental health-related separations in public and private hospitals, and related patterns of the provision of specialised psychiatric care.

Of these, 57.0% or 85,768 public hospital separations included a component of specialised psychiatric care, that is, care in a specialised psychiatric unit or hospital. This compares with 68.6% or 25,201 separations with a component of specialised psychiatric care in private hospitals.

Public hospitals

In 2001–02, *Mood (affective) disorders* and *Schizophrenia, schizotypal and delusional disorders* were the most common principal diagnoses for public hospital separations (excluding separations that could be considered to be equivalent to ambulatory mental health care) (Figure 2.18 and Tables 5.7 and 6.5).

A high proportion of separations with principal diagnoses of *Mood (affective) disorders*, *Schizophrenia, schizotypal and delusional disorders* and *Disorders of adult personality and behaviour* had specialised psychiatric care (Figure 2.19 and Tables 5.7 and 6.5).

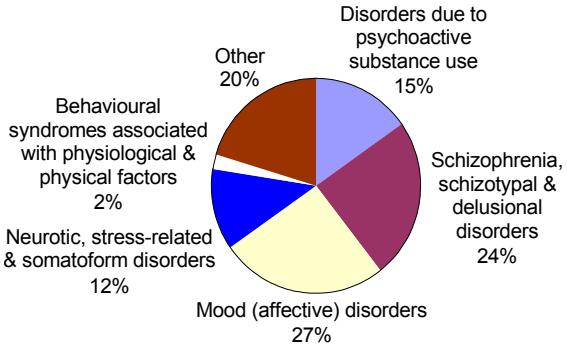


Figure 2.18: Principal diagnoses for non-ambulatory-equivalent mental health-related separations, public hospitals, 2001–02

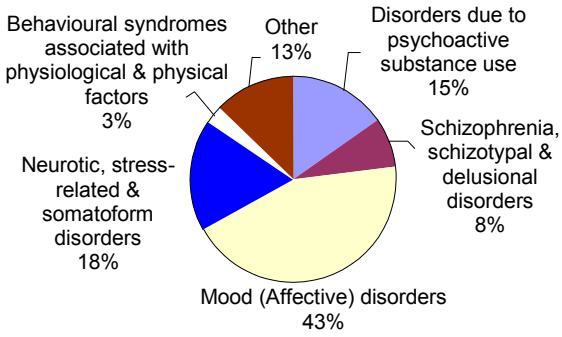


Figure 2.20: Principal diagnoses for non-ambulatory-equivalent mental health-related separations, private hospitals, 2001–02

Private hospitals

Principal diagnoses of *Mood (affective) disorders* and *Neurotic, stress-related and somatoform disorders* were the most common for private hospital separations (excluding ambulatory-equivalent mental health-related separations) (Figure 2.20 and Tables 5.7 and 6.5).

A high proportion of separations with principal diagnoses of *Mood (affective) disorders*, *Schizophrenia, schizotypal and delusional disorders*, *Disorders of adult personality and behaviour* and *Neurotic, stress-related and somatoform disorders* had specialised psychiatric care (Figure 2.19 and Tables 5.7 and 6.5).

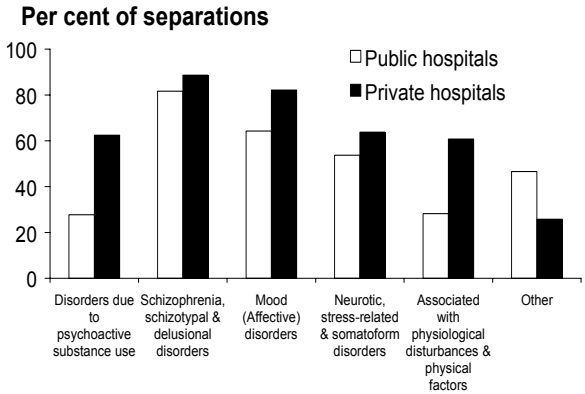


Figure 2.19: Non-ambulatory-equivalent mental health-related separations with specialised psychiatric care, 2001–02

Medication

This report presents data on the mental health-related medication subsidised through the Pharmaceutical Benefits Scheme (PBS) and prescribed by general practitioners, private psychiatrists and other medical practitioners.

For non-psychiatrists, mental health-related medication was defined as including antidepressants, antipsychotics, anxiolytics and hypnotics and sedatives (see Appendix 2 for more details). For psychiatrists, all medications prescribed were included.

In 2002–03, mental health-related medications accounted for 11.1% (15.8 million) of all the medications prescribed by general practitioners.
Private psychiatrists prescribed a total of 1.8 million mental health-related medications (Table 3.16).

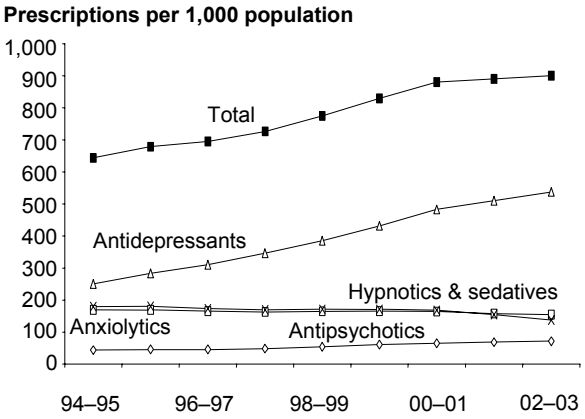


Figure 2.21: Mental health-related PBS-funded prescriptions per 1,000 population, 1994–95 to 2002–03

Antidepressants were the most frequently prescribed medication, accounting for 59.6% of mental health-related medications, 54.2% of those prescribed by psychiatrists and 58.9% of those prescribed by general practitioners (Tables 3.13 and 3.16).

In 2002–03, the highest proportion of mental health-related medications was prescribed for females (63.2%) and for the 65 and over age group (35.7%), followed by the 55–64 and 45–54 year age groups (14.3% and 14.0% respectively).

Between 1994–95 and 2002–03, there was an increase in the number of mental health-related medications prescribed per 1,000 population, from 644 to 901 per 1,000 population (Figure 2.21). This increase was mainly in the prescription of antidepressants.

Labour force

This report presents data on two mental health-related professions for whom there are recent national data available: psychiatrists and mental health nurses. These labour force data were collected in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each state and territory. Recent national data were not available for other mental health-related professions such as psychologists, social workers and occupational therapists.

Psychiatrists

Psychiatrists were defined as medical practitioners who had been accepted as members of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Both public and private sector psychiatrists are included.

In 2001, Australia had 10.8 psychiatrists per 100,000 population (including 0.8 non-clinicians) and 3.3 psychiatrists-in-training per 100,000 population (including 0.2 non-clinicians)(Table 7.1).

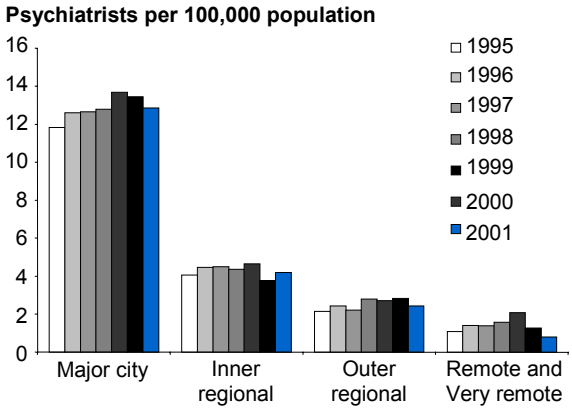


Figure 2.22: Psychiatrists per 100,000 population by Remoteness Area, 1995 to 2001

Major cities had a relatively high number of psychiatrists per 100,000 population (Figure 2.22 and Table 7.3). Remote and very remote areas had fewer psychiatrists per 100,000 population. Rates increased in remote and very remote areas until 1999 and then decreased in 2000 and 2001.

These data do not reflect arrangements where psychiatrists make regular visits to rural and remote areas or use telepsychiatry consultations.

Mental health nurses

Mental health nurses were defined as nurses who reported that their main area of nursing was mental health. Both public and private sector nurses are included.

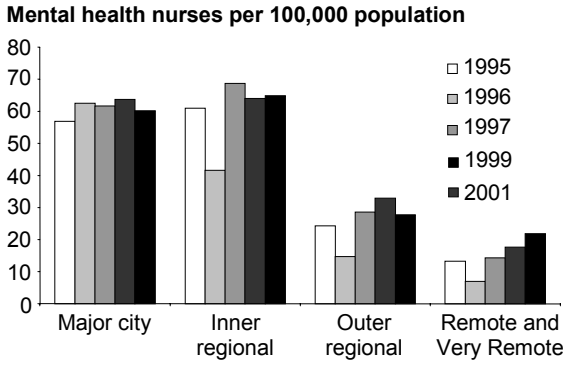


Figure 2.23: Mental health nurses per 100,000 population by Remoteness Area, 1995 to 2001

In 2001, there were 12,077 nurses with psychiatric and mental health nursing identified as their main area of nursing. They accounted for 6.0% of all employed clinical nurses.

There were 62.2 mental health nurses per 100,000 population in 2001, a level consistent with previous years. This compares with an average for high-income countries of 33.5 psychiatric (mental health) nurses per 100,000 population (WHO 2001).

Major cities and inner regional areas had a relatively high number of mental health nurses per 100,000 population (Figure 2.23 and Table 7.8). Remote and very remote areas had fewer of these nurses per 100,000 population, but rates increased between 1996 and 2001.

3 Ambulatory mental health care

This chapter describes the activity of health care services that provide ambulatory mental health care and the characteristics of their clients and patients. It presents the available data on ambulatory mental health-related care provided by:

- general practitioners (see page 24)
- private psychiatrists (see page 43)
- hospital-based outpatient services and community-based mental health care services (see page 48)
- Commonwealth/State Disability Agreement (CSDA)-funded non-residential disability support services (see page 57)
- admitted patient services in public and private hospitals that could be considered equivalent to ambulatory mental health care (see page 58).

The term 'ambulatory' in this report refers to services that are delivered to clients or patients in non-residential and non-admitted patient care settings. However, also included are some same day admissions to hospitals that could be considered to be equivalent to ambulatory, non-admitted care, for example a same day admission to hospital to receive group psychotherapy, individual counselling, or other care which could be provided in an ambulatory, non-admitted setting. The definition of this care is detailed in Appendix 3. In table and figure titles and in some text references, it has been abbreviated to 'ambulatory-equivalent'.

Overview

A summary on the number of services and the services per 1,000 population for each ambulatory service provider type is presented in Table 3.1 by state and territory for 2001–02. Data for 2002–03 available at the time of publishing this report are presented in Table 3.2. National statistics on the number of general practice encounters for mental health problems, Medicare-funded psychiatrist attendances and ambulatory-equivalent mental health-related hospital patient separations are presented for the years 1997–98 to 2002–03 (Table 3.3).

The data collections for different health service providers use different definitions of what constitutes a service contact or event. For this reason, interpretation of these data must be undertaken with caution. Appendix 1 includes more detailed presentation of the definitions used for each data source and notes on interpretation. Box 4.2 in Chapter 4 also provides relevant information relating to variations in admission practices that can affect reports of non-admitted and admitted patient services.

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently used by people for mental health problems (29% of people with mental health problems) (ABS 1998). According to the 2002–03 BEACH survey data, 10.3% of general practice encounters involved the management of at least one mental health-related problem. A simple extrapolation based on the 99.9 million non-specialist attendances claimed from Medicare for 2001–02 suggests

that there were about 10.1 million attendances in which general practitioners managed mental health-related problems (Table 3.1). The same extrapolation based on the 96.9 million non-specialist attendances claimed from Medicare for 2002–03 suggests that there were about 10.0 million attendances in which general practitioners managed mental health-related problems (Table 3.2). This corresponds to 519 attendances per 1,000 population in 2001–02 (Table 3.1) and 511 attendances per 1,000 population in 2002–03 (Table 3.2). The estimated rate of attendances has been comparatively stable since 1998–99, when the BEACH survey began (Table 3.3 and Figure 2.1). These attendances include encounters at the surgery and visits to the patient's residence, including service settings such as residential aged care services.

Specialised ambulatory mental health care was accessed through private psychiatrists at a rate of 106.8 attendances per 1,000 population in 2001–02 and 103.5 in 2002–03 (Tables 3.1 and 3.2). Table 3.3 demonstrates that there has been a gradual decline in the number of private psychiatrist attendances reported per 1,000 population since 1997–98. The decline was accompanied by an 11.4% increase in the number of medical officers employed in public mental health services between 1996–97 and 1999–2000 (DHA 2002).

The AIHW collates data on ambulatory care service contacts provided by public community mental health services. These services include public hospital outpatient services and public community-based ambulatory mental health services. In 2001–02 there were 4.2 million service contacts reported for these services at a rate of 215.3 per 1,000 population.

The role of private hospitals in the provision of ambulatory mental health care for non-admitted patients was relatively small at 2.7 occasions of service per 1,000 population in 2001–02 (Table 3.1).

As noted above, some same day admissions to hospitals can be regarded as functionally equivalent to ambulatory mental health care. For this reason, this chapter includes data on ambulatory-equivalent mental health-related hospital separations based on the definition provided in Appendix 3. In 2001–02 there were 1.4 of these separations per 1,000 population provided by public hospitals and 3.7 per 1,000 population by private hospitals. Table 3.3 demonstrates that there has been a 16% decrease in the number of public hospital ambulatory-equivalent mental health-related separations, and a 31% increase in the number of private hospital ambulatory-equivalent mental health-related separations, from 1998–99 to 2001–02.

Mental health-related disability support services are also a component of the mental health service delivery system. CSDA-funded disability support services provide mental health-related ambulatory care in the form of support services for people with mental health-related disabilities. Disability support services funded under the CSDA can be services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types.

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems[a]									
Estimated number of encounters	3,375,000	2,714,000	1,807,000	919,000	948,000	246,000	127,000	50,000	10,143,000
Lower 95% confidence limit	3,059,000	2,429,000	1,598,000	759,000	788,000	153,000	76,000	29,000	9,612,000
Upper 95% confidence limit	3,691,000	2,999,000	2,016,000	1,080,000	1,108,000	340,000	177,000	71,000	10,674,000
Estimated number of encounters per 1,000 population[b]	511	561	493	480	625	522	396	253	519
Lower 95% confidence limit	463	502	436	397	520	324	239	147	492
Upper 95% confidence limit	559	620	550	564	731	720	553	359	546
Medicare-funded psychiatrist services[c]									
Services	689,152	669,655	345,024	114,145	200,163	42,941	19,462	4,553	2,085,095
Services per 1,000 population[b]	104.3	138.5	94.2	59.6	132.1	91.0	60.8	23.0	106.8
Public hospital outpatient and community-based ambulatory services[d]									
Service contacts	942,307	1,645,974	705,895	395,513	280,056	48,286	156,108	29,592	4,203,731
Service contacts per 1,000 population[b]	142.6	340.3	192.6	206.7	184.8	102.3	487.4	149.7	215.3
Ambulatory-equivalent mental health-related hospital separations[e]									
Public hospitals									
Separations	12,456	6,118	4,706	1,265	1,500	260	91	102	26,498
Separations per 1,000 population[b]	1.9	1.3	1.3	0.7	1.0	0.6	0.3	0.5	1.4
Private hospitals									
Separations	19,221	23,171	18,887	7,264	156	2,599	0	n.a.	71,298
Separations per 1,000 population[b]	2.9	4.8	5.2	3.8	0.1	5.5	0	n.a.	3.7
Private hospital non-admitted patient occasions of service[f]									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	52,856
Individual occasions of service/group sessions per 1,000 population[b]	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2.7

(a) *Source*—Bettering the Evaluation and Care of Health Database.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2001.

(c) Medicare data from Health Insurance Commission (www.hic.gov.au). Items included are detailed in Table 3.14.

(d) *Source*—National Community Mental Health Care Database.

(e) See Appendix 3 for definition. *Source*—National Hospital Morbidity Database.

(f) Private Health Establishments Collection (PHEC) data provided by ABS. PHEC occasions of service data could not be broken down into individual occasions of service and group sessions by state and territory.

n.a. Not available.

Table 3.2: Summary of available data for ambulatory mental health care provided by general practitioners and private psychiatrists, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems[a]									
Estimated number of encounters	3,405,000	3,088,000	1,787,000	812,000	1,030,000	279,000	153,000	64,000	9,986,000
Lower 95% confidence limit	3,204,000	2,761,000	1,653,000	727,000	882,000	235,000	100,000	46,000	9,607,000
Upper 95% confidence limit	3,606,000	3,414,000	1,922,000	897,000	1,178,000	321,000	205,000	82,000	10,366,000
Estimated number of encounters per 1,000 population[b]	515	638	488	424	679	588	477	324	511
Lower 95% confidence limit	485	571	451	380	582	497	314	234	492
Upper 95% confidence limit	546	706	524	469	777	680	640	414	531
Medicare-funded psychiatrist services[c]									
Services	**662,173**	**663,105**	**339,173**	**110,384**	**201,571**	**46,244**	**21,245**	**4,706**	**2,048,601**
Services per 1,000 population[b]	99.3	135.2	90.4	56.9	132.3	97.5	65.8	23.8	103.5

(a) *Source*—Bettering the Evaluation and Care of Health.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

(c) Medicare data from HIC (www.hic.gov.au). Items included are detailed in Table 3.14.

Table 3.3: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists and ambulatory-equivalent mental health-related admitted patient care in hospitals, Australia, 1997–98 to 2002–03

	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
General practice encounters for mental health problems[a]						
Estimated number of encounters	n.a.	10,733,000	9,999,000	10,834,000	10,143,000	9,986,000
Lower 95% confidence limit	n.a.	10,339,000	9,431,000	10,433,000	9,612,000	9,607,000
Upper 95% confidence limit	n.a.	11,127,000	10,578,000	11,234,000	10,674,000	10,366,000
Estimated number of encounters per 1,000 population[b]	n.a.	569	528	560	519	511
Lower 95% confidence limit	n.a.	548	498	539	492	492
Upper 95% confidence limit	n.a.	589	559	580	546	531
Medicare-funded psychiatrist services[c]						
Services	2,167,392	2,133,414	2,104,544	2,112,550	2,085,095	2,048,601
Services per 1,000 population[b]	116.3	113.0	112.0	109.8	106.8	103.5
Ambulatory-equivalent mental health-related hospital separations[d]						
Public hospitals						
Separations	n.a.	30,404	31,496	28,437	26,498	n.a.
Separations per 1,000 population[e]	n.a.	1.61	1.65	1.47	1.36	n.a.
Private hospitals						
Separations	n.a.	51,922	51,946	62,455	71,298	n.a.
Separations per 1,000 population[e]	n.a.	2.81	2.77	3.28	3.68	n.a.

(a) *Source*—Bettering the Evaluation and Care of Health Database.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December of the reference year.

(c) Medicare data from HIC (www.hic.gov.au). Items included are detailed in Table 3.14.

(d) See Appendix 3 for definition. *Source*—National Hospital Morbidity Database.

(e) Rates are directly age standardised to the Australian population at 30 June 2001.

n.a. Not available.

There are national snapshot data available from the Commonwealth/State Disability Agreement Minimum Data Set (CSDA MDS) collection on the characteristics of these services and their clients (Figure 3.4). Unfortunately, there is no agreed process for translating the snapshot data into information on annual service provision.

Mental health care in general practice

The ABS National Survey of Mental Health and Wellbeing reported that over 29% of adults with mental disorders had visited a general practitioner for a mental health-related problem in the previous 12 months (ABS 1998). This section presents data from the BEACH survey on the mental health-related care and medication provided by general practitioners and the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) data collection on PBS subsidised medications for mental health problems.

Bettering the Evaluation and Care of Health (BEACH) survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 general practitioner–patient encounters each year. The data for 2002–03, used in this report, included a total of 100,987 encounters weighted to reflect national general practice activity patterns.

For this report, mental health-related problems and mental health-related reasons for encounter (RFEs) were defined as those classified in the psychological chapter of the International *Classification of Primary Care* (2nd edition) (ICPC-2), which includes alcohol and other drug-related problems/RFEs. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 2002–03* (Britt et al. 2003).

Overview

Figure 3.1 shows data on general practitioner encounters in which a mental health-related problem was managed and how this relates to other data collected for the encounter. Mental health problems were managed at 10.3% of encounters and accounted for 7.1% of all problems managed. Mental health problems were most common for patients of the middle age groups, with those between 25 and 44 years and 45 and 64 years accounting for 33.2% and 31.6% of these problems respectively. The patients were predominantly female (60.9%).

The most commonly described patient reason for these encounters was a prescription request, reported at a rate of 22.2 per 100 encounters for which a mental health-related problem was managed. Depression was also a common reason, recorded at 18.6 per 100 of these encounters.

Temazepam and diazepam were the medications most frequently prescribed for mental health-related problems, at rates of 9.3 and 6.6 per 100 mental health-related problems respectively. Psychological counselling was the most common clinical treatment, at 26.6 per 100 depression problems. Referrals to psychiatrists were the most frequent referral type, made at a rate of 2.4 per 100 mental health-related problems managed.

Reasons for encounter

RFEs are those concerns and expectations that patients bring to the doctor, which may be in the form of symptoms and complaints or requests for services or treatment. For each encounter, the general practitioner could record up to three RFEs.

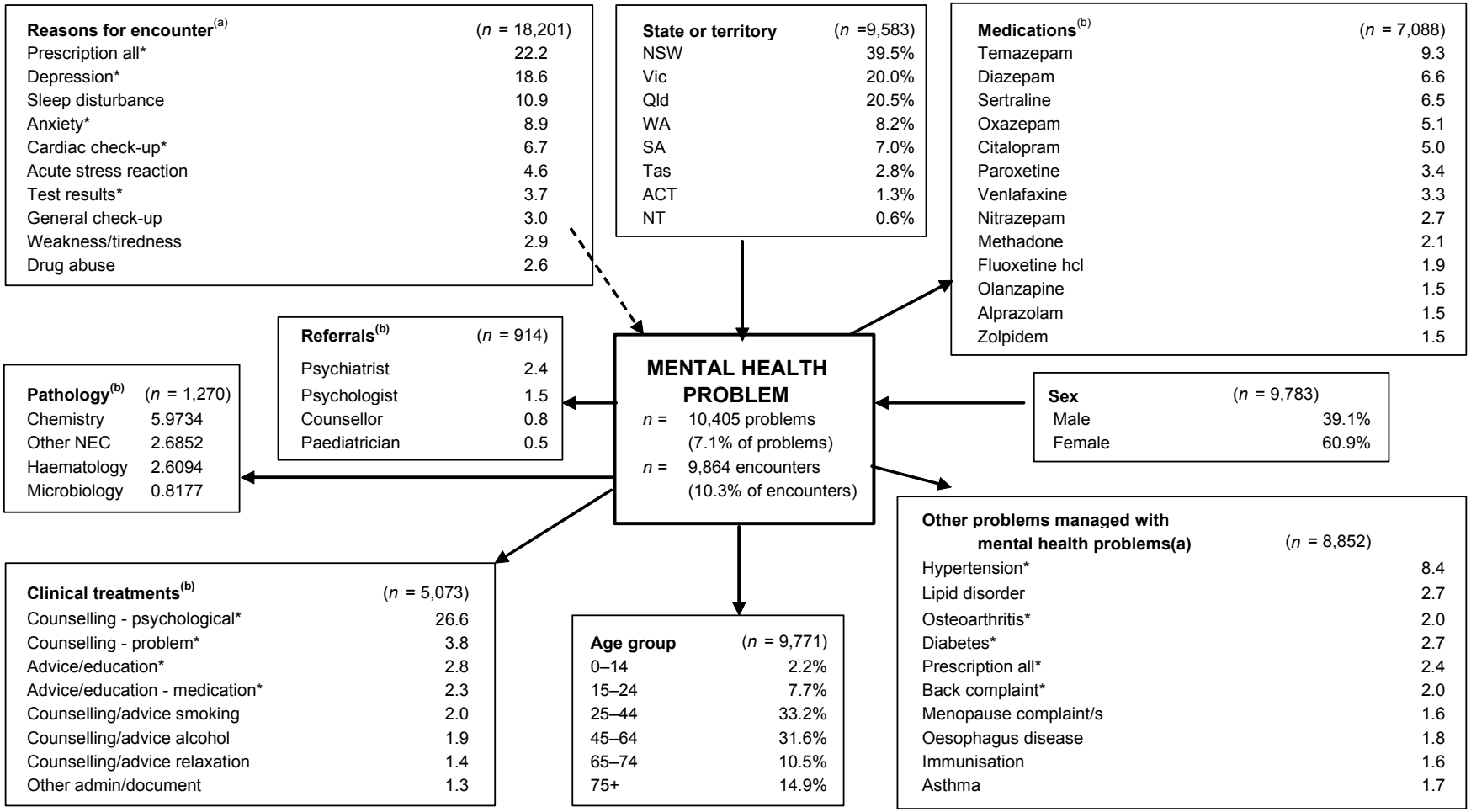
Overall, there were 152,341 RFEs reported at a rate of 150.9 per 100 encounters (Britt et al. 2003). Of these, 7,382 RFEs (5% of all RFEs) were mental health-related, reported at a rate of 7.3 per 100 encounters (Table 3.4). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.6% of all RFEs) were also mental health-related RFEs frequently cited by patients.

In 2002–03, there were fewer mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Figure 3.2). Patients aged 25–44 years accounted for 36.7% of mental health-related RFEs. The next largest group were patients aged 45–64 (30.9%).

Problems managed

The problem managed is a formal statement of the general practitioner's understanding of a health problem presented by the patient, which may at times be limited to the level of presenting symptoms. For each patient encounter, up to four problems could be recorded by the general practitioner.

Overall, there were 146,336 problems managed in the 2002–03 BEACH survey, at a rate of 144.9 per 100 encounters (Britt et al. 2003). General practitioners in the survey managed 10,405 mental health-related problems (7.1% of all problems managed) at a rate of 10.3 per 100 encounters (Figure 3.1). Depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem, accounting for 34.2% of all mental health-related problems managed and 2.4% of all problems managed. Sleep disturbance (P06, 15.2% of all mental health-related problems managed) and anxiety (P01, P74, 15.0% of all mental health-related problems managed) were the next most frequently managed mental health-related problems (Table 3.5).



(a) Expressed as rates per 100 encounters at which mental health problems were managed (n = 9,864).

(b) Expressed as rates per 100 mental health problems managed (n = 10,405).

* Includes multiple ICPC-2 or ICPC-2 PLUS codes.

Source: BEACH

Figure 3.1: Data reported for encounters at which a mental health problem was managed, BEACH, 2002–03

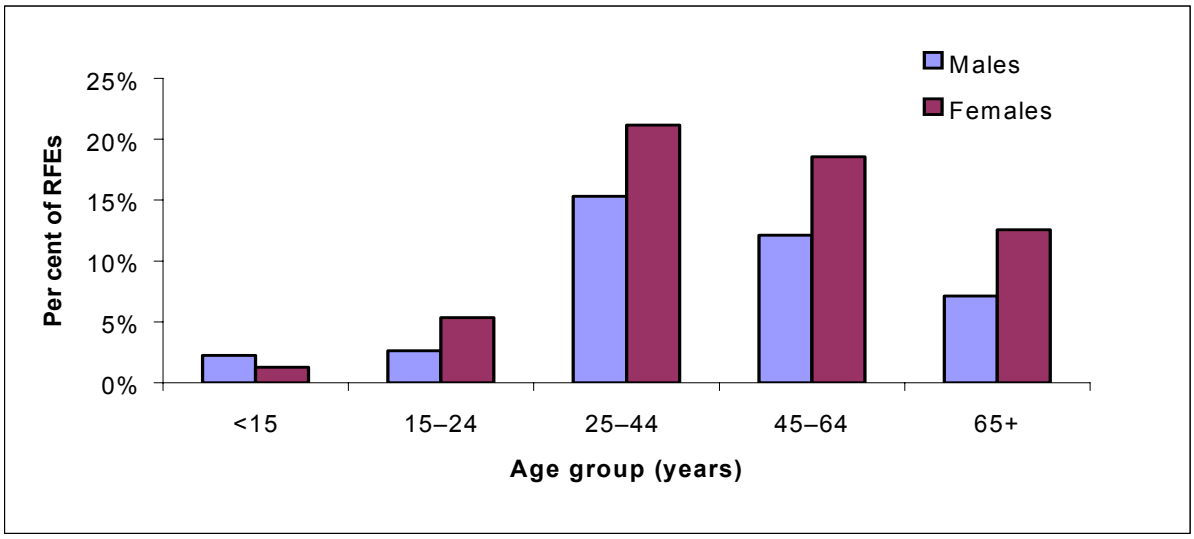


Figure 3.2: Encounters with one or more mental health-related reasons for encounter by sex and age group of patient, BEACH, 2002–03

Table 3.4: Most frequently reported mental health-related patient reasons for encounter, by patient sex, BEACH, 2002–03

Reason for encounter		Number	% total RFEs (n = 152,341)	Rate per 100 encounters (n = 100,987)	95% LCL	95% UCL
				Males		
P03, P76	Depression	617	1.0	1.5	1.3	1.6
P06	Sleep disturbance	528	0.8	1.3	1.1	1.4
P01, P74	Anxiety	320	0.5	0.8	0.7	0.8
P50	Prescription request/renewal	278	0.4	0.7	0.5	0.8
P02	Acute stress reaction	144	0.2	0.3	0.3	0.4
P19	Drug abuse	139	0.2	0.3	0.2	0.5
P15, P16	Alcohol abuse	111	0.2	0.3	0.2	0.3
P20	Memory disturbance	76	0.1	0.2	0.2	0.2
	Other	732	1.2	1.7	1.6	1.8
	Total	*2,945*	*4.7*	*7.0*	*6.7*	*7.3*
				Females		
P03, P76	Depression	1,273	1.4	2.2	2.0	2.4
P06	Sleep disturbance	632	0.7	1.1	1.0	1.2
P01, P74	Anxiety	611	0.7	1.1	1.0	1.1
P50	Prescription request/renewal	398	0.4	0.7	0.6	0.8
P02	Acute stress reaction	372	0.4	0.6	0.6	0.7
P29	Unspecified psychological complaint	126	0.1	0.2	0.2	0.3
P19	Drug abuse	96	0.1	0.2	0.1	0.2
P20	Memory disturbance	75	0.1	0.1	0.1	0.2
	Other	802	0.9	1.4	1.3	1.5
	Total	*4,386*	*4.9*	*7.6*	*7.3*	*7.9*
				Total[(a)]		
P03, P76	Depression	1,902	1.2	1.9	1.7	2.0
P06	Sleep disturbance	1,170	0.8	1.2	1.0	1.3
P01, P74	Anxiety	937	0.6	0.9	0.9	1.0
P50	Prescription request/renewal	679	0.4	0.7	0.5	0.8
P02	Acute stress reaction	516	0.3	0.5	0.5	0.6
P19	Drug abuse	237	0.2	0.2	0.1	0.3
P20	Memory disturbance	194	0.1	0.2	0.2	0.2
P29	Unspecified psychological complaint	154	0.1	0.2	0.1	0.2
	Other	1,593	1.0	1.6	1.5	1.7
	Total	**7,382**	**4.8**	**7.3**	**7.0**	**7.6**

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

Table 3.5: Most frequently reported mental health problems managed, by patient sex, BEACH, 2002–03

		Number	% total problems (n = 146,336)	Rate per 100 encounters (n = 100,987)	95% LCL	95% UCL
Mental health-related problem				**Males**		
P03, P76	Depression	1,137	1.9	2.7	2.5	2.9
P06	Sleep disturbance	665	1.1	1.6	1.4	1.7
P01, P74	Anxiety	519	0.9	1.2	1.1	1.3
P19	Drug abuse	283	0.5	0.7	0.4	0.9
P72	Schizophrenia	228	0.4	0.5	0.5	0.6
P15, P16	Alcohol abuse	222	0.4	0.5	0.5	0.6
P02	Acute stress reaction	147	0.2	0.3	0.3	0.4
P17	Tobacco abuse	126	0.2	0.3	0.3	0.3
	Other	741	1.3	1.8	1.6	1.9
	Total	*4,069*	*6.9*	*9.6*	*9.2*	*10.1*
				Females		
P03, P76	Depression	2,397	2.8	4.1	3.9	4.4
P01, P74	Anxiety	1,034	1.2	1.8	1.7	1.9
P06	Sleep disturbance	898	1.0	1.6	1.4	1.7
P02	Acute stress reaction	363	0.4	0.6	0.6	0.7
P70	Dementia	276	0.3	0.5	0.4	0.6
P19	Drug abuse	207	0.2	0.4	0.2	0.5
P72	Schizophrenia	192	0.2	0.3	0.3	0.4
P17	Tobacco abuse	127	0.1	0.2	0.2	0.2
	Other	758	0.9	1.3	1.2	1.4
	Total	*6,254*	*7.3*	*10.8*	*10.4*	*11.2*
				Total[(a)]		
P03, P76	Depression	3,560	2.4	3.5	0.3	3.8
P06	Sleep disturbance	1,580	1.1	1.6	1.4	1.7
P01, P74	Anxiety	1,562	1.1	1.5	1.4	1.6
P02	Acute stress reaction	513	0.4	0.5	0.5	0.6
P19	Drug abuse	495	0.3	0.5	0.3	0.7
P72	Schizophrenia	425	0.3	0.4	0.4	0.5
P70	Dementia	400	0.3	0.4	0.3	0.5
P17	Alcohol abuse	326	0.2	0.3	0.3	0.4
	Other	1,544	1.1	1.5	1.4	1.6
	Total	**10,405**	**7.1**	**10.3**	**9.9**	**10.7**

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

Referrals

In addition to providing primary health care for people with mental health-related problems, general practice also plays a role in referral to specialised mental health care. For every problem managed, general practitioners could record up to two referrals, including referrals to medical specialists, allied health professionals, and hospitals. The total number of referrals recorded was 11,254, or 11.1 per 100 encounters (Britt et al. 2003).

There were 939 referrals made for patients with a mental health-related problem, made at a rate of 9.0 per 100 mental health-related problems (Table 3.6). This represented 8.3% of all referrals recorded. Most of the referrals were to a psychiatrist (2.4 per 100 mental health-related problems), or a psychologist (1.6 per 100 mental health-related problems).

Table 3.7 presents the number of referrals by sex made for the most frequently managed mental health-related problems. Overall, problems relating to hyperkinetic disorder (P81) had the highest rate of referral to other professionals (59.0 referrals per 100 hyperkinetic disorder problems) followed by child/adolescent behaviour (P22, P23) (55.7 referrals per 100 child/adolescent behaviour problems). Most referrals for child/adolescent behaviour were for males (85.7%), compared with 14.3% for females (66.1 referrals per 100 child/adolescent behaviour problems for males and 28.5 referrals for females).

Referrals to psychiatrists

The majority of mental health-related problems referred to psychiatrists were depression (52.4% of all mental health-related problems referred to a psychiatrist)(Table 3.8).

Clinical treatments for mental health-related problems

For each problem managed, general practitioners could record up to two non-pharmacological treatments that were provided. These could be clinical treatments (e.g. advice, counselling) or procedural treatments (e.g. removal of sutures, application/removal of plaster).

A total of 52,292 non-pharmacological treatments were recorded for all encounters. Of these, 37,543 or 71.8% were clinical treatments (Britt et al. 2003). Table 3.9 presents the number and type of clinical treatments administered by general practitioners for mental health-related problems. A total of 4,927 treatments, 13.1% of all clinical treatments, were reported as treatment for mental health-related problems (47.4 per 100 mental health-related problems).

Table 3.10 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided in the management of acute stress reaction (P02) were recorded at a rate of 86.8 per 100 acute stress reaction problems managed. The clinical treatment of tobacco abuse (P17) was recorded at a rate of 79.6 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey, a total of 101,350 medications were prescribed, recommended or supplied by general practitioners at a rate of 100.4 per 100 encounters (Britt et al. 2003). There were 7,279 medications for mental health-related problems at a rate of 70.0 medications per 100 mental health-related problems (Table 3.11). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (28.0 medications per 100 mental health-related problems), followed by sedative hypnotics (13.9) and anti-anxiety medications (13.6). Temazepam and diazepam

were the most frequently reported generic medications for mental health-related problems, being prescribed at a rate of 9.3 and 6.6 per 100 mental health-related problems respectively.

Medication, treatment procedure (P50) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by general practitioners (109.4 medications per 100 treatment procedure problems) (Table 3.12). Medication was next most frequently prescribed, recommended or supplied for affective psychoses (P73, at a rate of 103.1 medications per 100 affective psychosis problems) and schizophrenia (P72, at a rate of 92.7 medications per 100 schizophrenia problems). Males in the 25–44 years age group had the highest rate of medications prescribed (1.75 medications per 100 total problems managed), followed by females in the 45–64 years age group (1.70 medications per 100 respectively) (Figure 3.3).

Table 3.13 presents data from the Pharmaceutical Benefits Scheme (PBS) on the number of prescriptions for mental health-related medications by general practitioners and non-psychiatrist specialists. PBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications for non-psychiatrists were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A).

According to the PBS data for 2002–03, general practitioners prescribed a total of 15.8 million mental health-related medications. The majority of the PBS-reimbursed scripts were for antidepressant medication (9.3 million or 58.9%). Tasmania (1,199.2) and South Australia (1,109.3) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 313.2 scripts per 1,000 population.

Non-psychiatrist specialists who prescribed mental health-related medications include cardiologists, pathologists, anaesthetists, obstetricians and gynaecologists. These specialists prescribed a total of 0.6 million mental-health related medications, at a rate of 28.7 per 1,000 population for 2002–03. These made up 3.1% of all mental health-related prescriptions.

General practitioners, private psychiatrists and other specialists together prescribed a total of 18.1 million mental health-related medications, at a rate of 917.2 scripts per 1,000.

Table 3.6: Referrals for mental health-related problems, BEACH, 2002–03

Type of referral		Number of referrals	Referrals per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
P67002	Referral to psychiatrist	254	2.4	2.2	2.7
P66003	Referral to psychologist	162	1.6	1.4	1.7
P66004	Referral to counsellor	81	0.8	0.7	0.9
A67004	Referral to paediatrician	51	0.5	0.4	0.6
P66006	Referral to drug and alcohol	44	0.4	0.3	0.5
A67006	Referral to sleep clinic	31	0.3	0.2	0.4
A68011	Referral, n.e.c.	31	0.3	0.2	0.4
P66005	Referral to mental health team	29	0.3	0.2	0.3
A67010	Referral to hospital	22	0.2	0.2	0.3
R67002	Referral to respiratory physician	20	0.2	0.2	0.2
A68005	Referral; aged care assessment	19	0.2	0.1	0.2
A67006	Referral to geriatrician	18	0.2	0.1	0.2
N67002	Referral to neurologist	17	0.2	0.1	0.2
A67012	Referral to clinic/centre	16	0.2	0.1	0.2
	Other	143	1.4	1.2	1.5
	Total	**939**	**9.0**	**8.6**	**9.5**

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit; n.e.c.—not elsewhere classified.

Table 3.7: The most frequently referred mental health-related problems, by patient sex, BEACH, 2002–03

Problem		Number of referrals	Problems referred per 100 of these problems	95% LCL	95% UCL
			Males		
P03, P76	Depression	117	10.3	8.8	11.9
P06	Sleep disturbance	53	7.9	6.7	9.2
P01, P74	Anxiety	46	8.9	7.5	10.3
P81	Hyperkinetic disorder	40	66.7	55.3	78.0
P15, P16	Alcohol abuse	30	13.7	10.0	17.3
P22, P23	Child/adolescent behaviour complaint	24	66.1	50.8	81.4
P70	Dementia	23	19.0	10.4	27.6
P19	Drug abuse	18	6.5	4.7	8.4
P72	Schizophrenia	14	6.4	4.2	8.5
P29	Unspecified psychological complaint	13	30.6	14.8	46.4
	Other	82	10.8	9.4	12.3
	Total	*462*	*11.4*	*10.6*	*12.1*
			Females		
P03, P76	Depression	190	7.9	7.0	8.9
P01, P74	Anxiety	56	5.5	4.4	6.5
P70	Dementia	26	9.4	7.1	11.7
P02	Acute stress reaction	26	7.1	5.6	8.5
P06	Sleep disturbance	23	2.6	2.0	3.2
P15, P16	Alcohol abuse	23	22.1	15.3	28.8
P72	Schizophrenia	17	8.8	6.1	11.5
P19	Drug abuse	15	7.0	4.8	9.3
P73	Affective psychosis	10	13.9	8.4	19.4
P79	Phobia, compulsive disorder	8	19.4	8.2	30.5
	Other	78	11.6	10.2	12.9
	Total	*471*	*7.5*	*7.0*	*11.3*
			Total[(a)]		
P03, P76	Depression	309	8.7	7.7	9.7
P01, P74	Anxiety	103	6.6	5.7	7.5
P06	Sleep disturbance	76	4.8	4.2	5.4
P70	Dementia	49	12.3	9.3	15.2
P15, P16	Alcohol abuse	49	15.1	12.1	18.0
P81	Hyperkinetic disorder	43	59.0	49.1	68.8
P02	Acute stress reaction	38	7.4	9.7	13.7
P72	Schizophrenia	33	7.8	6.2	9.4
P19	Drug abuse	33	6.7	5.2	8.1
P22, P23	Child/adolescent behaviour complaint	28	55.7	4.3	6.6
	Other	177	12.0	10.9	13.2
	Total	**939**	**9.0**	**8.6**	**9.5**

(a) Includes sex not stated.

Note: **Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit**.

Table 3.8: Mental health-related problems most frequently referred by general practitioners to psychiatrists, by patient sex, BEACH, 2002–03

Problem		Number of problems referred	Problems referred per 100 of these problems	95% LCL	95% UCL
			Males		
P03, P76	Depression	61	5.4	4.3	6.5
P01, P74	Anxiety	14	2.6	1.9	3.4
P72	Schizophrenia	7	3.3	1.8	4.7
P82	Post-traumatic stress disorder	6	11.0	4.2	17.7
P73	Affective psychosis	5	9.2	3.7	14.7
	Other	35	1.7	1.3	2.0
	Total	*128*	*3.1*	*2.8*	*3.5*
			Females		
P03, P76	Depression	72	3.0	2.6	3.4
P72	Schizophrenia	11	5.9	4.2	7.6
P01, P74	Anxiety	9	0.9	<0.1	1.9
P73	Affective psychosis	5	7.2	3.2	11.2
P86	Anorexia nervosa, bulimia	3	13.5	<0.1	35.4
	Other	26	1.0	0.8	1.2
	Total	*126*	*2.0*	*1.8*	*2.2*
			Total[(a)]		
P03, P76	Depression	133	3.7	3.3	4.2
P01, P74	Anxiety	23	1.5	0.9	2.1
P72	Schizophrenia	19	4.4	3.3	5.6
P73	Affective psychosis	10	8.1	4.5	11.7
P82	Post-traumatic stress disorder	8	9.0	5.2	12.9
	Other	61	1.3	1.1	1.5
	Total	**254**	**2.4**	**2.2**	**2.6**

(a) Includes sex not stated.

Note: **Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit**.

Table 3.9: Clinical treatments provided by general practitioners for mental health-related problems, BEACH, 2002–03

Clinical treatment		Number	Per cent of total clinical treatments (n = 37,698)	Clinical treatments per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
P58001, P58004, P58005, P58006, P58013, P58014, P58015, P58018	Counselling—psychological	2,550	6.8	24.5	23.1	26.0
A58003	Counselling—individual	369	1.0	3.5	2.8	4.3
P45001, P45002	Advice/education/observe/wait—psychological	241	0.6	2.3	2.1	2.5
P45004, P58008	Counselling/advice/education—smoking	207	0.5	2.0	1.7	2.2
P45005, P58009	Counselling/advice/education—alcohol	200	0.5	1.9	1.6	2.2
A62	Administration	171	0.5	1.6	1.5	1.8
P45007, P58011, P58017	Counselling/advice/education—relaxation	150	0.4	1.4	1.2	1.7
P45006, P58010	Counselling/advice/education—drugs	113	0.3	1.1	0.7	1.5
A45015	Advice/education—medication	104	0.3	1.0	0.9	1.1
A58010	Reassurance/support	101	0.3	1.0	0.8	1.1
P58007	Counselling—bereavement	72	0.2	0.7	0.6	0.8
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	62	0.2	0.6	0.5	0.7
A45002	Advice/education—diet	43	0.1	0.4	0.3	0.5
P58002	Psychotherapy	41	0.1	0.4	0.3	0.5
	Other	504	1.3	4.8	4.5	5.2
	Total	**4,927**	**13.1**	**47.4**	**46.3**	**51.4**

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit

Table 3.10: Mental health-related problems most frequently managed by general practitioners using clinical treatments, by patient sex, BEACH, 2002–03

Problem		Number of treatments	Per cent of total clinical treatments (n = 37,698)	Clinical treatments per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
				Males		
P03, P76	Depression	588	4.0	51.7	46.9	56.5
P01, P74	Anxiety	264	1.8	50.9	45.3	56.6
P02	Acute stress reaction	127	0.9	45.0	45.9	69.1
P06	Sleep disturbance	161	1.1	24.3	49.4	64.5
P19	Drug abuse	113	0.8	77.1	57.2	97.0
P17	Tobacco abuse	104	0.7	82.1	69.1	95.2
P15, P16	Alcohol abuse	154	1.0	69.4	19.3	27.0
P72	Schizophrenia	52	0.4	23.1	18.9	27.3
P70	Dementia	36	0.2	67.0	57.0	76.9
P82	Post-traumatic stress disorder	36	0.2	29.8	18.3	41.3
	Other	220	1.5	38.9	33.7	44.1
	Total	*1,857*	*12.5*	*45.6*	*43.4*	*47.8*
				Females		
P03, P76	Depression	1,316	5.8	54.9	49.9	59.9
P01, P74	Anxiety	504	2.2	48.8	44.6	53.0
P02	Acute stress reaction	316	1.4	87.1	77.1	97.1
P06	Sleep disturbance	213	0.9	23.7	21.0	26.3
P19	Drug abuse	76	0.3	59.9	27.1	46.8
P17	Tobacco abuse	99	0.4	47.9	67.2	88.3
P15, P16	Alcohol abuse	70	0.3	68.5	29.5	43.3
P72	Schizophrenia	60	0.3	21.7	48.1	69.1
P70	Dementia	71	0.3	37.1	18.5	33.2
P73	Affective psychosis	29	0.1	41.3	34.2	48.4
	Other	288	1.3	49.1	43.0	55.3
	Total	*3,043*	*13.5*	*48.7*	*46.2*	*51.1*
				Total[(a)]		
P03, P76	Depression	1,915	5.1	53.8	49.2	58.4
P01, P74	Anxiety	773	2.1	49.5	45.3	53.8
P02	Acute stress reaction	446	1.2	86.8	76.0	97.6
P06	Sleep disturbance	375	1.0	23.7	21.4	26.0
P19	Drug abuse	194	0.5	39.3	28.9	49.7
P17	Tobacco abuse	203	0.5	79.6	68.3	90.9
P15, P16	Alcohol abuse	224	0.6	68.9	59.0	78.8
P72	Schizophrenia	112	0.3	26.4	22.4	30.4
P70	Dementia	107	0.3	26.8	20.3	33.2
P82	Post-traumatic stress disorder	60	0.2	68.2	50.6	85.7
	Other	516	1.4	43.0	37.8	48.2
	Total	**4,927**	**13.1**	**47.4**	**46.3**	**51.4**

(a) Includes sex not stated.

Note: **Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit**.

Table 3.11: Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2002–03

Drug group and generic drugs		Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
				Males		
P4 Antidepressants		*982*	*2.3*	*24.1*	*22.5*	*25.7*
	P418 Sertraline	235	0.6	5.8	5.2	6.3
	P423 Citalopram	154	0.4	3.8	3.4	4.2
	P420 Venlafaxine	114	0.3	2.8	2.4	3.2
	P419 Paroxetine	94	0.2	2.3	2.0	2.7
	P416 Fluoxetine HCl	62	0.1	1.5	1.3	1.8
	P414 Dothiepin	54	0.1	1.3	1.1	1.6
P1 Sedative hypnotics		*570*	*1.3*	*14.0*	*12.7*	*15.3*
	P116 Temazepam	367	0.9	9.0	8.1	9.9
	P104 Nitrazepam	111	0.3	2.7	2.3	3.1
P2 Anti-anxiety		*528*	*1.2*	*13.0*	*12.1*	*13.8*
	P201 Diazepam	289	0.7	7.1	6.5	7.7
	P202 Oxazepam	176	0.4	4.3	3.9	4.8
P3 Antipsychotic		*264*	*0.6*	*6.5*	*5.4*	*7.6*
Other		478	1.1	11.8	9.3	14.2
	N201 Methadone	118	0.3	2.9	1.4	4.4
Total		*2,822*	*6.6*	*69.4*	*65.4*	*73.3*
				Females		
P4 Antidepressants		*1,909*	*3.3*	*30.5*	*28.5*	*32.6*
	P418 Sertraline	442	0.8	7.1	6.2	7.9
	P423 Citalopram	366	0.6	5.9	5.3	6.4
	P419 Paroxetine	255	0.4	4.1	3.7	4.5
	P420 Venlafaxine	225	0.4	3.6	3.2	4.0
	P416 Fluoxetine HCl	130	0.2	2.1	1.8	2.4
	P414 Dothiepin	89	0.2	1.4	1.2	1.6
P2 Anti-anxiety		*878*	*1.5*	*14.0*	*13.2*	*14.9*
	P201 Diazepam	390	0.7	6.2	5.8	6.7
	P202 Oxazepam	351	0.6	5.6	5.2	6.0
P1 Sedative hypnotics		*862*	*1.5*	*13.8*	*12.8*	*14.8*
	P116 Temazepam	587	1.0	9.4	8.6	10.1
	P104 Nitrazepam	165	0.3	2.6	2.4	2.9
P3 Antipsychotic		*252*	*0.4*	*4.0*	*3.6*	*4.4*
Other		489	0.8	7.8	6.3	9.3
	N201 Methadone	94	0.2	1.5	0.6	2.4
Total		*4,389*	*7.6*	*70.2*	*66.8*	*73.6*

(continued)

Table 3.11 (continued): Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2002–03

Drug group and generic drugs		Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems (n = 10,405)	95% LCL	95% UCL
				Total[(a)]		
P4 Antidepressants		*2,909*	*2.9*	*28.0*	*26.2*	*29.7*
	P418 Sertraline	680	0.7	6.5	5.8	7.3
	P423 Citalopram	524	0.5	5.0	4.7	5.4
	P419 Paroxetine	350	0.3	3.4	3.1	3.7
	P420 Venlafaxine	344	0.3	3.3	3.0	3.6
	P416 Fluoxetine HCl	194	0.2	1.9	1.7	2.1
	P414 Dothiepin	143	0.1	1.4	1.2	1.5
P1 Sedative hypnotics		*1,447*	*1.4*	*13.9*	*12.9*	*15.0*
	P116 Temazepam	964	1.0	9.3	8.5	10.0
	P104 Nitrazepam	277	0.3	2.7	2.4	3.0
P2 Anti-anxiety		*1,418*	*1.4*	*13.6*	*12.9*	*14.4*
	P201 Diazepam	687	0.7	6.6	6.2	7.1
	P202 Oxazepam	530	0.5	5.1	4.7	5.4
P3 Antipsychotic		*527*	*0.5*	*5.1*	*4.5*	*5.6*
Other		977	1.0	9.4	7.5	11.3
	N201 Methadone	215	0.2	2.1	0.9	3.3
Total		**7,279**	**7.2**	**70.0**	**66.6**	**73.3**

(a) Includes sex not stated.

Note: Abbreviations: UCL— upper confidence limit; LCL—lower confidence limit.

Table 3.12: Number of medications provided for mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2002–03

Problem		Number of medications	Medications per 100 of these problems	95% LCL	95% UCL
			Males		
P03, P76	Depression	936	82.3	75.7	88.9
P06	Sleep disturbance	551	82.9	73.5	92.3
P01, P74	Anxiety	352	67.8	60.5	75.2
P19	Drug abuse	215	75.8	42.7	109.0
P72	Schizophrenia	216	94.8	71.2	118.4
P15, P16	Alcohol abuse	77	34.7	27.3	42.2
P17	Tobacco abuse	49	38.5	30.3	46.8
P73	Affective psychosis	59	103.6	66.3	140.8
P50	Medication, treatment procedure	44	107.7	88.2	127.1
P31	Medical exam/health evaluation	43	94.6	37.6	151.7
	Other	282	37.8	33.5	42.1
	Total	*2,822*	*69.4*	*65.4*	*73.3*
			Females		
P03, P76	Depression	1,864	77.8	71.7	83.8
P06	Sleep disturbance	844	93.9	86.2	101.6
P01, P74	Anxiety	738	71.4	65.7	77.0
P72	Schizophrenia	171	88.9	73.7	104.1
P19	Drug abuse	154	74.8	24.7	124.8
P17	Tobacco abuse	45	35.3	29.6	41.0
P73	Affective psychosis	71	103.4	19.5	32.2
P70	Dementia	79	28.6	81.7	147.5
P02	Acute stress reaction	97	26.7	20.9	32.5
P50	Medication, treatment procedure	80	107.0	84.5	129.6
	Other	245	39.9	35.5	44.3
	Total	*4,389*	*70.2*	*66.8*	*73.6*
			Total[(a)]		
P03, P76	Depression	2,818	79.2	73.5	84.8
P06	Sleep disturbance	1,412	89.3	81.7	97.0
P01, P74	Anxiety	1,096	70.2	64.7	75.7
P19	Drug abuse	373	75.4	35.0	115.8
P72	Schizophrenia	394	92.7	76.8	108.5
P50	Medication, treatment procedure	127	109.4	90.8	128.1
P73	Affective psychosis	130	103.1	81.3	125.0
P70	Dementia	118	29.4	22.7	36.1
P02	Acute stress reaction	137	26.6	21.8	31.5
P15, P16	Alcohol abuse	125	38.4	31.8	45.0
	Other	550	42.2	37.3	47.1
	Total	**7,279**	**70.0**	**66.6**	**73.3**

(a) Includes sex not stated.

Note: Abbreviations: UCL—upper confidence limit; LCL—lower confidence limit.

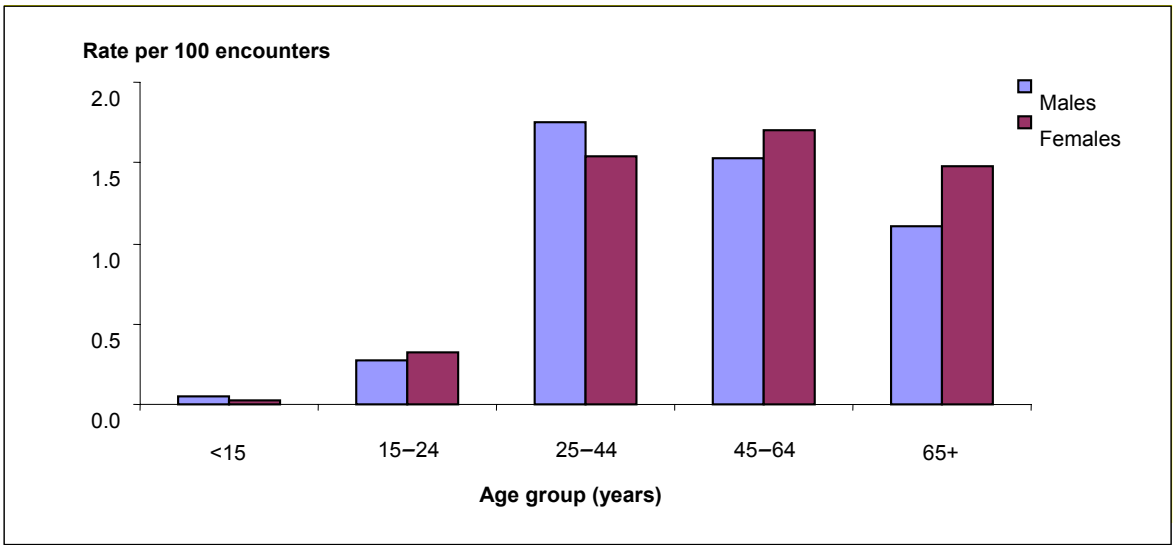


Figure 3.3: Number of medications per 100 mental health-related problems managed, by sex and age group of patient, BEACH, 2002–03

Table 3.13: Pharmaceutical Benefits Scheme-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories[a], 2002–03

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners										
N05A	Antipsychotics	338,933	292,051	180,675	79,906	113,294	22,375	12,818	3,578	1,043,630
N05B	Anxiolytics	844,314	794,893	565,632	227,345	265,827	123,322	25,222	7,081	2,853,636
N05C	Hypnotics & sedatives	808,097	685,242	462,707	267,661	248,837	88,352	22,232	6,621	2,589,749
N06A	Antidepressants	2,827,598	2,251,773	1,929,889	968,879	843,210	281,711	169,064	36,512	9,308,636
	Total	*4,818,942*	*4,023,959*	*3,138,903*	*1,543,791*	*1,471,168*	*515,760*	*229,336*	*53,792*	*15,795,651*
	Per 1,000 population[b]	722.3	820.7	836.9	795.6	965.2	1,087.2	710.7	272.5	798.3
Non-psychiatrist specialists										
N05A	Antipsychotics	20,542	33,763	13,126	5,879	3,761	864	1,359	839	80,133
N05B	Anxiolytics	18,266	19,141	12,645	7,075	6,933	1,463	487	174	66,184
N05C	Hypnotics & sedatives	21,721	23,066	13,170	9,251	6,079	1,191	651	293	75,422
N06A	Antidepressants	101,557	92,561	67,657	43,861	25,151	6,846	6,051	2,090	345,774
	Total	*162,086*	*168,531*	*106,598*	*66,066*	*41,924*	*10,364*	*8,548*	*3,396*	*567,513*
	Per 1,000 population[b]	24.3	34.4	28.4	34.0	27.5	21.8	26.5	17.2	28.7
General practitioners, non-psychiatrist specialists and psychiatrists[c]										
	Total mental health-related prescriptions	**5,541,177**	**4,722,674**	**3,544,734**	**1,754,260**	**1,690,703**	**568,901**	**264,727**	**61,813**	**18,148,989**
	Per 1,000 population[b]	830.6	963.2	945.1	904.0	1,109.3	1,199.2	820.4	313.2	917.2

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

(c) Data for psychiatrists are presented in Table 3.16.

Source: DHA.

Private psychiatrist services

During 2002–03, private psychiatrists provided over 2 million services that were funded through Medicare (Table 3.14). This represented 0.9% of total Medicare-funded services (221.4 million) and 10.2% of specialist services (20.1 million). There were 103.5 services per 1,000 population, an 11.0% decrease since 1997–98 (Figure 2.2). This decline was accompanied by an 11.4% increase in the number of medical officers employed in public mental health services between 1996–97 and 1999–2000 (DHA 2002).

Of private psychiatrist services, 87.0% were patient attendance items specifying the location as the psychiatrist's consulting room. The number of private psychiatrist services per 1,000 population was highest in Victoria and South Australia and lowest for the Northern Territory. The number of services provided for female patients per 1,000 population was generally greater than that for male patients, particularly in the 65 years and over and the 15–24 years age groups (Table 3.15 and Figure 2.8).

While this chapter describes the activity of health care services providing ambulatory mental health care, Tables 3.14 and 3.15 include data for private psychiatrist services subsidised by Medicare delivered in a hospital setting (10.0% of private psychiatrist services), some of which may be considered to be non-ambulatory. Analysis of mental health-related hospital separations, where the funding source was reported as private health insurance or self-funded, shows that approximately 64% were considered to be ambulatory-equivalent. This could indicate that, similarly, about 64% of these Medicare-subsidised in-hospital services relate to ambulatory-equivalent separations. However, admitted patients may have received more than one Medicare subsidised service per hospital separation, and the proportion of these services that could be regarded as relating to ambulatory-equivalent care may not be the same as the proportion of private patient separations that could be considered to be ambulatory-equivalent.

For the 36% privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 67% received specialised psychiatric care. Hence, about 24% of these in-hospital Medicare-subsidised services could be related to admitted patient care (not considered to be ambulatory equivalent) with specialised psychiatric care. Further information of non-ambulatory mental health-related hospital separations with specialised psychiatric care can be found in Chapter 5.

For privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 33% received non-specialised care. Hence, about 12% of these in-hospital Medicare-subsidised services could be related to admitted patient care (not considered to be ambulatory equivalent) without specialised psychiatric care. Information on non-ambulatory equivalent mental health-related hospital separations without specialised psychiatric care can be found in Chapter 6.

Some of the 'Other services' in Tables 3.14 and 3.15 (such as group psychotherapy) could also relate to non-ambulatory care. However, there are no data available that could provide an indication of how many would be in that category. Services for electroconvulsive therapy (ECT) have not been included in these tables, as they are usually provided to non-ambulatory-equivalent admitted patients and would be included in the data presented in Chapters 5 and 6. There were 16,412 ECT services subsidised through Medicare in 2002–03.

Table 3.16 presents data from the PBS on the number of prescriptions for medication provided by private psychiatrists. Private psychiatrists prescribed almost 1.8 million PBS-reimbursed medications during 2002–03. Most of these were for antidepressant (0.97 million or 54.2%) and antipsychotic (0.29 million or 16.3%) medication. South Australia (116.5) and Victoria (108.1) were the jurisdictions with the highest number of mental health-related prescriptions per 1,000 population. The Northern Territory had the lowest, with 23.4 prescriptions per 1,000 population.

Table 3.14: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2002–03

Service		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances in consulting room										
300, 310	15 minutes or less	24,347	9,606	4,450	3,057	2,775	1,623	1,348	733	47,939
302, 312	16 to 30 minutes	105,242	78,027	55,800	19,738	22,720	9,472	4,727	930	296,656
304, 314	31 to 45 minutes	138,657	152,729	98,616	27,075	49,591	15,753	4,010	1,225	487,656
306, 316	46 to 75 minutes	277,359	291,134	104,984	33,380	91,252	10,041	7,180	1,150	816,480
308, 318	Over 75 minutes	14,743	11,833	6,655	2,502	5,942	1,664	1,354	95	44,788
319	Selected cases (>45 mins)	33,151	32,560	9,775	1,617	8,987	405	1,323	0	87,818
	Total	*593,499*	*575,889*	*280,280*	*87,369*	*181,267*	*38,958*	*19,942*	*4,133*	*1,781,337*
Patient attendances in hospital[(a)]										
320	15 minutes or less	1,503	6,802	3,582	3,123	1,399	893	198	10	17,510
322	16 to 30 minutes	14,257	22,045	32,131	9,338	7,450	2,776	432	114	88,543
324	31 to 45 minutes	16,884	15,688	11,450	4,786	4,890	1,991	267	88	56,044
326	46 to 75 minutes	13,677	10,968	6,007	3,106	2,876	841	195	95	37,765
328	Over 75 minutes	2,118	1,117	765	514	417	149	78	25	5,183
	Total	*48,439*	*56,620*	*53,935*	*20,867*	*17,032*	*6,650*	*1,170*	*332*	*205,045*
Patient attendances in other locations										
330	15 minutes or less	661	201	11	190	10	3	0	0	1,076
332	16 to 30 minutes	1,343	998	112	128	86	10	1	1	2,679
334	31 to 45 minutes	1,733	1,022	115	61	149	20	2	4	3,106
336	46 to 75 minutes	1,899	1,483	412	56	300	20	5	4	4,179
338	Over 75 minutes	1,168	174	51	102	286	5	2	0	1,788
	Total	*6,804*	*3,878*	*701*	*537*	*831*	*58*	*10*	*9*	*12,828*
Other services[(b)]										
342, 344, 346	Group psychotherapy	12,411	25,633	3,308	1,015	1,944	492	47	228	45,078
348, 350, 352	Interview with non-patient	1,014	1,083	943	594	496	86	74	4	4,294
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	6	2	6	2	1	0	2	0	19
	Total	*13,431*	*26,718*	*4,257*	*1,611*	*2,441*	*578*	*123*	*232*	*49,391*
Total		**662,173**	**663,105**	**339,173**	**110,384**	**201,571**	**46,244**	**21,245**	**4,706**	**2,048,601**
Per 1,000 population[(c)]		99.3	135.2	90.4	56.9	132.3	97.5	65.8	23.8	103.5

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6. Services for electroconvulsive therapy (ECT) have not been included in this table, as they are usually provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

Source:< www.hic.gov.au>.

Table 3.15: Private psychiatrist services subsidised through Medicare by schedule item, by patient sex and age group, Australia, 2002–03

Service		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
					Males				
Patient attendances in consulting room									
300, 310	15 minutes or less	662	2,443	5,859	7,382	5,788	3,031	1,293	26,458
302, 312	16 to 30 minutes	3,435	13,109	28,187	34,711	33,169	21,076	9,702	143,389
304, 314	31 to 45 minutes	6,486	21,970	39,152	47,391	49,305	29,867	12,222	206,393
306, 316	46 to 75 minutes	14,495	34,365	58,245	78,984	76,192	37,232	11,060	310,573
308, 318	Over 75 minutes	1,822	2,497	3,139	3,825	4,411	2,103	783	18,580
319	Selected cases (> 45 mins)	150	1,068	4,631	5,479	4,526	1,420	202	17,476
	Total	*27,050*	*75,452*	*139,213*	*177,772*	*173,391*	*94,729*	*35,262*	*722,869*
Patient attendances in hospital [(a)]									
320	15 minutes or less	3	562	483	685	862	628	878	4,101
322	16 to 30 minutes	34	2,990	3,121	4,323	5,596	3,595	3,524	23,183
324	31 to 45 minutes	83	2,099	1,950	2,954	3,833	2,091	2,154	15,164
326	46 to 75 minutes	81	1,499	1,508	1,988	2,332	1,150	1,020	9,578
328	Over 75 minutes	8	214	224	265	235	186	131	1,263
	Total	*209*	*7,364*	*7,286*	*10,215*	*12,858*	*7,650*	*7,707*	*53,289*
Patient attendances in other locations									
330	15 minutes or less	1	9	13	58	46	116	269	512
332	16 to 30 minutes	5	52	85	110	212	179	492	1,135
334	31 to 45 minutes	4	74	99	118	210	197	523	1,225
336	46 to 75 minutes	41	232	321	343	260	165	383	1,745
338	Over 75 minutes	28	160	64	118	170	68	135	743
	Total	*79*	*527*	*582*	*747*	*898*	*725*	*1,802*	*5,360*
Other services [(b)]									
342, 344, 346	Group psychotherapy	1,682	1,092	2,596	5,355	6,101	2,851	621	20,298
348, 350, 352	Interview with non-patient	208	512	289	293	266	163	248	1,979
353, 355, 356, 357,358, 364, 366, 367, 369, 370	Telepsychiatry	0	1	1	3	1	3	0	9
	Total	*1,890*	*1,605*	*2,886*	*5,651*	*6,368*	*3,017*	*869*	*22,286*
Total		**29,228**	**84,947**	**149,966**	**194,382**	**193,515**	**106,121**	**45,640**	**803,804**
Per 1,000 population [(c)]		14.3	60.8	104.6	131.0	144.5	106.2	40.8	81.9

(continued)

Table 3.15 (continued): Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2002–03

Service		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
		Females							
Patient attendances in consulting room									
300, 310	15 minutes or less	272	1,830	3,969	5,173	4,958	3,044	2,235	21,481
302, 312	16 to 30 minutes	1,794	12,170	25,444	35,327	36,012	23,825	18,695	153,267
304, 314	31 to 45 minutes	3,424	29,026	51,994	67,414	67,053	38,383	23,969	281,263
306, 316	46 to 75 minutes	8,125	54,509	104,884	135,540	124,629	57,229	20,991	505,907
308, 318	Over 75 minutes	780	3,037	4,920	6,552	6,555	2,890	1,474	26,208
319	Selected cases (> 45 mins)	205	5,011	15,154	20,821	21,644	7,123	384	70,342
	Total	*14,600*	*105,583*	*206,365*	*270,827*	*260,851*	*132,494*	*67,748*	*1,058,468*
Patient attendances in hospital [(a)]									
320	15 minutes or less	112	2,224	1,570	2,399	2,263	2,064	2,777	13,409
322	16 to 30 minutes	125	10,515	10,830	12,116	12,897	8,372	10,505	65,360
324	31 to 45 minutes	109	5,405	6,955	8,828	8,653	5,056	5,874	40,880
326	46 to 75 minutes	117	4,168	4,918	7,036	5,787	2,890	3,271	28,187
328	Over 75 minutes	17	515	819	887	935	362	385	3,920
	Total	*480*	*22,827*	*25,092*	*31,266*	*30,535*	*18,744*	*22,812*	*151,756*
Patient attendances in other locations									
330	15 minutes or less	2	3	9	28	113	76	333	564
332	16 to 30 minutes	11	18	100	164	165	182	904	1,544
334	31 to 45 minutes	9	56	144	220	261	148	1,043	1,881
336	46 to 75 minutes	21	176	206	283	506	380	862	2,434
338	Over 75 minutes	12	44	116	217	280	121	255	1,045
	Total	*55*	*297*	*575*	*912*	*1,325*	*907*	*3,397*	*7,468*
Other services [(b)]									
342, 344, 346	Group psychotherapy	1,074	2,174	3,677	7,808	6,971	2,731	345	24,780
348, 350, 352	Interview with non-patient	115	444	321	373	399	237	426	2,315
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	3	2	4	1	0	0	10
	Total	*1,189*	*2,621*	*4,000*	*8,185*	*7,371*	*2,968*	*771*	*27,105*
Total		**16,324**	**131,328**	**236,032**	**311,190**	**300,082**	**155,113**	**94,728**	**1,244,797**
Per 1,000 population [(c)]		8.4	97.2	162.7	207.1	221.9	158.6	67.9	124.8

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 5 and 6. Services for ECT have not been included in this table, as they are usually provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

Source: <www.hic.gov.au>.

Table 3.16: Pharmaceutical Benefit Scheme-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories[a], 2002–03

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	8,893	8,700	6,118	1,526	2,075	672	281	31	28,296
B	Blood and blood-forming organs	776	901	741	450	180	121	23	7	3,199
C	Cardiovascular system	15,027	10,978	7,274	3,034	3,931	1,196	538	161	42,139
D	Dermatologicals	842	722	337	147	164	34	15	5	2,266
G	Genitourinary system and sex hormones	2,037	1,813	1,504	469	733	210	67	6	6,839
H	Systemic hormonal preparations, excluding sex hormones	1,184	1,286	1,180	383	452	132	n.a.	n.a.	4,654
J	General anti-infectives for systematic use	2,926	2,851	1,768	536	619	117	166	21	9,004
L	Antineoplastic and immunomodulating agents	210	125	118	20	72	13	14	6	578
M	Musculoskeletal system	4,401	4,822	2,484	920	1,089	456	170	54	14,396
N	**Central nervous system**									
N05A	Antipsychotics	105,470	87,395	42,621	13,766	29,839	4,706	5,819	814	290,430
N05B	Anxiolytics	39,517	50,160	24,869	5,810	13,482	6,090	890	276	141,094
N05C	Hypnotics and sedatives	14,656	20,064	11,107	3,410	6,557	2,378	392	86	58,650
N06A	Antidepressants	304,416	291,313	169,176	67,817	97,829	20,457	15,282	2,487	968,777
	Other	55,027	44,332	27,044	45,336	18,818	5,938	2,972	643	200,110
	Total	*519,086*	*493,264*	*274,817*	*136,139*	*166,525*	*39,569*	*25,355*	*4,306*	*1,659,061*
P	Antiparasitic products	203	156	108	36	33	41	n.a.	n.a.	585
R	Respiratory system	2,965	3,283	1,949	470	904	157	153	17	9,898
S	Sensory organs	1,356	1,029	683	238	818	54	18	7	4,203
	Total prescriptions[b]	**560,149**	**530,184**	**299,233**	**144,403**	**177,611**	**42,777**	**26,843**	**4,625**	**1,785,825**
	Per 1,000 population[c]	84.0	108.1	79.8	74.4	116.5	90.2	83.2	23.4	90.3

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) Includes ATC classified as unknown or various (Chapter V and Z).

(c) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2002.

n.a. Not available.

Source: DHA.

Hospital outpatient services and community mental health care services

The National Community Mental Health Care Database (NCMHCD) is a collation of data on specialised mental health services provided to non-admitted patients, in both public community-based and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Each record in the database is for a service contact, defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which resulted in a dated entry being made in the individual's record.

Further information on the NCHMCD, including definitional issues and additional tables, covering principal diagnosis and client demographics by state and territory can be found in Appendix 4 of this publication and the working paper *Community Mental Health Care 2000–2001: Review of Data Collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004b).

Coverage

The NCMHCD was agreed for collection from 1 July 2000 and collated for the first year during 2002. Review of data provided by the states and territories indicated that the coverage of the collection was not complete for 2000–01. Data were summarised in an appendix in *Mental Health Services in Australia 2000–01* (AIHW 2003a), and have been described in more detail in the working paper on community mental health care (AIHW 2004b).

Coverage for 2001–02 is again incomplete, but has improved. Evidence for this includes the number of establishments reporting to the NCMHCD; and the proportion of expenditure on community mental health establishments that the data relate to. In addition, the relatively large increase in the number of service contacts reported (16% see below) may also reflect improved coverage. As a result of these improvements the data are presented more comprehensively in this report than in the *Mental Health Services in Australia 2000–01* report (AIHW 2003a).

Number of establishments

The number of establishments contributing data to the National Community Mental Health Care Database (NCMHCD) rose from 125 in 2000–01 to 139 in 2001–02. During 2000–01 there were 26 mental health care establishments that provided ambulatory care services but did not contribute data to the NCMHCD. For 2001–02, this figure dropped to 22 establishments who did not contribute data. These comprised two services in Queensland, eight services in South Australia, 11 services in Tasmania and one in the Australian Capital Territory. South Australia collected and reported data for 13 country establishments for the first time in 2001–02, but was unable to provide data for the first half of the collection period (July to December) for these establishments. In addition, there were six establishments in Victoria and four establishments in Tasmania that did not report data for several of the months during the collection period. For 2000–01, 83% of establishments providing ambulatory services reported to the NCMHCD. The corresponding proportion for 2001–02 was 86%. However, the counts of establishments may not be meaningful because they differ in size and not all establishments reported all service contacts, as indicated above.

Proportion of expenditure

An alternative measure of coverage is the ratio of the expenditure of establishments that reported service contacts to NCMHCD to the expenditure of all establishments in NCMHED that provided ambulatory care services. Using this ratio, coverage for the NCMHCD for 2000–01 was 96.9% nationally, with complete coverage achieved for Victoria, Western Australia and the Northern Territory. The lowest coverage estimate was for South Australia (83.7%) then Tasmania (87.6%) and the Australian Capital Territory (96.5%).

In 2001–02, national coverage was 99.0%, with complete coverage achieved for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. Three jurisdictions lacked complete coverage: South Australia (86.9% coverage), Tasmania (94.2%) and the Australian Capital Territory (97.0%). Based on this analysis, coverage improved from 2000–01 for New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory.

This estimate also has limitations, however, since community mental health establishment expenditure data are currently reported without delineating which components of expenditure relate to ambulatory service provision and which relate to residential service provision. Therefore there is some residential care expenditure included in the calculation of these ratios for establishments which provide both ambulatory and residential care. In addition, incomplete reporting of service contacts by services is not taken into consideration.

Service contacts in 2001–02

For 2001–02, the number of service contacts reported to the NCMHCD was 4,203,731. The increase over the 3,635,873 reported for 2000–01 is likely to reflect the increased coverage of the database as described above.

Although there was an increase in the number of service contacts for 2001–02, there was still some under-reporting of service contacts from those establishments that did report. For example, there were 13 establishments in South Australia that were unable to report service activity for the first six months of the collection period. There were six establishments in Victoria and four establishments in Tasmania that did not report data for several of the months during the collection period.

Table 3.17 presents data on the number of service contacts and service contacts per 1,000 population by the patient's sex and age group. In 2001–02 there were 4.2 million service contacts reported for public hospital-based outpatient services and community-based ambulatory mental health care services, at a rate of 214.8 contacts per 1,000 population.

As noted above, service contacts were not reported by every establishment for every month of the collection period. As a result, an unknown amount of under-reporting has occurred. An attempt has been made to quantify the level of under-reporting in 2001–02.

Nationally, there were 1,108,505 service contacts reported in the last and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 4.43 million service contacts reported compared with the 4.20 million actually reported. Although the last quarter had the highest number of service contacts for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. If the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 4.49 million. If the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of

service contacts increases to 4.87 million. This estimate does not include an estimate for non-reporting establishments.

Sex and age group

There were more service contacts per capita for male patients than for female patients (Table 3.17). There were also more service contacts per capita for patients in the 25–34 and 35–44 years age groups. This is consistent with the high proportion of separations from hospital with specialised psychiatric care in the 25–34 age group (Figure 2.11).

Aboriginal and Torres Strait Islander patients

Table 3.18 presents the number of service contacts by Aboriginal and Torres Strait Islander status by jurisdiction. Overall the proportion of service contacts that were reported for Aboriginal and Torres Strait Islander patients was 2.7% and ranged from 1.3% for Victoria to 26.8% for the Northern Territory. There were more service contacts per 1,000 population for Indigenous patients than for non-Indigenous patients (283.8 and 195.4 respectively).

Quality of data on Indigenous status

Variation in the number and rate per 1,000 population of Aboriginal and Torres Strait Islander service contacts among the states and territories could reflect variations in completeness of Indigenous identification among patients or varying coverage of service contacts in total or service contacts for Indigenous people.

The NCMHCD data reported for the 'Both Aboriginal and Torres Strait Islander' category is suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander persons (e.g. Maoris and South Sea Islanders) and use of the category as an Indigenous, not further specified category. Therefore the number of service contacts for clients in this category may be overstated for some jurisdictions, with the possible exceptions of Tasmania and the Northern Territory. The number of mental health care service contacts for each Indigenous status category in these jurisdictions reflects the proportions of Indigenous persons in the population for each category, although there may not be a direct link between population distribution of Indigenous persons and their need for mental health service contacts.

This assumption of overstatement of these numbers, at least for Queensland, is supported by a recent audit undertaken by Queensland Health of Community Mental Health clients with an Indigenous status of 'Both Aboriginal and Torres Strait Islander' for 2002–03. This data quality audit found that over half of the clients were reclassified to a different Indigenous status category due to the above-mentioned issues. The extent of the problem in other jurisdictions is unknown, but the distribution of service contacts in the 'Both Aboriginal and Torres Strait Islander' category and the Torres Strait Islander category provides some support for the assumption of overstatement.

Four state and territory health authorities provided information on the quality of their Aboriginal and Torres Strait Islander status data for the NCMHCD 2001–02 (Queensland, South Australia, Tasmania and the Northern Territory). Information on the quality of Aboriginal and Torres Strait Islander status data for 2001–02 was not available for New South Wales, Victoria, Western Australia and the Australian Capital Territory.

Queensland Health reported that in 2001–02 the quality of Indigenous status data improved compared with 2000–01 through removal of the default system, whereby some establishments coded all new patients to neither Aboriginal nor Torres Strait Islander. Removal of the default system occurred as a result of coder education strategies and discussions with the Queensland Indigenous Information Strategy Team. Overall, the data are considered to be in need of further improvement.

The Department of Human Services South Australia indicated that while processes have been established to collect Indigenous status, there are no mechanisms in place to ensure that information collected is validated appropriately. Therefore, the quality of the data is uncertain at this stage.

The Department of Health and Human Services Tasmania indicated that the proportion of patients who are identified as being of Indigenous origin is equivalent to the proportion of identified Indigenous people in the population. However, anecdotal evidence indicates that there may be some undercounting due to clinicians not asking the appropriate questions and patient concerns about identifying as Indigenous. Overall, the data are considered to be of reasonable quality.

The Department of Health Northern Territory reported that, in general, the identification of Indigenous persons is considered reliable. The number of mental health care service contacts in the Northern Territory reflects the proportions of Indigenous persons in the population, although this may not be indicative of the quality of coverage of the data.

Mental health legal status

Table 3.19 presents data on the number of service contacts by mental health legal status and jurisdiction. Nationally, of those service contacts reporting mental health legal status, 10.4% were involuntary. However, there were different patterns across jurisdictions, with higher proportions of involuntary service contacts for the Australian Capital Territory (29.9%) and Victoria (16.8%). This may reflect differences in legislative arrangements for each jurisdiction or variation in the quality of the data reported.

Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital, or attendance at a health care facility.

State and territory health authorities have expressed concern about the ability of small community facilities to accurately code principal diagnosis, the availability of appropriate clinicians to assign principal diagnoses and the application of diagnosis to a period of care rather than to an individual service contact. It is known that New South Wales reported current diagnosis for each service contact rather than the principal diagnosis for a longer period of care. Queensland was unable to report principal diagnosis for 2001–02. All other jurisdictions used ICD-10-AM, with New South Wales using a combination of ICD-10-AM and ICD-10-PC. The Australian Capital Territory and Northern Territory reported principal diagnosis using the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification only.

Table 3.20 presents the number of service contacts for selected principal diagnosis groups for 2001–02. Over 33% of all service contacts had an unspecified principal diagnosis, comprising records coded to F99 *Mental disorder not otherwise specified*, or not stated/not reported. The

states and territories reporting service contacts with an unspecified principal diagnosis were Queensland (50.1% of all unspecified principal diagnoses), New South Wales (27.5%), Victoria (15.2%), the Australian Capital Territory (2.1%), the Northern Territory (1.3%) and Tasmania (0.7%) (Table A4.2).

Of those service contacts specifying a principal diagnosis, 36.5% had a principal diagnosis of *Schizophrenia* (F20). The next most common principal diagnosis was *Depressive episode* (F32) accounting for 11.9% of the service contacts, followed by *Bipolar affective disorders* (F31, 8.6%) and *Schizoaffective disorders* (F25, 5.7%).

Table 3.17: Community mental health care service contacts and per 1,000 population[a] by sex and age group, 2001–02[b]

	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total[c]
Sex				**Number**				
Males	232,616	352,513	517,280	436,206	282,294	131,848	169,580	2,123,439
Females	131,006	316,888	372,419	399,257	292,227	174,141	306,484	1,993,625
Total[c]	374,411	680,655	906,153	849,713	582,925	310,430	490,260	**4,203,731**
				Per 1,000 population				
Males	113.9	258.4	361.8	294.9	212.2	138.5	155.6	219.7[d]
Females	67.5	240.5	257.2	266.4	218.5	187.4	223.6	201.1[d]
Total[c]	94.0	253.8	314.9	285.3	218.5	165.0	199.3	**214.8[d]**

(a) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2001.

(b) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

(c) Includes service contacts for which sex and/or age group was not reported.

(d) Total rates were indirectly age-standardised to the Estimated Resident Population at 31 December 2001.

Table 3.18: Community mental health care service contacts and per 1,000 population rates by Indigenous status, states and territories, 2001–02[(a)] [(b)]

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal	18,784	17,932	24,056	16,145	1,980	985	2,945	7,468	90,295
Torres Strait Islander	765	681	2,650	413	17	48	96	54	4,724
Both Aboriginal and Torres Strait Islander	3,885	2,172	6,017	3,065	4,634	6	270	415	20,464
Not Aboriginal nor Torres Strait Islander	619,423	1,625,189	663,465	375,735	252,084	39,963	118,016	20,879	3,714,754
Not reported	299,450	0	9,707	155	21,341	7,284	34,781	776	373,494
Total	**942,307**	**1,645,974**	**705,895**	**395,513**	**280,056**	**48,286**	**156,108**	**29,592**	**4,203,731**
	Per 1,000 population[(c)]								
Indigenous[(d)]	214.7	789.9	272.1	351.9	291.3	76.4	1,091.3	142.2	283.8
Not Indigenous	96.0	338.1	189.4	204.4	168.9	89.1	354.6	139.8	195.4
Total[(e)]	**142.6**	**340.6**	**194.7**	**208.6**	**185.4**	**104.0**	**467.9**	**143.2**	**216.1**

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

(b) These data should be interpreted with caution due to likely under-identification of Indigenous persons.

(c) Rates were indirectly age-standardised to the Aboriginal and Torres Strait Islander Estimated Resident Population as at 30 June 2001.

(d) Includes 'Aboriginal', 'Torres Strait Islander' and 'Both Aboriginal and Torres Strait Islander'.

(e) Includes Indigenous status 'not reported'.

Table 3.19: Community mental health care service contacts by mental health legal status, states and territories, 2001–02[(a)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number				
Voluntary	403,937	1,370,028	237,838	. .	35,581	47,205	109,436	28,374	2,232,399
Involuntary	101,904	275,946	10,068	. .	851	1,081	46,672	3	436,525
Not permitted to be reported due to legislative arrangements	. .	. .	. .	395,513	. .	. .	. .	. .	395,513
Not reported	436,466	0	457,989	0	243,624	0	0	1,215	1,139,294
Total	**942,307**	**1,645,974**	**705,895**	**395,513**	**280,056**	**48,286**	**156,108**	**29,592**	**4,203,731**
					Per cent				
Voluntary	42.9	83.2	33.7	. .	12.7	97.8	70.1	95.9	53.1
Involuntary	10.8	16.8	1.4	. .	0.3	2.2	29.9	0	10.4
Not permitted to be reported due to legislative arrangements	. .	. .	. .	100.0	. .	. .	. .	. .	9.4
Not reported	46.3	0.0	64.9	0.0	87.0	0.0	0.0	4.1	27.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

. . Not applicable.

Table 3.20: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, 2001–02[(a)(b)]

Code	Description	Number	Per cent of specified principal diagnosis
F00–F03	Dementia	78,159	2.8
F04–F09	Other organic mental disorders	21,634	0.8
F10	Mental and behavioural disorders due to use of alcohol	25,535	0.9
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	49,908	1.8
F20	Schizophrenia	1,019,519	36.5
F21, F24, F28–F29	Schizotypal and other delusional disorders	43,528	1.6
F22	Persistent delusional disorders	33,597	1.2
F23	Acute and transient psychotic disorders	89,169	3.2
F25	Schizoaffective disorders	158,147	5.7
F30	Manic episode	17,312	0.6
F31	Bipolar affective disorders	240,193	8.6
F32	Depressive episode	333,032	11.9
F33	Recurrent depressive disorders	63,416	2.3
F34	Persistent mood (affective) disorders	28,057	1.0
F38, F39	Other and unspecified mood (affective) disorders	8,536	0.3
F40	Phobic anxiety disorders	12,048	0.4
F41	Other anxiety disorders	83,052	3.0
F42	Obsessive–compulsive disorders	16,631	0.6
F43	Reaction to severe stress and adjustment disorders	147,292	5.3
F44	Dissociative (conversion) disorders	2,654	0.1
F45, F48	Somatoform and other neurotic disorders	6,779	0.2
F50	Eating disorders	15,301	0.5
F51–F59	Other behavioural syndromes associated with physiological disturbance and physical factors	5,201	0.2
F60	Specific personality disorders	103,473	3.7
F61–F69	Disorders of adult personality and behaviour	8,056	0.3
F70–F79	Mental retardation	10,324	0.4
F80–F89	Disorders of psychological development	19,345	0.7
F90	Hyperkinetic disorders	18,677	0.7
F91	Conduct disorders	33,311	1.2
F92–F98	Other and unspecified disorders with onset during childhood adolescence	47,745	1.7
Other		53,862	1.9
Total with specified principal diagnosis		*2,793,493*	*100.0*
F99	Mental disorder not otherwise specified	283,245	. .
	Not reported [(c)]	1,126,993	. .
Total with unspecified principal diagnosis		*1,410,238*	. .
Total service contacts		**4,203,731**	**. .**

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1 and AIHW (2004b).

(b) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions for reporting principal diagnosis.

(c) Includes all service contacts reported by Queensland (705,895). Queensland was unable to report principal diagnosis for 2001–02.

. . Not applicable.

Commonwealth/State Disability Agreement-funded mental health-related non-residential care provided by disability support services

The data presented below are on services received by clients with a psychiatric disability. The psychiatric disability can be the client's primary psychiatric disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting their everyday life. A number of 'other significant' disabilities may be identified by the client. See Box 3.1 for further information on disability groups.

Data on non-residential disability support services have been included in this report as the mental health-related care provided by these services may, to varying extents, be used to substitute for, or supplement, other forms of community or hospital-based mental health-related non-residential care.

CSDA-funded disability support services provide a broad range of non-residential services for people with mental health-related disabilities. These services include accommodation support; case management; counselling; intervention and therapy; community access; other community support and recreation; respite and employment support services. The data presented here exclude residential care services such as group homes but include accommodation support services that operate a drop-in style support.

The scope of the CSDA MDS collection includes all psychiatric and mental health-related disability support services that receive CSDA funds. Some psychiatric and mental health-related disability support services have different sources of funding and do not report to the CSDA MDS collection. For this reason, the information presented in this section must be interpreted with caution, as it does not include all psychiatric and mental health-related disability support services and the proportion of these services receiving CSDA funding differs among the states and territories. These variations in coverage are outlined in the data sources section of Appendix 1.

Data are available from the CSDA MDS collection on the clients of these service types on a snapshot day each year. In this report, data have been presented for clients with any significant psychiatric disability. Therefore data are presented for clients with a primary psychiatric disability or where the client has indicated an 'other significant' psychiatric disability. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting their everyday life. A number of 'other significant' disabilities may be identified by the client. Refer to Box 3.1 for further information on CSDA MDS collection disability groups.

Figure 3.4 illustrates the relationship between non-residential services provided and other CSDA MDS data elements for clients with a psychiatric disability. On the snapshot day in 2001–02 there were 9,112 non-residential care services provided to an estimated 7,259 clients with a primary or other psychiatric disability (a statistical linkage key collected by all jurisdictions permits estimates to be made of the number of people receiving services). The major primary disability groups were psychiatric disability (54.1% of services received by clients with a primary or other psychiatric disability) and intellectual disability (35.3%). The majority of services were provided to male clients (57.3%) and the largest number of services to the 35–44 years age group. The non-residential care service types most frequently received were *Community access* (34.4%) and *Employment services* (30.1%). Victorian disability support

services reported the largest number of services for clients with a psychiatric disability (48.2%).

The majority of services were for clients who were Australian-born (86.4%). Non-residential care services for clients born in other English-speaking and non-English-speaking countries made up 10.5% of the total services for clients with any psychiatric disability. On the snapshot day, 240 CSDA-funded non-residential services were delivered to clients identified as being of Aboriginal or Torres Strait Islander origin or both. This was 2.6% of all services for clients with a psychiatric disability.

The majority of services for clients aged over 16 years of age (82.1%) were for those whose main income source is *Disability support pension*. For clients aged less than 16 years, 50.8% of the consumers' parents or guardians received the Carer allowance.

The location of clients receiving services was classified as *Major city, Inner regional, Outer regional, Remote, Very remote* or *Not reported* based on the client's postcode—65.7% of services were received by clients in Major cities. The most commonly reported living arrangement was *Lives with others* (38.6%), and the most commonly reported accommodation type was *Private residence* (56.7%).

Box 3.1: Disability groups

The disability support services data presented in this report relate to the CSDA MDS disability groups. The CSDA MDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation, and reflect those disabilities identified as significant in the CSDA. They are not the same as groupings in the ICD-10-AM classification, which are generally based on health conditions. The specification of the CSDA MDS disability groups arose from terminology commonly used by service providers and was formulated specifically for the CSDA collection.

Comparison between the data presented using the psychiatric CSDA MDS disability group and ICD-10-AM needs to be approached with caution given the differences in the underlying concepts and grouping used. Refer to the National Community Services Data Dictionary *for additional detail on the CSDA MDS disability groups (AIHW 2004c).*

Ambulatory-equivalent mental health-related separations

This section presents data on same day mental health-related hospital separations that could be considered equivalent to ambulatory mental health care (see Appendix 3 for further information). Briefly, for the purpose of this report, a separation was classified as ambulatory-equivalent if:

- it was a same day separation (that is, admission and separation occurred on the same day), and
- no procedure or other intervention was recorded, or any procedure recorded was a procedure identified as probably provided in ambulatory mental health care (a list of these procedures is included in Appendix 3), and
- the mode of admission did not include care type change or transfer, or the mode of separation did not include a transfer (to another facility), a care type change, left against medical advice or death.

This is the first year that ambulatory-equivalent separations have been identified in this way and reported in the ambulatory mental health care chapter. Previously these separations were included in the residential and admitted patient mental health care chapter.

Definition of mental health-related separations

Mental health-related separations from hospital include separations with a mental health-related principal diagnosis and separations that include any specialised psychiatric care. Separations are defined as having specialised psychiatric care if the patient is reported as having one or more days in a psychiatric hospital or in a specialised psychiatric unit of an acute care hospital (also referred to as a designated psychiatric unit). A mental health-related principal diagnosis in this publication is defined as any separation which has a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses (see Appendix 3 and *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

Overview

During 2001–02, there were 97,796 ambulatory-equivalent mental health-related separations. Of these, 77,189 separations included specialised psychiatric care. These separations accounted for 34.3% of all mental health-related separations and 41.0% of mental health-related separations with specialised psychiatric care. Ambulatory-equivalent mental health-related hospital separations accounted for 1.5% of total hospital separations during 2001–02 and 0.4% of total hospital patient days.

Table 3.21 shows the number of ambulatory-equivalent mental health-related separations per 1,000 population by hospital type for each state and territory.

For Australia as a whole, there were 5.0 ambulatory-equivalent mental health-related separations per 1,000 population and 78.9% of ambulatory-equivalent mental health-related separations received specialised psychiatric care. The separation rate per 1,000 population was higher for private hospitals (3.7) than for public acute hospitals (1.3) and there was also a higher proportion of specialised psychiatric care for private hospital separations (87.8%) than for public acute hospitals (52.0%).

Queensland was the jurisdiction with the highest rate for ambulatory-equivalent separations (6.5 separations per 1,000 population), followed by Victoria and Tasmania (both 6.1 separations per 1,000 population). Western Australia had the largest proportion of separations with specialised psychiatric care, with 88.0% of ambulatory-equivalent mental health-related separations including specialised psychiatric care.

Mental health legal status

Table 3.22 summarises the mental health legal status reported for ambulatory-equivalent mental health-related separations with specialised psychiatric care during 2001–02. The data on mental health legal status are collected to indicate whether a patient has been involuntarily detained (see Chapter 5 for more information).

Overall 1.5% of ambulatory-equivalent mental health-related separations recorded a mental health legal status of involuntary. However, 7.4% of ambulatory-equivalent mental health-related separations from public acute hospitals were involuntary, compared with 0.2% from private hospitals.

Age and sex

Table 3.23 presents the age and sex distribution of the ambulatory-equivalent mental health-related separations. There were 43,349 separations reported for male patients and 54,447 for female patients. Patients who received ambulatory-equivalent care were most likely to be in the 45–54 years age group for both sexes, which accounted for 22.6% of separations for both males and females. Patients who did not receive specialised psychiatric care were most likely to be in the 35–44 years age group.

Area of usual residence and Aboriginal and Torres Strait Islander status

Table 3.24 shows the number of separations by the patient's Indigenous status and area of usual residence. In total, 81.5% of ambulatory-equivalent mental health-related separations were for patients who usually resided in a Major city, while 0.9% resided in Remote or Very remote areas. There were 3.1 separations per 1,000 population for Aboriginal and Torres Strait Islander patients compared with 4.9 for other Australian patients. For information on the quality of Indigenous data for all hospital separations refer to *Australian Hospital Statistics 2001–02* (AIHW 2003c). It is likely that the number of separations relating to Indigenous patients are under-stated.

Principal diagnosis

Table 3.25 shows the distribution of ambulatory-equivalent mental health-related separations with specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2001–02, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of separations with specialised psychiatric care (16,725 or 21.7%), followed by *Reaction to severe stress and adjustment disorders* (F43, 11,378 or 14.7%) and *Recurrent depressive disorders* (F33, 9,947 or 12.9%).

Table 3.26 shows the distribution of ambulatory-equivalent mental health-related separations without specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2001–02, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (6,552 or 31.8%) followed by *Other anxiety disorders* (F41) (2,258 or 11.0%) and *Reaction to severe stress and adjustment disorders* (F43, 2,202 or 10.7%).

Table 3.25 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 90% of separations with *Schizoaffective disorders* (F25), *Bipolar affective disorders* (F31), *Depressive episode* (F32), *Recurrent depressive disorders* (F33), *Phobic anxiety disorders* (F40), *Obsessive-compulsive disorders* (F42), *Eating disorders* (F50), *Hyperkinetic disorders* (F90) and *Conduct disorders* (F91) were separations with specialised psychiatric care, whereas for principal diagnoses such as *Sleep disorders* (G47), *Mental disorders and diseases of the nervous system complicating pregnancy, childhood and the puerperium* (O99.3) and *Other symptoms and signs involving general sensations and perceptions* (R44) the proportion of separations with specialised psychiatric care was relatively low (0.2%, 2.1% and 2.9% respectively).

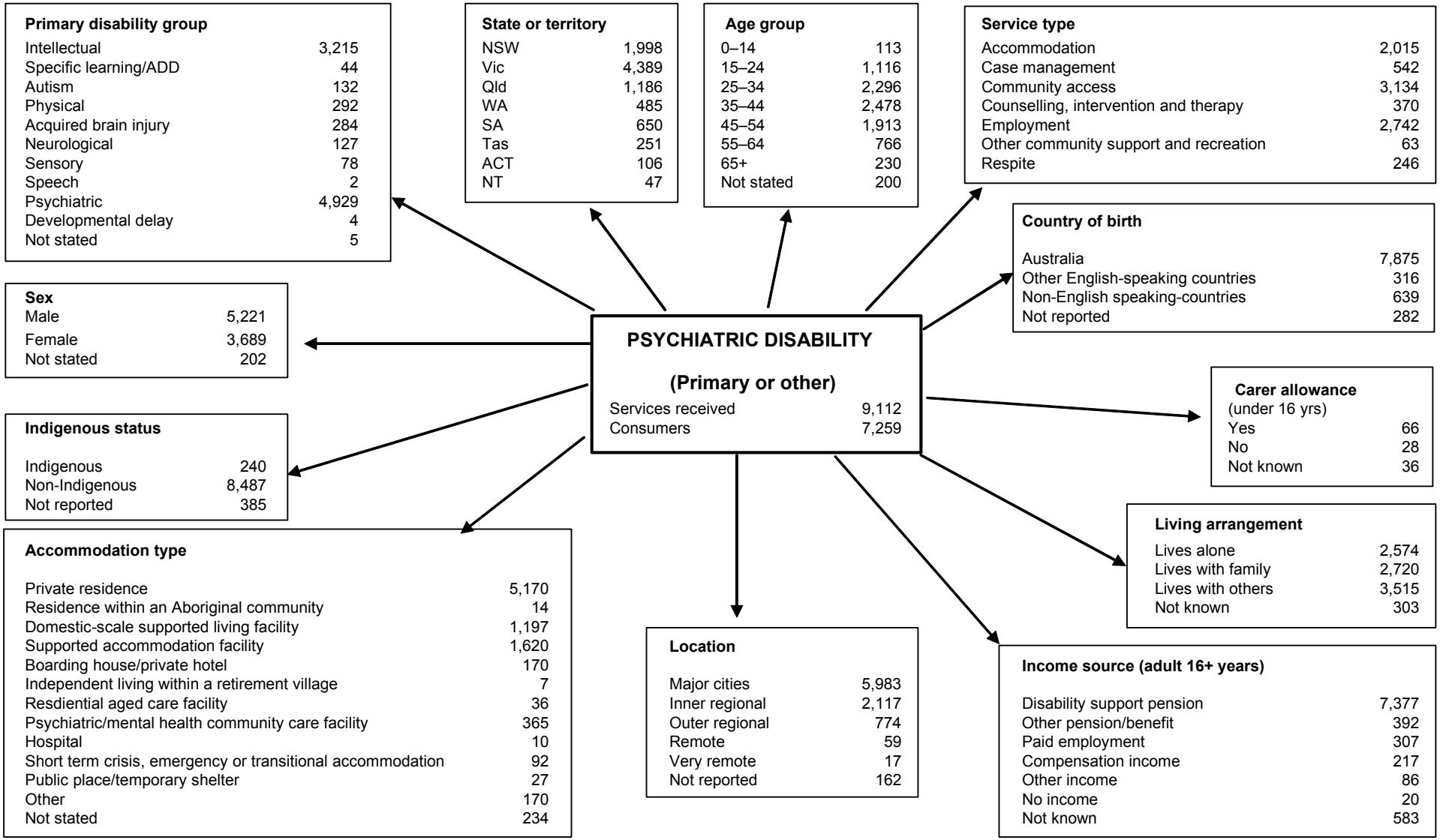
Procedures

Table 3.27 details the number of separations relating to the 30 procedures or interventions most frequently reported for ambulatory-equivalent mental health-related hospital separations with and without specialised psychiatric care. The most frequently reported procedures for ambulatory-equivalent separations with specialised psychiatric care were *Psychological skills training* (6,722 separations), *Cognitive behaviour therapy* (6,666 separations), *Other counselling or education* (2,932 separations) and *Psychotherapy* (2,580 separations). For ambulatory-equivalent separations without specialised psychiatric care, the most frequently reported procedures were *Other psychological therapies* (2,028 separations), *Alcohol rehabilitation* (1,967 separations), *Cognitive behaviour therapy* (1,028 separations) and *Alcohol rehabilitation and detoxification* (504 separations).

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements (see Chapter 5 for more information). Version 4.2 AR-DRGs are used in this report.

The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations are presented in Table 3.28. The most commonly reported AR-DRG was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 75,713 separations or 82.4%), followed by *Alcohol use disorder and dependence, same day* (V62B, 5,980 separations or 6.5%) and *Alcohol intoxication and withdrawal* (V60Z, 4,311 separations or 4.7%).



Note: All figures (except 'Consumers') are based on services received.

Figure 3.4: Interrelationships of psychiatric disability with other data elements, all CSDA-funded ambulatory disability support services (non-residential), on a snapshot day, 2002

Table 3.21: Summary of ambulatory-equivalent mental health-related separations, states and territories,[a] 2001–02

	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Separations with specialised psychiatric care									
Public acute hospitals	6,948	1,068	3,571	411	623	76	53	41	12,791
Public psychiatric hospitals	1,801	0	0	5	23	0	0	0	1,829
Public hospitals	*8,749*	*1,068*	*3,571*	*416*	*646*	*76*	*53*	*41*	*14,620*
Private hospitals	16,779	21,372	15,564	7,088	142	1,624	0	0	62,569
All hospitals	25,528	22,440	19,135	7,504	788	1,700	53	41	77,189
Separations without specialised psychiatric care									
Public acute hospitals	3,654	5,050	1,135	849	854	184	38	61	11,825
Public psychiatric hospitals	53	0	0	0	0	0	0	0	53
Public hospitals	*3,707*	*5,050*	*1,135*	*849*	*854*	*184*	*38*	*61*	*11,878*
Private hospitals	2,442	1,799	3,323	176	14	975	0	0	8,729
All hospitals	6,149	6,849	4,458	1,025	868	1,159	38	61	20,607
All separations									
Public acute hospitals	10,602	6,118	4,706	1,260	1,477	260	91	102	24,616
Public psychiatric hospitals	1,854	0	0	5	23	0	. .	. .	1,882
Public hospitals	*12,456*	*6,118*	*4,706*	*1,265*	*1,500*	*260*	*91*	*102*	*26,498*
Private hospitals	19,221	23,171	18,887	7,264	156	2,599	0	n.a.	71,298
All hospitals	31,677	29,289	23,593	8,529	1,656	2,859	91	102	97,796
% of separations with specialised psychiatric care									
Public acute hospitals	65.5	17.5	75.9	32.6	42.2	29.2	58.2	40.2	52.0
Public psychiatric hospitals	97.1	. .	. .	100.0	100.0	. .	. .	. .	97.2
Public hospitals	*70.2*	*17.5*	*75.9*	*32.9*	*43.1*	*29.2*	*58.2*	*40.2*	*55.2*
Private hospitals	87.3	92.2	82.4	97.6	91.0	62.5	. .	n.a.	87.8
All hospitals	80.6	76.6	81.1	88.0	47.6	59.5	58.2	40.2	78.9
Separations per 1,000 population[c]									
Public acute hospitals	1.61	1.27	1.30	0.67	0.97	0.56	0.29	0.52	1.27
Public psychiatric hospitals	0.28	0.00	0.00	0.00	0.02	0.00	. .	. .	0.10
Public hospitals	*1.89*	*1.27*	*1.30*	*0.67*	*0.99*	*0.56*	*0.29*	*0.52*	*1.37*
Private hospitals	2.93	4.82	5.22	3.80	0.10	5.53	0.00	n.a.	3.71
All hospitals	4.83	6.09	6.51	4.48	1.09	6.09	0.28	0.53	5.04
95% confidence intervals for all hospitals	4.8–4.9	6.0–6.2	6.4–6.6	4.4–4.6	1.0–1.1	5.9–6.3	0.2–0.3	0.4–0.6	5.0–5.1

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(c) All rates are indirectly age standardised to the estimated resident population of Australia on 30 June 2001.

n.a. Not available.

. . Not applicable.

Table 3.22: Ambulatory-equivalent mental health-related separations, by mental health legal status[a] and hospital type, states and territories,[b] 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Involuntary	105	160	629	21	22	10	4	0	951
Voluntary	6,843	908	2,942	390	601	66	49	0	11,799
Not reported	0	0	0	0	0	0	0	41	41
Total	*6,948*	*1,068*	*3,571*	*411*	*623*	*76*	*53*	*41*	*12,791*
Private hospitals									
Involuntary	0	0	152	0	0	0	0	n.a.	152
Voluntary	16,779	0	15,334	7,088	142	0	0	n.a.	39,343
Not reported	0	21,372	78	0	0	1,624	0	n.a.	23,074
Total	*16,779*	*21,372*	*15,564*	*7,088*	*142*	*1,624*	*0*	*n.a.*	62,569
Public psychiatric hospitals[c]									
Involuntary	41	0	0	3	17	0	. .	. .	61
Voluntary	1,760	0	0	2	6	0	. .	. .	1,768
Not reported	0	0	0	0	0	0	. .	. .	0
Total	*1,801*	0	0	*5*	*23*	0	. .	. .	*1,829*
All hospitals									
Involuntary	146	160	781	24	39	10	4	0	1,164
Voluntary	25,382	908	18,276	7,480	749	66	49	0	52,910
Not reported	0	21,372	78	0	0	1,624	0	41	23,115
Total	**25,528**	**22,440**	**19,135**	**7,504**	**788**	**1,700**	**53**	**41**	**77,189**

(a) Mental health legal status was collected for separations with specialised psychiatric care only.
(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(c) Victoria has only one public psychiatric hospital which is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.
n.a. Not available.
. . Not applicable.

Table 3.23: Ambulatory-equivalent mental health-related separations, by sex and age group, Australia 2001–02

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 or older	Total[(a)]
				Males				
With psychiatric care	3,387	3,699	3,767	4,304	8,386	5,188	4,580	33,311
Without psychiatric care	1,153	1,461	1,646	1,867	1,841	1,420	649	10,038
Total	4,540	5,160	5,413	6,171	10,227	6,608	5,229	43,349
				Females				
With psychiatric care	713	8,134	8,810	8,920	9,898	4,395	3,008	43,878
Without psychiatric care	945	1,493	2,102	2,123	1,993	1,078	834	10,569
Total	1,658	9,627	10,912	11,043	11,891	5,473	3,842	54,447
				Total[(b)]				
With psychiatric care	4,100	11,833	12,577	13,224	18,284	9,583	7,588	77,189
Without psychiatric care	2,098	2,954	3,748	3,990	3,834	2,498	1,483	20,607
Total	6,198	14,787	16,325	17,214	22,118	12,081	9,071	97,796

(a) Includes separations for which the age was not reported.

(b) Includes separations for which sex was not reported as male or female.

Table 3.24: Ambulatory-equivalent mental health-related separations, by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02

Remoteness Area[(a)] of usual residence	Aboriginal and/or Torres Strait Islander[(b)]			Not Aboriginal or Torres Strait Islander[(c)]			Total		
	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total
Major cities	357	198	555	63,927	13,059	76,986	65,153	14,545	79,698
Inner regional	74	106	180	8,087	3,571	11,658	8,227	3,955	12,182
Outer regional	44	183	227	2,203	965	3,168	2,260	1,190	3,450
Remote	7	107	114	264	155	419	274	288	562
Very remote	3	125	128	97	81	178	101	216	317
Not reported	13	17	30	1,080	391	1,471	1,174	413	1,587
Total	*498*	*736*	1,234	*75,658*	*18,222*	93,880	*77,189*	*20,607*	*97,796*
Per 1,000 population[(d)]	*1.3*	*1.8*	*3.1*	*4.0*	*1.0*	*4.9*	*4.0*	*1.1*	*5.0*

(a) Defined according to the ABS's the Australian Standard Geographical Classification Remoteness Structure, 2001 Census edition. See Glossary for more information.

(b) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin without further specification.

(c) Does not include separations for which Indigenous status was not reported.

(d) Separations per 1,000 population are indirectly age-standardised rates based on estimated Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001.

. . Not applicable.

Table 3.25: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	% total[(a)]
F00–F03	Dementia	101	1	70	172	59.1
F04–F09	Other organic mental disorders	23	2	201	226	72.7
F10	Mental and behavioural disorders due to use of alcohol	588	26	4,472	5,086	43.7
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	302	13	1,394	1,709	58.4
F20	Schizophrenia	913	25	2,214	3,152	84.8
F21, F24, F28–F29	Schizotypal and other delusional disorders	122	19	76	217	59.6
F22	Persistent delusional disorders	115	1	64	180	67.4
F23	Acute and transient psychotic disorders	177	5	123	305	70.3
F25	Schizoaffective disorders	351	2	1,767	2,120	94.1
F30	Manic episode	14	3	64	81	63.8
F31	Bipolar affective disorders	251	3	3,102	3,356	91.4
F32	Depressive episode	2,063	256	14,406	16,725	90.8
F33	Recurrent depressive disorders	495	2	9,450	9,947	90.4
F34	Persistent mood (affective) disorders	306	2	1,379	1,687	84.5
F38, F39	Other and unspecified mood (affective) disorders	29	0	174	203	75.5
F40	Phobic anxiety disorders	144	17	880	1,041	93.9
F41	Other anxiety disorders	957	47	4,449	5,453	70.7
F42	Obsessive–compulsive disorders	75	102	727	904	95.6
F43	Reaction to severe stress and adjustment disorders	1,492	37	9,849	11,378	83.8
F44	Dissociative (conversion) disorders	19	1	678	698	80.5
F45, F48	Somatoform and other neurotic disorders	145	0	257	402	73.8
F50	Eating disorders	745	0	3,237	3,982	96.9
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	62	0	628	690	81.9
F60	Specific personality disorders	566	32	1,716	2,314	85.9
F61–F69	Disorders of adult personality and behaviour	21	0	200	221	88.4
F70–F79	Mental retardation	17	0	6	23	54.8
F80–F89	Disorders of psychological development	47	31	99	177	85.9
F90	Hyperkinetic disorders	398	107	15	520	97.4
F91	Conduct disorders	1,240	711	295	2,246	95.7
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	255	51	82	388	84.9
F99	Mental disorder not otherwise specified	12	0	2	14	31.1
G30	Alzheimers disease	4	0	19	23	40.4
G47	Sleep disorders	3	0	0	3	0.2
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and puerperium	3	0	2	5	2.1
R44	Other symptoms and signs involving general sensations and perceptions	2	0	0	2	2.9
R45	Symptoms and signs involving emotional state	50	0	0	50	33.8
	Other factors related to mental and behavioural disorders[(c)]	176	311	21	508	81.4
	Other factors related to substance use[(b)]	0	0	0	0	0.0
	Other[(d)]	508	22	451	981	100.0
Total		**12,791**	**1,829**	**62,569**	**77,189**	**78.9**

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.
(b) The proportion of mental health-related patient days with these diagnoses that were psychiatric care days.
(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

Table 3.26: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	% total[(a)]
F00–F03	Dementia	112	0	7	119	40.9
F04–F09	Other organic mental disorders	76	0	9	85	27.3
F10	Mental and behavioural disorders due to use of alcohol	3,309	9	3,234	6,552	56.3
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	780	6	433	1,219	41.6
F20	Schizophrenia	375	1	187	563	15.2
F21, F24,	Schizotypal and other delusional disorders	140	4	3	147	40.4
F22	Persistent delusional disorders	87	0	0	87	32.6
F23	Acute and transient psychotic disorders	127	2	0	129	29.7
F25	Schizoaffective disorders	58	0	75	133	5.9
F30	Manic episode	35	0	11	46	36.2
F31	Bipolar affective disorders	132	4	181	317	8.6
F32	Depressive episode	928	4	759	1,691	9.2
F33	Recurrent depressive disorders	84	0	976	1,060	9.6
F34	Persistent mood (affective) disorders	41	2	266	309	15.5
F38, F39	Other and unspecified mood (affective) disorders	6	1	59	66	24.5
F40	Phobic anxiety disorders	4	1	63	68	6.1
F41	Other anxiety disorders	1,569	0	689	2,258	29.3
F42	Obsessive–compulsive disorders	6	1	35	42	4.4
F43	Reaction to severe stress and adjustment disorders	846	17	1,339	2,202	16.2
F44	Dissociative (conversion) disorders	128	0	41	169	19.5
F45, F48	Somatoform and other neurotic disorders	105	0	38	143	26.2
F50	Eating disorders	82	0	47	129	3.1
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	127	0	25	152	18.1
F60	Specific personality disorders	264	3	113	380	14.1
F61–F69	Disorders of adult personality and behaviour	18	0	11	29	11.6
F70–F79	Mental retardation	17	0	2	19	45.2
F80–F89	Disorders of psychological development	28	0	1	29	14.1
F90	Hyperkinetic disorders	13	0	1	14	2.6
F91	Conduct disorders	100	0	0	100	4.3
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	68	0	1	69	15.1
F99	Mental disorder not otherwise specified	31	0	0	31	68.9
G30	Alzheimers disease	30	0	4	34	59.6
G47	Sleep disorders	1,603	0	90	1,693	99.8
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and puerperiu	221	0	16	237	97.9
R44	Other symptoms and signs involving general sensations and perceptions	67	0	0	67	97.1
R45	Symptoms and signs involving emotional state	89	0	9	98	66.2
	Other factors related to mental and behavioural disorders[(b)]	115	0	1	116	18.6
	Other factors related to substance use[(c)]	4	1	0	5	100.0
Total		**11,825**	**56**	**8,726**	**20,607**	**21.1**

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Table 3.27: The 30 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2001–02

With specialised psychiatric care			Without specialised psychiatric care		
Procedure			**Procedure**		**Separations**
96001–00	Psychological skills training	6,722	96174–00	Other psychological therapies	2,028
96101–00	Cognitive behaviour therapy	6,666	92002–00	Alcohol rehabilitation	1,967
96090–00	Other counselling or education	2,932	96101–00	Cognitive behaviour therapy	1,028
96099–00	Psychotherapy	2,580	92004–00	Alcohol rehabilitation and detoxification	504
96174–00	Other psychological therapies	2,364	96099–00	Psychotherapy	494
95550–10	Allied health intervention, psychology	1,963	95550–01	Allied health intervention, social work	407
96073–00	Substance addiction counselling or education	996	95550–10	Allied health intervention, psychology	380
95550–02	Allied health intervention, occupational therapy	493	96001–00	Psychological skills training	343
92002–00	Alcohol rehabilitation	487	96073–00	Substance addiction counselling or education	322
92004–00	Alcohol rehabilitation and detoxification	181	93300–00	Psychiatric assessment	306
93300–00	Psychiatric assessment	167	92008–00	Combined alcohol and drug rehabilitation	289
96027–00	Prescribed medication assessment	124	92005–00	Drug rehabilitation	252
95550–01	Allied health intervention, social work	89	92006–00	Drug detoxification	67
92005–00	Drug rehabilitation	83	92010–00	Combined alcohol and drug rehabilitation and detoxification	42
96066–00	Preventative counselling or education	82	92003–00	Alcohol detoxification	26
92007–00	Drug rehabilitation and detoxification	56	95550–02	Allied health intervention, occupational therapy	14
96030–00	Situational/occupational/environmental assessment	35	96000–02	Neuropsychological assessment	13
96032–00	Psychosocial assessment	35	92007–00	Drug rehabilitation and detoxification	10
92010–00	Combined alcohol and drug rehabilitation and detoxification	22	96032–00	Psychosocial assessment	7
96080–00	Counselling/education for parenthood, parenting skills or family planning	21	96075–00	Self care/self maintenance counselling or education	7
92003–00	Alcohol detoxification	20	96107–00	Service coordination	5
92008–00	Combined alcohol and drug rehabilitation	17	96067–00	Nutritional/dietary counselling or education	5
96105–00	Relaxation therapy, not elsewhere classified	16	92009–00	Combined alcohol and drug detoxification	5
96081–00	Relationship counselling	15	96090–00	Other counselling or education	3
96100–00	Psychodynamic therapy	13	96105–00	Relaxation therapy, not elsewhere classified	3
96148–00	Play/leisure/recreation therapy	10	96034–00	Alcohol and other drug assessment	3
96000–02	Neuropsychological assessment	4	96082–00	Crisis situation/event counselling	2
92006–00	Drug detoxification	3	96106–00	Resourcing intervention	2
96078–00	Financial management counselling or education	1	96080–00	Counselling/education for parenthood, parenting skills or family planning	2
96000–03	Complex psychological assessment	1	96081–00	Relationship counselling	1
	Other	0		Other	6
	No procedure or not reported	53,305		No procedure or not reported	12,821
Total(a)		**77,189**			**20,607**

(a) Total of the rows is not necessarily equivalent to the total as multiple procedures can be reported for each separation.

Table 3.28: The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations, Australia, 2001–02

AR-DRG Description	Separations	Per 1,000 population[(b)]
U60Z Mental Health Treatment, Sameday, W/O ECT	75,713	3.90
V62B Alcohol Use Disorder and Dependence, Sameday	5,980	0.31
V60Z Alcohol Intoxication and Withdrawal	4,311	0.22
V64Z Other Drug Use Disorder and Dependence	1,394	0.07
Z64B Other Factors Influencing Health Status Age<80	878	0.05
O61Z Postpartum and Post Abortion W/O O.R. Procedure	749	0.04
V61B Drug Intoxication and Withdrawal W/O CC	612	0.03
V63Z Opioid Use Disorder and Dependence	529	0.03
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	465	0.02
I68B Non-surgical Neck and Back Cond W/O Pain Management Proc/Myelogram Age<75 W/O CC	233	0.01
O65A Other Antenatal Admission W Severe Complicating Diagnosis	215	0.01
B64Z Delirium	173	<0.01
I68A Non-Surg Neck and Back Cond W/O Pain Management Proc/Myelogram (Age<75 W CC) or Age>74	105	<0.01
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age<60 W/O CC	77	<0.01
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	64	<0.01
V61A Drug Intoxication and Withdrawal W CC	64	<0.01
I71C Musculotendinous Disorders Age<70 W/O CC	47	<0.01
X60C Injuries Age< 65	30	<0.01
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	27	<0.01
B76B Seizure Age>2 or W/O Catastrophic or Severe CC	24	<0.01
K62C Miscellaneous Metabolic Disorders W/O Catastrophic or Severe CC Age < 75	21	<0.01
B77Z Headache	17	<0.01
E75C Other Respiratory System Diagnosis Age<65 W/O CC	16	<0.01
X62A Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	15	<0.01
960Z Ungroupable	14	<0.01
P67D Neonate, AdmWt>2,499 g W/O Significant O.R. Procedure W/O Problem	13	<0.01
F74Z Chest Pain	12	<0.01
O60B Vaginal Delivery W Severe Complicating Diagnosis	11	<0.01
C63B Other Disorders of the Eye W/O CC	9	<0.01
G67B Oesophagitis, Gastroent and Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	9	<0.01
B60B Non-acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastrophic CC	8	<0.01
All other AR-DRGs	81	<0.01
Total	**91,902**	**4.73**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* and *Not reported* only.

(b) Rates are crude rates based on the total Australian estimated resident population of 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, O.R.—operating room, Proc—procedure, Surg—surgical.

4 Residential and admitted patient mental health care

This chapter provides an overview of the provision of residential and admitted patient mental health care by hospitals and other service providers. It also presents some data on the characteristics of the admitted patients and residents in CSDA-funded residential disability support services. The data are summarised in Figures 4.1 and 4.2.

As documented in Chapter 1, ambulatory care is the form of mental health care most frequently used by people with a mental health disorder. Admitted patient and residential mental health care, however, play an important role for those with severe mental health disorders (Jablensky et al. 1999).

There is variation among states and territories in the extent to which admitted patient and residential mental health care is provided by public and private hospitals and by public community mental health care services. Data on these different types of services have therefore been collated for this chapter, as well as data on CSDA-funded residential care provided by disability support services for clients with mental health-related disabilities. Although these latter services are not usually regarded as health services, they are, to some extent, an alternative to admitted patient and residential mental health care for some clients.

This chapter (and Chapters 5 and 6) presents data from the National Hospital Morbidity Database (see Appendix 1) on overnight mental health-related separations and on same day mental health-related separations that were not considered to be equivalent to ambulatory mental health care. The definition of ambulatory-equivalent care is provided in Chapter 3 and Appendix 3. Briefly, for the purpose of this report, a separation was considered to be ambulatory-equivalent if:

- it was a same day separation (that is, admission and separation were on the same date), and
- no procedure or intervention was recorded, or any procedure that was recorded was identified as able to be provided in ambulatory mental health care (a list of these procedures is included in Appendix 3), and
- the mode of admission did not include a care type change or a transfer, or the mode of separation did not include a transfer (from another facility), a care type change, left against medical advice or death.

This is the first year that same day separations have been classified in this way. Previously, all same day separations for admitted patients were included in the admitted patient mental health care chapter. The time series in Table 4.1 excludes ambulatory-equivalent same day separations for all years presented. Therefore these figures differ from those reported in earlier publications. For this reason, caution must be used when comparing figures in this report with those in previous reports in this series (AIHW 2001b, 2002b, 2003a). Data on same day separations that were identified as equivalent to ambulatory mental health care are presented in Chapter 3.

Definition of mental health-related separations

Mental health-related separations from hospital include all separations with a mental health-related principal diagnosis and all separations that include any specialised psychiatric care. Separations are defined as having specialised psychiatric care if the patient is reported as having one or more days in a psychiatric hospital or in a specialised psychiatric unit of an acute care hospital (also referred to as a designated psychiatric unit). A mental health-related principal diagnosis in this publication is defined as any separation which has a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses (see *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

The codes used to define a mental health-related principal diagnosis have not changed from those presented in the 2000–01 report. However, in order to provide a more comprehensive description of mental health-related care, the codes were changed slightly compared with the 1999–2000 publication, and substantially compared with the 1998–99 report. For this reason, caution must be used when comparing figures reported here with those reported in *Mental Health Services in Australia 1998–99* and *Mental Health Services in Australia 1999–00* (AIHW 2001b, 2002b). Those publications include details on the codes used to define mental health-related principal diagnoses for 1998–99 and 1999–2000.

In addition, for 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the National Hospital Morbidity Database (NHMD) using ICD-9-CM diagnosis and procedure codes, and these data were mapped to ICD-10-AM for Table 4.1. Further information on this mapping is available in *Australian Hospital Statistics 1998–99* (AIHW 2000a).

National overview

Table 4.1 summarises mental health-related separations and patient days for 1998–99 to 2001–02, excluding ambulatory-equivalent mental health-related separations. Tables 4.2 and 4.3 present information on the number of mental health-related separations and patient days by jurisdiction for 2001–02.

- There were 188,602 mental health-related residential and admitted patient separations in 2001–02, of which 20,383 were same day separations and 168,219 were overnight (which means a residential stay or a hospital stay of one night or more) (Table 4.2).
- Public community mental health residential care establishments reported a relatively low number of separations in comparison to hospitals. In 2001–02, the number of community mental health residential care separations reported for Australia was 1,559 (Table 4.2).
- There were 187,043 mental health-related hospital separations during 2001–02, of which 20,383 were same day separations which were not deemed to be 'ambulatory-equivalent'. Over 3 million patient days (3,077,951) and 2,421,286 psychiatric care days were associated with these separations (Table 4.1). These separations accounted for 2.9% of total hospital separations during 2001–02 and 13.3% of total hospital patient days.
- Of the 187,043 mental health-related hospital separations, 110,969 or 59.3% reported some specialised psychiatric care (Table 4.2). The proportion of same day separations that included specialised psychiatric care was 41.9%, and for overnight separations, 61.8%.
- Separations with specialised psychiatric care accounted for 53.0% of mental health-related separations in public hospitals, and 68.6% of those in private hospitals.

- Of the 3,077,951patient days for mental health-related separations, 2,421,286 or 78.7% were psychiatric care days (10.4% of total hospital patient days) (Table 4.1). The proportion of all mental health-related overnight patient days that were psychiatric care days was 78.9%.
- Public hospital separations accounted for 80.4% of all mental health-related separations and 81.6% of all mental health-related patient days in 2001–02.
- In comparison with other hospital types, public psychiatric hospitals reported the smallest numbers of separations (7.8% of all mental health-related separations) and separations with specialised psychiatric care (12.5%) and public acute care hospitals reported the largest numbers (72.5% and 64.8%, respectively) (Table 4.1).
- Public psychiatric hospitals reported a large proportion of patient days (32.8% of the total), especially for separations with specialised psychiatric care (40.9%). However, it is estimated that a large proportion of these patient days occurred prior to the 2001–02 financial year. Of patient days for separations from public psychiatric hospitals, an estimated 35.1% occurred during 2001–02 compared with estimates of 86.0% for public acute care hospitals and 93.0% for private hospitals (Table 4.3). For information on how these estimates were calculated, refer to *Mental Health Services in Australia 1999–00* (AIHW 2002b).

This next section presents data from Table 4.1 on the changes from 1998–99 to 2001–02. Figures 2.4, 2.5 and 2.6 also present time series information on the number of separations, patient days and average and median lengths of stay by hospital sector.

- The number of mental health-related separations for 2001–02 (187,043) was 2.2% more than the 182,981 reported for 1998–99. There was an increase of 26.0% for same day separations (16,179 to 20,383 separations) and a decrease of 0.1% for overnight separations (166,802 to 166,660 separations).
- The 110,969 separations with specialised psychiatric care for 2001–02 represents a 4.8% increase from 1998–99 (105,837 separations) and a 3.2% increase from 2000–01 (107,474 separations).
- In 2001–02, 94.4% of separations with specialised psychiatric care had a mental health-related principal diagnosis. During 1998–99, this figure was 94.3% (99,796 separations).
- The majority of mental health-related hospital separations continue to occur in the public sector. In 2001–02, 80.4% of mental health-related hospital separations were reported by public hospitals. In 1998–99, this figure was 80.3% of mental health-related hospital separations. Patient days for mental health-related separations in public hospitals accounted for 83.6% of all mental health-related patient days in 1998–99, compared with 81.1% in 2001–02.
- Between 1998–99 and 2001–02, the number of mental health-related non-ambulatory-equivalent same day separations in private hospitals increased 24.3%.
- Compared with 1998–99, the patient days reported for 2001–02 decreased by 2.0% for separations with specialised psychiatric care (2,508,412 to 2,458,483 days) and decreased 5.7% for separations without specialised psychiatric care (from 657,080 to 619,468 days). The corresponding comparisons between 2000–01 and 2001–02 show a 18.2% increase for separations with specialised psychiatric care and an increase of 1.6% for separations without specialised psychiatric care.
- Patient days for mental health-related separations increased by 14.4% between 2000–01 and 2001–02, from 2,690,370 patient days to 3,077,951 patient days. The relatively large decrease in patient days from 1999–2000 to 2000–01 was largely attributable to public

sector hospitals where patient days decreased from 2,564,365 in 1999–2000 to 2,146,144 in 2000–01 (a decrease of 16.3%) (see Figure 2.6). This reduction in patient days was marked for Queensland and was largely the result of the statistical discharge and readmission of long-stay patients on 30 June 2000 in this state to cater for the change in the *National Health Data Dictionary* care type definition, effective from 1 July 2000. This would have had the effect of inflating the number of patient days reported in 1999–2000 and of reducing the number of patient days reported for 2000–01. Also, a number of long-stay patients were separated from public psychiatric hospitals in Tasmania and admitted to residential facilities over the period 2000–01 to 2001–02. This would also have had the effect of inflating the number of patient days reported. In private hospitals the number of patient days for mental health-related separations increased by 9.1% from 517,963 in 1998–99 to 565,238 in 2001–02.

Box 4.1: Measuring hospital activity

This report presents summary data on admitted patient mental health care in terms of number of separations and patient days (and psychiatric care days). Separation and patient day data provide valuable information on the level of admitted patient health care activity undertaken by hospitals. However, this information should be interpreted with an understanding of the characteristics of these two types of data.

Separation data provide information on the number of hospital stays completed in a designated time period, typically a financial year. These data can be used as a measure of hospital activity; however, they can represent quite different types of activity. Some separations will be after same day stays in hospital, some for stays of a few days, but some can be for stays of months or, rarely, years. Thus, the separations data do not allow accurate comparison of hospitals that tend to provide for longer stays and report fewer separations (e.g. public psychiatric hospitals) with hospitals that concentrate on providing numerous short stays (e.g. acute care hospitals).

The patient day (and psychiatric care day) data measure hospital activity in a way that is not as affected by variation in length of stay, as short-stay activity is represented in the same way as long-stay activity. However, the patient day data presented in this report include days within hospital stays that occurred prior to 1 July 2001, provided that the separation from hospital occurred during 2001–02. This has little or no impact in private and public acute hospitals, where separations are relatively brief, throughput is relatively high, and the patient days that occurred in the previous year are expected to be approximately balanced by the patient days not included in the counts because they are associated with patients yet to separate from the hospital, and are therefore yet to be reported.

However, some public psychiatric hospitals provide very long stays for small numbers of patients and, as a result, would have comparatively large numbers of patient days recorded that occurred prior to 2001–02. Table 4.3 presents information on the estimated proportion of patient days that occurred within the 2001–02 financial year for 2001–02 separations. For public psychiatric hospitals the proportion of mental health-related patient days that occurred in the year was 35.4%. In comparison, the figures for public acute and private hospitals were 82.2% and 93.4% respectively. Public psychiatric hospitals in Queensland (18.4%) had the lowest proportion of days in the financial year.

Because lengths of stay for patients of public psychiatric hospitals can vary widely, and separations may occur unevenly over time, the extent to which patient days that occurred prior to 2001–02 are balanced by patient days associated with patients yet to separate from hospital is not known. Hospital activity relating to these patients would therefore be better estimated with information on patient days in the reporting year for both patients who separate in the year and patients who do not. These data are not available nationally for 2001–02.

There was some variation between jurisdictions in the organisation and distribution of admitted patient and residential mental health care services. These differences included:

- the availability of admitted patient mental health care services in each state and territory
- the availability of residential mental health care facilities
- differing admission practices, particularly with regard to same day separations
- differences in the types of establishments that are categorised as hospitals (see Box 4.2).

There are also differences between jurisdictions in the spread of the population in major cities, regional and remote areas, and other demographic characteristics of the population. These differences may result in variation in the proportions of separations and patient days reported for the different provider types, in the proportions of separations that are for same day stays, and the proportion of separations for which specialised psychiatric care was reported. This report therefore presents information separately for each service provider type, for same day and overnight separations, and for separations with specialised psychiatric care (see Chapter 5) and without specialised psychiatric care (see Chapter 6). This allows comparisons to be made between provider types and jurisdictions including or excluding particular types of separations, as appropriate for specific purposes.

Admitted patient mental health care

National overview

This section presents a brief overview of the data available on mental health-related separations for 2001–02 (Figure 4.1). There were 187,043 mental health-related separations in 2001–02, with 110,969 of these separations including specialised psychiatric care. The total number of patient days was 3,077,951, which included 2,421,286 days with specialised psychiatric care. The average length of stay was 16.5 days with a median length of stay of 6 days. Nationally, the rate per 1,000 population was 158.6 patient days for mental health-related separations and 124.8 psychiatric care days.

The mental health legal status of most separations was either *Voluntary* or *Not reported*, with 17.6% reporting *Involuntary* status. Over three-quarters of the separations (75.0%) reported a funding source of *Public patient* (includes Australian Health Care Agreements and reciprocal health care agreements) and 17.2% reported a funding source of *Private health insurance*. Over half (51.9%) of separations were for female patients, while 41.3% of patients were in the 25–44 years age group. The majority of separations were in the public sector (80.4%) and most patients (94.0%) had a care type of *Acute care*. A large proportion of patients (79.6%) had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital.

Depressive episode (F32) was the most common principal diagnosis. The most common procedure reported was *General allied health interventions* (Block 1916), followed by *General anaesthesia* (Block 1910) and *Electroconvulsive therapy* (Block 1907). The most commonly reported AR-DRG was *Major affective disorders age less than 70 without catastrophic or severe complications or comorbidities* (U63B).

States and territories

Table 4.2 shows the number of same day, overnight and total mental health-related separations per 1,000 population by hospital type for each state and territory. Ambulatory-equivalent mental health-related same day hospital separations are excluded.

For Australia as a whole, there were 9.6 mental health-related separations per 1,000 population. Tasmania had the highest rate (12.0 separations per 1,000 population), followed by South Australia (11.8). Nationally, there were 8.6 overnight mental health-related separations per 1,000 population. South Australia had the highest rate at 10.9 per 1,000 population, followed by Tasmania (10.0). Tasmania had the highest rate for same day mental

health separations (2.0 per 1,000 population), while the Australian Capital Territory had the lowest same day rate (0.2 per 1,000 population).

Box 4.2: State and territory differences in the scope of services provided for admitted patients

Mental health care for admitted patients in Australia is provided in a large and complex system. Differences in the data presented by jurisdictions may reflect different service delivery practices, differences in admission practices and/or differences in the types of establishments categorised as hospitals. Interpretation of the differences between jurisdictions therefore needs to be done with care.

Some of the differences in service delivery practices are illustrated in Tables 4.2 and 4.3. These show, for example, the relatively high rates of separations for public community mental health care establishments for Tasmania compared with other jurisdictions.

There is some difference in the approach states and territories and the public and private sectors take to the formal admission and separation of people attending hospital on a same day basis, for example for group therapy sessions or day programs. In jurisdictions such as Tasmania and the territories, these attendances are recorded as non-admitted patient occasions of service. In other jurisdictions, the majority of patients are formally admitted for this care and therefore this care is reported as same day separations. For example, psychotherapy (and other allied health psychology interventions) tend to be provided on an admitted patient basis in New South Wales, Victoria, Queensland, Western Australia and South Australia (see Tables A4.11 and A4.19), but not in the other jurisdictions. Where possible, same day separations which can be regarded as equivalent to ambulatory mental health care have been reported in Chapter 3 (also see Appendix 3). However, these differences may still have some potential to affect the comparability of the separation and service contact data.

States and territories also differ in the extent to which they classify some of their mental health-related residential facilities as admitted patient services within hospitals (or separate hospitals) or as community-based, non-admitted services. This variation applies, for example, with psychogeriatric and long-stay rehabilitation services for people with mental health disorders, which are characterised by relatively lengthy stays. The inclusion of these services in a jurisdiction's admitted patient mental health care statistics would increase the number of separations, the number of patient days and the average length of stay relative to jurisdictions that exclude one or more of these services.

In New South Wales, Western Australia and South Australia mental health services that provide long-stay rehabilitation services and some specialised psychogeriatric units are included within admitted patient settings. In New South Wales, the number of these units included is relatively small. In the Australian Capital Territory and the Northern Territory these activities are undertaken outside admitted patient settings. In Tasmania psychogeriatric patients are cared for in community (non-hospital) settings. In Victoria, long-stay aged care mental health services have been transferred to community-based services, and acute psychogeriatric care occurs in specialised admitted patient facilities, while a number of long-term rehabilitation beds have been transferred to community-based residential beds. Queensland does not classify any of its extended treatment services as residential. While many of these services are included in admitted patient data, some psychogeriatric beds are co-located in nursing homes and are reported in the aged care data set.

Some of this variation is illustrated in Tables 5.25, 5.26, 6.21 and 6.22. These tables show, for example, that public hospitals in New South Wales, Queensland, Western Australia and South Australia reported markedly more separations and patient days for the care types of 'rehabilitation', 'psychogeriatric care' and 'maintenance care' than all the other jurisdictions. In Queensland public hospitals, the administrative practice of assigning a care type of maintenance care to long-stay patients has the effect of reducing the proportion of rehabilitation and psychogeriatric patients reported.

The Australian Capital Territory was the jurisdiction with the largest proportion of separations with specialised psychiatric care, with 88.8% of mental health-related separations including specialised psychiatric care, while Victoria had the lowest proportion with 51.7% of mental health-related separations including specialised psychiatric care. Tasmania had the

highest rate of mental health-related separations with specialised psychiatric care (7.8 separations per 1,000 population) and Queensland had the second highest rate, at 6.9 per 1,000 population (Table 4.2).

Table 4.3 presents a summary of the patient days, psychiatric care days and patient days per 1,000 population by hospital type and state and territory for separations that occurred during 2001–02. Of the 3,077,951 patient days for mental health-related separations, 3,057,568 were for overnight separations.

New South Wales reported the highest rate of patient days for mental health-related separations per 1,000 population (187.5 patient days). South Australia had the highest rate for psychiatric care days per 1,000 population (149.8). Tasmania had the second highest rate for patient days (187.2 patient days per 1,000 population) and for psychiatric care days (149.3 per 1,000 population). Queensland also had per 1,000 population rates that were higher (177.4 patient days and 147.6 psychiatric care days) than the national rates.

These state and territory differences may be affected by differences in the provision of admitted patient mental health services. They may also reflect administrative practice differences between jurisdictions in the coding of statistical discharge, with variation in the proportion of separations ending in statistical discharge (see Tables 5.24 and 6.20). Further, Queensland does not classify any of its extended treatment services as residential. While many of these services are included in admitted patient data, some psychogeriatric beds are co-located with nursing homes and are reported within the aged care data set.

Principal and additional diagnoses

Table 4.4 presents statistics on separations, patient days and psychiatric care days for mental health-related separations (as defined for this report) and other separations for which a mental health-related additional diagnosis was reported.

There were 446,403 separations that either received specialised psychiatric care and/or reported a mental health-related diagnosis. Of these, 40.5% reported a mental health-related principal diagnosis, while 77.1% reported a mental health-related additional diagnosis. Approximately 57.9% of separations that reported a mental health-related principal diagnosis and 16.2% of separations that reported a mental health-related principal and/or additional diagnosis received specialised psychiatric care.

For separations with specialised psychiatric care, 94.4% had a mental health-related principal diagnosis and 50.2% had a mental health-related principal and/or additional diagnosis. The majority of those without a mental health-related principal diagnosis had a mental health-related additional diagnosis (59.1%) (statistics for these separations are presented in Chapter 5).

There were 76,074 separations with a mental health-related principal diagnosis that did not receive specialised psychiatric care (statistics for these separations are presented in Chapter 6); 38.6% of these also reported a mental health-related additional diagnosis. For separations where the patient did not receive specialised psychiatric care and the principal diagnosis was not mental health-related, a mental health-related additional diagnosis was reported for 259,360 separations.

Data on the principal diagnosis groups presented in Table 4.5 indicate the number of separations and patient days (with and without specialised psychiatric care) by principal diagnosis chapters or groups. Overall 91.1% of all mental health-related separations reported a principal diagnosis in *Mental and behavioural disorders* (F00–F99), while 3.8% reported a principal diagnosis in *Diseases of the nervous system* (G00–G99).

Of the separations with specialised psychiatric care in 2001–02, 103,414 or 93.2% were reported as having a principal diagnosis in the chapter *Mental and behavioural disorders* (F00–F99). Almost 56% of the remaining separations had principal diagnoses of *Injury, poisoning and certain other consequences of external causes* (S00–T98) or *Factors influencing health status and contact with health services* (Z00–Z99).

Of the separations without specialised psychiatric care, 88.1% reported a principal diagnosis in *Mental and behavioural disorders* (F00–F99) and 8.0% in *Diseases of the nervous system* (G00–G99). For more detail on patient characteristics and principal diagnoses refer to Chapters 5 and 6.

Residential care provided by public residential mental health care establishments

In 2001–02 there were 1,559 residential mental health care separations reported for Australia (see Table 4.2), compared with 1,515 separations for 2000–01. The available data for 2001–02 represent an increase in separations reported for Tasmania, Western Australia and the Australian Capital Territory of 11.3%, 26.7% and 109% respectively. Tasmania had the largest number of separations from residential care in a community mental health care setting per 1,000 population (0.7). There were no separations reported for Queensland and the Northern Territory, as these jurisdictions do not have facilities reported as public residential mental health care establishments.

There are no national data available on the characteristics of residents of community mental health establishments, nor on the length of time that residents spend in the establishments. However data are expected to become available from the 2004–05 reference year.

Commonwealth/State Disability Agreement-funded mental health-related residential care provided by disability support services

The disability support services data presented in this section were taken from the CSDA MDS collection. This data collection includes data on characteristics of persons receiving a CSDA-funded disability support service on a snapshot day in mid-2002. The data presented below are on services received by clients with a psychiatric disability. The psychiatric disability can be the client's primary psychiatric disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting their everyday life. A number of 'other significant' disabilities may be identified by the client. See Box 3.1 for further information on disability groups.

Figure 4.2 illustrates the relationship between residential services provided and other CSDA MDS data elements. On the snapshot day, there were 2,514 residential care services delivered by CSDA-funded disability support services to 2,508 clients with *Psychiatric disability* reported as either a primary or other significant disability (a statistical linkage key collected by all jurisdictions permits estimates to be made of the number of people receiving services). The most common primary disability for these clients was *Intellectual disability* (82.0%), while clients with a primary disability of *Psychiatric disability* accounted for 8.0% of services received. The number of services received by male residents (58.0%) with *Psychiatric disability* reported as either a primary or other significant disability was greater than the number of

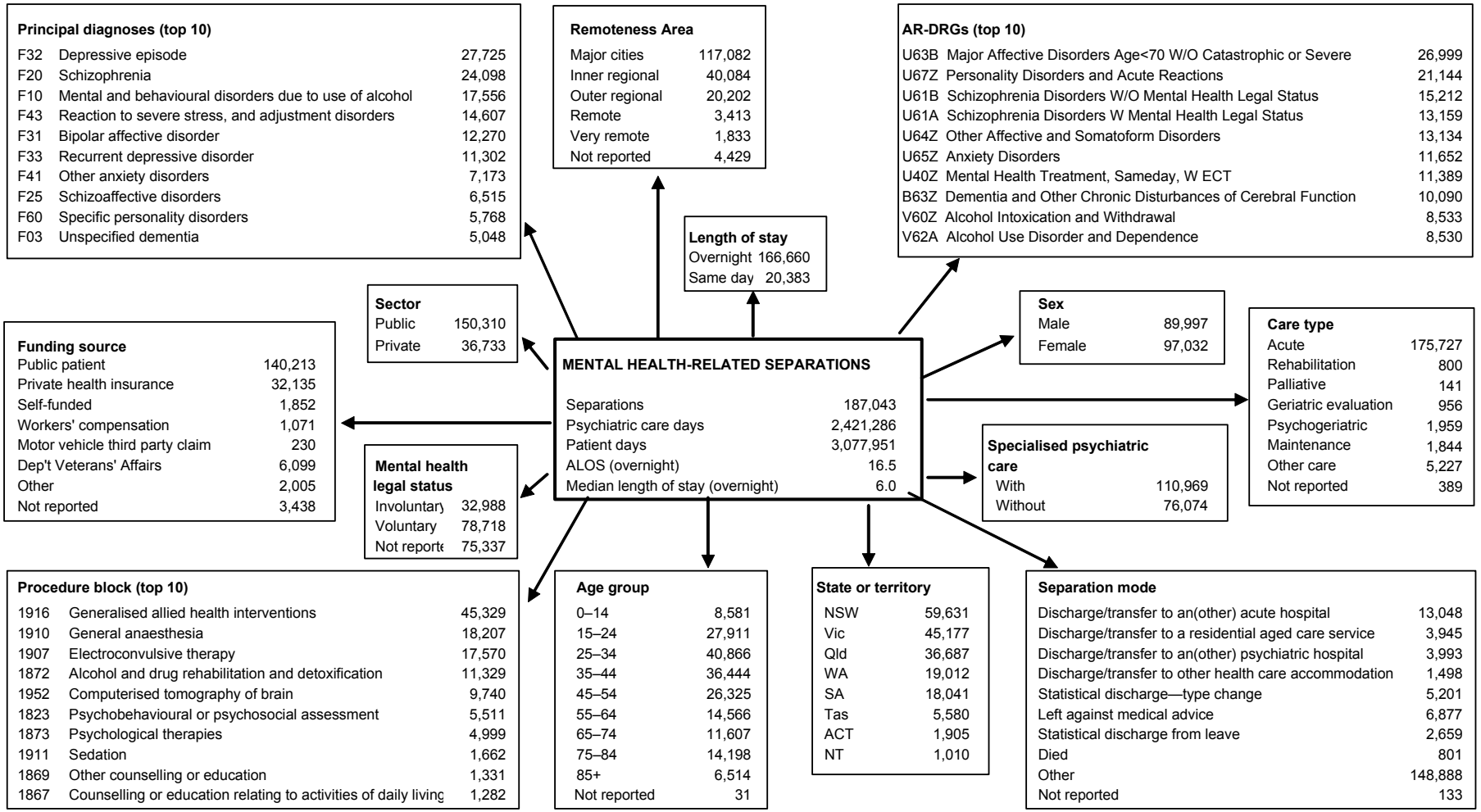
services received by female residents. The number of services received by these residents was greatest in the 35–44 years age group. New South Wales had the largest number of residential care services received by residents with *Psychiatric disability* reported as either a primary or other significant disability.

The majority of services were for Australian-born residents (95.2%). Residents born in English-speaking countries other than Australia and non-English-speaking countries received 4.0% of these services. 2.1% of residential services for clients with *Psychiatric disability* reported as either a primary or other significant disability were identified as being received by residents who were of Aboriginal or Torres Strait Islander origin.

The majority of services for clients aged 16 years and over (94.7%) was for those whose main income source is Disability support pension. For clients aged less than 16 years, 39.1% of the clients' parents or guardians received the Carer allowance.

The most common type of residential service received was for *Group homes* (63.3%). The most commonly reported living arrangement was *Lives with others* (97.4%) and the most common accommodation type was *Domestic-scale supported living facility* (54.1%) followed by *Supported accommodation facility* (44.1%).

The location of clients receiving services was classified as *Major city, Inner regional, Outer regional, Remote, Very remote* or *Not reported* based on the client's postcode—71.7% of services were received by residents in Major cities.



Note: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, ECT—electroconvulsive therapy.

Figure 4.1: Summary of data reported for mental health-related separations, all hospitals, Australia, 2001–02

Table 4.1: Mental health-related separations and patient days, by principal diagnosis category,[(a)] Australia, 1998–99 to 2001–02

	1998–99	1999–00	2000–01	2001–02		
	Number	Number	Number	Number	% change since 1998–99	% of all mental health-related
	Separations					
Same day separations						
Public acute hospitals						
With specialised psychiatric care						
with mental health-related principal diagnosis	5,071	4,685	4,673	4,810	-5.1	2.6
without mental health-related principal diagnosis	111	95	99	144	29.7	0.1
Total	*5,182*	*4,780*	*4,772*	*4,954*	*-4.4*	*2.6*
Without specialised psychiatric care	6,807	7,232	8,578	11,090	62.9	5.9
Total	*11,989*	*12,012*	*13,350*	*16,044*	*33.8*	*8.6*
Private hospitals						
With specialised psychiatric care						
with mental health-related principal diagnosis	1,389	2,168	2,361	2,941	111.7	1.6
without mental health-related principal diagnosis	920	30	9	10	-98.9	0.0
Total	*2,309*	*2,198*	*2,370*	*2,951*	*27.8*	*1.6*
Without specialised psychiatric care	600	884	634	664	10.7	0.4
Total	*2,909*	*3,082*	*3,004*	*3,615*	*24.3*	*1.9*
Public psychiatric hospitals						
With specialised psychiatric care						
with mental health-related principal diagnosis	1,270	520	1,153	466	-63.3	0.2
without mental health-related principal diagnosis	11	14	163	165	1400.0	0.1
Total	*1,281*	*534*	*1,316*	*631*	*-50.7*	*0.3*
Without specialised psychiatric care	0	0	32	93	. .	0.0
Total	*1,281*	*534*	*1,348*	*724*	*-43.5*	*0.4*
Total same day separations	*16,179*	*15,628*	*17,702*	*20,383*	*26.0*	*10.9*
Overnight separations						
Public acute hospitals						
With specialised psychiatric care						
with mental health-related principal diagnosis	55,901	60,340	59,404	61,888	10.7	33.1
without mental health-related principal diagnosis	3,351	3,295	2,924	5,049	50.7	2.7
Total	*59,252*	*63,635*	*62,328*	*66,937*	*13.0*	*35.8*
Without specialised psychiatric care	54,894	53,036	54,372	52,665	-4.1	28.2
Total	*114,146*	*116,671*	*116,700*	*119,602*	*4.8*	*63.9*
Private hospitals	0					
With specialised psychiatric care	0					
with mental health-related principal diagnosis	19,153	19,731	22,093	21,998	14.9	11.8
without mental health-related principal diagnosis	678	395	368	252	-62.8	0.1
Total	*19,831*	*20,126*	*22,461*	*22,250*	*12.2*	*11.9*
Without specialised psychiatric care	14,843	13,474	12,298	10,868	-26.8	5.8
Total	*34,674*	*33,600*	*34,759*	*33,118*	*-4.5*	*17.7*
Public psychiatric hospitals						
With specialised psychiatric care						
with mental health-related principal diagnosis	17,012	15,064	13,368	12,651	-25.6	6.8
without mental health-related principal diagnosis	970	504	859	595	-38.7	0.3
Total[(d)]	*17,982*	*15,568*	*14,227*	*13,246*	-26.3	7.1
Without specialised psychiatric care	0	3	593	694	. .	0.4
Total	*17,982*	*15,571*	*14,820*	*13,940*	*-22.5*	*7.5*
Total overnight separations	*166,802*	*165,842*	*166,279*	*166,660*	*-0.1*	*89.1*
Total mental health-related separations						
With specialised psychiatric care						
with mental health-related principal diagnosis	99,796	102,508	103,052	104,754	5.0	56.0
without mental health-related principal diagnosis	6,041	4,333	4,422	6,215	2.9	3.3
Total	*105,837*	*106,841*	*107,474*	*110,969*	*4.8*	*59.3*
Without specialised psychiatric care	77,144	74,629	76,507	76,074	-1.4	40.7
Total	**182,981**	**181,470**	**183,981**	**187,043**	**2.2**	**100.0**

(continued)

Table 4.1 (continued): Mental health-related separations and patient days, by principal diagnosis category,[a] Australia, 1998–99 to 2001–02

	1998–99	1999–00	2000–01	2001–02	% change since 1998–99	% of all mental health-related
Patient days						
Overnight separations						
Public acute						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	828,664	876,386	892,660	942,331	13.7	30.6
without mental health-related principal diagnosis	45,178	50,946	63,294	74,063	63.9	2.4
Total	*873,842*	*927,332*	*955,954*	*1,016,394*	*16.3*	*33.0*
Without specialised psychiatric care	477,309	470,616	454,828	469,497	-1.6	15.3
Total	*1,351,151*	*1,397,948*	*1,410,782*	*1,485,891*	*10.0*	*48.3*
Private						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	336,501	336,584	392,671	423,876	26.0	13.8
without mental health-related principal diagnosis	6,189	4,681	5,718	4,390	-29.1	0.1
Total	*342,690*	*341,265*	*398,389*	*428,266*	*25.0*	*13.9*
Without specialised psychiatric care	172,364	181,943	142,833	133,357	-22.6	4.3
Total	*515,054*	*523,208*	*541,222*	*561,623*	*9.0*	*18.2*
Public psychiatric[d]						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	1,187,046	1,118,359	596,785	783,424	-34.0	25.5
without mental health-related principal diagnosis	96,062	35,500	120,842	221,863	131.0	7.2
Total[d]	*1,283,108*	*1,153,859*	*717,627*	*1,005,287*	*-21.7*	*32.7*
Without specialised psychiatric care	0	12	3,037	4,767	. .	0.2
Total	*1,283,108*	*1,153,871*	*720,664*	*1,010,054*	*-21.3*	*32.8*
Total patient days of overnight separations[d]	*3,149,313*	*3,075,027*	*2,672,668*	*3,057,568*	*-2.9*	*99.3*
Total patient days of all mental health-related separations						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	2,359,941	2,338,702	1,890,303	2,157,848	-8.6	70.1
without mental health-related principal diagnosis	148,471	91,266	190,125	300,635	102.5	9.8
Total	*2,508,412*	*2,429,968*	*2,080,428*	*2,458,483*	*-2.0*	*79.9*
Without specialised psychiatric care	657,080	660,687	609,942	619,468	-5.7	20.1
Total[d]	**3,165,492**	**3,090,655**	**2,690,370**	**3,077,951**	**-2.8**	**100.0**
Psychiatric care days[e]						
Overnight separations					**% change since 1999–00**	
Public acute						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	n.p.	865,432	878,921	930,915	7.6	30.2
without mental health-related principal diagnosis	n.p.	47,167	59,034	67,858	43.9	2.2
Total	*n.p.*	*912,599*	*937,955*	*998,773*	9.4	*32.4*
Private						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	n.p.	334,194	390,649	421,375	26.1	13.7
without mental health-related principal diagnosis	n.p.	4,009	5,170	3,906	-2.6	0.1
Total	*n.p.*	*338,203*	*395,819*	*425,281*	25.7	*13.8*
Public psychiatric[c]						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	n.p.	1,084,123	595,310	772,347	-28.8	25.1
without mental health-related principal diagnosis	n.p.	33,330	119,550	216,349	549.1	7.0
Total[d]	n.p.	*1,117,453*	*714,860*	*988,696*	-11.5	*32.1*
Total psychiatric care days of overnight separations(c)	*n.p.*	*2,368,255*	*2,048,634*	*2,412,750*	1.9	*78.4*
Total psychiatric care days of all mental health-related separations						
With specialised psychiatric care[b]						
with mental health-related principal diagnosis	n.p.	2,291,122	1,871,914	2,132,854	-6.9	69.3
without mental health-related principal diagnosis	n.p.	84,645	184,025	288,432	240.8	9.4
Total[d]	**n.p.**	**2,375,767**	**2,055,939**	**2,421,286**	**1.9**	**78.7**

(a) For 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the NHMD using ICD-9-CM. The data were mapped to ICD-10-AM for this analysis, as 'mental health-related' principal diagnoses were defined using ICD-10-AM (see Appendix 3).

(b) The number of patient days for separations with at least some specialised psychiatric care. This figure will not necessarily be equivalent to a count of psychiatric care days as some separations will include days of specialised psychiatric care and days of other care.

(c) Statistical discharge and readmission of long-stay patients in public psychiatric hospitals in Queensland has resulted in inflated numbers of patient days and psychiatric care days for 1999–2000 and reduced patient days and psychiatric care days for 2000–01.

(d) In Tasmania some long-stay patients in public psychiatric hospitals were integrated into community mental health care services during 2000–01 and 2001–02. Consequently the number of separations and lengths of stay for public psychiatric hospitals may be inflated.

(e) Psychiatric care days are presented as a proportion of all mental health-related patient days. Data for 1998–99 were not reported for Western Australian hospitals, Tasmanian private hospitals or national data and are not comparable with the national data for 1999–2000 or 2000–01.

Table 4.2: Summary of separations for mental health-related residential and admitted patient care, states and territories,[a] 2001–02

	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
					Same day separations				
Same day separations with specialised psychiatric care									
Public acute hospitals	1,126	538	1,978	238	319	713	28	14	4,954
Public psychiatric hospitals	426	0	1	19	179	6	. .	. .	631
Public hospitals	*1,552*	*538*	*1,979*	*257*	*498*	*719*	*28*	*14*	*5,585*
Private hospitals	1,072	749	930	167	33	0	0	n.a.	2,951
All hospitals	*2,624*	*1,287*	*2,909*	*424*	*531*	*719*	*28*	*14*	*8,536*
Same day separations without specialised psychiatric care									
Public acute hospitals	2,748	5,871	885	484	887	149	27	39	11,090
Public psychiatric hospitals	93	0	0	0	0	0	. .	. .	93
Public hospitals	*2,841*	*5,871*	*885*	*484*	*887*	*149*	*27*	*39*	*11,183*
Private hospitals	174	127	193	68	24	77	1	n.a.	664
All hospitals	*3,015*	*5,998*	*1,078*	*552*	*911*	*226*	*28*	*39*	*11,847*
All mental health-related same day separations									
Public acute hospitals	3,874	6,409	2,863	722	1,206	862	55	53	16,044
Public psychiatric hospitals	519	0	1	19	179	6	. .	. .	724
Public hospitals	*4,393*	*6,409*	*2,864*	*741*	*1,385*	*868*	*55*	*53*	*16,768*
Private hospitals	1,246	876	1,123	235	57	77	1	n.a.	3,615
All hospitals	*5,639*	*7,285*	*3,987*	*976*	*1,442*	*945*	*56*	*53*	*20,383*
% of same day separations with specialised psychiatric care									
Public acute hospitals	29.1	8.4	69.1	33.0	26.5	82.7	50.9	26.4	30.9
Public psychiatric hospitals	82.1	. .	100.0	100.0	100.0	100.0	. .	. .	87.2
Public hospitals	*35.3*	*8.4*	*69.1*	*34.7*	*36.0*	*82.8*	*50.9*	*26.4*	*33.3*
Private hospitals	86.0	85.5	82.8	71.1	57.9	0.0	0.0	n.a.	81.6
All hospitals	*46.5*	*17.7*	*73.0*	*43.4*	*36.8*	*76.1*	*50.0*	*26.4*	*41.9*
Same day separations per 1,000 population[c]									
Public acute hospitals	0.59	1.32	0.80	0.39	0.78	1.83	0.18	0.30	0.83
Public psychiatric hospitals	0.08	0.00	0.00	0.01	0.12	0.01	. .	. .	0.04
Public hospitals	*0.66*	*1.32*	*0.80*	*0.40*	*0.89*	*1.84*	*0.18*	*0.30*	*0.86*
Private hospitals	0.19	0.18	0.31	0.12	0.04	0.16	0.00	n.a.	0.19
All hospitals	*0.85*	*1.50*	*1.11*	*0.52*	*0.93*	*2.00*	*0.18*	*0.30*	*1.05*
95% confidence intervals for all hospitals	0.8–0.9	1.5–1.5	1.1–1.1	0.5–0.6	0.9–1.0	1.9–2.1	0.1–0.2	0.2–0.4	1.0–1.1

(continued)

Table 4.2 (continued): Summary of separations for mental health-related residential and admitted patient care, states and territories,[a] 2001–02

	NSW	Vic[b]	Qld	WA	SA	Tas[d]	ACT	NT	Total
					Overnight separations				
Overnight separations with specialised psychiatric care									
Public acute hospitals	17,950	16,845	16,350	6,535	4,810	2,366	1,348	733	66,937
Public psychiatric hospitals	7,436	393	458	2,146	2,631	182	. .	. .	13,246
Private hospitals	6,519	4,852	5,198	2,697	2,345	323	316	n.a.	22,250
All hospitals	*31,905*	*22,090*	*22,006*	*11,378*	*9,786*	*2,871*	*1,664*	*733*	*102,433*
Public residential establishments	361	674	. .	166	n.a.	335	23	. .	1,559
Public hospitals and public residential establishments	*25,747*	*17,912*	*16,808*	*8,847*	*7,441*	*2,883*	*1,371*	*733*	*81,742*
All hospitals and public residential establishments	**32,266**	**22,764**	**22,006**	**11,544**	**9,786**	**3,206**	**1,687**	**733**	**103,992**
Overnight separations without specialised psychiatric care									
Public acute hospitals	18,838	13,177	7,711	5,665	6,039	860	151	224	52,665
Public psychiatric hospitals	694	0	0	0	0	0	. .	. .	694
Public hospitals	*19,532*	*13,177*	*7,711*	*5,665*	*6,039*	*860*	*151*	*224*	*53,359*
Private hospitals	2,555	2,625	2,983	993	774	904	34	n.a.	10,868
All hospitals	*22,087*	*15,802*	*10,694*	*6,658*	*6,813*	*1,764*	*185*	*224*	*64,227*
All mental health-related overnight separations									
Public acute hospitals	36,788	30,022	24,061	12,200	10,849	3,226	1,499	957	119,602
Public psychiatric hospitals	8,130	393	458	2,146	2,631	182	. .	. .	13,940
Private hospitals	9,074	7,477	8,181	3,690	3,119	1,227	350	n.a.	33,118
All hospitals	*53,992*	*37,892*	*32,700*	*18,036*	*16,599*	*4,635*	*1,849*	*957*	*166,660*
Public residential establishments	361	674	. .	166	n.a.	335	23	. .	1,559
Public hospitals and public residential establishments	*45,279*	*31,089*	*24,519*	*14,512*	*13,480*	*3,743*	*1,522*	*957*	*135,101*
All hospitals and public residential establishments	**54,353**	**38,566**	**32,700**	**18,202**	**16,599**	**4,970**	**1,872**	**957**	**168,219**
% of overnight separations with specialised psychiatric care									
Public acute hospitals	48.8	56.1	68.0	53.6	44.3	73.3	89.9	76.6	56.0
Public psychiatric hospitals	91.5	100.0	100.0	100.0	100.0	100.0	. .	. .	95.0
Private hospitals	71.8	64.9	63.5	73.1	75.2	26.3	90.3	n.a.	67.2
All hospitals	*59.1*	*58.3*	*67.3*	*63.1*	*59.0*	*61.9*	*90.0*	*76.6*	*61.5*
Public residential establishments	100.0	100.0	. .	100.0	n.a.	100.0	100.0	. .	100.0
Public hospitals and public residential establishments	*56.9*	*57.6*	*68.6*	*61.0*	*55.2*	*77.0*	*90.1*	*76.6*	*60.5*
All hospitals and public residential establishments	**59.4**	**59.0**	**67.3**	**63.4**	**59.0**	**64.5**	**90.1**	**76.6**	**61.8**

(continued)

Table 4.2 (continued): Summary of separations for mental health-related residential and admitted patient care, states and territories,[a] 2001–02

	NSW	Vic[b]	Qld	WA	SA	Tas[d]	ACT	NT	Total
Overnight separations per 1,000 population[c]									
Public acute hospitals	5.6	6.2	6.7	6.5	7.1	7.0	4.7	5.0	6.2
Public psychiatric hospitals	1.2	0.1	0.1	1.1	1.8	0.4	. .	. .	0.7
Public hospitals	*6.8*	*6.3*	*6.8*	*7.6*	*8.9*	*7.4*	*4.7*	*4.9*	*6.9*
Private hospitals	1.4	1.5	2.3	2.0	2.0	2.6	1.1	n.a.	1.7
All hospitals	*8.2*	*7.8*	*9.1*	*9.6*	*10.9*	*10.0*	*5.8*	*5.0*	*8.6*
95% confidence intervals for all hospitals	8.1–8.3	7.7–7.9	9–9.2	9.4–9.7	10.7–11	9.7–10.3	5.5–6.1	4.7–5.4	8.5–8.6
Public residential establishments	0.1	0.1	. .	0.1	n.a.	0.7	0.1	. .	0.1
Public hospitals and public residential establishments	*6.9*	*6.4*	*6.8*	*7.7*	*n.a.*	*8.1*	*4.7*	*4.9*	*7.0*
All hospitals and public residential establishments	**8.2**	**8.0**	**9.1**	**9.7**	**n.a.**	**10.7**	**5.9**	**5.0**	**8.7**
				Total separations					
Separations with specialised psychiatric care									
Public acute hospitals	19,076	17,383	18,328	6,773	5,129	3,079	1,376	747	71,891
Public psychiatric hospitals	7,862	393	459	2,165	2,810	188	. .	. .	13,877
Private hospitals	7,591	5,601	6,128	2,864	2,378	323	316	n.a.	25,201
All hospitals	*34,529*	*23,377*	*24,915*	*11,802*	*10,317*	*3,590*	*1,692*	*747*	*110,969*
Public residential establishments	361	674	. .	166	n.a.	335	23	. .	1,559
Public hospitals and public residential establishments	*27,299*	*18,450*	*18,787*	*9,104*	*7,939*	*3,602*	*1,399*	*747*	*87,327*
All hospitals and public residential establishments	**34,890**	**24,051**	**24,915**	**11,968**	**10,317**	**3,925**	**1,715**	**747**	**112,528**
Separations with specialised psychiatric care per 1,000 population[c]									
Public acute hospitals	2.9	3.6	5.1	3.6	3.4	6.7	4.2	3.8	3.7
Public psychiatric hospitals	1.2	0.1	0.1	1.1	1.9	0.4	. .	. .	0.7
Public hospitals	*4.1*	*3.7*	*5.2*	*4.7*	*5.3*	*7.1*	*4.2*	*3.7*	*4.4*
Private hospitals	*1.2*	*1.2*	*1.7*	*1.5*	*1.5*	*0.7*	*1.0*	*n.a.*	*1.3*
All hospitals	*5.3*	*4.8*	*6.9*	*6.2*	*6.8*	*7.8*	*5.2*	*3.8*	*5.7*
95% confidence intervals for all hospitals	5.2–5.3	4.8–4.9	6.8–7	6.1–6.3	6.7–6.9	7.5–8.1	4.9–5.4	3.5–4.1	5.7–5.8
Public residential establishments	0.1	0.1	. .	0.1	n.a.	0.7	0.1	. .	0.1
Public hospitals and public residential establishments	*4.2*	*3.8*	*5.2*	*4.8*	*n.a.*	*7.9*	*4.3*	*3.7*	*4.5*
All hospitals and public residential establishments	**5.3**	**5.0**	**6.9**	**6.3**	**n.a.**	**8.5**	**5.2**	**3.8**	**5.8**
Separations without specialised psychiatric care									
Public acute hospitals	21,586	19,048	8,596	6,149	6,926	1,009	178	263	63,755
Public psychiatric hospitals	787	0	0	0	0	0	. .	. .	787
Public hospitals	*22,373*	*19,048*	*8,596*	*6,149*	*6,926*	*1,009*	*178*	*263*	*64,542*
Private hospitals	2,729	2,752	3,176	1,061	798	981	35	n.a.	11,532
All hospitals	*25,102*	*21,800*	*11,772*	*7,210*	*7,724*	*1,990*	*213*	*263*	*76,074*

(continued)

Table 4.2 (continued): Summary of separations for mental health-related residential and admitted patient care, states and territories,[a] 2001–02

	NSW	Vic[b]	Qld	WA	SA	Tas[d]	ACT	NT	Total
Separations without specialised psychiatric care per 1,000 population[c]									
Public acute hospitals	3.3	3.9	2.4	3.3	4.5	2.1	0.6	1.5	3.3
Private hospitals	0.4	0.6	0.9	0.6	0.5	2.0	0.1	n.a.	0.6
All hospitals	*3.8*	*4.5*	*3.3*	*3.9*	*5.0*	*4.2*	*0.7*	*1.5*	*3.9*
95% confidence intervals for all hospitals	3.7–3.8	4.4–4.6	3.2–3.4	3.8–4	4.8–5.1	4–4.4	0.6–0.8	1.3–1.7	3.9–3.9
% of separations with specialised psychiatric care									
Public acute hospitals	46.9	47.7	68.1	52.4	42.5	75.3	88.5	74.0	53.0
Public psychiatric hospitals	90.9	100.0	100.0	100.0	100.0	100.0	. .	. .	94.6
Private hospitals	73.6	67.1	65.9	73.0	74.9	24.8	90.0	n.a.	68.6
All hospitals	*57.9*	*51.7*	*67.9*	*62.1*	*57.2*	*64.3*	*88.8*	*74.0*	*59.3*
Public residential establishments	100.0	100.0	. .	100.0	n.a.	100.0	100.0	. .	100.0
Public hospitals and public residential establishments	*55.0*	*49.2*	*68.6*	*59.7*	*53.4*	*78.1*	*88.7*	*74.0*	*57.5*
All hospitals and public residential establishments	**58.2**	**52.5**	**67.9**	**62.4**	**57.2**	**66.4**	**89.0**	**74.0**	**59.7**
Total separations									
Public acute hospitals	40,662	36,431	26,924	12,922	12,055	4,088	1,554	1,010	135,646
Public psychiatric hospitals	8,649	393	459	2,165	2,810	188	. .	. .	14,664
Private hospitals	10,320	8,353	9,304	3,925	3,176	1,304	351	n.a.	36,733
All hospitals	*59,631*	*45,177*	*36,687*	*19,012*	*18,041*	*5,580*	*1,905*	*1,010*	*187,043*
Public residential establishments	361	674	. .	166	n.a.	335	23	. .	1,559
Public hospitals and public residential establishments	*49,672*	*37,498*	*27,383*	*15,253*	*14,865*	*4,611*	*1,577*	*1,010*	*151,869*
All hospitals and public residential establishments	**59,992**	**45,851**	**36,687**	**19,178**	**18,041**	**5,915**	**1,928**	**1,010**	**188,602**
Total separations per 1,000 population[c]									
Public acute hospitals	6.2	7.5	7.5	6.9	7.9	8.8	4.9	5.3	7.0
Public psychiatric hospitals	1.3	0.1	0.1	1.1	1.9	0.4	. .	. .	0.8
Public hospitals	*7.5*	*7.6*	*7.6*	*8.0*	*9.7*	*9.2*	*4.9*	*5.3*	*7.7*
Private hospitals	1.6	1.7	2.6	2.1	2.0	2.7	1.1	n.a.	1.9
All hospitals	*9.0*	*9.3*	*10.2*	*10.1*	*11.8*	*12.0*	*6.0*	*5.4*	*9.6*
95% confidence intervals for all hospitals	9.0–9.1	9.2–9.4	10.1–10.3	10 .0–10.2	11.6–12.0	11.7–12.3	5.7–6.3	5.0–5.7	9.6–9.7
Public residential establishments	0.1	0.1	. .	0.1	n.a.	0.7	0.1	. .	0.1
Public hospitals and public residential establishments	*7.5*	*7.7*	*7.6*	*8.1*	*9.7*	*10.0*	*4.9*	*5.3*	*7.8*
All hospitals and public residential establishments	**9.1**	**9.5**	**10.2**	**10.2**	**11.8**	**12.7**	**6.1**	**5.4**	**9.7**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(c) All rates except for those for public community mental health care establishments are indirectly age standardised to the estimated resident population of Australia on 30 June 2001. Rates for public residential establishments are crude rates based on the Estimated Resident Population on 30 June 2001.

(d) In Tasmania, some long-stay patients in public psychiatric hospitals were transferred to community mental health services during 2000–01 and 2001–02. Therefore the number of separations and lengths of stay are not comparable to those for previous years.

n.a. Not available.

. . Not applicable.

Table 4.3: Summary of patient days for mental health-related admitted patient care,[a] states and territories,[b] 2001–02

	NSW	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
					Overnight separations				
Patient days for overnight separations with specialised psychiatric care									
Public acute hospitals	273,318	281,665	220,325	99,241	88,228	31,489	15,040	7,088	1,016,394
Public psychiatric hospitals	583,532	26,342	189,641	73,196	100,819	31,757	. .	. .	1,005,287
Public hospitals	*856,850*	*308,007*	*409,966*	*172,437*	*189,047*	*63,246*	*15,040*	*7,088*	*2,021,681*
Private hospitals	121,818	90,889	120,623	43,561	40,567	5,263	5,545	n.a.	428,266
All hospitals	*978,668*	*398,896*	*530,589*	*215,998*	*229,614*	*68,509*	*20,585*	*7,088*	*2,449,947*
Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring within 2001–02[d]									
Public acute hospitals	79.0	90.3	87.9	92.1	82.8	77.6	94.1	95.9	86.0
Public psychiatric hospitals	29.7	60.4	18.4	68.6	66.7	34.0	. .	. .	35.1
Private hospitals	95.0	95.6	89.9	94.2	95.3	95.4	96.4	n.a.	93.6
All hospitals	*51.6*	*89.5*	*63.5*	*84.6*	*77.9*	*58.8*	*94.7*	*95.9*	*66.4*
Psychiatric care days for overnight separations with specialised psychiatric care									
Public acute hospitals	264,623	281,665	215,989	94,945	88,228	31,489	14,851	6,983	998,773
Public psychiatric hospitals	567,574	26,342	189,641	73,196	100,186	31,757	. .	. .	988,696
Public hospitals	*832,197*	*308,007*	*405,630*	*168,141*	*188,414*	*63,246*	*14,851*	*6,983*	*1,987,469*
Private hospitals	119,981	90,889	120,206	43,176	40,567	5,263	5,199	n.a.	425,281
All hospitals	*952,178*	*398,896*	*525,836*	*211,317*	*228,981*	*68,509*	*20,050*	*6,983*	*2,412,750*
% psychiatric care days per overnight mental health-related patient day									
Public acute hospitals	96.8	100.0	98.0	95.7	100.0	100.0	98.7	98.5	98.3
Public psychiatric hospitals	97.3	100.0	100.0	100.0	99.4	100.0	. .	. .	98.3
Private hospitals	*98.5*	*100.0*	*99.7*	*99.1*	*100.0*	*100.0*	*93.8*	*n.a.*	*99.3*
All hospitals	*97.3*	*100.0*	*99.1*	*97.8*	*99.7*	*100.0*	*97.4*	*98.5*	*98.5*
Patient days for overnight separations without specialised psychiatric care									
Public acute hospitals	213,373	113,521	53,275	38,207	40,330	8,509	1,130	1,152	469,497
Public psychiatric hospitals	4,767	0	0	0	0	0	. .	. .	4,767
Public hospitals	*218,140*	*113,521*	*53,275*	*38,207*	*40,330*	*8,509*	*1,130*	*1,152*	*474,264*
Private hospitals	38,769	25,370	43,302	8,694	6,750	10,087	385	n.a.	133,357
All hospitals	*256,909*	*138,891*	*96,577*	*46,901*	*47,080*	*18,596*	*1,515*	*1,152*	*607,621*
Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring within 2001–02[d]									
Public acute hospitals	63.2	85.8	86.9	89.1	93.4	91.4	95.5	98.6	76.7
Private hospitals	*93.6*	*97.6*	*86.5*	*96.2*	*94.8*	*95.4*	*88.1*	*n.a.*	*92.4*
All hospitals	*68.4*	*88.0*	*86.8*	*90.4*	*93.6*	*93.6*	*93.6*	*98.6*	*80.4*

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care,[a] states and territories,[b] 2001–02

	NSW	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
Total patient days for all mental health-related overnight separations									
Public acute hospitals	486,691	395,186	273,600	137,448	128,558	39,998	16,170	8,240	1,485,891
Public psychiatric hospitals	588,299	26,342	189,641	73,196	100,819	31,757	. .	. .	1,010,054
Public hospitals	*1,074,990*	*421,528*	*463,241*	*210,644*	*229,377*	*71,755*	*16,170*	*8,240*	*2,495,945*
Private hospitals	160,587	116,259	163,925	52,255	47,317	15,350	5,930	n.a.	561,623
All hospitals	*1,235,577*	*537,787*	*627,166*	*262,899*	*276,694*	*87,105*	*22,100*	*8,240*	*3,057,568*
Estimated proportion of patient days for all mental health-related overnight separations occurring within 2001–02[d]									
Public acute hospitals	72.0	89.0	87.7	91.3	86.1	80.6	94.2	96.2	83.1
Public psychiatric hospitals	30.3	60.4	18.4	68.6	66.7	34.0	. .	. .	35.4
Private hospitals	94.6	96.0	89.0	94.5	95.2	95.4	95.8	n.a.	93.3
All hospitals	*55.1*	*89.1*	*67.1*	*85.6*	*80.6*	*66.2*	*94.6*	*96.2*	*69.2*
% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	54.4	71.3	78.9	69.1	68.6	78.7	91.8	84.7	67.2
Public psychiatric hospitals	96.5	100.0	100.0	100.0	99.4	100.0	. .	. .	97.9
Public hospitals	*77.4*	*73.1*	*87.6*	*79.8*	*82.1*	*88.1*	*91.8*	*84.7*	*79.6*
Private hospitals	74.7	78.2	73.3	82.6	85.7	34.3	87.7	n.a.	75.7
All hospitals	*77.1*	*74.2*	*83.8*	*80.4*	*82.8*	*78.7*	*90.7*	*84.7*	*78.9*
Patient days for all mental health-related overnight separations per 1,000 population[f]									
Public acute hospitals	73.2	80.9	77.4	75.1	80.9	84.0	54.8	52.0	76.5
Public psychiatric hospitals	89.4	5.4	52.8	38.8	66.7	69.4	. .	. .	53.5
Public hospitals	*162.6*	*86.7*	*130.4*	*113.8*	*147.4*	*153.4*	*52.8*	*47.5*	*128.8*
Private hospitals	24.3	24.0	46.0	28.2	30.1	32.2	19.4	n.a.	29.2
All hospitals	*186.7*	*110.5*	*176.3*	*141.8*	*177.2*	*185.2*	*72.1*	*47.8*	*157.5*
95% confidence intervals	186.4–187.0	110.2–110.8	175.8–176.7	141.2–142.3	176.6–177.9	184–186.4	71.2–73.1	46.8–48.9	157.4–157.7
				Total separations					
Patient days for separations with specialised psychiatric care									
Public acute hospitals	274,444	282,203	222,303	99,479	88,547	32,202	15,068	7,102	1,021,348
Public psychiatric hospitals	583,958	26,342	189,642	73,215	100,998	31,763	. .	. .	1,005,918
Public hospitals	*858,402*	*308,545*	*411,945*	*172,694*	*189,545*	*63,965*	*15,068*	*7,102*	*2,027,266*
Private hospitals	122,890	91,638	121,553	43,728	40,600	5,263	5,545	n.a.	431,217
All hospitals	*981,292*	*400,183*	*533,498*	*216,422*	*230,145*	*69,228*	*20,613*	*7,102*	*2,458,483*

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care,[a] states and territories,[b] 2001–02

	NSW	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
					Total separations				
Patient days for separations with specialised psychiatric care per 1,000 population[f]									
Public acute hospitals	41.5	58.1	62.2	53.2	57.4	69.1	47.9	39.3	52.6
Public psychiatric hospitals	88.7	5.4	52.8	38.8	66.8	69.4	. .	. .	53.3
Public hospitals	*130.2*	*63.6*	*115.1*	*92.0*	*124.2*	*138.6*	*47.2*	*37.7*	*104.5*
Private hospitals	18.7	19.0	33.9	23.3	26.2	11.1	17.6	n.a.	22.4
All hospitals	*148.8*	*82.5*	*148.9*	*115.3*	*150.2*	*149.2*	*64.8*	*38.1*	*126.7*
95% confidence intervals	148.5–149.1	82.2–82.7	148.5–149.3	114.8–115.8	149.6–150.8	148.1–150.3	63.9–65.6	37.2–39.0	126.5–126.8
Estimated proportion of patient days for separations with specialised psychiatric care occurring within 2001–02[d]									
Public acute hospitals	79.0	90.3	88.0	92.2	82.8	78.1	94.1	95.9	86.0
Public psychiatric hospitals	29.8	60.4	18.4	68.6	66.6	34.0	. .	. .	35.1
Private hospitals	94.2	94.8	89.3	93.9	95.2	95.4	96.4	n.a.	93.0
All hospitals	*51.6*	*89.3*	*63.4*	*84.5*	*77.8*	*58.6*	*94.6*	*95.7*	*66.3*
Psychiatric care days for all mental health-related separations									
Public acute hospitals	265,749	282,203	217,967	95,183	88,547	32,202	14,879	6,997	1,003,727
Public psychiatric hospitals	568,000	26,342	189,642	73,215	100,365	31,763	. .	. .	989,327
Public hospitals	*833,749*	*308,545*	*407,609*	*168,398*	*188,912*	*63,965*	*14,879*	*6,997*	*1,993,054*
Private hospitals	121,053	91,638	121,136	43,343	40,600	5,263	5,199	n.a.	428,232
All hospitals	*954,802*	*400,183*	*528,745*	*211,741*	*229,512*	*69,228*	*20,078*	*6,997*	*2,421,286*
Psychiatric care days for all mental health-related separations per 1,000 population[f]									
Public acute hospitals	40.2	58.1	61.0	50.9	57.4	69.2	47.3	38.6	51.7
Public psychiatric hospitals	86.2	5.4	52.9	38.8	66.3	69.4	. .	. .	52.4
Public hospitals	*126.3*	*63.5*	*113.8*	*89.7*	*123.6*	*138.5*	*46.7*	*37.2*	*102.6*
Private hospitals	18.4	19.0	33.8	23.1	26.2	11.1	16.5	n.a.	22.3
All hospitals	*144.8*	*82.5*	*147.6*	*112.8*	*149.8*	*149.3*	*63.1*	*37.5*	*124.8*
95% confidence intervals	144.5–145.1	82.2–82.7	147.2–148	112.3–113.3	149.2–150.4	148.2–150.4	62.2–64.0	36.7–38.4	124.6–124.9
Patient days for all mental health-related separations without specialised psychiatric care									
Public acute hospitals	216,121	119,392	54,160	38,691	41,217	8,658	1,157	1,191	480,587
Private hospitals	*38,943*	*25,497*	*43,495*	*8,762*	*6,774*	*10,164*	*386*	*n.a.*	*134,021*
All hospitals[e]	*259,924*	*144,889*	*97,655*	*47,453*	*47,991*	*18,822*	*1,543*	*1,191*	*619,468*
Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population[e]									
Public acute hospitals	32.1	24.2	15.7	22.1	24.4	17.4	4.5	10.7	24.8
Private hospitals	5.9	5.2	12.5	4.9	4.1	20.7	1.4	n.a.	7.0
All hospitals[e]	*38.7*	*29.4*	*28.2*	*26.9*	*28.6*	*38.0*	*5.9*	*10.2*	*31.9*
95% confidence intervals	38.6–38.9	29.3–29.6	28.0–28.4	26.7–27.2	28.4–28.9	37.4–38.5	5.6–6.2	9.6–10.8	31.8–32.0

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care,[a] states and territories,[b] 2001–02

	NSW	Vic[c]	Qld	WA	SA	Tas	ACT	NT	Total
Estimated proportion of patient days for separations without specialised psychiatric care occurring within 2001–02[d]									
Public acute hospitals	62.9	82.5	85.8	88.2	91.6	90.0	93.4	95.5	75.5
Private hospitals	93.2	97.2	86.2	95.4	94.5	94.7	87.9	. .	92.0
All hospitals[e]	*68.0*	*85.0*	*86.0*	*89.5*	*92.0*	*92.5*	*92.0*	*95.5*	*79.2*
Patient days for all mental health-related separations									
Public acute hospitals	490,565	401,595	276,463	138,170	129,764	40,860	16,225	8,293	1,501,935
Public psychiatric hospitals	588,818	26,342	189,642	73,215	100,998	31,763	. .	. .	1,010,778
Public hospitals	*1,079,383*	*427,937*	*466,105*	*211,385*	*230,762*	*72,623*	*16,225*	*8,293*	*2,512,713*
Private hospitals	161,833	117,135	165,048	52,490	47,374	15,427	5,931	n.a.	565,238
All hospitals	*1,241,216*	*545,072*	*631,153*	*263,875*	*278,136*	*88,050*	*22,156*	*8,293*	*3,077,951*
% of patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	54.2	70.3	78.8	68.9	68.2	78.8	91.7	84.4	66.8
Public psychiatric hospitals	96.5	100.0	100.0	100.0	99.4	100.0	. .	. .	97.9
Public hospitals	*77.2*	*72.1*	*87.5*	*79.7*	*81.9*	*88.1*	*91.7*	*84.4*	*79.3*
Private hospitals	74.8	78.2	73.4	82.6	85.7	34.1	87.7	n.a.	75.8
All hospitals	*76.9*	*73.4*	*83.8*	*80.2*	*82.5*	*78.6*	*90.6*	*84.4*	*78.7*
Patient days per 1,000 population[f]									
Public acute hospitals	73.8	82.3	78.2	75.5	81.7	85.9	54.9	52.3	77.4
Public hospitals	*163.1*	*87.9*	*131.1*	*114.0*	*148.1*	*155.0*	*52.9*	*47.8*	*129.5*
Private hospitals	24.5	24.2	46.3	28.3	30.2	32.4	19.4	n.a.	29.4
All hospitals	*187.5*	*112.0*	*177.4*	*142.3*	*178.2*	*187.2*	*72.3*	*48.1*	*158.6*
95% confidence intervals	187.2–187.9	111.7–112.3	176.9–177.8	141.7–142.8	177.5–178.8	186.0–188.5	71.3–73.2	47.1–49.2	158.4–158.8
Estimated proportion of patient days for all mental health-related separations occurring within 2001–02[d]									
Public acute hospitals	71.5	87.6	86.8	90.8	85.3	78.9	93.9	95.6	82.2
Public psychiatric hospitals	30.4	60.4	18.4	68.6	66.7	34.0	. .	. .	35.4
Private hospitals	*94.7*	*96.0*	*89.1*	*94.6*	*95.2*	*95.4*	*95.8*	*n.a.*	*93.4*
All hospitals	*55.3*	*89.3*	*67.3*	*85.7*	*80.7*	*66.5*	*94.6*	*96.3*	*69.4*

(a) Patient day data were unavailable for residential mental health care services.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(c) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(d) See Appendix 4 of *Mental Health Services in Australia 1999–00* for details on the estimation process (AIHW 2002b).

(e) Includes separations without specialised psychiatric care from New South Wales public psychiatric hospitals.

(f) All rates are indirectly age standardised to the estimated resident population of Australia on 30 June 2001.

n.a. Not available.

. . Not applicable.

Table 4.4: Separations, patient days and psychiatric care days of separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2001–02

		Same day	Overnight	Total	Patient days	ALOS (overnight)	Psychiatric care days
With specialised psychiatric care							
with mental health-related principal diagnosis	with mental health-related additional diagnosis	1,595	49,983	51,578	929,108	18.6	921,206
	without mental health-related additional diagnosis	6,622	46,554	53,176	1,228,740	26.3	1,211,648
without mental health-related principal diagnosis	with mental health-related additional diagnosis	236	3,438	3,674	172,125	50.0	166,200
	without mental health-related additional diagnosis	83	2,458	2,541	128,510	52.2	122,232
Total with specialised care		*8,536*	*102,433*	*110,969*	*2,458,483*	*23.9*	*2,421,286*
Without specialised psychiatric care							
with mental health-related principal diagnosis	with mental health-related additional diagnosis	2,252	27,108	29,360	260,574	9.5	. .
	without mental health-related additional diagnosis	9,595	37,119	46,714	358,894	9.4	. .
without mental health-related principal diagnosis	with mental health-related additional diagnosis[(a)]	47,831	211,529	259,360	2,553,332	11.8	. .
Total without specialised care		*59,678*	*275,756*	*335,434*	*3,172,800*	*11.3*	. .
Total							
with mental health-related principal diagnosis	with mental health-related additional diagnosis	3,847	77,091	80,938	1,189,682	15.4	921,206
	without mental health-related additional diagnosis	16,217	83,673	99,890	1,587,634	18.8	1,211,648
without mental health-related principal diagnosis	with mental health-related additional diagnosis	48,067	214,967	263,034	2,725,457	12.5	166,200
	without mental health-related additional diagnosis	83	2,458	2,541	128,510	52.2	122,232
Total		**68,214**	**378,189**	**446,403**	**5,631,283**	**14.7**	**2,421,286**

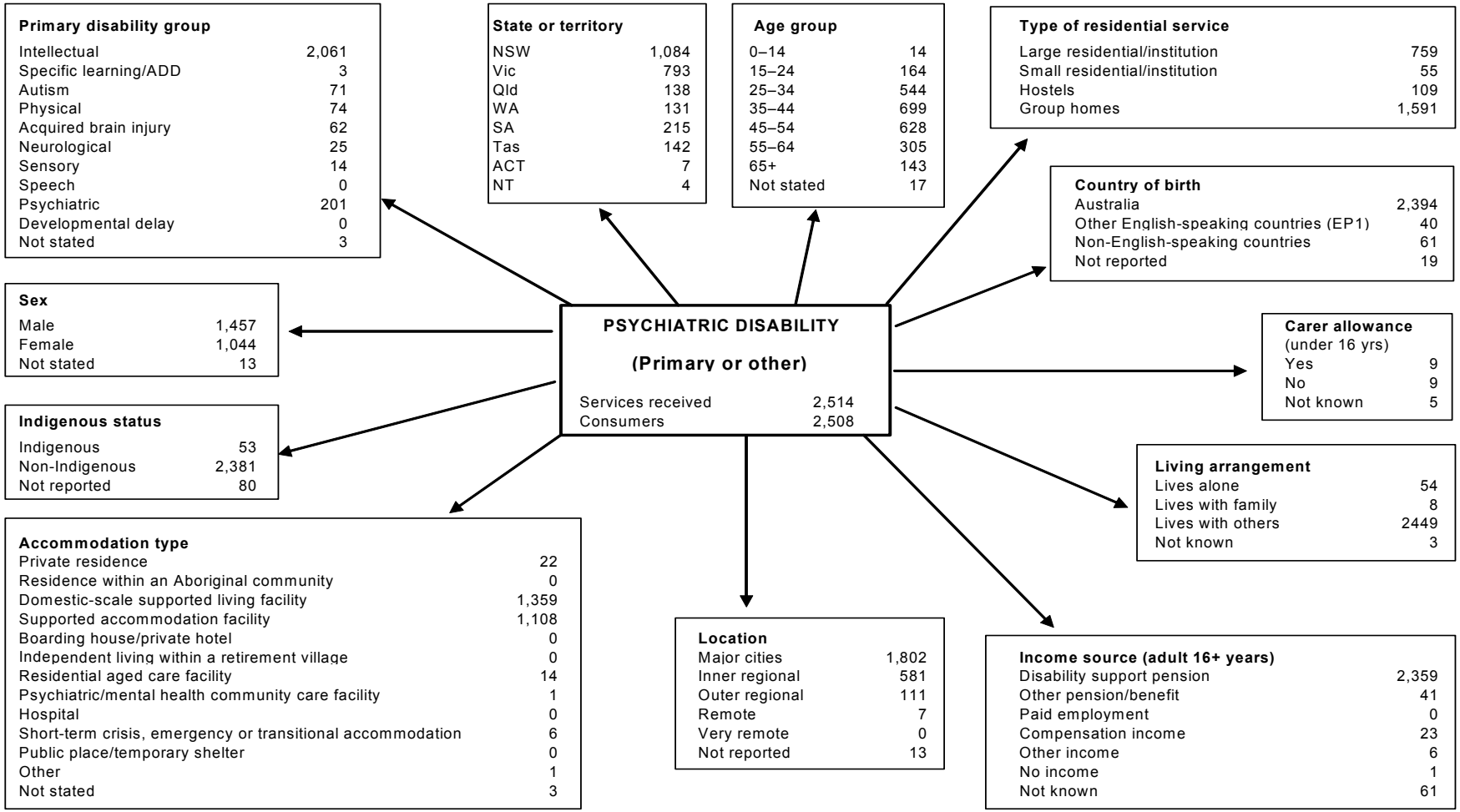
(a) These separations are not included in the definition of mental health-related separations for this report (see Appendix 3).
. . Not applicable.

Table 4.5: Separations, patient days and psychiatric care days for mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2001–02

Principal diagnosis		Separations: Same day	Separations: Overnight	Separations: Total	Sep's per 1,000 pop'n[a]	Patient days	Psychiatric care days	Average length of stay (o'night)	Psychiatric care days per sep. (o'night)	Patient days per 1,000 population[a]	Psychiatric care days per 1,000 population[a]
With specialised psychiatric care											
A00–B99	Certain infectious and parasitic diseases	3	61	64	<0.01	648	464	10.6	7.6	0.03	0.02
C00–D48	Neoplasms	3	144	147	<0.01	1,304	1,054	9.0	7.3	0.07	0.05
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2	20	22	<0.01	83	67	4.1	3.3	<0.01	<0.01
E00–E90	Endocrine nutritional and metabolic diseases	1	79	80	<0.01	2,226	1,721	28.2	21.8	0.11	0.09
F00–F99	Mental and behavioural disorders	8,194	95,220	103,414	5.33	2,113,845	2,089,444	22.1	21.9	108.89	107.63
G00–G99	Diseases of the nervous system	11	1,015	1,026	0.05	62,060	61,075	61.1	60.2	3.20	3.15
H00–H59	Diseases of the eye and adnexa	0	5	5	<0.01	49	42	9.8	8.4	<0.01	<0.01
H60–H95	Diseases of the ear and mastoid process	0	9	9	<0.01	41	28	4.6	3.1	<0.01	<0.01
I00–I99	Diseases of the circulatory system	3	218	221	0.01	4,404	3,994	20.2	18.3	0.23	0.21
J00–J99	Diseases of the respiratory system	6	284	290	0.01	4,042	3,512	14.2	12.3	0.21	0.18
K00–K93	Diseases of the digestive system	5	383	388	0.02	2,212	1,826	5.8	4.8	0.11	0.09
L00–L99	Diseases of the skin and subcutaneous tissue	2	85	87	<0.01	631	480	7.4	5.6	0.03	0.02
M00–M99	Diseases of the musculoskeletal system and connective tissue	2	190	192	<0.01	1,718	1,426	9.0	7.5	0.09	0.07
N00–N99	Diseases of the genitourinary system	1	140	141	<0.01	922	798	6.6	5.7	0.05	0.04
O00–O99	Pregnancy, childbirth and the puerperium	5	109	114	<0.01	1,080	980	9.9	8.9	0.06	0.05
P00–P96	Certain conditions originating in the perinatal period	0	2	2	<0.01	20	14	10.0	7.0	<0.01	<0.01
Q00–Q99	Congenital malformations, deformations and chromosomal	0	13	13	<0.01	176	176	13.5	13.5	<0.01	<0.01
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	19	380	399	0.02	4,839	4,545	12.7	11.9	0.25	0.23
S00–T98	Injury, poisoning and certain other consequences of external causes	64	2,355	2,419	0.12	31,991	29,441	13.6	12.5	1.65	1.52
Z00–Z99	Factors influencing health status and contact with health services	212	1,575	1,787	0.09	159,541	153,701	101.2	97.5	8.22	7.92
	Not reported	3	146	149	<0.01	66,651	66,498	456.5	455.4	3.43	3.43
Total with specialised psychiatric care		*8,536*	*102,433*	*110,969*	*5.72*	*2,458,483*	*2,421,286*	*23.9*	*23.6*	*126.64*	*124.72*
Without specialised psychiatric care											
F00–F99	Mental and behavioural disorders	11,584	55,470	67,054	3.45	534,460	. .	9.4	. .	27.53	. .
G00–G99	Diseases of the nervous system	74	6,026	6,100	0.31	71,420	. .	11.8	. .	3.68	. .
O00–O99	Pregnancy, childbirth and the puerperium	80	1,815	1,895	0.10	7,543	. .	4.1	. .	0.39	. .
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	72	399	471	0.02	2,123	. .	5.1	. .	0.11	. .
Z00–Z99	Factors influencing health status and contact with health services	37	517	554	0.03	3,922	. .	7.5	. .	0.20	. .
Total without specialised psychiatric care		*11,847*	*64,227*	*76,074*	*3.92*	*619,468*	. .	*9.5*	. .	*31.91*	. .
Total		**20,383**	**166,660**	**187,043**	**9.63**	**3,077,951**	**. .**	**18.3**	**. .**	**158.55**	**. .**

(a) Rates are crude rates based on the estimated resident population of Australia as at 30 June 2001.

. . Not applicable.



Notes: 1. All figures (except 'Consumers') are based on services received.
2. EP1 (English proficiency group 1) includes Canada, Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.

Figure 4.2: Data reported for CSDA-funded residential disability support services for persons with a psychiatric disability, 2001–02 snapshot day

5 Specialised admitted patient mental health care

This chapter describes the provision by hospitals of admitted patient care that includes specialised psychiatric care. Separations are defined as having specialised psychiatric care if the patient has one or more days in a psychiatric hospital or in a specialised psychiatric unit of an acute care hospital (also referred to as a designated psychiatric unit). The separations with specialised psychiatric care reported in this chapter exclude same day separations that were identified as ambulatory-equivalent mental health-related hospital separations (see Appendix 3 for further information). Data on ambulatory-equivalent separations are presented in Chapter 3.

This chapter contains a substantial amount of data on separations with specialised psychiatric care:

- information on patients demographics is presented on pages 95–103
- principal diagnosis data are presented on pages 104–121
- information on Australian Refined Diagnosis Related Groups is presented on pages 122–123
- procedure data are presented on pages 123–131
- data on admission and separation mode and care type are presented on pages 132–138.

A national overview of all mental health-related separations and residential care can be found in Chapter 4. Information on mental health-related separations without specialised psychiatric care is presented in Chapter 6.

Overview

This section presents a brief overview of the data available on separations with specialised psychiatric care for 2001–02 (Figure 5.1). There were a total of 110,969 separations that included specialised psychiatric care. The total number of patient days was 2,458,483, including 2,421,286 days of specialised psychiatric care. The average length of stay was 22.2 days. The majority of patients (64.4%) had a mental health legal status of *Voluntary.* Approximately 73.8% of separations had a funding source of *Public patient* and 19.3% reported a funding source of *Private health insurance*.

Female patients accounted for 51.4% of mental health-related separations with specialised psychiatric care, while 45.7% of patients were in the 25–44 years age group. Over three-quarters of these separations (77.3%) were in the public sector and most patients (93.0%) had a care type of *Acute care*. A large proportion of patients (84.3%) had a separation mode of *Other*, suggesting that patients went home after separation from the hospital. *Schizophrenia* (F20) was the most common group of principal diagnoses. The most common procedure reported was *General allied health interventions* (Block 1916) followed by *General anaesthesia* (Block 1910) and the most commonly reported AR-DRG was *Major affective disorders age less than 70 without catastrophic or severe complications or comorbities* (U63B).

Patient demographics

This section presents demographic data collected for separations with specialised psychiatric care for 2001–02. These data reflect the level of utilisation of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Age and sex

Table 5.1 presents the age and sex distribution of the mental health-related separations with specialised psychiatric care. There were 53,936 separations reported for male patients and 57,022 for female patients. Despite this, there were more patient days reported for separations involving male patients, 1,277,999 days compared with 1,180,042 days for female patients. Patients who received specialised psychiatric care were most likely to be in the 25–34 years age group, which accounted for 24.5% of separations for both males and females.

The proportion of separations with specialised psychiatric care for which involuntary mental health legal status was recorded was different for male and female patients. For male patients, 34.6% of separations had an involuntary status reported, whereas 24.4% of separations for female patients were involuntary (Table 5.2). Male patients had a larger proportion of separations with an involuntary status than female patients for every age group except the under 15 years age group.

Mental health legal status

Table 5.3 outlines the mental health legal status reported for separations with specialised psychiatric care during 2001–02. The data on mental health legal status are collected to indicate whether a patient has been involuntarily detained. The legislative arrangements under which patients can be involuntarily detained differ between jurisdictions and these differences may be reflected in the proportion of separations reported as involuntary for each jurisdiction. Private hospitals in New South Wales, Victoria and Tasmania do not have beds gazetted for use by involuntary patients and the Northern Territory does not report these data. For all private hospital separations, *Mental health legal status* was recorded as 'Voluntary' in the Australian Capital Territory and South Australia, and as 'Not reported' in Victoria and Tasmania. Therefore caution should be used in the interpretation of these data.

The mental health legal status recorded for mental health-related separations from public psychiatric hospitals was more often involuntary (46.5%) than separations from public acute (35.7%) and private hospitals (1.5%).

Area of usual residence

Table 5.4 reports the number of separations by the patient's state or territory and Remoteness Area of usual residence. Generally there were fewer specialised separations per 1,000 population for patients whose residential area was a remote or regional area than for patients from major cities. There were 5.8 separations with specialised psychiatric care per 1,000 population for patients from Major cities compared with 5.7 per 1,000 population from Inner regional areas, 4.4 per 1,000 population from Outer regional areas, 2.8 per 1,000

population from Remote areas and 2.7 per 1,000 population from Very remote areas. Overall, there were 5.7 separations with specialised psychiatric care per 1,000 population.

For all mental health-related separations with or without specialised psychiatric care there were 9.7 separations per 1,000 population (Table 4.2). For details of the rates for mental health-related separations without specialised psychiatric care by Remoteness Area, see Table 6.2. Figure 2.14 presents the number of overnight separations with and without specialised psychiatric care per 1,000 population by Remoteness Area.

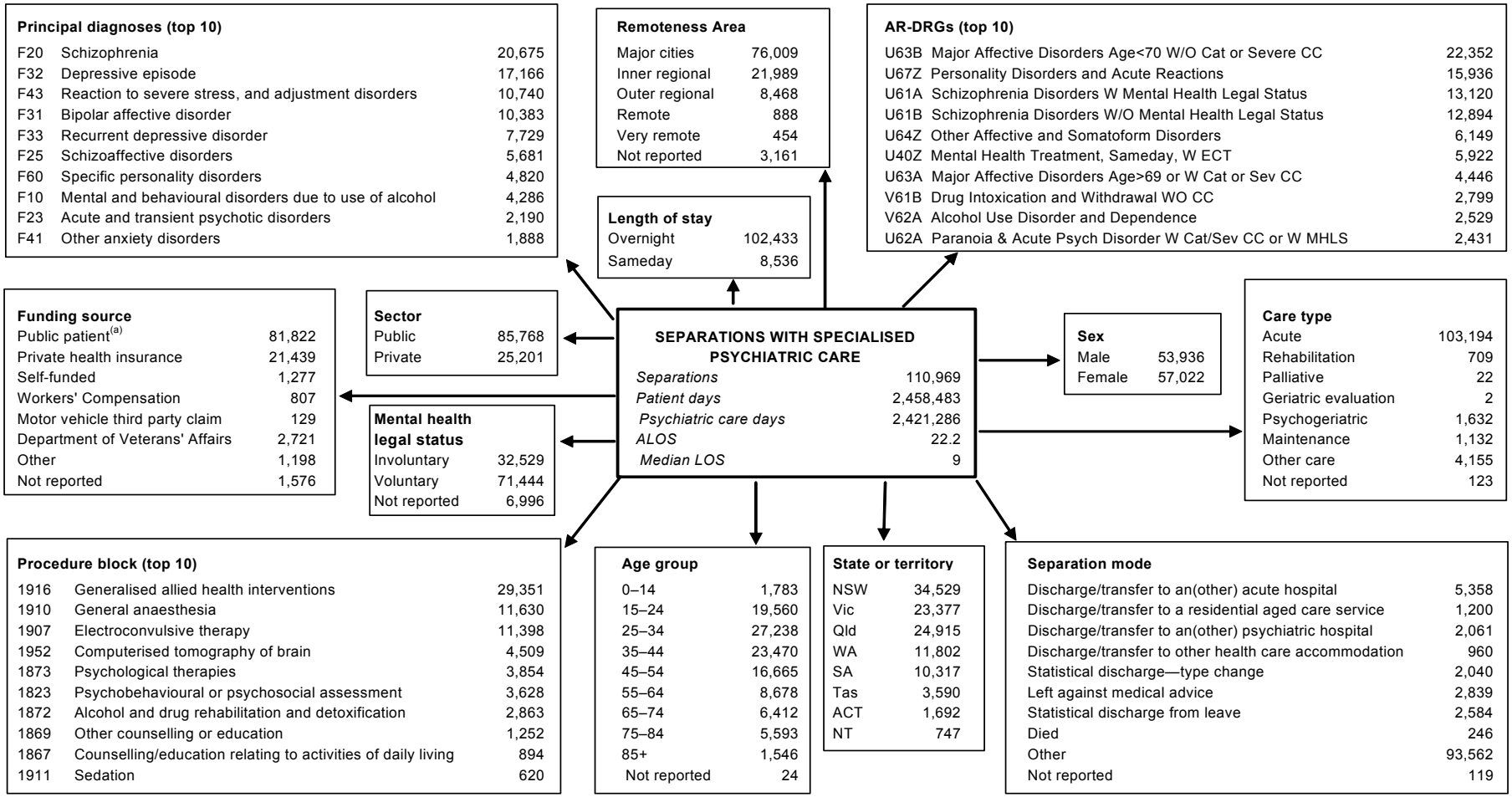
Aboriginal and Torres Strait Islander patients

Table 5.5 presents the number of mental health-related separations with specialised psychiatric care, patient days and psychiatric care days by Indigenous status for 2001–02. Indigenous patients included Aboriginal, Torres Strait Islander and Aboriginal and Torres Strait Islander patients (see Glossary). The quality of data on Aboriginal and Torres Strait Islander status varies by jurisdiction, and so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 2001–02* (AIHW 2003c).

There were 9.6 separations with specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander patients compared with 5.6 for other Australian patients. The rates for overnight separations with specialised psychiatric care followed the same pattern and are presented in Figure 2.15.

In major cities, the proportion of Indigenous people who separated from specialised psychiatric care was slightly larger (69.7% of mental health-related separations) compared with other Australians (64.9%), see Tables 5.5 and 6.3). However, in regional and remote areas the proportion of Indigenous people who separated from specialised psychiatric care was lower than for other Australians. In inner regional areas, Indigenous people received specialised psychiatric care during 50.9% of mental health-related separations compared with 55.1% for other Australians. Similarly, Indigenous people residing in remote areas received less specialised psychiatric care (20.0%) than other Australians in remote areas (27.6%).

The average length of stay for overnight separation with specialised psychiatric care for patients identified as Aboriginal or Torres Strait Islander persons was 20.3 days. This compared with 23.9 patient days for all patients. Difference in average length of stay may reflect differences in case mix between Indigenous patients and all patients.



Note: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, Cat—catastrophic, Sev– severe, CC—complication or comorbidity, MHLS –Mental Health Legal Status, ECT—Electroconvulsive therapy

(a) Public patients include those whose funding source was reported as *Australian Health Care Agreements* or *Reciprocal health care agreements.*

Figure 5.1: Summary of data reported for mental health-related separations with specialised psychiatric care, all hospitals, Australia, 2001–02

Table 5.1: Mental health-related separations with specialised psychiatric care, by sex and age group, Australia, 2001–02

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
Male								
Separations								
Same day	90	303	528	562	679	374	677	3,213
Overnight	834	9,850	14,369	10,522	7,043	3,677	4,416	50,723
Total	924	10,153	14,897	11,084	7,722	4,051	5,093	53,936
Patient days	9,139	222,881	345,923	256,395	146,827	104,542	192,175	1,277,999
Specialised psychiatric care days	8,952	216,013	343,756	254,511	145,423	103,643	189,238	1,261,652
Female								
Separations								
Same day	124	641	695	1,020	828	525	1,490	5,323
Overnight	735	8,766	11,646	11,366	8,115	4,102	6,968	51,699
Total	859	9,407	12,341	12,386	8,943	4,627	8,458	57,022
Patient days	9,733	160,344	258,162	210,469	165,726	124,610	250,997	1,180,042
Specialised psychiatric care days	9,358	153,619	254,805	208,453	163,955	121,663	247,338	1,159,192
Total persons[(a)]								
Separations								
Same day	214	944	1,223	1,582	1,507	899	2,167	8,536
Overnight	1,569	18,616	26,015	21,888	15,158	7,779	11,384	102,433
Total	1,783	19,560	27,238	23,470	16,665	8,678	13,551	110,969
Patient days	18,872	383,225	604,085	466,864	312,553	229,152	443,172	2,458,483
Specialised psychiatric care days	18,310	369,632	598,561	462,964	309,378	225,306	436,576	2,421,286

(a) Includes separations for which sex was not reported as male or female.

Table 5.2: Separations with specialised psychiatric care, by mental health legal status, sex and age group, Australia, 2001–02

	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
Males								
Under 15 years	4	55	86	762	0	17	90	834
15–24 years	71	4,421	225	5,088	7	341	303	9,850
25–34 years	100	6,175	408	7,794	20	400	528	14,369
35–44 years	63	3,884	449	6,246	50	392	562	10,522
45–54 years	30	1,920	625	4,640	24	483	679	7,043
55–64 years	40	911	317	2,497	17	269	374	3,677
65 or older	27	934	574	3,131	76	351	677	4,416
Total males	*335*	*18,304*	*2,684*	*30,166*	*194*	*2,253*	*3,213*	*50,723*
Females								
Under 15 years	2	78	121	642	1	15	124	735
15–24 years	61	2,575	494	5,700	86	491	641	8,766
25–34 years	51	3,477	539	7,442	105	727	695	11,646
35–44 years	54	3,095	827	7,396	139	875	1,020	11,366
45–54 years	48	2,065	672	5,300	108	750	828	8,115
55–64 years	16	970	430	2,776	79	356	525	4,102
65 or older	138	1,260	1,289	4,954	63	754	1,490	6,968
Total females	*370*	*13,520*	*4,372*	*34,211*	*581*	*3,968*	*5,323*	*51,699*
Total[(a)]								
Under 15 years	6	133	207	1,404	1	32	214	1,569
15–24 years	132	6,996	719	10,788	93	832	944	18,616
25–34 years	151	9,652	947	15,236	125	1,127	1,223	26,015
35–44 years	117	6,979	1,276	13,642	189	1,267	1,582	21,888
45–54 years	78	3,985	1,297	9,940	132	1,233	1,507	15,158
55–64 years	56	1,881	747	5,273	96	625	899	7,779
65 or older	165	2,194	1,863	8,085	139	1,105	2,167	11,384
Total persons	**705**	**31,824**	**7,056**	**64,388**	**775**	**6,221**	**8,536**	**102,433**

(a) Includes separations for which sex was not reported as male or female.

Table 5.3: Separations with specialised psychiatric care, by mental health legal status and hospital type, states and territories,[a] 2001–02

Mental health legal status	NSW	Vic[b]	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Same day separations									
Involuntary	96	99	311	54	40	43	0	0	643
Voluntary	1,030	439	1,667	184	279	670	28	0	4,297
Not reported	0	0	0	0	0	0	0	14	14
Total same day	*1,126*	*538*	*1,978*	*238*	*319*	*713*	*28*	*14*	*4,954*
Overnight separations									
Involuntary	5,343	7,782	7,535	1,786	1,976	459	167	0	25,048
Voluntary	12,607	8,980	8,815	4,749	2,834	1,907	1,181	0	41,073
Not reported	0	83	0	0	0	0	0	733	816
Total overnight	*17,950*	*16,845*	*16,350*	*6,535*	*4,810*	*2,366*	*1,348*	*733*	*66,937*
All separations									
Involuntary	5,439	7,881	7,846	1,840	2,016	502	167	0	25,691
Voluntary	13,637	9,419	10,482	4,933	3,113	2,577	1,209	0	45,370
Not reported	0	83	0	0	0	0	0	747	830
Total	*19,076*	*17,383*	*18,328*	*6,773*	*5,129*	*3,079*	*1,376*	*747*	*71,891*
Private hospitals									
Same day separations									
Involuntary	0	0	1	0	0	0	0	n.a.	1
Voluntary	1,072	0	917	167	33	0	0	n.a.	2,189
Not reported	0	749	12	0	0	0	0	n.a.	761
Total same day	*1,072*	*749*	*930*	*167*	*33*	*0*	*0*	*n.a.*	*2,951*
Overnight separations									
Involuntary	0	0	270	119	0	0	0	n.a.	389
Voluntary	6,519	0	4,698	2,578	2,345	0	316	n.a.	16,456
Not reported	0	4,852	230	0	0	323	0	n.a.	5,405
Total overnight	*6,519*	*4,852*	*5,198*	*2,697*	*2,345*	*323*	*316*	*n.a.*	*22,250*
All separations									
Involuntary	0	0	271	119	0	0	0	n.a.	390
Voluntary	7,591	0	5,615	2,745	2,378	0	316	n.a.	18,645
Not reported	0	5,601	242	0	0	323	0	n.a.	6,166
Total	*7,591*	*5,601*	*6,128*	*2,864*	*2,378*	*323*	*316*	*n.a.*	*25,201*

(continued)

Table 5.3 (continued): Separations with specialised psychiatric care, by mental health legal status and hospital type, states and territories,[(a)] 2001–02

Mental health legal status	NSW	Vic[(b)]	Qld	WA	SA	Tas	ACT	NT	Total
					Public psychiatric hospitals				
Same day separations									
Involuntary	32	0	0	16	12	1	. .	. .	61
Voluntary	394	0	1	3	167	5	. .	. .	570
Not reported	0	0	0	0	0	0	. .	. .	0
Total same day	*426*	*0*	*1*	*19*	*179*	*6*	. .	. .	*631*
Overnight separations									
Involuntary	2,560	150	267	1,505	1,896	9	. .	. .	6,387
Voluntary	4,876	243	191	641	735	173	. .	. .	6,859
Not reported	0	0	0	0	0	0	. .	. .	0
Total overnight	*7,436*	*393*	*458*	*2,146*	*2,631*	*182*	. .	. .	*13,246*
All separations									
Involuntary	2,592	150	267	1,521	1,908	10	. .	. .	6,448
Voluntary	5,270	243	192	644	902	178	. .	. .	7,429
Not reported	0	0	0	0	0	0	. .	. .	0
Total	*7,862*	*393*	*459*	*2,165*	*2,810*	*188*	. .	. .	*13,877*
					All hospitals				
Same day separations									
Involuntary	128	99	312	70	52	44	0	0	705
Voluntary	2,496	439	2,585	354	479	675	28	0	7,056
Not reported	0	749	12	0	0	0	0	14	775
Total same day	*2,624*	*1,287*	*2,909*	*424*	*531*	*719*	*28*	*14*	*8,536*
Overnight separations									
Involuntary	7,903	7,932	8,072	3,410	3,872	468	167	0	31,824
Voluntary	24,002	9,223	13,704	7,968	5,914	2,080	1,497	0	64,388
Not reported	0	4,935	230	0	0	323	0	733	6,221
Total overnight	*31,905*	*22,090*	*22,006*	*11,378*	*9,786*	*2,871*	*1,664*	*733*	*102,433*
All separations									
Involuntary	8,031	8,031	8,384	3,480	3,924	512	167	0	32,529
Voluntary	26,498	9,662	16,289	8,322	6,393	2,755	1,525	0	71,444
Not reported	0	5,684	242	0	0	323	0	747	6,996
Total	**34,529**	**23,377**	**24,915**	**11,802**	**10,317**	**3,590**	**1,692**	**747**	**110,969**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) Victoria has only one public psychiatric hospital which is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

n.a. Not available.

. . Not applicable.

Table 5.4: Mental health-related separations with specialised psychiatric care, by Remoteness Area of usual residence of the patient, by hospital type and state or territory of usual residence, 2001–02

Remoteness Area of usual residence[a]	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
					Public acute hospitals				
Major cities	11,559	12,312	10,485	5,598	4,437	. .	1,277	. .	45,668
Inner regional	5,929	3,734	4,403	650	292	2,203	0	. .	17,215
Outer regional	1,147	967	2,657	333	260	840	. .	401	6,605
Remote	44	6	167	41	69	28	. .	157	512
Very remote	12	. .	88	21	27	7	. .	152	307
Not reported	450	8	3	4	2	0	14	8	1,584
Total	*19,141*	*17,027*	*17,803*	*6,647*	*5,087*	*3,078*	*1,291*	*718*	*71,891*
					Private				
Major cities	6,554	4,910	4,567	1,999	2,459	. .	301	. .	20,790
Inner regional	1,019	599	916	192	221	102	0	. .	3,051
Outer regional	246	73	315	125	103	25	. .	12	899
Remote	13	0	35	31	61	3	. .	2	145
Very remote	3	0	7	9	22	2	. .	1	47
Not reported	24	0	0	0	2	0	0	0	269
Total	*7,859*	*5,582*	*5,840*	*2,356*	*2,868*	*132*	*301*	*15*	*25,201*
					Public psychiatric				
Major cities	5,669	24	215	2,032	1,596	. .	15	. .	9,551
Inner regional	1,037	6	114	292	129	145	0	. .	1,723
Outer regional	401	4	122	256	137	44	. .	0	964
Remote	67	0	1	58	103	1	. .	1	231
Very remote	10	0	5	32	53	0	. .	0	100
Not reported	459	0	0	0	15	0	0	0	1,308
Total public psychiatric hospitals	*7,643*	*34*	*457*	*2,670*	*2,033*	*190*	*15*	*1*	*13,877*
					All hospitals				
Major cities	23,782	17,246	15,267	8,468	9,653	. .	1,593	. .	76,009
Inner regional	7,985	4,339	5,433	776	1,000	2,450	0	. .	21,989
Outer regional	1,794	1,044	3,094	641	573	909	. .	153	8,468
Remote	124	6	203	158	205	32	. .	8	888
Very remote	25	0	100	68	96	9	. .	734	454
Not reported	933	8	3	2	21	0	14	0	3,161
Total	**34,643**	**22,643**	**24,100**	**10,113**	**11,548**	**3,400**	**1,607**	**895**	**110,969**
					Age-standardised separation rate[c]				
Same day separations per 1,000 population									
Major cities	0.5	0.3	1.1	0.3	0.4	. .	0.1	. .	0.5
Inner regional	0.3	0.2	0.6	0.1	0.3	2.0	0.0	. .	0.5
Outer regional	0.1	0.1	0.4	0.1	0.3	0.7	. .	0.0	0.3
Remote	0.1	0.0	0.1	0.2	0.1	0.4	. .	0.2	0.0
Very remote	0.0	. .	0.0	0.0	0.1	0.4	. .	0.2	0.1
Total	*0.4*	*0.3*	*0.8*	*0.2*	*0.3*	*1.5*	*0.1*	*0.1*	*0.4*
Overnight separations per 1,000 population									
Major cities	4.5	4.5	6.8	6.8	7.4	. .	4.7	. .	5.3
Inner regional	5.9	4.2	5.4	4.3	4.1	6.2	0.0	. .	5.2
Outer regional	3.9	4.4	4.4	3.1	3.5	5.2	. .	3.6	4.1
Remote	3.2	1.1	2.2	2.1	3.5	3.7	. .	3.6	2.7
Very remote	3.2	. .	1.9	1.9	4.4	3.3	. .	2.9	2.5
Total	*4.9*	*4.4*	*5.9*	*5.9*	*6.3*	*5.8*	*4.8*	*3.6*	*5.3*
All separations per 1,000 population									
Major cities	5.0	4.8	7.9	7.1	7.7	. .	4.9	. .	5.8
Inner regional	6.2	4.4	6.1	4.5	4.3	8.3	0.0	. .	5.7
Outer regional	4.0	4.4	4.9	3.2	3.7	5.9	. .	3.8	4.4
Remote	3.3	1.1	2.3	2.3	3.6	4.0	. .	3.9	2.8
Very remote	3.3	. .	2.0	2.0	4.7	3.6	. .	3.3	2.7
Total	*5.3*	*4.7*	*6.7*	*6.1*	*6.7*	*7.4*	*4.9*	*3.7*	*5.7*

(a) Defined according to the ABS's Remoteness Area Classification, 2001 Census edition. See Glossary for more information.
(b) Includes separations for which the state of usual residence was Other territories or not reported.
(c) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2001.
. . Not applicable.

Table 5.5: Mental health-related separations with specialised psychiatric care, by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02

Remoteness Area[(a)] of usual residence	Separations			Patient days	Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same day	Overnight	Total				
Aboriginal and/or Torres Strait Islander[(c)]							
Major cities	57	1,580	1,637	40,672	40,409	25.7	25.5
Inner regional	26	615	641	7,738	7,547	12.5	12.2
Outer regional	33	788	821	14,229	14,123	18.0	17.9
Remote	6	197	203	2,794	2,753	14.2	13.9
Very remote	5	230	235	2,676	2,621	11.6	11.4
Not reported	3	157	160	4,277	4,270	27.2	27.2
Total	*130*	*3,567*	*3,697*	*72,386*	*71,723*	*20.3*	*20.1*
Per 1,000 population [(b)]	*0.4*	*9.1*	*9.6*	*199.3*	*198.0*	. .	. .
Not Aboriginal and/or Torres Strait Islander[(d)]							
Major cities	5,866	67,218	73,084	1,503,946	1,479,998	22.3	21.9
Inner regional	1,791	19,047	20,838	378,613	374,478	19.8	19.6
Outer regional	476	6,908	7,384	143,798	141,900	20.7	20.5
Remote	27	615	642	8,369	8,266	13.6	13.4
Very remote	6	197	203	2,759	2,673	14.0	13.5
Not reported	39	2,872	2,911	285,351	279,557	99.3	97.3
Total	*8,205*	*96,857*	*105,062*	*2,322,836*	*2,286,872*	*23.9*	*23.5*
Per 1,000 population [(b)]	*0.4*	*5.1*	*5.6*	*123.6*	*121.7*	. .	. .
Total							
Major cities	6,051	69,958	76,009	1,588,131	1,563,680	22.6	22.3
Inner regional	1,859	20,130	21,989	395,568	391,171	19.6	19.3
Outer regional	537	7,931	8,468	165,252	163,087	20.8	20.5
Remote	35	853	888	12,124	11,978	14.2	14.0
Very remote	11	443	454	5,773	5,632	13.0	12.7
Not reported	43	3,118	3,161	291,635	285,738	93.5	91.6
Total	**8,536**	**102,433**	**110,969**	**2,458,483**	**2,421,286**	**23.9**	**23.6**
Per 1,000 population[(b)]	**0.4**	**5.2**	**5.6**	**124.1**	**122.2**	**. .**	**. .**

(a) Defined according to the ABS's Remoteness Area Classification, 2001 Census edition. See Glossary for more information.

(b) Separations per 1,000 population are indirectly age-standardised rates based on projected Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001.

(c) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin without further specification.

(d) Does not include separations for patients for which Aboriginal and Torres Strait Islander status was not reported.

. . Not applicable.

Principal diagnoses

This section presents the principal diagnoses recorded for mental health-related separations with specialised psychiatric care, using various groupings of ICD-10-AM diagnosis codes.

Overview

Table 5.6 shows the distribution of mental health-related separations by principal diagnosis using selected groupings of mental health-related diagnoses. In 2001–02, principal diagnoses of *Schizophrenia* (F20) accounted for the highest number of overnight separations with specialised psychiatric care (20,205, or 19.7%) and principal diagnoses of *Depressive episode* (F32) had the second largest number of overnight separations with specialised psychiatric care (14,006, or 13.7%). *Depressive episode* (F32) accounted for the largest number of specialised care same day separations (3,160 or 37.0%), and the second largest number of specialised same day separations was for *Recurrent depressive disorders* (F33, 1,952 or 22.9%).

Principal diagnoses of *Schizophrenia* (F20) accounted for the greatest number of patient days and psychiatric care days for separations with specialised psychiatric care, with 847,998 or 34.5% of patient days and 837,902 or 34.6% of total psychiatric care days. The next largest number of days was attributable to the group of principal diagnoses, *Depressive episode* (F32) (232,290 patient days and 229,113 psychiatric care days).

Table 5.6 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis. Over 80% of separations with *Schizophrenia* (F20), *Schizoaffective disorders* (F25), *Obsessive–compulsive disorders* (F42), *Specific personality disorders* (F60), *Bipolar affective disorders* (F31) and *Persistent mood (affective) disorders* (F34) were separations with specialised psychiatric care, whereas for disorders such as *Dementia* (F00–F03), *Somatoform and other neurotic disorders* (F45, F48) and *Other behavioural syndromes associated with physiological disturbances and physical factors* (F51–F59) the proportion of separations with specialised psychiatric care was relatively low (17.8%, 19.3% and 19.3% respectively).

Hospital type

The distribution of mental health-related separations with specialised psychiatric care for 2001–02 by principal diagnosis for each hospital type is presented in Table 5.7.

Approximately 22% of all public acute hospital separations with specialised psychiatric care had a principal diagnosis in the *Schizophrenia* (F20) grouping, which also accounted for approximately 31% of reported public acute hospital patient days and psychiatric care days. Almost 14% of public acute hospital separations with specialised psychiatric care had principal diagnoses of *Depressive episode* (F32), which accounted for about 11% of public acute hospital patient days and psychiatric care days.

Box 5.1: Specialised psychiatric care and principal diagnoses

Data presented in Tables 4.5, 5.6 and 6.4 indicate that the proportion of separations and patient days that include specialised psychiatric care varied between principal diagnosis chapters or groups. The principal diagnosis codes used to define mental health-related separations were selected using a range of criteria and include diagnosis groups for which patients are commonly cared for by services other than specialised mental health services.

For example, the proportions of overnight separations with specialised psychiatric care and principal diagnoses of Sleep disorders *(0.6%),* Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium *(3.5%),* Other symptoms and signs involving general sensations and perceptions *(8.1%) and* Dementia *(17.8%), were relatively low. In comparison, overnight separations with principal diagnoses of* Schizoaffective disorders *(87.2%),* Schizophrenia *(85.8%),* Bipolar affective disorders *(84.6%) and* Persistent mood (affective) disorders *(88.1%) had relatively high proportions of separations with specialised psychiatric care.*

A similar pattern is apparent in the proportion of patient days that were psychiatric care days. High proportions of patient days for separations with principal diagnoses of Schizophrenia *(97.2%),* Schizoaffective disorders *(96.0%), and* Bipolar affective disorders *(93.8%) were psychiatric care days. The proportions of patient days that were psychiatric care days for separations with principal diagnoses of* Sleep disorders *(0.3%),* Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium *(9.7%),* Other factors related to substance use *(13.8%) and* Dementia *(26.9%), were comparatively low.*

These patterns should be taken into account when data on the provision of specialised psychiatric care are considered.

Separations with principal diagnoses of *Depressive episode* (F32) accounted for around 24% of all private hospital separations, private hospital patient days and psychiatric care days. Separations with principal diagnoses of *Recurrent depressive disorders* (F33) were the next largest group, accounting for 17.0% of all private hospital separations and 14.8% of private hospital psychiatric care days. The most common same day separations with specialised psychiatric care in private hospitals were those with principal diagnoses of *Depressive episode* (F32) (39.5%) and *Recurrent depressive disorders* (F33) (29.1%). For overnight separations with specialised psychiatric care, the corresponding figures were 22.2% for *Depressive episode,* 15.4% for *Recurrent depressive disorders* and 11.0% for *Reaction to severe stress and adjustment disorders* (F43).

Just over one quarter (25.7%) of all public psychiatric hospital separations with specialised psychiatric care and 49.2% of all psychiatric care days in public psychiatric hospitals were attributed to principal diagnoses of *Schizophrenia* (F20). Principal diagnoses of *Schizophrenia* (F20) also accounted for the largest proportion of specialised overnight separations and patient days in public psychiatric hospitals (25.9% and 49.1% respectively).

Figures 2.18 and 2.20 present data on mental health-related separations by principal diagnosis for public and private hospitals, respectively. Figure 2.19 presents the proportion of mental health-related separations that included specialised psychiatric care for public and private hospitals.

Table 5.6: Separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Separations						Patient days	Psychiatric care days	% patient days[b]	Average length of stay (o'night)	Psychiatric care days per sep. (o'night)
		Same day	% total[a]	Overnight	% total[a]	Total	% total[a]					
F00–F03	Dementia	11	7.6	1,109	18.0	1,120	17.8	66,984	66,633	26.9	60.4	60.1
F04–F09	Other organic mental disorders	15	6.7	1,000	23.6	1,015	22.8	42,112	41,683	48.4	42.1	41.7
F10	Mental and behavioural disorders due to use of alcohol	271	24.7	4,015	24.4	4,286	24.4	72,662	72,022	51.9	18.0	17.9
F11–F19	Mental and behav disorders due to other psychoactive substances	153	23.8	5,423	52.7	5,576	51.0	52,198	51,400	64.4	9.6	9.4
F20	Schizophrenia	470	23.7	20,205	91.3	20,675	85.8	847,998	837,902	97.2	41.9	41.4
F21, F24, F28–F29	Schizotypal and other delusional disorders	80	19.9	1,834	76.6	1,914	68.4	27,336	26,919	87.6	14.9	14.6
F22	Persistent delusional disorders	14	9.2	1,164	76.3	1,178	70.2	31,040	30,938	91.8	26.7	26.6
F23	Acute and transient psychotic disorders	79	13.3	2,111	74.6	2,190	64.0	28,053	27,768	88.2	13.3	13.1
F25	Schizoaffective disorders	357	42.1	5,324	93.9	5,681	87.2	134,729	132,447	96.0	25.2	24.8
F30	Manic episode	14	10.6	793	79.4	807	71.4	11,481	11,336	86.8	14.5	14.3
F31	Bipolar affective disorders	617	46.0	9,766	89.4	10,383	84.6	191,534	189,810	93.8	19.5	19.4
F32	Depressive episode	3,160	52.9	14,006	64.4	17,166	61.9	232,290	229,113	77.5	16.4	16.1
F33	Recurrent depressive disorders	1,952	53.2	5,777	75.7	7,729	68.4	105,765	104,705	82.3	18.0	17.8
F34	Persistent mood (affective) disorders	41	66.1	1,633	88.8	1,674	88.1	17,461	17,342	90.3	10.7	10.6
F38, F39	Other and unspecified mood (affective) disorders	1	14.3	170	82.1	171	79.9	2,613	2,598	91.4	15.4	15.3
F40	Phobic anxiety disorders	24	80.0	196	80.0	220	80.0	2,943	2,849	82.5	14.9	14.4
F41	Other anxiety disorders	149	44.1	1,739	25.4	1,888	26.3	25,200	24,877	49.1	14.4	14.2
F42	Obsessive–compulsive disorders	77	93.9	380	83.9	457	85.4	9,069	8,983	90.9	23.7	23.4
F43	Reaction to severe stress and adjustment disorders	307	55.1	10,433	74.3	10,740	73.5	84,152	83,437	78.9	8.0	8.0
F44	Dissociative (conversion) disorders	14	13.1	442	36.4	456	34.5	5,974	5,890	54.7	13.5	13.3
F45, F48	Somatoform and other neurotic disorders	4	2.0	140	25.7	144	19.3	2,308	1,932	40.4	16.5	13.8
F50	Eating disorders	140	80.9	967	56.3	1,107	58.5	30,761	30,203	67.4	31.7	31.1
F51–F59	Other behav syndromes associated w phys dist & phys factors	41	51.9	421	18.2	462	19.3	6,449	6,436	43.4	15.2	15.2
F60	Specific personality disorders	130	43.2	4,690	85.8	4,820	83.6	36,614	36,262	91.8	7.8	7.7
F61–F69	Disorders of adult personality and behaviour	15	39.5	299	66.3	314	64.2	3,900	3,864	70.5	13.0	12.9
F70–F79	Mental retardation	5	14.7	189	71.9	194	65.3	28,278	28,262	98.2	149.6	149.5
F80–F89	Disorders of psychological development	11	2.8	167	36.0	178	20.7	3,158	3,140	47.0	18.8	18.7
F90	Hyperkinetic disorders	2	10.5	111	62.7	113	57.7	1,409	1,396	74.9	12.7	12.6
F91	Conduct disorders	8	14.0	430	58.8	438	55.6	3,621	3,603	69.4	8.4	8.4
F92–F98	Other & unspec disorders w onset childhood adolescence	29	55.8	163	30.4	192	32.6	2,091	2,036	54.9	12.7	12.3
F99	Mental disorder not otherwise specified	3	6.7	123	62.1	126	51.9	3,662	3,658	93.7	29.7	29.7
G30	Alzheimer's disease	5	10.9	679	25.4	684	25.1	39,053	38,524	39.4	57.5	56.7
G47	Sleep disorders	0	0.0	23	0.6	23	0.6	37	37	0.3	1.6	1.6
O99.3	Mental disorders and dis of the nerv sys complic preg, child and pu	1	1.2	67	3.6	68	3.5	865	817	9.7	12.9	12.2
R44	Other symptoms and signs involving general sensations and perce	0	0.0	22	9.4	22	8.1	347	338	19.7	15.8	15.4
R45	Symptoms and signs involving emotional state	7	17.1	43	19.2	50	18.9	398	398	35.9	9.1	9.1
	Other factors related to mental and behavioural disorders[c]	13	28.3	521	60.1	534	58.5	3,204	3,197	60.5	6.1	6.1
	Other factors related to substance use[d]	0	0.0	3	1.7	3	1.7	294	294	13.8	98.0	98.0
	Other[e]	316	100.0	5,855	100.0	6,171	100.0	300,440	288,237	95.9	51.3	49.2
Total		**8,536**	**41.9**	**102,433**	**61.5**	**110,969**	**59.3**	**2,458,483**	**2,421,286**	**78.7**	**23.9**	**23.6**

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.
(b) The proportion of mental health-related patient days with these diagnoses that were psychiatric care days.
(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(e) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table 5.7: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2001–02

		Public acute hospitals					Private hospitals				
		Separations					Separations				
Principal diagnosis		Same day	Overnight	Total	Patient days	Psychiatric care days	Same day	Overnight	Total	Patient days	Psychiatric care days
F00–F03	Dementia	10	759	769	33,382	33,097	0	141	141	5,538	5,537
F04–F09	Other organic mental disorders	11	667	678	14,755	14,368	2	156	158	3,216	3,197
F10	Mental and behavioural disorders due to use of alcohol	64	1,414	1,478	11,831	11,586	195	2,126	2,321	33,783	33,620
F11–F19	Mental and behav disorders due to other psychoactive substances use	71	3,363	3,434	26,613	26,300	69	1,138	1,207	15,927	15,498
F20	Schizophrenia	281	15,549	15,830	313,675	311,476	60	1,223	1,283	39,950	39,850
F21, F24, F28–F29	Schizotypal and other delusional disorders	73	1,433	1,506	19,702	19,341	1	86	87	1,435	1,432
F22	Persistent delusional disorders	13	850	863	12,584	12,496	0	116	116	2,383	2,375
F23	Acute and transient psychotic disorders	44	1,665	1,709	21,016	20,780	30	118	148	1,880	1,842
F25	Schizoaffective disorders	252	3,699	3,951	80,567	80,188	99	752	851	14,817	14,793
F30	Manic episode	12	590	602	8,202	8,086	2	82	84	1,367	1,355
F31	Bipolar affective disorders	360	6,524	6,884	117,994	116,629	250	2,010	2,260	38,956	38,766
F32	Depressive episode	1,934	7,976	9,910	110,295	108,203	1,167	4,946	6,113	100,181	99,421
F33	Recurrent depressive disorders	1,091	2,198	3,289	37,961	37,244	859	3,417	4,276	63,718	63,424
F34	Persistent mood (affective) disorders	28	1,035	1,063	7,797	7,715	11	424	435	7,791	7,765
F38, F39	Other and unspecified mood (affective) disorders	1	106	107	1,264	1,249	0	37	37	749	749
F40	Phobic anxiety disorders	6	61	67	499	489	9	108	117	1,969	1,954
F41	Other anxiety disorders	32	729	761	7,414	7,287	61	940	1,001	16,193	16,089
F42	Obsessive–compulsive disorders	6	180	186	4,409	4,363	5	155	160	3,621	3,618
F43	Reaction to severe stress and adjustment disorders	214	6,582	6,796	35,681	35,173	70	2,454	2,524	39,035	38,907
F44	Dissociative (conversion) disorders	3	139	142	1,611	1,554	11	292	303	4,233	4,216
F45, F48	Somatoform and other neurotic disorders	4	78	82	1,039	687	0	55	55	1,139	1,115
F50	Eating disorders	136	472	608	14,248	13,827	4	458	462	15,335	15,222
F51–F59	Other behav syndromes associated w phys disturbances & phys factors	39	210	249	2,204	2,198	1	153	154	3,217	3,210
F60	Specific personality disorders	79	3,655	3,734	22,186	21,849	24	409	433	5,739	5,726
F61–F69	Disorders of adult personality and behaviour	5	171	176	1,639	1,610	9	77	86	1,737	1,737
F70–F79	Mental retardation	4	120	124	1,350	1,341	0	4	4	56	56
F80–F89	Disorders of psychological development	2	118	120	1,536	1,525	0	12	12	331	331
F90	Hyperkinetic disorders	2	87	89	1,143	1,137	0	8	8	128	128
F91	Conduct disorders	6	331	337	2,818	2,804	0	14	14	219	219
F92–F98	Other and unspec disorders w onset childhood adolescence	4	140	144	1,722	1,688	1	7	8	127	127
F99	Mental disorder not otherwise specified	3	117	120	3,566	3,562	0	0	0	0	0
G30	Alzheimer's disease	4	485	489	23,304	22,791	0	70	70	1,888	1,888
G47	Sleep disorders	0	3	3	7	7	0	20	20	30	30
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	1	62	63	816	777	0	4	4	48	39
R44	Other symptoms & signs involving general sensations and perceptions	0	21	21	339	330	0	0	0	0	0
R45	Symptoms and signs involving emotional state	6	40	46	320	320	0	2	2	20	20
	Other factors related to mental and behavioural disorders[(a)]	11	279	290	1,762	1,758	1	2	3	79	78
	Other factors related to substance use[(b)]	0	2	2	9	9	0	0	0	0	0
	Other[(c)]	142	5,027	5,169	74,088	67,883	10	234	244	4,382	3,898
Total		**4,954**	**66,937**	**71,891**	**1,021,348**	**1,003,727**	**2,951**	**22,250**	**25,201**	**431,217**	**428,232**

(continued)

Table 5.7 (continued): Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2001–02

Principal diagnosis		Public psychiatric hospitals					All hospitals				
		Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days
		Same day	Overnight	Total			Same day	Overnight	Total		
F00-F03	Dementia	1	209	210	28,064	27,999	11	1,109	1,120	66,984	66,633
F04-F09	Other organic mental disorders	2	177	179	24,141	24,118	15	1,000	1,015	42,112	41,683
F10	Mental and behavioural disorders due to use of alcohol	12	475	487	27,048	26,816	271	4,015	4,286	72,662	72,022
F11-F19	Mental and behav disorders due to other psychoactive substances use	13	922	935	9,658	9,602	153	5,423	5,576	52,198	51,400
F20	Schizophrenia	129	3,433	3,562	494,373	486,576	470	20,205	20,675	847,998	837,902
F21, F24, F28-F29	Schizotypal and other delusional disorders	6	315	321	6,199	6,146	80	1,834	1,914	27,336	26,919
F22	Persistent delusional disorders	1	198	199	16,073	16,067	14	1,164	1,178	31,040	30,938
F23	Acute and transient psychotic disorders	5	328	333	5,157	5,146	79	2,111	2,190	28,053	27,768
F25	Schizoaffective disorders	6	873	879	39,345	37,466	357	5,324	5,681	134,729	132,447
F30	Manic episode	0	121	121	1,912	1,895	14	793	807	11,481	11,336
F31	Bipolar affective disorders	7	1,232	1,239	34,584	34,415	617	9,766	10,383	191,534	189,810
F32	Depressive episode	59	1,084	1,143	21,814	21,489	3,160	14,006	17,166	232,290	229,113
F33	Recurrent depressive disorders	2	162	164	4,086	4,037	1,952	5,777	7,729	105,765	104,705
F34	Persistent mood (affective) disorders	2	174	176	1,873	1,862	41	1,633	1,674	17,461	17,342
F38, F39	Other and unspecified mood (affective) disorders	0	27	27	600	600	1	170	171	2,613	2,598
F40	Phobic anxiety disorders	9	27	36	475	406	24	196	220	2,943	2,849
F41	Other anxiety disorders	56	70	126	1,593	1,501	149	1,739	1,888	25,200	24,877
F42	Obsessive–compulsive disorders	66	45	111	1,039	1,002	77	380	457	9,069	8,983
F43	Reaction to severe stress and adjustment disorders	23	1,397	1,420	9,436	9,357	307	10,433	10,740	84,152	83,437
F44	Dissociative (conversion) disorders	0	11	11	130	120	14	442	456	5,974	5,890
F45, F48	Somatoform and other neurotic disorders	0	7	7	130	130	4	140	144	2,308	1,932
F50	Eating disorders	0	37	37	1,178	1,154	140	967	1,107	30,761	30,203
F51-F59	Other behav syndromes associated w phys disturbances & phys factors	1	58	59	1,028	1,028	41	421	462	6,449	6,436
F60	Specific personality disorders	27	626	653	8,689	8,687	130	4,690	4,820	36,614	36,262
F61-F69	Disorders of adult personality and behaviour	1	51	52	524	517	15	299	314	3,900	3,864
F70-F79	Mental retardation	1	65	66	26,872	26,865	5	189	194	28,278	28,262
F80-F89	Disorders of pscychological development	9	37	46	1,291	1,284	11	167	178	3,158	3,140
F90	Hyperkinetic disorders	0	16	16	138	131	2	111	113	1,409	1,396
F91	Conduct disorders	2	85	87	584	580	8	430	438	3,621	3,603
F92-F98	Other and unspec disorders w onset childhood adolescence	24	16	40	242	221	29	163	192	2,091	2,036
F99	Mental disorder not otherwise specified	0	6	6	96	96	3	123	126	3,662	3,658
G30	Alzheimer's disease	1	124	125	13,861	13,845	5	679	684	39,053	38,524
G47	Sleep disorders	0	0	0	0	0	0	23	23	37	37
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	1	1	1	1	1	67	68	865	817
R44	Other symptoms and signs involving general sensations and perception	0	1	1	8	8	0	22	22	347	338
R45	Symptoms and signs involving emotional state	1	1	2	58	58	7	43	50	398	398
	Other factors related to mental and behavioural disorders[(a)]	1	240	241	1,363	1,361	13	521	534	3,204	3,197
	Other factors related to substance use[(b)]	0	1	1	285	285	0	3	3	294	294
	Other[(c)]	164	594	758	221,970	216,456	316	5,855	6,171	300,440	288,237
	Total	**631**	**13,246**	**13,877**	**1,005,918**	**989,327**	**8,536**	**102,433**	**110,969**	**2,458,483**	**2,421,286**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations; behav—behavioural, subst—substances, w—with, phys—physical, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium, gen—general, influ—influe

Age and sex

Tables 5.8 to 5.11 describe the distribution of mental health-related separations with specialised care by age group, sex and principal diagnosis.

Same day separations for male patients

For male patients, *Depressive episode* (F32) was the most frequently recorded principal diagnosis group, constituting 38.9% of these separations (1,250 separations) (Table 5.8). The second most frequently recorded grouping for males was *Recurrent depressive episode* (F33), which accounted for 18.4% of these separations (591). Same day separations of male patients aged under 15 years were concentrated in the principal diagnosis group of *Other anxiety disorders* (F41, 52 separations or 57.8% of these separations for male patients under 15 years).

Same day separations for female patients

For female patients, Table 5.9 shows that there was a similar proportion of separations (compared with male patients) with principal diagnoses of *Depressive episode* (F32) (35.9% or 1,910 separations) and *Recurrent depressive disorders* (F33) (25.6% or 1,361 separations) for female same day separations with specialised care.

Overnight separations for male patients

For male patients, principal diagnoses of *Schizophrenia* (F20) constituted 27.2% of male overnight separations (13,820 separations) (Table 5.10). The number of male overnight separations with principal diagnoses of *Schizophrenia* (F20) was more than double that for female patients. Principal diagnoses of *Depressive episode* (F32) accounted for 11.1% or 5,620 of these separations and *Reaction to severe stress and adjustment disorders* (F43), 10.3% (5,221 separations).

Overnight separations for female patients

For female patients, principal diagnoses of *Depressive episode* (F32) contributed the largest number of overnight separations (8,386 or 16.2%), followed by *Schizophrenia* (F20) (6,383 or 12.3%) and *Bipolar affective disorders* (F31, 5,771 or 11.2%) (Table 5.11). The number of female separations with principal diagnoses of *Depressive episode* (F32) was almost 1.5 times greater than the number for male patients. Overnight separations with principal diagnoses of *Depressive episode* (F32) accounted for 10.3% of specialised separations for female patients aged under 15 years. This proportion increased with age to 22.8% of separations for female patients in the age group 65 years and over.

Overnight separations with principal diagnoses of *Eating disorders* (F50) predominantly involved female patients. The number of separations with principal diagnoses of *Eating disorders* (F50) was largest in the younger age groups. Over half (61.5%) of overnight separations in this category was reported in the 15–24 years age group.

Aboriginal and Torres Strait Islander patients

Table 5.12 details the number of separations, patient days and psychiatric care days by principal diagnosis for Aboriginal and Torres Strait Islander people in 2001–02. The quality of Aboriginal and Torres Strait Islander status data varies, so these figures should be used

with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 2001–02* (AIHW 2003c).

Principal diagnoses of *Schizophrenia* (F20) (25.2%), *Reaction to severe stress and adjustment disorders* (F43) (10.9%) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) (12.2%) accounted for the largest proportions of mental health-related separations with specialised psychiatric care for Aboriginal and Torres Strait Islander patients. In comparison, separations for all patients with principal diagnoses of *Schizophrenia* (F20), *Reaction to severe stress and adjustment disorders* (F43) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) accounted for 18.6%, 9.7% and 5.0% respectively, of mental health-related separations with specialised psychiatric care (Table 5.6).

Schizophrenia (F20) accounted for the largest proportion of patient days (47.3%) and specialised psychiatric care days (47.6%) for Aboriginal and Torres Strait Islander patients. Separations for all patients with principal diagnoses of *Schizophrenia* (F20) accounted for 34.5% of patient days and 34.6% of specialised psychiatric care days.

Mental health legal status

Table 5.13 presents information on separations with specialised psychiatric care by mental health legal status and hospital type. In public acute hospitals 55.1% of separations with principal diagnoses of *Manic episode* (F30) were involuntary and 53.9% of public acute separations with principal diagnoses of *Schizophrenia* (F20) were involuntary.

In private hospitals only 2.0% of all separations had a mental health legal status of involuntary. Principal diagnoses of *Schizophrenia* (F20), *Schizoaffective disorders* (F25) and *Bipolar affective disorder* (F31) had the highest rates of involuntary status for private hospital separations with specialised psychiatric care. Due to variations between jurisdictions in the reporting of mental health legal status for private sector hospitals, caution should be used when interpreting these data.

In public psychiatric hospitals, 46.5% of all separations with specialised psychiatric care were involuntary. The highest proportion of involuntary separations was reported in the principal diagnosis group of *Persistent delusional disorders* (F22, 70.4%).

Mental health-related diagnosis comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses (that is, those chiefly responsible for occasioning the episodes of care, see Glossary), or as additional diagnoses. Comorbidity of mental health-related diagnoses in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of a mental health-related disorder. The reported additional diagnosis may be within the same ICD–10–AM grouping as the principal diagnosis (for example, both diagnoses may occur within the group F11–F19 *Mental and behavioural disorders due to other psychoactive substances use*) or the principal and additional diagnoses may be in different ICD–10–AM groupings.

Separations, patient days and psychiatric care days for separations with or without specialised psychiatric care and a mental health-related diagnosis reported as any diagnosis, principal or additional are summarised in Table 4.4.

Separations, patient days and psychiatric care days for separations with specialised psychiatric care and a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, are reported in Table 5.14. Of 110,969 separations with specialised psychiatric care, 55,252 separations reported a mental health-related additional diagnosis. About 92% of separations with a mental health-related additional diagnosis and specialised psychiatric care had a principal diagnosis in the *Mental and behavioural disorders* chapter of ICD-10-AM.

Table 5.15 shows separations with specialised psychiatric care by the presence of a mental health-related additional diagnosis. The mental health-related principal diagnoses most likely to have a mental health-related additional diagnosis were *Alzheimer's disease (*G30, 661 separations or 96.6%) and *Obsessive–compulsive disorders* (F42, 338 separations or 74.0%). Principal diagnoses of *Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and puerperium* (O99.3), which require a mental health-related additional diagnosis to be coded, had 67 separations or 98.5% with a mental health-related additional diagnosis.

Table 5.16 describes the top five additional mental health-related diagnoses for separations with selected mental health-related principal diagnoses and an additional diagnosis of another mental health-related condition.

Of the 9,862 separations with specialised psychiatric care that had principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19), the most common additional mental health-related diagnoses were for *Specific personality disorders* (F60, 1,375 separations) and *Depressive episode* (F32, 841 separations.

Of the 31,638 separations with specialised psychiatric care that had principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29), the most common additional mental health-related diagnoses were for *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 9,231 separations) and *Mental and behavioural disorders due to use of alcohol* (F10, 2,813 separations).

Of the 37,930 separations with specialised psychiatric care and a principal diagnosis of *Mood (affective) disorders* (F30–F39), the most common additional mental health-related diagnoses were for *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 5,055 separations) and *Specific personality disorders* (F60, 4,282 separations).

Of the 13,905 separations with specialised psychiatric care that had principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49), the most common additional mental health-related diagnoses were for *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 3,042 separations) and *Specific personality disorders* (F60, 2,859 separations).

Separations with an external cause indicating self-harm

Table 5.17 outlines the separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care for which an external cause of injury or poisoning in the *Intentional self-harm* (X60–X84) grouping was reported. There were 5,223 mental health-related separations in this category that included specialised psychiatric care, including 1,910 with principal diagnoses other than those used to define mental health-related principal diagnoses for this report. Approximately 56% of these 1,910 separations (1,075 separations) had principal diagnoses of *Poisoning by drugs, medicaments and biological substances* (T36–T50).

Table 5.8: Same day separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
F00–F03	Dementia	0	0	0	0	0	0	4	4
F04–F09	Other organic mental disorders	0	1	2	3	1	1	1	9
F10	Mental and behavioural disorders due to use of alcohol	0	6	29	26	45	19	1	126
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	1	30	23	34	0	0	0	88
F20	Schizophrenia	0	31	66	42	43	12	1	195
F21, F24, F28–F29	Schizotypal and other delusional disorders	5	8	13	4	22	0	0	52
F22	Persistent delusional disorders	0	1	4	3	1	1	1	11
F23	Acute and transient psychotic disorders	1	12	8	3	0	0	1	25
F25	Schizoaffective disorders	0	2	9	26	31	5	5	78
F30	Manic episode	0	3	2	2	1	0	0	8
F31	Bipolar affective disorders	0	24	32	66	39	53	58	272
F32	Depressive episode	16	70	200	143	270	186	365	1,250
F33	Recurrent depressive disorders	0	18	30	97	185	62	199	591
F34	Persistent mood (affective) disorders	0	1	6	5	1	3	0	16
F40	Phobic anxiety disorders	0	0	3	1	6	0	0	10
F41	Other anxiety disorders	52	0	7	9	0	14	2	84
F42	Obsessive–compulsive disorders	4	1	0	0	1	1	4	11
F43	Reaction to severe stress and adjustment disorders	0	39	42	25	17	6	0	129
F44	Dissociative (conversion) disorders	0	0	1	0	0	0	0	1
F45, F48	Somatoform and other neurotic disorders	0	0	0	1	0	0	0	1
F50	Eating disorders	0	18	0	1	0	0	0	19
F60	Specific personality disorders	0	8	15	6	2	0	0	31
F61–F69	Disorders of adult personality and behaviour	0	2	0	1	4	0	0	7
F70–F79	Mental retardation	0	0	2	0	0	0	0	2
F80–F89	Disorders of psychological development	0	2	0	0	0	0	0	2
F90	Hyperkinetic disorders	0	1	0	0	0	0	0	1
F91	Conduct disorders	4	1	1	0	0	0	0	6
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	6	1	1	0	0	0	0	8
F99	Mental disorder not otherwise specified	0	2	0	0	0	0	0	2
G30	Alzheimer's disease	0	0	0	0	0	0	1	1
R45	Symptoms and signs involving emotional state	0	1	1	1	0	0	0	3
	Other factors related to mental and behavioural disorders[(a)]	0	2	1	1	1	0	0	5
	Other[(b)]	1	18	30	62	9	11	34	165
	Total	**90**	**303**	**528**	**562**	**679**	**374**	**677**	**3,213**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.

Table 5.9: Same day mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
F00–F03	Dementia	0	0	0	0	0	0	7	7
F04–F09	Other organic mental disorders	0	0	2	1	1	1	1	6
F10	Mental and behavioural disorders due to use of alcohol	0	4	14	59	39	28	1	145
F11–F19	Mental and behav disorders due to other psychoactive substances use	1	18	15	21	10	0	0	65
F20	Schizophrenia	54	92	13	43	46	18	9	275
F21, F24, F28–F29	Schizotypal and other delusional disorders	0	0	1	0	0	0	2	3
F22	Persistent delusional disorders	0	22	8	2	3	0	19	54
F23	Acute and transient psychotic disorders	0	29	30	35	24	55	106	279
F25	Schizoaffective disorders	0	12	7	2	6	1	0	28
F30	Manic episode	0	0	3	2	1	0	0	6
F31	Bipolar affective disorders	0	10	83	70	26	72	84	345
F32	Depressive episode	2	146	254	417	412	183	496	1,910
F33	Recurrent depressive disorders	0	49	91	227	200	149	645	1,361
F34	Persistent mood (affective) disorders	0	4	12	3	0	0	6	25
F38, F39	Other and unspecified mood (affective) disorders	0	1	0	0	0	0	0	1
F40	Phobic anxiety disorders	13	0	0	1	0	0	0	14
F41	Other anxiety disorders	0	18	15	5	9	6	12	65
F42	Obsessive–compulsive disorders	8	56	0	1	0	0	1	66
F43	Reaction to severe stress and adjustment disorders	11	36	34	80	14	2	1	178
F44	Dissociative (conversion) disorders	0	1	11	1	0	0	0	13
F45, F48	Somatoform and other neurotic disorders	0	1	1	0	0	0	1	3
F50	Eating disorders	2	79	37	2	1	0	0	121
F51–F59	Other behav syndromes associated w phys dist and phys factors	0	6	18	17	0	0	0	41
F60	Specific personality disorders	0	36	25	18	8	1	11	99
F61–F69	Disorders of adult personality and behaviour	1	0	1	1	5	0	0	8
F70–F79	Mental retardation	0	1	1	0	1	0	0	3
F80–F89	Disorders of psychological development	9	0	0	0	0	0	0	9
F90	Hyperkinetic disorders	0	1	0	0	0	0	0	1
F91	Conduct disorders	1	1	0	0	0	0	0	2
F92–F98	Other and unspec disorders w onset childhood adolescence	20	1	0	0	0	0	0	21
F99	Mental disorder not otherwise specified	0	1	0	0	0	0	0	1
G30	Alzheimer's disease	0	0	0	0	0	0	4	4
O99.3	Mental disorders & dis of the nerv sys complic pregnancy, child and puerp	0	1	0	0	0	0	0	1
R45	Symptoms and signs involving emotional state	0	0	1	0	0	0	3	4
	Other factors related to mental and behavioural disorders[(a)]	0	0	1	0	0	0	3	4
	Other[(b)]	2	13	17	9	21	8	81	151
	Total	**124**	**639**	**695**	**1,017**	**827**	**524**	**1,493**	**5,319**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, child—childbirth, puerp—puerperium

Table 5.10: Overnight separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
F00–F03	Dementia	0	1	1	4	7	49	524	586
F04–F09	Other organic mental disorders	0	63	134	112	71	57	148	585
F10	Mental and behavioural disorders due to use of alcohol	0	191	399	641	750	367	237	2,586
F11–F19	Mental and behav disorders due to other psychoactive substances use	9	1,514	1,424	530	119	21	12	3,629
F20	Schizophrenia	14	3,241	5,250	3,070	1,385	572	284	13,820
F21, F24, F28–F29	Schizotypal and other delusional disorders	9	420	326	155	49	27	30	1,016
F22	Persistent delusional disorders	0	93	162	136	75	51	84	602
F23	Acute and transient psychotic disorders	4	451	367	204	69	27	22	1,144
F25	Schizoaffective disorders	1	374	763	581	303	166	101	2,289
F30	Manic episode	1	93	101	82	43	30	28	378
F31	Bipolar affective disorders	3	572	1,005	1,003	673	386	351	3,995
F32	Depressive episode	41	651	1,121	1,218	1,132	624	832	5,620
F33	Recurrent depressive disorders	0	112	221	337	439	262	415	1,789
F34	Persistent mood (affective) disorders	8	97	190	165	124	48	23	655
F38, F39	Other and unspecified mood (affective) disorders	3	17	19	17	11	4	3	74
F40	Phobic anxiety disorders	9	16	14	15	10	3	2	69
F41	Other anxiety disorders	29	78	114	108	116	83	72	600
F42	Obsessive–compulsive disorders	20	37	48	31	17	15	9	177
F43	Reaction to severe stress and adjustment disorders	143	864	1,319	1,115	1,066	523	191	5,221
F44	Dissociative (conversion) disorders	1	5	15	10	4	1	3	39
F45, F48	Somatoform and other neurotic disorders	3	5	9	6	8	3	9	43
F50	Eating disorders	1	15	2	4	1	0	1	24
F51–F59	Other behav syndromes associated w phys dist and phys factors	1	1	1	1	8	3	2	17
F60	Specific personality disorders	4	338	578	294	124	27	18	1,383
F61–F69	Disorders of adult personality and behaviour	4	34	69	56	28	6	3	200
F70–F79	Mental retardation	1	29	28	15	22	6	4	105
F80–F89	Disorders of psychological development	50	36	24	9	9	2	1	131
F90	Hyperkinetic disorders	74	13	6	1	0	0	0	94
F91	Conduct disorders	182	65	11	9	4	3	7	281
F92–F98	Other and unspec disorders w onset childhood adolescence	79	16	2	0	0	0	1	98
F99	Mental disorder not otherwise specified	6	18	10	13	5	4	11	67
G30	Alzheimer's disease	0	0	0	0	4	11	296	311
G47	Sleep disorders	0	0	0	3	7	9	1	20
R44	Other symptoms and signs involving general sensations and perceptions	0	2	3	3	1	0	0	9
R45	Symptoms and signs involving emotional state	2	6	6	4	1	3	3	25
	Other factors related to mental and behavioural disorders[(a)]	95	17	38	48	18	4	3	223
	Other factors related to substance use[(b)]	0	0	1	1	0	0	0	2
	Other[(c)]	37	365	588	521	340	280	685	2,816
	Total	**834**	**9,850**	**14,369**	**10,522**	**7,043**	**3,677**	**4,416**	**50,723**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system

Table 5.11: Overnight separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
F00–F03	Dementia	0	0	0	2	6	33	482	523
F04–F09	Other organic mental disorders	1	37	53	63	58	47	156	415
F10	Mental and behavioural disorders due to use of alcohol	0	86	250	453	410	161	69	1,429
F11–F19	Mental and behav disorders due to other psychoactive substances use	7	673	646	314	111	26	17	1,794
F20	Schizophrenia	7	1,051	1,630	1,404	1,145	577	569	6,383
F21, F24, F28–F29	Schizotypal and other delusional disorders	17	249	196	165	94	40	56	817
F22	Persistent delusional disorders	0	38	91	138	101	64	130	562
F23	Acute and transient psychotic disorders	6	240	278	226	124	48	45	967
F25	Schizoaffective disorders	0	336	758	790	569	357	225	3,035
F30	Manic episode	3	68	103	87	62	39	53	415
F31	Bipolar affective disorders	13	509	1,281	1,448	1,095	669	756	5,771
F32	Depressive episode	76	1,154	1,538	1,842	1,481	704	1,591	8,386
F33	Recurrent depressive disorders	1	227	552	875	841	456	1,036	3,988
F34	Persistent mood (affective) disorders	15	241	226	200	166	79	51	978
F38, F39	Other and unspecified mood (affective) disorders	3	24	23	18	10	4	14	96
F40	Phobic anxiety disorders	15	23	24	22	19	10	14	127
F41	Other anxiety disorders	27	122	170	204	222	154	240	1,139
F42	Obsessive–compulsive disorders	2	78	41	41	20	4	17	203
F43	Reaction to severe stress and adjustment disorders	156	1,300	1,393	1,274	687	242	160	5,212
F44	Dissociative (conversion) disorders	2	45	112	99	107	22	16	403
F45, F48	Somatoform and other neurotic disorders	2	12	17	19	20	5	22	97
F50	Eating disorders	90	580	156	79	31	6	1	943
F51–F59	Other behav syndromes associated w phys dist and phys factors	0	80	236	85	2	0	1	404
F60	Specific personality disorders	9	953	1,169	808	281	50	37	3,307
F61–F69	Disorders of adult personality and behaviour	1	17	16	36	16	10	3	99
F70–F79	Mental retardation	1	23	23	15	11	6	5	84
F80–F89	Disorders of psychological development	9	18	2	4	2	1	0	36
F90	Hyperkinetic disorders	10	6	1	0	0	0	0	17
F91	Conduct disorders	77	46	11	8	0	5	2	149
F92–F98	Other and unspec disorders w onset childhood adolescence	34	26	2	2	0	1	0	65
F99	Mental disorder not otherwise specified	6	22	2	6	3	2	15	56
G30	Alzheimer's disease	0	0	0	1	4	18	345	368
G47	Sleep disorders	0	0	0	2	0	0	1	3
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	18	36	13	0	0	0	67
R44	Other symptoms and signs involving general sensations and perceptions	0	4	2	2	1	0	4	13
R45	Symptoms and signs involving emotional state	1	5	3	4	0	1	4	18
	Other factors related to mental and behavioural disorders[(a)]	103	37	48	74	25	6	5	298
	Other[(b)]	41	418	556	543	391	255	826	3,031
	Total	**735**	**8,766**	**11,645**	**11,366**	**8,115**	**4,102**	**6,968**	**51,698**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table 5.12: Mental health-related separations with specialised psychiatric care reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Separations			Patient days	Psychiatric care days
		Same day	Overnight	Total		
F00–F03	Dementia	0	8	8	148	147
F04–F09	Other organic mental disorders	10	53	63	1,513	1,482
F10	Mental and behavioural disorders due to use of alcohol	11	186	197	1,580	1,428
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	23	427	450	3,919	3,879
F20	Schizophrenia	0	930	930	34,212	34,156
F21, F24, F28–F29	Schizotypal and other delusional disorders	0	90	90	1,241	1,228
F22	Persistent delusional disorders	2	38	40	965	964
F23	Acute and transient psychotic disorders	1	129	130	1,401	1,399
F25	Schizoaffective disorders	1	195	196	4,443	4,436
F30	Manic episode	2	14	16	112	111
F31	Bipolar affective disorders	19	226	245	3,563	3,548
F32	Depressive episode	24	335	359	3,395	3,335
F33	Recurrent depressive disorders	0	48	48	818	810
F34	Persistent mood (affective) disorders	0	39	39	308	306
F38, F39	Other and unspecified mood (affective) disorders	0	5	5	74	74
F40	Phobic anxiety disorders	0	2	2	4	4
F41	Other anxiety disorders	0	19	19	143	142
F42	Obsessive–compulsive disorders	27	0	27	0	0
F43	Reaction to severe stress and adjustment disorders	0	402	402	2,767	2,749
F44	Dissociative (conversion) disorders	0	2	2	22	22
F45, F48	Somatoform and other neurotic disorders	0	2	2	8	8
F50	Eating disorders	0	3	3	29	28
F51–F59	Other and unspecified disorders with onset in childhood or adolescence	2	15	17	154	153
F60	Specific personality disorders	0	156	156	944	929
F61–F69	Disorders of adult personality and behaviour	1	4	5	17	17
F70–F79	Mental retardation	0	11	11	110	110
F80–F89	Disorders of psychological development	0	7	7	89	89
F90	Hyperkinetic disorders	0	2	2	14	14
F91	Conduct disorders	0	16	16	63	63
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	1	2	3	2	2
F99	Mental disorder not otherwise specified	0	3	3	4	4
G30	Alzheimer's disease	0	2	2	42	42
G47	Sleep disorders	0	0	0	0	0
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth & puerperium	0	5	5	138	124
R44	Other symptoms and signs involving general sensations and perceptions	0	1	1	2	1
R45	Symptoms and signs involving emotional state	0	3	3	5	5
	Other factors related to mental and behavioural disorders[(a)]	0	17	17	93	93
	Other factors related to substance use[(b)]	0	0	0	0	0
	Other[(c)]	6	170	176	10,044	9,821
	Total	**130**	**3,567**	**3,697**	**72,386**	**71,723**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.

Table 5.13: Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, and hospital type, Australia, 2001–02

		Public acute		Private		Public psychiatric		Total		
Principal diagnosis		Involuntary	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Not reported
F00–F03	Dementia	262	492	3	72	66	144	331	708	81
F04–F09	Other organic mental disorders	274	381	3	92	102	77	379	550	86
F10	Mental and behavioural disorders due to use of alcohol	451	999	8	1,886	218	269	677	3,154	455
F11–F19	Mental and behav disorders due to other psychoactive substances use	1,610	1,722	27	1,008	585	350	2,222	3,080	274
F20	Schizophrenia	8,447	7,228	130	822	1,984	1,578	10,561	9,628	486
F21, F24, F28–F29	Schizotypal and other delusional disorders	741	740	15	51	176	145	932	936	46
F22	Persistent delusional disorders	452	403	5	84	140	59	597	546	35
F23	Acute and transient psychotic disorders	886	794	11	108	228	105	1,125	1,007	58
F25	Schizoaffective disorders	1,894	1,999	34	564	499	380	2,427	2,943	311
F30	Manic episode	325	265	6	56	80	41	411	362	34
F31	Bipolar affective disorders	3,291	3,536	56	1,478	683	556	4,030	5,570	783
F32	Depressive episode	1,838	8,000	37	4,778	325	818	2,200	13,596	1,370
F33	Recurrent depressive disorders	580	2,683	6	2,822	50	114	636	5,619	1,474
F34	Persistent mood (affective) disorders	187	871	8	340	66	110	261	1,321	92
F38, F39	Other and unspecified mood (affective) disorders	31	76	1	33	9	18	41	127	3
F40	Phobic anxiety disorders	7	60	1	79	2	34	10	173	37
F41	Other anxiety disorders	72	685	0	778	7	119	79	1,582	227
F42	Obsessive–compulsive disorders	24	160	3	98	7	104	34	362	61
F43	Reaction to severe stress and adjustment disorders	1,613	5,072	12	2,012	566	854	2,191	7,938	611
F44	Dissociative (conversion) disorders	34	108	7	263	3	8	44	379	33
F45, F48	Somatoform and other neurotic disorders	24	58	0	41	1	6	25	105	14
F50	Eating disorders	83	525	2	371	5	32	90	928	89
F51–F59	Other behav syndromes associated w phys dist and phys factors	48	198	0	139	7	52	55	389	18
F60	Specific personality disorders	1,097	2,627	10	306	298	355	1,405	3,288	127
F61–F69	Disorders of adult personality and behaviour	48	128	0	81	31	21	79	230	5
F70–F79	Mental retardation	51	73	0	3	15	51	66	127	1
F80–F89	Disorders of psychological development	32	87	1	8	8	38	41	133	4
F90	Hyperkinetic disorders	10	79	1	4	0	16	11	99	3
F91	Conduct disorders	72	264	0	8	9	78	81	350	7
F92–F98	Other & unspec disorders w onset childhood adolescence	22	122	1	5	1	39	24	166	2
F99	Mental disorder not otherwise specified	43	72	0	0	1	5	44	77	5
G30	Alzheimer's disease	141	325	0	33	46	79	187	437	60
G47	Sleep disorders	0	3	0	20	0	0	0	23	0
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	23	39	0	3	0	1	23	43	2
R44	Other symptoms and signs involving general sensations and perceptions	6	15	0	0	0	1	6	16	0
R45	Symptoms and signs involving emotional state	21	24	0	2	1	1	22	27	1
	Other factors related to mental and behavioural disorders[(a)]	20	267	0	2	17	224	37	493	4
	Other factors related to substance use[(b)]	0	2	0	0	0	1	0	3	0
	Other[(c)]	931	4,188	2	195	212	546	1,145	4,929	97
	Total	**25,691**	**45,370**	**390**	**18,645**	**6,448**	**7,429**	**32,529**	**71,444**	**6,996**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table 5.14: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2001–02

Principal diagnosis		Separations			Patient days	Psychiatric care days
		Same day	Overnight	Total		
A00–B99	Certain infectious and parasitic diseases	1	17	18	370	219
C00–D48	Neoplasms	2	22	24	546	340
D50–D89	Diseases of the blood and blood–forming organs and certain disorders involving the immune mechanism	1	7	8	52	37
E00–E90	Endocrine nutritional and metabolic diseases	0	51	51	1,796	1,340
F00–F99	Mental and behavioural disorders	1,581	49,184	50,765	889,342	881,991
G00–G99	Diseases of the nervous system	9	870	879	55,581	54,685
H00–H59	Diseases of the eye and adnexa	0	2	2	17	14
H60–H95	Diseases of the ear and mastoid process	0	1	1	10	2
I00–I99	Diseases of the circulatory system	0	53	53	925	672
J00–J99	Diseases of the respiratory system	0	59	59	1,831	1,433
K00–K93	Diseases of the digestive system	0	52	52	1,029	765
L00–L99	Diseases of the skin and subcutaneous tissue	0	19	19	362	219
M00–M99	Diseases of the musculoskeletal system and connective tissue	1	47	48	747	641
N00–N99	Diseases of the genitourinary system	0	25	25	507	416
O00–O99	Pregnancy, childbirth and the puerperium	1	79	80	1,004	919
P00–P96	Certain conditions originating in the perinatal period	0	1	1	10	4
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	0	12	12	163	163
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	11	172	183	1,885	1,673
S00–T98	Injury, poisoning and certain other consequences of external causes	45	1,944	1,989	29,735	27,460
Z00–Z99	Factors influencing health status and contact with health services	179	804	983	115,321	114,413
Total		**1,831**	**53,421**	**55,252**	**1,101,233**	**1,087,406**

Table 5.15: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2001–02

		With no other mental health related diagnosis					Average length of stay (o'night)	With a mental health-related additional diagnosis					Average length of stay (o'night)
Principal diagnosis		Sameday	Overnight	Total	Patient days	Psychiatric care days		Sameday	Overnight	Total	Patient days	Psychiatric care days	
F00–F03	Dementia	6	611	617	34,779	34,633	56.9	5	498	503	32,205	32,000	64.7
F04–F09	Other organic mental disorders	8	419	427	27,536	27,383	65.7	7	581	588	14,576	14,300	25.1
F10	Mental and behavioural disorders due to use of alcohol	168	1,338	1,506	34,205	34,015	25.4	103	2,677	2,780	38,457	38,007	14.3
F11–F19	Mental and behavioural disorders due to other psychoactive substances	86	1,797	1,883	17,486	17,043	9.7	67	3,626	3,693	34,712	34,357	9.6
F20	Schizophrenia	354	11,640	11,994	590,653	581,516	50.7	116	8,565	8,681	257,345	256,386	30.0
F21, F24, F28–F29	Schizotypal and other delusional disorders	58	910	968	13,280	13,082	14.5	22	924	946	14,056	13,837	15.2
F22	Persistent delusional disorders	9	609	618	10,850	10,803	17.8	5	555	560	20,190	20,135	36.4
F23	Acute and transient psychotic disorders	43	1,070	1,113	13,178	13,023	12.3	36	1,041	1,077	14,875	14,745	14.3
F25	Schizoaffective disorders	316	3,005	3,321	82,990	80,863	27.5	41	2,319	2,360	51,739	51,584	22.3
F30	Manic episode	11	390	401	5,545	5,484	14.2	3	403	406	5,936	5,852	14.7
F31	Bipolar affective disorders	582	6,041	6,623	119,985	118,932	19.8	35	3,725	3,760	71,549	70,878	19.2
F32	Depressive episode	2,746	6,950	9,696	117,883	116,138	16.6	414	7,056	7,470	114,407	112,975	16.2
F33	Recurrent depressive disorders	1,713	3,297	5,010	58,937	58,518	17.4	239	2,480	2,719	46,828	46,187	18.8
F34	Persistent mood (affective) disorders	23	426	449	5,425	5,371	12.7	18	1,207	1,225	12,036	11,971	10.0
F38, F39	Other and unspecified mood (affective) disorders	1	83	84	1,156	1,155	13.9	0	87	87	1,457	1,443	16.7
F40	Phobic anxiety disorders	15	61	76	877	834	14.1	9	135	144	2,066	2,015	15.2
F41	Other anxiety disorders	83	710	793	9,885	9,715	13.8	66	1,029	1,095	15,315	15,162	14.8
F42	Obsessive–compulsive disorders	2	117	119	3,554	3,519	30.4	75	263	338	5,515	5,464	20.7
F43	Reaction to severe stress and adjustment disorders	103	3,314	3,417	22,955	22,666	6.9	204	7,119	7,323	61,197	60,771	8.6
F44	Dissociative (conversion) disorders	0	132	132	1,571	1,543	11.9	14	310	324	4,403	4,347	14.2
F45, F48	Somatoform and other neurotic disorders	4	49	53	484	480	9.8	0	91	91	1,824	1,452	20.0
F50	Eating disorders	125	528	653	17,206	16,822	32.4	15	439	454	13,555	13,381	30.8
F51–F59	Other behavioural syndromes associated w phys dist and phys factors	40	242	282	3,534	3,523	14.4	1	179	180	2,915	2,913	16.3
F60	Specific personality disorders	74	1,708	1,782	14,377	14,273	8.4	56	2,982	3,038	22,237	21,989	7.4
F61–F69	Disorders of adult personality and behaviour	6	80	86	971	962	12.1	9	219	228	2,929	2,902	13.3
F70–F79	Mental retardation	2	85	87	7,504	7,491	88.3	3	104	107	20,774	20,771	199.7
F80–F89	Disorders of psychological development	2	72	74	2,168	2,163	30.1	9	95	104	990	977	10.3
F90	Hyperkinetic disorders	1	35	36	466	459	13.3	1	76	77	943	937	12.4
F91	Conduct disorders	3	165	168	1,238	1,235	7.5	5	265	270	2,383	2,368	9.0
F92–F98	Other and unspec disorders w onset childhood adolescence	26	52	78	583	568	10.7	3	111	114	1,508	1,468	13.6
F99	Mental disorder not otherwise specified	3	100	103	3,242	3,241	32.4	0	23	23	420	417	18.3
G30	Alzheimer's disease	0	23	23	1,052	1,027	45.7	5	656	661	38,001	37,497	57.9
G47	Sleep disorders	0	20	20	28	28	1.4	0	3	3	9	9	3.0
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	1	1	7	2	7.0	1	66	67	858	815	13.0
R44	Other symptoms and signs involving general sensations and perceptions	0	13	13	254	246	19.5	0	9	9	93	92	10.3
R45	Symptoms and signs involving emotional state	1	18	19	96	96	5.3	6	25	31	302	302	11.8
	Other factors related to mental and behavioural disorders[(a)]	9	483	483	2,904	2,900	6.0	4	47	51	300	297	6.3
	Other factors related to substance use[(b)]	0	0	0	0	0	. .	0	3	3	294	294	98.0
	Other[(c)]	82	2,509	2,509	128,406	122,128	51.1	234	3,428	3,662	172,034	166,109	50.1
	Total	**6,705**	**49,103**	**55,717**	**1,357,250**	**1,333,880**	**27.5**	**1,831**	**53,421**	**55,252**	**1,101,233**	**1,087,406**	**20.6**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.
Note: Abbreviations; unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth.

Table 5.16: Separations, patient days and psychiatric care days for the top five additional mental health-related diagnoses for separations with specialised psychiatric care by selected mental health-related principal diagnosis, Australia, 2001–02

Principal diagnosis		Separations			Patient days	Psychiatric care days	Average length of stay[a]	Average length of psychiatric care[a]
		Same day	Overnight	Total				
Mental and behavioural disorders due to psychoactive substances use (F10–F19)								
Top five additional diagnoses [b]								
F60	Specific personality disorders	33	1,342	1,375	12,148	11,706	9.0	8.7
F32	Depressive episode	18	823	841	11,149	11,032	13.5	13.4
F43	Reaction to severe stress and adjustment disorders	17	656	673	7,145	7,097	10.9	10.8
F20	Schizophrenia	4	405	409	4,742	4,628	11.7	11.4
	Other factors related to mental and behavioural disorders[c]	4	386	390	3,669	3,645	9.5	9.4
	Total	*424*	*9,438*	*9,862*	*124,860*	*123,422*	*13.2*	*13.0*
Schizophrenia, schizotypal and delusional disorders (F20–F29)								
Top five additional diagnoses [b]								
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	95	9,136	9,231	56,887	56,645	6.2	6.2
F10	Mental and behavioural disorders due to use of alcohol	26	2,787	2,813	39,679	39,538	14.2	14.2
F60	Specific personality disorders	37	1,927	1,964	19,987	19,894	10.4	10.3
	Other factors related to mental and behavioural disorders[c]	8	956	964	24,354	24,134	25.5	25.2
F32	Depressive episode	25	838	863	50,511	50,474	60.2	60.2
	Total	*1,000*	*30,638*	*31,638*	*1,069,156*	*1,056,116*	*34.9*	*34.4*
Mood (affective) disorders (F30–F39)								
Top five additional diagnoses [b]								
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	104	4,951	5,055	69,332	68,810	14.0	13.9
F60	Specific personality disorders	193	4,089	4,282	59,306	58,717	14.5	14.3
F10	Mental and behavioural disorders due to use of alcohol	95	3,387	3,482	46,662	46,067	13.7	13.6
F43	Reaction to severe stress and adjustment disorders	108	2,115	2,223	31,446	31,182	14.8	14.7
F41	Other anxiety disorders	109	1,718	1,827	34,667	34,244	20.1	19.9
	Total	*5,785*	*32,145*	*37,930*	*561,144*	*554,974*	*17.3*	*17.1*
Neurotic, stress-related and somatoform disorder (F40–F49)								
Top five additional diagnoses [b]								
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	69	2,973	3,042	20,529	20,332	6.9	6.8
F60	Specific personality disorders	56	2,803	2,859	21,778	21,227	7.7	7.6
F10	Mental and behavioural disorders due to use of alcohol	77	2,265	2,342	19,400	19,212	8.5	8.4
F32	Depressive episode	71	1,709	1,780	25,542	24,995	14.9	14.6
	Other factors related to mental and behavioural disorders[c]	15	994	1,009	8,410	8,284	8.4	8.3
	Total	*575*	*13,330*	*13,905*	*129,646*	*127,968*	*9.7*	*9.6*

(a) Overnight separations only.
(b) Where the additional diagnosis grouping is different to the principal diagnosis grouping.
(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

Table 5.17: Separation statistics for separations with specialised psychiatric care, with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Same day	Overnight	Total	Patient days	Psychiatric care days
F00–F03	Dementia	0	8	8	2,612	2,609
F04–F09	Other organic mental disorders	1	20	21	683	664
F10	Mental and behavioural disorders due to use of alcohol	2	80	82	690	670
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	2	82	84	788	760
F20	Schizophrenia	2	208	210	4,571	4,471
F21, F24, F28–F29	Schizotypal and other delusional disorders	1	27	28	555	495
F22	Persistent delusional disorders	0	14	14	189	185
F23	Acute and transient psychotic disorders	0	36	36	588	570
F25	Schizoaffective disorders	0	75	75	1,517	1,496
F30	Manic episode	0	3	3	59	58
F31	Bipolar affective disorders	2	157	159	2,896	2,831
F32	Depressive episode	6	699	705	10,502	10,059
F33	Recurrent depressive disorders	0	266	266	4,628	4,472
F34	Persistent mood (affective) disorders	2	120	122	1,107	1,067
F38, F39	Other and unspecified mood (affective) disorders	0	3	3	23	23
F40	Phobic anxiety disorders	1	4	5	20	18
F41	Other anxiety disorders	0	34	34	459	446
F42	Obsessive–compulsive disorders	0	8	8	409	379
F43	Reaction to severe stress and adjustment disorders	27	720	747	5,367	5,184
F44	Dissociative (conversion) disorders	0	36	36	832	810
F45, F48	Somatoform and other neurotic disorders	1	9	10	68	67
F50	Eating disorders	0	29	29	1,381	1,380
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	0	3	3	27	27
F60	Specific personality disorders	11	519	530	4,432	4,310
F60–F69	Disorders of adult personality and behaviour	1	14	15	316	312
F70–F79	Mental retardation	0	1	1	5	5
F80–F89	Disorders of psychological development	0	2	2	48	47
F90	Hyperkinetic disorders	0	1	1	35	35
F91	Conduct disorders	0	16	16	61	59
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	0	3	3	11	10
F99	Mental disorder not otherwise specified	0	4	4	56	56
G30	Alzheimer's disease	0	0	0	0	0
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and puerperium	0	2	2	14	14
R44	Other symptoms & signs involving general sensations and perceptions	0	1	1	3	3
R45	Symptoms and signs involving emotional state	1	0	1	1	1
	Other factors related to mental and behavioural disorders[(a)]	0	4	4	37	32
	Other[(b)]	1,910	45	1,955	21,249	18,968
	Total	**1,970**	**3,253**	**5,223**	**66,239**	**62,593**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia, 2000–01*.

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements. These categories were designed to provide a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital. This report uses AR-DRG 4.2 (DHAC 2000a, 2000b). Although the AR-DRGs are designed to be homogeneous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogeneous than most other AR-DRG types.

Overview

The 30 most frequently reported AR-DRGs for mental health-related separations with specialised psychiatric care are detailed in Table 5.18. The largest number of same day separations was reported for U40Z *Mental health treatment, same day, with electroconvulsive therapy* (5,259 separations or 72.9% of same day separations).

The largest number of overnight separations was reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities*, which accounted for 22.2% (21,287 separations) of overnight separations. *Personality disorders and acute reactions* (U67Z), *Schizophrenia disorders with involuntary mental health legal status* (U61A) and *Schizophrenia disorders without involuntary mental health legal status* (U61B) were the AR-DRGs with the next largest number of separations with specialised psychiatric care.

Hospital type

Tables 5.19 to 5.21 outline the 30 most frequently reported AR-DRGs for mental health-related separations with specialised psychiatric care for each hospital type.

The largest numbers of overnight and total separations for public acute care hospitals were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 12,240 separations) (Table 5.19*). Mental health treatment, same day, with electroconvulsive therapy* (U40Z, 3,371 separations) reported the highest number of same day separations for public acute hospitals. The greatest number of patient days and psychiatric care days for public acute hospital separations with specialised psychiatric care were reported for the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A, 221,740 patient days and 220,757 psychiatric care days).

In private hospitals, *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 7,050 separations) had the largest numbers of overnight separations with specialised psychiatric care (Table 5.20). *Mental health treatment, same day, with electroconvulsive therapy* (U40Z) again had the largest numbers of same day and total separations in this category (1,883 same day separations). In private hospitals, the largest numbers of patient days and psychiatric care days were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 127,911 patient days and 127,184 psychiatric care days).

Public psychiatric hospitals had a slightly different distribution of separations by AR-DRG, with *Personality disorders and acute reactions* (U67Z) having the largest number of overnight and total separations with specialised psychiatric care (2,458 separations or 17.6% of overnight separations) in this category, followed by *Schizophrenia disorders with involuntary*

mental health legal status (U61A, 2,424 separations or 17.4%), see Table 5.21). Over one-quarter of all patient days and psychiatric care days in public psychiatric hospitals were for separations classified in the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A).

Procedures

The *National Health Data Dictionary* version 10.0 (NHDC 2001) defines a procedure as a clinical intervention that is surgical in nature; carries a procedural risk; carries an anaesthetic risk; requires specialised training; and/or requires special facilities or equipment only available in an acute care setting. One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions.

Table 5.22 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations with specialised psychiatric care by hospital type. The most frequently reported procedures for separations in public acute hospitals were *Allied health intervention, social work* (11,102 separations), *Allied health intervention, occupational therapy* (8,101 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,464 separations). For private hospitals, the most frequently reported procedures were *Electroconvulsive therapy, 8 treatments or less* (3,845 separations), *Intravenous general anaesthesia* (3,199 separations) and *Psychotherapy* (2,664 separations). For public psychiatric hospitals, the most frequently reported procedures were *Allied health intervention, social work* (5,636 separations), *Psychiatric assessment* (2,733 separations) and *Allied health intervention, occupational therapy* (2,283 separations).

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM, which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. Note that where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Table 5.18: The 30 most frequently reported AR-DRGs for separations[a] with specialised psychiatric care, Australia, 2001–02

AR-DRG Description	Separations: Same day	Separations: Overnight	Separations: Total	Separations: Per 1,000 population[b]	Patient days	Patient days per 1,000 population[b]	Psychiatric care days	Psychiatric care days per 1,000 population[b]
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	21,287	21,287	1.10	339,407	17.48	336,301	17.32
U67Z Personality Disorders and Acute Reactions	0	15,417	15,417	0.79	116,007	5.98	114,855	5.92
U61A Schizophrenia Disorders W Mental Health Legal Status	0	12,684	12,684	0.65	439,543	22.64	434,585	22.39
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	12,333	12,333	0.64	331,993	17.10	324,657	16.72
U64Z Other Affective and Somatoform Disorders	0	5,814	5,814	0.30	67,821	3.49	66,995	3.45
U40Z Mental Health Treatment, Sameday, W ECT	5,259	0	5,259	0.27	5,259	0.27	5,259	0.27
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	3,844	3,844	0.20	102,758	5.29	100,541	5.18
V61B Drug Intoxication and Withdrawal W/O CC	43	2,734	2,777	0.14	23,347	1.20	23,159	1.19
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	2,387	2,387	0.12	35,623	1.83	35,208	1.81
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	2,100	2,100	0.11	26,523	1.37	26,190	1.35
V62A Alcohol Use Disorder and Dependence	0	1,985	1,985	0.10	27,451	1.41	27,053	1.39
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	27	1,734	1,761	0.09	74,508	3.84	73,802	3.80
U65Z Anxiety Disorders	0	1,747	1,747	0.09	23,352	1.20	22,957	1.18
U60Z Mental Health Treatment, Sameday, W/O ECT	1,529	0	1,529	0.08	1,529	0.08	1,529	0.08
V64Z Other Drug Use Disorder and Dependence	38	1,348	1,386	0.07	11,834	0.61	11,591	0.60
V60Z Alcohol Intoxication and Withdrawal	54	1,306	1,360	0.07	20,608	1.06	20,411	1.05
U66Z Eating and Obsessive–Compulsive Disorders	0	1,252	1,252	0.06	34,539	1.78	33,895	1.75
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	21	846	867	0.04	4,325	0.22	3,918	0.20
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or W CC	12	811	823	0.04	7,763	0.40	6,750	0.35
Z64B Other Factors Influencing Health Status Age<80	48	767	815	0.04	9,396	0.48	9,363	0.48
V61A Drug Intoxication and Withdrawal W CC	5	674	679	0.03	7,522	0.39	7,434	0.38
B64Z Delirium	4	495	499	0.03	8,739	0.45	8,518	0.44
O61Z Postpartum and Post Abortion W/O O.R. Procedure	38	420	458	0.02	6,558	0.34	6,540	0.34
U68Z Childhood Mental Disorders	0	343	343	0.02	5,170	0.27	5,111	0.26
V63Z Opioid Use Disorder and Dependence	9	309	318	0.02	2,870	0.15	2,591	0.13
X60C Injuries Age<65	17	211	228	0.01	1,231	0.06	1,115	0.06
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	6	217	223	0.01	3,670	0.19	3,652	0.19
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	2	91	93	<0.01	1,958	0.10	1,890	0.10
B76B Seizure Age>2 or W/O Catastrophic or Severe CC	1	67	68	<0.01	496	0.03	473	0.02
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2	61	63	<0.01	229	0.01	217	0.01
All other AR-DRGS	95	2,702	2,797	0.14	146,314	7.54	136,805	7.05
Total	**7,210**	**95,986**	**103,196**	**5.32**	**1,888,343**	**97.27**	**1,853,365**	**95.47**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* and *Not reported* only.

(b) Rates are crude rates based on the total Australian estimated resident population of 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 5.19: Separations, patient days and psychiatric care days for separations[a] with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2001-02

AR-DRG Description	Separations				Total patient days	Patient days per 1,000 population[b]	Total psychiatric care days	Psychiatric care days per 1,000 population[b]
	Same day	Overnight	Total	Per 1,000 population[b]				
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	12,240	12,240	0.64	174,612	9.12	172,750	9.02
U67Z Personality Disorders and Acute Reactions	0	10,762	10,762	0.56	61,831	3.23	60,935	3.18
U61A Schizophrenia Disorders W Mental Health Legal Status	0	10,257	10,257	0.54	221,740	11.58	220,757	11.53
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	9,100	9,100	0.48	142,687	7.45	141,174	7.37
U64Z Other Affective and Somatoform Disorders	0	4,098	4,098	0.21	40,166	2.10	39,496	2.06
U40Z Mental Health Treatment, Sameday, W ECT	3,371	0	3,371	0.18	3,371	0.18	3,371	0.18
V61B Drug Intoxication and Withdrawal W/O CC	33	2,123	2,156	0.11	16,688	0.87	16,524	0.86
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	2,082	2,082	0.11	55,926	2.92	54,193	2.83
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	1,856	1,856	0.10	25,987	1.36	25,623	1.34
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,611	1,611	0.08	18,682	0.98	18,399	0.96
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	24	1,205	1,229	0.06	42,961	2.24	42,329	2.21
U60Z Mental Health Treatment, Sameday, W/O ECT	1,001	0	1,001	0.05	1,001	0.05	1,001	0.05
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	19	813	832	0.04	4,023	0.21	3,647	0.19
V60Z Alcohol Intoxication and Withdrawal	42	778	820	0.04	6,003	0.31	5,883	0.31
X62A Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	12	775	787	0.04	7,424	0.39	6,495	0.34
V64Z Other Drug Use Disorder and Dependence	29	633	662	0.03	3,093	0.16	3,032	0.16
U65Z Anxiety Disorders	0	661	661	0.03	5,994	0.31	5,887	0.31
U66Z Eating and Obsessive–Compulsive Disorders	0	650	650	0.03	17,208	0.90	16,741	0.87
V62A Alcohol Use Disorder and Dependence	0	573	573	0.03	4,219	0.22	4,138	0.22
V61A Drug Intoxication and Withdrawal W CC	4	533	537	0.03	5,461	0.29	5,381	0.28
Z64B Other Factors Influencing Health Status Age<80	45	476	521	0.03	7,459	0.39	7,430	0.39
B64Z Delirium	2	338	340	0.02	5,401	0.28	5,200	0.27
U68Z Childhood Mental Disorders	0	282	282	0.01	3,608	0.19	3,563	0.19
O61Z Postpartum and Post Abortion W/O O.R. Procedure	36	223	259	0.01	2,516	0.13	2,505	0.13
X60C Injuries Age<65	17	207	224	0.01	1,211	0.06	1,098	0.06
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	5	158	163	<0.01	1,596	0.08	1,585	0.08
V63Z Opioid Use Disorder and Dependence	5	77	82	<0.01	382	0.02	374	0.02
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	2	70	72	<0.01	1,589	0.08	1,521	0.08
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	1	61	62	<0.01	283	0.01	261	0.01
G67B Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	1	60	61	<0.01	220	0.01	208	0.01
All other AR-DRGS	76	2,363	2,439	0.13	23,888	1.25	19,448	1.02
Total	**4,725**	**65,065**	**69,790**	**3.64**	**907,230**	**47.37**	**890,949**	**46.52**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* or *Not reported* only.

(b) Rates are crude rates based on the estimated resident population as at 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 5.20: Separations, patient days and psychiatric care days for separations[a] with specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2001–02

AR-DRG Description	Separations				Patient days	Patient days per 1,000 population[b]	Psychiatric care days	Psychiatric care days per 1,000 population[b]
	Same day	Overnight	Total	Per 1,000 population[b]				
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	7,050	7,050	0.37	127,911	6.75	127,184	6.71
U67Z Personality Disorders and Acute Reactions	0	2,520	2,520	0.13	36,465	1.92	36,324	1.92
U40Z Mental Health Treatment, Sameday, W ECT	1,883	0	1,883	0.10	1,883	0.10	1,883	0.10
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,552	1,552	0.08	29,454	1.55	29,321	1.55
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	1,461	1,461	0.08	34,201	1.80	33,733	1.78
U64Z Other Affective and Somatoform Disorders	0	1,349	1,349	0.07	23,918	1.26	23,793	1.26
V62A Alcohol Use Disorder and Dependence	0	1,284	1,284	0.07	20,467	1.08	20,375	1.07
U65Z Anxiety Disorders	0	995	995	0.05	16,041	0.85	15,924	0.84
U66Z Eating and Obsessive–Compulsive Disorders	0	529	529	0.03	15,799	0.83	15,683	0.83
V64Z Other Drug Use Disorder and Dependence	4	472	476	0.03	6,967	0.37	6,793	0.36
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1	241	242	0.01	5,973	0.32	5,972	0.32
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	218	218	0.01	3,383	0.18	3,378	0.18
V60Z Alcohol Intoxication and Withdrawal	3	209	212	0.01	2,926	0.15	2,855	0.15
V63Z Opioid Use Disorder and Dependence	2	191	193	0.01	2,132	0.11	1,884	0.10
O61Z Postpartum and Post Abortion W/O O.R. Procedure	1	140	141	<0.01	3,032	0.16	3,025	0.16
U61A Schizophrenia Disorders W Mental Health Legal Status	0	131	131	<0.01	3,809	0.20	3,809	0.20
V61B Drug Intoxication and Withdrawal W/O CC	5	98	103	<0.01	1,471	0.08	1,467	0.08
U60Z Mental Health Treatment, Sameday, W/O ECT	102	0	102	<0.01	102	<0.01	102	<0.01
B64Z Delirium	1	90	91	<0.01	1,943	0.10	1,924	0.10
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	40	40	<0.01	1,078	0.06	1,043	0.06
X62A Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	0	36	36	<0.01	339	0.02	255	0.01
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age<60 W/O CC	1	33	34	<0.01	301	0.02	270	0.01
V61A Drug Intoxication and Withdrawal W CC	0	23	23	<0.01	352	0.02	349	0.02
U68Z Childhood Mental Disorders	0	20	20	<0.01	464	0.02	464	0.02
Z61Z Signs and Symptoms	0	20	20	<0.01	340	0.02	340	0.02
E63Z Sleep Apnoea	0	18	18	<0.01	18	<0.01	18	<0.01
B60B Non Acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastr CC	0	10	10	<0.01	172	<0.01	172	<0.01
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	0	10	10	<0.01	163	<0.01	163	<0.01
Z64B Other Factors Influencing Health Status Age<80	1	9	10	<0.01	196	0.01	195	0.01
V62B Alcohol Use Disorder and Dependence, Sameday	9	0	9	<0.01	9	<0.01	9	<0.01
All other AR-DRGs	8	107	115	<0.01	2,104	0.11	1,807	0.10
Total	**2,021**	**18,856**	**20,877**	**1.10**	**343,413**	**18.11**	**340,514**	**17.96**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* or *Not reported* only.

(b) Rates are crude rates based on the estimated resident population as at 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 5.21: Separations, patient days and psychiatric care days for separations[a] with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public psychiatric hospitals, Australia, 2001–02

AR-DRG Description	Separations				Patient days	Patient days per 1,000 population[b]	Psychiatric care days	Psychiatric care days per 1,000 population[b]
	Same day	Overnight	Total	Per 1,000 population[b]				
U67Z Personality Disorders and Acute Reactions	0	2,458	2,458	0.13	16,893	0.87	16,848	0.87
U61A Schizophrenia Disorders W Mental Health Legal Status	0	2,424	2,424	0.12	84,302	4.34	84,302	4.34
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	2,201	2,201	0.11	40,824	2.10	40,618	2.09
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	2,006	2,006	0.10	62,205	3.20	61,833	3.19
V61B Drug Intoxication and Withdrawal W/O CC	5	563	568	0.03	5,685	0.29	5,683	0.29
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	564	564	0.03	9,931	0.51	9,928	0.51
U60Z Mental Health Treatment, Sameday, W/O ECT	441	0	441	0.02	441	0.02	441	0.02
U64Z Other Affective and Somatoform Disorders	0	419	419	0.02	4,228	0.22	4,215	0.22
V60Z Alcohol Intoxication and Withdrawal	10	403	413	0.02	3,418	0.18	3,416	0.18
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	321	321	0.02	12,221	0.63	12,178	0.63
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Statu	0	315	315	0.02	4,713	0.24	4,660	0.24
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2	289	291	0.01	14,938	0.77	14,874	0.77
Z64B Other Factors Influencing Health Status Age<80	2	285	287	0.01	1,754	0.09	1,751	0.09
V64Z Other Drug Use Disorder and Dependence	6	272	278	0.01	1,937	0.10	1,930	0.10
V61A Drug Intoxication and Withdrawal W CC	1	144	145	<0.01	2,047	0.11	2,047	0.11
V62A Alcohol Use Disorder and Dependence	0	140	140	<0.01	2,862	0.15	2,639	0.14
U65Z Anxiety Disorders	0	105	105	<0.01	1,236	0.06	1,236	0.06
U66Z Eating and Obsessive–Compulsive Disorders	0	78	78	<0.01	1,716	0.09	1,711	0.09
B64Z Delirium	1	69	70	<0.01	1,416	0.07	1,416	0.07
O61Z Postpartum and Post Abortion W/O O.R. Procedure	1	61	62	<0.01	1,028	0.05	1,028	0.05
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	1	51	52	<0.01	1,160	0.06	1,146	0.06
U68Z Childhood Mental Disorders	0	51	51	<0.01	740	0.04	733	0.04
V63Z Opioid Use Disorder and Dependence	2	45	47	<0.01	365	0.02	343	0.02
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	0	13	13	<0.01	212	0.01	212	0.01
B67A Degenerative Nervous System Disorders W Catastrophic or Severe CC	0	8	8	<0.01	586	0.03	586	0.03
Z61Z Signs and Symptoms	0	7	7	<0.01	126	<0.01	123	<0.01
B76B Seizure Age>2 or W/O Catastrophic or Severe CC	0	5	5	<0.01	119	<0.01	119	<0.01
U40Z Mental Health Treatment, Sameday, W ECT	5	0	5	<0.01	5	<0.01	5	<0.01
B81A Other Disorders of the Nervous System W Catastrophic or Severe CC	0	4	4	<0.01	26	<0.01	26	<0.01
B76A Seizure Age<3 or W Catastrophic or Severe CC	0	2	2	<0.01	127	<0.01	127	<0.01
All other AR-DRGs	5	156	161	<0.01	23,381	1.20	23,374	1.20
Total	**482**	**13,457**	**13,939**	**0.72**	**300,515**	**15.48**	**299,421**	**15.42**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* or *Not reported* only.

(b) Rates are crude rates based on the estimated resident population as at 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 5.22: The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total				
					Public acute hospitals			
95550–01	Allied health intervention, social work	37	11,065	11,102	281,122	274,451	25.4	11,129
95550–02	Allied health intervention, occupational therapy	18	8,083	8,101	222,859	217,905	27.6	8,111
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	3,547	1,917	5,464	49,937	48,633	24.2	5,557
92502–02	Intravenous and inhalational general anaesthesia	2,226	2,503	4,729	68,306	65,675	26.4	12,564
56001–00	Computerised tomography of brain	15	3,411	3,426	83,192	80,245	24.4	3,437
95550–03	Allied health intervention, physiotherapy	10	2,521	2,531	72,676	67,168	28.8	2,540
95550–00	Allied health intervention, dietetics	106	1,890	1,996	68,253	65,583	36.1	1,999
95550–10	Allied health intervention, psychology	4	1,814	1,818	46,818	46,116	25.8	1,819
92502–00	Intravenous general anaesthesia	1,170	634	1,804	21,928	20,840	32.7	4,372
93340–01	Electroconvulsive therapy [ECT] >8 treatments	84	657	741	36,016	35,362	54.7	744
56007–00	Computerised tomography of brain with intravenous contrast medium	0	474	474	12,141	11,053	25.6	478
95550–05	Allied health intervention, speech pathology	0	471	471	20,238	19,130	43.0	472
92503–00	Intravenous sedation, anaesthetist controlled	41	394	435	9,360	8,355	23.7	592
95550–04	Allied health intervention, podiatry	0	418	418	28,843	28,111	69.0	419
90901–00	Magnetic resonance imaging of brain	2	315	317	10,495	10,099	33.3	317
93300–00	Psychiatric assessment	4	267	271	3,540	3,434	13.2	271
30026–00	Repair of wound of skin and subcutaneous tissue of other site, superficial	33	232	265	3,534	3,414	15.1	272
95550–11	Allied health intervention, other	1	250	251	6,340	6,056	25.4	252
92003–00	Alcohol detoxification	3	204	207	2,253	2,184	11.0	207
95550–09	Allied health intervention, pharmacy	1	203	204	4,295	3,670	21.2	204
11000–00	Electroencephalography	0	152	152	4,456	3,961	29.3	153
13706–02	Transfusion of packed cells	1	143	144	3,694	2,725	25.8	144
30473–01	Panendoscopy to duodenum with biopsy	0	138	138	3,230	2,836	23.4	140
13882–00	Management of continuous ventilatory support, <=24 hours	1	123	124	1,590	1,341	12.9	125
92191–00	Enteral infusion of nutritional substances	0	115	115	5,214	4,670	45.3	115
13857–00	Continuous ventilatory support, initiation outside of intensive care unit	0	113	113	2,197	1,694	19.4	114
39000–00	Lumbar puncture	0	90	90	2,499	1,977	27.8	91
56507–00	Computerised tomography of abdomen and pelvis with intravenous contrast r	0	85	85	2,469	2,043	29.0	86
96087–00	Religious/spiritual counselling or education	0	78	78	4,300	4,300	55.1	78
30473–00	Panendoscopy to duodenum	1	77	78	2,144	1,905	27.8	79
	Other	78	4,030	4,108	103,476	89,477	25.7	4,247
	No procedure or not reported	1,077	43,629	44,706	488,477	483,978	. .	. .
Total[(a)]		**4,954**	**66,937**	**71,891**	**990,053**	**974,736**	**14.7**	**61,128**

(continued)

Table 5.22 (continued): The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total				
					Private hospitals			
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	2,078	1,767	3,845	30,740	30,686	16.2	3,941
92502–00	Intravenous general anaesthesia	1,649	1,550	3,199	31,035	31,004	19.0	6,609
96099–00	Psychotherapy	500	2,164	2,664	43,970	43,818	20.1	2,665
96001–00	Psychological skills training	4	1,583	1,587	33,414	32,819	21.1	1,589
92502–02	Intravenous and inhalational general anaesthesia	600	701	1,301	19,189	18,947	26.5	4,587
95550–10	Allied health intervention, psychology	23	1,264	1,287	35,975	35,870	28.4	1,288
95550–01	Allied health intervention, social work	1	1,235	1,236	38,730	38,324	31.4	1,237
96090–00	Other counselling or education	1	1,146	1,147	28,099	28,099	24.5	1,147
95550–02	Allied health intervention, occupational therapy	3	1,114	1,117	41,557	41,194	37.3	1,117
96101–00	Cognitive behaviour therapy	6	993	999	22,469	22,360	22.6	999
96174–00	Other psychological therapies	2	885	887	17,911	17,885	20.2	889
93340–01	Electroconvulsive therapy [ECT] >8 treatments	258	562	820	22,414	22,292	39.4	1,118
92003–00	Alcohol detoxification	4	783	787	11,011	10,937	14.1	787
92004–00	Alcohol rehabilitation and detoxification	0	681	681	11,755	11,748	17.3	681
95550–00	Allied health intervention, dietetics	5	648	653	25,460	24,973	39.3	653
95550–11	Allied health intervention, other	19	591	610	11,689	11,648	19.7	610
95550–03	Allied health intervention, physiotherapy	13	503	516	15,516	15,035	30.8	516
96073–00	Substance addiction counselling or education	8	497	505	9,020	9,017	18.1	510
93300–00	Psychiatric assessment	0	419	419	8,892	8,860	21.2	419
92006–00	Drug detoxification	0	355	355	4,064	4,047	11.4	355
96032–00	Psychosocial assessment	2	347	349	8,496	8,427	24.5	351
92007–00	Drug rehabilitation and detoxification	1	242	243	3,877	3,874	16.0	243
56001–00	Computerised tomography of brain	0	238	238	6,431	6,145	27.0	240
96027–00	Prescribed medication assessment	5	226	231	5,293	5,280	23.4	231
92002–00	Alcohol rehabilitation	1	170	171	3,562	3,562	20.9	171
92503–00	Intravenous sedation, anaesthetist controlled	17	139	156	5,688	5,500	40.8	271
92009–00	Combined alcohol and drug detoxification	0	149	149	2,105	2,075	14.1	149
96086–00	Other psychosocial counselling	0	141	141	2,437	2,297	17.3	141
92010–00	Combined alcohol and drug rehabilitation and detoxification	2	110	112	1,914	1,914	17.4	112
96105–00	Relaxation therapy, not elsewhere classified	0	98	98	2,492	2,486	25.4	99
	Other	47	1,845	1,892	71,981	69,422	39.0	1,926
	No procedure or not reported	84	10,366	10,450	171,017	170,292	. .	. .
Total[(a)]		**2,951**	**22,250**	**25,201**	**428,266**	**425,281**	**19.1**	**35,651**

(continued)

Table 5.22 (continued): The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total				
					Public psychiatric hospitals			
95550–01	Allied health intervention, social work	200	5,436	5,636	369,671	366,437	68.0	5,644
93300–00	Psychiatric assessment	176	2,557	2,733	99,066	98,433	38.7	2,903
95550–02	Allied health intervention, occupational therapy	0	2,283	2,283	286,933	286,237	125.7	2,286
95550–10	Allied health intervention, psychology	259	1,192	1,451	118,904	118,346	99.5	1,451
95550–03	Allied health intervention, physiotherapy	0	577	577	99,695	99,526	172.8	577
95550–00	Allied health intervention, dietetics	0	486	486	101,305	101,199	208.4	486
92502–02	Intravenous and inhalational general anaesthesia	161	228	389	19,574	17,852	85.1	1,826
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	166	202	368	8,643	6,906	42.0	372
56001–00	Computerised tomography of brain	1	332	333	24,678	24,552	74.3	335
95550–04	Allied health intervention, podiatry	0	226	226	83,242	83,236	368.3	226
96073–00	Substance addiction counselling or education	0	178	178	4,342	4,342	24.4	178
93340–01	Electroconvulsive therapy [ECT] >8 treatments	1	163	164	41,561	41,518	255.0	168
95550–11	Allied health intervention, other	0	147	147	19,287	19,184	131.2	147
92502–00	Intravenous general anaesthesia	4	122	126	4,242	4,185	34.7	828
95550–05	Allied health intervention, speech pathology	0	121	121	53,615	53,601	443.1	121
95550–09	Allied health intervention, pharmacy	0	111	111	6,495	6,495	58.5	111
96171–00	Accompanying or transportation of client	0	86	86	6,850	6,850	79.7	86
96104–00	Music therapy	0	80	80	15,487	15,421	193.6	80
11712–00	Cardiovascular stress test	0	78	78	2,091	2,064	26.8	86
58500–00	Radiography of chest	0	65	65	2,753	2,718	42.4	66
11000–00	Electroencephalography	0	46	46	1,696	1,686	36.9	46
97511–00	Metallic restoration of tooth, 1 surface	0	41	41	31,983	31,983	780.1	114
97012–00	Periodic oral examination	0	38	38	6,003	6,003	158.0	38
95550–07	Allied health intervention, orthoptics	0	38	38	10,958	10,958	288.4	38
97311–00	Removal of tooth or part(s) thereof	0	33	33	34,134	34,134	1,034.4	37
90901–00	Magnetic resonance imaging of brain	0	21	21	1,753	1,753	83.5	21
30026–00	Repair of wound of skin and subcutaneous tissue of other site, superficial	0	16	16	3,083	3,083	192.7	18
92003–00	Alcohol detoxification	0	13	13	105	72	8.1	13
97011–00	Comprehensive oral examination	0	11	11	19,452	19,452	1,768.4	11
96001–00	Psychological skills training	0	11	11	153	146	13.9	11
	Other	1	295	296	79,843	79,719	270.7	325
	No procedure or not reported	174	5,224	5,398	460,594	449,938	. .	. .
Total[(a)]		**631**	**13,246**	**13,877**	**1,166,025**	**1,144,803**	**88.0**	**18,649**

(continued)

Table 5.22 (continued): The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total				
		All hospitals						
95550–01	Allied health intervention, social work	238	17,736	17,974	689,523	679,212	38.9	18,010
95550–02	Allied health intervention, occupational therapy	21	11,480	11,501	551,349	545,336	48.0	11,514
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	5,791	3,886	9,677	89,320	86,225	21.5	9,870
92502–02	Intravenous and inhalational general anaesthesia	2,987	3,432	6,419	107,069	102,474	30.3	18,977
92502–00	Intravenous general anaesthesia	2,823	2,306	5,129	57,205	56,029	23.6	11,809
95550–10	Allied health intervention, psychology	286	4,270	4,556	201,697	200,332	47.2	4,558
56001–00	Computerised tomography of brain	16	3,981	3,997	114,301	110,942	28.7	4,012
95550–03	Allied health intervention, physiotherapy	23	3,601	3,624	187,887	181,729	52.2	3,633
93300–00	Psychiatric assessment	180	3,243	3,423	111,498	110,727	34.3	3,593
95550–00	Allied health intervention, dietetics	111	3,024	3,135	195,018	191,755	64.5	3,138
96099–00	Psychotherapy	500	2,175	2,675	44,135	43,982	20.1	2,676
93340–01	Electroconvulsive therapy [ECT] >8 treatments	343	1,382	1,725	99,991	99,172	72.1	2,030
96001–00	Psychological skills training	4	1,595	1,599	33,581	32,979	21.1	1,601
96090–00	Other counselling or education	1	1,165	1,166	28,357	28,311	24.3	1,166
95550–11	Allied health intervention, other	20	988	1,008	37,316	36,888	37.7	1,009
92003–00	Alcohol detoxification	7	1,000	1,007	13,369	13,193	13.4	1,007
96101–00	Cognitive behaviour therapy	6	996	1,002	22,524	22,415	22.6	1,002
96174–00	Other psychological therapies	2	901	903	18,370	18,344	20.4	905
96073–00	Substance addiction counselling or education	8	750	758	14,795	14,783	19.7	763
95550–04	Allied health intervention, podiatry	0	730	730	122,152	121,414	167.3	731
92004–00	Alcohol rehabilitation and detoxification	0	699	699	11,988	11,971	17.2	699
95550–05	Allied health intervention, speech pathology	0	620	620	76,788	75,504	123.9	621
92503–00	Intravenous sedation, anaesthetist controlled	58	537	595	17,923	16,730	33.3	867
56007–00	Computerised tomography of brain with intravenous contrast medium	0	539	539	15,233	14,120	28.3	543
92006–00	Drug detoxification	0	394	394	4,572	4,429	11.6	394
90901–00	Magnetic resonance imaging of brain	2	386	388	14,023	13,627	36.3	388
96032–00	Psychosocial assessment	2	375	377	8,984	8,871	24.0	379
95550–09	Allied health intervention, pharmacy	4	364	368	13,142	12,355	36.1	368
30026–00	Repair of wound of skin and subcutaneous tissue of other site, superficial	33	273	306	7,496	7,358	27.3	320
92007–00	Drug rehabilitation and detoxification	1	245	246	3,917	3,909	16.0	246
	Other	134	8,173	8,307	408,675	387,933	50.0	8,599
	No procedure or not reported	1,335	59,219	60,554	1,120,088	1,104,208	. .	. .
Total[(a)]		**8,536**	**102,433**	**110,969**	**2,592,780**	**2,553,256**	**25.2**	**115,428**

(a) These totals are not necessarily equivalent to the sum of the rows because multiple procedures can be reported for each separation.

. . Not applicable.

Mode of admission

Mode of admission is an administrative data element that distinguishes between transfers from other hospitals, statistical admissions following a change in care type, and other admissions. Of all mental health-related separations with specialised psychiatric care from public acute hospitals, 85.1% (61,159) of separations were 'Other admissions', that is, planned and unplanned admissions excluding transfers from other hospitals and statistical admissions (Table 5.23). For private hospitals, the corresponding percentage was 94.2% (23,745). In public psychiatric hospitals, 53.4% (7,411) of separations with specialised psychiatric care were 'Other admissions'.

Mode of separation

Approximately 83.5% of separations (60,032 separations) with specialised psychiatric care from public acute hospitals and 92.6% (23,324) from private hospitals ended with a discharge either to the patient's usual residence or own accommodation, or to a welfare institution (Table 5.24). For public psychiatric hospitals, the equivalent figure was 73.5% (10,206), with 6.3% (875) ending in statistical discharges from leave and 9.9% (1,386) ending in discharge or transfer to an acute hospital. Statistical discharges from leave are a statistical separation that occurs while a patient is on leave from the hospital. Statistical discharge occurred for 8.8% of separations with specialised psychiatric care in Western Australia. Statistical discharge from leave accounted for 2.3% of all separations with specialised psychiatric care.

Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care, maintenance care or other admitted patient care (Tables 5.25, 5.26 and 5.27). See the Glossary for further details and Box 4.3 for information about differences between jurisdictions.

Acute care was the most frequently recorded care type in all jurisdictions and hospital sectors (103,194 or 93.0% of separations with specialised psychiatric care). It also accounted for the majority of patient days (76.8%) reported for mental health-related separations with specialised psychiatric care, and the majority of associated psychiatric care days (76.6%). Maintenance care accounted for 1.0% of mental health-related separations with specialised psychiatric care, but accounted for 10.2% of patient days and 10.3% of psychiatric care days. The variation among the jurisdictions reflects differences in the types of services provided as admitted patient services among the states and territories. In Queensland, the administrative practice of assigning a care type of maintenance care for long-stay patients has the effect of reducing the proportion of psychogeriatric and rehabilitation care types reported.

Table 5.23: Separations with specialised psychiatric care by mode of admission and hospital type, states and territories,[(a)] 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Mode of admission				**Public acute hospitals**					
Admitted patient transferred from another hospital	2,591	1,079	1,172	1,122	1,213	487	52	9	7,725
Statistical admission—episode type change	325	1,861	289	135	29	90	4	25	2,758
Other	16,160	14,443	16,867	5,516	3,748	2,392	1,320	713	61,159
Not reported	0	0	0	0	139	110	0	0	249
Total	*19,076*	*17,383*	*18,328*	*6,773*	*5,129*	*3,079*	*1,376*	*747*	*71,891*
				Private hospitals					
Admitted patient transferred from another hospital	214	335	218	217	156	4	30	n.a.	1,174
Statistical admission—episode type change	0	9	198	5	0	0	0	n.a.	212
Other	7,377	5,257	5,712	2,642	2,222	249	286	n.a.	23,745
Not reported	0	0	0	0	0	70	0	n.a.	70
Total	*7,591*	*5,601*	*6,128*	*2,864*	*2,378*	*323*	*316*	*n.a.*	*25,201*
				Public psychiatric hospitals					
Admitted patient transferred from another hospital	2,383	55	207	929	733	144	. .	. .	4,451
Statistical admission—episode type change	106	14	10	0	225	0	. .	. .	355
Other	5,373	323	242	1,236	232	5	. .	. .	7,411
Not reported	0	1	0	0	1,620	39	. .	. .	1,660
Total	*7,862*	*393*	*459*	*2,165*	*2,810*	*188*	. .	. .	*13,877*
				All hospitals					
Admitted patient transferred from another hospital	5,188	1,469	1,597	2,268	2,102	635	82	9	13,350
Statistical admission—episode type change	431	1,884	497	140	254	90	4	25	3,325
Other	28,910	20,023	22,821	9,394	6,202	2,646	1,606	713	92,315
Not reported	0	1	0	0	1,759	219	0	0	1,979
Total	**34,529**	**23,377**	**24,915**	**11,802**	**10,317**	**3,590**	**1,692**	**747**	**110,969**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

. . Not applicable.

n.a. Not available.

Table 5.24: Separations with specialised psychiatric care by mode of separation and hospital type, states and territories,[(a)] 2001–02

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public acute hospitals				
Discharge/transfer to a(nother) acute hospital	576	1,149	551	131	326	580	77	2	3,392
Discharge/transfer to a residential aged care service(b)	152	329	255	83	97	76	15	0	1,007
Discharge/transfer to a(nother) psychiatric hospital	532	0	106	362	565	0	8	2	1,575
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	123	72	251	50	127	113	7	38	781
Statistical discharge type change	253	784	303	82	59	134	3	17	1,635
Left against medical advice/discharge at own risk	383	303	562	119	127	33	22	26	1,575
Statistical discharge from leave	628	0	221	787	33	7	0	0	1,676
Died	73	23	16	22	22	7	3	1	167
Other (includes discharge to usual residence/own accommodation/ welfare institution)	16,356	14,723	16,063	5,137	3,722	2,129	1,241	661	60,032
Not reported	0	0	0	0	51	0	0	0	51
Total	*19,076*	*17,383*	*18,328*	*6,773*	*5,129*	*3,079*	*1,376*	*747*	*71,891*
					Private hospitals				
Discharge/transfer to a(nother) acute hospital	114	191	166	69	29	0	11	n.a.	580
Discharge/transfer to a residential aged care service(b)	3	19	22	1	2	0	0	n.a.	47
Discharge/transfer to a(nother) psychiatric hospital	55	0	0	42	17	0	0	n.a.	114
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	6	0	18	1	1	0	2	n.a.	28
Statistical discharge type change	0	4	178	2	0	0	0	n.a.	184
Left against medical advice/discharge at own risk	737	15	35	59	30	0	0	n.a.	876
Statistical discharge from leave	25	0	5	3	0	0	0	n.a.	33
Died	2	3	5	4	1	0	0	n.a.	15
Other (includes discharge to usual residence/own accommodation/ welfare institution)	6,649	5,369	5,699	2,683	2,298	323	303	n.a.	23,324
Total	*7,591*	*5,601*	*6,128*	*2,864*	*2,378*	*323*	*316*	*n.a.*	*25,201*

(continued)

Table 5.24(continued): Separations with specialised psychiatric care by mode of separation and hospital type, states and territories,[a] 2001–02

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public psychiatric hospitals				
Discharge/transfer to a(nother) acute hospital	406	91	94	64	700	31	. .	. .	1,386
Discharge/transfer to a residential aged care service[b]	49	0	20	24	52	1	. .	. .	146
Discharge/transfer to a(nother) psychiatric hospital	170	0	35	111	56	0	. .	. .	372
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	85	0	19	28	1	18	. .	. .	151
Statistical discharge type change	90	15	10	0	101	5	. .	. .	221
Left against medical advice/discharge at own risk	340	0	3	1	41	3	. .	. .	388
Statistical discharge from leave	567	8	38	249	12	1	. .	. .	875
Died	23	0	13	9	19	0	. .	. .	64
Other (includes discharge to usual residence/own accommodation/ welfare institution)	6,132	272	227	1,679	1,767	129	. .	. .	10,206
Not reported	0	7	0	0	61	0	. .	. .	68
Total	*7,862*	*393*	*459*	*2,165*	*2,810*	*188*	. .	. .	*13,877*
					All hospitals				
Discharge/transfer to a(nother) acute hospital	1,096	1,431	811	264	1,055	611	88	2	5,358
Discharge/transfer to a residential aged care service[b]	204	348	297	108	151	77	15	0	1,200
Discharge/transfer to a(nother) psychiatric hospital	757	0	141	515	638	0	8	2	2,061
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	214	72	288	79	129	131	9	38	960
Statistical discharge type change	343	803	491	84	160	139	3	17	2,040
Left against medical advice/discharge at own risk	1,460	318	600	179	198	36	22	26	2,839
Statistical discharge from leave	1,220	8	264	1,039	45	8	0	0	2,584
Died	98	26	34	35	42	7	3	1	246
Other (includes discharge to usual residence/own accommodation/welfare institution)	29,137	20,364	21,989	9,499	7,787	2,581	1,544	661	93,562
Not reported	0	7	0	0	112	0	0	0	119
Total	**34,529**	**23,377**	**24,915**	**11,802**	**10,317**	**3,590**	**1,692**	**747**	**110,969**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Unless this is the usual place of residence.
. . Not applicable.
n.a. Not available.

Table 5.25: Separations with specialised psychiatric care by care type and hospital type, states and territories,[a] 2001–02

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public acute hospitals[c]				
Acute care	18,159	17,383	17,828	6,183	5,061	3,079	1,371	724	69,788
Rehabilitation care	173	0	9	2	0	0	0	0	184
Palliative care	22	0	0	0	0	0	0	0	22
Geriatric evaluation and management	1	0	0	1	0	0	0	0	2
Psychogeriatric care	533	0	42	541	58	0	1	0	1,175
Maintenance care	185	0	434	46	0	0	3	22	690
Other admitted patient care	3	0	15	0	10	0	1	1	30
Total[b]	*19,076*	*17,383*	*18,328*	*6,773*	*5,129*	*3,079*	*1,376*	*747*	*71,891*
					Private hospitals[c]				
Acute care	3,994	5,601	5,407	2,864	2,372	323	316	n.a.	20,877
Rehabilitation care	17	0	119	0	0	0	0	n.a.	136
Palliative care	0	0	1	0	0	0	0	n.a.	1
Psychogeriatric care	1	0	76	0	0	0	0	n.a.	77
Maintenance care	1	0	0	0	0	0	0	n.a.	1
Other admitted patient care	3,578	0	525	0	6	0	0	n.a.	4,109
Total	*7,591*	*5,601*	*6,128*	*2,864*	*2,378*	*323*	*316*	*n.a.*	*25,201*
					Public psychiatric hospitals[c]				
Acute care	7,474	376	12	2,050	2,429	188	. .	. .	12,529
Rehabilitation care	112	0	32	8	357	0	. .	. .	509
Psychogeriatric care	276	0	0	104	0	0	. .	. .	380
Maintenance care	0	0	414	3	24	0	. .	. .	441
Other admitted patient care	0	17	1	0	0	0	. .	. .	18
Total	*7,862*	*393*	*459*	*2,165*	*2,810*	*188*	. .	. .	*13,877*
					All hospitals[c]				
Acute care	29,627	23,360	23,247	11,097	9,862	3,590	1,687	724	103,194
Rehabilitation care	302	0	160	10	357	0	0	0	829
Palliative care	22	0	1	0	0	0	0	0	23
Geriatric evaluation and management	1	0	0	1	0	0	0	0	2
Psychogeriatric care	810	0	118	645	58	0	1	0	1,632
Maintenance care	186	0	848	49	24	0	3	22	1,132
Other admitted patient care	3,581	17	541	0	16	0	1	1	4,157
Total	**34,529**	**23,377**	**24,915**	**11,802**	**10,317**	**3,590**	**1,692**	**747**	**110,969**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) The totals include a small number of separations whose care type was reported as *Newborn*.

(c) No separations were reported for the care types not shown for each hospital type.

. . Not applicable, n.a. Not available.

Table 5.26: Patient days for separations with specialised psychiatric care by care type and hospital type, states and territories,[a] 2001–02

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public acute hospitals[c]				
Acute care	229,340	282,203	195,647	75,251	71,194	32,202	14,755	6,623	907,215
Rehabilitation care	2,260	0	256	40	0	0	0	0	2,556
Palliative care	240	0	0	0	0	0	0	0	
Geriatric evaluation and management	60	0	0	12	0	0	0	0	72
Psychogeriatric care	17,759	0	1,035	20,081	17,268	0	7	0	56,150
Maintenance care	24,763	0	25,245	4,095	0	0	237	476	54,816
Other admitted patient care	10	0	100	0	85	0	69	3	267
Total[b]	*274,444*	*282,203*	*222,303*	*99,479*	*88,547*	*32,202*	*15,068*	*7,102*	*1,021,108*
					Private hospitals[c]				
Acute care	71,486	91,638	85,278	43,728	40,475	5,263	5,545	n.a.	343,413
Rehabilitation care	308	0	1,514	0	0	0	0	n.a.	1,822
Palliative care	0	0	26	0	0	0	0	n.a.	26
Psychogeriatric care	4	0	8,362	0	0	0	0	n.a.	8,366
Maintenance care	17	0	0	0	0	0	0	n.a.	17
Other admitted patient care	51,075	0	26,373	0	125	0	0	n.a.	77,573
Total	*122,890*	*91,638*	*121,553*	*43,728*	*40,600*	*5,263*	*5,545*	*n.a.*	*431,217*
					Public psychiatric hospitals[c]				
Acute care	484,999	19,141	2,705	47,183	51,909	31,763	. .	. .	637,700
Rehabilitation care	24,539	0	1,207	7,592	37,227	0	. .	. .	70,565
Psychogeriatric care	74,420	0	0	17,621	0	0	. .	. .	92,041
Maintenance care	0	0	182,867	819	11,862	0	. .	. .	195,548
Other admitted patient care	0	7,201	2,863	0	0	0	. .	. .	10,064
Total	*583,958*	*26,342*	*189,642*	*73,215*	*100,998*	*31,763*	. .	. .	*1,005,918*
					All hospitals[c]				
Acute care	785,825	392,982	283,630	166,162	163,578	69,228	20,300	6,623	1,888,328
Rehabilitation care	27,107	0	2,977	7,632	37,227	0	0	0	74,943
Palliative care	240	0	26	0	0	0	0	0	266
Geriatric evaluation and management	60	0	0	12	0	0	0	0	72
Psychogeriatric care	92,183	0	9,397	37,702	17,268	0	7	476	157,033
Maintenance care	24,780	0	208,112	4,914	11,862	0	237	0	249,905
Other admitted patient care	51,085	7,201	29,336	0	210	0	69	0	87,901
Total[b]	**981,292**	**400,183**	**533,498**	**216,422**	**230,145**	**69,228**	**20,613**	**7,102**	**2,458,483**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) Total includes patient days for a small number of separations whose care type was reported as *Newborn*.

(c) No separations were reported for the care types not shown for each hospital type.

. . Not applicable, n.a. Not available.

Table 5.27: Psychiatric care days for separations with specialised psychiatric care by type of episode of care and hospital type, states and territories,[(a)] 2001–02

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public acute hospitals[(c)]				
Acute care	220,962	282,203	191,848	71,447	71,194	32,202	14,566	6,518	890,940
Rehabilitation care	2,106	0	254	40	0	0	0	0	2,400
Psychogeriatric care	234	0	0		0	0	0	0	
Geriatric evaluation and management	5	0	0	12	0	0	0	0	17
Psychogeriatric care	17,706	0	950	19,611	17,268	0	7	0	55,542
Maintenance care	24,714	0	24,801	4,073	0	0	237	476	54,301
Other admitted patient care	10	0	100	0	85	0	69	3	267
Total[(b)]	*265,749*	*282,203*	*217,967*	*95,183*	*88,547*	*32,202*	*14,879*	*6,997*	*1,003,493*
					Private hospitals[(c)]				
Acute care	69,649	91,638	84,947	43,343	40,475	5,263	5,199	n.a.	340,514
Rehabilitation care	308	0	1,428	0	0	0	0	n.a.	1,736
Palliative care	0	0	26	0	0	0	0	n.a.	26
Psychogeriatric care	4	0	8,362	0	0	0	0	n.a.	8,366
Maintenance care	17	0	0	0	0	0	0	n.a.	17
Other admitted patient care	51,075	0	26,373	0	125	0	0	n.a.	77,573
Total	*121,053*	*91,638*	*121,136*	*43,343*	*40,600*	*5,263*	*5,199*	*n.a.*	*428,232*
					Public psychiatric hospitals[(c)]				
Acute care	469,291	19,141	2,705	47,183	51,819	31,763	. .	. .	621,902
Rehabilitation care	24,377	0	1,207	7,592	36,714	0	. .	. .	69,890
Psychogeriatric care	74,332	0	0	17,621	0	0	. .	. .	91,953
Maintenance care	0	0	182,867	819	11,832	0	. .	. .	195,518
Other admitted patient care	0	7,201	2,863	0	0	0	. .	. .	10,064
Total	*568,000*	*26,342*	*189,642*	*73,215*	*100,365*	*31,763*	. .	. .	*989,327*
					All hospitals[(c)]				
Acute care	759,902	392,982	279,500	161,973	163,488	69,228	19,765	6,518	1,853,356
Rehabilitation care	26,791	0	2,889	7,632	36,714	0	0	0	74,026
Palliative care	0	0	26	0	0	0	0	0	26
Geriatric evaluation and management	5	0	0	12	0	0	0	0	17
Psychogeriatric care	92,042	0	9,312	37,232	17,268	0	7	476	156,337
Maintenance care	24,731	0	207,668	4,892	11,832	0	237	0	249,360
Other admitted patient care	51,085	7,201	29,336	0	210	0	69	0	87,901
Total[(b)]	**954,568**	**400,183**	**528,745**	**211,741**	**229,512**	**69,228**	**20,078**	**6,997**	**2,421,052**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) The total includes specialised psychiatric care days for a small number of separations whose care type was reported as *Newborn*.
(c) No separations were reported for the care types not shown for each hospital type.
. . Not applicable.
n.a. Not available.

6 Non-specialised admitted patient mental health care

This chapter describes the provision by hospitals of admitted patient care that does not include specialised psychiatric care. The separations without specialised psychiatric care reported in this chapter exclude same day separations that were identified as ambulatory-equivalent mental health-related hospital separations (see Appendix 3 for further information). Data on ambulatory-equivalent separations are presented in Chapter 3.

This chapter contains a substantial amount of data on separations without specialised psychiatric care:

- information on patient demographics are presented on pages 141–145
- principal diagnosis data are presented on pages 146–160
- information on Australian Refined Diagnosis Related Groups is presented on page 161
- procedure data are found on pages 161–162
- data on admission and separation mode and care type are featured from page 162.

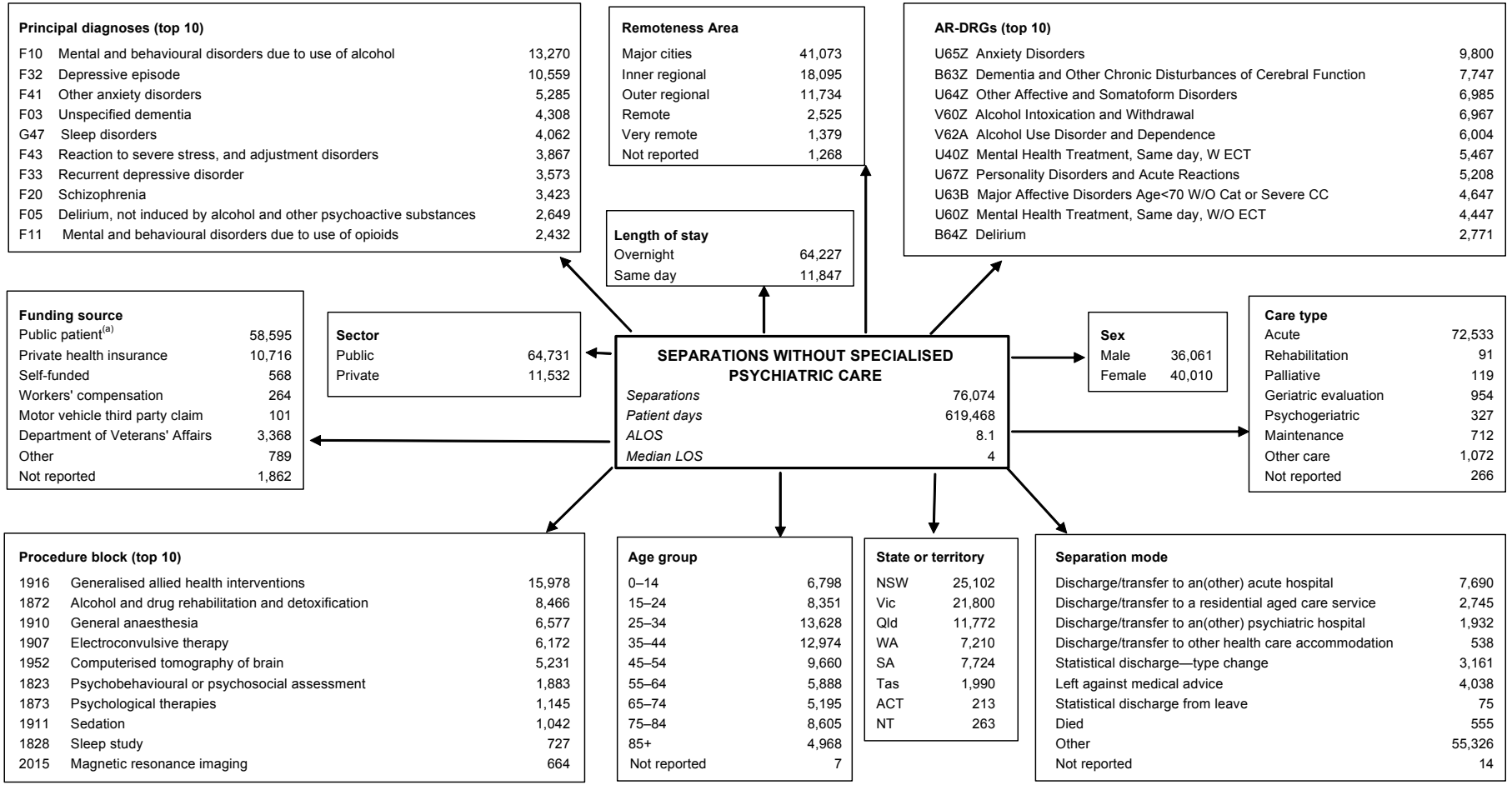
A national overview of all mental health-related separations and residential care can be found in Chapter 4. Information on mental health-related separations with specialised psychiatric care is presented in Chapter 5.

Overview

This section presents a brief overview of the data available on separations without specialised psychiatric care for 2001–02 (Figure 6.1), excluding ambulatory-equivalent hospital separations. There were 76,074 mental health-related separations which did not receive specialised psychiatric care in 2001–02. The total number of patient days for these separations was 619,468. The average length of stay was 8.1 days, while the median length of stay was 4 days.

Almost 77% of patients reported a funding source of *Public patient* and about 14% reported a funding source of *Private health insurance*. Over 52% of separations were for female patients, while 35% of patients were in the 25–44 years age group. The majority of these separations (85%) were in the public sector and most patients (95%) had a care type of *Acute care*. A large proportion of patients (73%) had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital.

Mental and behavioural disorders due to use of alcohol (F10) was the most common principal diagnosis. The most common procedure performed was *General allied health interventions* (Block 1916) followed by *Alcohol and drug rehabilitation and detoxification* (Block 1872) and the most commonly reported AR-DRG was *Anxiety disorders* (U65Z).



Note: Main abbreviations: ALOS—average length of stay, LOS– length of stay, W—with, W/O—without, Cat—catastrophic, CC—complication or comorbidity, ECT—electroconvulsive therapy

(a) Public patients includes separations whose funding source was reported as *Australian Health Care Agreements* or *Reciprocal health care agreements*.

Figure 6.1: Summary of data reported for mental health-related separations without specialised psychiatric care, all hospitals, Australia, 2001–02

Patient demographics

This section presents demographic data collected for mental health-related separations without specialised psychiatric care for 2001–02. These data reflect the level of utilisation of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Age and sex

Table 6.1 presents the age and sex distribution of the mental health-related separations without specialised psychiatric care. There were 36,061 separations reported for male patients and 40,010 for female patients. There were also more patient days reported for separations involving female patients—360,927 days compared with 258,538 days for male patients. The over 65 years age group had the highest representation for both females (27.9% of separations) and males (21.1% of separations). This age group also had the highest proportion of patient days for both sexes (56.5% of patient days for mental health-related separations without specialised psychiatric care).

Area of usual residence

Table 6.2 reports the number of separations by the patient's state or territory and Remoteness Area of usual residence. Generally, patients from Remote or regional areas had more mental health-related separations without specialised psychiatric care per 1,000 population than patients from Major cities. There were 3.2 mental health-related separations without specialised psychiatric care for patients from Major cities per 1,000 population compared with 4.5 per 1,000 from Inner regional areas, 6.0 per 1,000 from Outer regional areas, 8.3 per 1,000 from Remote areas and 8.7 per 1,000 for patients from Very remote areas. Overall, there were 3.9 mental health-related separations without specialised psychiatric care per 1,000 population.

For mental health-related separations with or without specialised psychiatric care there were 9.7 separations per 1,000 population. For details of the rates for mental health-related separations with specialised psychiatric care by Remoteness Area, see Table 5.4.

Aboriginal and Torres Strait Islander patients

Table 6.3 presents the number of mental health-related separations without specialised psychiatric care and patient days by Indigenous status for 2001–02. Indigenous patients included Aboriginal, Torres Strait Islander and Aboriginal and Torres Strait Islander patients (see Glossary). The quality of data on Aboriginal and Torres Strait Islander status varies, so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 2001–02* (AIHW 2003c).

Overall, there were 12.0 separations without specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander patients compared with 3.7 for other Australian patients. There was a marked difference between the separation rates for same day and overnight separations. For Aboriginal and Torres Strait Islander patients, there were 1.6 same day separations without specialised psychiatric care per 1,000 population and 10.5 overnight separations without specialised psychiatric care per 1,000 population. For non-

Indigenous patients the corresponding rates were 0.6 per 1,000 for same day separations and 3.1 per 1,000 for overnight separations.

The average length of stay for overnight mental health-related separations without specialised psychiatric care for patients identified as Aboriginal or Torres Strait Islander persons was 4.4 days. The comparable figure for non-Indigenous patients was 9.8 patient days. Difference in average length of stay may reflect differences in case mix between Indigenous patients and all patients. For example, for these separations there were higher rates per 1,000 population for Indigenous patients with a principal diagnosis of mental and behavioural disorders due to use of alcohol (40.8 per 1,000) than the rates for all patients (19.4 per 1,000).

Table 6.1: Mental health-related separations without specialised psychiatric care, by sex and age group, Australia, 2001–02

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total[a]
				Male				
Separations								
Same day	352	895	1,308	1,104	815	530	760	5,764
Overnight	3,303	2,813	5,007	5,309	4,396	2,624	6,840	30,297
Total	3,655	3,708	6,315	6,413	5,211	3,154	7,600	36,061
Patient days	13,435	12,101	21,680	26,345	26,690	25,535	132,733	258,538
				Female				
Separations								
Same day	165	621	1,025	1,269	1,054	634	1,312	6,081
Overnight	2,977	4,022	6,288	5,291	3,395	2,100	9,855	33,929
Total	3,142	4,643	7,313	6,560	4,449	2,734	11,167	40,010
Patient days	17,483	21,747	29,161	30,364	23,371	21,487	217,307	360,927
				Total persons[b]				
Separations								
Same day	518	1,516	2,333	2,374	1,869	1,164	2,072	11,847
Overnight	6,280	6,835	11,295	10,600	7,791	4,724	16,696	64,227
Total	6,798	8,351	13,628	12,974	9,660	5,888	18,768	76,074
Patient days	30,919	33,848	50,841	56,710	50,061	47,022	350,041	619,468

(a) Includes separations for which age was not reported.
(b) Includes separations for which sex was not reported as male or female.

Table 6.2: Mental health-related separations without specialised psychiatric care, by Remoteness Area of usual residence of the patient, by hospital type and state or territory of usual residence, 2001–02

Remoteness Area of usual residence[a]	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
Public acute hospitals									
Major cities	11,897	13,037	3,584	2,101	3,120	. .	200	. .	33,939
Inner regional	5,224	4,294	1,925	747	1,129	623	4	. .	13,947
Outer regional	3,407	1,474	1,938	1,718	2,005	383	. .	80	11,005
Remote	396	11	581	932	457	13	. .	81	2,471
Very remote	103	. .	450	529	165	2	. .	97	1,346
Not reported	455	1	0	1	0	0	0	1	1,047
Total	*21,482*	*18,817*	*8,478*	*6,028*	*6,876*	*1,021*	*204*	*259*	*63,755*
Private hospitals									
Major cities	1,622	2,190	1,393	666	622	. .	59	. .	6,552
Inner regional	1,009	475	1,382	318	103	821	0	. .	4,108
Outer regional	152	56	249	60	66	125	. .	5	713
Remote	5	2	23	6	6	9	. .	1	52
Very remote	0	. .	27	3	0	0	. .	1	31
Not reported	23	4	0	0	0	0	0	0	76
Total	*2,811*	*2,727*	*3,074*	*1,053*	*797*	*955*	*59*	*7*	*11,532*
All hospitals[c]									
Major cities	14,101	15,227	4,977	2,767	3,742	. .	259	. .	41,073
Inner regional	6,272	4,769	3,308	1,065	1,232	1,444	4	. .	18,095
Outer regional	3,574	1,531	2,187	1,778	2,071	508	. .	85	11,734
Remote	403	13	604	938	463	22	. .	82	2,525
Very remote	105	. .	477	532	165	2	. .	98	1,379
Not reported	622	5	0	1	0	0	0	1	1,268
Total	**25,077**	**21,545**	**11,553**	**7,081**	**7,673**	**1,976**	**590**	**384**	**76,074**
Age-standardised separation rate[d]									
Same day separations per 1,000 population									
Major cities	0.3	1.4	0.2	0.2	0.4	. .	0.1	. .	0.6
Inner regional	0.6	0.8	0.3	0.4	0.7	0.6	0.0	. .	0.6
Outer regional	0.9	0.6	0.4	0.7	1.1	0.3	. .	0.1	0.6
Remote	1.2	0.2	0.6	0.7	1.2	0.2	. .	0.3	0.7
Very remote	1.1	. .	1.3	0.8	2.0	0.4	. .	0.4	0.9
Total	*0.5*	*1.2*	*0.3*	*0.3*	*0.6*	*0.5*	*0.1*	*0.2*	*0.6*
Overnight separations per 1,000 population									
Major cities	2.6	2.9	2.4	1.9	2.9	. .	0.7	. .	2.6
Inner regional	4.1	3.9	3.3	4.4	5.9	4.1	6.7	. .	4.0
Outer regional	6.5	5.3	3.2	9.3	10.4	2.9	. .	0.8	5.4
Remote	9.6	2.0	6.4	10.6	9.0	2.5	. .	1.9	7.6
Very remote	13.2	. .	8.5	11.2	10.0	0.4	. .	2.0	7.7
Total	*3.3*	*3.2*	*2.9*	*3.5*	*4.3*	*3.7*	*0.7*	*1.3*	*3.3*
All separations per 1,000 population									
Major cities	3.0	4.3	2.6	2.1	3.3	. .	0.9	. .	3.2
Inner regional	4.7	4.7	3.6	4.8	6.6	4.7	6.5	. .	4.5
Outer regional	7.4	6.0	3.5	10.0	11.5	3.2	. .	0.9	6.0
Remote	10.8	2.2	7.0	11.2	10.2	2.7	. .	2.2	8.3
Very remote	14.2	. .	9.9	12.0	12.0	0.8	. .	2.4	8.7
Total	**3.8**	**4.4**	**3.2**	**3.8**	**4.9**	**4.2**	**0.9**	**1.5**	**3.9**

(a) Defined according to the ABS's Remoteness Area Classification, 2001 Census edition. See Glossary for more information.
(b) Includes separations for which the state of usual residence was Other territories or not reported.
(c) Includes separations from New South Wales public psychiatric hospitals.
(d) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2001.
. . Not applicable.

Table 6.3: Mental health-related separations by Indigenous status and Remoteness Area of usual residence, Australia, 2001–02

Remoteness Area of usual residence	Separations			Patient days	Average length of stay (overnight)	Median length of stay (overnight)
	Same day	Overnight	Total			
Aboriginal and/or Torres Strait Islander[(b)]						
Major cities	84	629	713	2,780	4.3	2.0
Inner regional	85	533	618	2,062	3.7	2.0
Outer regional	186	1,231	1,417	6,350	5.0	2.0
Remote	107	706	813	2,286	3.1	2.0
Very remote	86	663	749	3,744	5.5	2.0
Not reported	12	72	84	182	2.4	1.0
Total	*560*	*3,834*	*4,394*	*17,404*	*4.4*	*2.0*
Per 1,000 population [(a)]	*1.6*	*10.5*	*12.0*	*74.7*	. .	. .
Not Aboriginal and/or Torres Strait Islander[(c)]						
Major cities	7,673	31,819	39,492	310,384	9.5	4.0
Inner regional	2,103	14,899	17,002	145,157	9.6	4.0
Outer regional	1,003	9,112	10,115	109,176	11.9	4.0
Remote	115	1,571	1,686	11,700	7.4	3.0
Very remote	66	543	609	3,144	5.7	3.0
Not reported	182	979	1,161	6,292	6.2	2.0
Total	*11,142*	*58,923*	*70,065*	*585,853*	*9.8*	*4.0*
Per 1,000 population [(a)]	*0.6*	*3.1*	*3.7*	*30.5*	. .	. .
Total						
Major cities	7,819	33,254	41,073	322,558	9.5	4.0
Inner regional	2,235	15,860	18,095	151,601	9.4	4.0
Outer regional	1,214	10,520	11,734	117,637	11.1	3.0
Remote	227	2,298	2,525	14,122	6.0	3.0
Very remote	153	1,226	1,379	6,976	5.6	2.0
Not reported	199	1,069	1,268	6,574	6.0	2.0
Total	**11,847**	**64,227**	**76,074**	**619,468**	**9.5**	**4.0**
Per 1,000 population[(a)]	**0.6**	**3.3**	**3.9**	**31.9**	**. .**	**. .**

(a) Separations per 1,000 population are indirectly age-standardised rates based on projected Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001.

(b) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin without further specification.

(c) Does not include separations for patients for which Aboriginal and Torres Strait Islander status was not reported.

. . Not applicable.

Principal diagnoses

This section presents the principal diagnoses recorded for mental health-related separations without specialised psychiatric care using various groupings of ICD-10-AM diagnosis codes.

Overview

Table 4.5 describes the number of mental health-related separations in 2001–02 by principal diagnosis in ICD-10-AM chapter groupings. Separations with a principal diagnosis from the ICD-10-AM mental and behavioural disorders chapter (F00–F99) accounted for 88.1% of all mental health-related separations without specialised psychiatric care. The average length of stay for overnight separations in this category was 9.4 days.

Table 6.4 shows the distribution of mental health-related separations without specialised psychiatric care by principal diagnosis using selected lower level groupings of mental health-related diagnoses. In 2001–02, principal diagnoses of *Mental and behavioural disorders due to the use of alcohol* (F10, 12,444 or 19.4% of overnight separations and 826 or 7.0% of same day separations) accounted for the largest number of separations. Principal diagnoses of *Depressive episode* (F32) had the second largest number of overnight separations (7,744) and the largest number of same day separations (2,815) (see Box 5.1).

Principal diagnoses of *Dementia* (F00–F03) accounted for the greatest number of patient days for separations without specialised psychiatric care, with 180,908 or 29.2% of patient days. The next largest number of days was attributable to the group of principal diagnoses, *Mental and behavioural disorders due to the use of alcohol* (F10) (66,042 patient days).

Table 6.4 also reports the proportion of mental health-related separations with these principal diagnoses where the patient did not receive specialised psychiatric care. Over 90% of separations with *Sleep disorders* (G47), *Mental disorders and diseases of the nervous system complicating pregnancy and the puerperium* (O99.3), *Other symptoms and signs involving general sensations and perceptions* (R44) and *Other factors relating to substance use* were separations without specialised psychiatric care, whereas for disorders such as *Schizoaffective disorders* (F25) and *Persistent mood (affective) disorders* (F34) the proportion of separations without specialised psychiatric care was very low (12.8%, and 11.9% respectively) (see Box 5.1).

Hospital type

The distribution of mental health-related separations for 2001–02 by principal diagnosis for each hospital type is presented for separations without specialised psychiatric care in Table 6.5. The principal diagnoses that recorded the largest number of mental health-related separations without specialised psychiatric care for public acute hospitals was *Mental and behavioural disorders due to use of alcohol* (F10) (11,362 or 17.8%). The principal diagnosis group of *Dementia* (F00–F03) accounted for 33.4% of mental health-related patient days for separations without specialised psychiatric care in public acute hospitals. In private hospitals, separations with principal diagnoses of *Depressive episode* (F32) made up 14.3% of mental health-related separations without specialised psychiatric care, followed by *Mental and behavioural disorders due to use of alcohol* (F10, 13.8%) and *Other anxiety disorders* (F41, 9.5%). *Dementia* (F00–F03) accounted for the largest proportion of private hospital patient days for mental health-related separations without specialised psychiatric care (15.2% of all patient days), followed by *Depressive episode* (F32, 14.0% of patient days).

Age and sex

Tables 6.6 to 6.9 describe the distribution of mental health-related separations without specialised psychiatric care by age group, sex and principal diagnosis.

Same day separations for male patients

During 2001–02, there were 5,764 mental health-related same day separations without specialised psychiatric care for male patients (Table 6.6). Most separations had principal diagnoses of *Depressive episode* (F32, 1,195 separations), *Schizophrenia* (F20, 941 separations) and *Mental and behavioural disorders due to use of alcohol* (F10, 604 separations). Of those separations in the under 15 years age group, 268 or 76.1% had principal diagnoses of *Disorders of psychological development* (F80–F89). Over 80% of patients with a principal diagnosis of *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19) were in the 15–34 years age group (257 separations).

Same day separations for female patients

During 2001–02, there were 6,081 mental health-related same day separations without specialised psychiatric care for female patients (Table 6.7). The greatest number of same day separations without specialised psychiatric care for female patients had principal diagnoses of *Depressive episode* (F32, 1,620 separations) and *Recurrent depressive disorders* (F33, 1,155 separations). As for males, the majority of separations in the under 15 years age group had principal diagnoses of *Disorders of psychological development* (F80–F89, 103 separations, 62.4%).

Overnight separations for male patients

There were 30,297 overnight separations without specialised psychiatric care for male patients in 2001–02 (Table 6.8). The largest principal diagnosis groupings were *Mental and behavioural disorder due to use of alcohol* (F10, 8,711 separations) and *Mental and behavioural disorder due to other psychoactive substances use* (F11–F19, 3,020 separations). Separations with an alcohol use-related principal diagnosis for male patients were concentrated in the 35–44 and 45–54 years age groups, but the number of drug use-related separations was largest in the 25–34 years age groups.

Overnight separations for female patients

Overnight mental health-related separations without specialised psychiatric care were more frequent for female patients, with 33,929 separations (Table 6.9), compared with 30,297 separations for male patients. Female patients were most likely to have overnight mental health-related separations without specialised psychiatric care for principal diagnoses of *Depressive episode* (F32, 4,898 separations), *Mental and behavioural disorder due to use of alcohol* (F10, 3,732 separations) and *Other anxiety disorders* (F41, 3,587 separations). For the *Depressive episode* and *Other anxiety disorders* principal diagnosis groupings, the number of separations was highest in the age group 65 years and over, while for the alcohol use-related principal diagnoses the number of separations was highest in the 35–44 years age group.

Aboriginal and Torres Strait Islander patients

Table 6.10 details the number of separations and patient days without specialised psychiatric care by principal diagnosis for Aboriginal and Torres Strait Islander people in 2001–02. The

quality of Aboriginal and Torres Strait Islander status data varies, so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 2001–02* (AIHW 2003c).

For Aboriginal and Torres Strait Islander patients, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 40.7% of mental health-related separations without specialised psychiatric care and 28.6% of patient days. In comparison, separations for all patients with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 17.4% of mental health-related separations without specialised psychiatric care and 10.7% of patient days.

Mental health-related diagnosis comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses (that is, those chiefly responsible for occasioning the episodes of care, see Glossary), or as additional diagnoses. Comorbidity of mental health-related diagnoses in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of a mental health-related disorder. The reported additional diagnosis may be within the same ICD–10–AM grouping as the principal diagnosis (for example, both diagnoses may occur within the group F11–F19 *Mental and behavioural disorders due to other psychoactive substances use*) or the principal and additional diagnoses may be in different ICD–10–AM groupings.

Table 4.4 summarises separations, patient days and psychiatric care days for separations with a mental health-related diagnosis reported as any diagnosis, principal or additional.

Separations and patient days for separations with a mental health-related additional diagnosis without specialised psychiatric care, by principal diagnosis in ICD-10-AM chapter groupings, are reported in Table 6.11. The most common principal diagnoses for separations without specialised psychiatric care and with a mental health-related additional diagnosis were *Injury, poisoning and certain other consequences of external causes* (S00–T98, 51,381 separations or 17.8%), followed by *Mental and behavioural disorders* (F00–F99, 31,518 or 10.9%) and *Factors influencing health status and contact with health services* (Z00–Z99, 29,871 or 10.3%).

Table 6.12 shows mental health-related separations without specialised psychiatric care by the presence of a mental health-related additional diagnosis. About 38.6% of separations with a mental health-related principal diagnosis had an accompanying mental health-related additional diagnosis. The principal diagnoses most likely to be reported with a mental health-related additional diagnosis were *Alzheimer's disease* (G30, 1,918 separations or 94.1%) and *Other factors related to substance use* (135 separations or 77.1%).

Table 6.13 describes the top five additional mental health-related diagnoses for separations without specialised psychiatric care, with selected mental health-related principal diagnoses and an additional diagnosis of another mental health-related condition.

Of the 18,630 separations without specialised psychiatric care that had principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19), the most common additional mental health-related diagnosis was for F32 *Depressive episode* (1,439 separations), followed by *Other anxiety disorders* (F41, 506 separations) and *Other factors related to substance use* (454 separations).

Of the 6,873 separations without specialised psychiatric care that had principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29), the most common additional mental health-related diagnosis was for *Mental and behavioural disorders due to other*

psychoactive substances use (F11–F19, 740 separations), followed by *Mental and behavioural disorders due to alcohol* (F10, 320 separations) and *Depressive episode* (F32, 267 separations).

Of the 16,612 separations without specialised psychiatric care and a principal diagnosis of *Mood (affective) disorders* (F30–F39), the most common additional mental health-related diagnosis was for *Mental and behavioural disorders due to use of alcohol* (F10, 1,187), followed by *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 847) and *Other anxiety disorders* (F41, 764).

Of the 10,752 separations without specialised psychiatric care that had principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49), the most common additional mental health-related diagnoses were for *Depressive episode* (F32, 825 separations) followed by *Mental and behavioural disorders due to use of alcohol* (F10, 816 separations).

Separations with an external cause indicating self-harm

Table 6.14 outlines the separations and patient days for mental health-related separations without specialised psychiatric care for which an external cause of injury or poisoning in the *Intentional self-harm* (X60–X84) grouping was reported. There were 1,042 separations in this category. The most common principal diagnoses were in the groups of *Depressive episode* (F32, 365 separations) and *Reaction to severe stress and adjustment disorders* (F43, 143 separations).

Table 6.4: Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Separations						Patient days	% patient days(b)	Average length of stay (o'night)
		Same day	% of total(a)	Overnight	% of total(a)	Total	% of total(a)			
F00–F03	Dementia	133	92.4	5,042	82.0	5,175	82.2	180,908	73.0	35.9
F04–F09	Other organic mental disorders	210	93.3	3,230	76.4	3,440	77.2	43,962	51.1	13.5
F10	Mental and behavioural disorders due to use of alcohol	826	75.3	12,444	75.6	13,270	75.6	66,042	47.6	5.2
F11–F19	Mental and behav disorders due to other psychoactive substances use	490	76.2	4,870	47.3	5,360	49.0	27,582	34.6	5.6
F20	Schizophrenia	1509	76.3	1,914	8.7	3,423	14.2	13,650	1.6	6.3
F21, F24, F28–F29	Schizotypal and other delusional disorders	323	80.1	560	23.4	883	31.6	3,409	11.1	5.5
F22	Persistent delusional disorders	138	90.8	361	23.7	499	29.8	2,660	7.9	7.0
F23	Acute and transient psychotic disorders	514	86.7	720	25.4	1,234	36.0	3,446	10.9	4.1
F25	Schizoaffective disorders	491	57.9	343	6.1	834	12.8	3,183	2.3	7.8
F30	Manic episode	118	89.4	206	20.6	324	28.6	1,584	12.1	7.1
F31	Bipolar affective disorders	723	54.0	1,164	10.6	1,887	15.4	10,838	5.4	8.7
F32	Depressive episode	2815	47.1	7,744	35.6	10,559	38.1	63,333	21.4	7.8
F33	Recurrent depressive disorders	1719	46.8	1,854	24.3	3,573	31.6	21,413	16.8	10.6
F34	Persistent mood (affective) disorders	21	33.9	205	11.2	226	11.9	1,740	9.1	8.4
F38, F39	Other and unspecified mood (affective) disorders	6	85.7	37	17.9	43	20.1	228	8.0	6.0
F40	Phobic anxiety disorders	6	20.0	49	20.0	55	20.0	509	14.7	10.3
F41	Other anxiety disorders	189	55.9	5,096	74.6	5,285	73.7	25,511	50.3	5.0
F42	Obsessive–compulsive disorders	5	6.1	73	16.1	78	14.6	808	8.2	11.0
F43	Reaction to severe stress and adjustment disorders	250	44.9	3,617	25.7	3,867	26.5	21,617	20.4	5.9
F44	Dissociative (conversion) disorders	93	86.9	773	63.6	866	65.5	4,790	44.5	6.1
F45, F48	Somatoform and other neurotic disorders	196	98.0	405	74.3	601	80.7	2,476	51.8	5.6
F50	Eating disorders	33	19.1	752	43.7	785	41.5	14,037	31.3	18.6
F51–F59	Other behav syndromes associated w phys dist and phys factors	38	48.1	1,895	81.8	1,933	80.7	8,379	56.5	4.4
F60	Specific personality disorders	171	56.8	777	14.2	948	16.4	2,878	7.3	3.5
F61–F69	Disorders of adult personality and behaviour	23	60.5	152	33.7	175	35.8	1,581	28.8	10.3
F70–F79	Mental retardation	29	85.3	74	28.1	103	34.7	490	1.7	6.2
F80–F89	Disorders of psychological development	384	97.2	297	64.0	681	79.3	3,517	52.7	10.5
F90	Hyperkinetic disorders	17	89.5	66	37.3	83	42.3	456	24.5	6.7
F91	Conduct disorders	49	86.0	301	41.2	350	44.4	1,574	30.3	5.1
F92–F98	Other and unspec disorders w onset childhood adolescence	23	44.2	374	69.6	397	67.4	1,616	43.6	4.3
F99	Mental disorder not otherwise specified	42	93.3	75	37.9	117	48.1	243	6.2	2.7
G30	Alzheimer's disease	41	89.1	1,997	74.6	2,038	74.9	58,716	60.1	29.4
G47	Sleep disorders	33	100.0	4,029	99.4	4,062	99.4	12,704	99.7	3.1
O99.3	Mental disorders and dis of the nerv sys complic pregnancy, child and pu	80	98.8	1,815	96.4	1,895	96.5	7,543	89.7	4.1
R44	Other symptoms and signs involving general sensations and perceptions	38	100.0	211	90.6	249	91.9	1,365	79.7	6.3
R45	Symptoms and signs involving emotional state	34	82.9	181	80.8	215	81.1	712	64.1	3.7
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	. .	7	100.0	7	100.0	46	100.0	6.6
	Other factors related to mental and behavioural disorders[(c)]	33	71.7	346	39.9	379	41.5	2,082	39.4	5.9
	Other factors related to substance use[(d)]	4	100.0	171	98.3	175	98.3	1,840	86.2	10.7
Total		**11,847**	**58.1**	**64,227**	**38.5**	**76,074**	**40.7**	**619,468**	**20.1**	**9.5**

(a) The proportion of mental health-related separations with these diagnoses that did not have specialised psychiatric care.

(b) The proportion of the total number of mental health-related patient days with these diagnoses where the patient did not receive specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, child—childbirth, puerp—puerperium.

Table 6.5: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2001–02

		Public acute hospitals				Private hospitals				All hospitals[a]			
Principal diagnosis		Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days
F00–F03	Dementia	124	4,191	4,315	160,595	9	851	860	20,313	133	5,042	5,175	180,908
F04–F09	Other organic mental disorders	202	2,760	2,962	37,343	8	470	478	6,619	210	3,230	3,440	43,962
F10	Mental and behavioural disorders due to use of alcohol	785	10,577	11,362	45,666	26	1,566	1,592	18,288	826	12,444	13,270	66,042
F11-F19	Mental and behav disorders due to other psychoactive substances use	392	4,081	4,473	20,408	76	456	532	5,503	490	4,870	5,360	27,582
F20	Schizophrenia	1,497	1,805	3,302	11,885	10	106	116	1,726	1,509	1,914	3,423	13,650
F21, F24, F28–F29	Schizotypal and other delusional disorders	318	530	848	3,169	5	30	35	240	323	560	883	3,409
F22	Persistent delusional disorders	137	330	467	2,173	1	31	32	487	138	361	499	2,660
F23	Acute and transient psychotic disorders	509	678	1,187	3,065	5	42	47	381	514	720	1,234	3,446
F25	Schizoaffective disorders	489	255	744	1,753	1	87	88	1,422	491	343	834	3,183
F30	Manic episode	115	179	294	1,278	3	27	30	306	118	206	324	1,584
F31	Bipolar affective disorders	691	959	1,650	7,746	20	205	225	3,080	723	1,164	1,887	10,838
F32	Depressive episode	2,661	6,244	8,905	44,593	151	1,499	1,650	18,736	2,815	7,744	10,559	63,333
F33	Recurrent depressive disorders	1,608	1,090	2,698	8,592	107	761	868	12,808	1,719	1,854	3,573	21,413
F34	Persistent mood (affective) disorders	20	123	143	442	0	82	82	1,297	21	205	226	1,740
F38, F39	Other and unspecified mood (affective) disorders	6	32	38	183	0	5	5	45	6	37	43	228
F40	Phobic anxiety disorders	6	31	37	315	0	18	18	194	6	49	55	509
F41	Other anxiety disorders	178	4,010	4,188	16,974	11	1,086	1,097	8,537	189	5,096	5,285	25,511
F42	Obsessive–compulsive disorders	5	56	61	562	0	17	17	246	5	73	78	808
F43	Reaction to severe stress and adjustment disorders	219	2,702	2,921	8,265	8	915	923	13,329	250	3,617	3,867	21,617
F44	Dissociative (conversion) disorders	86	684	770	3,711	6	89	95	1,078	93	773	866	4,790
F45, F48	Somatoform and other neurotic disorders	85	301	386	1,493	111	104	215	983	196	405	601	2,476
F50	Eating disorders	24	656	680	12,671	9	96	105	1,366	33	752	785	14,037
F51–F59	Other behav syndromes associated w phys dist and phys factors	32	1,608	1,640	6,868	6	287	293	1,511	38	1,895	1,933	8,379
F60	Specific personality disorders	164	711	875	2,467	3	65	68	405	171	777	948	2,878
F61–F69	Disorders of adult personality and behaviour	22	65	87	669	1	87	88	912	23	152	175	1,581
F70–F79	Mental retardation	23	68	91	354	6	6	12	136	29	74	103	490
F80–F89	Disorders of psychological development	325	131	456	848	59	166	225	2,669	384	297	681	3,517
F90	Hyperkinetic disorders	17	64	81	420	0	2	2	36	17	66	83	456
F91	Conduct disorders	46	292	338	1,486	0	9	9	85	49	301	350	1,574
F92–F98	Other and unspecified disorders w onset childhood adolescence	21	364	385	1,568	2	10	12	48	23	374	397	1,616
F99	Mental disorder not otherwise specified	42	75	117	243	0	0	0	0	42	75	117	243
G30	Alzheimers disease	40	1,599	1,639	51,949	1	398	399	6,767	41	1,997	2,038	58,716
G47	Sleep disorders	23	3,023	3,046	9,805	10	1,006	1,016	2,899	33	4,029	4,062	12,704
O99.3	Mental disorders and dis of the nerv sys complic pregnancy, child & pu	75	1,599	1,674	6,634	4	216	220	908	80	1,815	1,895	7,543
R44	Other symptoms and signs involving general sensations and perceptio	37	164	201	867	1	47	48	498	38	211	249	1,365
R45	Symptoms and signs involving emotional state	32	164	196	625	2	17	19	87	34	181	215	712
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	4	4	31	0	3	3	15	0	7	7	46
	Other factors related to mental and behavioural disorders[b]	30	342	372	2,060	2	4	6	21	33	346	379	2,082
	Other factors related to substance use[c]	4	118	122	811	0	2	2	40	4	171	175	1,840
Total		**11,090**	**52,665**	**63,755**	**480,587**	**664**	**10,868**	**11,532**	**134,021**	**11,847**	**64,227**	**76,074**	**619,468**

(a) Includes some separations from public psychiatric hospitals in New South Wales.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
Note: Abbreviations; behav—behavioural, subst—substances, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, child—childbirth, puerp—puerperium.

Table 6.6: Same day mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
F00–F03	Dementia	0	0	0	0	1	4	46	51
F04–F09	Other organic mental disorders	6	16	13	56	8	7	34	140
F10	Mental and behavioural disorders due to use of alcohol	4	77	146	148	135	46	48	604
F11–F19	Mental and behav disorders due to other psychoactive substances use	0	120	137	54	7	2	1	321
F20	Schizophrenia	0	206	303	228	167	26	11	941
F21, F24, F28–F29	Schizotypal and other delusional disorders	3	65	54	28	13	6	4	173
F22	Persistent delusional disorders	0	16	27	16	8	3	5	75
F23	Acute and transient psychotic disorders	2	80	99	71	17	6	7	282
F25	Schizoaffective disorders	0	54	50	37	36	25	8	210
F30	Manic episode	0	6	19	15	7	28	4	79
F31	Bipolar affective disorders	0	34	63	83	56	15	22	273
F32	Depressive episode	1	99	232	222	214	182	245	1,195
F33	Recurrent depressive disorders	0	14	42	47	79	123	259	564
F34	Persistent mood (affective) disorders	1	0	5	4	1	0	1	12
F38, F39	Other and unspecified mood (affective) disorders	0	0	1	0	0	0	0	1
F40	Phobic anxiety disorders	0	1	0	0	1	0	1	3
F41	Other anxiety disorders	1	9	12	10	10	5	10	57
F42	Obsessive–compulsive disorders	0	0	0	0	0	0	1	1
F43	Reaction to severe stress and adjustment disorders	6	36	34	24	19	11	3	133
F44	Dissociative (conversion) disorders	2	0	5	6	4	7	9	33
F45, F48	Somatoform and other neurotic disorders	2	3	6	12	11	14	11	59
F50	Eating disorders	0	0	0	0	1	0	1	2
F51–F59	Other behav syndromes associated w phys dist and phys factors	1	2	1	1	2	1	1	9
F60	Specific personality disorders	2	20	24	11	6	2	1	66
F61–F69	Disorders of adult personality and behaviour	1	3	2	3	3	2	0	14
F70–F79	Mental retardation	5	4	1	3	0	0	0	13
F80–F89	Disorders of psychological development	268	6	0	1	1	0	1	277
F90	Hyperkinetic disorders	11	0	0	0	0	0	0	11
F91	Conduct disorders	15	9	5	2	2	1	1	35
F92–F98	Other and unspecified disorders w onset childhood adolescence	10	2	0	1	0	0	1	14
F99	Mental disorder not otherwise specified	0	5	10	6	1	1	0	23
G30	Alzheimer's disease	0	0	1	0	0	3	15	19
G47	Sleep disorders	7	0	3	3	0	7	1	21
R44	Other symptoms and signs involving general sensations and perceptions	0	3	3	3	2	1	5	17
R45	Symptoms and signs involving emotional state	1	4	7	4	2	2	2	22
	Other factors related to mental and behavioural disorders[(a)]	3	1	3	5	1	0	0	13
	Other factors related to substance use[(b)]	0	0	0	0	0	0	1	1
	Total	**352**	**895**	**1,308**	**1,104**	**815**	**530**	**760**	**5,764**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
Note: Abbreviations: behav—behavioural, w—with, phys—physical, dist—disturbances.

Table 6.7: Same day mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
F00–F03	Dementia	0	0	0	3	2	1	76	82
F04–F09	Other organic mental disorders	4	6	10	5	5	3	37	70
F10	Mental and behavioural disorders due to use of alcohol	6	42	45	57	37	16	19	222
F11–F19	Mental and behav disorders due to other psychoactive substances use	1	62	66	28	4	2	5	169
F20	Schizophrenia	0	52	124	136	128	74	54	568
F22	Persistent delusional disorders	1	11	18	18	5	6	4	63
F23	Acute and transient psychotic disorders	1	37	74	55	31	15	19	232
F25	Schizoaffective disorders	0	17	46	67	51	72	28	281
F21, F24, F28–F29	Schizotypal and other delusional disorders	1	37	49	34	15	7	7	150
F30	Manic episode	0	2	9	12	6	7	3	39
F31	Bipolar affective disorders	0	36	74	129	80	50	81	450
F32	Depressive episode	1	118	196	319	316	206	464	1,620
F33	Recurrent depressive disorders	0	24	81	260	271	117	402	1,155
F34	Persistent mood (affective) disorders	0	4	2	1	1	0	1	9
F38, F39	Other and unspecified mood (affective) disorders	0	1	0	2	1	0	1	5
F40	Phobic anxiety disorders	0	1	0	0	0	2	0	3
F41	Other anxiety disorders	2	16	27	24	18	13	32	132
F42	Obsessive–compulsive disorders	0	0	4	0	0	0	0	4
F43	Reaction to severe stress and adjustment disorders	5	31	35	25	12	5	4	117
F44	Dissociative (conversion) disorders	1	13	15	9	11	4	7	60
F45, F48	Somatoform and other neurotic disorders	2	8	13	22	40	26	26	137
F50	Eating disorders	2	10	10	4	3	1	1	31
F51–F59	Other behav syndromes associated w phys dist and phys factors	0	10	9	7	1	2	0	29
F60	Specific personality disorders	0	29	38	28	7	2	1	105
F61–F69	Disorders of adult personality and behaviour	3	1	3	2	0	0	0	9
F70–F79	Mental retardation	9	1	3	2	0	1	0	16
F80–F89	Disorders of pscychological development	103	1	2	0	0	0	0	106
F90	Hyperkinetic disorders	5	1	0	0	0	0	0	6
F91	Conduct disorders	5	6	1	1	0	0	1	14
F92–F98	Other and unspec disorders w onset childhood adolescence	7	1	1	0	0	0	0	9
F99	Mental disorder not otherwise specified	0	7	6	4	1	0	1	19
G30	Alzheimer's disease	0	0	0	0	1	0	21	22
G47	Sleep disorders	2	2	2	0	2	2	2	12
O99.3	Mental disorders and dis of the nerv sys complic pregnancy, child & puerp	0	25	49	6	0	0	0	80
R44	Other symptoms and signs involving general sensations and perceptions	2	3	5	1	2	0	8	21
R45	Symptoms and signs involving emotional state	1	1	2	4	1	0	3	12
	Other factors related to mental and behavioural disorders[(a)]	1	5	6	4	2	0	1	19
	Other factors related to substance use[(b)]	0	0	0	0	0	0	3	3
	Total	**165**	**621**	**1,025**	**1,269**	**1,054**	**634**	**1,312**	**6,081**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, child—childbirth, puerp—puerperium.

Table 6.8: Overnight mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
F00–F03	Dementia	0	1	1	3	10	68	2,110	2,193
F04–F09	Other organic mental disorders	21	34	57	60	66	113	1,039	1,390
F10	Mental and behavioural disorders due to use of alcohol	78	579	1,319	2,301	2,373	1,226	833	8,711
F11–F19	Mental and behav disorders due to other psychoactive substances use	13	786	1,237	731	174	48	30	3,020
F20	Schizophrenia	1	231	412	217	146	51	66	1,126
F21, F24, F28–F29	Schizotypal and other delusional disorders	8	88	64	46	21	13	30	270
F22	Persistent delusional disorders	0	29	34	23	17	13	48	164
F23	Acute and transient psychotic disorders	4	87	120	66	30	16	26	349
F25	Schizoaffective disorders	0	14	37	38	13	4	2	108
F30	Manic episode	0	17	15	13	10	5	19	79
F31	Bipolar affective disorders	2	37	78	97	78	50	77	419
F32	Depressive episode	42	289	522	607	446	272	668	2,846
F33	Recurrent depressive disorders	7	45	77	143	118	62	134	586
F34	Persistent mood (affective) disorders	1	12	26	14	10	2	7	72
F38, F39	Other and unspecified mood (affective) disorders	0	5	2	3	2	2	1	15
F40	Phobic anxiety disorders	0	0	2	3	1	1	4	11
F41	Other anxiety disorders	30	96	204	244	267	220	448	1,509
F42	Obsessive–compulsive disorders	6	7	7	2	5	0	4	31
F43	Reaction to severe stress and adjustment disorders	27	144	417	337	365	219	101	1,610
F44	Dissociative (conversion) disorders	31	28	36	41	28	23	71	258
F45, F48	Somatoform and other neurotic disorders	22	17	26	20	14	13	24	136
F50	Eating disorders	23	20	16	1	1	0	5	66
F51–F59	Other behav syndromes associated w phys dist and phys factors	666	9	12	7	18	29	29	770
F60	Specific personality disorders	8	64	88	68	25	8	16	277
F61–F69	Disorders of adult personality and behaviour	3	9	13	15	13	0	7	60
F70–F79	Mental retardation	4	5	7	11	2	5	2	36
F80–F89	Disorders of psychological development	142	11	2	1	0	1	5	162
F90	Hyperkinetic disorders	48	4	2	0	0	0	1	55
F91	Conduct disorders	116	25	8	7	5	4	24	189
F92–F98	Other and unspec disorders w onset childhood adolescence	184	11	1	0	1	2	1	200
F99	Mental disorder not otherwise specified	2	8	13	12	4	5	0	44
G30	Alzheimer's disease	0	0	0	1	1	25	827	854
G47	Sleep disorders	1,753	17	49	98	89	95	95	2,196
R44	Other symptoms and signs involving general sensations and perceptions	5	13	16	7	8	5	45	99
R45	Symptoms and signs involving emotional state	15	18	18	13	7	8	27	106
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	3	3	6
	Other factors related to mental and behavioural disorders[(a)]	41	41	39	16	5	5	10	157
	Other factors related to substance use[(b)]	0	12	30	43	23	8	1	117
	Total	**3,303**	**2,813**	**5,007**	**5,309**	**4,396**	**2,624**	**6,840**	**30,297**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances.

Table 6.9: Overnight mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2001–02

Principal diagnosis		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
F00–F03	Dementia	0	0	0	4	8	45	2,792	2,849
F04–F09	Other organic mental disorders	14	33	30	42	46	73	1,602	1,840
F10	Mental and behavioural disorders due to use of alcohol	113	424	652	1,054	837	389	263	3,732
F11–F19	Mental and behav disorders due to other psychoactive substances use	13	522	657	419	113	46	80	1,850
F20	Schizophrenia	2	111	185	176	110	87	117	788
F21, F24, F28–F29	Schizotypal and other delusional disorders	8	51	47	51	24	28	81	290
F22	Persistent delusional disorders	0	7	22	27	23	25	93	197
F23	Acute and transient psychotic disorders	3	60	81	90	50	29	58	371
F25	Schizoaffective disorders	0	20	60	52	48	38	17	235
F30	Manic episode	3	8	25	26	15	12	38	127
F31	Bipolar affective disorders	4	51	133	195	118	96	148	745
F32	Depressive episode	91	583	864	999	702	410	1,249	4,898
F33	Recurrent depressive disorders	8	110	182	261	261	129	317	1,268
F34	Persistent mood (affective) disorders	0	23	31	19	22	13	25	133
F38, F39	Other and unspecified mood (affective) disorders	2	0	8	3	3	1	5	22
F40	Phobic anxiety disorders	2	4	4	10	6	6	6	38
F41	Other anxiety disorders	36	243	628	520	476	360	1,324	3,587
F42	Obsessive–compulsive disorders	5	12	9	7	2	1	6	42
F43	Reaction to severe stress and adjustment disorders	58	314	705	471	209	124	126	2,007
F44	Dissociative (conversion) disorders	48	92	93	97	63	34	88	515
F45, F48	Somatoform and other neurotic disorders	27	42	23	51	40	19	67	269
F50	Eating disorders	218	301	69	51	22	7	17	686
F51–F59	Other behav syndromes associated w phys dist and phys factors	508	140	351	107	10	2	7	1,125
F60	Specific personality disorders	10	134	156	110	54	12	24	500
F61–F69	Disorders of adult personality and behaviour	2	11	17	21	22	9	10	92
F70–F79	Mental retardation	2	10	12	8	3	2	1	38
F80–F89	Disorders of psychological development	128	2	1	1	1	0	2	135
F90	Hyperkinetic disorders	9	2	0	0	0	0	0	11
F91	Conduct disorders	83	5	4	5	2	2	11	112
F92–F98	Other and unspec disorders w onset childhood adolescence	161	8	0	3	2	0	0	174
F99	Mental disorder not otherwise specified	4	7	10	5	2	1	2	31
G30	Alzheimer's disease	0	0	0	0	4	26	1,113	1,143
G47	Sleep disorders	1,364	58	145	99	62	56	49	1,833
O99.3	Mental disorders and dis of the nerv sys complic pregnancy, child & puerp	4	552	1,005	254	0	0	0	1,815
R44	Other symptoms and signs involving general sensations and perceptions	3	4	6	12	5	8	74	112
R45	Symptoms and signs involving emotional state	16	6	8	11	8	4	22	75
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	0	1	1
	Other factors related to mental and behavioural disorders[(a)]	28	66	52	19	6	2	16	189
	Other factors related to substance use[(b)]	0	6	13	11	16	4	4	54
	Total	**2,977**	**4,022**	**6,288**	**5,291**	**3,395**	**2,100**	**9,855**	**33,929**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, child—childbirth, puerp—puerperium.

Table 6.10: Mental health-related separations without specialised psychiatric care reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Same day	Overnight	Total	Patient days
F00–F03	Dementia	1	33	34	3,026
F04–F09	Other organic mental disorders	6	37	43	385
F10	Mental and behavioural disorders due to use of alcohol	174	1,565	1,739	4,986
F11–F19	Mental and behav disorders due to other psychoactive substances use	52	287	339	1,091
F20	Schizophrenia	73	240	313	1,008
F21, F24, F28–F29	Schizotypal and other delusional disorders	31	60	91	247
F22	Persistent delusional disorders	3	16	19	47
F23	Acute and transient psychotic disorders	41	85	126	254
F25	Schizoaffective disorders	5	16	21	80
F30	Manic episode	3	8	11	29
F31	Bipolar affective disorders	12	47	59	316
F32	Depressive episode	53	505	558	2,172
F33	Recurrent depressive disorders	6	59	65	245
F34	Persistent mood (affective) disorders	0	7	7	22
F38, F39	Other and unspecified mood (affective) disorders	0	3	3	14
F40	Phobic anxiety disorders	0	0	0	0
F41	Other anxiety disorders	12	199	211	1,022
F42	Obsessive–compulsive disorders	0	2	2	10
F43	Reaction to severe stress and adjustment disorders	22	216	238	556
F44	Dissociative (conversion) disorders	10	31	41	129
F45, F48	Somatoform and other neurotic disorders	2	13	15	65
F50	Eating disorders	0	15	15	153
F51–F59	Other behav syndromes associated w phys dist and phys factors	4	33	37	166
F60	Specific personality disorders	10	53	63	159
F61–F69	Disorders of adult personality and behaviour	2	3	5	56
F70–F79	Mental retardation	0	0	0	0
F80–F89	Disorders of psychological development	5	7	12	22
F90	Hyperkinetic disorders	0	3	3	7
F91	Conduct disorders	6	10	16	40
F92–F98	Other and unspec disorders w onset childhood adolescence	0	6	6	28
F99	Mental disorder not otherwise specified	7	8	15	22
G30	Alzheimer's disease	0	5	5	56
G47	Sleep disorders	3	21	24	70
O99.3	Mental disorders and diseases of the nervous system complic preg, child and puerp	9	159	168	623
R44	Other symptoms and signs involving general sensations and perceptions	1	10	11	21
R45	Symptoms and signs involving emotional state	1	14	15	29
	Other factors related to mental and behavioural disorders[(a)]	6	45	51	162
	Other factors related to substance use[(b)]	0	13	13	86
	Total	**560**	**3,834**	**4,394**	**17,404**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table 6.11: Separations and patient days for separations without specialised psychiatric care, with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2001–02

Principal diagnosis		Separations			Patient days
		Same day	Overnight	Total	
A00–B99	Certain infectious and parasitic diseases	372	3,981	4,353	44,528
C00–D48	Neoplasms	867	10,716	11,583	172,438
D50–D89	Diseases of the blood and blood–forming organs and certain disorders involving the immune mechanism	310	1,787	2,097	14,121
E00–E90	Endocrine, nutritional and metabolic diseases	523	6,965	7,488	79,103
F00–F99	Mental and behavioural disorders	9,124	22,394	31,518	199,370
G00–G99	Diseases of the nervous system	2,124	12,665	14,789	151,300
H00–H59	Diseases of the eye and adnexa	540	506	1,046	4,394
H60–H95	Diseases of the ear and mastoid process	169	407	576	2,170
I00–I99	Diseases of the circulatory system	1,581	23,682	25,263	278,504
J00–J99	Diseases of the respiratory system	1,275	22,493	23,768	220,083
K00–K93	Diseases of the digestive system	3,751	18,314	22,065	154,999
L00–L99	Diseases of the skin and subcutaneous tissue	365	4,568	4,933	49,175
M00–M99	Diseases of the musculoskeletal system and connective tissue	889	8,278	9,167	97,222
N00–N99	Diseases of the genitourinary system	963	7,858	8,821	78,951
O00–O99	Pregnancy, childbirth and the puerperium	4,669	8,707	13,376	47,695
P00–P96	Certain conditions originating in the perinatal period	33	309	342	2,806
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	151	533	684	5,339
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	5,487	20,112	25,599	132,768
S00–T98	Injury, poisoning and certain other consequences of external causes	11,693	39,688	51,381	334,068
Z00–Z99	Factors influencing health status and contact with health services	5,197	24,674	29,871	744,872
Total		**50,083**	**238,637**	**288,720**	**2,813,906**

Table 6.12: Separations and patient days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2001–02

		With no other mental health-related diagnosis				Average length of stay	With a mental health-related additional diagnosis				Average length of stay
Principal Diagnosis		Same day	Overnight	Total	Patient days	(o'night)	Same day	Overnight	Total	Patient days	(o'night)
F00–F03	Dementia	116	3,940	4,056	146,262	37.1	17	1,102	1,119	34,646	31.4
F04–F09	Other organic mental disorders	172	2,069	2,241	26,838	12.9	38	1,161	1,199	17,124	14.7
F10	Mental and behavioural disorders due to use of alcohol	462	5,979	6,441	28,087	4.6	364	6,465	6,829	37,955	5.8
F11–F19	Mental and behav disorders due to other psychoactive substances	271	2,110	2,381	10,891	5.0	219	2,760	2,979	16,691	6.0
F20	Schizophrenia	1,310	1,277	2,587	9,501	6.4	199	637	836	4,149	6.2
F21, F24, F28–F29	Schizotypal and other delusional disorders	248	336	584	1,836	4.7	75	224	299	1,573	6.7
F22	Persistent delusional disorders	91	204	295	1,206	5.5	47	157	204	1,454	9.0
F23	Acute and transient psychotic disorders	360	451	811	2,112	3.9	154	269	423	1,334	4.4
F25	Schizoaffective disorders	464	210	674	1,954	7.1	27	133	160	1,229	9.0
F30	Manic episode	100	120	220	834	6.1	18	86	104	750	8.5
F31	Bipolar affective disorders	633	823	1,456	7,247	8.0	90	341	431	3,591	10.3
F32	Depressive episode	2,452	4,999	7,451	39,396	7.4	363	2,745	3,108	23,937	8.6
F33	Recurrent depressive disorders	1,586	1,119	2,705	13,042	10.2	133	735	868	8,371	11.2
F34	Persistent mood (affective) disorders	12	97	109	703	7.1	9	108	117	1,037	9.5
F38, F39	Other and unspecified mood (affective) disorders	3	22	25	129	5.7	3	15	18	99	6.4
F40	Phobic anxiety disorders	6	19	25	108	5.4	0	30	30	401	13.4
F41	Other anxiety disorders	144	3,510	3,654	17,026	4.8	45	1,586	1,631	8,485	5.3
F42	Obsessive–compulsive disorders	5	26	31	368	14.0	0	47	47	440	9.4
F43	Reaction to severe stress and adjustment disorders	118	1,685	1,803	7,606	4.4	132	1,932	2,064	14,011	7.2
F44	Dissociative (conversion) disorders	63	529	592	2,971	5.5	30	244	274	1,819	7.3
F45, F48	Somatoform and other neurotic disorders	186	244	430	1,316	4.6	10	161	171	1,160	7.1
F50	Eating disorders	28	519	547	9,304	17.9	5	233	238	4,733	20.3
F51–F59	Other behav syndromes associated w phys dist and phys factors	31	1,628	1,659	7,248	4.4	7	267	274	1,131	4.2
F60	Specific personality disorders	112	341	453	1,018	2.7	59	436	495	1,860	4.1
F61–F69	Disorders of adult personality and behaviour	18	113	131	922	8.0	5	39	44	659	16.8
F70–F79	Mental retardation	26	49	75	351	6.6	3	25	28	139	5.4
F80–F89	Disorders of psychological development	340	241	581	2,087	7.2	44	56	100	1,430	24.8
F90	Hyperkinetic disorders	14	36	50	161	4.1	3	30	33	295	9.7
F91	Conduct disorders	29	136	165	528	3.7	20	165	185	1,046	6.2
F92–F98	Other snd unspec disorders w onset childhood adolescence	16	196	212	883	4.4	7	178	185	733	4.1
F99	Mental disorder not otherwise specified	37	49	86	151	2.3	5	26	31	92	3.3
G30	Alzheimer's disease	5	115	120	3,044	26.4	36	1,882	1,918	55,672	29.6
G47	Sleep disorders	31	2,781	2,812	8,528	3.1	2	1,248	1,250	4,176	3.3
O99.3	Mental disorders snd dis of the nerv sys complic preg, child and puerperium	30	613	643	2,148	3.5	50	1,202	1,252	5,395	4.4
R44	Other symptoms and signs involving general sensations and perceptions	24	133	157	800	5.8	14	78	92	565	7.1
R45	Symptoms and signs involving emotional state	21	104	125	409	3.7	13	77	90	303	3.8
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	5	5	28	5.6	0	2	2	18	9.0
	Other factors related to mental and behavioural disorders[(a)]	27	255	282	1,461	5.6	6	91	97	621	6.8
	Other factors related to substance use[(b)]	4	36	40	390	10.7	0	135	135	1,450	10.7
Total		**9,595**	**37,119**	**46,714**	**358,894**	**9.4**	**2,252**	**27,108**	**29,360**	**260,574**	**9.5**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth.

Table 6.13: Separations and patient days for the top five additional mental health-related diagnoses for separations without specialised psychiatric care by selected mental health-related principal diagnosis, Australia, 2001–02

Principal diagnosis		Same day	Overnight	Total	Patient days	Average length of stay[a]
Mental and behavioural disorders due to psychoactive substances use (F10–F19)						
Top five additional diagnoses[b]						
F32	Depressive episode	53	1,386	1,439	9,629	6.9
F41	Other anxiety disorders	10	496	506	4,109	8.3
	Other factors related to substance use[c]	6	448	454	4.607	10.3
F60	Specific personality disorders	28	392	420	2,343	5.9
F43	Reaction to severe stress and adjustment disorders	9	303	312	2,482	8.2
	Total	*1,316*	*17,314*	*18,630*	*93,624*	*5.3*
Scizophrenia, schizotypal and delusional disorders (F20–F29)						
Top five additional diagnoses[b]						
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	241	499	740	2,304	4.1
F10	Mental and behavioural disorders due to use of alcohol	94	226	320	1,060	4.3
F32	Depressive episode	56	211	267	1,637	7.5
F60	Specific personality disorders	35	144	179	661	4.3
R44	Other symptoms & signs involving general sensations and perceptions	38	88	126	717	7.7
	Total	*2,975*	*3,898*	*6,873*	*26,348*	*6.0*
Mood (affective) disorders (F30–F39)						
Top five additional diagnoses[b]						
F10	Mental and behavioural disorders due to use of alcohol	128	1,059	1,187	6,678	6.2
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	150	697	847	4,403	6.1
F41	Other anxiety disorders	85	679	764	7,295	10.6
F43	Reaction to severe stress and adjustment disorders	47	659	706	6,007	9.0
F60	Specific personality disorders	65	487	552	4,090	8.3
	Total	*5,402*	*11,210*	*16,612*	*99,136*	*8.4*
Neurotic, stress-related and somatoform disorder (F40–F49)						
Top five additional diagnoses[b]						
F32	Depressive episode	39	786	825	5,420	6.8
F10	Mental and behavioural disorders due to use of alcohol	69	747	816	6,269	8.3
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	56	449	505	2,574	5.6
F60	Specific personality disorders	45	338	383	1,590	4.6
F33	Recurrent depressive disorders	4	304	308	4,782	15.7
	Total	*739*	*10,013*	*10,752*	*55,711*	*5.5*

(a) Overnight separations only.
(b) Where the additional diagnosis grouping is different to the principal diagnosis grouping.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Table 6.14: Separation statistics for separations without specialised psychiatric care, with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2001–02

Principal diagnosis		Same day	Overnight	Total	Patient days
F00–F03	Dementia	0	1	1	364
F04–F09	Other organic mental disorders	2	16	18	95
F10	Mental and behavioural disorders due to use of alcohol	19	83	102	259
F11–F19	Mental and behav disorders due to other psychoactive substances use	7	39	46	160
F20	Schizophrenia	5	18	23	94
F21, F24, F28–F29	Schizotypal and other delusional disorders	9	11	20	52
F22	Persistent delusional disorders	2	3	5	19
F23	Acute and transient psychotic disorders	3	10	13	25
F25	Schizoaffective disorders	1	6	7	47
F30	Manic episode	1	3	4	27
F31	Bipolar affective disorders	2	13	15	61
F32	Depressive episode	48	317	365	1,779
F33	Recurrent depressive disorders	8	52	60	398
F34	Persistent mood (affective) disorders	2	13	15	63
F38, F39	Other and unspecified mood (affective) disorders	1	1	2	14
F40	Phobic anxiety disorders	0	0	0	0
F41	Other anxiety disorders	4	31	35	281
F42	Obsessive–compulsive disorders	0	1	1	1
F43	Reaction to severe stress and adjustment disorders	15	128	143	433
F44	Dissociative (conversion) disorders	0	2	2	17
F45, F48	Somatoform and other neurotic disorders	6	13	19	37
F50	Eating disorders	0	4	4	152
F51–F59	Other behav syndromes associated w phys dist and phys factors	0	3	3	5
F60	Specific personality disorders	13	79	92	288
F60–F69	Disorders of adult personality and behaviour	1	0	1	1
F70–F79	Mental retardation	0	1	1	30
F80–F89	Disorders of psychological development	0	2	2	23
F90	Hyperkinetic disorders	0	2	2	17
F91	Conduct disorders	0	9	9	26
F92–F98	Other and unspec disorders w onset childhood adolescence	0	3	3	16
F99	Mental disorder not otherwise specified	0	3	3	15
G30	Alzheimer's disease	0	2	2	13
O99.3	Mental disorders and diseases of the nervous system complic preg, child and puerp	0	11	11	35
R44	Other symptoms and signs involving general sensations and perceptions	0	3	3	13
R45	Symptoms and signs involving emotional state	1	5	6	8
	Other factors related to mental and behavioural disorders[(a)]	1	3	4	20
	Total	**151**	**891**	**1,042**	**4,888**

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements. These categories were designed to provide a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital. This report uses AR-DRG 4.2 (DHAC 2000a, 2000b). Although the AR-DRGs are designed to be homogeneous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogeneous than most other AR-DRG types.

Overview

The 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care are detailed in Table 6.15.

The most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 9,740 separations, 13.4% of all separations). The AR-DRG with the largest number of same day separations was *Mental health treatment, same day, with electroconvulsive therapy* (U40Z, 5,467 separations) which accounted for 46.3% of same day mental health-related separations without specialised psychiatric care. The AR-DRG that accounted for the largest number of patient days without specialised psychiatric care was *Dementia and other chronic disturbances of cerebral function* (B63Z, 6,161 separations and 92,023 patient days).

Hospital type

Tables 6.16 and 6.17 outline the 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care for public acute and private hospitals. The largest numbers of separations for public acute care hospitals were reported for *Anxiety disorders* (U65Z, 7,756 separations, 12.7%). *Mental health treatment, same day, with electroconvulsive therapy* (U40Z, 5,199 separations) accounted for the largest number of same day separations without specialised psychiatric care. The largest number of patient days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 70,478 patient days).

The most frequently reported AR-DRG for private hospital separations was *Anxiety disorders* (U65Z, 1,984 separations, 17.6%), followed by *Dementia and other chronic disturbances of cerebral function* (B63Z, 1,283 separations) which also reported the largest number of patient days for separations in this category (21,545 patient days).

Procedures

The *National Health Data Dictionary* version 10.0 (NHDC 2001) defines a procedure as a clinical intervention that is surgical in nature; carries a procedural risk; carries an anaesthetic risk; requires specialised training; and/or requires special facilities or equipment only available in an acute care setting. One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions.

Table 6.18 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations without specialised psychiatric care by hospital type.

The most frequently reported procedures in public acute hospitals were *Allied health intervention, social work* (8,230 separations), *Allied health intervention, physiotherapy* (5,708 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,511 separations). In private hospitals the most frequently reported procedures were *Allied health intervention, physiotherapy* (1,213 separations), *Alcohol rehabilitation and detoxification* (806 separations) and *Other psychological therapies* (727 separations).

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM, which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. Note that where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Mode of admission

Mode of admission is an administrative data element that distinguishes between transfers from other hospitals, statistical admissions following a change in care type, and other admissions. For public acute hospitals, 91.4% of separations were 'Other admissions', that is, planned and unplanned admissions excluding transfers from other hospitals and statistical admissions. For private hospitals, 94.4% of all mental health-related separations without specialised psychiatric care were 'Other admissions' (Table 6.19).

Mode of separation

Approximately 70.0% (44,608) of mental health-related separations without specialised psychiatric care in public acute hospitals ended with a discharge either to the patient's usual residence or own accommodation, or to a welfare institution. In private hospitals, 88.9% (10,250) of mental health-related separations without specialised psychiatric care ended this way (Table 6.20).

Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care, maintenance care or other admitted patient care (Tables 6.21 and 6.22). See the Glossary for further detail on care type.

Acute care was the most frequently recorded care type in all jurisdictions and hospitals (72,533 or 95.3% of mental health-related separations without specialised psychiatric care). It also accounted for the majority of patient days reported for these separations 68.7%). Maintenance care accounted for 0.9% of mental health-related separations with specialised psychiatric care, but accounted for 15.4% of patient days. In Queensland, the administrative practice of assigning a care type of maintenance care for long-stay patients has the effect of reducing the proportion of psychogeriatric and rehabilitation care types reported.

The variation among the jurisdictions reflects differences in the types of services provided as admitted patient services among the states and territories.

Table 6.15: The 30 most frequently reported AR-DRGs for mental health-related separations[a] without specialised psychiatric care, Australia, 2001–02

AR-DRG Description	Separations				Patient days	Patient days per 1,000 population[b]
	Same day	Overnight	Total	Per 1,000 population[b]		
U65Z Anxiety Disorders	0	9,740	9,740	0.51	37,337	1.95
V60Z Alcohol Intoxication and Withdrawal	635	6,266	6,901	0.36	18,511	0.97
U64Z Other Affective and Somatoform Disorders	0	6,814	6,814	0.36	40,117	2.09
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	203	5,958	6,161	0.32	92,023	4.80
V62A Alcohol Use Disorder and Dependence	0	5,664	5,664	0.30	39,353	2.05
U40Z Mental Health Treatment, Sameday, W ECT	5,467	0	5,467	0.29	5,467	0.29
U67Z Personality Disorders and Acute Reactions	0	5,121	5,121	0.27	27,022	1.41
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	4,588	4,588	0.24	33,423	1.74
U60Z Mental Health Treatment, Sameday, W/O ECT	4,443	0	4,443	0.23	4,443	0.23
B64Z Delirium	139	2,414	2,553	0.13	29,296	1.53
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	2,260	2,260	0.12	11,534	0.60
V64Z Other Drug Use Disorder and Dependence	122	1,807	1,929	0.10	10,800	0.56
V63Z Opioid Use Disorder and Dependence	154	1,704	1,858	0.10	9,687	0.51
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,362	1,362	0.07	5,646	0.29
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	1,251	1,251	0.07	19,718	1.03
U66Z Eating and Obsessive–Compulsive Disorders	0	1,020	1,020	0.05	15,562	0.81
V61B Drug Intoxication and Withdrawal W/O CC	177	811	988	0.05	2,585	0.13
O65A Other Antenatal Admission W Severe Complicating Diagnosis	64	774	838	0.04	2,705	0.14
O61Z Postpartum and Post Abortion W/O O.R. Procedure	28	653	681	0.04	3,048	0.16
U68Z Childhood Mental Disorders	0	495	495	0.03	4,079	0.21
O60B Vaginal Delivery W Severe Complicating Diagnosis	7	441	448	0.02	1,659	0.09
O60A Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	5	385	390	0.02	1,974	0.10
Z64B Other Factors Influencing Health Status Age<80	26	256	282	0.01	1,730	0.09
V61A Drug Intoxication and Withdrawal W CC	28	199	227	0.01	965	0.05
V62B Alcohol Use Disorder and Dependence, Sameday	183	0	183	<0.01	183	<0.01
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	126	126	<0.01	1,359	0.07
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	35	85	120	<0.01	526	0.03
B76B Seizure Age>2 or W/O Catastrophic or Severe CC	35	84	119	<0.01	339	0.02
Z60B Rehabilitation W/O Catastrophic or Severe CC	0	95	95	<0.01	488	0.03
O01B Caesarean Delivery W Severe Complicating Diagnosis	0	83	83	<0.01	480	0.03
All other AR-DRGs	66	495	561	0	5,476	0.29
Total	**11,817**	**60,951**	**72,768**	**3.80**	**427,535**	**22.32**

(a) Separations with a care type of *Acute*, *Newborn with qualified care* or *Not reported* only.

(b) Rates are crude rates based on the estimated resident population of 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 6.16: Separations, patient days and psychiatric care days for mental health-related separations[(a)] without specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2001–02

AR-DRG	Description	Separations				Patient days	Patient days per 1,000 population[(b)]
		Same day	Overnight	Total	Per 1,000 population[(b)]		
U65Z	Anxiety Disorders	0	7,756	7,756	0.40	27,706	1.45
V60Z	Alcohol Intoxication and Withdrawal	623	5,955	6,578	0.34	16,644	0.87
U64Z	Other Affective and Somatoform Disorders	0	5,545	5,545	0.29	27,240	1.42
U40Z	Mental Health Treatment, Sameday, W ECT	5,199	0	5,199	0.27	5,199	0.27
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	193	4,685	4,878	0.25	70,478	3.68
U60Z	Mental Health Treatment, Sameday, W/O ECT	4,154	0	4,154	0.22	4,154	0.22
V62A	Alcohol Use Disorder and Dependence	0	4,136	4,136	0.22	21,116	1.10
U67Z	Personality Disorders and Acute Reactions	0	4,028	4,028	0.21	12,712	0.66
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	3,427	3,427	0.18	17,001	0.89
B64Z	Delirium	132	2,076	2,208	0.12	24,865	1.30
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	2,062	2,062	0.11	8,553	0.45
V64Z	Other Drug Use Disorder and Dependence	113	1,497	1,610	0.08	7,240	0.38
V63Z	Opioid Use Disorder and Dependence	71	1,286	1,357	0.07	6,667	0.35
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,282	1,282	0.07	4,868	0.25
V61B	Drug Intoxication and Withdrawal W/O CC	171	771	942	0.05	2,346	0.12
U66Z	Eating and Obsessive–Compulsive Disorders	0	902	902	0.05	13,951	0.73
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	766	766	0.04	10,161	0.53
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	59	675	734	0.04	2,418	0.13
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	28	539	567	0.03	2,303	0.12
O60B	Vaginal Delivery W Severe Complicating Diagnosis	7	386	393	0.02	1,395	0.07
O60A	Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	5	374	379	0.02	1,928	0.10
U68Z	Childhood Mental Disorders	0	321	321	0.02	1,396	0.07
Z64B	Other Factors Influencing Health Status Age<80	25	254	279	0.01	1,723	0.09
V61A	Drug Intoxication and Withdrawal W CC	28	187	215	0.01	875	0.05
V62B	Alcohol Use Disorder and Dependence, Sameday	154	0	154	<0.01	154	<0.01
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	115	115	<0.01	1,187	0.06
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	29	81	110	<0.01	425	0.02
B76B	Seizure Age>2 or W/O Catastrophic or Severe CC	34	69	103	<0.01	212	0.01
Z60B	Rehabilitation W/O Catastrophic or Severe CC	0	95	95	<0.01	488	0.03
O01B	Caesarean Delivery W Severe Complicating Diagnosis	0	47	47	<0.01	261	0.01
All other AR-DRGs		37	411	448	0.02	4,331	0.23
Total		**11,062**	**49,728**	**60,790**	**3.17**	**299,997**	**15.66**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* or *Not reported* only.

(b) Rates are crude rates based on the estimated resident populations as at 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 6.17: Separations, patient days and psychiatric care days for mental health-related separations[(a)] without specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2001–02

AR-DRG	Description	Separations				Patient days	Patient days per 1,000 population[(b)]
		Same day	Overnight	Total	Per 1,000 population[(b)]		
U65Z	Anxiety Disorders	0	1,984	1,984	0.10	9,631	0.50
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	10	1,273	1,283	0.07	21,545	1.11
U64Z	Other Affective and Somatoform Disorders	0	1,268	1,268	0.07	12,876	0.66
V62A	Alcohol Use Disorder and Dependence	0	1,229	1,229	0.06	16,173	0.83
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	1,158	1,158	0.06	16,413	0.85
U67Z	Personality Disorders and Acute Reactions	0	1,092	1,092	0.06	14,308	0.74
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	0	485	485	0.02	9,557	0.49
B64Z	Delirium	7	338	345	0.02	4,431	0.23
V60Z	Alcohol Intoxication and Withdrawal	8	309	317	0.02	1,854	0.10
U40Z	Mental Health Treatment, Sameday, W ECT	256	0	256	0.01	256	0.01
U60Z	Mental Health Treatment, Sameday, W/O ECT	247	0	247	0.01	247	0.01
V63Z	Opioid Use Disorder and Dependence	68	170	238	0.01	1,927	0.10
V64Z	Other Drug Use Disorder and Dependence	4	231	235	0.01	3,011	0.16
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	194	194	<0.01	2,937	0.15
U68Z	Childhood Mental Disorders	0	174	174	<0.01	2,683	0.14
U66Z	Eating and Obsessive–Compulsive Disorders	0	118	118	<0.01	1,611	0.08
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	0	114	114	<0.01	745	0.04
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	4	99	103	<0.01	286	0.01
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	80	80	<0.01	778	0.04
O60B	Vaginal Delivery W Severe Complicating Diagnosis	0	55	55	<0.01	264	0.01
V61B	Drug Intoxication and Withdrawal W/O CC	4	36	40	<0.01	219	0.01
O01B	Caesarean Delivery W Severe Complicating Diagnosis	0	36	36	<0.01	219	0.01
V62B	Alcohol Use Disorder and Dependence, Sameday	18	0	18	<0.01	18	<0.01
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	17	0	17	<0.01	17	<0.01
B76B	Seizure Age>2 or W/O Catastrophic or Severe CC	1	15	16	<0.01	127	<0.01
O60A	Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	0	11	11	<0.01	46	<0.01
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	11	11	<0.01	172	<0.01
V61A	Drug Intoxication and Withdrawal W CC	0	11	11	<0.01	83	<0.01
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	6	4	10	<0.01	101	<0.01
B60B	Non Acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Cat CC	0	9	9	<0.01	84	<0.01
All other AR-DRGs		12	76	88	<0.01	1,048	0.05
Total		**662**	**10,580**	**11,242**	**0.58**	**123,667**	**6.37**

(a) Separations with a care type of *Acute*, *Newborn with qualified days* or *Not reported* only.

(b) Rates are crude rates based on the estimated resident population as at 30 June 2001.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 6.18: The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total			
		Public acute hospitals					
95550–01	Allied health intervention, social work	107	8,123	8,230	147,121	18.1	8,245
95550–03	Allied health intervention, physiotherapy	37	5,671	5,708	125,082	22.0	5,720
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	5,166	345	5,511	7,014	5.4	5,513
92502–02	Intravenous and inhalational general anaesthesia	4,661	479	5,140	12,090	15.5	5,420
56001–00	Computerised tomography of brain	409	3,599	4,008	50,447	13.9	4,025
95550–02	Allied health intervention, occupational therapy	12	3,858	3,870	92,540	24.0	3,873
92003–00	Alcohol detoxification	26	3,115	3,141	16,250	5.2	3,144
95550–00	Allied health intervention, dietetics	16	2,628	2,644	66,192	25.2	2,650
92006–00	Drug detoxification	38	2,079	2,117	10,457	5.0	2,117
95550–05	Allied health intervention, speech pathology	7	1,432	1,439	42,016	29.3	1,441
93300–00	Psychiatric assessment	210	1,021	1,231	6,011	5.7	1,231
95550–10	Allied health intervention, psychology	45	1,089	1,134	15,373	14.1	1,134
95550–09	Allied health intervention, pharmacy	19	1,005	1,024	12,447	12.4	1,025
95550–11	Allied health intervention, other	40	927	967	22,275	24.0	967
92503–00	Intravenous sedation, anaesthetist controlled	233	471	704	7,882	16.2	724
92009–00	Combined alcohol and drug detoxification	12	610	622	3,583	5.9	622
56007–00	Computerised tomography of brain with intravenous contrast medium	78	541	619	6,270	11.4	620
90901–00	Magnetic resonance imaging of brain	191	335	526	5,682	16.4	531
92502–00	Intravenous general anaesthesia	490	35	525	1,138	18.5	627
39000–00	Lumbar puncture	37	384	421	5,122	13.2	426
95550–04	Allied health intervention, podiatry	0	343	343	32,852	95.8	343
96034–00	Alcohol and other drug assessment	7	262	269	1,417	5.4	269
13706–02	Transfusion of packed cells	0	205	205	5,433	26.5	205
30473–01	Panendoscopy to duodenum with biopsy	30	158	188	3,465	21.7	188
90466–01	Surgical augmentation of labour	3	167	170	756	4.5	170
11000–00	Electroencephalography	48	108	156	1,290	11.5	156
12203–00	Polysomnography	8	141	149	239	1.6	149
96023–00	Ageing assessment	1	145	146	4,956	34.2	147
92191–00	Enteral infusion of nutritional substances	4	141	145	4,127	29.2	146
30026–00	Repair of wound of skin and subcutaneous tissue of other site, superficial	34	102	136	1,545	14.8	138
	Other	648	5,424	6,072	96,259	17.6	6,137
	No procedure or not reported	4,190	29,763	33,953	199,501	. .	. .
Total(a)		**11,090**	**52,665**	**63,755**	**469,497**	**8.7**	**49,858**

(continued)

Table 6.18 (continued): The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total			
		Private hospitals					
95550–03	Allied health intervention, physiotherapy	36	1,177	1,213	22,775	19.3	1,213
92004–00	Alcohol rehabilitation and detoxification	3	803	806	12,204	15.2	807
96174–00	Other psychological therapies	2	725	727	16,258	22.4	727
95550–01	Allied health intervention, social work	1	648	649	11,564	17.8	650
96099–00	Psychotherapy	0	538	538	11,474	21.3	538
12203–00	Polysomnography	0	535	535	613	1.1	535
56001–00	Computerised tomography of brain	14	494	508	8,123	16.4	510
92502–02	Intravenous and inhalational general anaesthesia	198	271	469	3,998	14.0	736
95550–02	Allied health intervention, occupational therapy	28	426	454	8,608	20.1	454
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	183	228	411	3,621	15.1	429
96001–00	Psychological skills training	1	384	385	7,614	19.8	385
95550–00	Allied health intervention, dietetics	2	350	352	6,498	18.6	353
92503–00	Intravenous sedation, anaesthetist controlled	119	187	306	3,767	19.5	370
92502–00	Intravenous general anaesthesia	105	196	301	3,893	19.3	899
95550–10	Allied health intervention, psychology	1	276	277	3,753	13.6	277
93300–00	Psychiatric assessment	17	250	267	3,349	13.3	267
92003–00	Alcohol detoxification	0	238	238	1,693	7.1	238
96101–00	Cognitive behaviour therapy	0	204	204	3,972	19.5	204
96073–00	Substance addiction counselling or education	0	174	174	2,989	17.2	174
92006–00	Drug detoxification	65	109	174	727	6.1	174
92007–00	Drug rehabilitation and detoxification	0	161	161	2,595	16.1	161
30473–01	Panendoscopy to duodenum with biopsy	48	93	141	1,833	19.2	141
56007–00	Computerised tomography of brain with intravenous contrast medium	1	138	139	1,750	12.7	140
96032–00	Psychosocial assessment	0	135	135	2,426	18.0	135
95550–11	Allied health intervention, other	1	132	133	2,321	17.6	133
96140–00	Skills training in activities related to self care/self maintenance	21	105	126	1,875	17.7	126
93340–01	Electroconvulsive therapy [ECT] >8 treatments	73	50	123	2,303	44.6	123
95550–05	Allied health intervention, speech pathology	0	106	106	2,853	26.9	106
92010–00	Combined alcohol and drug rehabilitation and detoxification	7	97	104	1,541	15.8	104
30473–00	Panendoscopy to duodenum	56	46	102	856	17.4	102
	Other	140	2,642	2,782	41,548	15.7	2,818
	No procedure or not reported	67	4,703	4,770	45,242	. .	. .
Total(a)		**664**	**10,868**	**11,532**	**133,357**	**12.2**	**14,029**

(continued)

Table 6.18 (continued): The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2001–02

Procedure		Separations for which the procedure was reported			Patient days	ALOS (days) excluding same day	Total procedures reported
		Same day	Overnight	Total			
		All hospitals					
95550–01	Allied health intervention, social work	114	8,811	8,925	159,540	18.1	8,941
95550–03	Allied health intervention, physiotherapy	73	6,851	6,924	147,899	21.6	6,936
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	5,361	575	5,936	10,649	9.2	5,956
92502–02	Intravenous and inhalational general anaesthesia	4,862	752	5,614	16,093	14.9	6,170
56001–00	Computerised tomography of brain	423	4,094	4,517	58,576	14.2	4,536
95550–02	Allied health intervention, occupational therapy	40	4,317	4,357	101,940	23.6	4,360
92003–00	Alcohol detoxification	30	3,630	3,660	19,588	5.4	3,663
95550–00	Allied health intervention, dietetics	18	2,978	2,996	72,690	24.4	3,003
92006–00	Drug detoxification	110	2,503	2,613	12,752	5.1	2,613
95550–05	Allied health intervention, speech pathology	7	1,538	1,545	44,869	29.2	1,547
93300–00	Psychiatric assessment	227	1,271	1,498	9,360	7.2	1,498
95550–10	Allied health intervention, psychology	46	1,381	1,427	19,539	14.1	1,427
95550–11	Allied health intervention, other	41	1,059	1,100	24,596	23.2	1,100
95550–09	Allied health intervention, pharmacy	19	1,069	1,088	13,670	12.8	1,089
92503–00	Intravenous sedation, anaesthetist controlled	352	658	1,010	11,649	17.2	1,094
92004–00	Alcohol rehabilitation and detoxification	3	894	897	12,763	14.3	898
92502–00	Intravenous general anaesthesia	604	231	835	5,040	19.2	1,535
56007–00	Computerised tomography of brain with intravenous contrast medium	79	679	758	8,020	11.7	760
96174–00	Other psychological therapies	2	730	732	16,314	22.3	732
12203–00	Polysomnography	8	676	684	852	1.2	684
92009–00	Combined alcohol and drug detoxification	12	645	657	3,752	5.8	657
90901–00	Magnetic resonance imaging of brain	199	411	610	6,907	16.3	615
96099–00	Psychotherapy	1	549	550	11,660	21.2	550
39000–00	Lumbar puncture	43	430	473	5,576	12.9	479
96001–00	Psychological skills training	1	441	442	7,864	17.8	442
95550–04	Allied health intervention, podiatry	0	374	374	34,479	92.2	374
30473–01	Panendoscopy to duodenum with biopsy	78	251	329	5,298	20.8	329
96073–00	Substance addiction counselling or education	4	302	306	3,675	12.2	306
96034–00	Alcohol and other drug assessment	7	262	269	1,417	5.4	269
13706–02	Transfusion of packed cells	0	251	251	6,340	25.3	251
	Other	1,016	9,029	10,045	159,970	17.6	10,151
	No procedure or not reported	4,320	34,486	38,806	239,748	. .	. .
Total(a)		**11,847**	**64,227**	**76,074**	**619,468**	**9.5**	**72,965**

(a) These totals are not necessarily equivalent to the sum of the rows because multiple procedures can be reported for each separation.
. . Not applicable.

Table 6.19: Mental health-related separations without specialised psychiatric care by mode of admission and hospital type, states and territories,[(a)] 2001–02

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Public acute hospitals				
Admitted patient transferred from another hospital	1,038	2,336	192	250	165	29	5	1	4,016
Statistical admission—episode type change	485	682	159	62	16	14	1	2	1,421
Other	20,063	16,030	8,245	5,837	6,737	955	172	260	58,299
Not reported	0	0	0	0	8	11	0	0	19
Total	*21,586*	*19,048*	*8,596*	*6,149*	*6,926*	*1,009*	*178*	*263*	*63,755*
					Private hospitals				
Admitted patient transferred from another hospital	77	115	98	60	36	31	3	n.a.	420
Statistical admission—episode type change	28	13	24	21	0	2	0	n.a.	88
Other	2,624	2,624	3,054	980	762	809	32	n.a.	10,885
Not reported	0	0	0	0	0	139	0	n.a.	139
Total	*2,729*	*2,752*	*3,176*	*1,061*	*798*	*981*	*35*	*n.a.*	*11,532*
					All hospitals[(b)]				
Admitted patient transferred from another hospital	1,235	2,451	290	310	201	60	8	1	4,556
Statistical admission—episode type change	541	695	183	83	16	16	1	2	1,537
Other	23,326	18,654	11,299	6,817	7,499	1,764	204	260	69,823
Not reported	0	0	0	0	8	150	0	0	158
Total	**25,102**	**21,800**	**11,772**	**7,210**	**7,724**	**1,990**	**213**	**263**	**76,074**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

(b) Includes separations without specialised psychiatric care from New South Wales public psychiatric hospitals.

n.a. Not available.

Table 6.20: Mental health-related separations without specialised psychiatric care by mode of separation and hospital type, states and territories,[a] 2001–02

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Discharge/transfer to an(other) acute hospital	1,933	3,174	840	270	967	74	7	34	7,299
Discharge/transfer to a residential aged care service[b]	937	648	274	131	363	31	7	3	2,394
Discharge/transfer to an(other) psychiatric hospital	963	0	14	384	408	0	0	6	1,775
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	171	65	79	53	65	15	2	11	461
Statistical discharge type change	815	1,385	332	188	158	58	2	7	2,945
Left against medical advice/discharge at own risk	1,648	353	798	577	298	21	3	26	3,724
Statistical discharge from leave	36	0	15	13	1	0	0	0	65
Died	155	174	66	27	36	10	1	1	470
Other (includes discharge to usual residence/own accommodation/welfare institution)	14,928	13,249	6,178	4,506	4,616	800	156	175	44,608
Not reported	0	0	0	0	14	0	0	0	14
Total	*21,586*	*19,048*	*8,596*	*6,149*	*6,926*	*1,009*	*178*	*263*	*63,755*
Private hospitals									
Discharge/transfer to an(other) acute hospital	106	84	100	52	39	0	0	n.a.	381
Discharge/transfer to a residential aged care service[b]	79	70	103	27	69	0	1	n.a.	349
Discharge/transfer to an(other) psychiatric hospital	46	0	0	67	42	0	0	n.a.	155
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	9	2	14	8	1	0	0	n.a.	34
Statistical discharge type change	20	21	96	31	0	0	0	n.a.	168
Left against medical advice/discharge at own risk	34	25	20	19	3	2	0	n.a.	103
Statistical discharge from leave	7	0	0	0	0	0	0	n.a.	7
Died	11	24	27	18	3	2	0	n.a.	85
Other (includes discharge to usual residence/own accommodation/welfare institution)	2,417	2,526	2,816	839	641	977	34	n.a.	10,250
Total	*2,729*	*2,752*	*3,176*	*1,061*	*798*	*981*	*35*	*n.a.*	*11,532*
All hospitals[c]									
Discharge/transfer to an(other) acute hospital	2,049	3,258	940	322	1,006	74	7	34	7,690
Discharge/transfer to a residential aged care service[b]	1,018	718	377	158	432	31	8	3	2,745
Discharge/transfer to an(other) psychiatric hospital	1,011	0	14	451	450	0	0	6	1,932
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	223	67	93	61	66	15	2	11	538
Statistical discharge type change	883	1,406	428	219	158	58	2	7	3,161
Left against medical advice/discharge at own risk	1,893	378	818	596	301	23	3	26	4,038
Statistical discharge from leave	46	0	15	13	1	0	0	0	75
Died	166	198	93	45	39	12	1	1	555
Other (includes discharge to usual residence/own accommodation/welfare institution)	17,813	15,775	8,994	5,345	5,257	1,777	190	175	55,326
Not reported	0	0	0	0	14	0	0	0	14
Total	**25,102**	**21,800**	**11,772**	**7,210**	**7,724**	**1,990**	**213**	**263**	**76,074**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in categorisation of establishments.
(b) Unless this is the usual place of residence.
(c) Includes separations without specialised psychiatric care from New South Wales public psychiatric hospitals.
n.a.: Not available.

Table 6.21: Mental health-related separations without specialised psychiatric care by care type and hospital type, states and territories,[a] 2001–02

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals[c]									
Acute care	20,020	18,069	8,289	6,072	6,913	993	174	259	60,789
Rehabilitation care	23	3	5	2	0	1	0	0	34
Palliative care	28	44	26	3	4	1	1	0	107
Geriatric evaluation and management	139	764	42	2	4	0	1	0	952
Psychogeriatric care	240	0	86	1	0	0	0	0	327
Maintenance care	421	0	139	69	2	13	1	4	649
Other admitted patient care	713	167	9	0	3	0	1	0	893
Not reported	0	0	0	0	0	1	0	0	1
Total[b]	*21,586*	*19,048*	*8,596*	*6,149*	*6,926*	*1,009*	*178*	*263*	*63,755*
Private hospitals[c]									
Acute care	2,533	2,744	3,118	1,035	796	747	35	n.a.	11,008
Rehabilitation care	2	2	13	0	0	0	0	n.a.	17
Palliative care	3	0	14	9	0	0	0	n.a.	26
Geriatric evaluation and management	2	0	0	0	0	0	0	n.a.	2
Maintenance care	17	0	29	17	0	0	0	n.a.	63
Other admitted patient care	172	5	2	0	0	0	0	n.a.	179
Not reported	0	0	0	0	0	234	0	n.a.	234
Total[b]	*2,729*	*2,752*	*3,176*	*1,061*	*798*	*981*	*35*	*n.a.*	*11,532*
All hospitals[c][d]									
Acute care	23,289	20,813	11,407	7,107	7,709	1,740	209	259	72,533
Rehabilitation care	76	5	18	2	0	1	0	0	102
Palliative care	31	44	40	12	4	1	1	0	133
Geriatric evaluation and management	141	764	42	2	4	0	1	0	954
Psychogeriatric care	240	0	86	1	0	0	0	0	327
Maintenance care	438	0	168	86	2	13	1	4	712
Other admitted patient care	885	172	11	0	3	0	1	0	1,072
Not reported	0	0	0	0	0	235	0	0	235
Total[b]	**25,102**	**21,800**	**11,772**	**7,210**	**7,724**	**1,990**	**213**	**263**	**76,074**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the categorisation of establishments.
(b) The total includes a small number of separations whose care type was reported as *Newborn*.
(c) Includes separations from New South Wales public psychiatric hospitals.
n.a. Not available.

Table 6.22: Patient days for mental health-related separations without specialised psychiatric care by care type and hospital type, states and territories,[a] 2001–02

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public acute hospitals[c]				
Acute care	110,038	68,355	38,212	32,842	41,038	7,247	1,111	1,126	299,969
Rehabilitation care	524	28	124	8	0	43	0	0	727
Palliative care	216	981	398	17	53	3	1	0	1,669
Geriatric evaluation and management	3,421	31,396	829	2	33	0	26	0	35,707
Psychogeriatric care	20,833	0	3,075	6	0	0	0	0	23,914
Maintenance care	70,201	0	11,497	5,816	65	1,337	11	65	88,992
Other admitted patient care	10,874	18,625	25	0	28	0	8		29,560
Not reported	0	0	0	0	0	28	0	0	28
Total[b]	*216,121*	*119,392*	*54,160*	*38,691*	*41,217*	*8,658*	*1,157*	*1,191*	*480,585*
					Private hospitals[c]				
Acute care	35,911	25,189	37,085	8,161	6,771	8,061	386	n.a.	121,564
Rehabilitation care	24	24	199	0	0	0	0	n.a.	247
Palliative care	21	0	200	178	0	0	0	n.a.	399
Geriatric evaluation and management	9	0	0	0	0	0	0	n.a.	9
Maintenance care	144	0	6,008	423	0	0	0	n.a.	6,575
Other admitted patient care	2,834	283	3	0	0	0	0	n.a.	3,120
Not reported	0	0	0	0	0	2,103	0	n.a.	2,103
Total[b]	*38,943*	*25,497*	*43,495*	*8,762*	*6,774*	*10,164*	*386*	*n.a.*	*134,021*
					All hospitals[c][d]				
Acute care	149,820	93,544	75,297	41,003	47,809	15,308	1,497	1,126	425,404
Rehabilitation care	1,537	52	323	8	0	43	0	0	1,963
Palliative care	237	981	598	195	53	3	1	0	2,068
Geriatric evaluation and management	3,430	31,396	829	2	33	0	26	0	35,716
Psychogeriatric care	20,833	0	3,075	6	0	0	0	0	23,914
Maintenance care	70,345	0	17,505	6,239	65	1,337	11	65	95,567
Other admitted patient care	13,708	18,908	28	0	28	0	8		32,680
Not reported	0	0	0	0	0	2,131	0	0	2,131
Total[b]	**259,924**	**144,889**	**97,655**	**47,453**	**47,991**	**18,822**	**1,543**	**1,191**	**619,466**

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the categorisation of establishments.
(b) Includes patient days for a small number of separations whose care type was reported as *Newborn*.
(c) No separations were reported for the care types not shown for each hospital type.
(d) Includes patient days for New South Wales public psychiatric separations without specialised psychiatric care.
n.a. Not available.

7 Specialised mental health care resources

This chapter presents an overview of available data on the characteristics of psychiatrist and mental health nursing labour forces and PBS expenditure on mental health-related medications. It also describes the characteristics of establishments delivering specialised mental health care in Australia. The establishments described include public community mental health establishments, public and private psychiatric hospitals, and psychiatric units or wards in public acute care hospitals.

Specialised mental health care labour forces

This section presents information on the characteristics of psychiatrists and mental health nurses, using data from the National Medical Labour Force Survey and the National Nursing Labour Force Survey. Expenditure on private psychiatrist services is sourced from the Medicare data collection.

State and territory health authority expenditure on psychiatrists is composed mainly of salaries for staff psychiatrists and fees for consultant psychiatrists providing services in public hospitals and public community mental health services. The state and territory expenditure on psychiatrists is included in the data presented in the *Medical officers salary and wages* data and *Payments to visiting medical officers* data presented in the community mental health establishments and the public psychiatric and public acute hospital, and public community metal health services sections below. However, state and territory expenditure for psychiatrists cannot be isolated from the expenditure on other types of medical practitioners.

Psychiatrists

The information presented in this section is based on data collated in the National Medical Labour Force Survey. The survey includes data on psychiatrists and trainee psychiatrists practising in both the public and private sectors. The expenditure on private psychiatrist services is sourced from the DHA and HIC Medicare data collections. Background information on *Medical Labour Force 2001* (AIHW 2003d) and the Medicare data collections is presented in Appendix 1.

National medical labour force survey data on the number of specialists practising as psychiatrists and psychiatry trainees are presented in Tables 7.1, 7.2 and 7.3. For the purposes of the survey, a psychiatrist was defined as a medical practitioner who had been accepted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as a member of the college. Psychiatrists-in-training were defined as medical practitioners who had been accepted by the RANZCP into a training position supervised by a member of the college. Psychiatrists and psychiatrists-in-training may work as clinicians or non-clinicians. The work of non-clinicians may include administration, teaching, research and public health.

Table 7.1: Psychiatrists and psychiatrists-in-training by sex, and per 100,000 population, states and territories, 2001

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatrists[a][b]									
Clinicians									
Male	378	472	205	124	130	34	24	n.p.	1,376
Female	156	187	88	47	61	12	8	n.p.	561
Total[c]	*534*	*659*	*293*	*170*	*192*	*46*	*32*	*11*	*1,937*
Per 100,000 population[d]	8.1	13.7	8.1	11.3	10.1	9.7	16.3	3.4	10.0
Non-clinicians									
Male	29	39	18	11	9	2	1	0	108
Female	27	13	5	3	3	0	1	0	52
Total[c]	*56*	*52*	*23*	*14*	*12*	*2*	*3*	*0*	*160*
Per 100,000 population[d]	.08	1.1	0.6	0.9	0.6	0.3	1.4	0	0.8
Psychiatrists-in-training[a][e]									
Clinicians									
Male	108	89	30	33	34	5	7	0	305
Female	115	68	37	33	39	5	4	5	305
Total	*223*	*157*	*67*	*66*	*73*	*9*	*11*	*5*	*610*
Per 100,000 population[d]	3.4	3.3	1.8	4.4	3.8	1.9	5.6	1.6	3.1
Non-clinicians									
Male	0	4	n.p.	n.p.	n.p.	0	0	0	8
Female	4	6	n.p.	n.p.	n.p.	0	0	0	13
Total[c]	*4*	*10*	n.p.	n.p.	n.p.	*0*	*0*	*0*	*22*
Per 100,000 population[d]	0.1	0.2	n.p.	n.p.	n.p.	0	0	0	0.1

(continued)

Table 7.1 (continued): Psychiatrists and psychiatrists-in-training by sex, and per 100,000 population, states and territories, 2001

	Total psychiatrists and psychiatrists-in-training[a]								
	NSW	**Vic**	**Qld**	**WA**	**SA**	**Tas**	**ACT**	**NT**	**Total**
Clinicans									
Male	486	561	235	157	164	38	31	9	1,681
Female	271	255	125	80	101	17	12	7	866
Total[c]	**757**	**816**	**360**	**236**	**264**	**55**	**43**	**16**	**2,547**
Per 100,000 population[d]	11.5	17.0	9.9	15.6	13.9	11.6	21.9	5.0	13.1
Non-clinicans									
Male	29	42	n.p.	14	n.p.	n.p.	n.p.	0	117
Female	31	19	n.p.	3	n.p.	n.p.	n.p.	0	65
Total[c]	**60**	**62**	n.p.	**16**	n.p.	n.p.	n.p.	0	**182**
Per 100,000 population[d]	0.9	1.3	n.p.	1.1	n.p.	n.p.	n.p.	0	0.9
Total Clinicians and Non-clinicians[c]	*817*	*878*	*n.p.*	*253*	*n.p.*	*n.p.*	*n.p.*	*16*	*2,729*
Per 100,000 population[d]	12.4	18.3	n.p.	16.7	n.p.	n.p.	n.p.	13.5	14.1

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) A medical practitioner who has been accepted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as a member of the college. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not sum to totals due to rounding.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 31 December 2001.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

n.p. Not published for confidentiality reasons.

Source: AIHW 2003d.

Table 7.2: Psychiatrists and psychiatrists-in-training by sex, and per 100,000 population, Australia, 1995 to 2001

	1995	1996	1997	1998	1999	2000	2001
Psychiatrists[a][b]							
Clinicians							
Male	1,280	1,347	1,319	1,367	1,396	1,441	1,376
Female	422	483	492	483	592	543	561
Total[c]	*1,703*	*1,830*	*1,811*	*1,850*	*1,988*	*1,984*	*1,937*
Per 100,000 population[d]	9.4	10.0	9.8	9.9	10.5	10.4	10.0
Non-clinicians							
Male	111	101	97	97	83	111	108
Female	27	21	23	41	35	53	52
Total[c]	*137*	*122*	*120*	*138*	*118*	*164*	*160*
Per 100,000 population[c]	0.8	0.7	0.6	0.7	0.6	0.9	0.8
Psychiatrists-in-training[a][e]							
Clinicians							
Male	320	290	328	312	300	313	305
Female	213	235	236	209	239	243	305
Total[c]	*533*	*524*	*564*	*522*	*639*	*556*	*610*
Per 100,000 population[d]	3.0	2.9	3.0	2.8	2.8	2.9	3.1
Non-clinicians							
Male	9	7	10	6	10	10	8
Female	7	8	14	4	10	9	13
Total[c]	*15*	*15*	*24*	*10*	*20*	*19*	*22*
Per 100,000 population[d]	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total psychiatrists and psychiatrists-in-training[a]							
Clinicians							
Male	1,601	1,637	1,648	1,679	1,695	1,755	1,681
Female	635	717	728	693	831	786	866
Total[c]	*2,236*	*2,354*	*2,376*	*2,372*	*2,526*	*2,541*	*2,547*
Per 100,000 population[d]	12.4	12.9	12.8	12.7	13.3	13.3	13.1
Non-clinicians							
Male	120	108	107	103	93	121	117
Female	33	29	37	45	45	63	65
Total[c]	*153*	*137*	*144*	*148*	*138*	*183*	*182*
Per 100,000 population[d]	0.8	0.7	0.8	0.8	0.7	1.0	0.9
Total Clinicians and Non-clinicians[c]	**2,388**	**2,490**	**2,519**	**2,520**	**2,665**	**2,723**	**2,728**
Per 100,000 population[d]	13.2	13.6	13.6	13.5	14.1	14.2	14.1

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) A medical practitioner who has been accepted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as a member of the college. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not sum to totals due to rounding.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 31 December 1995, 1996, 1997, 1998, 1999, 2000 and 2001 Estimated Resident Population.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW 2003d.

Table 7.3: Psychiatrists and psychiatrists-in-training, and per 100,000 population, by Remoteness Area of main place of work, Australia, 1995 to 2001

	1995	1996	1997	1998	1999	2000	2001
				Psychiatrists[a][b]			
Clinicians							
Major cities of Australia	1,411	1,526	1,550	1,582	1,713	1,706	1,656
Inner regional	151	167	171	169	181	150	168
Outer regional	42	48	44	56	54	57	49
Remote and very remote	5	7	7	8	10	6	4
Total all regions[c]	*1,703*	*1,830*	*1,811*	*1,850*	*1,988*	*1,984*	*1,937*
Per 100,000 population[d]	9.4	10.0	9.8	9.9	10.5	10.4	10.0
Non-clinicians							
Major cities of Australia	114	110	113	125	110	160	147
Inner regional	10	n.p.	n.p.	n.p.	4	4	10
Outer regional	n.p.	3	n.p.	n.p.	0	0	0
Remote and very remote	n.p.	n.p.	0	0	0	0	0
Total all regions[c]	*137*	*122*	*120*	*138*	*118*	*164*	*160*
Per 100,000 population[d]	0.8	0.7	0.6	0.7	0.6	0.9	0.8
				Psychiatrists-in-training[a][e]			
Clinicians							
Major cities of Australia	456	422	476	479	483	477	535
Inner regional	15	31	22	16	21	36	32
Outer regional	11	n.p.	n.p.	8	14	17	10
Remote and very remote	0	n.p.	n.p.	3	4	3	3
Total all regions[c]	*533*	*524*	*564*	*522*	*539*	*556*	*610*
Per 100,000 population[d]	2.9	2.9	3.0	2.8	2.8	2.9	3.1
Non-clinicians							
Major cities of Australia	n.p.	n.p.	17	n.p.	17	n.p.	22
Inner regional	0	n.p.	n.p.	n.p.	n.p.	n.p.	0
Outer regional	n.p.	0	n.p.	0	n.p.	0	0
Remote and very remote	0	0	0	0	0	0	0
Total all regions[c]	*15*	*15*	*24*	*10*	*20*	*19*	*22*
Per 100,000 population[d]	0.1	0.1	0.1	0.1	0.1	0.1	0.1

(continued)

Table 7.3 (continued): Psychiatrists and psychiatrists-in-training, and per 100,000 population, by Remoteness Area of main place of work, Australia, 1995 to 2001

	1995	1996	1997	1998	1999	2000	2001
	Total psychiatrists and psychiatrists-in-training[a]						
Clinicians							
Major cities of Australia	1,867	1,948	2,026	2,062	2,196	2,183	2,191
Inner regional	165	199	193	185	203	186	200
Outer regional	52	56	55	64	68	74	59
Remote and very remote	5	9	8	11	15	10	7
Total all regions[c]	*2,236*	*2,354*	*2,375*	*2,372*	*2,527*	*2,540*	*2,547*
Per 100,000 population[d]	12.4	12.9	12.8	12.7	13.4	13.3	13.1
Non-clinicians							
Major cities of Australia	126	123	130	132	127	176	169
Inner regional	10	4	5	5	6	5	10
Outer regional	5	3	4	n.p.	n.p.	0	0
Remote and very remote	2	2	0	n.p.	n.p.	0	0
Total all regions[c]	*153*	*137*	*144*	*148*	*138*	*183*	*182*
Per 100,000 population[d]	0.8	0.7	0.8	0.8	0.7	1.0	0.9
Total Clinicians and Non-clinicians[c]	*2,388*	*2,490*	*2,519*	*2,520*	*2,665*	*2,723*	*2,728*
Per 100,000 population[d]	13.2	13.6	13.6	13.5	14.1	14.2	14.1

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) A medical practitioner who has been accepted by the Royal Australian and New Zealand College of Psychiatrists as a member of the college. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Includes not stated for Remoteness Area.

(d) The rate per 100,000 population is a crude rate based on the Estimated Resident Population at 31 December 1995, 1996, 1997, 1998, 1999, 2000 and 2001 estimated resident population.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

n.p. Not published for confidentiality reasons.

Source: AIHW 2003d.

In 2001, it was estimated that there were 2,097 specialists practising psychiatry as their main speciality in Australia (10.8 psychiatrists per 100,000 population) (Table 7.1). The estimated number of psychiatrists-in-training in Australia was 632 (3.2 psychiatrists-in-training per 100,000 population).

The states or territories with the largest number of psychiatrists per 100,000 population were Victoria (13.6) and South Australia (12.6). The Northern Territory had the lowest rate of psychiatrists, with 5.5 per 100,000 population (Table 7.1), followed by Queensland (8.0) and New South Wales (8.1) per 100,000 population.

There was a 36.5% increase in the number of female psychiatrists in contrast with the 6.7% increase in the number of male psychiatrists from 1995 to 2001 (Table 7.2). From 1995 to 2001, the number of psychiatrists and psychiatrists-in-training increased by 14.2%, from 2,388 to 2,728. In 2001, it was estimated that there were 14.1 psychiatrists and psychiatrists-in-training per 100,000 population in Australia, the equal second highest proportion over the 7–year period. The increase in the number of psychiatrists from 1995 to 2001 was slightly lower than the increase in the number of psychiatrists-in-training (14.0% and 15.3% respectively).

For the majority of psychiatrists (85.5%), their main place of work was in a major city (Table 7.3 and Figure 2.21). There has been little or no variation in this pattern since 1995. The majority of psychiatrists and psychiatrists-in-training in Australia were clinicians (2,547 or 13.1 per 100,000 population) compared with a total of 182 non-clinicians (Table 7.1).

Based on Medicare Benefits Schedule fee income, the estimated number of full-time-equivalent private psychiatrists for 2002–03 was 1,030.3 (Table 7.4). The majority of these full-time-equivalent private psychiatrists were located in metropolitan regions (914 or 88.7%). South Australia (7.3) and Victoria (7.1) were the jurisdictions with the largest number of full-time-equivalent private psychiatrists per 100,000 population.

In 2002–03, a total of $197.5 million of Medicare funds were used to reimburse services provided by private psychiatrists (Table 7.5). The benefits paid to private psychiatrists represented 2.4% of total Medicare expenditure ($8,115.5 million) and 18.3% of expenditure on specialist services ($1,076.6 million) for 2002–03. A total of $9,981 per 1,000 population was paid during 2002–03. The per capita benefits paid to private psychiatrists in Victoria and South Australia were above the national average, consistent with data presented above on the distribution of private psychiatrists (Table 7.4) and the number of private psychiatry services provided in each jurisdiction (Table 3.13). Similarly the per capita benefits paid to private psychiatrists in Western Australia, the Australian Capital Territory and the Northern Territory were well below the national average.

Following a period of growth, the total Medicare funds (current prices) paid for private psychiatrist services have gradually declined since the mid–1990s (Table 7.6). Medicare funds in current prices are now at similar levels to those paid in 1992–93.

Mental health nurses

Mental health nurses are defined as nurses who indicate that their main area of nursing is in the psychiatric or mental health field. Information on the number of mental health nurses by state and territory is presented in Table 7.7. This information is based on the AIHW national nursing labour force collection from 1993 to 2001. The number of mental health nurses remained fairly stable between 1993 and 1996. However, in 1997, there was an increase of 9.2% in the mental health nursing workforce, from 11,255 in 1996 to 12,294. In 2001, there were 12,077 mental health nurses, representing an 8.5% increase from 1993, although the per capita rate remains similar to 1993.

Table 7.4: Medicare-funded full-time-equivalent private psychiatrists, and per 100,000 population, by metropolitan, rural and remote region, states and territories, 2002–03

Full-time-equivalent psychiatrists	NSW	Vic	Qld	SA	Tas	ACT	WA and NT	Total
Number								
Metropolitan[(a)]	308.3	331.7	139.7	109.2	15.4	11.7	52.6	914.0
Rural and remote	19.8	12.9	19.5	2.4	5.1	0	2.0	116.3
Total all regions	**328.1**	**344.6**	**159.2**	**111.6**	**20.4**	**11.7**	**54.6**	**1,030.3**
Per 100,000 population[(b)]								
Metropolitan[(a)]	6.1	9.0	6.3	9.8	7.8	3.6	3.5	6.9
Rural and remote	1.2	1.1	1.3	0.6	1.9	0.0	0.3	1.1
Total all regions	**4.9**	**7.1**	**4.3**	**7.3**	**4.3**	**3.6**	**2.6**	**5.2**

(a) Includes other metropolitan region.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 30 June 2002.

Source: DHA.

Table 7.5: Medicare expenditure ($'000) on services provided by private psychiatrists by schedule item, states and territories, 2002–03

Code	Description	NSW	Vic	Qld	SA	Tas	ACT	WA and NT	Total
Patient attendances									
Consulting rooms									
300, 310	15 minutes or less	719.7	284.4	131.8	82.0	48.0	39.9	112.1	1,417.9
302, 312	16 to 30 minutes	6,221.1	4,616.7	3,301.5	1,344.0	560.5	279.5	1,225.4	17,545.9
304, 314	31 to 45 minutes	12,041.7	13,281.8	8,594.1	4,309.7	1,369.1	349.6	2,462.8	42,408.8
306, 316	46 to 75 minutes	33,775.5	35,473.1	12,710.8	10,966.9	1,216.3	868.2	4,201.4	99,212.2
308, 318	Over 75 minutes	2,157.6	1,730.6	962.1	869.3	252.2	196.9	380.6	6,549.3
319	Selected cases (>45 mins)	4,447.9	4,358.5	1,306.3	1,186.6	55.6	166.0	212.0	11,732.9
	Total	*59,363.5*	*59,745.2*	*27,006.7*	*18,758.5*	*3,501.7*	*1,900.1*	*8,591.4*	*178,867.0*
Hospital									
320	15 minutes or less	39.1	177.1	93.2	36.4	23.2	5.2	81.5	455.7
322	16 to 30 minutes	741.3	1,146.4	1,672.0	387.2	144.1	22.4	491.9	4,605.4
324	31 to 45 minutes	1,284.7	1,194.7	872.6	372.7	151.8	20.3	371.8	4,268.6
326	46 to 75 minutes	1,437.8	1,154.0	631.3	302.4	88.6	20.5	336.9	3,971.4
328	Over 75 minutes	270.7	143.2	98.0	53.1	19.1	10.0	69.1	663.1
	Total	*3,773.7*	*3,815.3*	*3,367.2*	*1,151.8*	*426.7*	*78.3*	*1,351.2*	*13,964.3*
Other location									
330	15 minutes or less	35.9	10.9	0.6	0.5	0.2	0.0	10.3	58.4
332	16 to 30 minutes	114.2	85.3	9.5	7.3	0.9	0.1	11.0	228.3
334	31 to 45 minutes	204.5	120.8	13.6	17.6	2.4	0.2	7.8	366.8
336	46 to 75 minutes	274.2	217.4	61.5	42.9	2.9	0.7	8.6	608.2
338	Over 75 minutes	202.5	29.9	9.2	49.0	0.8	0.3	17.3	309.2
	Total	*831.3*	*464.3*	*94.5*	*117.4*	*7.1*	*1.4*	*55.1*	*1,571.0*
Other services									
342, 344, 346	Group psychotherapy	614.1	1,231.2	160.9	102.5	17.7	2.4	56.4	2,185.1
348, 350, 352	Interview with non-patient	47.9	48.5	41.9	25.6	3.6	4.5	26.5	198.6
14224	Electroconvulsive therapy[(a)]	177.0	177.3	212.4	59.3	17.4	2.3	49.3	694.9
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0.5	0.3	0.7	0.1	0	0	0.1	1.8
	Total	*839.4*	*1,457.3*	*415.8*	*187.5*	*38.6*	*9.2*	*132.4*	*3,080.4*
Total expenditure ($'000)		**64,808.0**	**65,482.2**	**30,884.1**	**20,215.2**	**3,974.2**	**1989.0**	**10,130.0**	**197,482.6**
Per 1,000 population[(b)]		9,714.3	13,355.7	8,234.6	13,263.4	8,377.5	6,163.9	4,738.4	9,980.6

(a) The data for the electroconvulsive therapy item may include data for medical practitioners other than psychiatrists.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2002.

Source: DHA.

Table 7.6: Medicare expenditure on services provided by private psychiatrists (current prices), 1990–91 to 2002–03[a][b]

	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02	2002–03
Total expenditure ($'000)[b]	**138,927.3**	**152,905.3**	**169,530.3**	**183,411.9**	**189,810.3**	**197,546.2**	**193,009.8**	**190,529.8**	**191,871.7**	**193,381.3**	**196,493.0**	**196,466.2**	**197,482.6**
Per 1,000 population ($)[c]	8,141	8,847	9,690	10,382	10,633	10,933	10,543	10,287	10,246	10,213	10,149	10,060	9,981

(a) The year in which the Medicare claim was processed. This is not necessarily the year in which the service was provided.

(b) Includes expenditure on electroconvulsive therapy which may be administered by medical practitioners other than psychiatrists.

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at December for the given year.

Source: DHA.

Table 7.7: Mental health nurses[a], and per 100,000 population, states and territories, 1993 to 2001

Year[b]	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
									Number	Per 100,000 population
2001	3,999	3,442	1,847	959	1,209	311	217	92	12,077	62.2
1999	4,218	2,893	2,210	1,109	1,281	245	138	80	12,174	63.6
1997	4,254	3,060	2,222	1,123	1,134	299	127	75	12,294	66.0
1996	3,649	3,083	2,013	1,103	1,010	214	115	68	11,255	61.1
1995	3,532	3,183	1,900	1,091	1,149	216	121	58	11,250	61.8
1994	3,516	3,201	2,019	873	1,311	222	122	88	11,352	63.2
1993	3,520	3,191	1,822	826	1,344	231	126	75	11,135	62.7

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data, weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Data are unavailable for 1998 and 2000 as the survey has been conducted biennially since 1997.

Source: AIHW 2003e.

Table 7.8: Mental health nurses[a], by Remoteness Area of main place of work, 1994 to 2001

Year[b]	Major cities		Inner regional		Outer regional		Remote		Very remote		Not stated		Total
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	
2001	7,621	63.1	2,570	21.3	556	4.6	75	0.6	34	0.3	1,221	10.1	12,077
1999	7,977	65.5	2,501	20.5	655	5.4	69	0.6	19	0.2	953	7.8	12,174
1997	7,547	61.4	2,619	21.3	563	4.6	56	0.5	15	0.1	1,495	12.2	12,294
1996	7,560	67.2	1,563	13.9	287	2.5	23	0.2	12	0.1	1,810	16.1	11,255
1995	6,791	60.4	2,258	20.1	472	4.2	49	0.4	17	0.2	1,662	14.8	11,250
1994[c]	5,795	51.0	1,881	16.6	248	2.2	30	0.3	1	0.0	3,397	29.9	11,352

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data, weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Data are unavailable for 1998 and 2000 as the survey has been conducted biennially since 1997. Remoteness categories are not available for 1993.

(c) Remoteness categories not reported for all nurses in Queensland.

Source: AIHW 2003e.

Information on the number of mental health nurses by Remoteness Area is presented in Table 7.8. Similar to psychiatrists, the main place of work for the majority of mental health nurses was in a major city, followed by inner regional areas. Additional information on this collection is presented in Appendix 1.

Expenditure on mental health-related medications

The purchase costs of many medications prescribed by private psychiatrists, general practitioners and non-psychiatrist medical specialists are fully or partially reimbursed through the PBS. This section presents PBS expenditure data for prescriptions from general practitioners and other specialists for mental health-related medications, and all prescriptions by private psychiatrists. PBS medication data are classified using the ATC classification. For the purpose of this report, mental health-related medications for non-psychiatrists were defined using the ATC codes for antipsychotic (ATC code N05A), anxiolytic (N05B), hypnotic and sedative (N05C) and antidepressant (N06A) medications.

PBS expenditure data for all prescriptions from private psychiatrists and mental health-related medications prescribed by general practitioners and non-psychiatrist medical specialists are presented in Tables 7.9 and 7.10. There was more PBS expenditure on mental health-related medications prescribed by general practitioners ($398.0 million) than on those prescribed by private psychiatrists ($101.5 million). PBS expenditure on mental health-related medications prescribed by other specialists accounted for $21.1 million.

Of all PBS funds relating to general practitioner mental health-related prescriptions, 60.0% were for antidepressant medication. For private psychiatrist prescriptions, antipsychotic medications accounted for the majority of PBS funds paid (51.0%), followed by antidepressants (36.4%). A similar pattern appears for non-psychiatrist medical specialists.

The Northern Territory had the lowest rate of PBS expenditure for mental health-related medications prescribed by these medical practitioners, at $9,200 per 1,000 population. South Australia ($31,400 per 1,000 population) and Victoria ($29,300 per 1,000 population) had the highest rates of PBS expenditure for these medications.

In addition to reimbursement under the PBS, the Australian Government provides funding under section 100 of the *National Health Act 1953* for certain drugs for chronic conditions which, because of their clinical use or other special features, are limited to supply through hospitals. This is known as the Highly Specialised Drugs Program. During 2001–02 there were 46 drugs subsidised under the program, including Clozapine, an antipsychotic drug used to treat schizophrenia. In 2001–02 expenditure on Clozapine was $25.6 million, 93.4% of which was through public hospitals.

Public community mental health establishments

This section describes community mental health establishments in terms of the number of establishments, availability of beds, staff employed and expenditure. The data in this section relate only to 24-hour-staffed public community mental health care establishments, as data on non-government community mental health establishments and public establishments staffed less than 24 hour are not available.

Table 7.9: Pharmaceutical Benefits Scheme-funded expenditure ($'000) on pharmaceuticals prescribed by psychiatrists by pharmaceutical group, states and territories[a], 2002–03

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	245	232	176	38	61	18	10	1	781
B	Blood and blood-forming organs	17	15	14	6	4	2	1	0	58
C	Cardiovascular system	383	280	185	77	98	29	12	2	1,066
D	Dermatologicals	13	7	6	2	2	0	0	0	31
G	Genitourinary system and sex hormones	88	74	67	8	25	4	6	0	271
H	Systemic hormonal preparations, excluding sex hormones	13	22	11	4	4	1	0	0	54
J	General anti-infectives for systematic use	68	72	45	23	11	1	5	1	227
L	Antineoplastic and immunomodulating agents	57	25	26	1	16	5	5	1	137
M	Musculoskeletal system	110	132	57	21	27	10	5	1	364
N	**Central nervous system**									
N05A	Antipsychotics	18,931	15,732	7,643	2,559	4,942	833	1,007	144	51,792
N05B	Anxiolytics	298	456	196	43	111	44	7	1	1,156
N05C	Hypnotics and sedatives	56	77	43	13	25	9	1	0	224
N06A	Antidepressants	10,809	11,169	6,592	3,154	3,814	811	509	77	36,936
	Other	2,330	2,260	1,249	1,208	739	168	95	23	8,072
	Total	*32,424*	*29,694*	*15,723*	*6,978*	*9,631*	*1,865*	*1,618*	*245*	*98,179*
P	Antiparasitic products	1	1	1	0	0	0	0	0	4
R	Respiratory system	85	96	58	13	21	6	5	1	285
S	Sensory organs	15	12	8	2	13	1	0	0	51
	Total ($'000)[b]	**33,529**	**30,672**	**16,384**	**7,175**	**9,915**	**1,942**	**1,667**	**253**	**101,536**
	Per 1,000 population ($)[c]	5.0	6.3	4.4	3.7	6.5	4.1	5.2	1.3	5.1

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) Includes ATC unknown or various (Chapters V and Z).

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2002.

Source: DHA.

Table 7.10: Pharmaceutical Benefits Scheme-funded expenditure ($'000) on mental health-related pharmaceuticals prescribed by non-psychiatrists by mental health-related pharmaceutical group, states and territories[a], 2002–03

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[b]
General practitioners										
N05A	Antipsychotics	44,773	38,448	23,659	9,961	12,946	2,655	1,831	473	134,745
N05B	Anxiolytics	3,949	4,077	2,695	1,041	1,291	641	118	32	13,846
N05C	Hypnotics and sedatives	3,283	2,745	1,884	1,076	996	369	90	24	10,467
N06A	Antidepressants	69,552	59,544	49,375	26,705	21,643	7,296	4,027	819	238,961
	Total ($'000)	*121,556*	*104,815*	*77,613*	*38,783*	*36,876*	*10,961*	*6,065*	*1,348*	*398,018*
	Per 1,000 population ($)[b]	18.2	21.4	20.7	20.0	24.2	23.1	18.8	6.8	20.1
Non-psychiatrist specialists										
N05A	Antipsychotics	3,132	6,061	2,150	888	443	111	190	160	13,135
N05B	Anxiolytics	81	86	53	29	32	7	2	1	291
N05C	Hypnotics and sedatives	86	88	52	36	24	5	3	1	293
N06A	Antidepressants	1,998	2,090	1,500	1,041	499	124	122	46	7,419
	Total ($'000)	*5,296*	*8,325*	*3,755*	*1,994*	*997*	*246*	*317*	*207*	*21,137*
	Per 1,000 population ($)[b]	0.8	1.7	1.0	1.0	0.7	0.5	1.0	1.1	1.1
General practitioners, non-psychiatrist specialists and psychiatrists[c]										
	Total ($'000)	**160,381**	**143,812**	**97,751**	**47,952**	**47,788**	**13,150**	**8,049**	**1,809**	**520,691**
	Per 1,000 population ($)[b]	24.0	29.3	26.1	24.7	31.4	27.7	24.9	9.2	26.3

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2002.

(c) Data for psychiatrists are presented in Table 7.9.

Source: DHA.

Table 7.11: Summary of public and private psychiatric hospitals[a] and public community mental health establishments[b], Australia, 1997–98 to 2001–02

	1997–98	1998–99	1999–00	2000–01	2001–02
Public psychiatric hospitals					
Number of establishments	24	21	22	23	22
Available beds[c]	3,112	2,943	2,759	2,478	2,457
Full-time-equivalent staff	6,128	6,395	6,274	5,601	5,545
Constant prices[d]					
Salaries and wages expenditure ($'000)	247,251	291,657	284,672	272,768	303,693
Non-salary expenditure ($'000)	90,159	109,383	124,694	131,003	141,531
Total recurrent expenditure ($'000)	337,410	401,041	397,126	403,771	445,224
Revenue ($'000)	20,009	20,294	18,524	21,297	19,260
Current prices[d]					
Salaries and wages expenditure ($'000)	276,877	318,056	303,812	281,494	303,693
Non-salary expenditure ($'000)	100,962	119,284	133,078	135,194	141,531
Total recurrent expenditure ($'000)	377,839	437,340	423,827	416,688	445,224
Revenue ($'000)	22,406	22,131	19,769	21,978	19,260
Public acute hospitals					
Number of establishments with a specialised psychiatric unit or ward	104	115	107	111	108
Available beds in psychiatric units or wards	n.a.	n.a.	n.a.	n.a.	2,985
Private psychiatric hospitals[e]					
Number of establishments	23	26	24	24	24
Available beds[b]	1,344	1,471	1,369	1,369	1,387
Full-time-equivalent staff	1,514	1,660	1,572	1,566	1,707
Recurrent expenditure in constant prices ($'000)[d]	99,249	113,342	114,781	129,353	143,653
Recurrent expenditure in current prices ($'000)[d]	111,141	123,601	122,498	133,491	143,653
Public community mental health establishments[f]					
Number of establishments[b]	n.a.	208	232	233	246
Available beds[c]	n.a.	1,301	1,171	1,306	1,249
Full-time-equivalent staff	n.a.	8,679	8,570	8,933	9,785
Constant prices[d]					
Total salaries and wages expenditure ($'000)	n.a.	390,445	431,271	493,183	563,495
Total non-salary expenditure ($'000)	n.a.	154,261	169,150	183,378	214,636
Total recurrent expenditure ($'000)	n.a.	545,082	600,421	679,012	778,131
Current prices[d]					
Total salaries and wages expenditure ($'000)	n.a.	421,192	453,492	505,310	563,495
Total non-salary expenditure ($'000)	n.a.	166,409	177,865	187,887	214,636
Total recurrent expenditure ($'000)	n.a.	588,006	631,358	695,709	778,131

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) The count of public community mental health establishments can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(c) Average beds for the year.

(d) Expenditure and revenue data are listed in both current and constant prices. Constant price values are referenced to 2001–02. Constant price values are adjusted for inflation and are expressed in terms of prices for the reference year.

(e) ABS defined private psychiatric hospitals as those that are licensed/approved by each state or territory health authority and for which 50% or more of the total patient days were for psychiatric patients.

(f) No data available for 1997–98 from the National Community Mental Health Establishments Database (NCMHED).

n.a. Not available.

Source: NPHED, PHEC, NCMHED.

Table 7.12: Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Establishments[(a)]	19	39	101	18	31	30	2	6	246
Establishments with residential care services	9	31	0	2	1	9	1	0	53
Available beds[(b)]	161	883	0	22	20	140	23	0	1,249
Available beds per 100,000 population[(c)]	2.4	18.3	0	1.1	1.3	29.6	7.2	0	6.4

(a) The number of establishments reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets. For details on the establishments reporting to NCMHED, refer to <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2002.

(c) Rates are crude rates based on the Estimated Resident Population 31 December 2001.

Source: NCMHED.

The Community Mental Health Establishment Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community mental health care establishment in Australia, from routine administrative collections. Further information on the NCMHED can be found in Appendix 1. The NCMHED is not the only source of staffing, resource and expenditure data on Australia's community mental health establishments. The National Survey of Mental Health Services also collects data on these services, presented in the *National Mental Health Report* series (DHA 2002). A description of the similarities and differences between the data collated by the survey and NCMHED is presented in Appendix 5.

Table 7.11 presents a summary of establishments, number of available beds, staffing and expenditure from NCMHED since 1998. Information from the NCMHED on the number of establishments by state and territory in 2001–02 is presented in Table 7.12. A list of the establishments that report to NCMHED can be found on the Internet at <www.aihw.gov.au>.

Note that the definitions of the establishments varied between jurisdictions. In some jurisdictions, such as Tasmania and Queensland, the establishments were equivalent to individual service units, which can include hospital-based mental health outpatient and outreach services. In other jurisdictions, such as Western Australia, entire health regions or areas were defined as establishments. For these reasons, the number of establishments reported does not necessarily reflect the number of physical buildings or service outlets from which community mental health care was provided. There were 1,249 available beds reported to the NCMHED for 2001–02.

Data on the number of FTE staff employed in community mental health establishments by state and territory are presented in Table 7.13. The FTE staff data presented are the average available staff for the year. Note that data collection by staff category is not consistent across all states and territories, with some jurisdictions providing best estimates. A total of 9,785 FTE staff were employed in community mental health establishments for 2001–02.

FTE staffing data by staff category were able to be supplied to the NCMHED by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For these jurisdictions, the majority of the FTE staff were *Nurses* (36.1% or 2,027 FTE staff) and *Diagnostic and allied health professionals* (33.5% or 1,886 FTE staff). The community mental health care workforce of these six jurisdictions also included *Administrative and clerical staff* (17.2% or 966 FTE staff), *Salaried medical officers* (7.2% or 404 FTE staff) and *Domestic and other staff* (4.5% or 252 FTE staff).

The recurrent expenditure on community mental health establishments in 2001–02 was $778.1 million (Table 7.15). The salary category made up 72.4% ($563.5 million) of total expenditure (Table 7.14). Salary payments include salaries and wages, payments to staff on paid leave, workers' compensation, and salaries paid to contract staff for supply of labour. Non-salary expenditure includes expenses for medical supplies (excluding equipment purchases), administrative expenses, drug and food supplies, patient transport and repairs and maintenance.

New South Wales, Queensland, Tasmania, the Australia Capital Territory and the Northern Territory were able to supply their salary and wage data by staffing category. The proportion of salary and wage expenditure paid by the five jurisdictions to *Total nurses* and *Diagnostic and allied health professionals* was 37.6% ($99.3 million) and 31.6% ($83.6 million) respectively. *Salaried medical officers* payments and *Administrative and clerical* payments each accounted for 13.3% ($35.2 million) of the salary expenditure.

Table 7.13: Full-time-equivalent staff[a], public community mental health establishments[b], states and territories, 2001–02

Full-time-equivalent staff	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	178	n.a.	115	n.a.	80	12	10	9	404
Nurses									
Registered nurses	n.a.	n.a.	399	n.a.	n.a.	134	63	29	625
Enrolled nurses	n.a.	n.a.	7	n.a.	n.a.	37	11	0	55
Total nurses	*1,090*	*n.a.*	*406*	*n.a.*	*256*	*171*	*75*	*29*	*2,027*
Other personal care staff	0	n.a.	14	n.a.	7	62	6	0	89
Diagnostic and allied health professionals	891	n.a.	552	n.a.	273	65	84	21	1,886
Administrative and clerical staff	573	n.a.	194	n.a.	113	32	32	22	966
Domestic and other staff	205	n.a.	12	n.a.	8	27	0	0	252
Total staff	**2,937**	**3,142**	**1,293**	**1,021**	**737**	**368**	**207**	**80**	**9,785**

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2002 were used.

(b) For details on the services reporting to the NCMHED, refer to <www.aihw.gov.au>.

n.a. Not available.

Source: NCMHED.

Table 7.14: Salaries and wages expenditure ($'000), public community mental health establishments,[a] states and territories, 2001–02

Recurrent expenditure category	NSW[b]	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	20,119	n.a.	11,645	n.a.	n.a.	1,505	1,082	881	35,232
Nurses									
Registered nurses	n.a.	n.a.	21,049	n.a.	n.a.	7,249	4,473	1,596	34,367
Enrolled nurses	n.a.	n.a.	254	n.a.	n.a.	1,439	540	0	2,233
Total nurses	*62,649*	*n.a.*	*21,303*	*n.a.*	*n.a.*	*8,688*	*5,013*	*1,596*	*99,249*
Other personal care staff	0	n.a.	478	n.a.	n.a.	2,095	260	0	2,833
Diagnostic and allied health professionals	47,199	n.a.	27,420	n.a.	n.a.	3,554	4,231	1,219	83,623
Administrative and clerical staff	25,230	n.a.	7,081	n.a.	n.a.	1,089	866	929	35,195
Domestic and other staff	7,060	n.a.	404	n.a.	n.a.	761	0	0	8,225
Total salaries and wages	**162,257**	**203,383**	**68,331**	**59,785**	**35,970**	**17,692**	**11,452**	**4,625**	**563,495**

(a) For details on the establishments reporting to NCMHED, refer to <www.aihw.gov.au>.

(b) Costing data for this collection is supplied from the Program and Product Cost Data Collection which is not reconciled with the National Survey of Mental Health Services. They are not regarded as reliable by the Centre for Mental Health. While efforts continue, to align and reconcile these sources, it is recommended that the National Mental Health Report is used to reference financial data for Mental Health Services in NSW.

n.a. Not available.

Source: NCMHED.

Table 7.15: Non-salary and total recurrent expenditure ($'000), public community mental health establishments[a], states and territories, 2001–02

Recurrent expenditure category	NSW[b]	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Payments to visiting medical officers	6,940	n.a.	5,224	n.a.	n.a.	166	716	130	13,176
Superannuation	12,829	n.a.	6,787	n.a.	n.a.	1,725	1,361	387	23,089
Drug supplies	3,903	n.a.	1,699	n.a.	n.a.	507	33	26	6,168
Medical and surgical supplies	1,096	n.a.	136	n.a.	n.a.	48	4	1	1,285
Food supplies	1,345	n.a.	76	n.a.	n.a.	677	101	12	2,211
Domestic services	2,349	n.a.	1,140	n.a.	n.a.	603	118	98	4,308
Repairs and maintenance	5,789	n.a.	754	n.a.	n.a.	67	49	73	6,732
Patient transport	908	n.a.	30	n.a.	n.a.	17	20	5	980
Administrative expenses	26,224	n.a.	9,416	n.a.	n.a.	5,722	613	1,026	43,001
Interest payments	23	n.a.	0.12	n.a.	n.a.	0	0	n.a.	23
Depreciation	8,206	n.a.	873	n.a.	n.a.	0	4	n.a.	9,083
Other recurrent expenditure	11,919	n.a.	2,007	n.a.	n.a.	259	3,637	1,246	19,068
Total non-salary expenditure[c]	*81,531*	*53,446*	*28,142*	*22,912*	*9,154*	*9,791*	*6,656*	*3,004*	*214,636*
Total recurrent expenditure	**243,788**	**256,829**	**96,473**	**82,697**	**45,124**	**27,483**	**18,108**	**7,629**	**778,131**

(a) For details on the services reporting to the NCMHED, refer to <www.aihw.gov.au>.

(b) Costing data for this collection is supplied from the Program and Product Cost Data Collection which is not reconciled with the National Survey of Mental Health Services. They are not regarded as reliable by the Centre for Mental Health. While efforts continue, to align and reconcile these sources, it is recommended that the National Mental Health Report is used to reference financial data for Mental Health Services in NSW.

(c) Includes total for establishments which were not able to provide data by recurrent expenditure category.

n.a. Not available.

Source: NCMHED.

Psychiatric and acute care hospitals

Public and private sector psychiatric and acute care hospitals provide admitted patient and non-admitted patient mental health care. For a complete picture of hospital-based mental health care, data from both psychiatric and acute care hospitals have been presented in this section. In order to present data on the different hospital types, this chapter has drawn on data from the National Public Hospital Establishments Database (NPHED) and the ABS's PHEC. More details on each collection are presented in Appendix 1. While there currently are more mental health-specific data available on psychiatric hospitals than acute care hospitals, this does not indicate the relative importance or contribution of the two hospital types.

The NPHED is not the only source of mental health-related staffing, resource and expenditure data on Australia's public hospitals. The National Survey of Mental Health Services also collects data on these hospitals, which are presented in the National Mental Health Report series (DHA 2002). A description of the similarities and differences between the data collated by the survey and the NPHED is presented in Appendix 5.

Public psychiatric hospitals

This section describes public psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. The public psychiatric hospital data were obtained from the NPHED, which holds a record for each public hospital in Australia and is collated from routine administrative collections. The information presented below relates only to those establishments classified as public psychiatric hospitals.

In 2001–02, there were 22 public psychiatric hospitals in Australia providing 14.1% of the separations with specialised psychiatric care and 44.9% of the total psychiatric care days (Tables 4.2 and 4.3). The number of separate establishments reported was similar to that reported in the previous four years (Table 7.11).

When comparing between jurisdictions, note that the hospital reported by Victoria is a specialist forensic service, whereas the hospitals reported by other jurisdictions include a broader range of services. A list of the public psychiatric hospitals that were reported to NPHED is presented on the AIHW web site.

A more reliable indicator of public psychiatric hospital service delivery is the number of available beds. The number of available beds for the 2001–02 year was 2,457 compared with 2,478 available beds for the 2000–01 year (Table 7.11). This represents a relative stabilisation in available bed numbers, after declining over the past decade.

The majority of public psychiatric hospital beds were located in major cities (72.1%). There were no public psychiatric hospital beds in remote and very remote areas (Table 7.16).

Data on the number of staff employed in public psychiatric hospitals by state and territory are presented in Table 7.17. The data on FTE staff refer to the average available staff for the year. Note that data collection by staff category was not consistent across all states and territories, with some jurisdictions providing best estimates. An average of 5,545 FTE staff were employed in Australian public psychiatric hospitals in 2001–02 compared with 5,601 FTE staff reported for 2000–01 (1.0% decrease).

The majority of the FTE staff were *Nursing staff* (52.9% or 2,935 FTE staff), followed by *Domestic and other staff* (19.0% or 1,054 FTE staff). *Salaried medical officers* and *Diagnostic and*

allied health professionals made up 5.3% (296 FTE staff) and 10.2% (566 FTE staff) of the public psychiatric hospital workforce respectively.

Box 7.1 Expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients

The expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients and some community-based services (e.g. psychiatric outpatient services and community outreach services) are included in both the public hospital data and the public community mental health establishments data. Public hospitals report to NPHED expenditure and staffing data for specialised mental health community, outpatient and outreach services under their management. Many of these mental health community, outpatient and outreach services also report these data separately to NCMHED. For this reason, the expenditure and staffing totals for public psychiatric hospitals and public community mental health services should not be added together.

Available on the AIHW web site is a list of the public psychiatric hospitals contributing to NPHED and the community mental health establishments contributing to NCMHED. Dual listing of some establishments provides some evidence of overlap (e.g. Wolston Park Hospital in Queensland).

Tables 7.18 and 7.19 present information on the recurrent expenditure on public psychiatric hospitals, including salary and non-salary categories. Salary payments include salaries and wages, payments to staff on paid leave, workers' compensation and amounts paid to contract staff for supply of labour. Non-salary expenditure includes payments for medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies.

The recurrent expenditure on public psychiatric hospitals in 2001–02 was $445.2 million. The equivalent figure for the 2000–01 collection period was $416.7 million, hence there was an increase of 6.8% between 2000–01 and 2001–02.

The total recurrent expenditure reported to NPHED for 2001–02 is higher than that reported to the National Survey of Mental Health Services (NSMHS) for 1999–2000 (DHA 2002). This difference reflects the different hospital classifications used by jurisdictions to report public hospital data to NPHED and NSMHS and the classification of some non-admitted patient services managed by public psychiatric hospitals as community-based services in the NSMHS. For additional detail on this point see Appendix 5.

The salary category made up 68.2% ($303.7 million) of the recurrent expenditure of public psychiatric hospitals. In jurisdictions other than Victoria (for which detailed data were not available), salary and wage payments to *Nursing staff* made up 52.7% ($159.9 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic and other staff* and *Salaried medical officers* made up 12.9% ($39.2 million) and 10.0% ($30.2 million) respectively.

Data on public psychiatric hospital revenue, excluding general revenue payments received from state or territory governments, are presented in Table 7.20. The revenue received by Australian public psychiatric hospitals (other than in Tasmania) was $19.3 million for 2001–02 compared with $22.0 million for 2000–01. This amount is equivalent to 4.3% of the total recurrent expenditure. A relatively large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (79.2% or $15.3 million). In comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 58.0% (AIHW 2003c). The recoveries, which include income from the use of hospital facilities by salaried medical officers or private practitioners, was 5.2% ($1.0 million) of the collected revenue.

Table 7.16: Public psychiatric hospitals[a], available beds and available beds per 1,000 population by Remoteness Area, states and territories, 2001–02

Region	NSW	Vic	Qld	WA	SA	Tas	Total
Public psychiatric hospitals							
Major cities of Australia	6	1	3	2	1	. .	13
Inner regional	3	0	1	0	0	3	7
Outer regional	0	0	2	0	0	0	2
Remote and very remote	0	0	0	0	0	0	0
Total all regions	**9**	**1**	**6**	**2**	**1**	**3**	**22**
Available beds[b]							
Major cities of Australia	759	95	175	257	486	. .	1,772
Inner regional	316	0	217	0	0	40	573
Outer regional	0	0	112	0	0	0	112
Remote and very remote	0	0	0	0	0	0	. .
Total all regions	**1,075**	**95**	**504**	**257**	**486**	**40**	**2,457**
Available beds per 100,000 population[c]							
Major cities of Australia	16.2	2.7	9.2	110.7	44.8	. .	13.8
Inner regional	23.4	0	23.1	0	0	24.9	14.2
Outer regional	0	0	17.4	0	0	0	5.6
Remote and very remote	0	0	0	0	0	0	. .
Total all regions	**16.3**	**2.0**	**13.9**	**13.5**	**32.1**	**8.5**	**13.0**

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2002.

(c) Rates are crude rates based on the Estimated Resident Population 30 June 2001.

. . Not applicable.

Source: NPHED.

Table 7.17: Full-time-equivalent staff[a], public psychiatric hospitals[b], states, 2001–02

Staffing category	NSW[c]	Vic[d]	Qld	WA	SA	Tas	Total
Salaried medical officers	126	16	32	40	81	n.a.	296
Nurses							
Registered nurses	n.a.	144	487	286	457	n.a.	1,373
Enrolled nurses	n.a.	0	108	72	106	n.a.	286
Total nurses	*1,276*	*144*	*595*	*357*	*563*	*n.a.*	*2,935*
Other personal care staff	n.a.	n.a.	34	n.a.	n.a.	n.a.	34
Diagnostic and allied health professionals	240	20	107	79	120	n.a.	566
Administrative and clerical staff	308	27	139	70	116	n.a.	661
Domestic and other staff	511	9	237	133	163	n.a.	1,054
Total staff	**2,462**	**216**	**1,144**	**681**	**1,043**	**n.a.**	**5,545**

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2002 were used.

(c) New South Wales *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(d) For Victoria, FTEs may be slightly understated.

. . Not applicable.

n.a. Not available.

Source: NPHED.

Table 7.18: Salaries and wages expenditure ($'000), public psychiatric hospitals[a], states, 2001–02

	NSW[b]	Vic[c]	Qld	WA	SA	Tas	Total
Salaried medical officers	15,099	n.a.	3,402	5,996	5,632	117	30,246
Nurses							
Registered nurses	n.a.	n.a.	28,128	16,710	27,133	3,472	75,443
Enrolled nurses	n.a.	n.a.	4,627	2,995	5,076	824	13,522
Total nurses	*70,966*	*n.a.*	*32,755*	*19,705*	*32,209*	*4,296*	*159,931*
Other personal care staff	n.a.	n.a.	1,397	n.a.	n.a.	n.a.	1,397
Diagnostic and allied health professionals	12,797	n.a.	5,602	3,700	5,983	30	28,112
Administrative and clerical staff	14,728	n.a.	5,990	2,974	4,428	92	28,212
Domestic and other staff	17,764	n.a.	8,840	5,272	5,228	2,057	39,161
Total salaries and wages[d]	**131,354**	**16,635**	**57,986**	**37,647**	**53,480**	**6,592**	**303,693**

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) New South Wales expenditure recorded against special purposes and trust funds is not included. *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(c) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single public psychiatric hospital.

(d) Includes recurrent expenditure not allocatable to a salary expenditure category.

n.a. Not available.

Source: NPHED.

Table 7.19: Non-salary expenditure and total recurrent expenditure ($'000), public psychiatric hospitals[a], states, 2001–02

	NSW[b]	Vic[c]	Qld[d]	WA[e]	SA	Tas	Total
Payments to visiting medical officers	1,512	n.a.	1,160	0	1,724	0	4,395
Superannuation	12,375	n.a.	5,614	3,210	4,095	651	25,944
Drug supplies	5,060	n.a.	1,372	1,427	1,581	184	9,623
Medical and surgical supplies	1,512	n.a.	533	131	224	42	2,443
Food supplies	4,154	n.a.	1,286	1,055	1,387	468	8,350
Domestic services	3,824	n.a.	3,740	1,040	1,835	311	10,750
Repairs and maintenance	3,784	n.a.	974	912	3,362	21	9,056
Patient transport	91	n.a.	9	60	787	14	961
Administrative expenses	15,422	n.a.	6,472	2,107	2,063	2,980	29,043
Interest payments	10	n.a.	n.a.	0	0	n.a.	10
Depreciation	10,631	694	9,524	1,106	n.a.	n.a.	21,955
Other recurrent expenditure	3,202	n.a.	744	3,071	4,592	122	11,731
Total non-salary expenditure[f]	**61,580**	**7,693**	**31,428**	**14,118**	**21,649**	**4,793**	**141,531**
Total recurrent expenditure	**192,933**	**24,598**	**89,414**	**51,765**	**75,129**	**11,385**	**445,224**

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) New South Wales expenditure recorded against special purposes and trust funds is not included.

(c) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single public psychiatric hospital.

(d) Queensland *Interest payments* are included in *Administrative expenses*.

(e) Western Australian *Superannuation* may vary substantially from previous years, which were largely based on cash rather than accrual accounting.

(f) Includes recurrent expenditure not allocatable to a salary expenditure category.

n.a. Not available.

Source: NPHED.

Table 7.20: Revenue ($'000), public psychiatric hospitals[a], states, 2001–02

Revenue	NSW	Vic[b]	Qld	WA	SA	Tas	Total
Patient revenue[c]	9,226	0	2,714	746	1,609	965	15,260
Recoveries	903	0	19	5	0	82	1,009
Other revenue	1,406	665	300	227	388	5	2,991
Total revenue	**11,536**	**665**	**3,033**	**977**	**1,997**	**1,052**	**19,260**

(a) For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) Revenue based on one separately reporting forensic public psychiatric hospital.

(c) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

Source: NPHED.

Public acute hospitals

In 2001–02, public acute hospitals provided 63.0% of the separations with specialised psychiatric care and 38.4% of the total psychiatric care days (Tables 4.2 and 4.3). In 2001–02, there were 108 public acute hospitals with specialised psychiatric units or wards in Australia (Table 7.21).

New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (35 and 30 respectively). The Australian Capital Territory and the Northern Territory each had two public acute care hospitals with specialised psychiatric units or wards. The majority of public acute hospitals with specialised psychiatric units or wards were located in major cities (55.6%).

In 2001–02, public acute hospitals reported an average of 2,985 available beds in psychiatric units and wards. Of these beds, 66.0% were in hospitals in major cities. However the largest number of these beds per 100,000 population was in inner regional areas (21.4 beds per 100,000 population).

Private psychiatric hospitals

In 2001–02, private hospitals provided 22.9% of the separations with specialised psychiatric care and 16.8% of the total psychiatric care days (Tables 4.2, 4.3 and 3.21). Private hospitals are designated by the ABS as psychiatric where they are licensed or approved as such by the relevant state or territory health authority and for which 50% or more of the patient days were for psychiatric patients. There were 24 private hospitals designated as psychiatric during 2001–02, 2000–01 and 1999–2000 (Table 7.11). The average number of available private psychiatric hospital beds for 2001–02 (1,387) was higher than the previous two years (Table 7.11).

There was an increase in the number of FTE staff compared with the previous year. In 2001–02, the average number of FTE staff employed by private sector psychiatric hospitals was 1,707 (Table 7.23). This was a 9.0% increase on the 2000–01 figure of 1,566.

There were increases for both expenditure and revenue. In 2001–02, the recurrent expenditure for private psychiatric hospitals in Australia was $143.7 million, an increase of 7.6% from $133.5 million in 2000–01 (Tables 7.11 and 7.25). Private psychiatric hospital expenditure was 24.4% of the total psychiatric hospital expenditure in Australia. The total revenue for private psychiatric hospitals for 2001–02 exceeded total expenditure at $173.3 million (Table 7.26).

Table 7.21: Public acute care hospitals with psychiatric units or wards,[(a)] by Remoteness Area, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute care hospitals with psychiatric units or wards									
Major cities of Australia	23	10	9	8	8	. .	2	. .	60
Inner regional	9	19	6	1	0	2	. .	0	37
Outer regional	3	1	3	1	0	1	. .	1	10
Remote and very remote	0	0	0	0	0	0	. .	1	1
Total all regions	**35**	**30**	**18**	**10**	**8**	**3**	**2**	**2**	**108**
Available beds									
Major cities of Australia	724	211	485	327	176	. .	47	. .	1,970
Inner regional	140	430	230	7	0	54	. .	. .	861
Outer regional	2	12	80	9	0	20	. .	25	148
Remote and very remote	0	0	0	0	0	0	. .	6	6
Total all regions	**866**	**653**	**795**	**343**	**176**	**74**	**47**	**31**	**2,985**
Available beds per 100,000 population									
Major cities of Australia	15.4	6.0	25.5	43.5	16.2	. .	14.7	. .	15.3
Inner regional	10.4	42.2	24.5	3.1	0	53.7	. .	. .	21.4
Outer regional	0.4	4.7	12.4	4.8	0	12.4	. .	23.4	7.3
Remote and very remote	0	0	0	0	0	0	. .	6.6	1.8
Total all regions	**13.2**	**13.6**	**21.9**	**31.6**	**11.6**	**38.4**	**14.7**	**15.7**	**15.8**

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

. . Not applicable.

Source: NPHED.

Table 7.22: Private psychiatric hospitals, available beds and available beds per 1,000 population, states[a], 2001–02

	NSW	Vic	Qld	SA	WA	Tas	Total
Private psychiatric hospitals	8	6	4	2	3	1	24
Available beds[b]	444	359	288	n.a.	149	n.a.	1,387
Available beds per 100,000 population[c]	6.7	7.4	7.8	n.a.	7.8	n.a.	7.1

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Average available beds.

(c) Rates are crude rates based on the Estimated Resident Population 31 December 2001.

n.a. Not available, but included in the total.

Source: PHEC.

Table 7.23: Full-time-equivalent staff[a], private psychiatric hospitals, states[b], 2001–02

Full-time-equivalent staff	NSW	Vic	Qld	SA	WA	Tas	Total
Salaried medical officers	14	4	n.a.	0	0	n.a.	21
Total nurses[c]	285	288	182	n.a.	59	n.a.	919
Diagnostic and allied health professionals	77	44	34	n.a.	n.a.	n.a.	186
Administrative and clerical staff	119	62	47	n.a.	22	n.a.	273
Domestic and other staff[d]	112	66	n.a.	n.a.	n.a.	n.a.	307
Total full-time-equivalent staff	**607**	**463**	**323**	**n.a.**	**140**	**n.a.**	**1,707**

(a) Average full-time-equivalent staff.

(b) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(c) Includes *Nursing administrators*, *Nurse educators*, *Other registered nurses*, *Enrolled nurses*, *Student nurses*, *Trainee nurses* and *Other nursing staff* categories.

(d) Includes *Orderlies/porters*, *Catering and kitchen*, *Domestic*, *Engineering and maintenance* and *Other* categories.

n.a. Not available, but included in the total.

Source: PHEC.

Table 7.24: Salaries and wages expenditure ($'000), private psychiatric hospitals, states[a], 2001–02

Recurrent expenditure category	NSW	Vic	Qld	SA	WA	Tas	Total
Salaried medical officers	1,066	372	n.a.	0	0	n.a.	1,853
Total nurses[b]	14,937	15,530	9,602	n.a.	3,386	n.a.	49,406
Diagnostic and allied health professionals	4,051	2,135	1,763	n.a.	n.a.	n.a.	9,414
Administrative and clerical staff	5,333	2,687	2,460	n.a.	1,071	n.a.	12,508
Domestic and other staff[c]	3,361	2,194	n.a.	n.a.	n.a.	n.a.	9,692
Total salaries and wages	**28,748**	**22,918**	**16,216**	**n.a.**	**6,512**	**n.a.**	**82,873**

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Includes *Nursing administrators*, *Nurse educators*, *Other registered nurses*, *Enrolled nurses*, *Student nurses*, *Trainee nurses* and *Other nursing staff* categories.

(c) Includes *Orderlies/porters*, *Catering and kitchen*, *Domestic*, *Engineering and maintenance* and *Other* categories.

n.a. Not available, but included in the total.

Source: PHEC.

Table 7.25: Non-salary expenditure ($'000), and total recurrent expenditure ($'000), private psychiatric hospitals, states[a], 2001–02

Recurrent expenditure category	NSW	Vic	Qld	SA	WA	Tas	Total
Superannuation	1,966	1,707	1,076	n.a.	572	n.a.	6,096
Payroll tax	667	1,169	712	n.a.	n.a.	n.a.	3,237
On-costs excluding superannuation and payroll tax[b]	1,452	817	455	n.a.	n.a.	n.a.	3,611
Drug supplies	n.a.	513	240	n.a.	23	n.a.	2,012
Medical and surgical supplies	n.a.	350	291	n.a.	42	n.a.	967
Surgically implanted prostheses and homograft items	0	n.a.	0	n.a.	0	n.a.	n.a.
Food supplies	2,546	1,306	658	n.a.	385	n.a.	5,477
Domestic services	744	751	330	n.a.	187	n.a.	2,370
Repairs and maintenance	793	486	219	n.a.	140	n.a.	1,835
Patient transport	n.a.	–-	n.a.	n.a.	n.a.	n.a.	51
Administrative expenses	9,918	5,966	2,302	n.a.	n.a.	n.a.	21,710
Interest payments	n.a.	8	n.a.	n.a.	n.a.	n.a.	n.a.
Depreciation	1,343	n.a.	796	n.a.	178	n.a.	4,407
Contract services (excluding medical practitioners)	3,134	1,146	2,299	n.a.	n.a.	n.a.	7,801
Other recruitment expenditure	0	0	0	n.a.	n.a.	n.a.	111
Total non-salary expenditure	**24,756**	**15,777**	**9,380**	**n.a.**	**5,297**	**n.a.**	**60,780**
Total recurrent expenditure	**53,504**	**38,695**	**25,596**	**n.a.**	**11,809**	**n.a.**	**143,653**

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Includes workers' compensation premiums, uniforms and personal costs.

n.a. Not available, but included in the total.

Source: PHEC.

Table 7.26: Revenue ($'000), private psychiatric hospitals, states[a], 2001–02

Revenue	NSW	Vic	Qld	SA	WA	Tas	Total
Patient revenue[b]	56,485	45,505	31,603	n.a.	n.a.	n.a.	164,753
Recoveries	n.a.	2,633	n.a.	n.a.	n.a.	n.a.	6,003
Other[c]	n.a.	n.a.	n.a.	n.a.	47	n.a.	2,582
Total revenue	**60,729**	**48,196**	**32,348**	**n.a.**	**n.a.**	**n.a.**	**173,338**

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

(c) Other revenue includes investment income, income from charities, bequests, visitors' meals and accommodation and kiosk sales.

n.a. Not available, but included in the total.

Source: PHEC.

8 Mental health care for depression

This report presents information on the delivery of specialised and non-specialised mental health care relating to all mental disorders categorised by the type of care provided. An alternative presentation of these data is to present the information for each or selected mental disorders to illustrate disorder-specific patterns in service utilisation. As an example of this approach, this chapter presents an overview of the available data on mental health care for people with depressive disorders.

This chapter describes the prevalence and burden of depressive disorders in the Australian community, the characteristics of mental health care and medication provided for people with these disorders and the health system costs associated with them.

The National Action Plan for Depression published in 2001 as part of the Second Plan of the National Mental Health Strategy and the focus on depression in the National Health Priority Areas are examples of national activities relating to depressive disorders in Australia (DHAC 2000c, DHAC & AIHW 1999).

The National Action Plan for Depression forms a foundation for the work of the National Depression Initiative, which supports additional clinical work on understanding depression. The work of the National Depression Initiative is being progressed through the company 'beyondblue', which is undertaking projects across Australia to increase community awareness and promotion of mental health issues in the Australian community.

Definitions

The term depression can be used to refer to a wide range of conditions from a low mood that most people experience at some time to a severe psychiatric disorder (DHAC & AIHW 1999). It is part of a broader group of mental disorders called mood (affective) disorders. The following definitions cover a number of the terms used in this chapter that relate to depression.

Mood (affective) disorders

Mood (affective) disorders include all disorders that are characterised by mood disturbance such as depression, dysthymia, mania, hypomania and bipolar affective disorder. In the International Classification of Diseases, 10th Revision (Australian Modification) (ICD-10(-AM)) these disorders are described as having a change in affect or mood to depression (with or without associated anxiety) or to elation as the fundamental disturbance (NCCH 2000). The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations.

Depressed mood

Depressed moods are common and short term, lasting minutes to a few days. The individual feels hopeless, helpless, pessimistic, self-critical and has lowered self-esteem. These moods can be severe but are generally brief (DHAC & AIHW 1999).

Depression

Depression is a mood disorder characterized by feelings of sadness, loss of interest or pleasure in nearly all activities, feelings of hopelessness and suicidal thoughts or self-blame (DHAC & AIHW 1999).

In ICD-10(-AM) (NCCH 2000), depression is represented as two categories, depressive episodes (code F32) and recurrent depressive disorders (code F33).

Depressive episode

In ICD-10(-AM), a depressive episode is described as a suffering from lowering of mood, reduction of energy, and decrease in activity (NCCH 2000). Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called 'somatic' symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

Recurrent depressive disorder

Recurrent depressive disorder is described in ICD-10(-AM) as being characterised by repeated episodes of depression as described for depressive episode (F32), without any history of independent episodes of mood elevation and increased energy (mania) (NCCH 2000). There may, however, be brief episodes of mild mood elevation and overactivity (hypomania) immediately after a depressive episode, sometimes precipitated by antidepressant treatment. The duration varies from a few weeks to many months.

Data sources and definitions for depression in this chapter

Box 8.1 provides information on the source of the data on depression used in this chapter, the type of data used and the classification system used to define depression.

The definition of depression for the mortality data, hospital separations data and community mental health service contact data are based on the ICD-10(-AM) categories of depressive episode (F32) and recurrent depressive disorder (F33). Definitions used for other data sources are similar, but not exactly equivalent.

Prevalence

In 1997, the Australia Bureau of Statistics conducted the National Survey of Mental Health and Wellbeing of 10,600 people aged 18 years or over (ABS 1998).

Box 8.1: Depression data sources, type of data and classification system used

1997 ABS National Survey of Mental Health and Wellbeing (NSMHWB)	*NSMHWB uses the category affective disorders which comprise depression, dysthymia, mania, hypomania and bipolar affective disorder. In this survey most males (83%) and females (92%) with affective disorder had depression. All mental disorders, including depression, were diagnosed using the Composite International Diagnostic Interview (CIDI).*
Child and Adolescent component of the 1997 ABS NSMHWB	*As above, however the depressive disorders category also includes dysthymia (ICD–10–AM code F34.1)).*
AIHW National Hospital Mortality Database	*Data on the underlying cause of death. Depression was defined as ICD-10 categories depressive episode (F32) and recurrent depressive disorder (F33).*
AIHW Burden of Disease and Injury in Australia study	*Data are disability-adjusted life years data (DALY). Depressive disorders were defined as ICD-9-CM categories major depressive disorder, single episode (296.2) and recurrent episode (296.3), other and unspecified affective psychoses (296.9), neurotic depression (300.4), and depressive disorder, not elsewhere classified (311)*
BEACH survey of general practitioners	*Data on encounters from the 2002–03 BEACH survey of general practitioners. Depression was defined as codes P03 (feeling depressed) and P76 (depressive disorder) from the International Classification for Primary Care (ICPC–2).*
AIHW National Community Mental Health Care Database	*Data are for service contacts in specialised mental health outpatient and ambulatory community-based services. Depression was defined as ICD-10-AM categories depressive episode (F32) and recurrent depressive disorder (F33).*
AIHW National Hospital Morbidity Database	*Ambulatory-equivalent admitted patient care data and hospital admitted patient care data. Depression was defined as ICD-10-AM categories depressive episode (F32) and recurrent depressive disorder (F33).*
Health service expenditure data	*Health service expenditure data by disease and injury categories for depression. Depression was defined as ICD-10-AM categories depressive episode (F32) and recurrent depressive disorder (F33) for 2000–01 and as for depressive disorders in the Burden of Disease and Injury in Australia study in 1993–94.*

In 1998, the University of Adelaide undertook the Child and Adolescent component of the National Survey of Mental Health and Wellbeing (Sawyer et al. 2000). The study examined the prevalence of clinically significant mental disorders, including depressive disorders, among Australians aged 6–17 years using the Diagnostic Interview Schedule for Children (Version IV). Depressive disorders were reported for 3.7% of children and adolescents (Table 8.2).

The National Health Survey conducted by the ABS in 2001 estimated that 4.7% of Australians had taken an antidepressant for their mental wellbeing within the prior two weeks (Table 1.2). Almost 6.0% of females had reported using an antidepressant compared with 3.4% of males.

Table 8.1: Prevalence of affective disorders[a] in adulthood, Australia, 1997

Per cent of population	18–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
Males	2.9	4.9	6.0	5.4	3.2	[b]0.8	4.2
Females	10.7	8.4	8.5	7.3	6.9	2.4	7.4
Persons	6.7	6.6	7.2	6.4	5.0	1.7	5.8

(a) Affective disorders comprised depression, dysthymia, mania, hypomania and bipolar affective disorder. Depression comprised the majority of these affective disorders. There were 92% of females and 83% of males with depression as their affective disorder.

(b) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: ABS 1998.

Table 8.2: Prevalence of depressive disorders[a] in children and adolescents, Australia, 1998

Per cent of population	6–12 years	13–17 years	Total
Males	3.7	4.8	4.2
Females	2.1	4.9	3.2
Persons	n.a.	n.a.	3.7

(a) Depressive disorders included depressive episodes, recurrent depressive disorders and dysthymia.

n.a. Not available.

Source: Sawyer et al. 2000.

Mortality

In 2002, there were 3,172 deaths where depressive disorder was the underlying cause of death. Between 1997 and 2002 the age-standardised mortality rate for depressive disorders (ICD-10 codes F32–F33) as the underlying cause of death decreased from 17 deaths per 100,000 population in 1997 to 15.6 deaths in 2002. The decrease was solely due to a decline in male deaths from these disorders, down from 19.1 deaths per 100,000 males in 1997 to 16.1 deaths in 2002. The rate for females remained comparatively stable (14.4 per 100,000 females in 1997 and 14.8 in 2002) (AIHW National Mortality Database).

Burden

In 1999, the *Burden of Disease and Injury in Australia* study attempted to measure and compare the burden for all diseases and injuries in Australia (AIHW: Mathers et al. 1999). The study utilised a health summary measure called a disability-adjusted life year, or DALY, developed by Murray & Lopez (1996). This measure was designed to combine the concept of years of life lost due to premature death with a concept of years of equivalent healthy life lost through disability. One DALY represents one lost year of healthy life.

The study found that depressive disorders were a major burden in Australia, accounting for 3.7% of the total DALYs in 1996. Depressive disorders were the fourth leading cause of burden after ischaemic heart disease (12.4%), stroke (5.4%) and chronic obstructive pulmonary disease (3.7%). Depressive disorders were not a leading cause of mortality (0.02% of years lost due to mortality), but were associated with 8% of the years lost due to disability.

Mental health care

This section summarises the available data on the utilisation of mental health-related services by people with depression. National data on the treatment, care and medication provided for those experiencing depression are largely limited to general practice, private psychiatrist services, community mental health care and admitted patient care.

The main sources of data on the activities of general practitioners and private psychiatrists in Australia are the Medicare and PBS data collections and the BEACH survey. However, the Medicare data collection does not include any data items that could be used to identify those attendances where depression was managed or treated. The PBS data collection includes information on the type of medication prescribed, classified according to the Anatomical Therapeutic Chemical (ATC) classification. In the ATC, antidepressant medications are classified as code N06A, which consists of four distinct sub-categories, as follows:

- Non-selective monoamine re-uptake inhibitors, also called tricyclics (ATC code N06AA)
- Selective Serotonin Re-uptake Inhibitors (SSRIs) (ATC code N06AB)
- Non-selective monoamine oxidase inhibitors (MAOIs) (ATC codes N06AG and N06AF)
- Other antidepressants (ATC code N06AX)

The BEACH survey includes information on the reason for the patient visit (encounter), the problem that was managed, the medication that was prescribed, supplied or recommended and whether a referral was made.

People with depression do not always utilise health care services for their condition. Only 56% of those with affective disorders (and no other mental disorders) sought any form of health care in the previous twelve months (ABS 1998). Forty per cent had seen a general practitioner in the previous twelve months, 8.4% had seen a psychiatrist and 6.2% had seen a psychologist (Andrews et al 1999).

Ambulatory mental health care

General practice

As noted above, the greatest proportion of people with depression who utilise health services see general practitioners. Figure 8.1 describes BEACH data on encounters where depression was managed and how this relates to other data collected for the encounter. In 2002–03, depression was managed at 3.5% of general practitioner encounters, a level that has been consistent since 1998–99 when the BEACH survey commenced. In this time depression has also consistently accounted for around 2.4% of all problems managed by general practitioners. Based on these data, it is estimated that there were 3.4 million visits to general practitioners that involved the management of depression in 2002–03, the same number of estimated visits as in 2001–02.

Patients aged between 25–44 years (37.5%) and 45–64 years (35.1%) accounted for the greatest proportion of depression problems managed. Patients were predominantly female (67.9%). Given that 73% of general practitioners were located in major cities or other metropolitan areas, it is not surprising that general practitioners who resided in these areas managed the majority of problems relating to depression (71.5%).

The most commonly described patient reason for these encounters was depression, reported at a rate of 46.7 per 100 encounters at which depression was managed. A prescription request was also a common reason, recorded at 18.7 per 100 of these encounters.

Clinical treatments were utilised at a much higher rate than in the total data set (53.8 per 100 depression problems managed, compared with 47.4 per 100 mental health-related problems overall) (Table 3.10). Psychological counselling was the most common clinical treatment, at 40.2 per 100 depression problems. The patient was referred to other health professionals at a rate of 8.6 per 100 depression problems managed, most commonly to a psychiatrist (3.7).

Antidepressant medication and general practice

During 2002–03, general practitioners prescribed a total of 9.3 million PBS-subsidised antidepressant medications (Table 3.13). This equated to 470 antidepressant prescriptions per 1,000 population and was a 148% increase on 1994–95 (compared with increases of 56.8% for private psychiatrists and 140.5% for other medical specialists). Antidepressant medication made up 6.5% of total medications prescribed by general practitioners (compared with 54.2% for private psychiatrists and 2.6% for non-psychiatrist specialists).

Based on BEACH data, medications were prescribed or supplied for depression at a rate of 79.2 per 100 depression problem contacts in 2002–03 (Table 3.12). Two SSRI medications (sertraline and citalopram) were the medications most frequently prescribed for depression, at rates of 16.6 and 12.9 per 100 depression problem contacts, respectively (Figure 8.1).

Male patients were more likely to be prescribed antidepressant medication by general practitioners (82.3 antidepressant medications prescribed per 100 depression problems managed) than were female patients (77.8 per 100). Persons aged between 45 and 64 years (37%) received the highest proportion of antidepressant medications prescribed by general practitioners.

The rate of antidepressant medication per 100 depression encounters increased from 62.2 medications per 100 depression encounters in 1998–99 to 67.4 medications per 100 depression encounters in 2002–03. A key change was an increase in the rate of prescribing of SSRIs, from 34.7 to 44.5 medications per 100 depression encounters. Other antidepressants increased from 6.5 to 12.3 medications per 100 depression encounters, largely due to the increase in the prescription of venlafaxine. These increases were accompanied by a decline in the prescription of tricyclic and MAOI medications. Tricyclics declined from 14.4 medications per 100 depression encounters in 1998–99 to 8.4 in 2002–03. Similarly MAOIs declined from 6.9 in 1998–99 to 2.1 in 2002–03 (Britt et al 2002 and unpublished BEACH data).

Private psychiatry

Private psychiatrists prescribed 968,777 antidepressant medications during 2002–03 (50.0 antidepressant prescriptions per 1,000 population) (Table 3.16). This was a 56.8% increase on the 617,871 (34.4 per 1,000 population) prescribed in 1994–95. The private psychiatrist prescribed antidepressant medications made up 54.2% of the total medications prescribed by private psychiatrists and 9.1% of all antidepressants prescribed under the PBS.

Consistent with prescribing patterns by general practitioners, females were more likely to be prescribed antidepressant medications by private psychiatrists (58% of these prescriptions) than males (42%). Persons aged between 35 and 54 years (43%) received the highest proportion of antidepressant medications prescribed by private psychiatrists.

Outpatient services and community-based ambulatory mental health care

Data on these services presented in this report are drawn from the National Community Mental Health Care Database (NCMHCD). The data quality concerns pertaining to this data collection are detailed in Chapter 3 (e.g. the proportion of service contacts with no principal diagnosis reported).

In 2001–02, of service contacts provided by those ambulatory mental health services for which a principal diagnosis was reported, depression (ICD-10–AM codes F32–F33) was reported for 14.2% (396,448 service contacts) (Table 3.20).

Depression was more frequently reported for females (64.0% of service contacts with a depression diagnosis or a rate of 25.9 of these service contacts per 1,000 females) (Table 8.3). The rate for males was 14 per 1,000. Patients in the 35–44 year age group had the highest rate of service contacts with a depression diagnosis (23.8 per 1,000 in this age group) followed by patients aged between 25 and 34 years (22.5 per 1,000).

There were 2.2% of patients with depression-related service contacts who identified as Aboriginal and/or Torres Strait Islander.

A small proportion of depression-related service contacts were involuntary (1.0%).

Ambulatory-equivalent admitted patient care

Figure 8.2 describes hospital separations that were considered equivalent to ambulatory mental health care (see Appendix 3) and where the patient's principal diagnosis was depression (ICD-10-AM codes F32–33). In 2001–02, there were 29,423 separations with a principal diagnosis of depression with 26,672 psychiatric care days. The majority of patients (93.8%) had acute care. A small proportion of these separations were involuntary (0.3%).

Almost 87% of separations with this principal diagnosis were in private hospitals. Since 1998–99 the number of these separations that were in private hospitals increased 35% (from 18,953 separations to 25,591 in 2001–02). During the same period the number of these separations that were in public hospitals decreased by 18% (from 4,684 separations to 3,832) (Table 8.4).

The most common diagnosis in addition to a principal diagnosis of depression was *Persons encountering health services for other counselling and medical advice* (Z71), while the most common procedures performed were *Psychological therapies* (Block 1873) and *Generalised allied health interventions* (Block 1916). The most commonly reported AR-DRG was *Mental health treatment, same day, without electroconvulsive therapy* (AR-DRG U60Z).

Hospital admitted patient care

Figure 8.3 describes available data for mental health-related separations that were considered as not equivalent to ambulatory mental health care and where the patient's principal diagnosis was depression (ICD-10-AM codes F32–F33). There were 39,027 separations with a principal diagnosis of depression with 333,818 psychiatric care days and 422,801 patient days. The average length of stay was 10.8 days and the median length of stay was 8 days. Over two thirds (66.9%) of separations with this principal diagnosis were in public hospitals. The majority of patients (93.9%) had acute care. A small proportion of these separations were involuntary (7.5%).

Separations with a principal diagnosis of depression accounted for 24,895 (22.4%) of mental health-related separations with specialised psychiatric care and 14,132 (18.6%) of mental health-related separations without specialised psychiatric care (Tables 5.6 and 6.4).

The most common diagnosis in addition to a principal diagnosis of depression was *Personal history of risk-factors* (Z91), while the most common procedures performed were *Electroconvulsive therapy* (Block 1907) and *General anaesthesia* (Block 1910). The most commonly reported AR-DRG was *Major affective disorder age less than 70 without catastrophic or severe complications or comorbidities* (AR-DRG U63B).

The total number of mental health-related separations, including ambulatory equivalent separations, with a principal diagnosis of depression increased from 58,682 in 1998–99 to 68,450 in 2001–02 (Table 8.4), with 86% of the increase in private hospitals. However the number of patient days decreased (460,690 in 1998–99 to 452,224 in 2001–02). The number of same day separations in public acute hospitals rose 49% during this period (from 4,886 to 7,294) and 69% in private hospitals (from 1,353 to 2,284).

Health service expenditure for depression

A detailed analysis of health service expenditure by disease and injury categories, including mental health, has been undertaken for 1993–94 and 2000–01 (AIHW 2004a). For 2000–01 it was estimated that health care expenditure for depression (ICD-10–AM codes F32–F33), was $1.0 billion (1.8% of recurrent health expenditure) (Table 8.5). (This expenditure excludes community mental health expenditure, as this expenditure was not able to be allocated to the different mental health disorders.) The majority of this $1.0 billion expenditure was for out-of-hospital medical services (33% or $330 million) such as unreferred attendances, imaging and pathology, and for pharmaceutical services (30% or $302 million).

In comparison, the health care expenditure for depression in 1993–94 (2000–01 prices) was estimated at $601 million or 1.5% of recurrent health care expenditure. This was mostly for hospital services (38% or $226 million), out-of-hospital medical services (28% or $168 million) and services in aged care homes (17% or $104 million). The proportion of expenditure on pharmaceutical services in 1993–94 was lower (13% or $79 million) than in 2000–01.

Table 8.3: Community mental health care service contacts and per 1,000 population[a] by sex and age group, with a principal diagnosis of depression (F32–F33), 2001–02[b]

	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total[c]
Sex				**Number**				
Males	5,421	18,813	21,441	23,939	18,596	14,755	31,722	134,749
Females	6,684	37,911	41,717	44,965	32,674	19,665	69,790	253,584
Total[c]	**13,031**	**58,024**	**64,751**	**70,673**	**52,306**	**35,249**	**102,145**	**396,448**
				Per 1,000 population				
Males	3.4	29.1	28.9	30.1	24.5	21.8	51.4	14.0[d]
Females	2.7	13.9	15.0	16.2	14.0	15.9	29.5	25.9[d]
Total[c]	**3.3**	**21.9**	**22.5**	**23.8**	**19.7**	**19.3**	**41.9**	**20.4[d]**

(a) The rate per 1,000 population is a crude rate based on the Estimated Resident Population at 31 December 2001.

(b) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 4.

(c) Includes service contacts for which sex and/or age group was not reported.

(d) Total rates were indirectly age-standardised to the Estimated Resident Population at 31 December 2001.

Table 8.4: Separations and patient days for mental health-related separations with a principal diagnosis of depression (F32–F33) by separation and hospital type, Australia, 2001–02

	1998–99		1999–00		2000–01		2001–02	
Hospital and separation type	**Separations**	**Patient days**	**Separations**	**Patient days**	**Separations**	**Patient days**	**Separations**	**Patient days**
Public acute hospitals								
Ambulatory-equivalent mental health care[(a)]	4,550	4,550	4,810	4,810	4,906	4,906	3,570	3,570
Other								
Same day	4,886	4,886	4,943	4,943	5,904	5,904	7,294	7,294
Overnight	17,209	205,319	17,808	207,345	17,847	206,221	17,508	191,147
Total	*22,075*	*210,205*	*22,751*	*212,288*	*23,751*	*212,125*	*24,802*	*201,441*
Public psychiatric hospitals								
Ambulatory-equivalent mental health care[(a)]	134	134	608	608	205	205	262	262
Other								
Same day	142	142	137	137	387	387	68	68
Overnight	1,643	49,570	1,532	43,331	1,317	28,373	1,250	25,849
Total	*1,785*	*49,712*	*1,669*	*43,468*	*1,704*	*28,760*	*1,318*	*25,917*
Private hospitals								
Ambulatory-equivalent mental health care[(a)]	18,953	18,953	19,320	19,320	21,629	21,629	25,591	25,591
Other								
Same day	1,353	1,353	1,408	1,408	1,911	1,911	2,284	2,284
Overnight	9,832	175,803	9,748	171,198	10,445	189,469	10,623	193,159
Total	*11,185*	*177,156*	*11,156*	*172,606*	*12,356*	*191,380*	*12,907*	*195,443*
Total	**58,682**	**460,690**	**60,314**	**453,100**	**64,551**	**459,005**	**68,450**	**452,224**

(a) See Appendix 3 for the definition of ambulatory-equivalent mental health-related separations.

Table 8.5: Health system costs of depression[a] in Australia, 2000–01 and 1993–94 ($ millions)

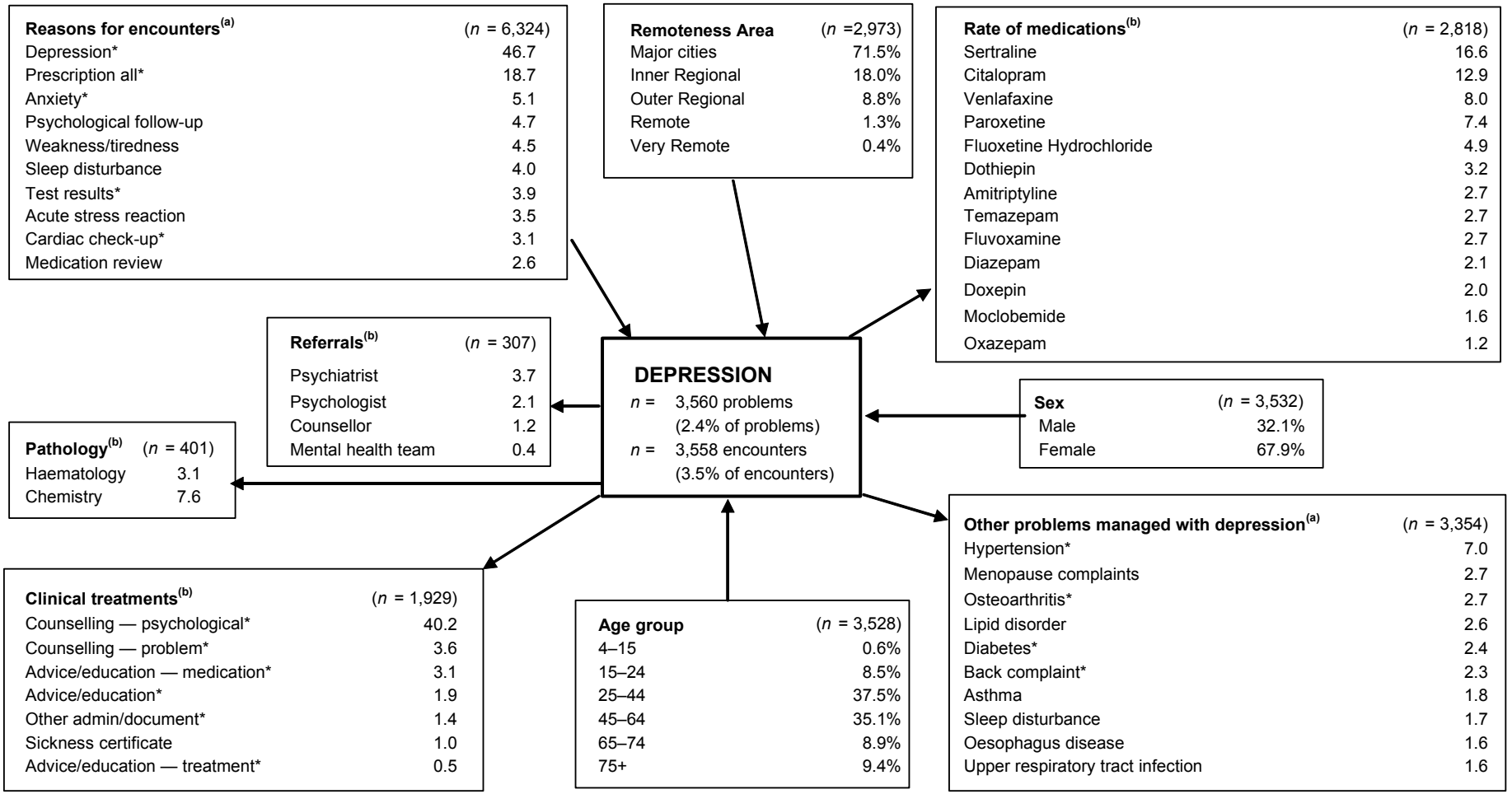
Year	Hospitals[b]	Aged care homes	Out-of-hospital medical[c]	Pharmaceuticals	Other professional services	Research	Total expenditure
2000–01	252	64	330	302	22	39	1,010
1993–94[d]	226	104	168	79	14	10	601

(a) Includes ICD-10-AM codes F32–F33.

(b) Hospital costs include the costs of admitted and non-admitted patients and in-hospital private medical services.

(c) Out-of-hospital medical includes unreferred attendances, imaging, pathology and other medical.

(d) Expenditures for 1993–94 have been converted to 2000–01 prices by adjusting for health price inflation between 1993–94 and 2000–01.



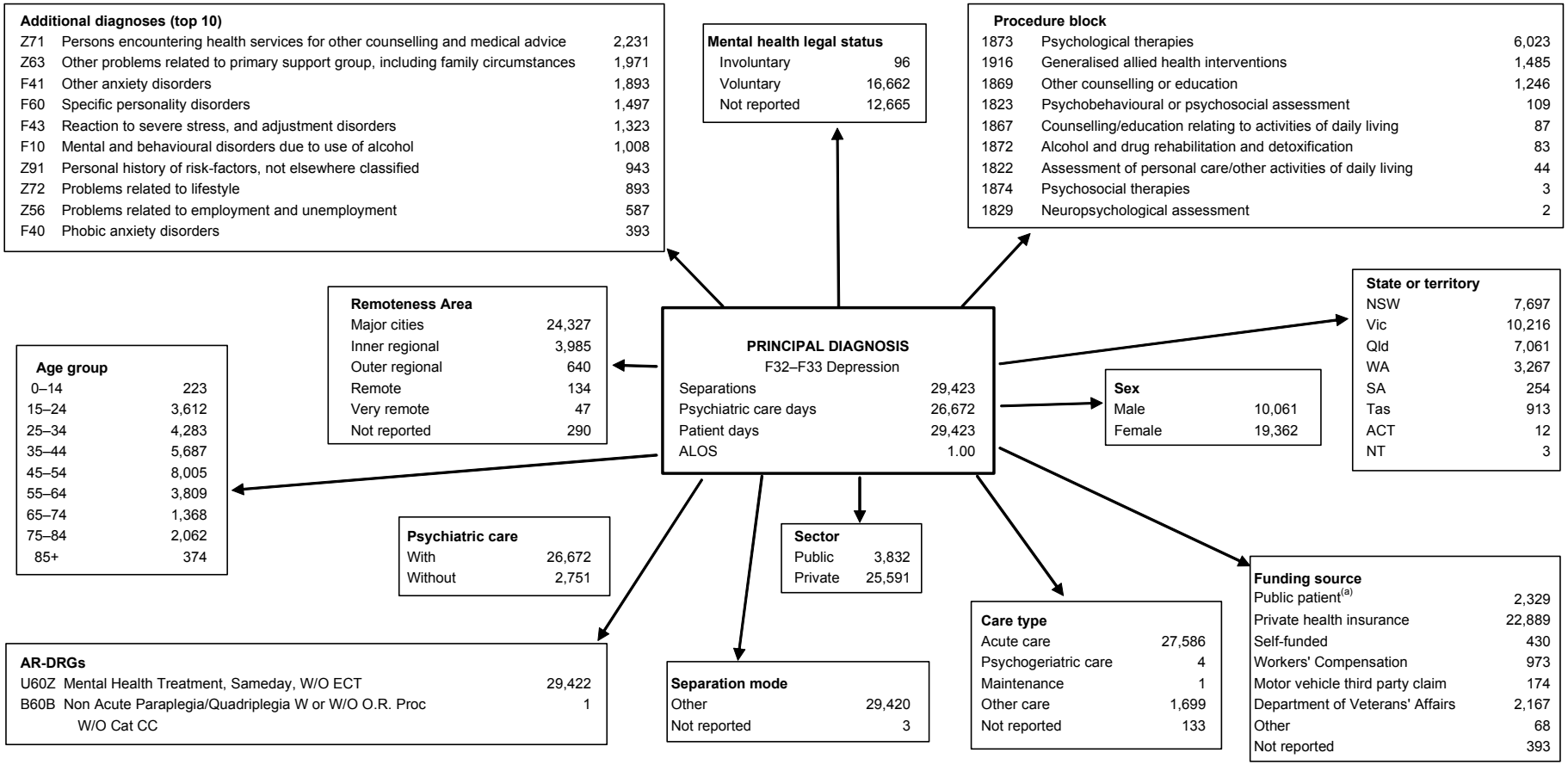
(a) Expressed as rates per 100 encounters at which depression was managed (n = 3,329).

(b) Expressed as rates per 100 depression problems managed (n = 3,329).

* Includes multiple ICPC-2 or ICPC-2 PLUS codes.

Source: BEACH

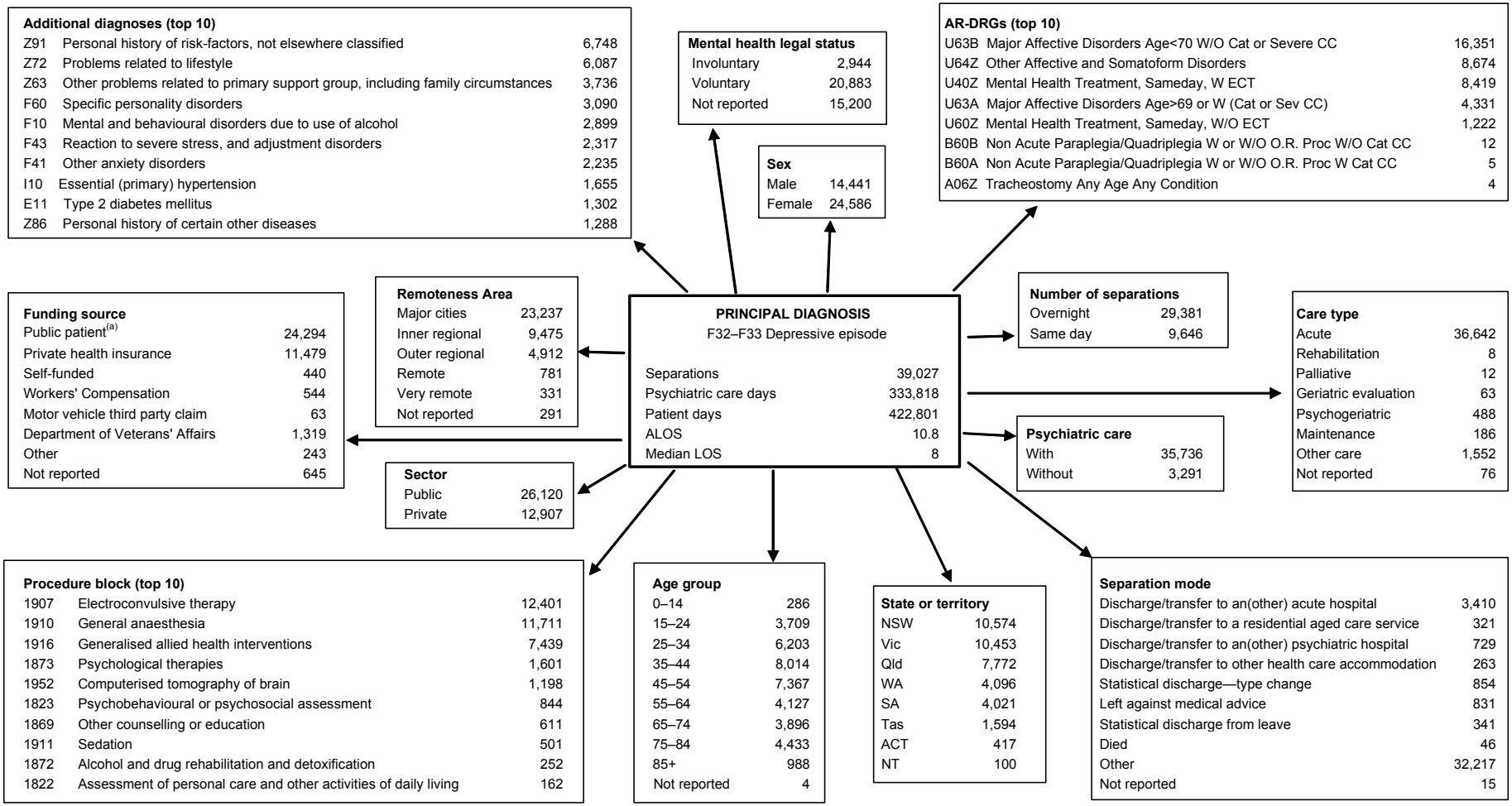
Figure 8.1: Data reported for encounters at which depression was managed, BEACH, 2001–02



(a) Public patients includes separations whose funding source was reported as *Australian Health Care Agreements* or *Reciprocal health care agreements*.

Note: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, Cat—catastrophic, CC—complication or comorbidity, O.R—Operating room, ECT—electroconvulsive therapy, Proc—procedures

Figure 8.2: Data reported for ambulatory-equivalent mental health–related separations with a principal diagnosis of depression (F32–F33), all hospitals, Australia, 2001–02



(a) Public patient includes separations whose funding source was reported as *Australian Health Care Agreements* or *Reciprocal health care agreements*.

Note: Abbreviations: ALOS—average length of stay, W—with, W/O—without, Cat—catastrophic, Sev—severe, CC—complication or comorbidity, O.R—Operating room, ECT—electroconvulsive therapy, Proc—procedures

Figure 8.3: Data reported for non-ambulatory-equivalent mental health-related separations with a principal diagnosis of depression (F32–F33), all hospitals, Australia, 2001–02

Appendix 1: Data sources

Introduction

In order to present a broad picture of mental health-related care in Australia, this report has used data drawn from a variety of AIHW and other data sources. These data sources include AIHW databases such as the National Hospital Morbidity Database (NHMD) and the National Community Mental Health Establishments Database (NCMHED) which were supplied data under the National Health Information Agreement and specified as the National Minimum Data Sets (NMDSs) for Mental Health Care in the *National Health Data Dictionary*, Version 10.0. For a description of the component data sets of the NMDSs for Mental Health Care, refer to the next section in this appendix.

The range of the mental health-related care services provided in Australia is broader and more diverse than is currently included in the scope of the NMDSs for Mental Health Care. Therefore, this report presents data from other AIHW data collections such as the National Public Hospital Establishments Database (NPHED), the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, and the Commonwealth, State and Territory Disability Agreement Minimum Data Set collection. Data from collections external to the AIHW were also used, including the Australian Bureau of Statistics' (ABS) Private Hospital Establishments Collection (PHEC), and the Department of Health and Ageing (DHA) and Health Insurance Commission (HIC) Medicare and Pharmaceutical Benefits Scheme (MBS and PBS) data collections. Each of these data sources has different characteristics that need to be considered when interpreting the data, as reviewed below.

Overall, there is potential for inconsistency when collections rely on data extracted from the information systems of different state and territory health authorities and private providers. In these situations NMDSs based on agreed data definitions as specified in the *National Health Data Dictionary* are often used to enhance the consistency of the data obtained. However, the quality of NMDS reporting by state and territory health authorities and private providers may be affected by variations from the *National Health Data Dictionary* definitions and differences in scope. The definitions used for originally recording the data may have varied among the data providers and from one year to another. In addition, fine details of the scope of the data collections may vary. Comparisons between different state and territory health authorities, reporting years and sectors should therefore be made with reference to the accompanying text and footnotes.

Service utilisation data can reflect an aspect of the burden of disease in the community but they are not a measure of the incidence or prevalence of specific disease conditions. This is because not all persons with an illness receive the same treatment, and the number and pattern of services received can reflect admission or registration practices, regional differences in service provision and repeat service provision for some chronic conditions. Each state and territory has a particular demographic structure that differs from other jurisdictions. Factors such as the geographic spread of the population and the proportion of Aboriginal and Torres Strait Islander persons can have a substantial effect on the delivery of health care.

Data collections

National Hospital Morbidity Database (NHMD)

The NHMD is a compilation of electronic summary records from admitted patient morbidity data collections in Australian hospitals. It includes demographic, administrative and length of stay data, and data on the diagnoses of the patient, the procedures they underwent in hospital, external causes of injury and poisoning, and the AR-DRG for each hospital separation (see Glossary).

Records for 2001–02 are for hospital separations in the period from 1 July 2001 to 30 June 2002. Data on patients who were admitted on any date before 1 July 2001 are included, provided that they separated between 1 July 2001 and 30 June 2002. A record is included for each separation, not for each patient, thus patients who separated more than once in the year have more than one record in the database.

Data relating to admitted patients in almost all hospitals are included. The coverage is described in greater detail in *Australian Hospital Statistics 2001–02* (AIHW 2003c).

This report contains data specified under the NMDS for Admitted Patient Mental Health Care, which represents a subset of the data collated in the NHMD (TableA1.1).

Patients receiving specialised mental health care are identified through recording the fact that they had one or more psychiatric care days, i.e. care received in a specialised psychiatric hospital, unit or ward. In acute care hospitals, a 'specialised' episode of care or separation may comprise some psychiatric care days and some days in general care, or psychiatric care days only. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only and to be 'specialised', unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

States and territories have confirmed that all public hospitals with specialised psychiatric facilities reported psychiatric care days to the NHMD for 2001–02, with estimates that between 95% and 100% of psychiatric care days were reported.

There are several other data elements that are collected only for patients who have received specialised psychiatric care, and these are shown in Table A1.1. Some jurisdictions, or sectors within jurisdictions, were unable to provide data for all of these data elements.

The majority of data elements were reported for at least 95% of all mental health-related separations that received specialised psychiatric care. However, the data element *Marital status* was coded to 'Not reported' for 6.6% of public acute hospital separations and 8.1% of private hospital separations nationally. *Employment status* was not recorded for public acute hospitals in New South Wales and Victoria, for private hospitals in New South Wales, Victoria, South Australia and the Australian Capital Territory, and for public psychiatric hospitals in New South Wales. *Type of usual accommodation* was not recorded for public acute hospitals in Victoria and the Northern Territory, for private hospitals in Victoria, and was not reported for 27.9% of public psychiatric hospital separations nationally. *Referral to further care (psychiatric patient)* was not reported for 53% of separations with care in a specialised psychiatric unit or hospital. Data quality was deemed to be too poor for publication due to the high numbers coded to the 'Not reported' category for the data elements *Marital status*, *Type of usual accommodation*, *Employment status* and *Referral to further care (psychiatric patient)*.

Data for 2001–02 on source of referral and on the average and median length of stay by AR-DRG as presented in previous *Mental Health Services in Australia* reports are now on the Internet at <www.aihw.gov.au>.

Other mental health-related separations (for which the patient did not receive specialised psychiatric care) were identified by a mental health-related principal diagnosis. These separations did not fall within the scope of the NMDS for Admitted Patient Mental Health Care and therefore information on these data elements may or may not have been collected.

Unless otherwise specified, the state and territory of the hospital is reported, rather than the state or territory of the patient's usual residence. Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NHMD, refer to *Australian Hospital Statistics 2001–02* (AIHW 2003c). Lists of the public psychiatric hospitals and public acute hospitals with specialised psychiatric units contributing to this report can be found on the Internet at <www.aihw.gov.au>.

National Community Mental Health Establishments Database (NCMHED)

The NCMHED includes data on public community mental health establishments, and their expenditure and staffing (TableA1.2). For residential facilities, data on beds and 'separations' are also collected. Within this database, the term 'separation' refers to episodes of non-admitted patient residential care in community-based residential services. The data collated in the NCMHED is specified by the NMDS for Community Mental Health Establishments.

For this NMDS, community mental health care refers to all specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients. The scope is both residential and ambulatory public community mental health care establishments, including adult, aged and adolescent and child community mental health services, and non-admitted services in hospitals such as specialised psychiatric outpatient services. The scope excludes admitted patient mental health care services, support services that are not specialised mental health care services (e.g. accommodation support services) and services provided by non-government organisations. Only residential services that were staffed 24 hours per day were included.

For more information on the NMDS for Community Mental Health Establishments, refer to *Mental Health Services in Australia 2000–01* (AIHW 2003a). A list of the public community mental health establishments contributing to this report can be found on the Internet at <www.aihw.gov.au>.

National Community Mental Health Care Database (NCMHCD)

The NCMHCD includes data on ambulatory service contacts provided by public community mental health establishments. The data collated in the NCMHCD are specified by the NMDS for Community Mental Health Care. NCMHCD contains data on the date of service contact and on the characteristics of the patient ranging from demographic information such as the age and sex to clinically relevant information such as principal diagnosis and mental health legal status (Table A1.3).

The scope for this collection is all ambulatory service contacts provided by the public community mental health establishments that are in-scope for the NMDS for Community

Mental Health Establishments. A list of the public community mental health establishments contributing this patient-level data to NCMHCD can be found on the Internet at <www.aihw.gov.au>.

A service contact for the purposes of this collection was defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which resulted in a dated entry being made in the individual's record.

In 2001–02, there were 139 establishments contributing data to the National Community Mental Health Care Database (NCMHCD) and 22 mental health care establishments that provided ambulatory care services but did not contribute data to the NCMHCD. These comprised two services in Queensland, eight services in South Australia, 11 services in Tasmania and one in the Australian Capital Territory. Several jurisdictions had establishments that did not report data for several of the months during the collection period (see Chapter 3 for more details).

Review of the 2000–01 data identified inconsistencies in the definition of a service contact actually used across jurisdictions. Variation between states' and territories' reporting practices have been identified with respect to:

- whether a service contact can be reported if the patient has not provided personal details
- how many service contacts are to be reported when there are multiple service providers and/or multiple patients present at the service contact (e.g. group sessions)
- whether a patient receiving numerous services during one day should be recorded as one or more service contacts
- what extent telephone and written correspondence are included as service contacts
- whether indirect contacts such as contacts between service providers should be included
- whether consultation–liaison activities (i.e. specialist mental health providers who liaise with general hospital units when they treat patients with mental disorders) are included as service contacts.

There were inconsistencies in the reporting of principal diagnosis across jurisdictions. Principal diagnosis in this collection refers to the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital, or attendance at a health care facility.

It is known that there are the following differences between states' and territories' reporting practices:

- New South Wales reported current diagnosis for each service contact rather than the principal diagnosis for a longer period of care and used a combination of ICD-10-AM and ICD-10-PC;
- Queensland was unable to report principal diagnosis for 2001–02;
- all other jurisdictions used ICD-10-AM; and
- Australian Capital Territory and Northern Territory reported principal diagnosis using the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification only.

Over 33% of all service contacts had an unspecified principal diagnosis, comprising records coded to F99 *Mental disorder not otherwise specified*, or not stated/not reported (Table 3.20). The state and territory data show that the proportion of service contacts reported with an unspecified principal diagnosis ranged from 0.7% to 50.1% (Table A4.2).

These issues are expanded on in the *Community Mental Health Care 2000–01: Review of the data collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004b).

Although it is anticipated that the data collected will allow records for service contacts within individual establishments to be linked for individual patients so that estimates of number of patients treated can be made, this has not been undertaken for this report. A discussion of the extent to which this may be possible is included in the *Community Mental Health Care 2000–01: Review of the data collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004b).

NCMHCD data are presented in Chapter 3 and Appendix 4.

National Public Hospital Establishments Database (NPHED)

The AIHW is the custodian of the NPHED, which holds a record for each public hospital in Australia. The data are collected by state and territory health authorities from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The database does not include private hospital data, which are collated by the ABS in the PHEC.

The collection covers only hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in off-shore territories) are not included.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and summary information on services to admitted and non-admitted patients. Limitations have been identified in the financial data reported to the NPHED. In particular, some states and territories have not yet fully implemented accrual accounting procedures and systems, which means the expenditure and revenue data are a mixture of expenditure/payments and revenue/receipts, respectively. A need for further development has been identified in the areas of capital expenditure, expenditure at the area health service administration level and group services expenditure (e.g. central laundry and pathology services). Refer to *Australian Hospital Statistics 2001–02* for further detail on the data quality for the NPHED (AIHW 2003c).

The NPHED includes the data for *Full-time-equivalent staff*, *Salaries and wages* and the *Non-salary operating costs* subcategory data elements (types of staff and types of non-salary expenditure). The public acute hospital establishments that contain one or more specialised psychiatric units or wards are flagged in NPHED. However, no financial or staffing data are available for these specialised psychiatric wards, as these data are not provided for separate units or wards.

Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NPHED, refer to *Australian Hospital Statistics 2000–01* (AIHW 2002a).

A list of the public psychiatric hospitals contributing to this report can be found on the Internet at <www.aihw.gov.au>.

Private Health Establishments Collection (PHEC)

The ABS conducts an annual census of all private acute care hospitals and private psychiatric hospitals licensed by state and territory health authorities and all freestanding day hospital facilities approved by the DHA. The collection contains data on the staffing, finances and activity of these establishments. Differences in accounting policy and practices and the administration of property and fixed asset accounts by parent organisations may have resulted in some inconsistencies in the financial data (ABS 2003b).

The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary*, Version 10.0 (NHDC 2001), which makes comparison between the NPHED and NCMHED possible. The ABS definition for private psychiatric hospitals is 'those establishments that are licensed/approved by each state or territory health authority and cater primarily for admitted patients with psychiatric or behavioural disorders'. The term 'cater primarily' applies when 50% or more of total patient days are for psychiatric patients.

Additional information on the PHEC can be obtained from the annual ABS publication on private hospitals (ABS 2003b).

Bettering the Evaluation and Care of Health (BEACH)

The BEACH survey is a collaborative study between the AIHW and the University of Sydney. For each year's data collection, a random sample of about 1,000 general practitioners each reports details of 100 consecutive general practice encounters of all types on structured paper encounter forms. Each form collects information about the consultation (e.g. date, type of consultation), the patient (e.g. date of birth, sex, reasons for encounter), the problems managed and the management for each problem (e.g. treatment provided, prescriptions, referrals). Patient risk factors and health state data, and general practitioner characteristics data are also collected. Data for 2002–03 are used in this report.

At least one diagnosis or problem is identified for each encounter, although up to four problems can be reported for each. Problems are coded according to ICPC-2 PLUS, an extension of the International Classification of Primary Care, 2nd edition (ICPC-2), and classified using ICPC-2. Additional information on the BEACH survey can be obtained from *General practice activity in Australia 2002–03* (Britt et al. 2003).

Commonwealth/State Disability Agreement (CSDA) Minimum Data Set collection

The CSDA allocates the responsibility for specific types of disability support services between Australian, state and territory governments. The AIHW manages the CSDA MDS to collate nationally consistent data on services funded under the CSDA and their clients. Data are collected on the service providers and clients on a single 'snapshot' day each year. For 2002, the snapshot day varied between jurisdictions but fell within the May to June period.

The collection covers disability support services receiving funding under the CSDA in 2002. Services that do not receive CSDA funding are specifically excluded. Not every specialist psychiatric disability support service is included in the CSDA MDS collection as some are not funded through the CSDA.

- In New South Wales, psychiatric disability services are provided by the New South Wales Department of Health and are not included in the CSDA MDS collection.

- South Australia and Tasmania do not report data for psychiatric disability services to the CSDA MDS collection.
- In Victoria, specialist psychiatric and other disability support services are included in the CSDA MDS collection.
- In Queensland, psychiatric disability services funded by Queensland Health are included in the CSDA MDS collection. Non-recurrent grants funded by Queensland Treasury under the Gaming Machine Community Benefit Fund are not included.
- In the Australian Capital Territory and the Northern Territory, only some psychiatric disability services are included in the CSDA MDS collection.
- In Western Australia, only some psychiatric disability services are included in the CSDA MDS collection. The Health Department is the main provider of services for people with a psychiatric disability and these services are not included.

However, even in those states where specific psychiatric services are not CSDA-funded, people with a psychiatric disability do receive various CSDA disability support services.

Given these limitations with respect to the coverage of psychiatric disability support services in the CSDA MDS, these data need to be interpreted with caution. Additional information on the data from the CSDA MDS collection can be obtained from the publication *Disability Support Services 2002: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2003f).

The 2002 collection was the final 'snapshot'-based collection. From the 2002–03 reporting period, ongoing data are collected for all Commonwealth, State and Territory Disability Agreement-funded services for the full year.

National Medical and Nursing Labour Force Survey data

The AIHW conducts the National Medical Labour Force Survey and the National Nursing Labour Force Survey, in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each state and territory. The AIHW has conducted the medical practitioner survey annually since 1993 and the nursing survey since 1995.

The figures produced from the Medical Labour Force Survey and the Nursing Labour Force Survey are estimates only. Not all medical practitioners or nurses who were sent a questionnaire responded to the survey, and estimates of the whole medical practitioner and nursing populations are based on survey data weighted to match available registration information.

Coverage in some jurisdictions may exclude some practitioners who registered for the first time during the survey year. Practitioners with conditional registration, usually for a fixed term, are also excluded in many jurisdictions. These conditional registrants include interns and temporary resident doctors, who are not required to renew their registration at the standard renewal date. The latest information on these surveys is provided in *Medical Labour Force 2001* (AIHW 2003d) and the *Nursing Labour Force 2001* (AIHW 2003e) reports.

Medicare data

The Health Insurance Commission (HIC) collects data on all medical services funded through Medicare and provides these data to the DHA. Information collected includes the

type of service provided (Medicare item number) and the benefit paid by Medicare for the service. The figures presented in this report on services provided by private psychiatrists include only those services that are performed by a registered provider, for services that qualify for Medicare benefit and for which a claim has been processed by the HIC. They do not include services provided to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account.

The state or territory is determined according to the patient's mailing address postcode at the time of making the claim. In some cases this will not be the same as the patient's residential address postcode. The year is determined by the date the service was processed by the HIC, not the date the service was provided.

Time series data presented in this report are based on the mapping of old item numbers to current item numbers. For example, item 144 (private psychiatrist home visit of less than 15 minutes) was renumbered to item 330 during 1996.

Pharmaceutical Benefits Scheme (PBS) data

The HIC collects data on most prescriptions funded through the PBS and provides these data to the DHA. Details are collected on the medication prescribed (e.g. type and cost of medication), the prescribing practitioner (e.g. speciality) and the supplying pharmacy (e.g. location). The figures reported in this publication relate to the prescription costs funded by the PBS and the number of prescriptions processed by the HIC. They refer only to paid services processed from claims presented by approved pharmacies. They do not include any adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions. Items supplied to general patients, costing less than $23.10, do not receive a PBS benefit and are therefore not included. The PBS data do not contain Section 100 items, i.e. highly specialised drugs available through hospital pharmacies for outpatients.

The state or territory is determined as the address of the pharmacy supplying the item. The year is determined as the date the service was processed by the HIC, not the date of prescribing or the date of supply by the pharmacy. The data presented in this report exclude medications provided to war veterans through the Repatriation Pharmaceutical Benefits Scheme as these data were unavailable at the time the data extraction was required.

Table A1.1: Data elements[a] that constitute the NMDS for Admitted Patient Mental Health Care for 2001–02

Data element	Specific to specialised mental health care	Knowledgebase[b] identifier
Identifiers		
Establishment identifier (made up of)		000050
State identifier		000380
Establishment sector		000379
Region code		000378
Establishment number		000377
Person identifier		000127
Sociodemographic items		
Sex		000149
Date of birth		000036
Country of birth		000035
Indigenous status		000001
Marital status	✓	000089
Employment status	✓	000317
Area of usual residence		000016
Pension status—psychiatric patients	✓	000121
Type of usual accommodation	✓	000173
Service and administrative items		
Care type (previously *Type of episode of care*)		000168
Previous specialised treatment		000139
Admission date		000008
Separation date		000043
Total leave days		000163
Mode of admission (previously *Source of referral to acute hospital or private psychiatric hospital*)		000385
Mode of separation		000096
Source of referral to public psychiatric hospital	✓	000150
Referral to further care (psychiatric patients)	✓	000143
Total psychiatric care days	✓[c]	000164
Mental health legal status	✓[c]	000092
Clinical items		
Principal diagnosis		000136
Additional diagnosis		000005
Diagnosis Related Group		000042
Major Diagnostic Category		000088
Intended length of stay		000076

(a) All data elements are defined in the *National Health Data Dictionary*, Version 10.0 (NHDC 2001).

(b) The Knowledgebase: Australia's Health, Community Services and Housing Metadata Registry can be accessed through the AIHW website at <www.aihw.gov.au>.

(c) Collected for all patients but relevant only to specialised psychiatric care.

Table A1.2: Data elements[a] that constitute the NMDS for Community Mental Health Establishments for 2001–02

Data element	Knowledgebase[b] identifier
Establishment identifier (made up of)	000050
State identifier	000380
Establishment sector	000379
Region code	000378
Establishment number	000377
Separations[c]	000205
Geographic location of establishment	000260
Number of available beds	000255
Total full-time-equivalent staff	000252
Total salaries and wages	000254
Total non-salary operating costs	000360
Payments to visiting medical officers	000236

(a) All data elements are defined in the *National Health Data Dictionary*, Version 10.0 (NHDC 2001).

(b) The Knowledgebase: Australia's Health, Community Services and Housing Metadata Registry can be accessed through the AIHW website at <www.aihw.gov.au>.

(c) The term 'separations' refers to periods of care for non-admitted patients in public community-based residential mental health care establishments.

Table A1.3: Reporting of data elements[(a)] that constitute the NMDS for Community Mental Health Care for 2001–02

Data element	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Area of usual residence	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Country of birth	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Date of birth	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Establishment identifier	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Indigenous status	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Marital status	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Mental health legal status	Yes	Yes	Yes	Not permitted to be reported	Yes	Yes	Yes	Yes
Person identifier	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Principal diagnosis	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Service contact date	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sex	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

(a) All data elements are defined in the *National Health Data Dictionary*, Version 10.0 (NHDC 2001).

Appendix 2: Codes used to define mental health-related care and medications

With the exception of NCHMED and NCMHCD, the health care data collections used in this report contain data on more than just mental health care, so a mental health-related subset of the data needed to be defined. For some data collections this was relatively simple. For NPHED and PHEC data, mental health-related care was defined by hospital type (psychiatric hospital) or specialised unit flag (e.g. specialised psychiatric unit in acute care hospital). Medicare and National Medical Labour Force Survey data were defined as mental health-related based on the profession of the medical practitioner (e.g. psychiatrist).

For other data collections, it was necessary to use the classifications in the collections for diagnoses, problems or disabilities to define mental health-related care. The principal and additional diagnosis data in the NHMD are classified using the ICD-10-AM classification, the BEACH data set uses ICPC-2 for coding reasons for encounters (RFEs) and problems, and the CSDA Minimum Data Set collection uses a simple customised classification to classify disabilities. Details are provided below for each classification for which codes were used to define a mental health-related principal or additional diagnosis, a mental health-related problem or RFE, or mental health-related disability.

The definition of a mental health-related medication was based on the ATC classification for PBS data. Details are provided in Table A2.1.

National Hospital Morbidity Database

The definition of a mental health-related diagnosis included all ICD-10-AM second edition codes which were either clinically or statistically relevant to mental health. The ICD-9-CM codes used to define mental health-related separations for 1995–1996 through to 1997–1998 are available on request.

This list was developed in consultation with the National Mental Health Working Group Information Strategy Committee and the Clinical Casemix Committee of Australia. The list of codes and further information can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

Bettering the Evaluation and Care of Health

For the purposes of this report, mental health-related RFEs and problems managed were defined as those included in the ICPC-2 *Psychological* chapter. The same set of codes was used for both RFEs and problems. For the list of the codes used refer to *Mental Health Services in Australia 2000–01* (AIHW 2003a). Additional information on the BEACH survey can be obtained from *General practice activity in Australia 2002–03* (Britt et al. 2003).

Commonwealth/State Disability Agreement Minimum Data Set

The CSDA Minimum Data Set questionnaire has an item that asks the user of a service or their carer 'what is your (the consumer's) primary disability group?'. The survey form also asks respondents to tick all applicable other significant disability groups. For both questions, the 12 disability categories are listed in tick-a-box format. The list of categories can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

Data are presented in this report on those consumers with a psychiatric primary disability or a psychiatric disability as one of their other significant disabilities. Additional information on the data from the CSDA Minimum Data Set collection can be obtained from the publication *Disability Support Services 2002: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2003f).

Pharmaceutical Benefits Scheme

Prescription data from the PBS are coded using the ATC classification. Table A2.1 contains the list of the codes used to define mental health-related medications. Not all medications included in each code group are used solely for mental health-related conditions. For example Prochlorperazine (N05AB06), which is classified under the ATC classification as an antipsychotic medication (N05A), is frequently prescribed as an anti-nausea treatment.

Table A2.1: Anatomical Therapeutic Chemical codes used to define mental health-related medication prescribed by general practitioners and non-psychiatrist medical specialists in PBS data[(a)]

ATC code	Description
N05	Psycholeptics
N05A	Antipsychotics
N05B	Anxiolytics
N05C	Hypnotics and sedatives
N06	Psychoanaleptics
N06A	Antidepressants

Appendix 3: Separations that could be considered equivalent to ambulatory mental health care

Previous *Mental Health Services in Australia* reports have presented all same day mental health-related hospital separation data in the chapter on admitted patient care. However, it could be considered that some of these data would be more appropriately placed in the chapter on ambulatory care. This concern was raised in the Mental Health Classification and Service Costs Study conducted under the National Mental Health Strategy. The study found that episodes intending to be same day were more similar to community care than admitted patient care in terms of cost and type of care provided (Buckingham et al. 1998).

A definition of same day mental health-related separations that could be considered to be equivalent to ambulatory mental health care (termed 'ambulatory equivalent mental health-related separations') was then developed and used as a basis for organising *Mental Health Services in Australia 2001–02*. Ambulatory-equivalent mental health-related separation data now appear in the ambulatory mental health care chapter (Chapter 3), rather than the admitted patient care chapters (Chapters 4, 5 and 6).

This appendix provides an overview of the definition of ambulatory-equivalent mental health-related separations used in this report and data quality concerns to be considered when interpreting the data.

Overview of same day mental health-related separations

In 2001–02 there were 118,179 same day mental health-related hospital separations from Australian hospitals. Figure A3.1 presents the number of these separations per 1,000 population by hospital type and jurisdiction. This figure shows there are significant differences between jurisdictions in the rates of same day separations across hospital types, which may indicate differences in reporting, admission practices or treatment arrangements. The majority of the variation between jurisdictions occurred within the private sector.

Table A3.1 presents the number of same day mental health-related separations by jurisdiction and specialised psychiatric care status. There were 2,460 same day mental health-related separations that involved specialised psychiatric care in public psychiatric hospitals (94.4%), 65,520 in private hospitals (87.5%) and 17,745 (43.6%) in public acute care hospitals. The table shows that the majority of same day mental health-related separations with specialised psychiatric care came from private hospitals (76.4%). There were comparatively few same day public psychiatric hospital separations. For this reason, public hospitals and public psychiatric hospitals separations were combined for the remainder of this appendix.

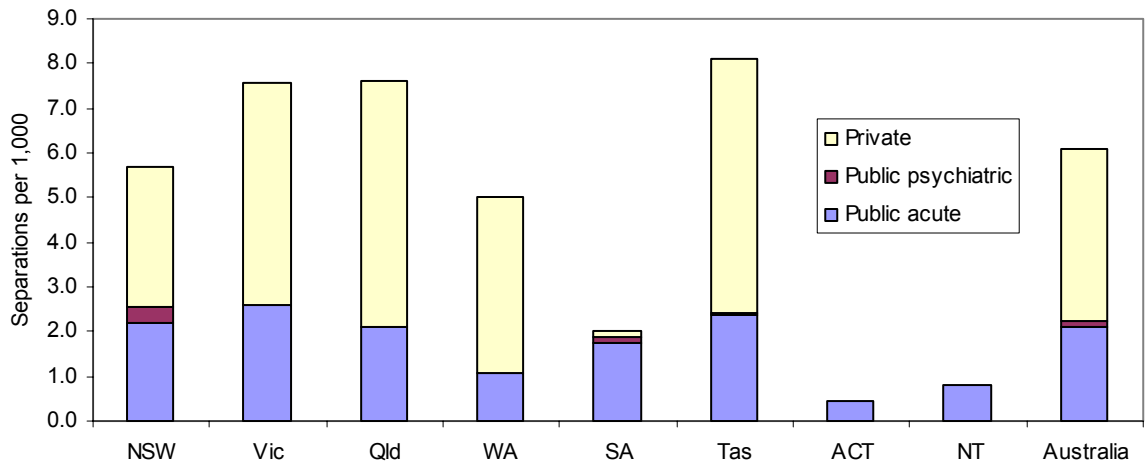


Figure A3.1: Same day mental health-related separations per 1,000 population by hospital type, states and territories, 2001–02

Table A3.1: Same day mental health-related separations by hospital type and specialised psychiatric care status, states and territories, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute care hospitals									
With specialised psychiatric care	8,074	1,606	5,549	649	942	789	81	55	17,745
Without specialised psychiatric care	6,402	10,921	2,020	1,333	1,741	333	65	100	22,915
Total	*14,476*	*12,527*	*7,569*	*1,982*	*2,683*	*1,122*	*146*	*155*	*40,660*
Private hospitals									
With specialised psychiatric care	17,851	22,121	16,494	7,255	175	1,624	0	n.a.	65,520
Without specialised psychiatric care	2,616	1,926	3,516	244	38	1,052	1	n.a.	9,393
Total	*20,467*	*24,047*	*20,010*	*7,499*	*213*	*2,676*	*1*	*n.a.*	*74,913*
Public psychiatric hospitals									
With specialised psychiatric care	2,227	0	1	24	202	6	. .	. .	2,460
Without specialised psychiatric care	146	0	0	0	0	0	. .	. .	146
Total	*2,373*	*0*	*1*	*24*	*202*	*6*	. .	. .	*2,606*
All hospitals									
With specialised psychiatric care	28,152	23,727	22,044	7,928	1,319	2,419	81	55	85,725
Without specialised psychiatric care	9,164	12,847	5,536	1,577	1,779	1,385	66	100	32,454
Total	**37,316**	**36,574**	**27,580**	**9,505**	**3,098**	**3,804**	**147**	**155**	**118,179**

. . Not applicable.

Defining separations that could be considered equivalent to ambulatory mental health care

For this report, ambulatory-equivalent mental health-related separations were defined by excluding those same day separations unlikely to involve the type of activity to be undertaken in ambulatory mental health care. Excluded were separations for which:

- electroconvulsive therapy and/or general anaesthesia procedures were reported;
- other procedures that would not be expected to be undertaken in ambulatory mental health care were reported;
- a mode of admission of care type change or transfer was reported; or
- a mode of separation of transfer, care type change, left against medical advice or death was reported.

The data related to each of these exclusions were examined and are reported below.

In addition, intended length of stay was examined in order to exclude separations where the stay was intended to be overnight. However the quality of the data for this data element was assessed as insufficient to justify exclusion of this group from separations that could be considered to be ambulatory-equivalent.

Procedures

In general, separations were excluded from the ambulatory-equivalent category if they were reported with procedures that were considered unlikely to be undertaken in ambulatory mental health care. The procedures used as the basis for excluding separations were mainly electroconvulsive therapy (ECT) and general anaesthesia. A smaller number of separations were excluded on the basis that they had other procedures, other than selected non-invasive interventions (as detailed below), that were also unlikely to be undertaken in ambulatory mental health care.

There were 66,126 same day mental health-related separations for which no procedures or interventions were reported, 25,195 in public hospitals and 40,931 in private hospitals. Specialised psychiatric care was reported for 53,305, 14,119 in public hospitals and 39,186 in private hospitals. The total of 66,126 was 56% of all same day mental health-related separations for 2001–02. These separations were included as ambulatory-equivalent mental health-related separations, as it was assumed that they had either psychosocial interventions that were not recorded, or they had no procedures performed. It is also possible that procedures not expected to be undertaken in ambulatory mental health care were performed, but not reported for these separations.

Procedures not used to exclude separations

A small number of procedures were identified as probably equivalent to the ambulatory mental health care provided by specialised community mental health services. Separations for which only these procedures were reported were not excluded from the ambulatory-equivalent category (unless they were excluded for another reason).

The procedures were mostly psychosocial interventions, located in ICD-10-AM procedure chapter 19, *Non-invasive, cognitive and interventions, not elsewhere classified*. They are as follows:

1822 Assessment of personal care and other activities of daily/independent living

1823 Psychobehavioural or psychosocial assessment

1829 Neuropsychological assessment

1867 Counselling or education relating to personal care and other activities of daily/independent living

1868 Psychosocial counselling

1869 Other counselling or education

1872 Alcohol and drug rehabilitation

1873 Psychological therapies

1874 Psychosocial therapies

1875 Skills training in relation to learning, knowledge and cognition

1878 Skills training for personal care and other activities of daily/independent living

1879 Other psychobehavioural or psychosocial therapies, skills training

1916 Generalised allied health interventions as follows:

- 95550-01 Allied health intervention, social work
- 95550-02 Allied health intervention, occupational therapy
- 95550-10 Allied health intervention, psychology.

There were a total of 33,328 same day mental health-related separations in 2001–02 for which the only procedures reported were from the list above. Most of these separations were classified as ambulatory-equivalent, although there were some excluded due to their mode of separation or admission.

ECT and general anaesthesia

ECT and general anaesthesia were the two most frequently reported procedures for same day mental health-related separations. In 2001–02 there were 12,023 same day mental health-related separations with ECT and/or general anaesthesia reported (see Table A3.6). Over 94% of the separations with ECT also had general anaesthesia recorded and almost 97% of the separations with general anaesthesia also had ECT. Most were reported for public hospitals.

Other procedures that would not be expected to be undertaken in ambulatory mental health care

In 2001–02 there were 1,314 mental health-related same day separations that had procedures that were considered unlikely to be undertaken in ambulatory mental health care services (Table A3.2). Some of these were apparently unrelated to either mental health or psychiatric care (e.g. endoscopy) and it is possible that some were miscoded data. The highest number of separations excluded because of these procedures were those with imaging services reported (473 separations) and non-invasive, cognitive and interventions, not elsewhere classified (other than those listed above; 591 separations).

Table A3.2: Separations with procedures not expected to be undertaken in ambulatory mental health care for same day mental health-related separations, excluding separations with ECT and GA procedures, by sector and psychiatric care days, 2001–02

	Public hospitals			Private hospitals			Total		
	Specialised psychiatric care			Specialised psychiatric care			Specialised psychiatric care		
Procedure group (procedure block codes)	With	With-out	Total	With	With-out	Total	With	With-out	Total
Nervous system (1–86)	1	29	30	1	2	3	2	31	33
Eye and adnexa (160–256)	1	1	2	0	0	0	1	1	2
Ear and mastoid process (300–333)	0	0	0	1	0	1	1	0	1
Nose, mouth and pharynx (370–422)	0	16	16	0	2	2	0	18	18
Dental services (450–490)	0	2	2	0	1	1	0	3	3
Respiratory system (520–569)	1	18	19	0	0	0	1	18	19
Cardiovascular system (600–767)	0	3	3	0	1	1	0	4	4
Blood and blood-forming organs (800–817)	0	0	0	0	1	1	0	1	1
Digestive system (850–1011)	1	11	12	0	38	38	1	49	50
Urinary system (1040–1128)	0	7	7	0	1	1	0	8	8
Male genital organs (1160–1203)	1	0	1	0	0	0	1	0	1
Obstetric procedures (1330–1347)	0	19	19	0	0	0	0	19	19
Musculoskeletal system (1360–1579)	0	1	1	0	0	0	0	1	1
Dermatological and plastic procedures (1600–1718)	39	49	85	0	2	2	36	51	87
Chemotherapeutic and radiation oncology procedures (1780–1799)	2	1	3	0	0	0	2	1	3
Non-invasive, cognitive and interventions, not elsewhere classified (1820–1916)[(a)]	120	23	143	334	114	448	454	137	591
Imaging services (1940–2016)	16	437	453	0	20	20	16	457	473
Total	**182**	**617**	**796**	**336**	**182**	**518**	**515**	**799**	**1,314**

(a) Excluding procedures not used to exclude separations, as detailed in the text.

Mode of admission and separation

Separations that had a mode of admission that included care type change or transfer, or a mode of separation that included care type change, transfer, left against medical advice or death, were identified as unlikely to be equivalent to ambulatory mental health care. This is because these modes of admission and separation indicate that the same day care was part of a period of care that was, or was expected to be longer than same day. For this reason, separations for which these modes of separation or admission were reported were not considered to be ambulatory-equivalent mental health-related separations.

There were 3,183 separations excluded on the basis of mode of admission involving a care type change (104) or transfer (3,079) (Table A3.3). There were 9,065 separations excluded on the basis of a mode of separation other than *Other* (i.e. the patient was not discharged to usual residence, their own accommodation or a welfare institution). This included 6,205 separations where the patient was transferred to another hospital, 470 separations with a care type change and 6 separations where the patient had died (Table A3.4).

Table A3.3: Mode of admission for same day mental health-related separations, by state and territory, 2001–02

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Admitted patient transferred from another hospital	385	1,944	111	116	93	426	2	2	3,079
Statistical admission – care type change	5	79	13	0	1	6	0	0	104
Other	36,926	34,551	27,456	9,389	2,829	1,735	145	153	113,184
Not reported	0	0	0	0	175	1,637	0	0	1,812
Total	**37,316**	**36,574**	**27,580**	**9,505**	**3,098**	**3,804**	**147**	**155**	**118,179**

Table A3.4: Mode of separation for same day mental health-related separations, by state and territory, 2001–02

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Discharge/transfer to an(other) acute hospital	965	2,450	626	81	476	486	11	17	5,112
Discharge/transfer to a residential aged care service	29	17	97	2	11	10	1	0	167
Discharge/transfer to an(other) psychiatric hospital	657	0	8	208	218	0	0	2	1,093
Discharge/transfer to other health care accommodation	31	29	53	1	13	63	0	7	197
Statistical discharge –- care type change	32	393	25	9	2	5	0	4	470
Left against medical advice	1,185	156	344	181	108	17	2	5	1,998
Statistical discharge from leave	0	0	12	9	0	1	0	0	22
Died	3	0	2	1	0	0	0	0	6
Other (includes discharge to usual residence/own accommodation/welfare institution)	34,414	33,529	26,413	9,013	2,260	3,222	133	120	109,104
Not reported	0	0	0	0	10	0	0	0	10
Total	**37,316**	**36,574**	**27,580**	**9,505**	**3,098**	**3,804**	**147**	**155**	**118,179**

Intended length of stay

The Mental Health Classification and Service Costs Study found that episodes intending to be same day were more similar to community care than admitted patient care (Buckingham et al. 1998). Based on this, it was envisaged that the definition of an ambulatory-equivalent mental health-related separation would exclude separations where the intended length of stay was overnight.

In 2001–02, the proportion of mental health-related same day separations that were intended to be same day ranged from 21.3% to 91.2% across jurisdictions (Table A3.5). This indicates that the quality of the data on intended length of stay varied. Given that apparent variation, it was assessed as unlikely that *Intended length of stay* would be reliable enough to use in the definition of ambulatory-equivalent mental health-related separations.

Table A3.5: Intended length of stay for same day mental health-related separations, by state and territory, 2001–02

Intended length of stay	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Intended same day	30,552	33,358	20,478	7,558	1,835	2,704	83	33	96,601
Intended overnight	6,757	3,216	7,102	1,947	1,263	1,087	64	122	21,558
Not reported	7	0	0	0	0	13	0	0	20
Total	**37,316**	**36,574**	**27,580**	**9,505**	**3,098**	**3,804**	**147**	**155**	**118,179**
% of same day separations that were intended to be same day	81.9	91.2	74.3	79.5	59.2	71.1	56.5	21.3	81.7

Summary

The number of same day mental health-related separations excluded using the methods described above totalled 20,383 (Table A3.6). Most were excluded because they included ECT and/or general anaesthesia (12,023 separations) or an excluded mode of separation (9,065 separations). Most excluded separations were in public hospitals (17,768) and did not have specialised psychiatric care (11,847).

There were 97,796 'ambulatory-equivalent' separations remaining after exclusions (Table A3.7). The majority were in private hospitals (71,298) and most had specialised psychiatric care (77,189). The proportion of same day separations that were categorised as ambulatory-equivalent varied among the states and territories, ranging from 53.5% in South Australia to 89.7% in Western Australia.

It is important to note that there could have been some misclassification with this process. Therefore, the ambulatory and non-ambulatory-equivalent split should be seen as indicative and not exact. This is particularly the case given the relatively large number of separations with no procedures reported.

Table A3.6: Summary of separations excluded from the ambulatory-equivalent mental health-related category, by hospital type and specialised psychiatric care status, 2001–02

	Mode of admission	Mode of separation	ECT and/or general anaesthetic	Other 'non-ambulatory' procedure	Total
Public hospitals					
With specialised psychiatric care	1,038	1,809	3,819	182	5,585
Without specialised psychiatric care	2,093	6,636	5,543	617	11,183
Total	*3,131*	*8,445*	*9,362*	*796*	*16,768*
Private hospitals					
With specialised psychiatric care	44	527	2,337	336	2,951
Without specialised psychiatric care	8	93	324	182	664
Total	*52*	*620*	*2,661*	*518*	*3,615*
All hospitals					
With specialised psychiatric care	1,082	2,336	6,156	515	8,536
Without specialised psychiatric care	2,101	6,729	5,867	799	11,847
Total	**3,183**	**9,065**	**12,023**	**1,314**	**20,383**

Note: The sum of the columns does not equal the total number excluded as a separation may have been excluded for more than one reason.

Table A3.7: Same day mental health-related separations by ambulatory-equivalent status, by hospital type and specialised psychiatric care status, states and territories, 2001–02

Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Non-ambulatory-equivalent									
Public hospitals									
With specialised psychiatric care	1,552	538	1,979	257	498	719	28	14	5,585
Without specialised psychiatric care	2,841	5,871	885	484	887	149	27	39	11,183
Private hospitals									
With specialised psychiatric care	1,072	749	930	167	33	0	0	n.a.	2,951
Without specialised psychiatric care	174	127	193	68	24	77	1	n.a.	664
All hospitals									
With specialised psychiatric care	2,624	1,287	2,909	424	531	719	28	14	8,536
Without specialised psychiatric care	3,015	5,998	1,078	552	911	226	28	39	11,847
Total non-ambulatory-equivalent	*5,639*	*7,285*	*3,987*	*976*	*1,442*	*945*	*56*	*53*	*20,383*
Ambulatory-equivalent									
Public hospitals									
With specialised psychiatric care	8,749	1,068	3,571	416	646	76	53	41	14,620
Without specialised psychiatric care	3,707	5,050	1,135	849	854	184	38	61	11,878
Private hospitals									
With specialised psychiatric care	16,779	21,372	15,564	7,088	142	1,624	0	n.a.	62,569
Without specialised psychiatric care	2,442	1,799	3,323	176	14	975	0	n.a.	8,729
All hospitals									
With specialised psychiatric care	25,528	22,440	19,135	7,504	788	1,700	53	41	77,189
Without specialised psychiatric care	6,149	6,849	4,458	1,025	868	1,159	38	61	20,607
Total ambulatory-equivalent	*31,677*	*29,289*	*23,593*	*8,529*	*1,656*	*2,859*	*91*	*102*	*97,796*
Total	**37,316**	**36,574**	**27,580**	**9,505**	**3,098**	**3,804**	**147**	**155**	**118,179**
% of same day separations that were considered ambulatory-equivalent	84.9	80.1	85.5	89.7	53.5	75.2	61.9	65.8	82.8

Appendix 4: State and territory ambulatory mental health care and admitted patient data

This appendix presents state and territory data on ambulatory mental health care and admitted patient mental health care.

Ambulatory mental health care

Tables A4.1 and A4.2 provide information by state and territory for public community mental health service contacts by age and sex and principal diagnosis. Please see Chapter 3 for the national data on these service contacts. Data in the tables are sourced from the National Community Mental Health Care Database.

Tables A4.21 and A4.22 present information on the principal diagnosis groupings for ambulatory-equivalent mental health-related hospital separations (see Appendix 3) with and without specialised psychiatric care by state and territory. See Chapter 3 for the national data on these separations.

Admitted patient mental health care

The remaining tables in this appendix provide more detailed state and territory information on admitted patient mental health care that was not considered to be ambulatory-equivalent.

Tables A4.3 to A4.12 provide information by state and territory for mental health-related separations with specialised psychiatric care which were not considered ambulatory-equivalent. These tables include counts of separations, patient days and psychiatric care days by principal diagnosis, AR-DRGs and procedures. See Chapter 5 for the national data on these separations.

Tables A4.13 to A4.20 provide information by state and territory for mental health-related separations without specialised psychiatric care which were not considered ambulatory-equivalent. These tables include counts of separations and patient days by principal diagnosis, AR-DRGs and procedures. See Chapter 6 for the national data on these separations.

Table A4.1: Community mental health service contacts by sex and age group, states and territories, 2001–02[a]

Sex and age	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 15	36,953	86,941	63,873	22,273	11,117	2,661	7,596	1,202	232,616
15–24	75,282	139,109	60,872	29,184	21,731	3,063	19,353	3,919	352,513
25–34	107,914	211,086	84,165	44,047	37,353	5,798	21,283	5,634	517,280
35–44	105,132	154,809	69,587	40,360	37,012	5,513	18,284	5,509	436,206
45–54	65,287	109,389	46,324	29,314	19,478	3,686	7,322	1,494	282,294
55–64	29,494	50,747	24,841	13,372	8,402	1,201	2,922	869	131,848
65+	20,849	90,614	24,596	16,426	12,307	1,511	2,902	375	169,580
Total males[b]	*441,642*	*842,720*	*374,258*	*195,096*	*147,400*	*23,631*	*79,663*	*19,029*	*2,123,439*
Females									
Less than 15	22,690	45,119	37,690	12,511	5,665	1,756	5,067	508	131,006
15–24	70,338	120,542	60,493	26,400	15,509	3,269	18,377	1,960	316,888
25–34	85,492	147,948	59,988	35,566	23,284	4,711	12,784	2,646	372,419
35–44	91,895	155,072	61,905	41,595	27,089	4,917	14,003	2,781	399,257
45–54	65,877	107,662	47,092	33,109	20,456	4,319	11,803	1,909	292,227
55–64	39,974	65,807	25,327	18,951	14,823	2,048	6,812	399	174,141
65+	39,397	161,045	39,133	32,191	25,001	3,532	5,933	252	306,484
Total females[b]	*416,580*	*803,227*	*331,628*	*200,417*	*131,827*	*24,636*	*74,819*	*10,491*	*1,993,625*
Total [b]									
Less than 15	70,024	132,060	101,571	34,784	17,182	4,417	12,663	1,710	374,411
15–24	156,609	259,651	121,365	55,584	37,478	6,332	37,730	5,906	680,655
25–34	209,654	359,061	144,153	79,613	60,768	10,512	34,067	8,325	906,153
35–44	211,247	309,881	131,492	81,955	64,126	10,435	32,287	8,290	849,713
45–54	139,563	217,051	93,416	62,423	39,938	8,006	19,125	3,403	582,925
55–64	73,903	116,554	50,168	32,323	23,228	3,252	9,734	1,268	310,430
65+	74,406	251,659	63,730	48,617	37,336	5,050	8,835	627	490,260
Total[b]	**942,307**	**1,645,974**	**705,895**	**395,513**	**280,056**	**48,286**	**156,108**	**29,592**	**4,203,731**

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1 and Chapter 3.

(b) Includes service contacts for which sex and/or age group was not reported.

Table A4.2: Community mental health service contacts by principal diagnosis, states and territories, 2001–02[a]

Principal diagnosis		NSW	Vic	Qld[b]	WA	SA	Tas	ACT[c]	NT[c]	Australia	Per cent of service contacts with specified principal diagnosis
F00–F03	Dementia	4,666	50,242	n.a.	11,931	7,771	2,267	1,269	13	78,159	2.8
F04–F09	Other organic mental disorders	1,604	8,010	n.a.	7,533	1,895	153	2,368	71	21,634	0.8
F10	Mental and behavioural disorders due to use of alcohol	5,378	14,196	n.a.	3,473	1,010	93	1,032	353	25,535	0.9
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	8,712	26,248	n.a.	8,555	2,265	245	3,310	573	49,908	1.8
F20	Schizophrenia	217,955	538,666	n.a.	101,813	96,522	12,947	48,924	2,692	1,019,519	36.5
F21, F24, F28, F29	Schizotypal and other delusional disorders	1,330	24,687	n.a.	7,916	6,080	164	3,168	183	43,528	1.6
F22	Persistent delusional disorders	1,060	20,476	n.a.	5,074	3,831	32	3,004	120	33,597	1.2
F23	Acute and transient psychotic disorders	55,259	18,192	n.a.	7,036	5,362	1,319	1,841	160	89,169	3.2
F25	Schizoaffective disorders	2,412	113,264	n.a.	11,230	19,547	2,715	8,450	529	158,147	5.7
F30	Manic episode	571	4,874	n.a.	7,673	2,921	170	1,090	13	17,312	0.6
F31	Bipolar affective disorders	39,961	129,088	n.a.	29,428	27,102	2,948	11,176	490	240,193	8.6
F32	Depressive episode	87,850	148,269	n.a.	48,672	29,618	4,864	11,853	1,906	333,032	11.9
F33	Recurrent depressive disorders	1,068	39,745	n.a.	13,328	4,754	143	4,173	205	63,416	2.3
F34	Persistent mood (affective) disorders	434	14,203	n.a.	8,745	2,261	191	2,089	134	28,057	1.0
F38, F39	Other and unspecified mood (affective) disorders	2,044	2,248	n.a.	2,107	834	28	1,166	109	8,536	0.3
F40	Phobic anxiety disorders	3,047	3,485	n.a.	2,562	2,167	161	542	84	12,048	0.4
F41	Other anxiety disorders	31,306	25,353	n.a.	14,641	6,627	2,427	2,304	394	83,052	3.0
F42	Obsessive—compulsive disorders	474	7,315	n.a.	4,450	2,008	672	1,662	50	16,631	0.6
F43	Reaction to severe stress and adjustment disorders	20,234	81,072	n.a.	29,995	10,634	1,772	2,096	1,489	147,292	5.3
F44	Dissociative (conversion) disorders	1,158	546	n.a.	737	110	83	19	1	2,654	0.1
F45, F48	Somatoform and other neurotic disorders	1,927	2,604	n.a.	1,475	408	80	227	58	6,779	0.2

(continued)

Table A4.2 (continued): Community mental health service contacts by principal diagnosis, states and territories, 2001–02[a]

Principal diagnosis		NSW	Vic	Qld[b]	WA	SA	Tas	ACT[c]	NT[c]	Australia	Per cent of service contacts with specified principal diagnosis
F50	Eating disorders	4,142	7,401	n.a.	3,045	116	344	186	67	15,301	0.5
F51–F59	Other behavioural syndromes associated with physiological disturbance & physical factors	250	2,127	n.a.	1,833	233	142	613	3	5,201	0.2
F60	Specific personality disorders	11,820	63,198	n.a.	13,200	7,033	1,379	6,356	487	103,473	3.7
F61–F69	Disorders of adult personality and behaviour	510	3,107	n.a.	1,777	1,584	110	831	137	8,056	0.3
F70–F79	Mental retardation	1,829	5,059	n.a.	1,998	473	167	787	11	10,324	0.4
F80–F89	Disorders of psychological development	980	14,733	n.a.	1,811	1,204	104	450	63	19,345	0.7
F90	Hyperkinetic disorders	3,413	10,157	n.a.	3,267	332	482	886	140	18,677	0.7
F91	Conduct disorders	5,644	22,435	n.a.	2,200	2,094	324	503	111	33,311	1.2
F92–F98	Other & unspecified disorders with onset during childhood adolescence	2,358	28,295	n.a.	9,607	2,153	395	4,762	175	47,745	1.7
	Other	35,256	2,481	n.a.	12,201	2,694	1,230	0[c]	0[c]	53,862	1.9
Total with specified principal diagnosis		*554,652*	*1,431,776*	*n.a.*	*379,313*	*251,643*	*38,151*	*127,137*	*10,821*	*2,793,493*	*100.0*
F99	Mental disorder not otherwise specified	205,750	3,702	n.a.	16,200	28,413	1	28,971	208	283,245	. .
	Not reported	181,905	210,496	705,895	0	0	10,134	0	18,563	1,126,993	. .
Total with unspecified principal diagnosis		*387,655*	*214,198*	*705,895*	*16,200*	*28,413*	*10,135*	*28,971*	*18,771*	*1,410,238*	. .
Total service contacts		**942,307**	**1,645,974**	**705,895**	**395,513**	**280,056**	**48,286**	**156,108**	**29,592**	**4,203,731**	**. .**

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used across jurisdictions. For more information refer to Appendix 1 and Chapter 3.

(b) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions when reporting principal diagnosis.

(c) The Australian Capital Territory and Northern Territory reported principal diagnosis using the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification only.

n.a. Not available.

Table A4.3: Same day separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	2	5	2	0	1	0	1	0	11
F04–F09	Other organic mental disorders	2	2	4	5	1	1	0	0	15
F10	Mental and behavioural disorders due to use of alcohol	220	6	32	8	4	0	0	1	271
F11–F19	Mental and behav disorders due to other psychoactive substances use	85	8	25	18	10	3	0	4	153
F20	Schizophrenia	171	55	193	12	28	8	1	2	470
F21, F24, F28–F29	Schizotypal and other delusional disorders	12	7	28	16	8	8	1	0	80
F22	Persistent delusional disorders	5	3	1	1	4	0	0	0	14
F23	Acute and transient psychotic disorders	34	11	26	0	7	0	0	1	79
F25	Schizoaffective disorders	103	60	161	7	24	2	0	0	357
F30	Manic episode	3	4	4	1	1	1	0	0	14
F31	Bipolar affective disorders	103	146	244	21	49	53	1	0	617
F32	Depressive episode	752	381	1,219	95	125	574	14	0	3,160
F33	Recurrent depressive disorders	657	393	640	165	48	47	2	0	1,952
F34	Persistent mood (affective) disorders	13	3	15	3	2	5	0	0	41
F38, F39	Other and unspecified mood (affective) disorders	0	0	1	0	0	0	0	0	1
F40	Phobic anxiety disorders	13	7	1	3	0	0	0	0	24
F41	Other anxiety disorders	120	0	27	2	0	0	0	0	149
F42	Obsessive–compulsive disorders	70	2	1	3	0	1	0	0	77
F43	Reaction to severe stress and adjustment disorders	61	34	130	48	21	9	1	3	307
F44	Dissociative (conversion) disorders	1	0	12	0	0	1	0	0	14
F45, F48	Somatoform and other neurotic disorders	3	0	1	0	0	0	0	0	4
F50	Eating disorders	28	107	4	0	1	0	0	0	140
F51–F59	Other behav syndromes associated w phys dist and phys factors	5	16	18	0	2	0	0	0	41
F60	Specific personality disorders	50	19	36	7	10	6	2	0	130
F61–F69	Disorders of adult personality and behaviour	10	0	2	3	0	0	0	0	15
F70–F79	Mental retardation	1	0	3	0	1	0	0	0	5
F80–F89	Disorders of pscychological development	8	0	2	1	0	0	0	0	11
F90	Hyperkinetic disorders	1	0	1	0	0	0	0	0	2
F91	Conduct disorders	5	0	0	1	2	0	0	0	8
F92–F98	Other and unspec disorders w onset childhood adolescence	27	0	1	1	0	0	0	0	29
F99	Mental disorder not otherwise specified	1	1	0	0	1	0	0	0	3
G30	Alzheimer's disease	0	0	4	0	1	0	0	0	5
O99.3	Mental disorders and dis of the nerv sys complic preg, child & puerp	1	0	0	0	0	0	0	0	1
R45	Symptoms and signs involving emotional state	0	0	5	0	1	0	1	0	7
	Other factors related to mental and behavioural disorders[b]	4	3	5	1	0	0	0	0	13
	Other[c]	53	14	61	2	179	0	4	3	316
	Total	**2,624**	**1,287**	**2,909**	**424**	**531**	**719**	**28**	**14**	**8,536**
	Age-standardised same day separation rate[d]	**0.40**	**0.27**	**0.82**	**0.23**	**0.34**	**1.51**	**0.09**	**0.08**	**0.44**
	95% confidence interval	0.41–0.38	0.28–0.25	0.84–0.79	0.25–0.21	0.37–0.31	1.62–1.4	0.13–0.06	0.13–0.04	0.45–0.43

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0. No separations were reported for Other factors related to substance use (Z50.2, Z50.3, Z71.4, Z71.5)
(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 2.
(d) Indirect age-standardisation using the estimated resident population as at 30 June 2001.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.4: Overnight separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	211	382	142	153	163	46	9	3	1,109
F04–F09	Other organic mental disorders	266	230	171	191	93	23	6	20	1,000
F10	Mental and behavioural disorders due to use of alcohol	1,868	675	499	434	355	134	26	24	4,015
F11–F19	Mental and behav disorders due to other psychoactive substances use	1,980	922	965	848	410	141	59	98	5,423
F20	Schizophrenia	5,784	5,112	5,036	1,791	1,516	575	239	152	20,205
F21, F24, F28–F29	Schizotypal and other delusional disorders	602	471	260	253	154	45	24	25	1,834
F22	Persistent delusional disorders	318	272	225	132	144	39	27	7	1,164
F23	Acute and transient psychotic disorders	855	392	389	155	215	34	43	28	2,111
F25	Schizoaffective disorders	1,709	1,328	1,018	352	701	97	61	58	5,324
F30	Manic episode	280	197	112	87	76	17	13	11	793
F31	Bipolar affective disorders	2,903	2,288	1,915	1,082	1,094	253	177	54	9,766
F32	Depressive episode	3,968	3,272	3,482	1,376	1,293	352	194	69	14,006
F33	Recurrent depressive disorders	1,409	1,650	736	909	784	108	177	4	5,777
F34	Persistent mood (affective) disorders	441	268	514	177	115	33	80	5	1,633
F38, F39	Other and unspecified mood (affective) disorders	43	27	35	23	20	7	15	0	170
F40	Phobic anxiety disorders	76	36	45	17	14	7	1	0	196
F41	Other anxiety disorders	498	328	397	222	189	60	41	4	1,739
F42	Obsessive–compulsive disorders	114	94	71	47	23	20	9	2	380
F43	Reaction to severe stress and adjustment disorders	2,575	1,722	2,575	1,664	1,199	407	183	108	10,433
F44	Dissociative (conversion) disorders	66	52	253	29	30	9	3	0	442
F45, F48	Somatoform and other neurotic disorders	39	28	35	18	11	8	1	0	140
F50	Eating disorders	283	237	217	104	98	21	7	0	967
F51–F59	Other behav syndromes associated w phys dist and phys factors	117	125	71	46	48	3	8	3	421
F60	Specific personality disorders	1,391	974	917	712	327	239	120	10	4,690
F61–F69	Disorders of adult personality and behaviour	123	18	42	64	40	4	8	0	299
F70–F79	Mental retardation	67	16	59	18	14	10	5	0	189
F80–F89	Disorders of psychological development	53	15	61	25	8	4	0	1	167
F90	Hyperkinetic disorders	42	30	19	14	5	0	1	0	111
F91	Conduct disorders	187	77	96	31	19	12	7	1	430
F92–F98	Other and unspec disorders w onset childhood adolescence	37	33	52	29	11	1	0	0	163
F99	Mental disorder not otherwise specified	25	86	4	4	2	2	0	0	123
G30	Alzheimer's disease	103	213	61	165	121	16	0	0	679
G47	Sleep disorders	2	0	18	0	2	1	0	0	23
O99.3	Mental disorders and dis of the nerv sys complic preg, child & puerp	20	15	13	7	3	7	1	1	67
R44	Other symptoms and signs involving general sensations and perceptions	9	10	2	1	0	0	0	0	22
R45	Symptoms and signs involving emotional state	7	15	16	0	1	1	2	1	43
	Other factors related to mental and behavioural disorders[b]	413	70	18	8	1	2	6	3	521
	Other factors related to substance use[c]	3	0	0	0	0	0	0	0	3
	Other[d]	3,018	410	1,465	190	487	133	111	41	5,855
	Total	**31,905**	**22,090**	**22,006**	**11,378**	**9,786**	**2,871**	**1,664**	**733**	**102,433**
	Age-standardised overnight separation rate[e]	**4.9**	**4.6**	**6.1**	**6.0**	**6.5**	**6.3**	**5.1**	**3.7**	**5.3**
	95% confidence interval	4.91–4.8	4.62–4.5	6.19–6.03	6.1–5.88	6.61–6.35	6.49–6.03	5.31–4.82	3.95–3.42	5.31–5.25

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 2.
(e) Indirect age-standardisation using the estimated resident population as at 30 June 2001.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.5: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	17,872	15,295	12,551	10,810	7,405	2,830	169	41	66,973
F04–F09	Other organic mental disorders	11,804	6,064	16,828	4,152	1,563	1,163	79	444	42,097
F10	Mental and behavioural disorders due to use of alcohol	32,800	9,451	15,170	6,244	4,956	3,478	167	125	72,391
F11–F19	Mental and behav disorders due to other psychoactive substances use	20,650	9,329	7,651	8,375	3,546	1,022	820	652	52,045
F20	Schizophrenia	419,643	117,871	207,812	50,223	31,060	15,433	3,526	1,960	847,528
F21, F24, F28–F29	Schizotypal and other delusional disorders	9,659	7,296	3,630	4,112	1,719	385	248	207	27,256
F22	Persistent delusional disorders	5,105	4,717	15,312	2,564	2,156	599	467	106	31,026
F23	Acute and transient psychotic disorders	12,011	5,213	4,854	1,887	2,617	542	600	250	27,974
F25	Schizoaffective disorders	55,900	27,317	20,805	9,358	16,590	2,173	1,061	1,168	134,372
F30	Manic episode	4,076	2,972	1,590	1,391	1,035	171	149	83	11,467
F31	Bipolar affective disorders	58,116	42,715	39,565	21,349	19,520	6,274	2,690	688	190,917
F32	Depressive episode	67,668	55,404	55,002	21,259	22,970	3,306	2,881	640	229,130
F33	Recurrent depressive disorders	26,433	29,764	12,534	14,713	15,665	1,872	2,816	16	103,813
F34	Persistent mood (affective) disorders	4,603	2,973	5,857	1,735	1,168	327	745	12	17,420
F38, F39	Other and unspecified mood (affective) disorders	473	407	771	300	348	86	227	0	2,612
F40	Phobic anxiety disorders	1,151	508	816	156	203	81	4	0	2,919
F41	Other anxiety disorders	7,193	5,201	5,568	3,306	2,810	555	405	13	25,051
F42	Obsessive–compulsive disorders	2,500	1,895	3,032	918	316	231	93	7	8,992
F43	Reaction to severe stress and adjustment disorders	19,454	13,865	21,523	13,987	10,993	2,403	1,306	314	83,845
F44	Dissociative (conversion) disorders	860	754	3,396	323	480	130	17	0	5,960
F45, F48	Somatoform and other neurotic disorders	535	522	672	226	170	160	19	0	2,304
F50	Eating disorders	8,646	7,578	7,744	2,822	2,843	739	249	0	30,621
F51–F59	Other behav syndromes associated w phys dist and phys factors	2,287	1,717	1,009	631	626	13	91	34	6,408
F60	Specific personality disorders	12,815	7,424	5,144	5,625	2,424	2,339	624	89	36,484
F61–F69	Disorders of adult personality and behaviour	1,664	142	480	684	799	14	102	0	3,885
F70–F79	Mental retardation	13,853	226	13,236	248	365	325	20	0	28,273
F80–F89	Disorders of psychological development	1,249	293	790	591	173	50	0	1	3,147
F90	Hyperkinetic disorders	344	510	174	336	42	0	1	0	1,407
F91	Conduct disorders	1,090	1,136	821	373	116	42	30	5	3,613
F92–F98	Other and unspec disorders w onset childhood adolescence	280	597	437	624	122	2	0	0	2,062
F99	Mental disorder not otherwise specified	257	3,062	219	54	46	21	0	0	3,659
G30	Alzheimer's disease	9,006	8,361	2,506	11,963	6,396	816	0	0	39,048
G47	Sleep disorders	6	0	18	0	12	1	0	0	37
O99.3	Mental disorders and dis of the nerv sys complic preg, child & puerp	297	297	84	60	47	49	1	29	864
R44	Other symptoms and signs involving general sensations and perceptions	201	115	6	25	0	0	0	0	347
R45	Symptoms and signs involving emotional state	12	98	202	0	57	1	19	2	391
	Other factors related to mental and behavioural disorders[b]	1,951	949	166	59	3	2	56	5	3,191
	Other factors related to substance use[c]	294	0	0	0	0	0	0	0	294
	Other[d]	145,910	6,858	42,614	14,515	68,253	20,874	903	197	300,124
	Total	**978,668**	**398,896**	**530,589**	**215,998**	**229,614**	**68,509**	**20,585**	**7,088**	**2,449,947**
	Age-standardised overnight patient day rate[e]	**148.3**	**82.2**	**148.1**	**115.0**	**149.9**	**147.7**	**64.7**	**38.0**	**126.2**
	95% confidence interval	148.6–148	82.5–82	48.51–147.7	115.5–114.6	150.5–149.3	148.8–146.6	65.5–63.8	38.9–37.1	126.4–126.1

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 2.
(e) Indirect age-standardisation using the estimated resident population as at 30 June 2001.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.6: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	17,706	15,295	12,473	10,704	7,405	2,830	168	41	66,622
F04–F09	Other organic mental disorders	11,569	6,064	16,800	4,016	1,563	1,163	79	414	41,668
F10	Mental and behavioural disorders due to use of alcohol	32,255	9,451	15,147	6,176	4,956	3,478	164	124	71,751
F11–F19	Mental and behav disorders due to other psychoactive substances use	20,040	9,329	7,615	8,240	3,546	1,022	815	640	51,247
F20	Schizophrenia	410,755	117,871	207,368	49,500	31,060	15,433	3,488	1,957	837,432
F21, F24, F28–F29	Schizotypal and other delusional disorders	9,468	7,296	3,535	3,981	1,719	385	248	207	26,839
F22	Persistent delusional disorders	5,038	4,717	15,300	2,543	2,156	599	465	106	30,924
F23	Acute and transient psychotic disorders	11,820	5,213	4,806	1,873	2,617	542	568	250	27,689
F25	Schizoaffective disorders	53,890	27,317	20,733	9,265	16,500	2,173	1,044	1,168	132,090
F30	Manic episode	3,990	2,972	1,576	1,350	1,035	171	145	83	11,322
F31	Bipolar affective disorders	57,106	42,715	39,363	20,874	19,520	6,274	2,655	686	189,193
F32	Depressive episode	65,729	55,404	54,566	20,585	22,970	3,306	2,760	633	225,953
F33	Recurrent depressive disorders	25,898	29,764	12,334	14,446	15,665	1,872	2,758	16	102,753
F34	Persistent mood (affective) disorders	4,533	2,973	5,841	1,709	1,168	327	738	12	17,301
F38, F39	Other and unspecified mood (affective) disorders	471	407	770	289	348	86	226	0	2,597
F40	Phobic anxiety disorders	1,059	508	815	156	203	81	3	0	2,825
F41	Other anxiety disorders	6,959	5,201	5,553	3,239	2,810	555	398	13	24,728
F42	Obsessive–compulsive disorders	2,458	1,895	3,025	888	316	231	87	6	8,906
F43	Reaction to severe stress and adjustment disorders	19,091	13,865	21,418	13,781	10,993	2,403	1,268	311	83,130
F44	Dissociative (conversion) disorders	811	754	3,362	322	480	130	17	0	5,876
F45, F48	Somatoform and other neurotic disorders	516	522	319	222	170	160	19	0	1,928
F50	Eating disorders	8,244	7,578	7,635	2,783	2,843	739	241	0	30,063
F51–F59	Other behav syndromes associated w phys dist and phys factors	2,275	1,717	1,009	630	626	13	91	34	6,395
F60	Specific personality disorders	12,596	7,424	5,112	5,531	2,424	2,339	617	89	36,132
F61–F69	Disorders of adult personality and behaviour	1,646	142	477	669	799	14	102	0	3,849
F70–F79	Mental retardation	13,845	226	13,228	248	365	325	20	0	28,257
F80–F89	Disorders of psychological development	1,241	293	790	581	173	50	0	1	3,129
F90	Hyperkinetic disorders	337	510	174	330	42	0	1	0	1,394
F91	Conduct disorders	1,073	1,136	821	372	116	42	30	5	3,595
F92–F98	Other & unspec disorders w onset childhood adolescence	257	597	437	592	122	2	0	0	2,007
F99	Mental disorder not otherwise specified	256	3,062	216	54	46	21	0	0	3,655
G30	Alzheimer's disease	8,950	8,361	2,332	11,664	6,396	816	0	0	38,519
G47	Sleep disorders	6	0	18	0	12	1	0	0	37
O99.3	Mental disorders and dis of the nerv sys complic preg, child & puerp	274	297	68	51	47	49	1	29	816
R44	Other symptoms snd signs involving general sensations and perceptions	192	115	6	25	0	0	0	0	338
R45	Symptoms and signs involving emotional state	12	98	202	0	57	1	19	2	391
	Other factors related to mental and behavioural disorders[b]	1,949	949	166	55	3	2	55	5	3,184
	Other factors related to substance use[c]	294	0	0	0	0	0	0	0	294
	Other[d]	137,569	6,858	40,426	13,573	67,710	20,874	760	151	287,921
	Total	**952,178**	**398,896**	**525,836**	**211,317**	**228,981**	**68,509**	**20,050**	**6,983**	**2,412,750**
	Age-standardised overnight psychiatric care day rate[e]	**144.30**	**82.20**	**146.81**	**112.56**	**149.49**	**147.73**	**62.99**	**37.46**	**124.31**
	95% confidence interval	144.6–144	82.5–81.9	147.2–146.4	113–112.1	150.1–148.9	148.8–146.6	63.9–62.1	38.3–36.6	124.5–124.2

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 2.
(e) Indirect age-standardisation using the estimated resident population as at 30 June 2001.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.7: Overnight separations[a] with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[b] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	2,986	3,266	2,786	1,273	1,116	326	n.p.	123	12,188
U67Z Personality Disorders and Acute Reactions	2,142	2,281	2,770	1,676	941	559	n.p.	117	10,721
U61A Schizophrenia Disorders W Mental Health Legal Status	1,964	3,436	3,261	535	739	177	n.p.	0	10,197
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2,774	2,388	1,923	735	461	395	n.p.	208	9,097
U64Z Other Affective and Somatoform Disorders	928	1,040	1,110	391	194	246	n.p.	18	4,074
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	490	753	418	96	196	97	n.p.	4	2,093
V61B Drug Intoxication and Withdrawal W/O CC	512	475	535	253	120	78	25	78	2,076
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	434	614	444	158	142	30	24	2	1,848
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	519	401	240	144	104	67	n.p.	55	1,587
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	131	568	197	83	118	78	n.p.	8	1,192
X62A Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	227	45	361	31	79	21	28	7	799
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age<60 W/O CC	224	84	307	33	44	30	40	7	769
V60Z Alcohol Intoxication and Withdrawal	267	161	159	70	45	35	n.p.	21	768
U65Z Anxiety Disorders	163	134	181	67	57	39	n.p.	1	656
U66Z Eating and Obsessive–Compulsive Disorders	111	197	142	59	94	32	n.p.	1	648
Private hospitals									
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	1,261	2,027	n.p.	1,039	951	n.p.	n.p.	n.a.	7,055
U67Z Personality Disorders and Acute Reactions	446	494	680	453	280	n.p.	n.p.	n.a.	2,524
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	234	515	n.p.	123	222	n.p.	n.p.	n.a.	1,461
U64Z Other Affective and Somatoform Disorders	177	293	n.p.	242	128	n.p.	n.p.	n.a.	1,350
U61B Schizophrenia Disorders W/O Mental Health Legal Status	347	431	409	114	0	n.p.	n.p.	n.a.	1,310
V62A Alcohol Use Disorder and Dependence	484	333	59	169	199	n.p.	n.p.	n.a.	1,286
U65Z Anxiety Disorders	190	177	397	120	82	n.p.	n.p.	n.a.	996
U66Z Eating and Obsessive–Compulsive Disorders	140	134	129	85	29	n.p.	n.p.	n.a.	529
V64Z Other Drug Use Disorder and Dependence	223	62	34	92	53	n.p.	n.p.	n.a.	474
U61A Schizophrenia Disorders W Mental Health Legal Status	0	0	n.p.	34	243	n.p.	n.p.	n.a.	374
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13	124	n.p.	10	56	n.p.	n.p.	n.a.	241
V60Z Alcohol Intoxication and Withdrawal	58	25	37	51	6	n.p.	n.p.	n.a.	209
V63Z Opioid Use Disorder and Dependence	60	81	14	22	6	n.p.	n.p.	n.a.	191
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	47	59	44	30	0	n.p.	n.p.	n.a.	182
O61Z Postpartum and Post Abortion W/O O.R. Procedure	68	15	32	17	7	n.p.	n.p.	n.a.	140

(continued)

Table A4.7 (continued): Overnight separations[(a)] with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
		Public psychiatric hospitals								
U67Z	Personality Disorders and Acute Reactions	1,715	31	0	332	363	n.p.	. .	. .	2,458
U61A	Schizophrenia Disorders W Mental Health Legal Status	1,106	101	n.p.	523	683	n.p.	. .	. .	2,424
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	1,385	26	n.p.	301	468	n.p.	. .	. .	2,201
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	1,492	110	0	196	119	n.p.	. .	. .	2,006
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	266	3	0	112	182	n.p.	. .	. .	564
V61B	Drug Intoxication and Withdrawal W/O CC	297	6	0	195	65	n.p.	. .	. .	563
U64Z	Other Affective and Somatoform Disorders	324	10	n.p.	48	33	n.p.	. .	. .	419
V60Z	Alcohol Intoxication and Withdrawal	328	3	0	50	21	n.p.	. .	. .	403
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	145	0	n.p.	22	150	n.p.	. .	. .	321
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	278	5	0	21	6	n.p.	. .	. .	315
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	102	0	n.p.	28	154	n.p.	. .	. .	289
Z64B	Other Factors Influencing Health Status Age<80	250	24	0	3	8	n.p.	. .	. .	285
V64Z	Other Drug Use Disorder and Dependence	146	4	0	95	26	n.p.	. .	. .	272
V61A	Drug Intoxication and Withdrawal W CC	77	0	0	29	37	n.p.	. .	. .	144
V62A	Alcohol Use Disorder and Dependence	107	1	0	12	16	n.p.	. .	. .	140
		All hospitals								
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	5,632	5,319	4,391	2,613	2,535	407	424	123	21,444
U67Z	Personality Disorders and Acute Reactions	4,303	2,806	3,450	2,461	1,584	664	318	117	15,703
U61A	Schizophrenia Disorders W Mental Health Legal Status	3,070	3,537	3,346	1,092	1,665	200	85	0	12,995
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	4,613	2,929	2,332	1,045	580	484	222	208	12,413
U64Z	Other Affective and Somatoform Disorders	1,429	1,343	1,551	681	355	283	183	18	5,843
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	869	1,268	751	241	568	106	68	4	3,875
V61B	Drug Intoxication and Withdrawal W/O CC	823	492	565	479	195	78	27	78	2,737
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	700	618	460	286	362	34	26	2	2,488
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	844	465	284	195	110	72	59	55	2,084
V62A	Alcohol Use Disorder and Dependence	754	479	171	230	273	71	n.p.	3	1,992
U65Z	Anxiety Disorders	440	312	578	189	153	60	24	1	1,757
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	246	692	239	121	328	79	9	8	1,722
V60Z	Alcohol Intoxication and Withdrawal	653	189	196	171	72	63	15	21	1,380
V64Z	Other Drug Use Disorder and Dependence	549	217	174	247	111	46	n.p.	10	1,375
U66Z	Eating and Obsessive–Compulsive Disorders	315	331	271	152	127	41	17	1	1,255

(a) Separations for which the care type was acute, or was not reported.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

. . Not applicable.

n.a. Not available.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.8: Average length of stay (days) for overnight separations[(a)] with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Public acute hospitals				
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	15.4	14.8	12.5	15.0	14.3	12.2	13.7	10.6	14.3
U67Z Personality Disorders and Acute Reactions	5.7	6.4	4.7	6.2	7.7	4.7	5.1	3.4	5.8
U61A Schizophrenia Disorders W Mental Health Legal Status	22.0	21.2	19.9	24.8	21.7	15.2	15.5	. .	21.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	19.1	17.1	10.3	15.5	14.9	13.2	13.2	14.7	15.7
U64Z Other Affective and Somatoform Disorders	8.4	11.8	8.6	8.7	8.5	8.1	7.4	3.8	9.3
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	26.9	27.1	26.9	24.4	31.3	12.5	19.7	n.p.	26.5
V61B Drug Intoxication and Withdrawal W/O CC	7.3	9.6	6.5	8.4	6.7	6.4	9.3	6.7	7.7
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.9	13.6	13.7	15.8	12.8	15.1	13.9	n.p.	13.6
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12.3	14.2	8.7	11.6	8.8	8.9	13.5	9.3	11.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	20.1	38.5	24.6	18.3	37.6	41.1	n.p.	n.p.	32.5
X62A Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	8.6	7.3	9.8	12.0	12.7	7.3	7.6	n.p.	9.5
X62B Poisoning/Toxic Effects of Drugs and Other Substances Age<60 W/O CC	5.0	5.2	4.6	2.9	4.2	4.8	6.4	n.p.	4.8
V60Z Alcohol Intoxication and Withdrawal	4.1	13.4	3.9	7.3	7.2	5.0	3.7	5.6	6.6
U65Z Anxiety Disorders	8.2	12.3	7.2	8.1	14.5	5.7	6.8	n.p.	9.1
U66Z Eating and Obsessive–Compulsive Disorders	28.0	25.5	30.3	18.2	28.6	25.2	13.3	n.p.	26.5
All AR-DRGs	**14.2**	**16.2**	**12.0**	**12.6**	**14.9**	**10.6**	**11.0**	**9.3**	**13.8**
					Private hospitals				
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	19.5	18.6	19.4	14.6	17.2	20.6	17.2	n.a.	18.1
U67Z Personality Disorders and Acute Reactions	13.0	14.5	14.8	14.9	15.5	12.9	10.6	n.a.	14.3
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	25.7	22.1	21.3	22.9	25.8	20.2	37.5	n.a.	23.4
U64Z Other Affective and Somatoform Disorders	18.5	17.9	18.8	15.2	17.5	18.3	16.7	n.a.	17.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	19.0	19.5	20.0	18.3	. .	. .	27.1	n.a.	19.5
V62A Alcohol Use Disorder and Dependence	16.9	16.5	15.5	16.5	13.7	10.6	6.3	n.a.	15.9
U65Z Anxiety Disorders	18.0	16.7	15.4	15.6	14.4	22.4	9.9	n.a.	16.1
U66Z Eating and Obsessive–Compulsive Disorders	26.9	33.2	34.0	28.4	17.3	14.6	36.8	n.a.	29.9
V64Z Other Drug Use Disorder and Dependence	17.4	12.7	10.8	11.6	12.4	25.6	8.7	n.a.	14.7
U61A Schizophrenia Disorders W Mental Health Legal Status	. .	. .	24.9	32.1	16.2	19.4	. .	n.a.	19.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	34.5	27.0	20.4	15.5	22.2	. .	. .	n.a.	0.0
V60Z Alcohol Intoxication and Withdrawal	13.4	12.5	14.2	14.1	25.2	14.0	12.2	n.a.	14.0
V63Z Opioid Use Disorder and Dependence	16.6	6.7	12.6	11.8	6.2	12.0	25.5	n.a.	11.2
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9.9	21.8	18.8	10.6	. .	. .	10.5	n.a.	16.0
O61Z Postpartum and Post Abortion W/O O.R. Procedure	23.9	20.8	22.6	12.9	20.4	. .	8.0	n.a.	21.7
All AR-DRGs	**18.6**	**18.7**	**18.7**	**16.0**	**17.3**	**16.3**	**17.5**	**n.a.**	**18.1**

(continued)

Table A4.8 (continued): Average length of stay (days) for overnight separations[(a)] with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Public psychiatric hospitals				
U67Z Personality Disorders and Acute Reactions	5.4	28.0	. .	9.0	7.4	30.1	. .	. .	6.6
U61A Schizophrenia Disorders W Mental Health Legal Status	29.7	90.5	n.p.	36.1	23.0	n.p.	. .	. .	31.7
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	16.7	36.5	n.p.	23.8	16.8	10.8	. .	. .	17.9
U61B Schizophrenia Disorders W/O Mental Health Legal Status	23.8	28.0	. .	29.2	24.2	30.3	. .	. .	24.8
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	16.1	n.p.	. .	20.6	12.9	n.p.	. .	. .	16.3
V61B Drug Intoxication and Withdrawal W/O CC	9.2	n.p.	. .	11.7	8.0	. .	. .	. .	10.1
U64Z Other Affective and Somatoform Disorders	9.1	40.4	n.p.	10.6	10.5	n.p.	. .	. .	10.1
V60Z Alcohol Intoxication and Withdrawal	5.4	n.p.	. .	13.2	30.1	n.p.	. .	. .	8.5
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	27.3	. .	n.p.	32.5	38.0	n.p.	. .	. .	32.6
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	14.2	n.p.	. .	13.7	n.p.	n.p.	. .	. .	15.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	50.7	. .	n.p.	32.0	50.3	n.p.	. .	. .	48.4
Z64B Other Factors Influencing Health Status Age<80	4.2	24.1	. .	n.p.	n.p.	. .	. .	. .	6.1
V64Z Other Drug Use Disorder and Dependence	4.9	n.p.	. .	9.3	8.2	n.p.	. .	. .	7.1
V61A Drug Intoxication and Withdrawal W CC	13.8	. .	. .	12.6	14.5	n.p.	. .	. .	14.2
V62A Alcohol Use Disorder and Dependence	9.8	n.p.	. .	9.2	6.3	n.p.	. .	. .	9.4
All AR-DRGs	**16.6**	**45.4**	**28.3**	**22.4**	**20.4**	**34.6**	**. .**	**. .**	**19.2**
					All hospitals				
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	16.7	16.3	15.0	15.9	15.8	13.5	14.6	10.6	15.9
U67Z Personality Disorders and Acute Reactions	6.4	8.1	6.7	8.1	9.0	6.4	6.5	3.4	7.3
U61A Schizophrenia Disorders W Mental Health Legal Status	24.8	23.1	20.0	30.4	21.4	16.7	15.5	. .	23.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	20.6	17.8	12.0	18.3	16.7	16.1	13.7	14.7	17.6
U64Z Other Affective and Somatoform Disorders	9.8	13.3	11.5	11.1	11.9	9.3	9.2	3.8	11.3
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	26.7	25.1	24.4	24.4	30.9	12.8	27.3	n.p.	25.8
V61B Drug Intoxication and Withdrawal W/O CC	8.2	9.9	7.0	10.2	7.3	6.4	9.3	6.7	8.5
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	14.1	14.0	14.2	18.1	12.9	16.8	16.8	n.p.	14.4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12.8	15.4	10.2	11.7	9.7	10.3	13.4	9.3	12.6
V62A Alcohol Use Disorder and Dependence	13.5	14.0	8.9	14.2	13.4	7.8	6.3	n.p.	13.0
U65Z Anxiety Disorders	13.1	14.8	12.8	12.9	14.2	11.3	8.1	n.p.	13.2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	33.5	36.5	23.9	21.2	40.9	41.3	n.p.	n.p.	34.1
V60Z Alcohol Intoxication and Withdrawal	5.6	13.4	5.9	11.1	15.4	13.3	6.5	5.6	8.2
V64Z Other Drug Use Disorder and Dependence	10.0	8.6	5.5	8.8	9.2	6.7	5.5	3.3	8.7
U66Z Eating and Obsessive–Compulsive Disorders	25.9	28.6	32.0	24.9	25.6	23.7	20.2	n.p.	27.6
All AR-DRGs	**15.6**	**17.2**	**13.5**	**15.3**	**16.9**	**12.5**	**12.2**	**9.3**	**15.4**

(a) Separations for which the care was acute, or was not reported and the length of stay was less than 366 days.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.2 for information.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

. . Not applicable.

n.a. Not available.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.9: Median length of stay (days) for overnight separations[a] with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[b] 2001–02

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
						Public acute hospitals				
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	11	10	8	11	10	9	11	8	10
U67Z	Personality Disorders and Acute Reactions	3	3	3	4	5	3	3	2	3
U61A	Schizophrenia Disorders W Mental Health Legal Status	14	14	12	18	16	10	10	. .	14
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	12	11	6	10	7	7	8	9	9
U64Z	Other Affective and Somatoform Disorders	5	6	4	6	5	5	5	2	5
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	18	20	20	21	24	5	15	n.p.	19
V61B	Drug Intoxication and Withdrawal W/O CC	4	6	4	5	4	4	5	5	5
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	9	8	12	8	8	11	n.p.	9
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	8	8	6	9	4	6	9	5	7
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	11	25	17	9	26	15	n.p.	n.p.	20
X62A	Poisoning/Toxic Effects of Drugs and Other Substances Age>59 or W CC	2	4	1	3	3	3	3	n.p.	2
X62B	Poisoning/Toxic Effects of Drugs and Other Substances Age<60 W/O CC	4	8	4	5	9	4	5	n.p.	5
V60Z	Alcohol Intoxication and Withdrawal	3	2	3	2	2	4	4	2	3
U65Z	Anxiety Disorders	5	4	6	7	7	2	6	n.p.	5
U66Z	Eating and Obsessive–Compulsive Disorders	10	14	17	8	14	7	5	n.p.	14
All AR-DRGs		**7**	**9**	**6**	**7**	**8**	**5**	**6**	**5**	**7**
						Private hospitals				
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	16	14	15	11	14	19	15	n.a.	14
U67Z	Personality Disorders and Acute Reactions	9	10	11	10	10	11	10	n.a.	10
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	15	14	14	12	14	n.p.	13	n.a.	14
U64Z	Other Affective and Somatoform Disorders	15	15	14	13	0	0	17	n.a.	14
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	21	18	18	18	. .	. .	n.p.	n.a.	20
V62A	Alcohol Use Disorder and Dependence	15	14	13	14	12	8	n.p.	n.a.	14
U65Z	Anxiety Disorders	14	13	11	12	13	19	9	n.a.	12
U66Z	Eating and Obsessive–Compulsive Disorders	21	22	23	26	13	n.p.	n.p.	n.a.	22
V64Z	Other Drug Use Disorder and Dependence	7	5	7	12	6	n.p.	n.p.	n.a.	7
U61A	Schizophrenia Disorders W Mental Health Legal Status	. .	. .	6	9	12	14	. .	n.a.	11
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	13	9	10	10	21	. .	. .	n.a.	10
V60Z	Alcohol Intoxication and Withdrawal	25	20	19	16	n.p.	0	n.p.	n.a.	20
V63Z	Opioid Use Disorder and Dependence	8	14	11	11	n.p.	n.p.	n.p.	n.a.	11
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	22	22	23	8	. .	. .	n.p.	n.a.	21
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	12	11	12	14	n.p.	. .	n.p.	n.a.	11
All AR-DRGs		**14**	**14**	**14**	**12**	**14**	**12**	**13**	**n.a.**	**14**

(continued)

Table A4.9 (continued): Median length of stay (days) for overnight separations[a] with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[b] 2001–02

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Public psychiatric hospitals					
U67Z	Personality Disorders and Acute Reactions	3	20	. .	6	10	9	. .	. .	4
U61A	Schizophrenia Disorders W Mental Health Legal Status	18	70	n.p.	25	13	n.p.	. .	. .	20
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	11	18	n.p.	18	14	11	. .	. .	13
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	12	17	. .	13	0	18	. .	. .	13
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12	n.p.	. .	14	8	n.p.	. .	. .	10
V61B	Drug Intoxication and Withdrawal W/O CC	5	n.p.	. .	7	9	. .	. .	. .	6
U64Z	Other Affective and Somatoform Disorders	6	7	n.p.	8	14	n.p.	. .	. .	6
V60Z	Alcohol Intoxication and Withdrawal	2	n.p.	. .	6	21	n.p.	. .	. .	2
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	19	. .	n.p.	23	25	n.p.	. .	. .	23
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	8	n.p.	. .	12	n.p.	n.p.	. .	. .	9
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	34	. .	n.p.	19	26	n.p.	. .	. .	27
Z64B	Other Factors Influencing Health Status Age<80	4	17	. .	n.p.	n.p.	. .	. .	. .	4
V64Z	Other Drug Use Disorder and Dependence	3	n.p.	. .	5	12	n.p.	. .	. .	3
V61A	Drug Intoxication and Withdrawal W CC	9	. .	. .	9	16	n.p.	. .	. .	9
V62A	Alcohol Use Disorder and Dependence	3	n.p.	. .	6	12	n.p.	. .	. .	4
All AR-DRGs		**7**	**25**	**39**	**13**	**12**	**20**	**. .**	**. .**	**9**
					All hospitals					
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	12	12	10	12	12	11	12	8	11
U67Z	Personality Disorders and Acute Reactions	3	4	3	5	5	3	4	2	4
U61A	Schizophrenia Disorders W Mental Health Legal Status	16	14	13	21	16	10	10	. .	15
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	12	12	6	11	8	8	8	9	10
U64Z	Other Affective and Somatoform Disorders	6	8	6	8	8	6	6	2	7
U63A	Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	19	19	18	19	25	5	18	n.p.	20
V61B	Drug Intoxication and Withdrawal W/O CC	5	7	4	6	4	4	6	5	5
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	9	10	8	14	7	10	12	n.p.	9
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	8	9	7	10	4	6	9	5	8
V62A	Alcohol Use Disorder and Dependence	9	11	5	10	11	5	6	n.p.	9
U65Z	Anxiety Disorders	7	11	8	9	11	6	6	n.p.	8
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	18	23	18	11	26	15	n.p.	n.p.	21
V60Z	Alcohol Intoxication and Withdrawal	2	5	3	6	5	4	5	3	3
V64Z	Other Drug Use Disorder and Dependence	5	5	3	5	7	3	5	2	5
U66Z	Eating and Obsessive–Compulsive Disorders	15	17	20	17	14	12	14	n.p.	16
All AR-DRGs		**8**	**10**	**7**	**9**	**11**	**6**	**7**	**5**	**9**

(a) Separations for which the care type was acute, or was not reported.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

. . Not applicable.

n.a. Not available.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.10: The 15 most frequently reported procedures for same day non-ambulatory-equivalent separations with specialised psychiatric care, states and territories,[(a)] 2001–02

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	1,310	748	2,416	263	373	670	12	0	5,792
92502–02	Intravenous and inhalational general anaesthesia	429	557	929	87	366	633	7	0	3,008
92502–00	Intravenous general anaesthesia	849	295	1,460	185	0	43	0	0	2,832
96099–00	Psychotherapy	500	0	0	0	0	0	0	0	500
93340–01	Electroconvulsive therapy [ECT] >8 treatments	49	203	76	4	1	10	0	0	343
95550–10	Allied health intervention, psychology	260	23	2	1	0	0	0	0	286
95550–01	Allied health intervention, social work	208	11	6	6	6	0	1	0	238
93300–00	Psychiatric assessment	0	0	0	1	179	0	0	0	180
95550–00	Allied health intervention, dietetics	0	103	7	0	1	0	0	0	111
92503–00	Intravenous sedation, anaesthetist controlled	12	21	19	1	0	0	5	0	58
30026–00	Repair of wound of skin and subcutaneous tissue of other site, superficial	3	3	23	1	1	1	1	0	33
95550–03	Allied health intervention, physiotherapy	3	4	16	0	0	0	0	0	23
95550–02	Allied health intervention, occupational therapy	9	11	0	0	1	0	0	0	21
95550–11	Allied health intervention, other	1	19	0	0	0	0	0	0	20
92502–01	Inhalational general anaesthesia	1	1	17	0	0	0	0	0	19

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Table A4.11: The 15 most frequently reported procedures for overnight separations with specialised psychiatric care, states and territories,[(a)] 2001–02

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01	Allied health intervention, social work	6,692	3,202	1,995	2,749	2,745	72	315	2	17,772
92502–02	Intravenous and inhalational general anaesthesia	4,776	4,158	2,341	1,499	2,505	435	250	5	15,969
95550–02	Allied health intervention, occupational therapy	4,080	3,065	880	2,369	975	1	121	2	11,493
92502–00	Intravenous general anaesthesia	3,323	1,787	3,385	473	0	7	0	2	8,977
95550–10	Allied health intervention, psychology	1,727	1,095	668	469	178	2	132	1	4,272
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	953	1,191	1,162	338	250	100	79	5	4,078
56001–00	Computerised tomography of brain	1,108	659	944	520	554	61	79	71	3,996
95550–03	Allied health intervention, physiotherapy	1,380	529	577	498	555	4	63	4	3,610
93300–00	Psychiatric assessment	28	0	428	37	2,920	0	0	0	3,413
95550–00	Allied health intervention, dietetics	873	493	636	538	301	3	179	4	3,027
96099–00	Psychotherapy	1,719	86	370	1	0	0	0	0	2,176
93340–01	Electroconvulsive therapy [ECT] >8 treatments	460	626	318	117	137	13	16	0	1,687
96001–00	Psychological skills training	1,153	2	431	2	9	0	0	0	1,597
96090–00	Other counselling or education	1,155	0	1	9	0	0	0	0	1,165
92003–00	Alcohol detoxification	445	103	69	134	243	1	5	0	1,000

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Table A4.12: Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	58	48	14	6	4	3	0	0	133
F04–F09	Other organic mental disorders	72	92	28	10	4	3	0	1	210
F10	Mental and behavioural disorders due to use of alcohol	315	131	193	103	63	12	1	8	826
F11–F19	Mental and behav disorders due to other psychoactive substances use	256	57	84	45	45	1	0	2	490
F20	Schizophrenia	313	945	103	36	101	9	1	1	1,509
F21, F24, F28–F29	Schizotypal and other delusional disorders	121	106	38	23	29	4	0	2	323
F22	Persistent delusional disorders	56	42	14	7	18	1	0	0	138
F23	Acute and transient psychotic disorders	186	137	61	27	100	1	0	2	514
F25	Schizoaffective disorders	43	416	8	3	21	0	0	0	491
F30	Manic episode	25	70	5	10	8	0	0	0	118
F31	Bipolar affective disorders	123	475	41	16	50	18	0	0	723
F32	Depressive episode	527	1,786	163	98	132	100	7	2	2,815
F33	Recurrent depressive disorders	206	1,286	42	31	124	26	4	0	1,719
F34	Persistent mood (affective) disorders	12	7	1	1	0	0	0	0	21
F38, F39	Other and unspecified mood (affective) disorders	3	1	1	1	0	0	0	0	6
F40	Phobic anxiety disorders	1	3	0	0	2	0	0	0	6
F41	Other anxiety disorders	74	38	29	17	25	5	1	0	189
F42	Obsessive–compulsive disorders	1	4	0	0	0	0	0	0	5
F43	Reaction to severe stress and adjustment disorders	79	52	39	36	39	4	0	1	250
F44	Dissociative (conversion) disorders	25	14	27	11	12	3	0	1	93
F45, F48	Somatoform and other neurotic disorders	62	45	28	13	32	10	2	4	196
F50	Eating disorders	6	20	6	0	1	0	0	0	33
F51–F59	Other behav syndromes associated w phys dist and phys factors	13	14	2	3	4	1	1	0	38
F60	Specific personality disorders	77	49	16	8	18	2	1	0	171
F61–F69	Disorders of adult personality and behaviour	12	5	2	1	2	0	1	0	23
F70–F79	Mental retardation	12	4	5	1	7	0	0	0	29
F80–F89	Disorders of psychological development	188	34	77	14	41	16	7	7	384
F90	Hyperkinetic disorders	11	2	3	0	1	0	0	0	17
F91	Conduct disorders	21	10	7	4	4	1	1	1	49
F92–F98	Other and unspec disorders w onset childhood adolescence	7	5	10	1	0	0	0	0	23
F99	Mental disorder not otherwise specified	17	13	7	0	3	1	0	1	42
G30	Alzheimer's disease	18	8	5	4	5	1	0	0	41
G47	Sleep disorders	11	4	3	3	11	1	0	0	33
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	28	30	7	8	5	0	0	2	80
R44	Other symptoms and signs involving general sensations and perceptions	12	17	3	4	0	1	1	0	38
R45	Symptoms and signs involving emotional state	11	13	3	5	0	0	0	2	34
	Other factors related to mental and behavioural disorders[b]	9	15	3	2	0	2	0	2	33
	Other factors related to substance use[c]	4	0	0	0	0	0	0	0	4
	Total	**3,015**	**5,998**	**1,078**	**552**	**911**	**226**	**28**	**39**	**11,847**
	Age-standardised same day separation rate[d]	**0.46**	**1.25**	**0.31**	**0.30**	**0.60**	**0.48**	**0.09**	**0.21**	**0.62**
	95% confidence interval	0.48–0.45	1.28–1.22	0.32–0.29	0.32–0.27	0.64–0.56	0.55–0.42	0.13–0.06	0.28–0.15	0.63–0.61

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.13: Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	1,788	1,188	938	410	591	103	14	10	5,042
F04–F09	Other organic mental disorders	1,143	1,125	354	228	277	74	15	14	3,230
F10	Mental and behavioural disorders due to use of alcohol	5,027	2,362	2,653	1,315	792	176	43	76	12,444
F11–F19	Mental and behav disorders due to other psychoactive substances use	2,523	615	934	493	236	48	9	12	4,870
F20	Schizophrenia	596	337	266	284	341	87	1	2	1,914
F21, F24, F28–F29	Schizotypal and other delusional disorders	181	173	60	58	68	12	1	7	560
F22	Persistent delusional disorders	127	90	40	37	51	14	1	1	361
F23	Acute and transient psychotic disorders	216	140	97	90	165	7	1	4	720
F25	Schizoaffective disorders	120	57	41	17	94	14	0	0	343
F30	Manic episode	57	58	29	23	25	12	1	1	206
F31	Bipolar affective disorders	345	231	151	183	199	53	0	2	1,164
F32	Depressive episode	2,343	1,436	1,250	1,210	1,192	275	16	22	7,744
F33	Recurrent depressive disorders	712	249	240	212	323	112	3	3	1,854
F34	Persistent mood (affective) disorders	72	26	37	22	21	26	1	0	205
F38, F39	Other and unspecified mood (affective) disorders	14	6	6	7	2	2	0	0	37
F40	Phobic anxiety disorders	11	10	14	6	5	3	0	0	49
F41	Other anxiety disorders	1,389	1,253	903	652	737	142	8	12	5,096
F42	Obsessive–compulsive disorders	26	14	16	5	7	4	1	0	73
F43	Reaction to severe stress and adjustment disorders	879	1,192	516	415	436	172	3	4	3,617
F44	Dissociative (conversion) disorders	216	180	173	70	99	25	8	2	773
F45, F48	Somatoform and other neurotic disorders	153	64	78	35	51	21	2	1	405
F50	Eating disorders	265	226	112	30	83	27	7	2	752
F51–F59	Other behav syndromes associated w phys dist and phys factors	1,203	302	135	82	114	50	5	4	1,895
F60	Specific personality disorders	230	137	91	119	114	77	3	6	777
F61–F69	Disorders of adult personality and behaviour	49	63	20	6	8	4	2	0	152
F70–F79	Mental retardation	21	24	13	3	9	3	0	1	74
F80–F89	Disorders of psychological development	207	28	43	7	5	6	0	1	297
F90	Hyperkinetic disorders	24	3	29	3	2	2	2	1	66
F91	Conduct disorders	89	126	37	26	18	5	0	0	301
F92–F98	Other and unspec disorders w onset childhood adolescence	126	150	72	9	14	2	0	1	374
F99	Mental disorder not otherwise specified	41	20	5	3	3	1	0	2	75
G30	Alzheimer's disease	692	429	354	245	238	29	7	3	1,997
G47	Sleep disorders	207	2,768	636	26	272	120	0	0	4,029
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	608	426	241	253	189	43	30	25	1,815
R44	Other symptoms and signs involving general sensations and perceptions	63	62	43	21	14	5	1	2	211
R45	Symptoms and signs involving emotional state	49	59	20	34	16	2	0	1	181
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	2	2	0	2	0	1	0	0	7
	Other factors related to mental and behavioural disorders[b]	108	171	44	14	2	5	0	2	346
	Other factors related to substance use[c]	165	0	3	3	0	0	0	0	171
	Total	**22,087**	**15,802**	**10,694**	**6,658**	**6,813**	**1,764**	**185**	**224**	**64,227**
	Age-standardised overnight separation rate[d]	**3.39**	**3.28**	**3.05**	**3.63**	**4.40**	**3.73**	**0.63**	**1.31**	**3.35**
	95% confidence interval	3.44–3.35	3.34–3.23	3.11–2.99	3.72–3.54	4.5–4.29	3.9–3.56	0.72–0.54	1.48–1.14	3.38–3.33

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.14: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	91,602	37,893	26,842	10,509	11,464	2,088	236	141	180,775
F04–F09	Other organic mental disorders	16,058	16,258	3,638	2,647	3,879	857	110	305	43,752
F10	Mental and behavioural disorders due to use of alcohol	25,850	13,785	15,729	5,223	3,161	1,084	156	228	65,216
F11–F19	Mental and behav disorders due to other psychoactive substances use	14,444	3,745	5,652	1,985	845	321	53	47	27,092
F20	Schizophrenia	5,346	1,592	1,443	1,491	1,412	847	1	9	12,141
F21, F24, F28–F29	Schizotypal and other delusional disorders	1,429	769	308	227	233	96	11	13	3,086
F22	Persistent delusional disorders	991	550	288	238	270	183	1	1	2,522
F23	Acute and transient psychotic disorders	960	546	413	343	600	52	1	17	2,932
F25	Schizoaffective disorders	1,359	264	341	75	506	147	0	0	2,692
F30	Manic episode	429	405	203	119	137	121	28	24	1,466
F31	Bipolar affective disorders	3,477	2,049	1,530	1,139	1,099	815	0	6	10,115
F32	Depressive episode	18,638	9,962	11,421	8,435	7,871	3,915	208	68	60,518
F33	Recurrent depressive disorders	10,140	1,608	2,379	1,540	1,997	1,993	28	9	19,694
F34	Persistent mood (affective) disorders	795	147	289	104	146	237	1	0	1,719
F38, F39	Other and unspecified mood (affective) disorders	123	11	51	27	2	8	0	0	222
F40	Phobic anxiety disorders	246	72	42	63	51	29	0	0	503
F41	Other anxiety disorders	6,830	5,739	4,760	3,194	3,662	1,014	71	52	25,322
F42	Obsessive–compulsive disorders	297	73	291	56	16	63	7	0	803
F43	Reaction to severe stress and adjustment disorders	10,175	3,629	3,671	1,392	1,303	1,185	3	9	21,367
F44	Dissociative (conversion) disorders	1,178	1,118	1,124	293	592	310	53	29	4,697
F45, F48	Somatoform and other neurotic disorders	752	523	474	148	209	152	21	1	2,280
F50	Eating disorders	5,447	3,615	1,487	649	1,628	939	222	17	14,004
F51–F59	Other behav syndromes associated w phys dist and phys factors	5,285	1,311	568	421	435	292	21	8	8,341
F60	Specific personality disorders	911	294	414	337	362	358	19	12	2,707
F61–F69	Disorders of adult personality and behaviour	221	1,099	112	54	34	15	23	0	1,558
F70–F79	Mental retardation	110	144	107	50	40	9	0	1	461
F80–F89	Disorders of psychological development	2,807	80	174	41	14	13	0	4	3,133
F90	Hyperkinetic disorders	108	6	294	9	4	5	8	5	439
F91	Conduct disorders	451	615	236	142	66	15	0	0	1,525
F92–F98	Other and unspec disorders w onset childhood adolescence	602	500	393	25	59	13	0	1	1,593
F99	Mental disorder not otherwise specified	126	37	23	6	4	1	0	4	201
G30	Alzheimer's disease	23,800	17,580	8,607	4,216	3,485	866	64	57	58,675
G47	Sleep disorders	555	9,072	2,031	119	618	276	0	0	12,671
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	2,602	1,970	789	1,065	603	187	168	79	7,463
R44	Other symptoms and signs involving general sensations and perceptions	313	236	241	276	212	46	1	2	1,327
R45	Symptoms and signs involving emotional state	191	237	41	143	55	10	0	1	678
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	19	18	0	8	0	1	0	0	46
	Other factors related to mental and behavioural disorders[b]	464	1,339	125	80	6	33	0	2	2,049
	Other factors related to substance use[c]	1,778	0	46	12	0	0	0	0	1,836
	Total	**256,909**	**138,891**	**96,577**	**46,901**	**47,080**	**18,596**	**1,515**	**1,152**	**607,621**
	Age-standardised overnight patient day rate[d]	**38.90**	**28.49**	**28.28**	**27.07**	**28.19**	**37.44**	**6.09**	**10.30**	**31.72**
	95% confidence interval	39.1–38.8	28.6–28.3	28.5–28.1	27.3–26.8	28.4–27.9	38–36.9	6.4–5.8	10.9–9.7	31.8–31.6

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.15: Overnight mental health-related separations[a] without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[b] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
U65Z Anxiety Disorders	2,358	3,097	1,097	424	675	n.p.	n.p.	12	7,758
V60Z Alcohol Intoxication and Withdrawal	2,273	1,234	908	858	508	n.p.	n.p.	72	5,958
U64Z Other Affective and Somatoform Disorders	1,899	1,137	699	841	868	n.p.	n.p.	19	5,567
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1,863	871	636	481	709	n.p.	n.p.	21	4,696
V62A Alcohol Use Disorder and Dependence	1,801	532	1,147	359	218	n.p.	n.p.	1	4,103
U67Z Personality Disorders and Acute Reactions	870	1,456	485	531	565	n.p.	n.p.	11	4,069
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	971	636	351	640	808	n.p.	n.p.	12	3,464
U61B Schizophrenia Disorders W/O Mental Health Legal Status	705	370	276	295	415	n.p.	n.p.	2	2,148
B64Z Delirium	833	674	188	151	179	n.p.	n.p.	4	2,077
V64Z Other Drug Use Disorder and Dependence	706	173	331	201	74	n.p.	n.p.	5	1,501
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	437	333	144	144	209	21	3	11	1,302
V63Z Opioid Use Disorder and Dependence	711	132	293	117	16	n.p.	n.p.	0	1,277
U66Z Eating and Obsessive–Compulsive Disorders	333	330	107	28	75	n.p.	n.p.	2	905
V61B Drug Intoxication and Withdrawal W/O CC	322	123	100	114	103	7	3	5	777
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	275	154	88	75	163	n.p.	n.p.	2	776
Private hospitals									
U65Z Anxiety Disorders	199	892	409	89	179	n.p.	n.p.	n.a.	1,984
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	221	241	460	141	162	n.p.	n.p.	n.a.	1,273
U64Z Other Affective and Somatoform Disorders	195	197	337	248	141	n.p.	n.p.	n.a.	1,267
V62A Alcohol Use Disorder and Dependence	155	521	462	16	29	n.p.	n.p.	n.a.	1,226
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	402	124	308	81	52	n.p.	n.p.	n.a.	1,158
U67Z Personality Disorders and Acute Reactions	491	136	234	77	32	n.p.	n.p.	n.a.	1,092
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	124	60	196	35	33	n.p.	n.p.	n.a.	485
B64Z Delirium	80	111	63	34	35	n.p.	n.p.	n.a.	338
V60Z Alcohol Intoxication and Withdrawal	73	45	82	58	26	n.p.	n.p.	n.a.	308
V64Z Other Drug Use Disorder and Dependence	27	65	108	12	6	n.p.	n.p.	n.a.	231
U61B Schizophrenia Disorders W/O Mental Health Legal Status	82	22	47	19	4	n.p.	n.p.	n.a.	191
U68Z Childhood Mental Disorders	159	1	9	2	0	n.p.	n.p.	n.a.	174
V63Z Opioid Use Disorder and Dependence	12	71	53	24	5	n.p.	n.p.	n.a.	169
U66Z Eating and Obsessive–Compulsive Disorders	21	19	35	10	23	n.p.	n.p.	n.a.	118
O61Z Postpartum and Post Abortion W/O O.R. Procedure	16	28	16	36	11	n.p.	n.p.	n.a.	116

(continued)

Table A4.15 (continued): Overnight mental health-related separations[(a)] without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	All hospitals								
U65Z Anxiety Disorders	2,557	3,989	1,506	513	854	294	17	12	9,742
U64Z Other Affective and Somatoform Disorders	2,095	1,334	1,036	1,089	1,009	242	11	19	6,835
V60Z Alcohol Intoxication and Withdrawal	2,348	1,279	990	916	534	93	36	72	6,268
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,084	1,112	1,096	622	871	141	22	21	5,969
V62A Alcohol Use Disorder and Dependence	2,255	1,053	1,609	375	247	82	6	1	5,628
U67Z Personality Disorders and Acute Reactions	1,362	1,592	719	608	597	264	9	11	5,162
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	1,376	760	659	721	860	232	5	12	4,625
B64Z Delirium	913	785	251	185	214	51	12	4	2,415
U61B Schizophrenia Disorders W/O Mental Health Legal Status	790	392	323	314	419	101	1	2	2,342
V64Z Other Drug Use Disorder and Dependence	812	238	439	213	80	22	2	5	1,811
V63Z Opioid Use Disorder and Dependence	972	203	346	141	21	10	2	0	1,695
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	455	348	160	160	214	28	3	11	1,379
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	399	214	284	110	196	49	7	2	1,261
U66Z Eating and Obsessive–Compulsive Disorders	354	349	142	38	98	32	8	2	1,023
V61B Drug Intoxication and Withdrawal W/O CC	334	130	110	122	103	10	3	5	817

(a) Separations for which the care type was acute, or was not reported.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

n.a. Not available.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.16: Average length of stay (days) of overnight mental health-related separations[(a)] without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Public acute hospitals				
U65Z Anxiety Disorders	4.0	3.2	3.4	3.7	3.9	6.0	6.6	5.5	3.6
V60Z Alcohol Intoxication and Withdrawal	2.8	2.2	2.6	2.9	3.1	4.1	2.6	2.6	2.7
U64Z Other Affective and Somatoform Disorders	4.8	4.6	4.4	5.3	5.5	6.2	n.p.	2.7	4.9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.0	15.3	13.4	15.3	18.7	17.0	14.2	18.4	15.1
V62A Alcohol Use Disorder and Dependence	5.5	4.9	4.4	5.4	5.6	4.6	n.p.	n.p.	5.1
U67Z Personality Disorders and Acute Reactions	3.4	2.9	3.3	3.3	3.0	4.3	n.p.	2.0	3.2
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	5.5	3.5	5.1	5.7	5.1	10.4	n.p.	5.3	5.1
U61B Schizophrenia Disorders W/O Mental Health Legal Status	5.7	2.8	3.4	5.1	4.2	10.3	n.p.	n.p.	4.7
B64Z Delirium	12.0	12.2	9.3	12.5	13.4	11.5	7.5	n.p.	11.9
V64Z Other Drug Use Disorder and Dependence	5.6	3.7	4.4	4.2	3.1	2.7	n.p.	n.p.	4.8
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	5.1	2.6	3.3	3.8	3.7	7.2	n.p.	2.5	3.9
V63Z Opioid Use Disorder and Dependence	5.3	4.1	5.1	5.3	4.6	n.p.	n.p.	n.p.	5.1
U66Z Eating and Obsessive–Compulsive Disorders	17.4	11.7	14.2	21.3	15.4	35.6	n.p.	n.p.	15.4
V61B Drug Intoxication and Withdrawal W/O CC	3.0	2.5	2.3	2.7	3.0	n.p.	n.p.	n.p.	2.8
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	16.6	9.8	11.3	12.5	13.4	12.5	n.p.	n.p.	13.5
All AR-DRGs	**6.3**	**5.1**	**5.0**	**5.8**	**6.7**	**8.4**	**7.4**	**4.9**	**5.9**
					Private hospitals				
U65Z Anxiety Disorders	5.9	4.2	6.0	5.2	3.8	5.1	n.p.	n.a.	4.9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	19.3	15.3	16.8	18.4	14.3	21.7	n.p.	n.a.	16.9
U64Z Other Affective and Somatoform Disorders	12.3	10.5	10.6	7.8	8.6	11.3	n.p.	n.a.	10.2
V62A Alcohol Use Disorder and Dependence	16.0	13.2	13.1	4.6	5.3	11.1	n.p.	n.a.	13.2
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	17.6	11.1	13.1	7.3	7.8	15.4	n.p.	n.a.	14.2
U67Z Personality Disorders and Acute Reactions	17.5	9.2	12.8	4.2	4.6	8.4	n.p.	n.a.	13.1
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	20.6	16.4	20.9	16.9	12.2	26.1	n.p.	n.a.	19.7
B64Z Delirium	13.6	13.1	14.4	11.2	11.8	12.3	n.p.	n.a.	13.1
V60Z Alcohol Intoxication and Withdrawal	7.0	7.7	7.0	3.2	3.3	6.0	n.p.	n.a.	6.0
V64Z Other Drug Use Disorder and Dependence	14.7	15.8	13.0	3.3	n.p.	6.3	n.p.	n.a.	13.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	18.1	15.8	17.2	5.4	n.p.	8.2	n.p.	n.a.	15.3
U68Z Childhood Mental Disorders	7.1	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.a.	6.8
V63Z Opioid Use Disorder and Dependence	2.3	11.3	16.5	4.1	n.p.	n.p.	n.p.	n.a.	11.0
U66Z Eating and Obsessive–Compulsive Disorders	9.4	10.5	10.3	11.2	22.6	22.2	n.p.	n.a.	13.7
O61Z Postpartum and Post Abortion W/O O.R. Procedure	6.5	8.0	6.4	4.4	5.5	n.p.	n.p.	n.a.	6.6
All AR-DRGs	**14.5**	**9.6**	**12.6**	**8.4**	**8.7**	**11.2**	**11.3**	**n.a.**	**11.5**

(continued)

Table A4.16 (continued): Average length of stay (days) of overnight mental health-related separations[(a)] without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	All hospitals								
U65Z Anxiety Disorders	4.1	3.4	4.1	3.9	3.9	5.3	6.2	5.5	3.8
U64Z Other Affective and Somatoform Disorders	5.5	5.5	6.4	5.9	5.9	9.3	7.1	2.7	5.9
V60Z Alcohol Intoxication and Withdrawal	2.9	2.4	2.9	2.9	3.1	4.6	2.6	2.6	2.9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.6	15.3	14.8	16.0	17.9	18.3	13.9	18.4	15.5
V62A Alcohol Use Disorder and Dependence	6.4	9.0	6.9	5.3	5.6	7.9	n.p.	n.p.	7.0
U67Z Personality Disorders and Acute Reactions	8.5	3.4	6.4	3.5	3.1	6.1	n.p.	2.0	5.3
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	9.0	4.8	8.8	5.9	5.3	14.5	n.p.	5.3	7.4
B64Z Delirium	12.1	12.3	10.6	12.2	13.2	11.7	7.5	n.p.	12.1
U61B Schizophrenia Disorders W/O Mental Health Legal Status	7.0	3.5	5.4	5.2	4.3	9.9	n.p.	n.p.	5.6
V64Z Other Drug Use Disorder and Dependence	6.0	7.0	6.5	4.1	3.3	4.6	n.p.	n.p.	5.9
V63Z Opioid Use Disorder and Dependence	5.0	6.6	6.9	5.1	4.3	4.8	n.p.	n.p.	5.6
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	5.3	2.9	4.4	3.8	3.9	7.9	n.p.	2.5	4.2
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	17.8	11.7	17.9	13.9	13.2	21.9	n.p.	n.p.	15.9
U66Z Eating and Obsessive–Compulsive Disorders	17.0	11.7	13.2	18.7	17.1	31.4	n.p.	n.p.	15.2
V61B Drug Intoxication and Withdrawal W/O CC	3.2	2.7	2.5	2.7	3.0	7.1	n.p.	n.p.	3.0
All AR-DRGs	**7.3**	**5.9**	**7.2**	**6.2**	**6.9**	**9.8**	**8.1**	**4.9**	**6.8**

(a) Separations for which the care type was acute, or was not reported and the length of stay was less than 366 days.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

n.a. Not available.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.17: Median length of stay (days) of overnight mental health-related separations[a] without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[b] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Public acute hospitals				
U65Z Anxiety Disorders	4	3	3	2	3	4	4	3	3
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	1	1	2	1
U64Z Other Affective and Somatoform Disorders	3	3	3	3	3	4	n.p.	1	3
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10	10	9	10	10	10	14	7	10
V62A Alcohol Use Disorder and Dependence	5	4	4	5	4	2	n.p.	n.p.	4
U67Z Personality Disorders and Acute Reactions	2	2	2	2	2	3	n.p.	1	2
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	3	2	3	4	3	9	n.p.	4	3
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2	1	2	3	2	6	n.p.	n.p.	2
B64Z Delirium	9	7	7	7	8	7	5	n.p.	8
V64Z Other Drug Use Disorder and Dependence	4	3	4	3	2	1	n.p.	n.p.	4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	1	1	1	2	2	4	n.p.	2	1
V63Z Opioid Use Disorder and Dependence	4	4	5	5	3	n.p.	n.p.	. .	4
U66Z Eating and Obsessive–Compulsive Disorders	7	5	7	9	7	21	n.p.	n.p.	7
V61B Drug Intoxication and Withdrawal W/O CC	1	1	1	2	2	n.p.	n.p.	n.p.	1
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	10	4	8	8	7	4	n.p.	n.p.	8
All AR-DRGs	**4**	**3**	**3**	**3**	**3**	**4**	**3**	**2**	**3**
					Private hospitals				
U65Z Anxiety Disorders	2	5	3	4	1	2	n.p.	n.a.	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13	10	12	14	11	14	n.p.	n.a.	12
U64Z Other Affective and Somatoform Disorders	10	8	7	6	7	9	n.p.	n.a.	7
V62A Alcohol Use Disorder and Dependence	18	8	11	4	5	7	n.p.	n.a.	10
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	15	9	7	5	6	10	n.p.	n.a.	10
U67Z Personality Disorders and Acute Reactions	17	6	8	3	3	5	n.p.	n.a.	10
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	17	14	14	13	11	21	n.p.	n.a.	14
B64Z Delirium	10	9	11	8	10	11	n.p.	n.a.	10
V60Z Alcohol Intoxication and Withdrawal	4	5	5	1	2	3	. .	n.a.	3
V64Z Other Drug Use Disorder and Dependence	13	13	11	1	n.p.	4	n.p.	n.a.	10
U61B Schizophrenia Disorders W/O Mental Health Legal Status	15	10	14	2	n.p.	6	. .	n.a.	11
U68Z Childhood Mental Disorders	1	n.p.	n.p.	n.p.	. .	n.p.	. .	n.a.	1
V63Z Opioid Use Disorder and Dependence	2	8	14	2	n.p.	n.p.	. .	n.a.	7
U66Z Eating and Obsessive–Compulsive Disorders	6	9	5	11	20	19	. .	n.a.	9
O61Z Postpartum and Post Abortion W/O O.R. Procedure	5	5	4	4	4	n.p.	n.p.	n.a.	5
All AR-DRGs	**11**	**5**	**8**	**5**	**6**	**6**	**9**	**n.a.**	**7**

(continued)

Table A4.17 (continued): Median length of stay (days) of overnight mental health-related separations[(a)] without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,[(b)] 2001–02

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	All hospitals								
U65Z Anxiety Disorders	4	4	3	2	3	3	3	3	3
U64Z Other Affective and Somatoform Disorders	3	3	4	4	4	7	4	1	4
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	2	1	2	1
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	11	10	10	11	10	11	10	7	10
V62A Alcohol Use Disorder and Dependence	5	6	5	5	4	5	n.p.	n.p.	5
U67Z Personality Disorders and Acute Reactions	4	2	3	2	2	3	n.p.	1	2
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	5	2	4	4	3	10	n.p.	4	4
B64Z Delirium	9	8	8	7	9	8	6	n.p.	8
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2	1	2	3	2	6	n.p.	n.p.	2
V64Z Other Drug Use Disorder and Dependence	4	4	4	3	2	4	n.p.	n.p.	4
V63Z Opioid Use Disorder and Dependence	4	5	5	5	3	2	n.p.	. .	4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	2	1	2	2	2	5	n.p.	2	1
U63A Major Affective Disorders W Cat/Sev CC or (Age>69 W/O Cat/Sev CC)	13	7	11	9	8	16	n.p.	n.p.	10
U66Z Eating and Obsessive–Compulsive Disorders	7	6	7	9	11	21	n.p.	n.p.	7
V61B Drug Intoxication and Withdrawal W/O CC	1	1	1	2	2	2	n.p.	n.p.	1
All AR-DRGs	**4**	**4**	**4**	**3**	**3**	**5**	**4**	**2**	**4**

(a) Separations for which the care type was acute, or was not reported.
(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.
. . Not applicable.
n.a. Not available.
n.p. Not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.18: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, states and territories,[(a)] 2001–02

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00	Electroconvulsive therapy [ECT] <=8 treatments	401	4,588	34	59	130	139	10	0	5,361
92502–02	Intravenous and inhalational general anaesthesia	400	3,940	133	46	176	148	16	4	4,863
92502–00	Intravenous general anaesthesia	117	467	1	18	0	1	0	0	604
56001–00	Computerised tomography of brain	143	144	70	27	26	7	2	4	423
92503–00	Intravenous sedation, anaesthetist controlled	117	134	28	24	24	22	3	0	352
93300–00	Psychiatric assessment	2	1	4	40	180	0	0	0	227
90901–00	Magnetic resonance imaging of brain	84	32	33	1	27	12	7	3	199
93340–01	Electroconvulsive therapy [ECT] >8 treatments	22	57	72	0	0	5	0	0	156
95550–01	Allied health intervention, social work	53	19	12	19	10	0	1	0	114
92006–00	Drug detoxification	102	3	1	3	1	0	0	0	110
92502–01	Inhalational general anaesthesia	65	10	20	1	0	0	0	2	98
56007–00	Computerised tomography of brain with intravenous contrast medium	32	25	12	3	5	1	0	1	79
30473–01	Panendoscopy to duodenum with biopsy	33	11	21	2	4	4	2	1	78
30473–00	Panendoscopy to duodenum	19	28	11	4	12	4	0	0	78
95550–03	Allied health intervention, physiotherapy	42	19	10	0	1	1	0	0	73

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Table A4.19: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, states and territories,[(a)] 2001–02

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01	Allied health intervention, social work	3,204	2,243	1,248	906	1,058	97	54	17	8,827
95550–03	Allied health intervention, physiotherapy	2,320	2,173	806	650	738	124	39	13	6,863
95550–02	Allied health intervention, occupational therapy	1,562	1,436	433	395	397	71	14	12	4,320
56001–00	Computerised tomography of brain	1,358	1,162	618	327	480	109	40	19	4,113
92003–00	Alcohol detoxification	1,702	449	912	395	142	31	0	2	3,633
95550–00	Allied health intervention, dietetics	1,088	1,076	386	143	213	43	25	11	2,985
92006–00	Drug detoxification	1,521	202	520	222	34	3	0	1	2,503
95550–05	Allied health intervention, speech pathology	544	540	226	77	123	16	5	9	1,540
95550–10	Allied health intervention, psychology	604	346	243	34	73	63	18	0	1,381
92502–02	Intravenous and inhalational general anaesthesia	319	421	129	66	59	308	4	1	1,307
93300–00	Psychiatric assessment	130	29	248	179	685	0	0	0	1,271
95550–09	Allied health intervention, pharmacy	460	222	46	111	173	50	7	1	1,070
95550–11	Allied health intervention, other	752	110	82	49	58	3	2	3	1,059
92502–00	Intravenous general anaesthesia	488	9	413	17	0	3	1	0	931
92004–00	Alcohol rehabilitation and detoxification	189	416	287	1	2	0	0	0	895

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

Table A4.20: Ambulatory-equivalent mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	99	55	15	3	0	0	0	0	172
F04–F09	Other organic mental disorders	4	52	107	61	1	1	0	0	226
F10	Mental and behavioural disorders due to use of alcohol	2,429	1,082	1,172	194	10	190	2	7	5,086
F11–F19	Mental and behav disorders due to other psychoactive substances use	684	299	380	288	9	37	6	6	1,709
F20	Schizophrenia	838	1,068	999	81	137	24	3	2	3,152
F21, F24, F28–F29	Schizotypal and other delusional disorders	93	20	40	44	2	18	0	0	217
F22	Persistent delusional disorders	110	18	37	9	2	1	2	1	180
F23	Acute and transient psychotic disorders	165	57	45	27	1	7	2	1	305
F25	Schizoaffective disorders	589	1053	380	41	34	21	1	1	2120
F30	Manic episode	35	33	9	0	3	0	1	0	81
F31	Bipolar affective disorders	496	1,832	559	324	85	58	0	2	3,356
F32	Depressive episode	4,781	5,445	4,291	1,902	157	142	5	2	16,725
F33	Recurrent depressive disorders	1,879	4,108	2,325	1,296	3	335	1	0	9,947
F34	Persistent mood (affective) disorders	372	283	722	215	20	74	1	0	1,687
F38, F39	Other and unspecified mood (affective) disorders	96	27	74	6	0	0	0	0	203
F40	Phobic anxiety disorders	331	287	200	209	1	13	0	0	1,041
F41	Other anxiety disorders	1,794	1,345	1,242	806	7	258	1	0	5,453
F42	Obsessive–compulsive disorders	178	334	125	258	2	7	0	0	904
F43	Reaction to severe stress and adjustment disorders	3,667	1,858	4,336	1,019	231	240	13	14	11,378
F44	Dissociative (conversion) disorders	6	109	558	11	10	4	0	0	698
F45, F48	Somatoform and other neurotic disorders	225	99	34	0	0	44	0	0	402
F50	Eating disorders	2,136	1,448	246	135	4	12	1	0	3,982
F51–F59	Other behav syndromes associated w phys dist and phys factors	45	206	343	95	1	0	0	0	690
F60	Specific personality disorders	860	830	275	119	47	177	6	0	2,314
F61–F69	Disorders of adult personality and behaviour	113	60	20	25	1	1	1	0	221
F70–F79	Mental retardation	6	1	13	1	0	1	1	0	23
F80–F89	Disorders of psychological development	32	63	37	33	0	12	0	0	177
F90	Hyperkinetic disorders	472	0	3	45	0	0	0	0	520
F91	Conduct disorders	1,875	222	34	115	0	0	0	0	2,246
F92–F98	Other and unspec disorders w onset childhood adolescence	211	81	2	94	0	0	0	0	388
F99	Mental disorder not otherwise specified	3	10	1	0	0	0	0	0	14
G30	Alzheimer's disease	4	16	2	1	0	0	0	0	23
G47	Sleep disorders	1	0	2	0	0	0	0	0	3
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	0	5	0	0	0	0	0	5
R44	Other symptoms and signs involving general sensations and perceptions	0	0	2	0	0	0	0	0	2
R45	Symptoms and signs involving emotional state	37	1	12	0	0	0	0	0	50
	Other factors related to mental and behavioural disorders[a]	369	6	89	42	1	1	0	0	508
	Other[b]	493	32	399	5	19	22	6	5	981
	Total	**25,528**	**22,440**	**19,135**	**7,504**	**788**	**1,700**	**53**	**41**	**77,189**
	Age-standardised same day separation rate[c]	**3.89**	**4.66**	**5.29**	**3.94**	**0.52**	**3.61**	**0.16**	**0.21**	**3.98**
	95% confidence interval	3.94–3.84	4.72–4.6	5.36–5.21	4.03–3.85	0.55–0.48	3.78–3.44	0.21–0.12	0.28–0.15	4–3.95

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. as hospitals.
(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.
(c) Indirect age-standardisation using the estimated resident population as at 30 June 2001.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.21: Ambulatory-equivalent mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, states and territories,[a] 2001–02

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	49	45	15	3	6	1	0	0	119
F04–F09	Other organic mental disorders	17	31	20	11	3	3	0	0	85
F10	Mental and behavioural disorders due to use of alcohol	1,225	2,084	2,259	459	274	200	21	30	6,552
F11–F19	Mental and behav disorders due to other psychoactive substances use	354	203	472	103	61	20	2	4	1,219
F20	Schizophrenia	305	117	50	24	42	25	0	0	563
F21, F24, F28–F29	Schizotypal and other delusional disorders	58	62	10	8	5	3	0	1	147
F22	Persistent delusional disorders	26	42	9	4	3	3	0	0	87
F23	Acute and transient psychotic disorders	45	46	14	5	17	1	0	1	129
F25	Schizoaffective disorders	70	17	24	1	8	13	0	0	133
F30	Manic episode	12	18	0	1	2	13	0	0	46
F31	Bipolar affective disorders	132	91	34	11	19	30	0	0	317
F32	Depressive episode	453	470	347	64	78	275	3	1	1,691
F33	Recurrent depressive disorders	584	193	98	5	16	161	3	0	1,060
F34	Persistent mood (affective) disorders	44	17	184	3	4	57	0	0	309
F38, F39	Other and unspecified mood (affective) disorders	3	1	59	1	1	1	0	0	66
F40	Phobic anxiety disorders	44	2	20	0	0	2	0	0	68
F41	Other anxiety disorders	900	786	299	99	91	73	4	6	2,258
F42	Obsessive–compulsive disorders	35	0	3	0	4	0	0	0	42
F43	Reaction to severe stress and adjustment disorders	1,138	351	311	134	133	133	0	2	2,202
F44	Dissociative (conversion) disorders	68	40	28	6	18	6	0	3	169
F45, F48	Somatoform and other neurotic disorders	55	22	8	4	7	45	1	1	143
F50	Eating disorders	18	57	2	3	3	46	0	0	129
F51–F59	Other behav syndromes associated w phys dist and phys factors	41	77	22	3	4	4	0	1	152
F60	Specific personality disorders	173	89	38	28	20	32	0	0	380
F61–F69	Disorders of adult personality and behaviour	6	4	12	2	3	1	0	1	29
F70–F79	Mental retardation	4	11	2	2	0	0	0	0	19
F80–F89	Disorders of psychological development	13	5	7	1	2	0	0	1	29
F90	Hyperkinetic disorders	5	3	3	2	1	0	0	0	14
F91	Conduct disorders	29	63	5	0	2	0	1	0	100
F92–F98	Other and unspec disorders w onset childhood adolescence	12	54	1	0	1	1	0	0	69
F99	Mental disorder not otherwise specified	16	11	3	1	0	0	0	0	31
G30	Alzheimer's disease	18	10	3	1	1	1	0	0	34
G47	Sleep disorders	7	1,655	19	8	4	0	0	0	1,693
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	90	50	44	14	30	3	0	6	237
R44	Other symptoms and signs involving general sensations and perceptions	28	27	7	1	0	3	0	1	67
R45	Symptoms and signs involving emotional state	24	43	14	9	5	0	2	1	98
	Other factors related to mental and behavioural disorders[a]	44	51	12	4	0	3	1	1	116
	Other factors related to substance use[b]	4	1	0	0	0	0	0	0	5
	Total	**6,149**	**6,849**	**4,458**	**1,025**	**868**	**1,159**	**38**	**61**	**20,607**
	Age-standardised same day separation rate[c]	**0.94**	**1.42**	**1.23**	**0.54**	**0.58**	**2.49**	**0.12**	**0.30**	**1.06**
	95% confidence interval	0.96–0.91	1.46–1.39	1.26–1.19	0.57–0.5	0.62–0.54	2.63–2.35	0.15–0.08	0.38–0.23	1.08–1.05

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Indirect age-standardisation using the estimated resident population as at 30 June 2001.
Note: Abbreviations; behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic— complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Appendix 5: National Survey of Mental Health Services

The National Survey of Mental Health Services (NSMHS) is an annual collection of establishment-level data from publicly funded hospital and community mental health care services in all states and territories.

The Survey, first collected in 1993, was designed to fulfil reporting requirements under the previous Medicare Agreements and to enable progress to be monitored against the 38 policy objectives of the National Mental Health Policy. It required the states and territories to collect information including expenditure, staffing, service types and activity levels relating to public mental health services within their jurisdiction. The future of the NSMHS following the end of the Second Mental Health Plan in June 2003 is currently being reviewed.

Summary data from the NSMHS are reported in the National Mental Health Report series (DHA 2002). Data from the NSMHS for 2000–01 and 2001–02 have yet to be published.

A number of basic differences exist between data from NSMHS and data from NPHED, NMHD and NCMHED. An overview of the reasons for these differences is presented below.

Comparison with NCMHED data

There is alignment in the scope of the NCMHED and the NSMHS data collection, with the exception of New South Wales. In New South Wales, the NSMHS data collection includes all services described by Area Health Services as providing specialist mental health services. For NCMHED only those specialist mental health services which are part of the Mental Health financial program are included. For one Area this has had the effect of excluding most non-admitted child and adolescent services. NCMHED data provided by New South Wales also exclude all Confused and Disturbed Elderly (CADE) services, with the exception of the New England CADE (New South Wales' only mental health program-financed CADE). For the NSMHS, however, New South Wales reports data for all CADEs. This difference in scope affects the comparability of New South Wales FTE staffing and recurrent expenditure data between the NCMHED and the NSMHS. A list of public community mental health establishments that report to NCMHED is available on the AIHW's web site.

Comparison with NCMHCD data

The National Survey of Mental Health Services (NSMHS) collects service contact data for community mental health services. The estimate of 4.87 million service contacts from NCMHCD in 2001–02 is lower than the 5.67 million service contacts reported to the National Survey of Mental Health Services in 1999–2000. The NSMHS counts of service contacts for 1999–2000 were greater than those for 2001–02 for NCMHCD for all jurisdictions except Tasmania and the Australian Capital Territory.

Variation between the two collections can be expected because of differences in their scope and coverage, and definitional differences. Information in the *National Mental Health Report 2002* indicated that there were data quality concerns for 1999–2000 (DHA 2002). The concept of a service contact in the NCMHCD collection differs from the service contact definition in the NSMHS in that only same day services that are non-admitted are considered part of the scope of NCMHCD. The NSMHS includes same day admitted services as service contacts. It is possible that there were 14,490 ambulatory-equivalent and 6,278 non-ambulatory-equivalent same day admissions with specialised psychiatric care are not to be included in the NSMHS collection for 2001–02 that were not in the NCMHCD for 2001–02 (from Tables 3.19 and 4.1). There may be other differences reflecting the variation in the definition used in the NCMHCD and between 1999–2000 and 2001–02.

NCMHCD coverage for Queensland, South Australia, Tasmania and the Australian Capital Territory is incomplete as evidenced by the 22 establishments contributing to NCMHED but not reporting service contacts to the NCMHCD collection. Under-reporting is also in evidence since monthly service contact numbers for establishments fluctuated.

Comparison with NPHED data

The fundamental difference between the hospital data reported to the NSMHS and that reported to NPHED is the different manner in which hospital establishments are classified to the different data definitions used in the two collections. This makes comparison problematic.

In previous years, the difference in the number of hospitals reported as public psychiatric hospitals to the NPHED and NSMHS (DHA 2002) was greatest for Victoria. For the NSMHS collection, six Victorian hospital establishments were classified as public psychiatric hospitals (reflecting actual locations). For NPHED, one of these establishments was classified as a public psychiatric hospital and the rest were classified as campuses of acute care hospitals (reflecting hospital management arrangements). A list of public community mental health establishments that report to NCMHED is available on the AIHW's web site at <www.aihw.gov.au>.

Hospitals reported to NPHED can also include community-based, non-admitted patient services that are managed by the hospital, but are located elsewhere. Within the NSMHS these services are classified as distinct service units and data on them are reported as community-based services.

Glossary

For further information on the terms used in this report, refer to the definitions in use in 2001–02 in the *National Health Data Dictionary,* Version 10.0.

Aboriginal and Torres Strait Islander status	Aboriginal or Torres Strait Islander status of the person according to the following definition: An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.
Acute	Having a short and relatively severe course.
Acute care hospitals	Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the state or territory health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short. Public acute hospitals are funded by the state or territory health authority. Private acute care hospitals are not controlled by the state or territory health authority.
Additional diagnoses	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources.
Administrative and clerical staff	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
Administrative expenditure	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance (including workers' compensation).
Admitted patient	A patient who undergoes a hospital's formal admission to receive treatment and/or care.

Ambulatory-equivalent separation	A separation that could be considered to be equivalent to ambulatory mental health care. Defined by excluding those separations that involved ECT, general anaesthesia or other procedures unlikely to be undertaken by ambulatory mental health care or had a mode of separation or admission of death, care type change, left against medical advice or transfer.
Area of usual residence	The geographic location of the patient's usual residence. The location is included in the National Hospital Morbidity Database in Statistical Local Area format but aggregated to Remoteness Areas for this report.
Australian Bureau of Statistics Private Health Establishments Collection (ABS PHEC)	This collection includes data from all private acute and psychiatric hospitals licensed by state and territory health authorities and all freestanding day hospital facilities approved by the Australian Government Department of Health and Ageing. Information is collected for items such as bed supply, usage, length of stay, type of patients, staff and expenditure. The data items and definitions are based on the *National Health Data Dictionary*.
Australian Refined Diagnosis Related Groups (AR-DRGs)	A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital. Diagnosis Related Groups provide a summary of the varied reasons for hospitalisation and the complexity of cases a hospital treats. Moreover, as a framework for describing the products of a hospital (that is, patients receiving services), they allow meaningful comparisons of hospitals' efficiency and effectiveness under alternative systems of health care provision.
Available beds	Beds immediately available for use by admitted patients or residents as required. This term includes occupied and unoccupied beds.
Average length of stay	The average number of patient days for admitted patient overnight separations.
Care type	The care type defines the overall nature of the clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous (other care). *Acute care* is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures. *Rehabilitation care* is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multidisciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.

	Psychogeriatric care is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames. *Maintenance care* is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. Following assessment or treatment the patient does not require further complex assessment or stabilisation, and requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, e.g. at home or in a nursing home by a relative or carer, that is unavailable in the short term. Other care types include *Palliative care*, *Geriatric evaluation and management*, *Newborn care*, *Organ procurement posthumous* and *Hospital boarders*. Further detail on these care types is presented in the *National Health Data Dictionary*.
Country of birth	The country in which the patient was born. The category 'Other English-speaking country' includes United Kingdom, Ireland, New Zealand, South Africa, United States of America and Canada. All other countries, apart from Australia, were included in the 'Non-English-speaking' category.
Diagnostic and allied health professionals	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
Domestic and other staff	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff).
Domestic services expenditure	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
Drug supplies expenditure	The cost of all drugs including the cost of containers.

Encounter	Any professional interchange between a patient and a general practitioner.
Enrolled nurses	Second-level nurses who are enrolled in all states and territories except Victoria where they are registered by the state registration board to practise in this capacity. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some states and territories).
Episode of care	An episode of care is a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See *Separation*.
External cause	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.
Food supplies expenditure	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
Full-time-equivalent staff	Full-time-equivalent units are on-job hours worked and hours of paid leave (sick, recreation, long-service, workers, compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
Involuntary mental health legal status	Involuntary patients are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.
Medical and surgical supplies expenditure	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
Mental health legal status	Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period.
Mental health-related (principal) diagnosis	A separation is defined as having a mental health-related (principal) diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

Mode of separation	The status of the person at separation (discharge, transfer or death) and, where applicable, the place to which the person is released.
National Community Mental Health Establishments Database (NHMD)	The National Community Mental Health Establishments Database holds a record for each public community mental health establishment in Australia. It is collated from the routine administrative collections of public community mental health establishments in all states and territories. Information is included on beds, staffing, recurrent expenditure, and services for residential care clients. The collection is based on the establishment-level activity and resource data elements of the National Minimum Data Set for Community Mental Health Establishments.
National Hospital Morbidity Database (NHMD)	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private freestanding day hospital facilities. The data supplied for the database are based on the patient-level data items of the NMDS for Admitted Patient Health Care and the NMDS for Admitted Patient Mental Health Care. They include demographic, administrative and length-of-stay data, and data on the diagnoses of the patient, the procedures the patient underwent in hospital, and external causes of injury and poisoning.
National Public Hospital Establishments Database (NPHED)	The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. Information is included on hospital resources, recurrent expenditure, non-appropriation revenue and services to admitted and non-admitted patients. Data on capital expenditure and depreciation are also collected for each jurisdiction. The collection is based on the establishment-level activity and resource data elements, and the system-level data elements of the National Minimum Data Set for Public Hospital Establishments.
Non-admitted patient occasion of service	Occurs when a patient attends a functional unit of the health service establishment for the purpose of receiving services such as examination, consultation and treatment, but is not admitted. A visit for administrative purposes is not an occasion of service.
Non-admitted patients	Patients who do not undergo a hospital's formal admission process and who receive care from a recognised non-admitted patient service/clinic of a hospital.
Not published (n.p.)	Not available for separate publication but included in the totals where applicable.

Other personal care staff	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wardspersons, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
Other recurrent expenditure	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories.
Other revenue	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.
Overnight separation	The term used to refer to separations where the patient separates from hospital one or more nights after admission (i.e. who is admitted to and separated from the hospital on different dates). The length of an overnight separation is calculated by subtracting the date the patient is admitted from the date of the separation and deducting total leave days.
Patient days	The number of full or partial days stay for patients who were admitted for an episode of care and who underwent separation. A patient who is admitted and separated on the same day is allocated one patient day.
Patient transport expenditure	The direct cost of transporting patients, excluding salaries and wages of transport staff.
Payments to visiting medical officers	All payments made to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid or fee-for-service basis.
Previous specialised treatment	Whether the patient has had a previous admission or service contact for treatment in the speciality area within which treatment is now being provided. For this report, the speciality area referred to in the definition is specialised psychiatric care.
Primary disability	The disability category identified by the consumer or carer in the CSTDA MDS as the disability most affecting their everyday life.
Principal diagnosis	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at ambulatory care service).
Private hospital	Privately owned and operated hospital, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.

Private psychiatric hospital	These are devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These hospitals are licensed/approved by each state or territory health authority and cater primarily for patients with psychiatric or behavioural disorders.
Procedure	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.
Psychiatric care days	Psychiatric care days are the number of days or part-days a patient spent in a specialised psychiatric unit or ward. All leave days, including the day the patient went on leave, are excluded.
Psychiatric hospitals	Establishments devoted primarily to the treatment and care of in-patients with psychiatric, mental or behavioural disorders.
Reason for encounter	The subjective reasons given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.
Recoveries	All revenue received that is in the nature of a recovery of expenditure incurred. This includes: • income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital • other recoveries such as those relating to inter-hospital service where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.
Recurrent expenditure	Expenditure which recurs continually or frequently (e.g. salaries). It is contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
Registered nurses	Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a state or territory registration board.

Remoteness Area

A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility/Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre.

The classifications are:

- Major cities
- Inner regional
- Outer regional
- Remote
- Very remote
- Migratory.

Repairs and maintenance expenditure

The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.

Rural, remote and metropolitan region

- Capital cities: statistical division
- Other metropolitan centres: urban centres with a population of 100,000 or more
- Large rural centres (index of remoteness <10.5): urban centres with a population between 25,000 and 99,999
- Small rural centres (index of remoteness <10.5): urban centres with a population between 10,000 and 24,999
- Other rural areas (index of remoteness <10.5): urban centres with a population less than 10,000
- Remote centres (index of remoteness >10.5): urban centres with a population greater than 4,999
- Other remote areas (index of remoteness >10.5): urban centres with a population less than 5,000.

For more information see *Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition* (DPIE & DHSH 1994).

Salaried medical officers

Medical officers engaged by the hospital on a full-time or part-time salaried basis.

Same day patients

Admitted patients who are admitted and separate on the same date.

Separation

The term represents the completed episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing the type of care (statistical separation). When the term is used in the context of residential mental health care, the term refers to periods of non-admitted patient residential mental health care.

Service contact	A contact between a patient and an ambulatory mental health care service (including hospital outpatient services and community-based mental health services) which results in a dated entry being made in the patient's medical record.
Source of referral to public psychiatric hospital	Source from which the person was transferred/referred to the public psychiatric hospital.
Specialised psychiatric service	A facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
Statistical separation	The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay.
Superannuation payments	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a state or territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
Visiting medical officer	A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

References

ABS (Australian Bureau of Statistics) 1998. Mental health and wellbeing, profile of adults, Australia, 1997. ABS cat. no. 4326.0. Canberra: ABS.

ABS 2000. Australian demographic statistics. ABS cat. no. 3101.0. Canberra: ABS.

ABS 2002. National health survey: summary of results. ABS cat. no. 4364.0. Canberra: ABS.

ABS 2003a. National health survey: mental health. ABS cat. no. 4811.0. Canberra: ABS.

ABS 2003b. Private hospitals, Australia, 2001–02. Canberra: ABS.

AHMAC (Australian Health Ministers' Advisory Council) 1997. Evaluation of the national mental health strategy: final report. Canberra: Department of Health and Family Services.

AIHW (Australian Institute of Health and Welfare) 2000a. Australian hospital statistics 1998–99. Health Services Series no. 11. Canberra: AIHW.

AIHW 2000b. National community services data dictionary, version 2.0. Canberra: AIHW.

AIHW 2001a. Australian hospital statistics 1999–00. Health Services Series no. 14. Canberra: AIHW.

AIHW 2001b. Mental health services in Australia 1998–99. Health Services Series no. 2. Canberra: AIHW.

AIHW 2002a. Australian hospital statistics 2000–01. Health Services Series no. 16. Canberra: AIHW.

AIHW 2002b. Mental health services in Australia 1999–00. Health Services Series no. 3. Canberra: AIHW.

AIHW 2003a. Mental health services in Australia 2000–01. Health Services Series no. 4. Canberra: AIHW.

AIHW 2003b. Disability prevalence and trends. Disability Series. AIHW cat. no. DIS 34. Canberra: AIHW.

AIHW 2003c. Australian hospital statistics 2001–02. Health Services Series no. 20. Canberra: AIHW.

AIHW 2003d. Medical labour force 2001. Canberra: AIHW.

AIHW 2003e. Nursing labour force 2001. Canberra: AIHW.

AIHW 2003f. Disability support services 2002: national data on services provided under the Commonwealth/State Disability Agreement. Disability Services Series no. 31. Canberra: AIHW.

AIHW 2003g. Report on the evaluation of the National Minimum Data Set for admitted patient care. Health Services Series no. 21. Canberra: AIHW.

AIHW 2004a. Health system costs of disease 2000–2001. Health expenditure series no. 19. Canberra: AIHW.

AIHW 2004b. Community mental health care 2000—2001: Review of data collected under the National Minimum Data Set for Community Mental Health Care. AIHW cat. no. HWI 66. Canberra: AIHW (Resources Division Working Paper no 2).

AIHW 2004c. National community services data dictionary, version 3. Canberra: AIHW.

AIHW: Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. Canberra: AIHW.

Andrews G, Hall W, Teesson M & Henderson S 1999. The mental health of Australians. Canberra: Commonwealth Department of Health and Aged Care.

Britt H, Miller G, Knox S, Charles J, Valenti L, Henderson J, et al 2002. General practice activity in Australia 2001–02. General Practice Series No. 10. Canberra: AIHW.

Britt H, Miller G, Knox S, Charles J, Valenti L, Henderson J, Pan Y, Bayram C & Harrison C 2003. General practice activity in Australia 2002–03. General Practice Series No. 14. Canberra: AIHW.

Buckingham W, Burgess P, Solomon S, Pirkis J & Eagar K 1998. Developing a casemix classification for mental health services. Volume 1: Main report. Canberra: Department of Health and Family Services.

DHA (Department of Health and Ageing) 2002. National mental health report 2002. Canberra: DHA.

DHAC (Department of Health and Aged Care) 2000a. Australian Refined Diagnosis Related Groups version 4.2: addendum to definitions manual. Volume four changes: AR-DRG v4.1 to 4.2. Canberra: DHAC.

DHAC 2000b. Australian Refined Diagnosis Related Groups version 4.2: addendum to definitions manual. Supplementary volume summarising changes to AR-DRG v4.2. Canberra: DHAC.

DHAC 2000c. National action plan for depression. Canberra: DHAC.

DHAC & AIHW 1999. National health priority areas report: Mental health 1998. PHE 13. Canberra: DHAC & AIHW.

DPIE (Department of Primary Industries and Energy) & DHSH (Department of Human Services and Health) 1994. Rural, remote and metropolitan areas classification, 1991 census edition. Canberra: Australian Government Publishing Service.

Henderson S 2000. In Andrews G & Henderson S (eds). Unmet need in psychiatry: problems, resources, responses. Cambridge University Press, 244–428.

Jablensky A, McGrath J, Herman H, Castle D, Gureje O, Morgan V & Korten A 1999. National survey of mental health and wellbeing. Report 4. People living with psychotic illness: an Australian study. Canberra: AGPS.

Mathers C, Penm R, Vos T & Stevenson C 1998. Health systems costs of disease and injury in Australia 1993–94. Canberra: AIHW.

Murray CJL & Lopez AD 1996. The global burden of disease: a comprehensive assessment of mortality and disability from disease, injuries and risk factors in 1990 and projected to 2020. Harvard: Harvard School of Public Health.

NCCH (National Centre for Classification in Health) 2000. The international classification of diseases and related health problems, 10th revision, Australian modification (ICD-10(-AM)). Second edition. Sydney: University of Sydney.

NHDC (National Health Data Committee) 2001. National health data dictionary, version 10.0. Canberra: AIHW.

Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, Nurcombe B, Patton GC, Prior MR, Raphael B, Rey J, Whaites LC & Zubrick SR 2000. The mental health of young people in Australia. Canberra: DHAC. 4.

World Health Organization (WHO) 2001. Atlas, country profiles on mental health resources, 2001. Geneva: WHO.