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## Healthy Communities

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Hospitalisations for mental health conditions and intentional self-harm in 2013–14







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## **Australian Institute of Health and Welfare**

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ISSN: 1443-6795  
Print ISBN: 978-1-74249-990-1  
Online ISBN: 978-1-74249-991-8

Suggested citation: Australian Institute of Health and Welfare 2016. *Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013–14*. Cat. no. HSE 177. Canberra: AIHW.

Published September 2016

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Please check [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au) for any amendments.

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### [Additional document](#)

Australian Institute of Health and Welfare 2016, *Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013–14, Technical Supplement*

### [Note:](#)

The Australian Institute of Health and Welfare acknowledges that work on this report commenced and was largely completed under the guidance of members of the National Health Performance Authority, an independent statutory agency established under the *National Health Reform Act 2011*, which ceased operations on 30 June 2016.

# Summary

Most Australians will be affected by mental health issues at some point in their lives – either through direct experience of a mental health condition, or indirectly through the experience of family or friends.

This report provides insight into the mental health needs of populations across local areas in Australia. Mental health is a priority for the recently established Primary Health Networks (PHNs)<sup>1</sup> and this report aims to assist PHNs understand where they can target their efforts for maximum benefit.

The report presents information about local populations using the boundaries of the 31 PHNs that cover the whole of Australia. It also includes information about populations in 333 smaller areas across the country called Statistical Areas Level 3 (SA3s), as defined by the Australian Bureau of Statistics (ABS) and referred to as 'local areas' throughout.

The report presents information on local populations' use of hospitals (both public and private) for mental health-related conditions in 2013–14. This is drawn from routinely collected hospital data and relates to where a person lives rather than the location of the hospital.

The information is presented as:

- The number of mental health overnight hospitalisations for an area, reported as a population rate ('hospitalisation rates')
- The number of nights people in the area spent in hospital for a mental health-related condition, reported as a population rate ('bed day rates').

Higher or lower hospitalisation rates in one area compared with another may reflect a higher or lower proportion of people with mental health conditions and/or greater or lesser access to community-based care.

The report includes hospitalisation rates and bed day rates for six groups of mental health conditions that accounted for 80% of all mental health-related hospitalisations and 79% of mental health-related bed days in Australia in 2013–14:

■ **Schizophrenia and delusional disorders**

■ **Anxiety and stress disorders**

■ **Bipolar and mood disorders**

■ **Depressive episodes**

■ **Drug and alcohol use**

■ **Dementia.**

The report also presents, for the first time at the local level, information on hospital admissions for **intentional self-harm** (including same-day and overnight hospitalisations).

## Key findings

### Mental health overnight hospitalisations and bed days

Nationally in 2013–14, there were 213,076 overnight hospitalisations for mental health conditions in both public and private hospitals. This represented 5% of all overnight hospital admissions and a national hospitalisation rate of 911 per 100,000 people.

In the same year, there were about 3 million mental health bed days, equivalent to 14% of all nights that Australians spent in hospital. This represented a rate of 12,839 bed days per 100,000 people.

Some differences were evident between metropolitan populations and their regional counterparts. Overnight hospitalisation rates were higher in **regional PHN areas** (971 hospitalisations per 100,000 people) than **metropolitan PHN areas** (857 per 100,000 people) in 2013–14 (**Figure 3, page 10**).

Bed day rates were slightly greater in **metropolitan PHN areas** (12,834 bed days per 100,000 people) than in **regional PHN areas** (12,256 per 100,000 people) (**Figure 4, page 11**). Further, some **regional PHN areas** with higher hospitalisation rates were among the areas with the lowest bed day rates, including Country WA, Western Queensland and Country SA PHN areas (**Figures 3 and 4, pages 10 and 11**).

### Variation across local areas (SA3s)

As there are only 31 PHN areas covering the whole of the country, information is also provided for more than 300 local areas (SA3s) across Australia. In 2013–14, hospitalisation rates were **almost six times greater** in some SA3s compared with others, ranging from 382 per 100,000 people in Gungahlin (ACT) to 2,179 per 100,000 people in Adelaide City.

Within **major cities**, rates of mental health overnight hospitalisations were similar for higher (856), medium (873) and lower socioeconomic areas (874 hospitalisations per 100,000 people) (**Table 1, page 12 and Figure 5, page 13**).

Compared with **major cities**, hospitalisation rates were slightly greater in **inner regional** (946), **outer regional** (991) and **remote** local areas (1,096 hospitalisations per 100,000 people), and increased with remoteness.

Some of the most marked differences in rates were across similar local areas. For example, in **major cities**, mental health overnight hospitalisations were almost four times greater in some higher socioeconomic areas compared with other higher socioeconomic areas. Marked variation was also evident within other similar socioeconomic areas in **major cities**, and across **inner** and **outer regional** local areas.

### Hospitalisations by groups of conditions and for intentional self-harm

Hospitalisation rates for the six most common groups of mental health conditions, and intentional self-harm, at the national and PHN level are summarised in **Figure 1, page v**. Customised information for each PHN area is provided in the PHN profiles on **pages 35 to 68**.

The report shines a spotlight on hospitalisations for **drug and alcohol use** and **schizophrenia and delusional disorders**, the two most common groups of mental health conditions requiring overnight treatment in a hospital in 2013–14.

There were 38,636 mental health overnight hospitalisations for **drug and alcohol use** nationally in 2013–14, equivalent to 168 hospitalisations per 100,000 people. These hospitalisations accounted for a total of 299,829 bed days nationally.

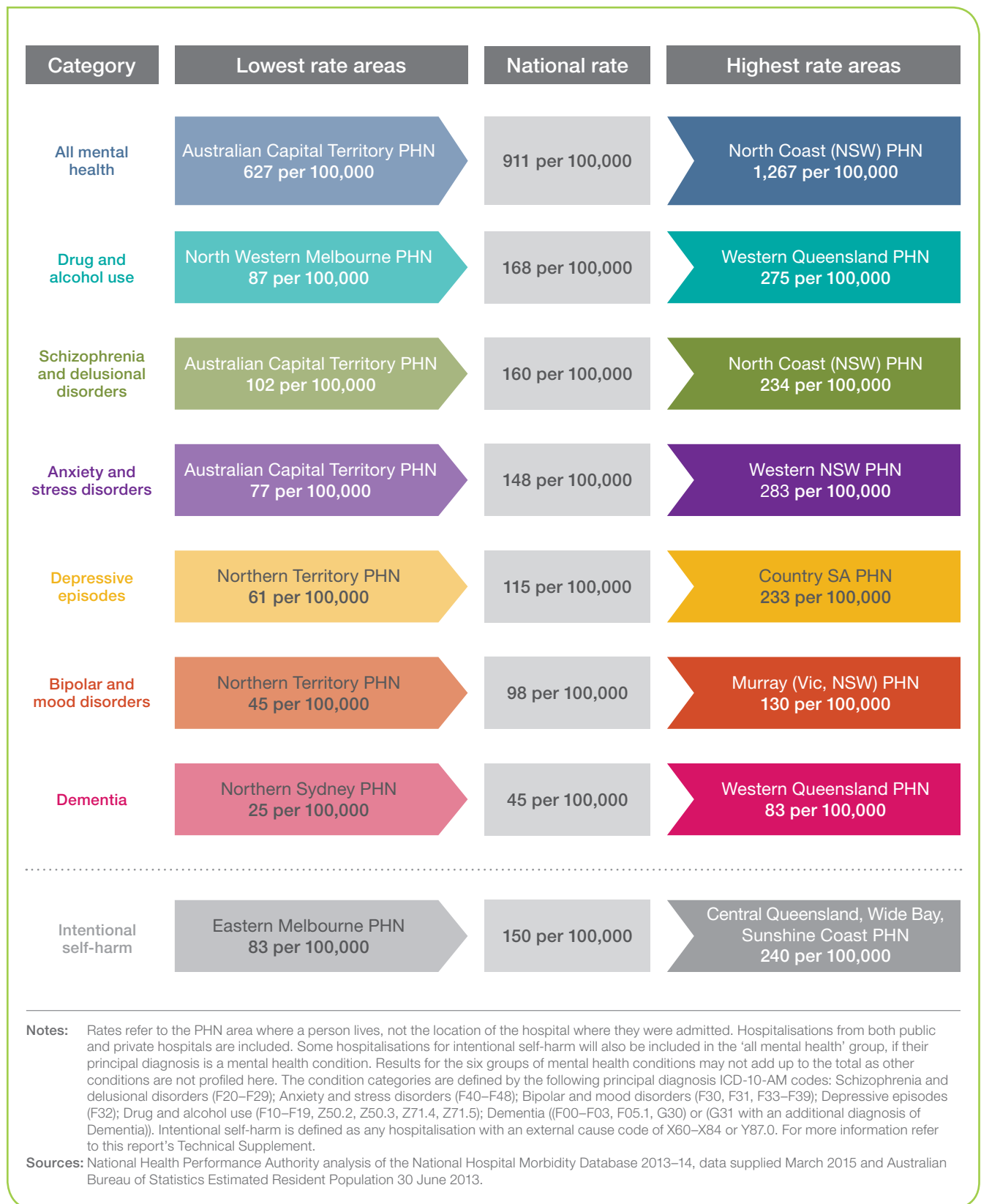
At the PHN level, there was more than **three-fold variation** between the highest and lowest hospitalisation rates for **drug and alcohol use** (**Figure 1, page v**).

### Schizophrenia and delusional disorders

accounted for 36,562 overnight mental health hospitalisations in Australia in 2013–14, or 160 per 100,000 people. This group of conditions accounted for a total of 813,514 bed days, the most nationally. At the PHN level, there was more than **two-fold variation** between the highest and lowest hospitalisation rates (**Figure 1, page v**).

Information at the local area level (SA3) for these two groups of conditions appears on **pages 22 to 25**.

**Figure 1: Variation in age-standardised rates of hospitalisations for mental health conditions (overnight admissions) and intentional self-harm (same-day and overnight admissions) across Primary Health Network areas, 2013–14**





*Reporting local information, driving better health outcomes*

This report and its technical supplement are available to download at

[www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

The website contains additional information related to the report at the PHN and local area (SA3) level which may help interpretation.

These measures include:

- Rates of mental health overnight hospitalisations, including by groups of conditions
- Rates of mental health bed days
- Rates of hospitalisations and bed days for intentional self-harm
- Proportion of mental health hospitalisations in specialised care units
- Proportion of mental health admissions to private hospitals.

The report also focuses on **intentional self-harm**.

In 2013–14, there were 33,956 **intentional self-harm** admissions to hospitals (same-day and overnight), equivalent to 150 per 100,000 people. These hospitalisations accounted for a total of 184,332 bed days nationally. At the PHN level, there was **nearly three-fold variation** between the highest and lowest hospitalisation rates (**Figure 1, page v**).

Local area (SA3) information appears on **pages 30 to 33**.

## How can information in this report be used?

In Australia, there is not an agreed, ideal rate of hospitalisations for mental health conditions and this report draws no conclusions about whether a higher or lower rate of hospitalisations is desirable for a particular area.

Local area variation in the number and rate of mental health-related hospitalisations could be the result of a broad range of factors, including:

- Differences in the prevalence of mental health conditions. Areas with higher rates of mental health-related hospitalisations may have more people with mental health conditions (including severe conditions) that require hospital treatment
- Differences in the availability and quality of community-based programs, services and support to help keep people with mental health conditions healthy and in the community. A local health system may rely more on hospitals than the community sector to provide mental health care
- Differences in the availability of hospital beds
- Differences in hospital admission policies and practices and in the length of time people are in hospital.

Intentional self-harm is complex. While it is often not an attempted suicide, hospitalisation for intentional self-harm is a key risk factor for suicide<sup>2</sup> and this report provides some insight on the extent of this risk across local areas. Local area variation in the rate of intentional self-harm hospitalisations may be influenced by:

- Identification by clinicians that the harm has been intentionally self-inflicted
- Access to hospital or other care for treatment of injury or poisoning
- The health care seeking behaviour of the community
- The severity of an injury or poisoning
- The prevalence of mental health conditions and the types of conditions.

Note that the reliability of hospital records in reflecting the level of self-harm in hospitalised patients is untested, and the extent that the record of hospitalisation reflects self-harm in the community is not known.

Understanding the relative impact of all factors requires local investigation. Accordingly, this report provides information to support Primary Health Networks in coordinating care, as these organisations are best placed to interpret the findings for their area.

Exploration and analyses of information related to primary mental health care and prescribing for mental health-related conditions will assist in strengthening knowledge about the needs of local populations and their access to appropriate mental health care.

**[www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)**



# Introduction

## About this report

This report offers insight into the mental health needs of populations across local areas in Australia.

The report provides comparable local-level information on rates of mental health-related hospitalisations (both public and private) across the country. It covers a range of information for the 31 Primary Health Network (PHN) areas in Australia, including a breakdown by six groups of mental health conditions that accounted for 80% of mental health-related hospitalisations in 2013–14, and hospital admissions for intentional self-harm. It also provides information for more than 300 smaller local areas, called Statistical Areas Level 3 (SA3s) and referred to as 'local areas' throughout.

In Australia, there is not an agreed, ideal rate of hospitalisations for mental health conditions and this report draws no conclusions about whether a higher or lower rate of hospitalisations is desirable for a particular area.

This report is intended to provide information for the recently established PHNs and assist them to better target their efforts and resources.

The data in this report relate to the period before PHNs were established; therefore, the findings do not reflect the performance of PHNs. The data in this report also do not reflect the performance of hospitals or Local Hospital Networks.

## Why report on mental health hospitalisations?

In Australia, mental health conditions affect a significant proportion of the population.

About 45% of the population aged 16–85 years will experience a mental health condition over the course of their lifetime.<sup>3</sup> In any given year, the proportion of Australians who will experience a mental health condition is about 20%.<sup>3</sup>

The Australian Institute of Health and Welfare bases its local-level health performance reports on indicators in the Performance and Accountability Framework agreed by the Council of Australian Governments. This report provides insights into the indicator **access to services by type of service compared to need** and explores variation in mental health-related admissions across local areas.

Mental health conditions range from mild to severe, and more people will experience a mild condition than a severe one. Treatment and care for people with a mental health condition may be provided in a range of settings depending on the severity of the condition. This includes care in the community and in public and private hospitals.

This report aims to provide baseline information for PHNs and others on the rates of hospitalisation for mental health conditions.

PHNs were established on 1 July 2015 to increase the efficiency and effectiveness of medical services for patients and improve coordination of care within their geographic area.<sup>4</sup> The Australian Government has assigned mental health as one of six priority areas for PHNs.<sup>1</sup>

The report may assist PHNs to assess where resources need to be increased and to respond appropriately; in doing so, keeping people out of hospital through effective support and care in the community.

## About the measures

This report covers four measures:

- **Age-standardised rates of mental health overnight hospitalisations** – the total number of mental health overnight hospitalisations as a population rate (per 100,000 people)
- **Age-standardised rates of mental health overnight bed days** – the number of hospital bed days used by patients admitted overnight for a mental health-related condition as a population rate (per 100,000 people)
- **Age-standardised rates of intentional self-harm hospitalisations** – the total number of hospitalisations for patients admitted either for a day or overnight for intentional self-harm, irrespective of their medical diagnoses, as a population rate (per 100,000 people)
- **Age-standardised rates of intentional self-harm bed days** – the number of hospital bed days for patients admitted for a day or overnight for intentional self-harm, irrespective of their medical diagnoses, as a population rate (per 100,000 people).

Rates of hospitalisations and bed days are reported from routinely collected data from public and private hospitals, except where labelled otherwise.

The report includes contextual information on hospital admissions to:

- Specialised psychiatric care units (specialised care), where staff are specifically trained to work with people with mental health conditions. Information is presented as a percentage of hospitalisations in specialised psychiatric care units, compared to general hospital wards (non-specialised care)
- Private hospitals, as a percentage of the total hospitalisations and total bed days.

As well as being reported overall, rates of hospitalisation and bed days are broken down by six groups of mental health conditions that, combined, accounted for 80% of all mental health overnight hospitalisations in Australia in 2013–14. These six groups of conditions are:


- Schizophrenia and delusional disorders
- Anxiety and stress disorders
- Bipolar and mood disorders
- Depressive episodes
- Drug and alcohol use
- Dementia.

The remaining 20% of mental health hospitalisations in 2013–14 represented a broad range of other mental health-related conditions and factors influencing health, plus admissions with a psychiatric care flag.

See **Box 1, page 3** for further information.

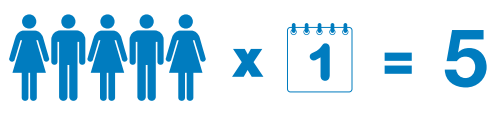
**Figure 2: How bed days are measured in this report**

### What is a bed day?




1 patient *who stays 5 nights* = 5 bed days

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5 patients *who stay 1 night each* = 5 bed days

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5 patients *who stay 5 nights each* = 25 bed days

**Note** that for the measures of intentional self-harm, a patient who leaves on the same day as they are admitted is allocated 1 bed day.

## Box 1: Types of hospital admissions profiled in this report

There are many different types of hospitalisations. The categories below were selected based on expert advice and consultation. They were also selected to align, as much as possible, with the *International Statistical Classification of Diseases and Related Health Problems, Tenth revision, Australian Modification (ICD-10-AM) 8th edition*.<sup>5</sup>

Hospital admissions for mental health-related conditions		
Name used in this report	Principal diagnosis ICD-10-AM categories and codes	Examples of admissions
Schizophrenia and delusional disorders	Schizophrenia, schizotypal and delusional disorders (F20–F29)	<ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• Schizoaffective disorders</li> </ul>
Anxiety and stress disorders	Neurotic, stress-related and somatoform disorders (F40–F48)	<ul style="list-style-type: none"> <li>• Reaction to severe stress and adjustment disorders</li> <li>• Phobic anxiety disorders</li> <li>• Obsessive-compulsive disorder</li> </ul>
Bipolar and mood disorders	Mood (affective) disorders (F30, F31, F33–F39)	<ul style="list-style-type: none"> <li>• Bipolar affective disorder</li> <li>• Manic episode</li> </ul>
Depressive episodes	Depressive episode (F32)	<ul style="list-style-type: none"> <li>• Severe depressive episode with psychotic symptoms</li> <li>• Moderate depressive episode</li> <li>• Mild depressive episode</li> </ul>
Drug and alcohol use	Mental and behavioural disorders due to psychoactive substance use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5)	Mental and behavioural disorder due to: <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Opioids</li> <li>• Hallucinogens</li> </ul>
Dementia	Disorders causing dementia (F00–F03, F05.1, G30 or G31 with an additional diagnosis of dementia) <sup>6</sup>	<ul style="list-style-type: none"> <li>• Alzheimer disease</li> <li>• Vascular and unspecified dementia</li> <li>• Delirium superimposed on dementia</li> </ul>
Other	A broad range of other mental health-related conditions and factors influencing health plus admissions with a psychiatric care flag	<ul style="list-style-type: none"> <li>• Borderline personality disorder</li> <li>• Unspecified delirium</li> <li>• Eating disorders</li> <li>• Sleep disorders</li> </ul>

Hospital admissions for intentional self-harm		
Name used in this report	ICD-10-AM external cause codes	Examples of admissions
Intentional self-harm	Injury or poisoning by intentional self-harm, as indicated by external cause codes X60–X84, Y87.0	<ul style="list-style-type: none"> <li>• Intentional self-poisoning</li> <li>• Intentional self-harm from sharp objects</li> </ul>

## About the data and methods

### Hospitalisations

The National Hospital Morbidity Database for 2013–14 was used to identify overnight hospitalisations for mental health conditions and admissions for intentional self-harm (same-day and overnight).

Mental health overnight hospitalisations were calculated for Australians of all ages who stayed in hospital for least one night before being discharged, transferred to another facility or to another type of care (e.g. rehabilitation). A transfer to another hospital was counted as another hospitalisation. Transfer rates vary and may differentially impact results.

Intentional self-harm hospitalisations are presented separately in the report and rates include same-day (where someone was admitted to, and discharged from, hospital on the same day) and overnight hospitalisations.

Results are rounded to the nearest whole number and percentages to the nearest decimal place, therefore totals may not add to the sum of published data due to rounding.

For more information, see *Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013–14, Technical Supplement* at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

### Age-standardisation

Hospitalisation measures are presented as age-standardised. This enables comparisons of rates between local areas with different age structures, as it removes the influence of age.

### Aboriginal and Torres Strait Islander people

In this report, results were not able to be reported separately for Aboriginal and Torres Strait Islander people at PHN or local area level.

### About the areas

Information is reported for 31 PHN areas, as well as for 333 smaller geographic areas called Statistical Areas Level 3 (SA3s) as defined by the Australian Bureau of Statistics (ABS). In this report, 'local areas' refers to SA3s. Rates are based on where people live, rather than the hospital where they were admitted, providing information about a population in a particular area.

### Primary Health Network areas

Some information is presented by **metropolitan** and **regional PHN areas**, to illuminate apparent differences in the self-reported mental health of populations in these areas and their hospitalisation rates. **Metropolitan PHN areas** have 85% or more of the population in major cities, as defined by the ABS. All other PHN areas are classified as **regional PHN areas**.

## Local areas (SA3s)

To enable fairer comparisons, results for local areas (SA3s) are presented by categories of remoteness and, in major cities, also by socioeconomic status. Results are grouped into the following categories:

### ■ Major cities

- Higher socioeconomic areas
- Medium socioeconomic areas
- Lower socioeconomic areas

### ■ Inner regional

### ■ Outer regional

### ■ Remote (includes very remote).

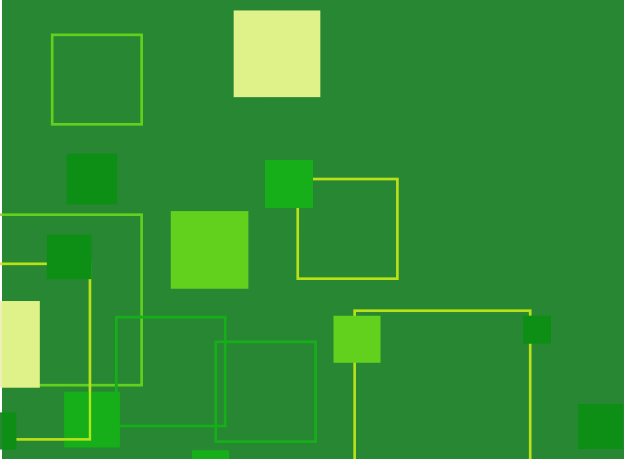
The rate for the resident population of all SA3s in a particular remoteness and/or socioeconomic category is presented as a 'group rate' in this report.

Further information on the report's measures by PHN and local area (SA3), plus a range of contextual information at PHN level is available for download at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)



# Mental health overnight hospitalisations and bed days

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# Mental health overnight hospitalisations and bed days

In 2013–14, routinely collected hospital data show there were 213,076 overnight hospitalisations for mental health-related conditions in Australia. This corresponded to 911 hospitalisations per 100,000 people and represented 5% of more than 4 million overnight admissions to all hospitals (public and private).

Mental health overnight hospitalisations accounted for about 3 million bed days in 2013–14. This was equivalent to 14% of all nights that Australians spent in hospital. Nationally, the bed day rate was 12,839 bed days for mental health-related conditions per 100,000 people.

The people who were hospitalised included a diverse range of people from different age groups, admitted for different mental health-related conditions ([Appendix, page 69](#)).



Profiles of mental health overnight hospitalisations and bed days for each of the 31 PHN areas are provided on [pages 35 to 68](#).

## Variation across Primary Health Network areas: metropolitan and regional

Primary Health Network (PHN) areas were grouped according to their metropolitan or regional location. Though not uniform, there was a tendency for populations in **regional PHN areas** (971 hospitalisations per 100,000 people) to have higher hospitalisation rates than their **metropolitan** counterparts (857 per 100,000 people) in 2013–14 ([Figure 3, page 10](#)).

Within **metropolitan** and **regional PHN areas** there was a similar pattern of variation in hospitalisation rates. For both groups, the hospitalisation rate was almost **two times greater** in some PHN areas compared with others.

Within **metropolitan PHN areas**, rates ranged from 627 hospitalisations per 100,000 people in ACT PHN area to 1,102 per 100,000 people in Brisbane North PHN area. Within **regional PHN areas**, rates ranged from 742 hospitalisations per 100,000 people in Western Victoria PHN area to 1,267 per 100,000 people in North Coast (NSW) PHN area.

Rates for use of bed days were slightly higher for **metropolitan PHN areas** (12,834 bed days per 100,000 people) compared with **regional PHN areas** (12,256 per 100,000 people) ([Figure 4, page 11](#)). This was in contrast to the overall higher hospitalisation rates for **regional PHN areas**. Some **regional PHN areas** with higher hospitalisation rates were among the areas with the lowest rate of bed days, such as Country WA, Western Queensland and Country SA PHN areas ([Figures 3 and 4, pages 10 and 11](#)).

Within **metropolitan PHN areas**, the bed day rate was **almost two times greater** in some PHN areas compared with others, ranging from 9,011 bed days per 100,000 people in ACT PHN area to 15,778 per 100,000 people in Brisbane North PHN area.

Within **regional PHN areas**, the bed day rate was just **more than two times greater** in some PHN areas compared with others, ranging from 7,311 bed days per 100,000 people in Northern Territory PHN area to 16,871 per 100,000 people in Western NSW PHN area.

#### Contextual information: admissions to specialised care units

Nationally in 2013–14, 64% of overnight hospitalisations for a mental health-related condition were in a specialised psychiatric care unit for at least one day. That is, they were admitted to a unit where health care workers are specifically trained to work with people with mental health conditions.

Across PHN areas, the percentage of mental health overnight hospitalisations in specialised psychiatric units was **three times greater** in some areas compared with others, ranging from 26% of hospitalisations in Western Queensland PHN area to 77% in Perth South PHN area.

#### Contextual information: use of private hospitals

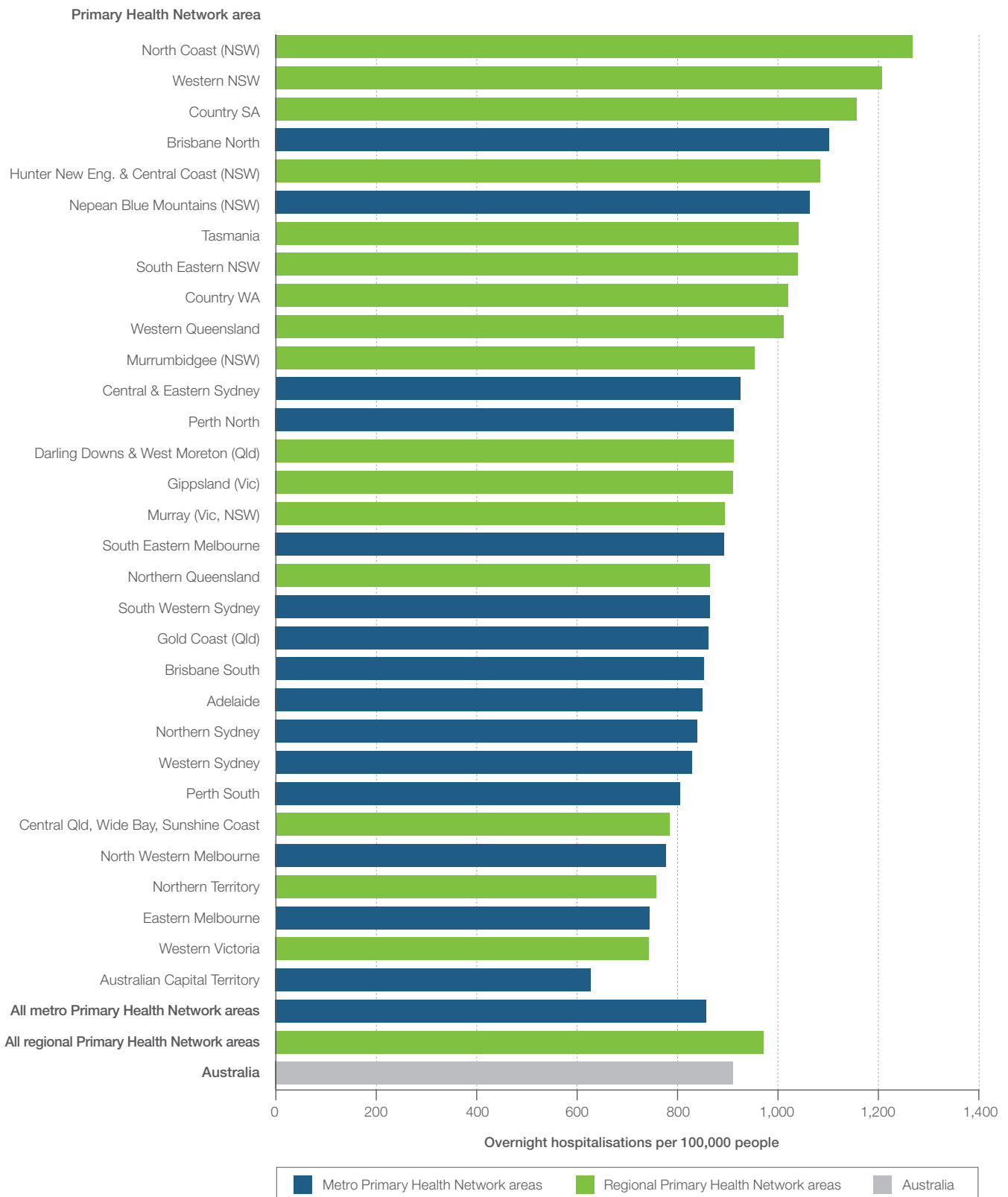
In 2013–14, 21% of mental health overnight hospitalisations and 26% of all mental health overnight bed days were in private hospitals.

Across PHN areas, the percentage of mental health overnight hospitalisations in private hospitals was **seven times greater** in some PHN areas compared with others, ranging from 5% of hospitalisations in Northern Territory PHN area to 35% in Eastern Melbourne PHN area.

As with all information in this report, rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted.

Information about specialised care and care in private hospitals is provided for each of the 31 PHN areas in the profiles on **pages 35 to 68** and supplementary data are available to download at **[www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)**

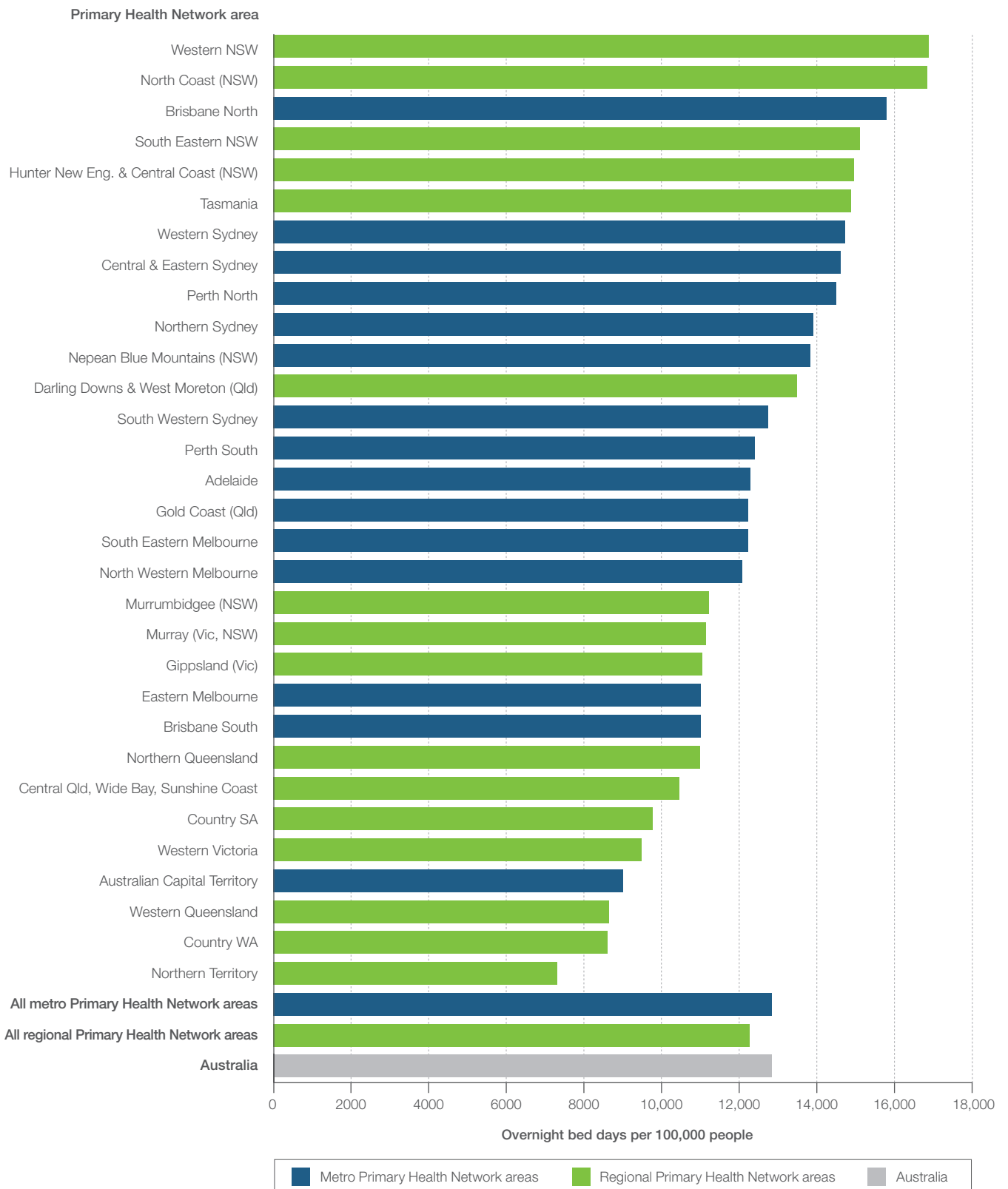
**Figure 3: Age-standardised rates of mental health overnight hospitalisations per 100,000 people, by Primary Health Network area, 2013–14**



**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. 'Metro PHN areas' have ≥85% of the population in 'major cities', as defined by the ABS. All other PHN areas are classified as 'regional PHN areas'.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

**Figure 4: Age-standardised rates of mental health overnight bed days per 100,000 people, by Primary Health Network area, 2013–14**



**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. 'Metro PHN areas' have ≥85% of the population in 'major cities', as defined by the ABS. All other PHN areas are classified as 'regional PHN areas'.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

## Variation across local areas (SA3s)

Nationally in 2013–14, there was wide variation in mental health overnight hospitalisation rates between local areas (SA3s). Rates were **up to six times greater** in some local areas than others, ranging from 382 hospitalisations per 100,000 people in Gungahlin (ACT) to 2,179 per 100,000 people in Adelaide City.

Within **major cities**, rates of mental health overnight hospitalisations were similar for higher (856), medium (873) and lower socioeconomic areas (874 hospitalisations per 100,000 people) (**Table 1** and **Figure 5, page 13**).

Compared with **major cities**, hospitalisation rates increased with remoteness.

Detailed information, including bed day rates, is available for download at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

## Variation across similar local areas (SA3s)

While remoteness may have a modest influence on mental health overnight hospitalisation rates, there were marked differences in hospitalisation rates between similar local areas in terms of remoteness and socioeconomic circumstance.

In 2013–14, hospitalisation rates were **four times greater** in some higher socioeconomic areas in **major cities** compared with other areas with similar characteristics. These ranged from 382 to 1,474 hospitalisations per 100,000 people. Medium and lower socioeconomic areas showed similar patterns of variation, with rates varying widely among these areas (**Table 1** and **Figure 5, page 13**).

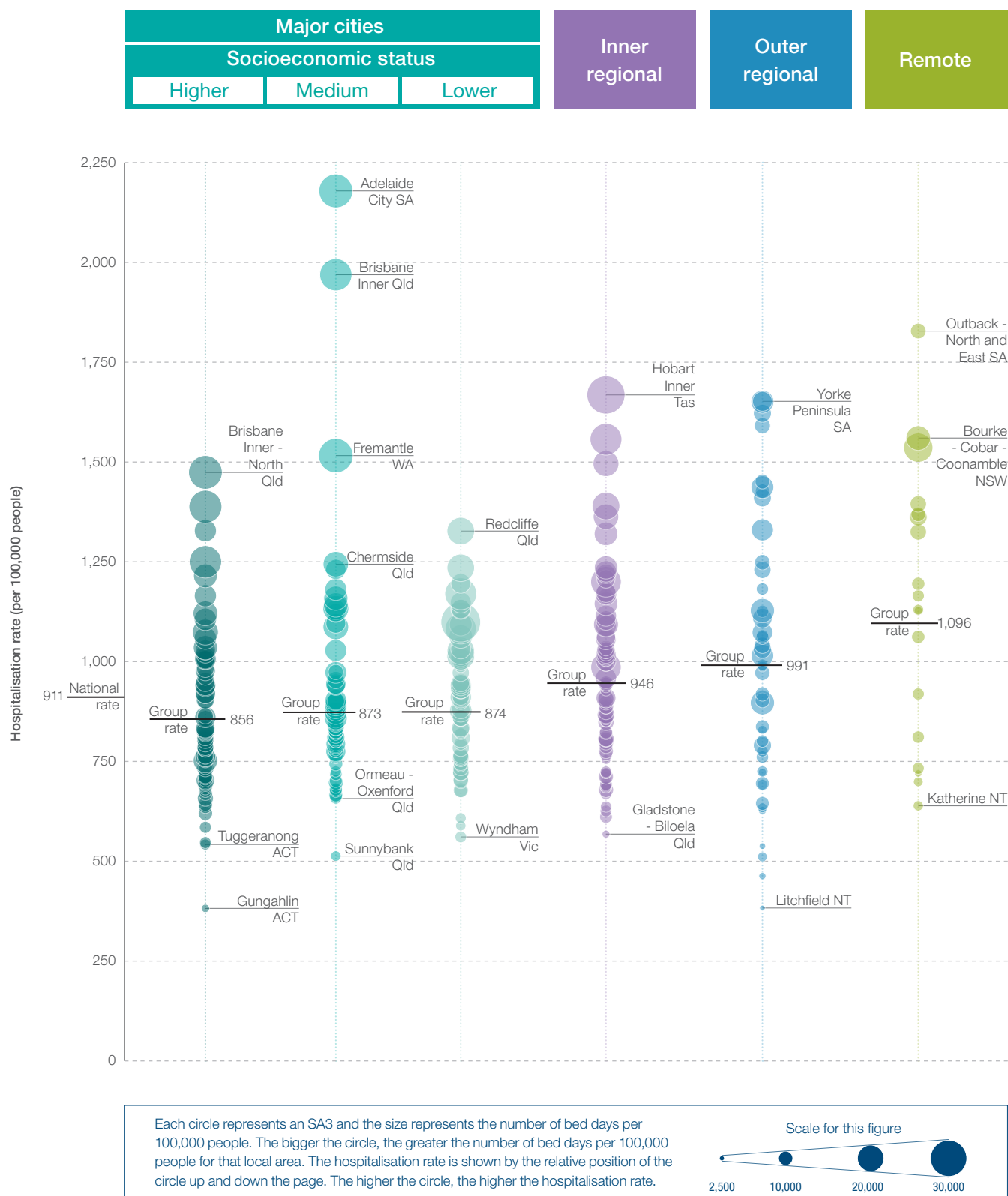
Across **inner regional** areas, rates were **three times greater** in some local areas compared with other similar areas, ranging from 568 to 1,668 hospitalisations per 100,000 people. Rates also varied widely among **outer regional** and **remote** areas.

Patterns of geographic variation in mental health overnight hospitalisations are shown in **Map 1** on **pages 14** and **15**.

**Table 1: Age-standardised rates of mental health overnight hospitalisations per 100,000 people, by local area (SA3) remoteness and socioeconomic status, 2013–14**

		Hospitalisations (overnight stays), age-standardised rate (per 100,000 people)					
		Major cities – by socioeconomic status			Inner regional	Outer regional	Remote
		Higher	Medium	Lower			
All mental health	Group rate	856	873	874	946	991	1,096
	Minimum	382	513	561	568	383	639
	Maximum	1,474	2,179	1,327	1,668	1,652	1,828

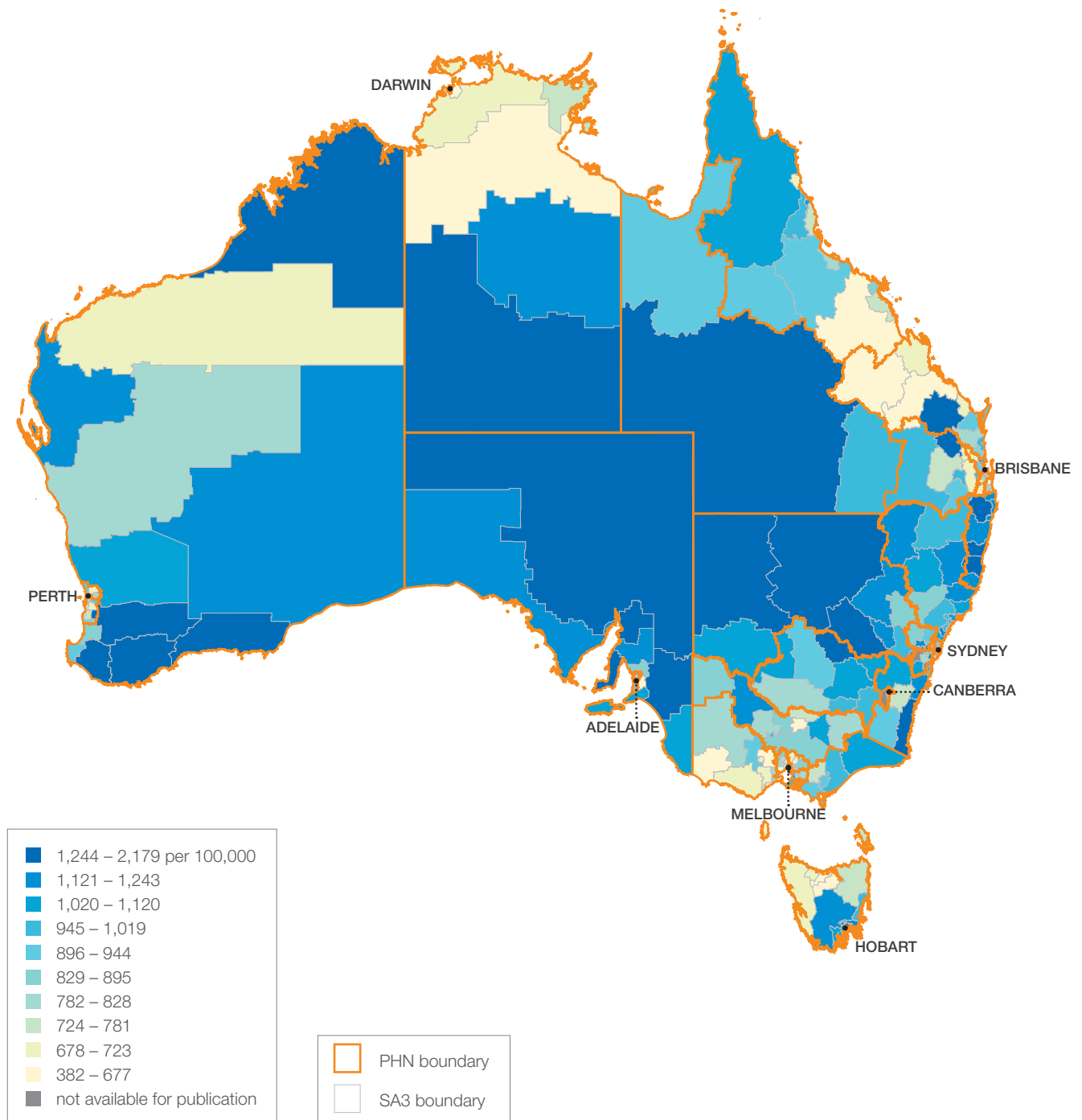
**Figure 5: Age-standardised rates of mental health overnight hospitalisations and bed days, per 100,000 people, by local area (SA3) remoteness and socioeconomic status, 2013–14**



**Notes:** Rates refer to the area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. Local area (SA3) results have been categorised using the ABS Remoteness Areas 2011 ('remote' includes 'very remote'). The 'major cities' category has been further categorised into three similar-sized groups by socioeconomic status (using the ABS IRSD SEIFA Index 2011). More information on the categories of remoteness and socioeconomic status can be found in this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

**Map 1: Age-standardised rates of mental health overnight hospitalisations, per 100,000 people, by local area\* (SA3), 2013–14**

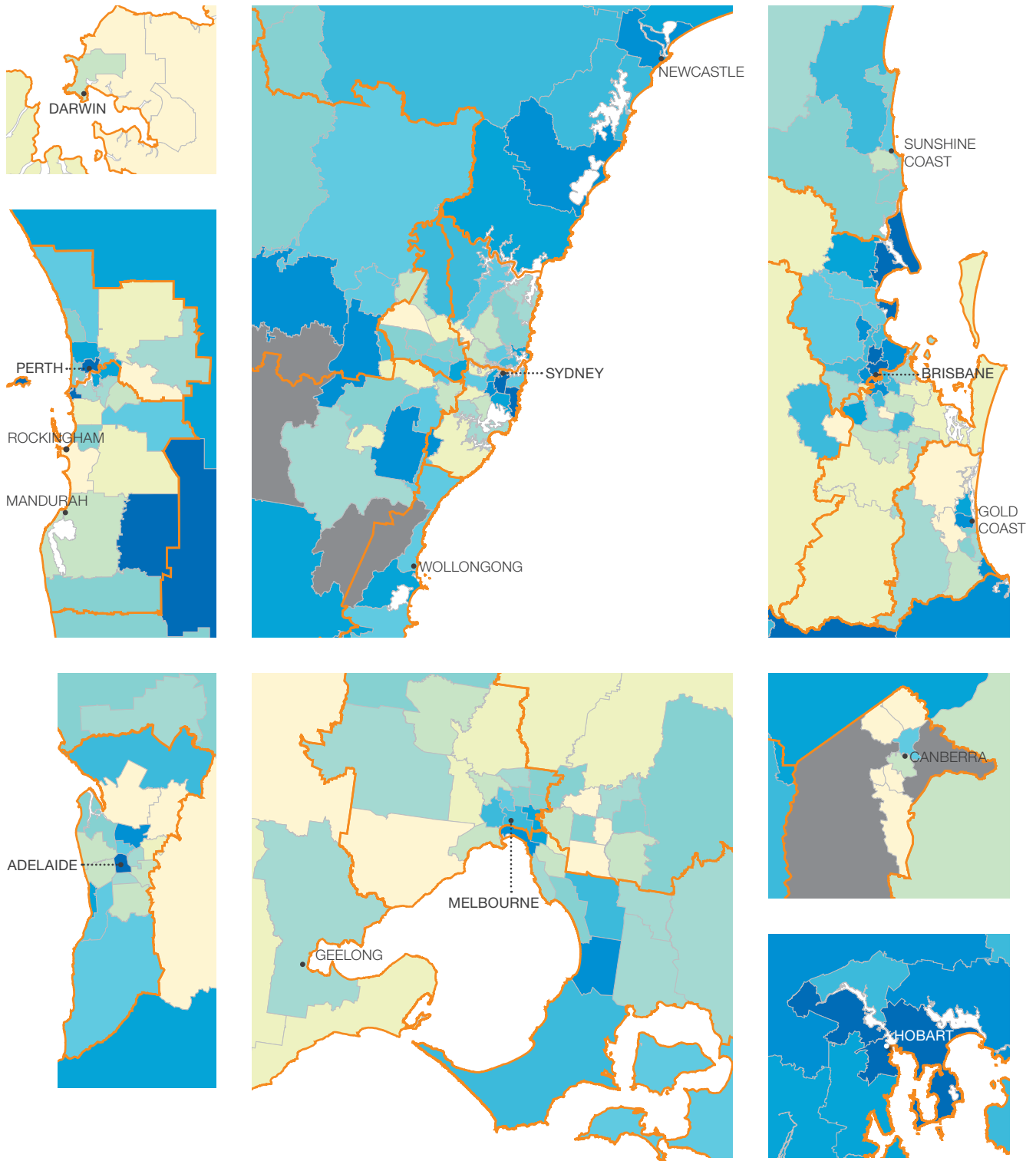


\* Results are presented by local area (SA3) with Primary Health Network (PHN) boundaries overlaid. The term local area (SA3) refers to an Australian Bureau of Statistics geographic region known as a Statistical Area Level 3.

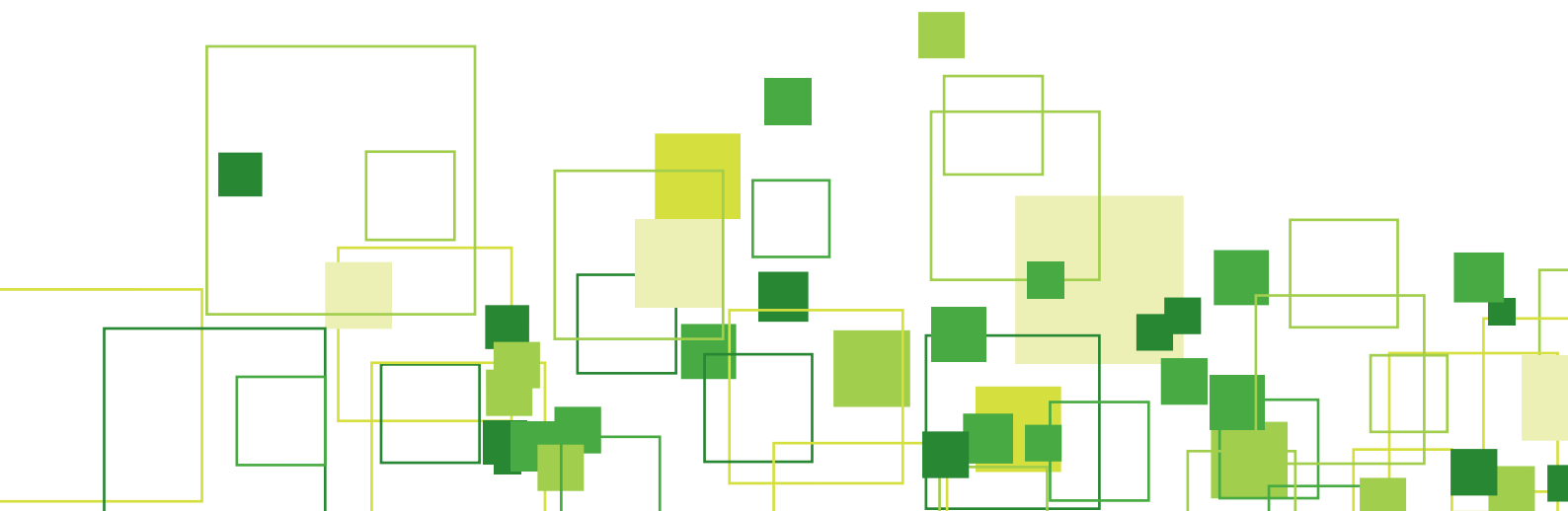
**Notes:** Rates refer to the area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. For more information on this measure, refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

In 2013–14, the rate of mental health overnight hospitalisations varied across local areas (SA3s), ranging from 382 per 100,000 people in Gungahlin (ACT) to 2,179 per 100,000 people in Adelaide City.

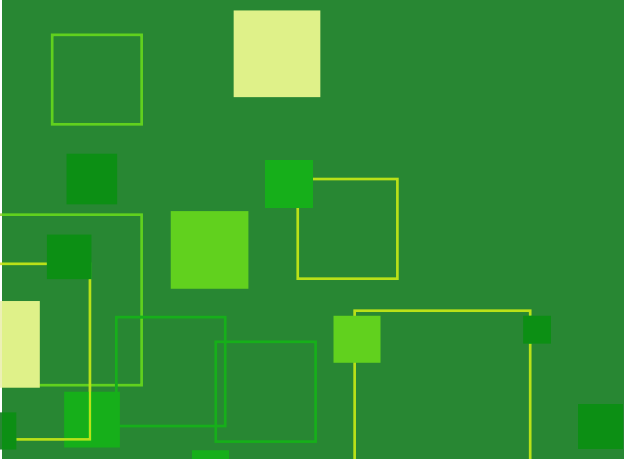


More information can be found at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au) and in this report's Technical Supplement. Data can be downloaded from [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)



# Hospitalisations by groups of conditions

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# Hospitalisations by groups of conditions

This section provides information about Australians who were admitted to hospital for six different groups of mental health conditions in 2013–14. While hospitalisations may have been for more than one condition, in this report they are classified under one condition only, according to their principal diagnosis.

The six groups of conditions are:

- Schizophrenia and delusional disorders
- Anxiety and stress disorders
- Bipolar and mood disorders
- Depressive episodes
- Drug and alcohol use
- Dementia (Box 1, page 3).

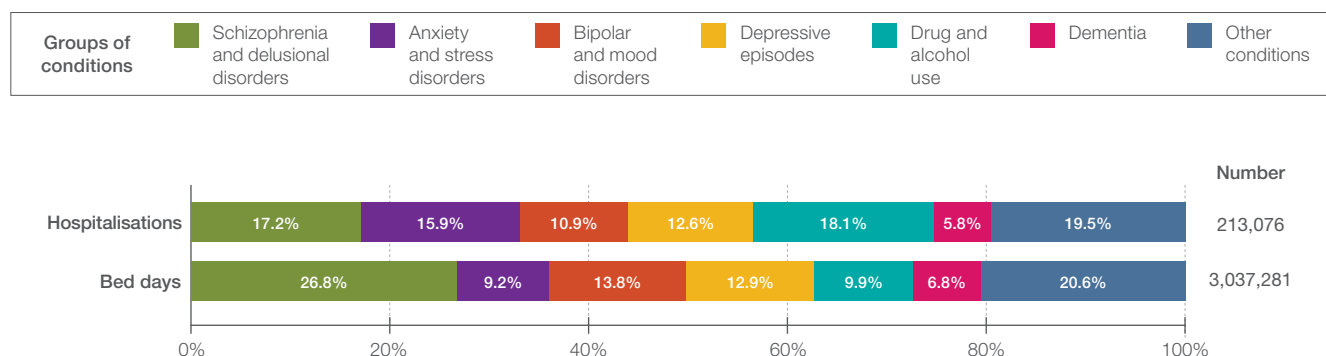
Together, these six groups accounted for 80% (171,427) of all mental health-related overnight hospitalisations and 79% (2,412,509) of mental health-related hospital bed days nationally in 2013–14.

The percentage of all mental health overnight hospitalisations and bed days represented by each group of conditions appears in **Figure 6**.

**Drug and alcohol use** had the greatest percentage (18%) of all mental health overnight hospitalisations in 2013–14, just more than **schizophrenia and delusional disorders** (17%) and **anxiety and stress disorders** (16%).

With respect to bed days, **schizophrenia and delusional disorders** had the greatest percentage (27%), approximately twice the bed days of the next two groups of conditions, **bipolar and mood disorders** (14%) and **depressive episodes** (13%).

**Figure 6: Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, 2013–14**



**Notes:** Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress episodes (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol episodes (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia (F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia). For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

## Contextual information: admissions to specialised care units

Some groups of conditions require and receive different rates of specialised psychiatric care.

**Figure 7** outlines the national hospitalisation rate, per 100,000 people, in specialised psychiatric units (specialised care) and general hospital wards (non-specialised care) in 2013–14 for each group of conditions.

**Schizophrenia and delusional disorders** had the greatest rate of specialised care hospitalisations (144 per 100,000 people) while **dementia** had the lowest rate (6 per 100,000 people).

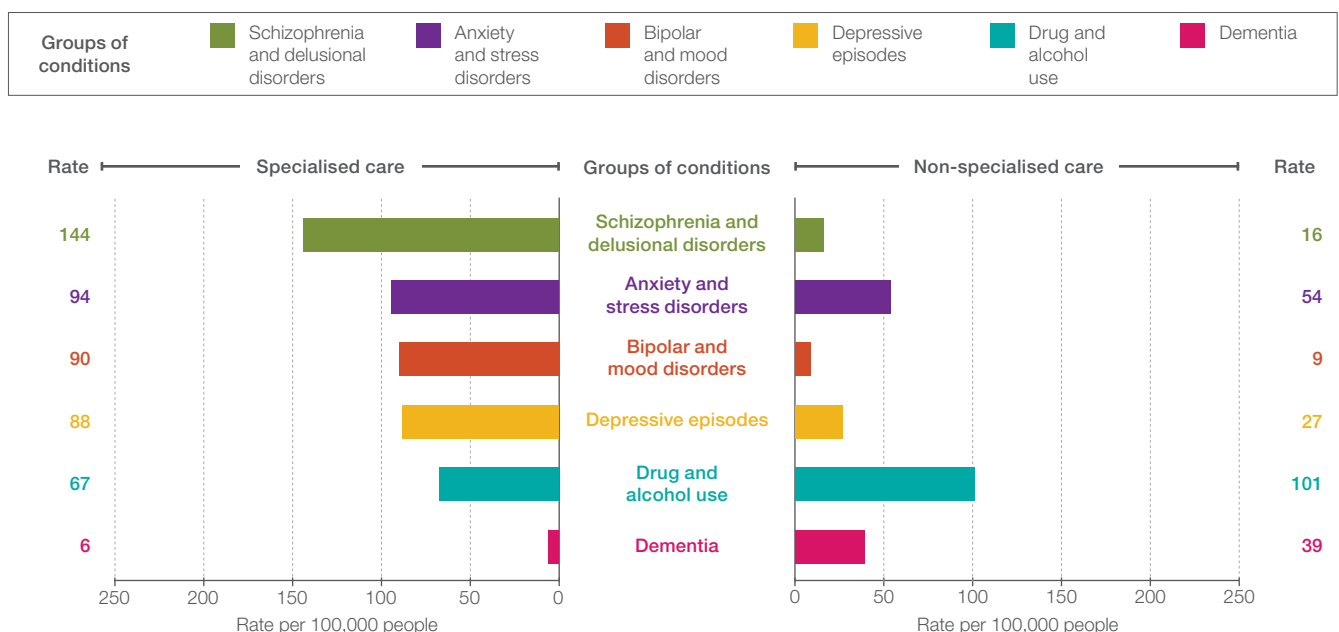
## Variation across Primary Health Network areas

Hospitalisation and bed day rates for each of the six groups of conditions are presented by Primary Health Network (PHN) areas in **Figure 8, page 20** and **Figure 9, page 21**.

Rates for each group of conditions varied between, and within, metropolitan and regional PHN area groupings.

Profiles for each of the 31 PHN areas, including information on hospitalisations for the six groups of conditions, are provided at the end of this report on **pages 35 to 68**.

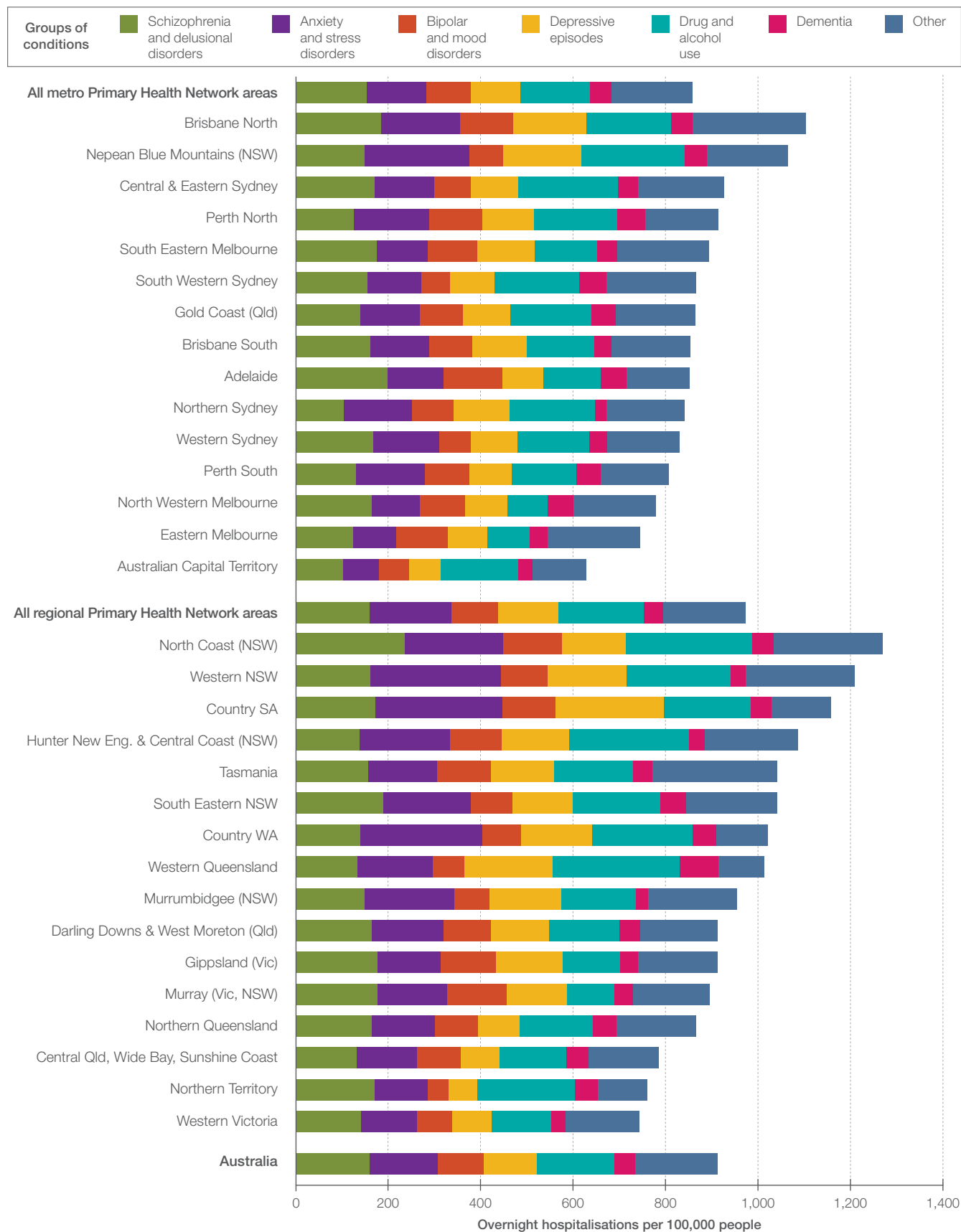
**Figure 7: Age-standardised rates of mental health overnight hospitalisations per 100,000 people, by specialised and non-specialised care, by groups of conditions, 2013–14**



**Notes:** Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress episodes (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol episodes (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia (F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia). For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

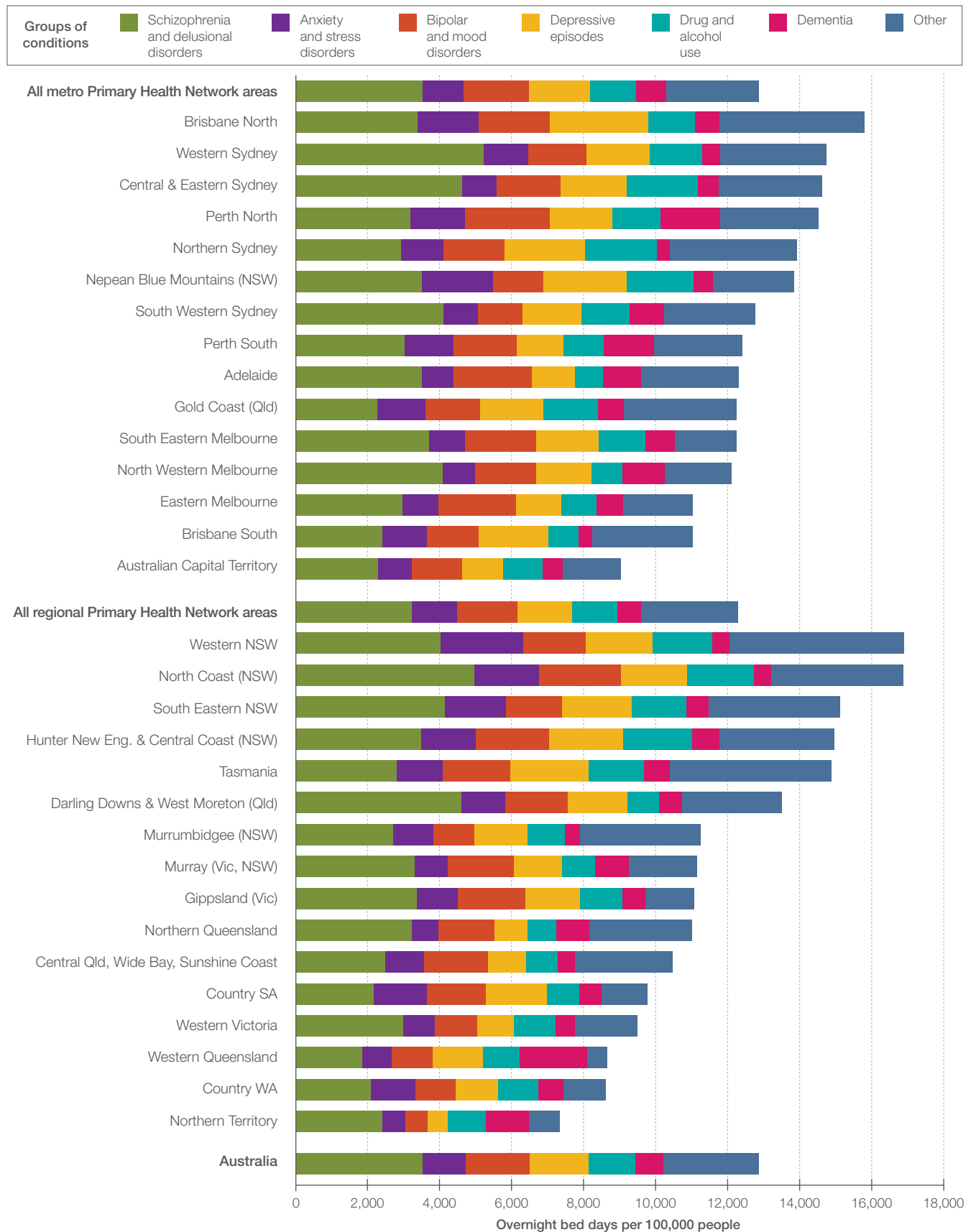
**Figure 8: Age-standardised rates of mental health overnight hospitalisations per 100,000 people, by Primary Health Network area, 2013–14**



**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. 'Metro PHN areas' have ≥85% of the population in 'major cities', as defined by the ABS. All other PHN areas are classified as 'regional PHN areas'.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

**Figure 9: Age-standardised rates of mental health overnight bed days per 100,000 people, by Primary Health Network area, 2013–14**



**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. 'Metro PHN areas' have ≥85% of the population in 'major cities', as defined by the ABS. All other PHN areas are classified as 'regional PHN areas'.  
**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

## Spotlight on selected groups of conditions

This section focuses on **drug and alcohol use** and **schizophrenia and delusional disorders**, the two most common groups of mental health conditions requiring overnight hospital treatment in 2013–14.

### Drug and alcohol use

There were 38,636 mental health overnight hospitalisations for drug and alcohol use nationally in 2013–14, equivalent to 168 hospitalisations per 100,000 people. These hospitalisations accounted for a total of 299,829 bed days nationally.

Among PHN areas, the hospitalisation rate was **three times greater** in some PHN areas compared to others. Rates ranged from 87 hospitalisations per 100,000 people in North Western Melbourne PHN area to 275 per 100,000 people in Western Queensland PHN area (**Figure 1, page v**).

For local areas (SA3s) within **major cities**, hospitalisation rates for **drug and alcohol use** were generally greater in higher socioeconomic areas (168 hospitalisations per 100,000 people) compared with 149 in medium and 151 in lower socioeconomic areas (**Table 2 and Figure 10, page 23**).

Across **regional** and **remote** local areas, mental health overnight hospitalisation rates for **drug and alcohol use** increased with remoteness.

Some of the largest differences in hospitalisation rates were among local areas (SA3s) similar in terms of remoteness and socioeconomic circumstance. For example, in 2013–14, hospitalisation rates for **drug and alcohol use** were **eight times greater** in some higher socioeconomic areas compared with others, ranging from 52 to 432 hospitalisations per 100,000 people. Rates among medium and lower socioeconomic areas showed similar patterns of variation (**Table 2 and Figure 10, page 23**).

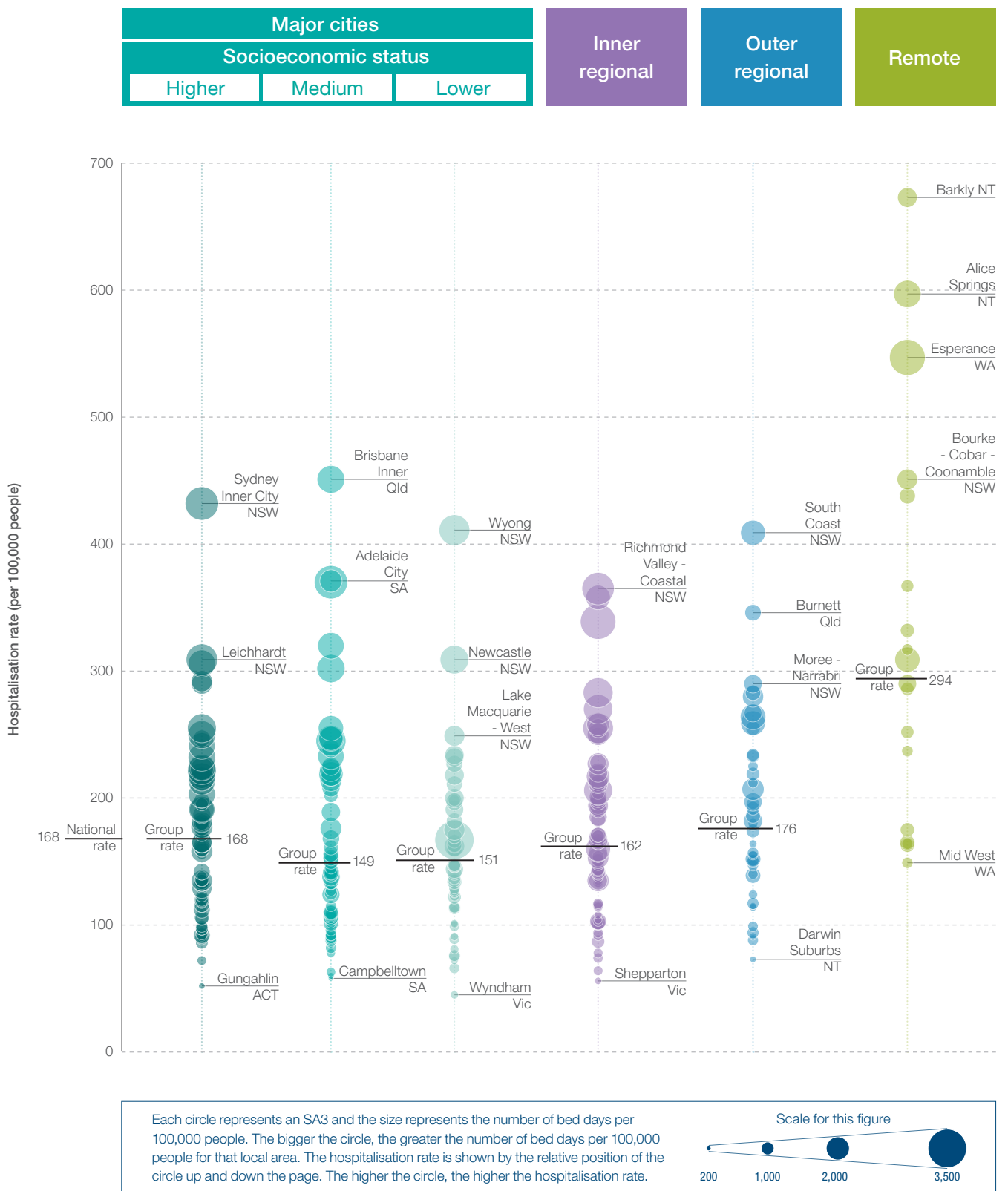
Across **inner regional** local areas, hospitalisation rates were more than **six times greater** in some areas compared with other similar areas, ranging from 56 to 365 hospitalisations per 100,000 people. Rates among **outer regional** and **remote** local areas also showed similar patterns of variation.

Wide variation was also seen in bed day rates. Detailed information, including bed day rates, is available for download at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

**Table 2: Age-standardised rates of overnight hospitalisations related to drug and alcohol use per 100,000 people by local area (SA3) remoteness and socioeconomic status, 2013–14**

		Hospitalisations (overnight stays), age-standardised rate (per 100,000 people)					
		Major cities – by socioeconomic status			Inner regional	Outer regional	Remote
		Higher	Medium	Lower			
Drug and alcohol use	Group rate	168	149	151	162	176	294
	Minimum	52	58	45	56	73	149
	Maximum	432	451	411	365	409	673

**Figure 10: Age-standardised rates of overnight hospitalisations related to drug and alcohol use per 100,000 people, by local area (SA3) remoteness and socioeconomic status, 2013–14**



**Notes:** Rates refer to the area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. Local area (SA3) results have been categorised using the ABS Remoteness Areas 2011 ('remote' includes 'very remote'). The 'major cities' category has been further categorised into three similar-sized groups by socioeconomic status (using the ABS IRSD SEIFA Index 2011). More information on the categories of remoteness and socioeconomic status can be found in this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

## Schizophrenia and delusional disorders

### Schizophrenia and delusional disorders

accounted for 36,562 overnight mental health hospitalisations in Australia in 2013–14, or 160 per 100,000 people. This group of conditions accounted for a total of 813,514 bed days, the most nationally.

For PHN areas, the hospitalisation rate was just over **two times greater** in some areas compared to others. This ranged from 102 hospitalisations per 100,000 people in Australian Capital Territory PHN area to 234 per 100,000 people in North Coast (NSW) PHN area (**Figure 1, page v**).

For local areas (SA3s) within **major cities**, hospitalisation rates for **schizophrenia and delusional disorders** were generally greater in lower socioeconomic areas at 173 hospitalisations per 100,000 people, compared with medium (152) and higher (136) socioeconomic areas (**Table 3 and Figure 11, page 25**).

Across **regional** and **remote** local areas, mental health overnight hospitalisation rates for **schizophrenia and delusional disorders** increased with remoteness.

As with drug and alcohol use, some of the largest differences in hospitalisation rates for **schizophrenia and delusional disorders** were among local areas similar in terms of remoteness and socioeconomic circumstance.

In 2013–14, hospitalisation rates for **schizophrenia and delusional disorders** were **six times greater** in some lower socioeconomic areas in **major cities** compared with others. These ranged from 72 to 436 hospitalisations per 100,000 people. Rates also varied widely among medium and higher socioeconomic areas (**Table 3 and Figure 11, page 25**).

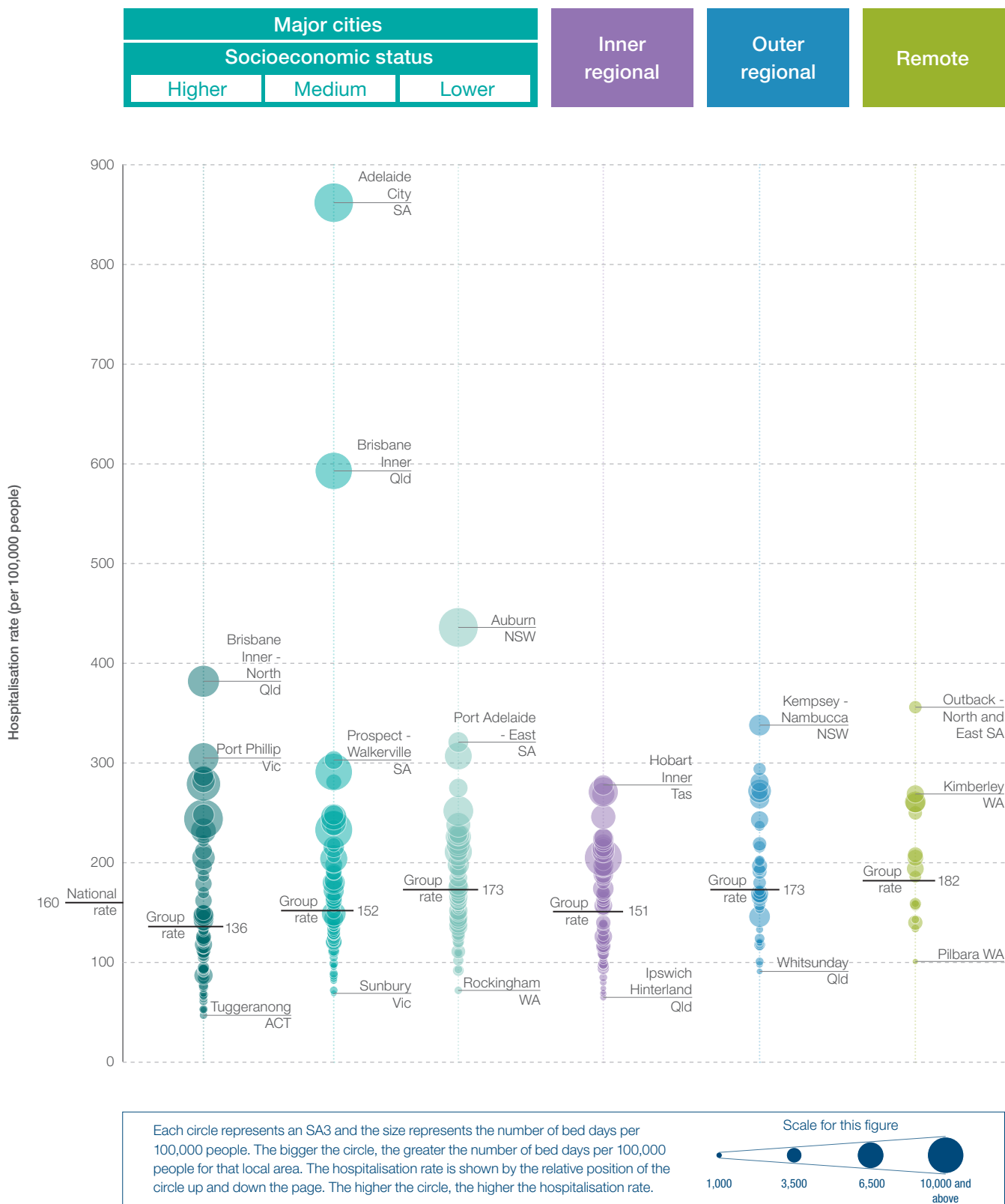
Across **inner regional** local areas, hospitalisation rates were **four times greater** in some local areas compared with other similar areas, ranging from 65 to 278 hospitalisations per 100,000 people. Rates also varied widely among **outer regional** and **remote** local areas.

Wide variation was also seen in bed day rates. Detailed information, including bed day rates, is available for download at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

**Table 3: Age-standardised rates of overnight hospitalisations related to schizophrenia and delusional disorders, per 100,000 people, by local area (SA3) remoteness and socioeconomic status, 2013–14**

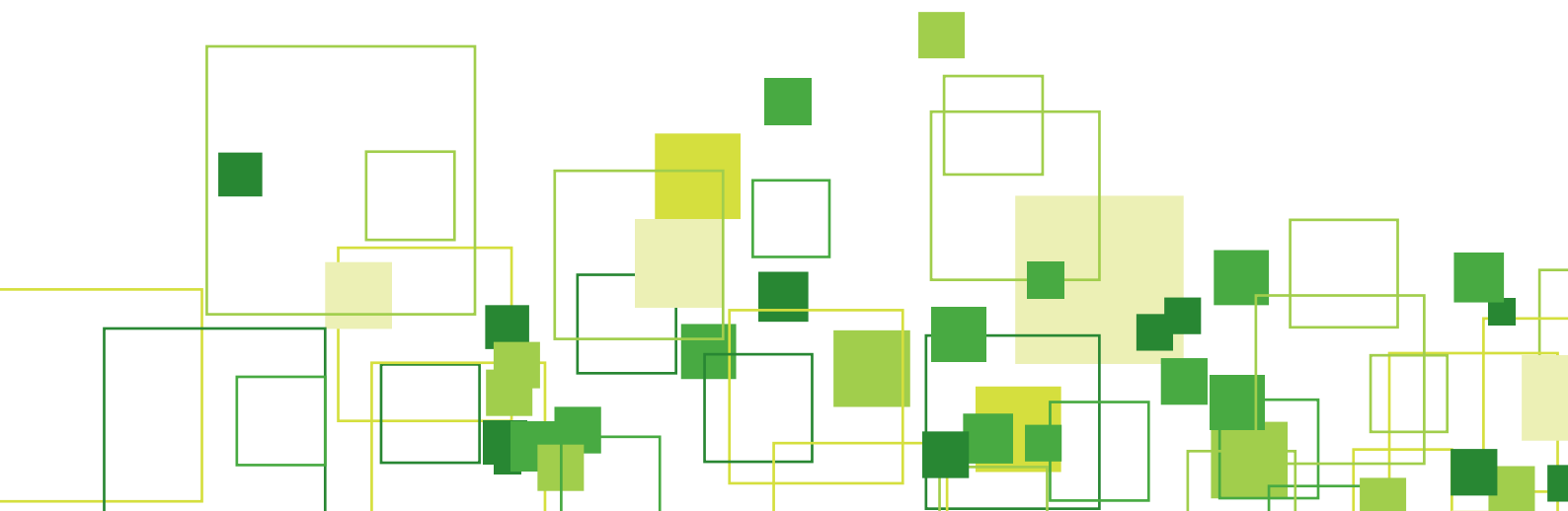
		Hospitalisations (overnight stays), age-standardised rate (per 100,000 people)					
		Major cities – by socioeconomic status			Inner regional	Outer regional	Remote
		Higher	Medium	Lower			
Schizophrenia and delusional disorders	Group rate	136	152	173	151	173	182
	Minimum	47	69	72	65	91	101
	Maximum	382	862	436	278	338	356

**Figure 11: Age-standardised rates of overnight hospitalisations related to schizophrenia and delusional disorders, per 100,000 people, by local area (SA3) remoteness and socioeconomic status, 2013–14**



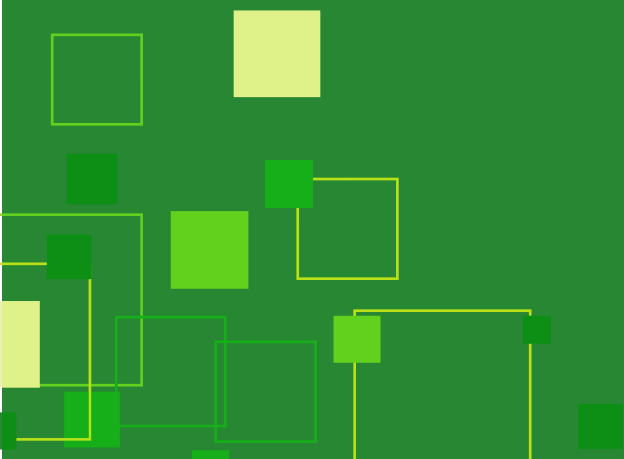
**Notes:** Rates refer to the area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. Local area (SA3) results have been categorised using the ABS Remoteness Areas 2011 ('remote' includes 'very remote'). The 'major cities' category has been further categorised into three similar-sized groups by socioeconomic status (using the ABS IRSD SEIFA Index 2011). More information on the categories of remoteness and socioeconomic status can be found in this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.



# Hospitalisations for intentional self-harm

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# Hospitalisations for intentional self-harm

This section presents hospitalisation rates for intentional self-harm. Same-day and overnight hospital admissions are included.

The relationship between self-harm and suicide is complex, and self-harming behaviour can be but is not always life-threatening. There is also an increased risk of suicide in individuals who self-harm.<sup>2</sup>

Nationally in 2013–14, there were 33,956 intentional self-harm admissions to hospital (same-day and overnight), equivalent to a rate of 150 hospitalisations per 100,000 people.

The majority of hospitalisations for intentional self-harm related to self-poisoning or injury from sharp objects.

These hospitalisations accounted for a total of 184,332 bed days, or 805 bed days per 100,000 people.

The rate of intentional self-harm hospitalisations varied across different age groups ([Appendix, page 69](#)).

Self-harm is associated with a number of mental health conditions and about 70% of those admitted to hospital had either a principal or secondary mental health diagnosis in 2013–14. Those with a principal mental health diagnosis are also included in the earlier sections of this report that present overnight hospitalisations for mental health conditions.

## Variation across Primary Health Network areas: metropolitan and regional

Populations in **regional Primary Health Network (PHN) areas** had markedly higher rates of hospitalisations for intentional self-harm (184 hospitalisations per 100,000 people) compared with populations in **metropolitan PHN areas** (130 per 100,000 people) in 2013–14 ([Figure 12, page 29](#)).

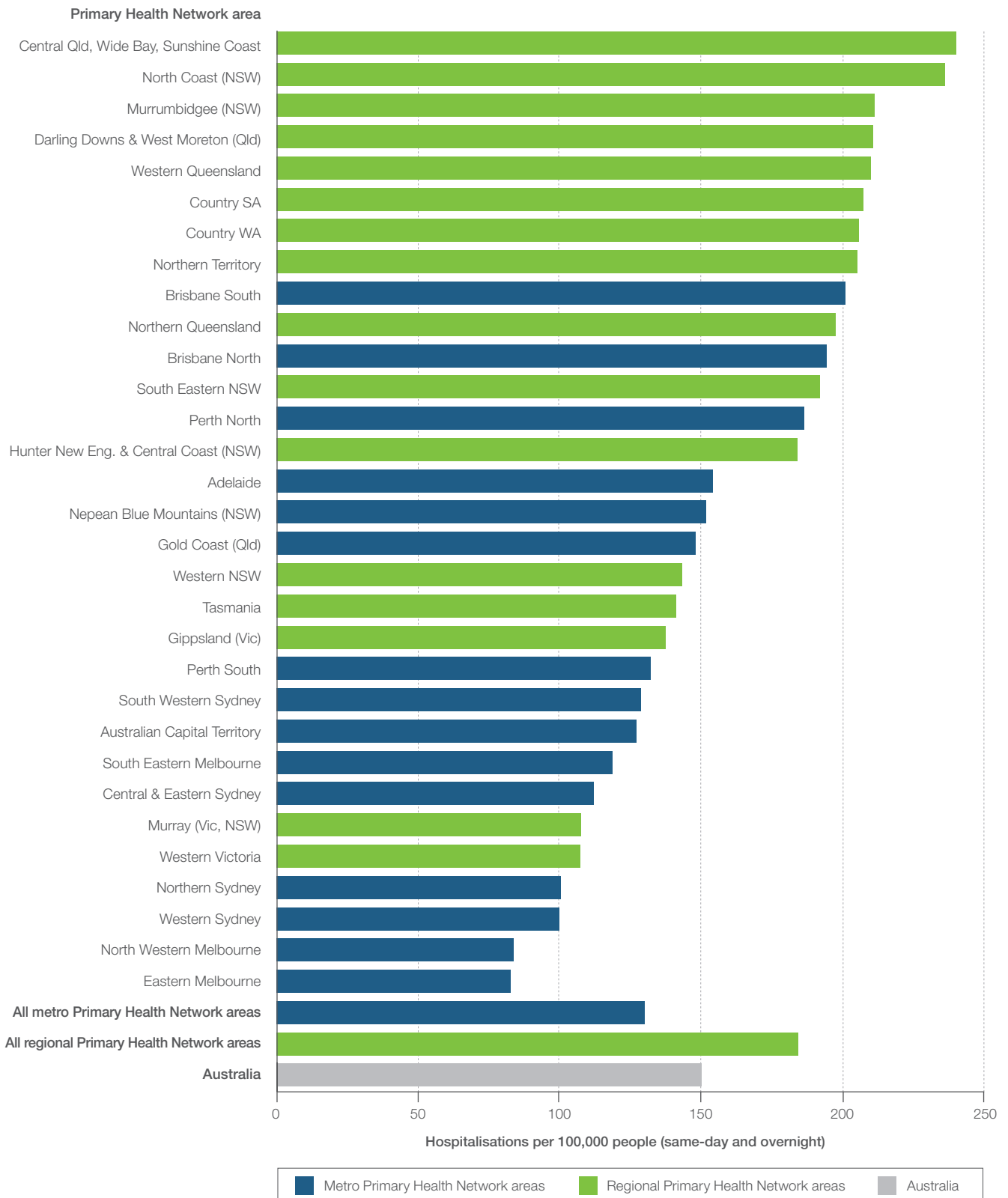
Within **metropolitan** and **regional PHN areas**, there were similar patterns of variation in hospitalisation rates. For both groups, the rate was **more than two times greater** in some PHN areas compared to others.

Within **metropolitan PHN areas**, the rate of hospitalisations for intentional self-harm ranged from 83 hospitalisations per 100,000 people in Eastern Melbourne PHN area to 201 per 100,000 people in Brisbane South PHN area.

Within **regional PHN areas**, rates ranged from 107 hospitalisations per 100,000 people in Western Victoria PHN area to 240 per 100,000 people in Central Queensland, Wide Bay, Sunshine Coast PHN area.

Hospitalisation and bed day rates for intentional self-harm are provided for each of the 31 PHN areas in the profiles on [pages 35 to 68](#).

**Figure 12: Age-standardised rates of same-day and overnight hospitalisations related to intentional self-harm per 100,000 people, by Primary Health Network area, 2013–14**



**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. 'Metro PHN areas' have ≥85% of the population in 'major cities', as defined by the ABS. All other PHN areas are classified as 'regional PHN areas'.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

## Variation across local areas (SA3s)

Across more than 300 local areas (SA3s) nationally in 2013–14, there was wide variation in rates of hospitalisations (same-day and overnight) for intentional self-harm. Rates were **more than eight times greater** in some local areas than others, ranging from 55 hospitalisations per 100,000 people in Carlingford (NSW) to 469 per 100,000 people in Kimberley (WA).

For local areas (SA3s) within **major cities**, same-day and overnight hospitalisation rates for intentional self-harm were greater in lower socioeconomic areas (147 hospitalisations per 100,000 people) compared with medium (132) and higher (125) socioeconomic areas (**Table 4** and **Figure 13, page 31**).

Across **regional** and **remote** local areas, hospitalisation rates for intentional self-harm increased with remoteness. The rate for **inner regional** local areas was 174 hospitalisations per 100,000 people, increasing for **outer regional** (191) and **remote** (231) local areas.

Detailed information, including bed day rates, is available for download at [www.myhealthycommunities.gov.au](http://www.myhealthycommunities.gov.au)

## Variation across similar local areas (SA3s)

Some of the most marked differences in hospitalisation rates for intentional self-harm were among local areas similar in terms of remoteness and socioeconomic circumstance.

In **major cities** in 2013–14, hospitalisation rates (same-day and overnight) for intentional self-harm were **five times greater** in some lower socioeconomic areas compared with others. These ranged from 72 to 365 hospitalisations per 100,000 people. Rates also varied widely among medium and higher socioeconomic areas (**Table 4** and **Figure 13, page 31**).

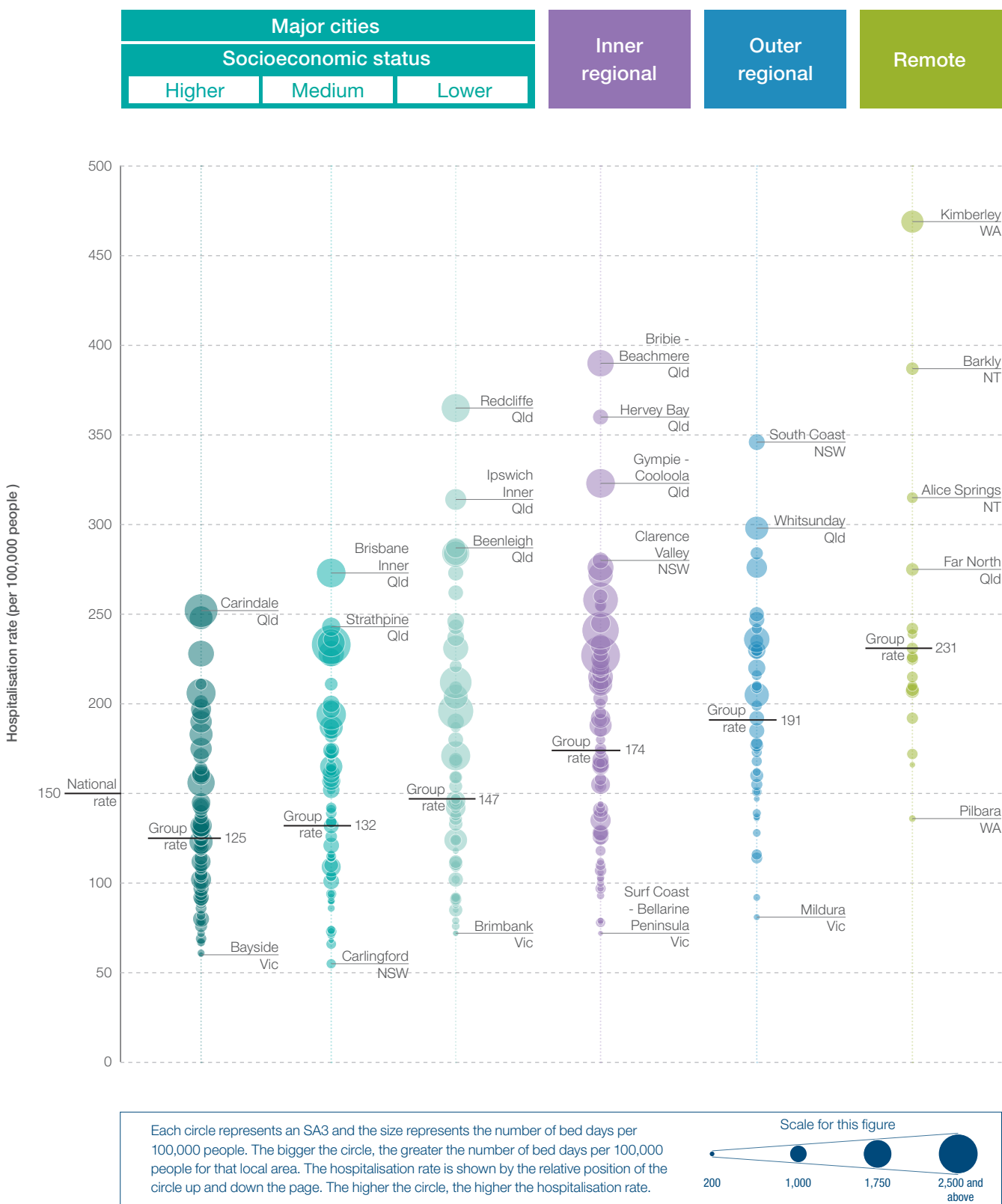
Across **inner regional** areas, hospitalisation rates for intentional self-harm were **more than five times greater** in some local areas compared with other similar areas, ranging from 72 to 390 hospitalisations per 100,000 people. Rates also varied widely among **outer regional** and **remote** areas.

Patterns of geographic variation in hospitalisations for intentional self-harm are shown in **Map 2** on **pages 32** and **33**.

**Table 4: Age-standardised rates of same-day and overnight hospitalisations related to intentional self-harm, per 100,000 people, by local area (SA3) remoteness and socioeconomic status, 2013–14**

		Hospitalisations (same-day and overnight stays), age-standardised rate (per 100,000 people)					
		Major cities – by socioeconomic status			Inner regional	Outer regional	Remote
		Higher	Medium	Lower			
Intentional self-harm	Group rate	125	132	147	174	191	231
	Minimum	60	55	72	72	81	136
	Maximum	252	273	365	390	346	469

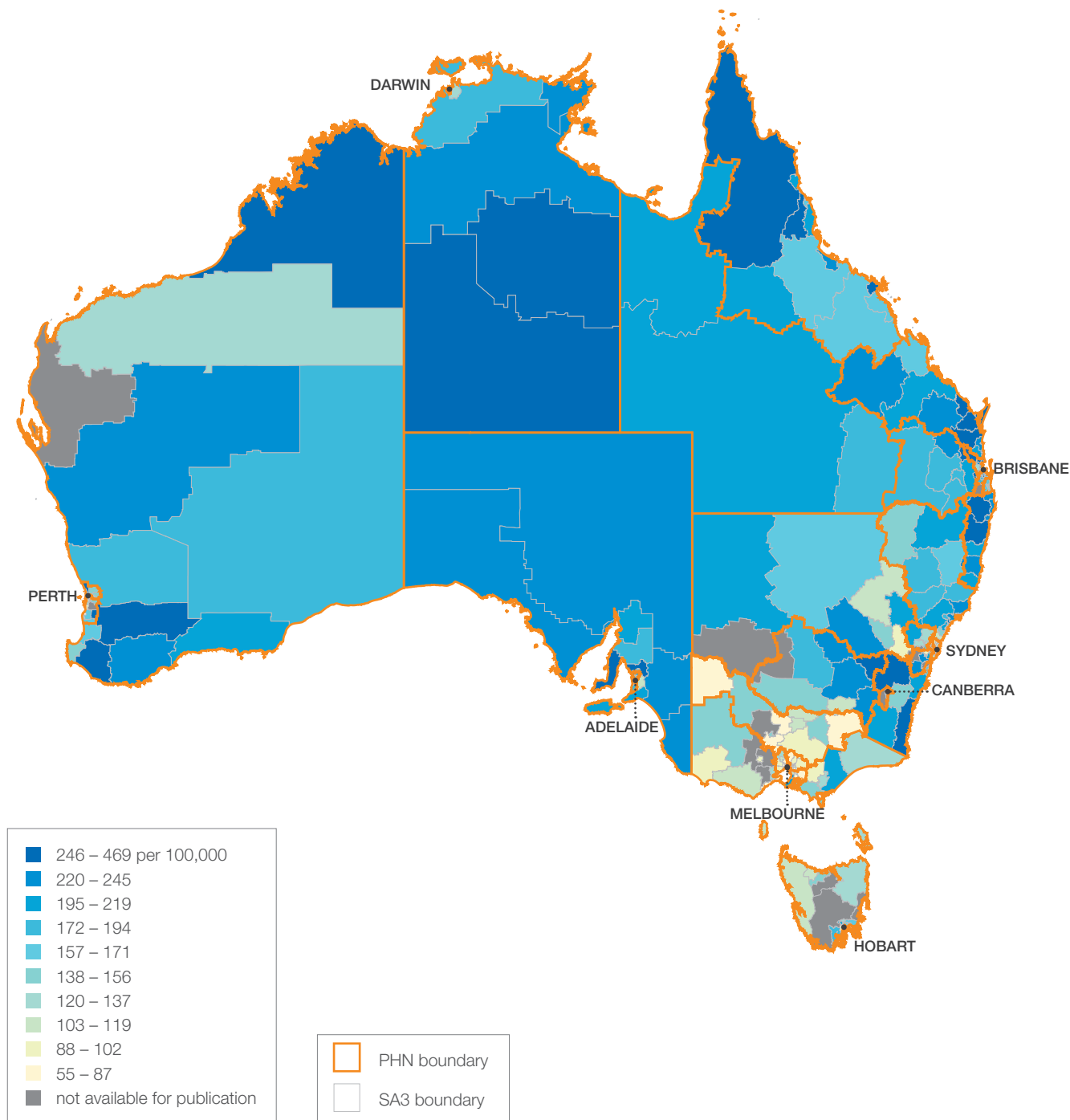
**Figure 13: Age-standardised rates of same-day and overnight hospitalisations related to intentional self-harm, per 100,000 people, by local area (SA3s) remoteness and socioeconomic status, 2013–14**



**Notes:** Rates refer to the area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. Local area (SA3) results have been categorised using the ABS Remoteness Areas 2011 ('remote' includes 'very remote'). The 'major cities' category has been further categorised into three similar-sized groups by socioeconomic status (using the ABS IRSD SEIFA Index 2011). More information on the categories of remoteness and socioeconomic status can be found in this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

**Map 2: Age-standardised rates of same-day and overnight hospitalisations related to intentional self-harm, per 100,000 people, by local area\* (SA3), 2013–14**

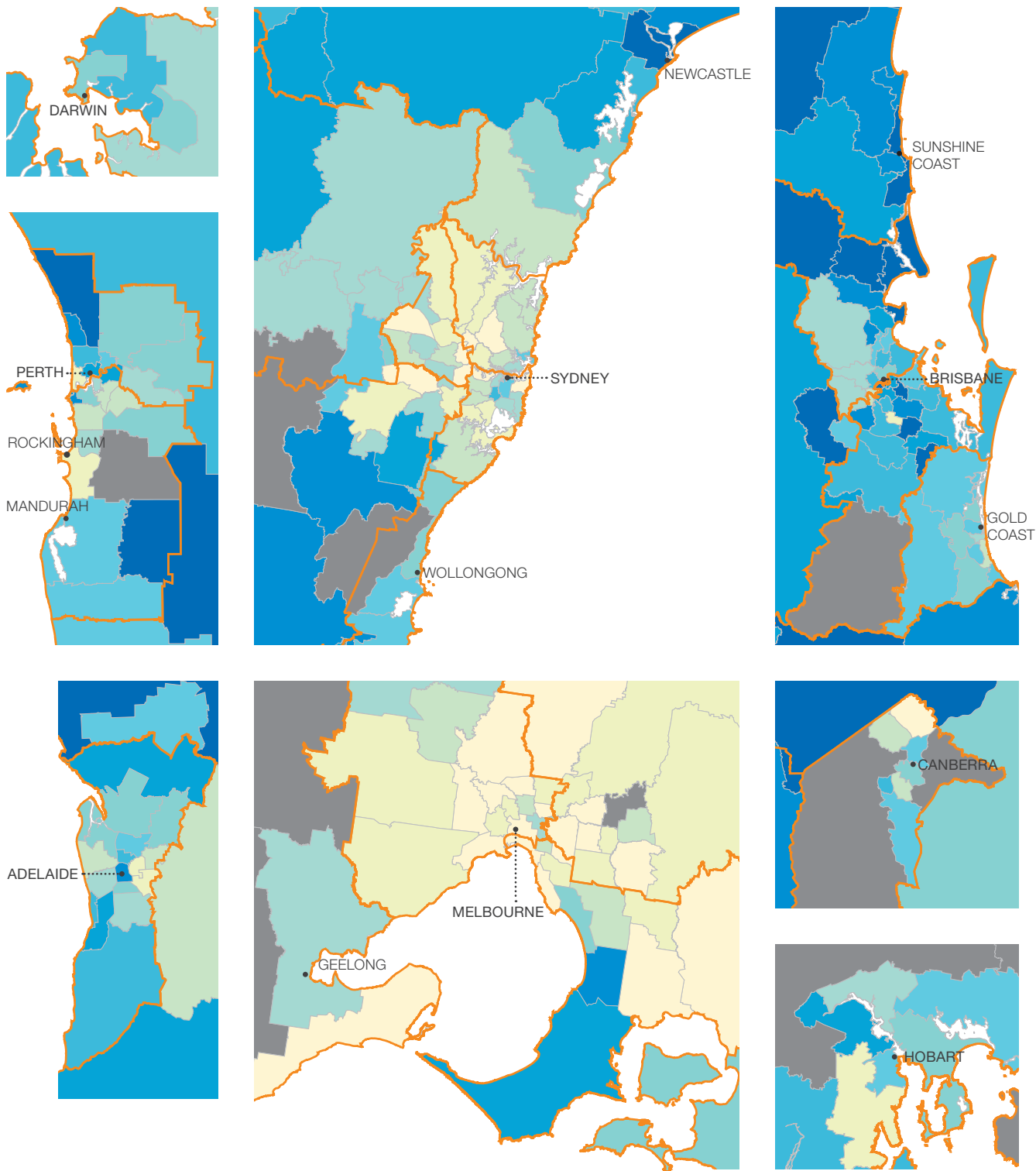


\* Results are presented by local area (SA3) with Primary Health Network (PHN) boundaries overlaid. The term local area (SA3) refers to an Australian Bureau of Statistics geographic region known as a Statistical Area Level 3.

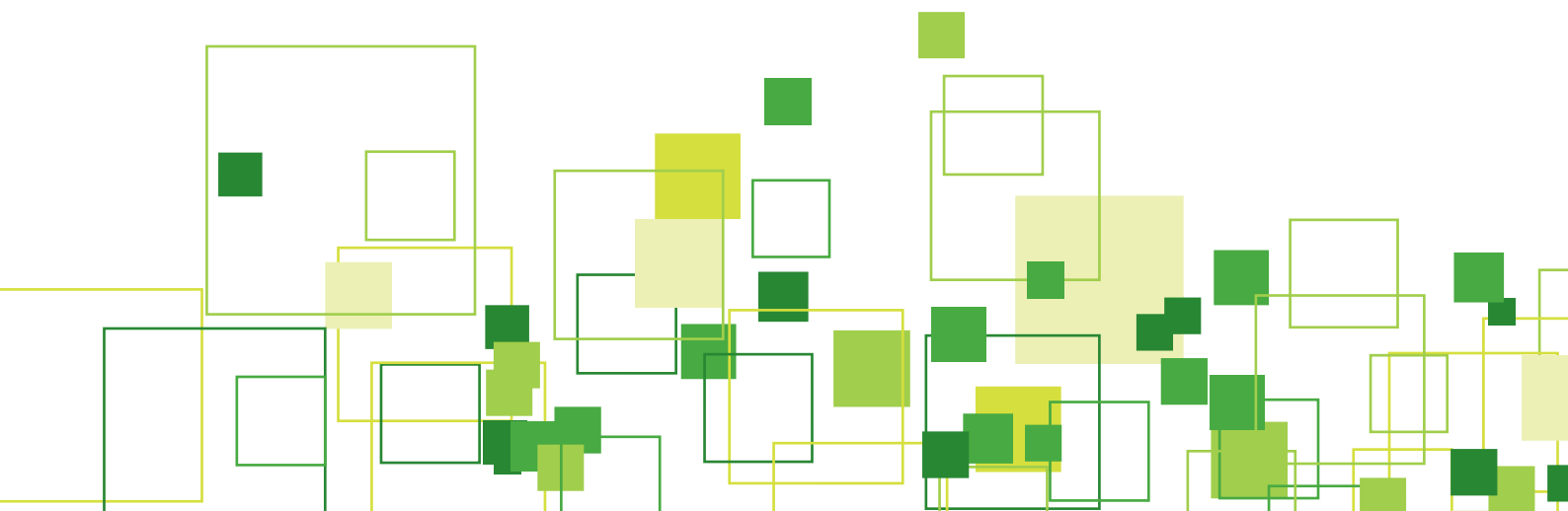
**Notes:** Rates refer to the area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. For more information on this measure, refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

In 2013–14, the rate of hospitalisations (same-day and overnight) related to intentional self-harm varied across local areas (SA3s), ranging from 55 per 100,000 people in Carlingford (NSW) to 469 per 100,000 people in Kimberley (WA).

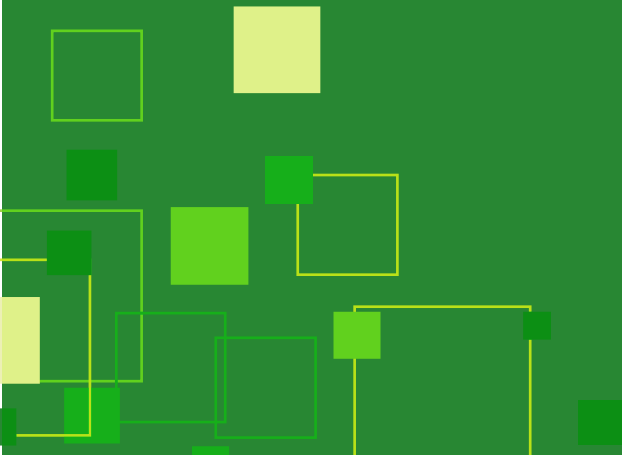


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# Primary Health Network profiles

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# Primary Health Network profiles on mental health-related hospitalisations

Customised information on mental health-related hospitalisations is provided for each of the 31 Primary Health Network areas as well as a national profile.

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• South Eastern Melbourne . . . . .	52		
• Western Victoria. . . . .	53		



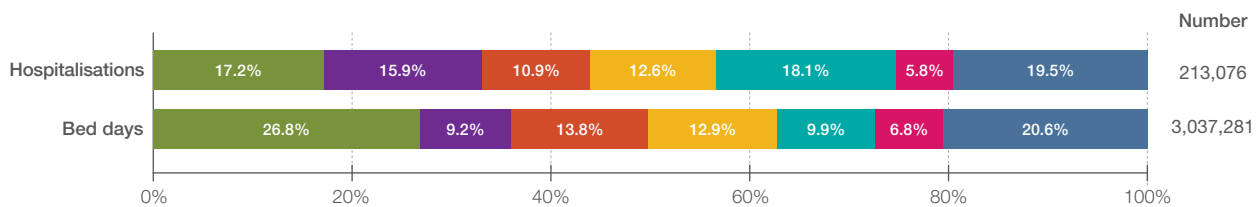
# Australia

## Mental health-related hospitalisations, 2013–14

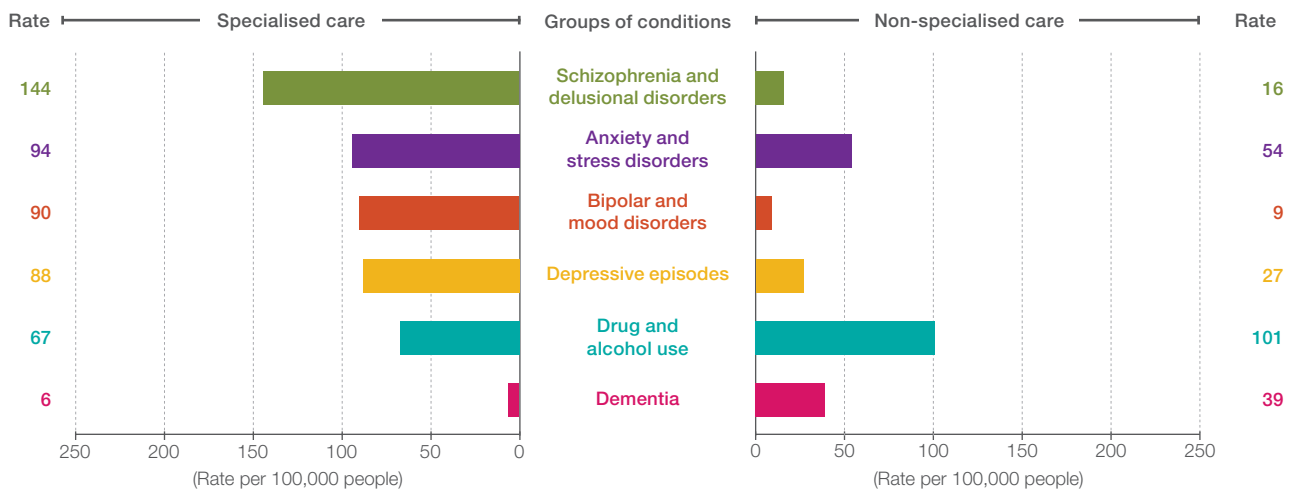
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	911 per 100,000 people	12,839 per 100,000 people
Number	213,076 hospitalisations	3,037,281 bed days
Specialised care*	63.5%	81.5%
Private hospital	20.6%	25.9%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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### Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, Australia



### Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, Australia



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	150 per 100,000 people	805 per 100,000 people
Number	33,956 hospitalisations	184,332 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia (F00–F03, F05.1, G30 or G31 with a dementia secondary diagnosis). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.



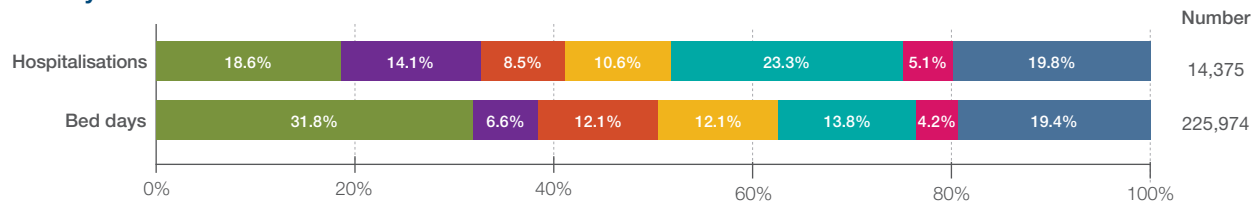
# Central & Eastern Sydney Primary Health Network

Mental health-related hospitalisations, 2013–14

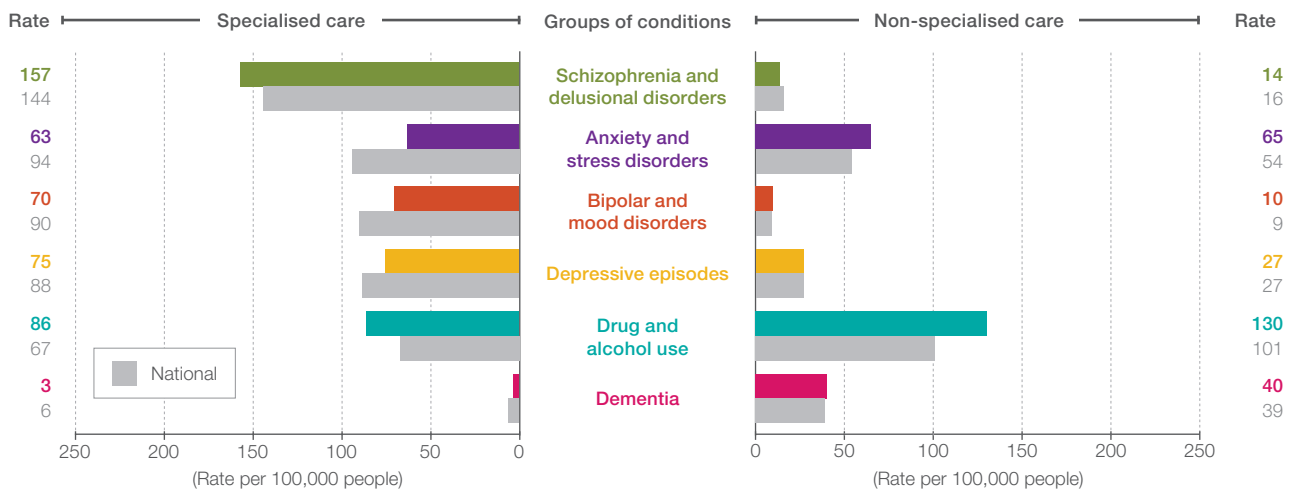
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	924 per 100,000 people	14,601 per 100,000 people
Number	14,375 hospitalisations	225,974 bed days
Specialised care*	59.7%	77.6%
Private hospital	21.2%	27.0%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	112 per 100,000 people	695 per 100,000 people
Number	1,659 hospitalisations	10,326 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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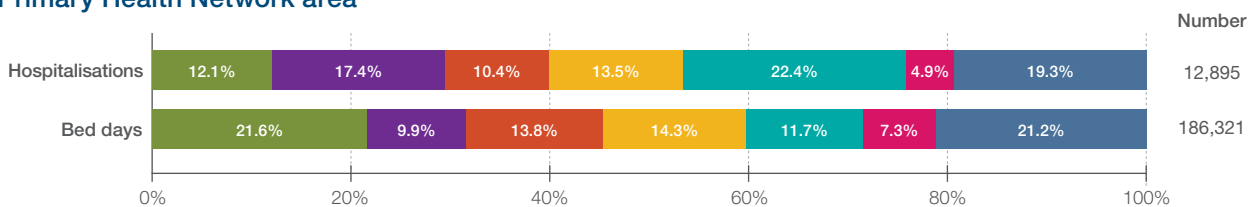
# Hunter New England & Central Coast Primary Health Network

Mental health-related hospitalisations, 2013–14

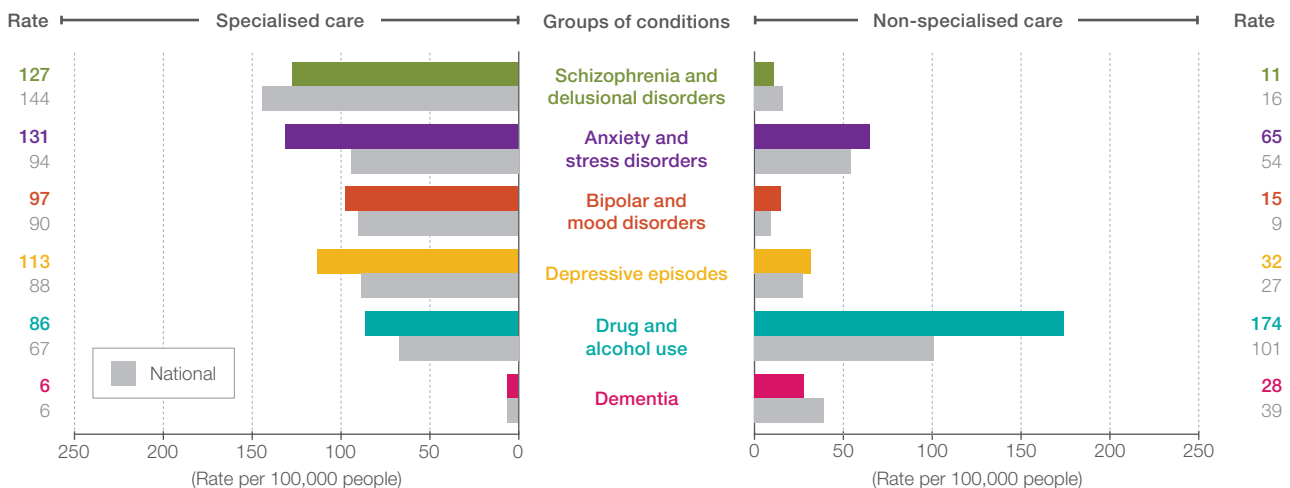
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,084 per 100,000 people	14,944 per 100,000 people
Number	12,895 hospitalisations	186,321 bed days
Specialised care*	62.1%	78.7%
Private hospital	21.4%	27.4%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	184 per 100,000 people	953 per 100,000 people
Number	2,078 hospitalisations	11,164 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.



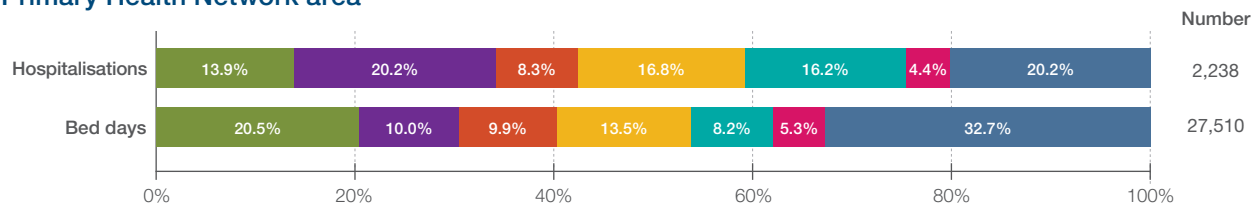
# Murrumbidgee Primary Health Network

Mental health-related hospitalisations, 2013–14

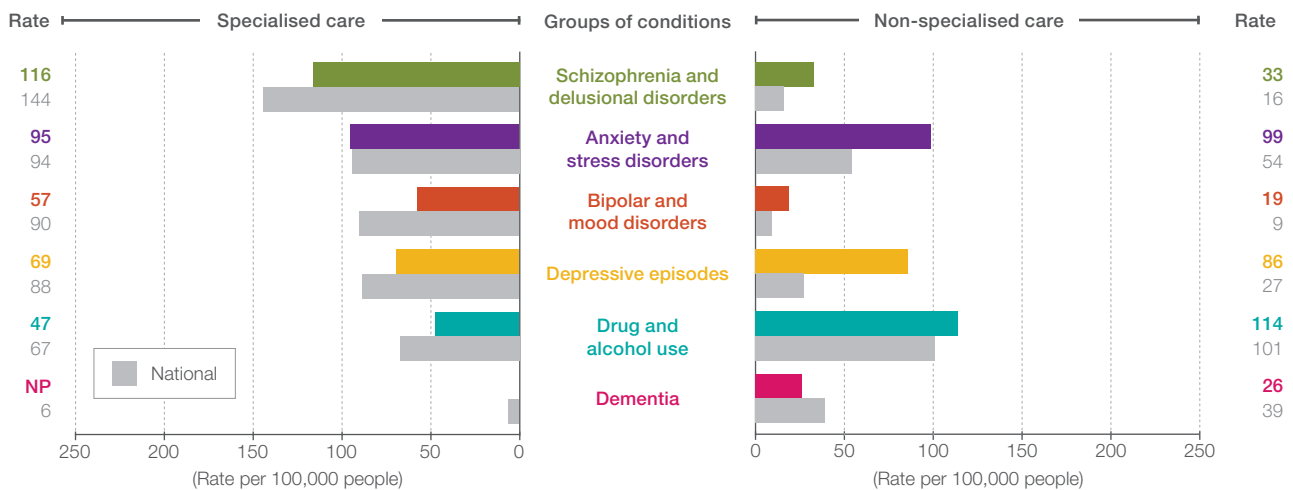
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	953 per 100,000 people	11,221 per 100,000 people
Number	2,238 hospitalisations	27,510 bed days
Specialised care*	50.1%	78.6%
Private hospital	10.4%	15.6%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	211 per 100,000 people	932 per 100,000 people
Number	458 hospitalisations	2,230 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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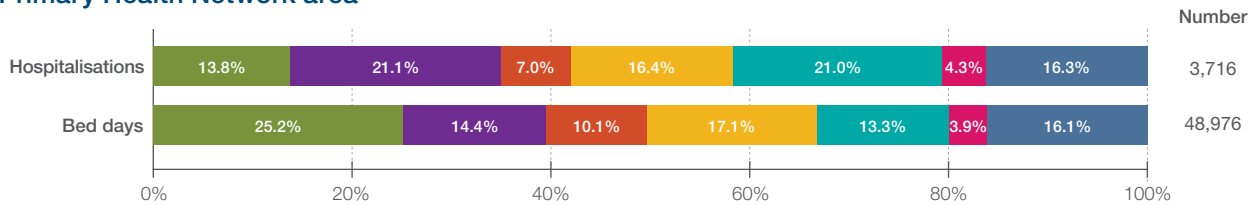
# Nepean Blue Mountains Primary Health Network

Mental health-related hospitalisations, 2013–14

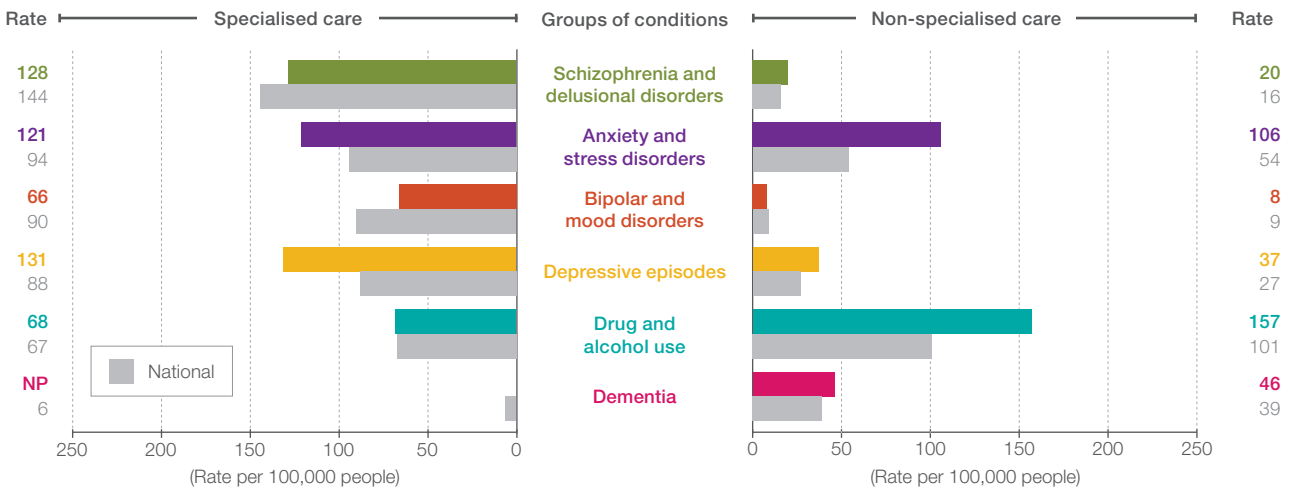
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,063 per 100,000 people	13,815 per 100,000 people
Number	3,716 hospitalisations	48,976 bed days
Specialised care*	58.8%	78.8%
Private hospital	21.1%	32.5%



## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	152 per 100,000 people	858 per 100,000 people
Number	525 hospitalisations	2,968 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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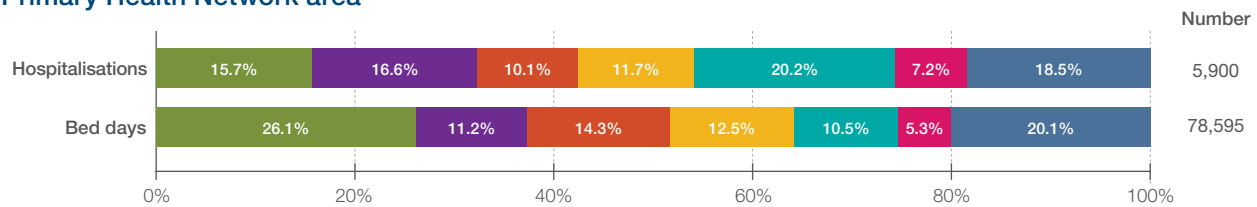
# North Coast Primary Health Network

Mental health-related hospitalisations, 2013–14

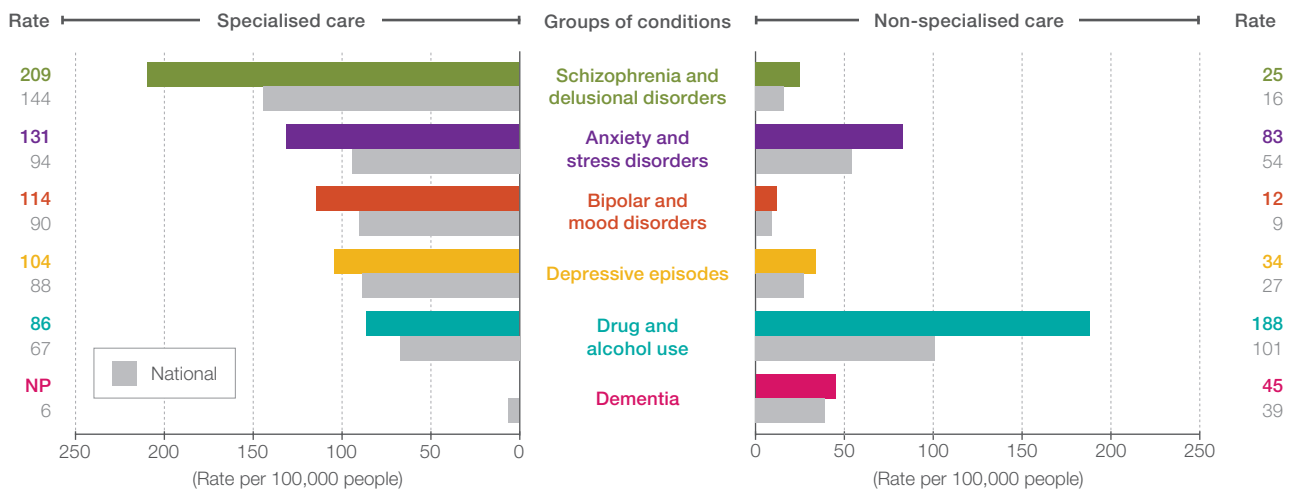
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,267 per 100,000 people	16,841 per 100,000 people
Number	5,900 hospitalisations	78,595 bed days
Specialised care*	58.1%	81.6%
Private hospital	15.9%	22.7%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	236 per 100,000 people	1,258 per 100,000 people
Number	1,024 hospitalisations	5,686 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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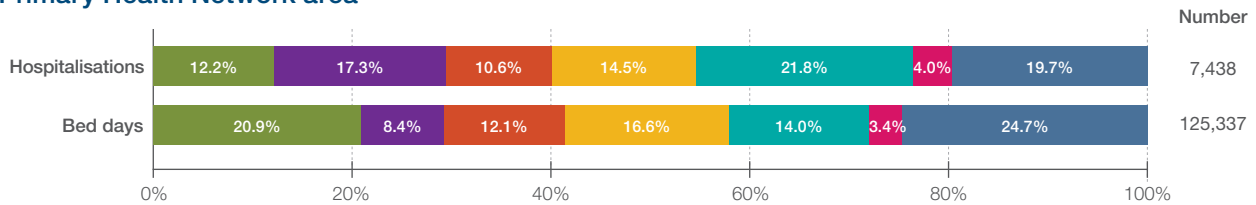
# Northern Sydney Primary Health Network

Mental health-related hospitalisations, 2013–14

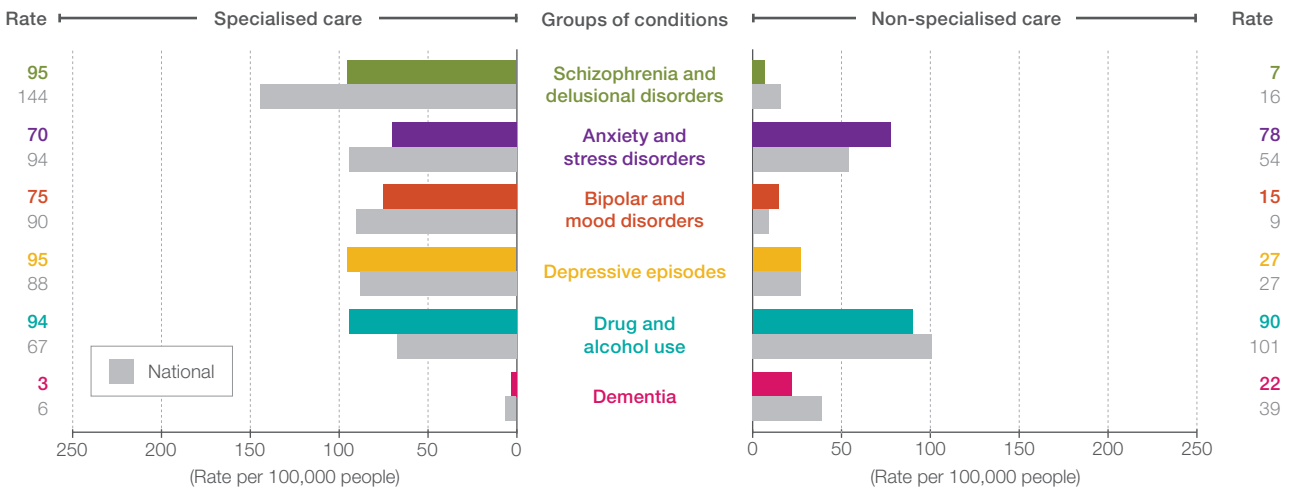
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	839 per 100,000 people	13,899 per 100,000 people
Number	7,438 hospitalisations	125,337 bed days
Specialised care*	64.2%	81.7%
Private hospital	30.9%	36.6%



## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	100 per 100,000 people	766 per 100,000 people
Number	836 hospitalisations	6,574 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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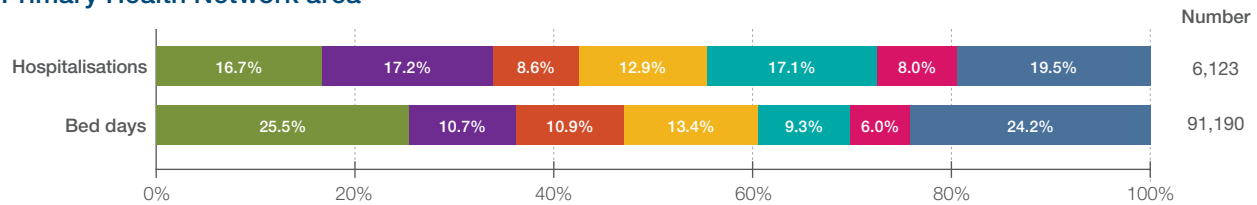
# South Eastern NSW Primary Health Network

Mental health-related hospitalisations, 2013–14

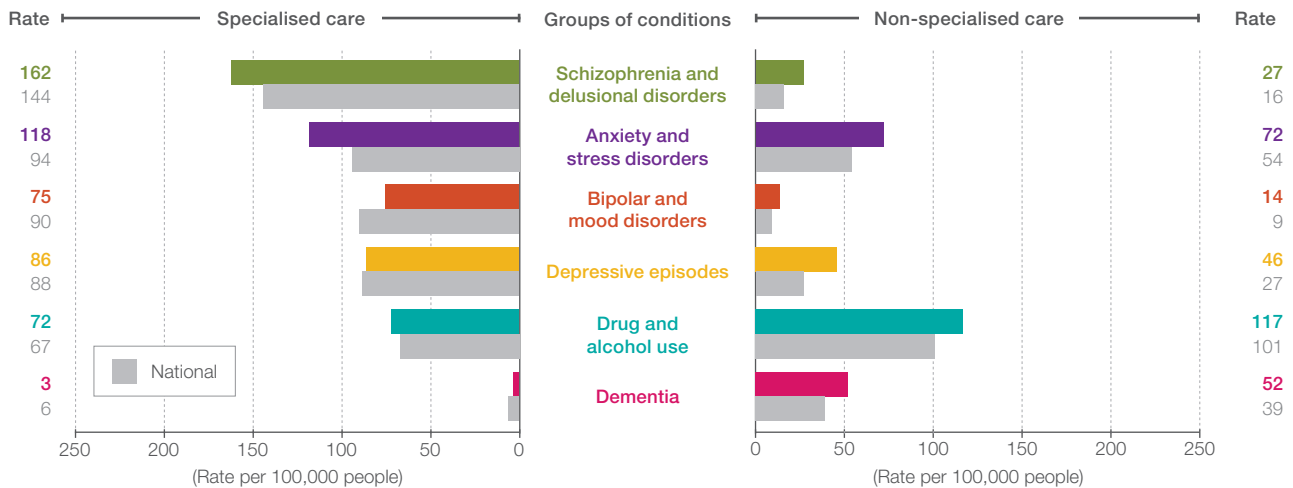
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,039 per 100,000 people	15,099 per 100,000 people
Number	6,123 hospitalisations	91,190 bed days
Specialised care*	58.8%	80.7%
Private hospital	12.7%	20.6%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	192 per 100,000 people	1,255 per 100,000 people
Number	1,051 hospitalisations	6,952 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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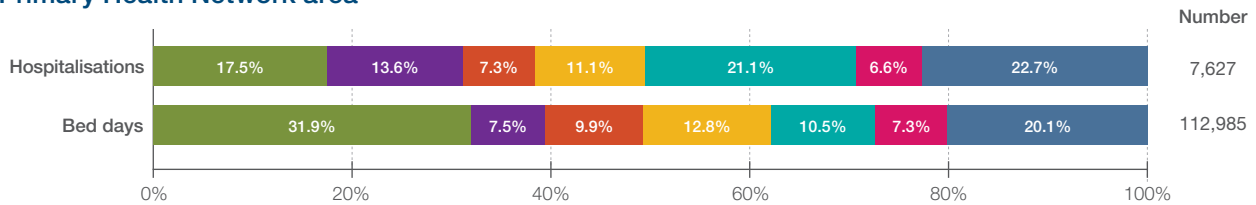
# South Western Sydney Primary Health Network

Mental health-related hospitalisations, 2013–14

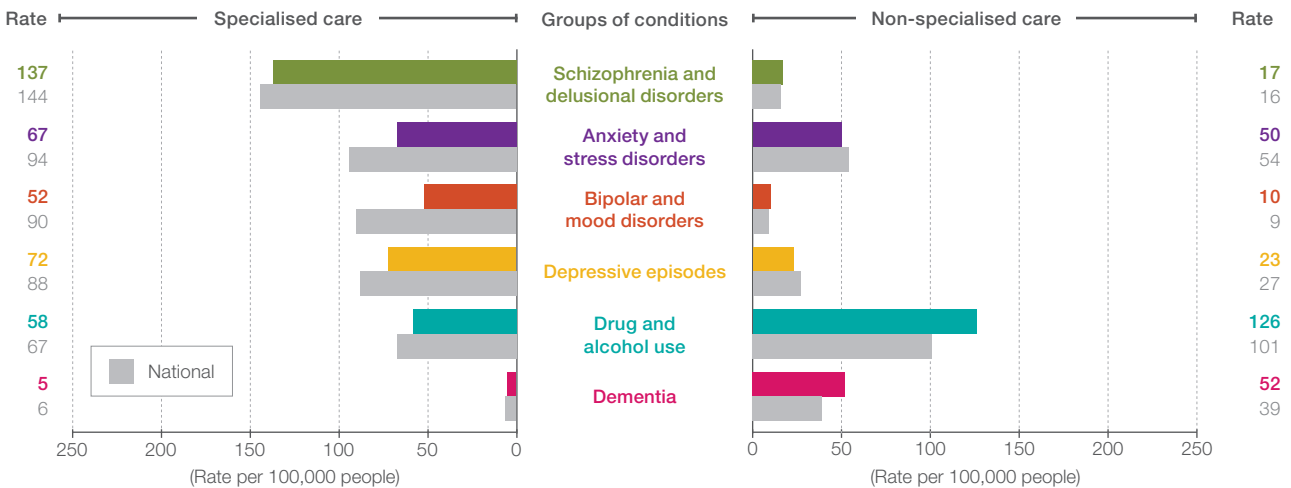
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	864 per 100,000 people	12,735 per 100,000 people
Number	7,627 hospitalisations	112,985 bed days
Specialised care*	57.4%	75.6%
Private hospital	9.8%	13.8%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	129 per 100,000 people	1,074 per 100,000 people
Number	1,144 hospitalisations	9,603 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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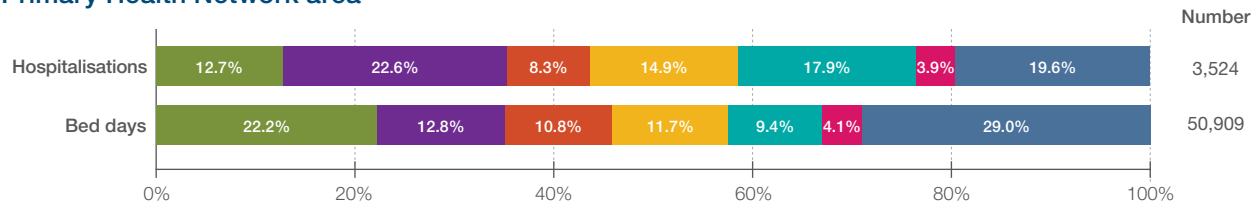
# Western NSW Primary Health Network

Mental health-related hospitalisations, 2013–14

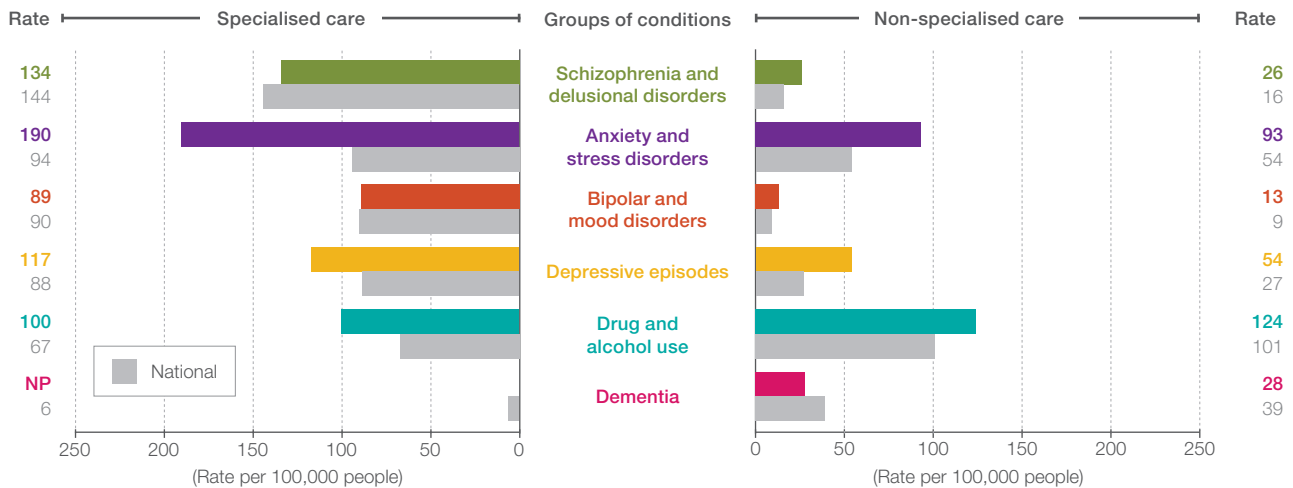
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,206 per 100,000 people	16,871 per 100,000 people
Number	3,524 hospitalisations	50,909 bed days
Specialised care*	64.5%	84.6%
Private hospital	14.0%	14.5%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	143 per 100,000 people	589 per 100,000 people
Number	401 hospitalisations	1,720 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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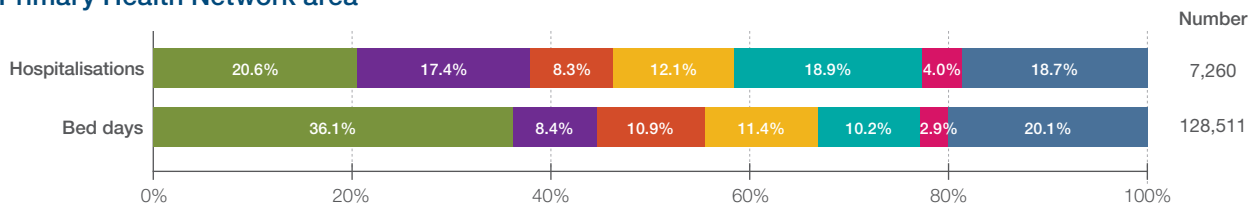
# Western Sydney Primary Health Network

Mental health-related hospitalisations, 2013–14

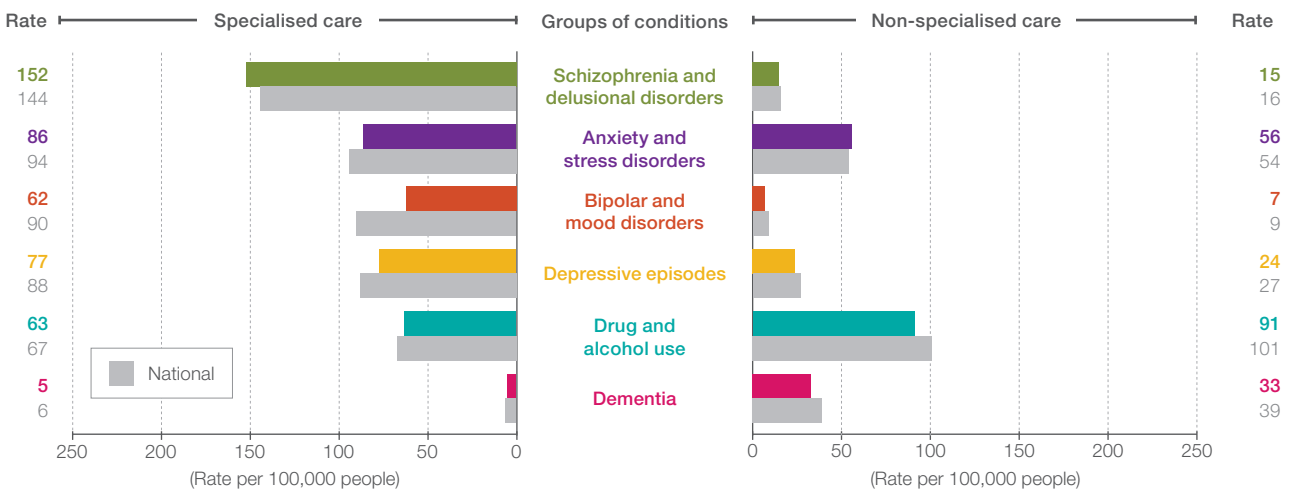
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	828 per 100,000 people	14,719 per 100,000 people
Number	7,260 hospitalisations	128,511 bed days
Specialised care*	66.8%	86.5%
Private hospital	18.3%	19.8%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	100 per 100,000 people	651 per 100,000 people
Number	881 hospitalisations	5,734 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.



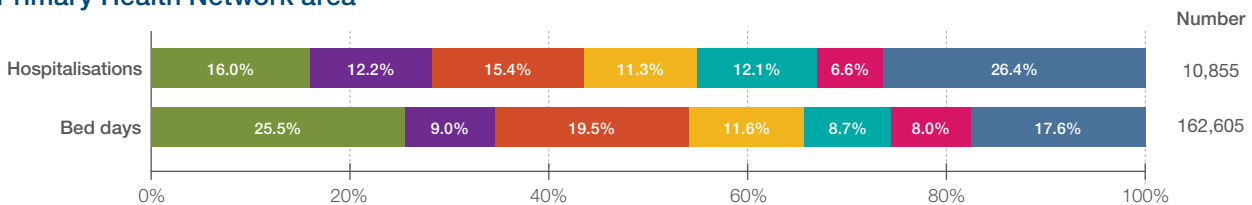
# Eastern Melbourne Primary Health Network

Mental health-related hospitalisations, 2013–14

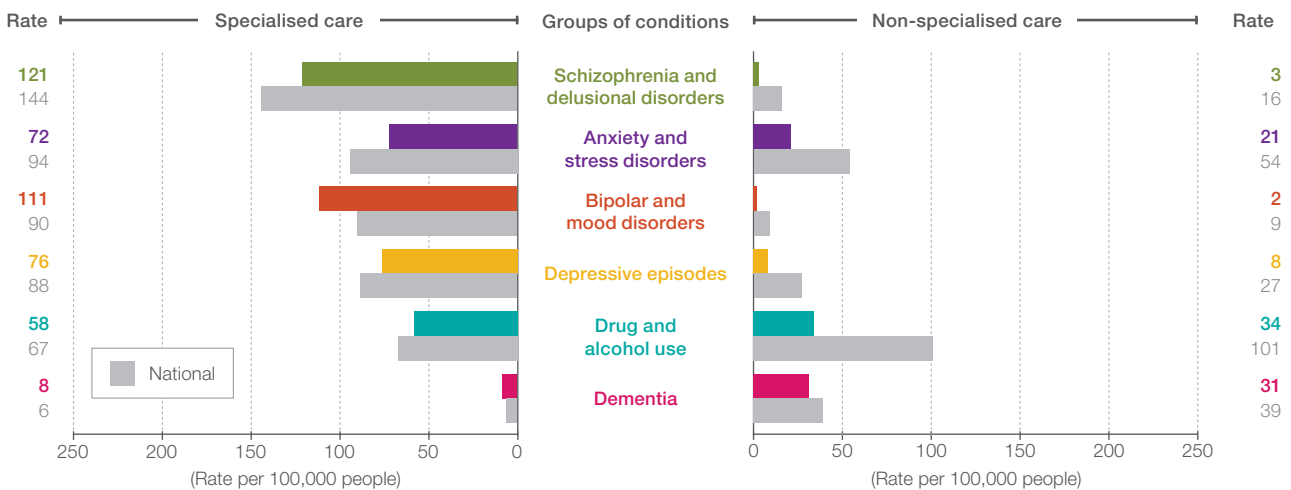
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	744 per 100,000 people	11,010 per 100,000 people
Number	10,855 hospitalisations	162,605 bed days
Specialised care*	71.0%	83.0%
Private hospital	34.8%	40.2%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	83 per 100,000 people	494 per 100,000 people
Number	1,161 hospitalisations	7,034 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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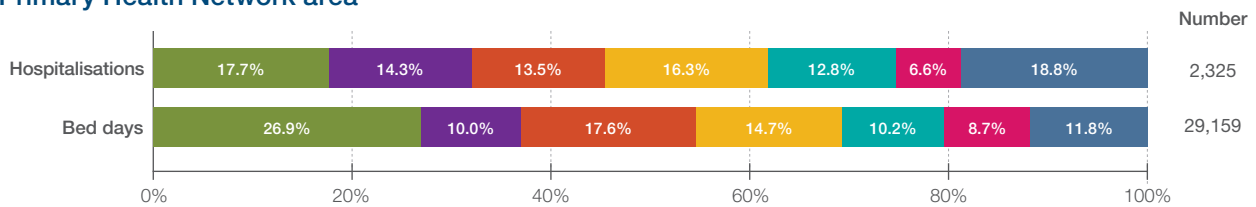
# Gippsland Primary Health Network

Mental health-related hospitalisations, 2013–14

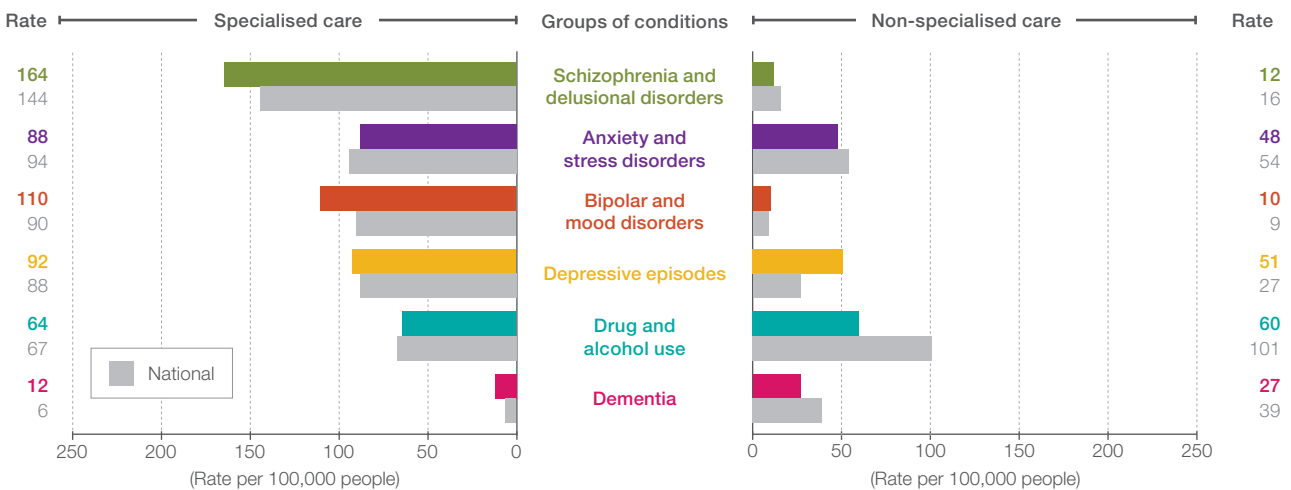
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	911 per 100,000 people	11,040 per 100,000 people
Number	2,325 hospitalisations	29,159 bed days
Specialised care*	64.1%	80.1%
Private hospital	17.4%	24.9%



## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	137 per 100,000 people	699 per 100,000 people
Number	323 hospitalisations	1,660 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.

**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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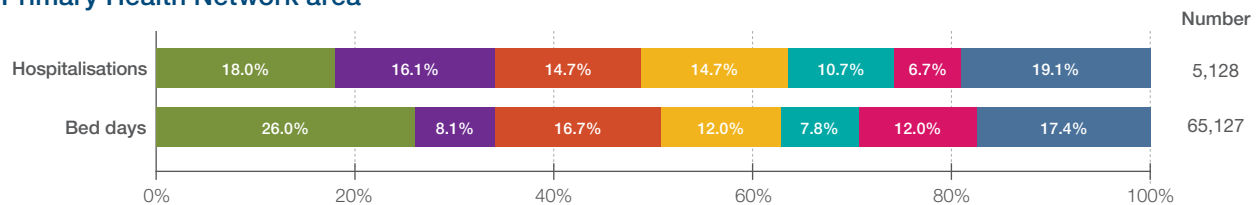
# Murray Primary Health Network

Mental health-related hospitalisations, 2013–14

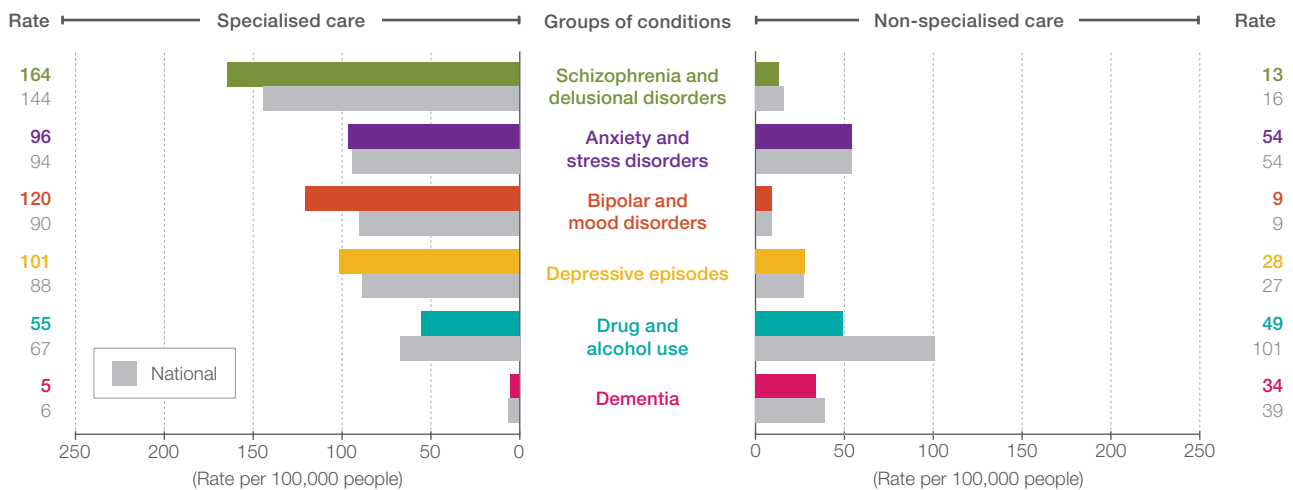
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	894 per 100,000 people	11,131 per 100,000 people
Number	5,128 hospitalisations	65,127 bed days
Specialised care*	64.8%	73.2%
Private hospital	12.1%	16.4%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	108 per 100,000 people	393 per 100,000 people
Number	573 hospitalisations	2,113 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.

**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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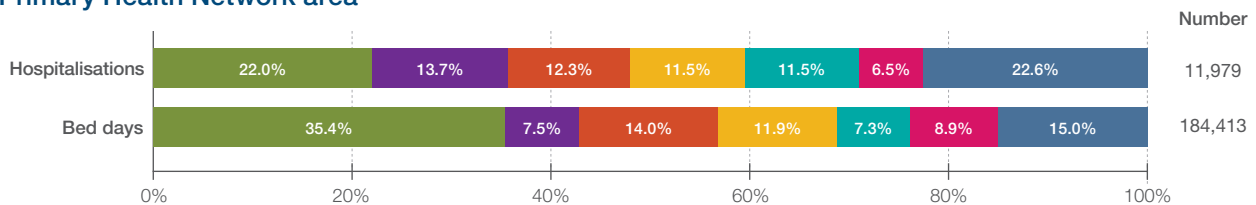
# North Western Melbourne Primary Health Network

Mental health-related hospitalisations, 2013–14

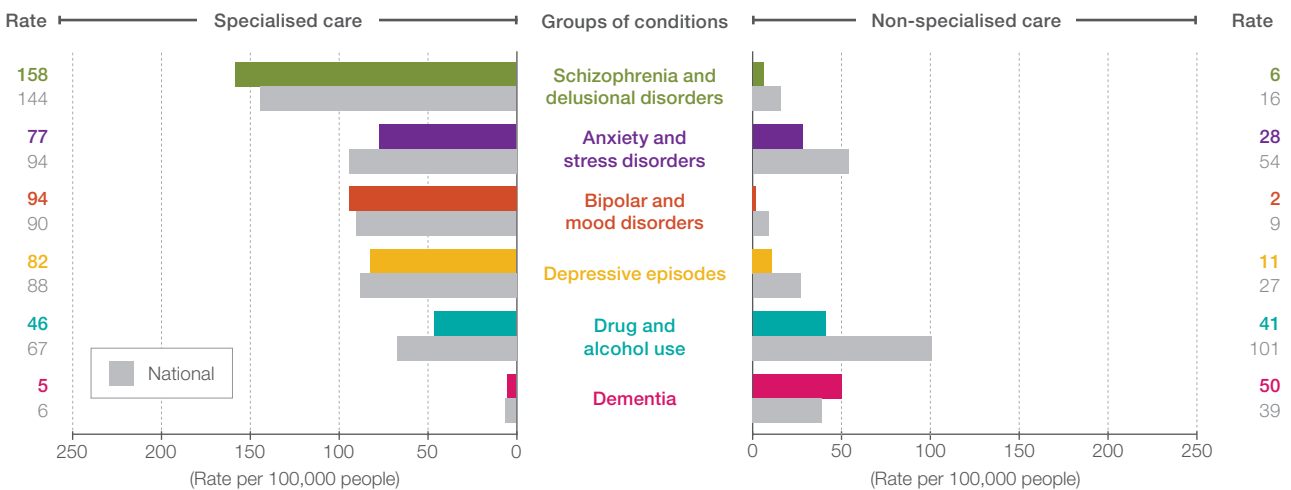
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	777 per 100,000 people	12,076 per 100,000 people
Number	11,979 hospitalisations	184,413 bed days
Specialised care*	67.3%	79.8%
Private hospital	19.9%	21.8%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	84 per 100,000 people	426 per 100,000 people
Number	1,308 hospitalisations	6,686 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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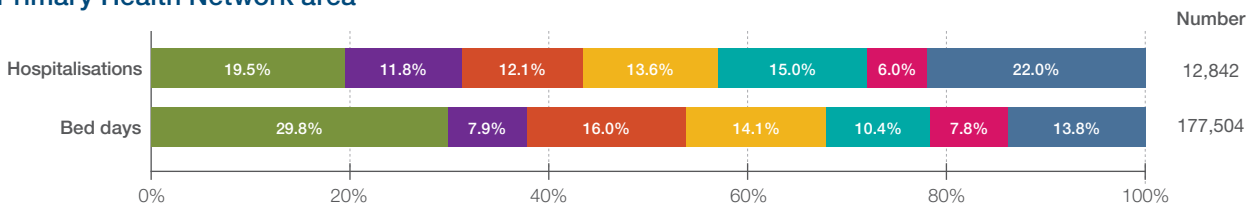
# South Eastern Melbourne Primary Health Network

Mental health-related hospitalisations, 2013–14

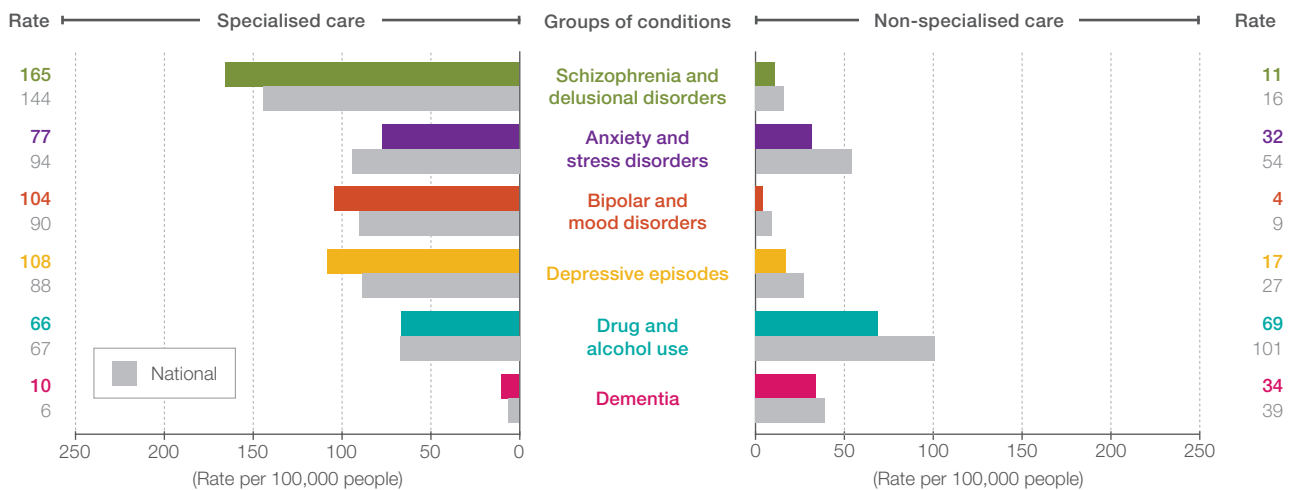
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	893 per 100,000 people	12,216 per 100,000 people
Number	12,842 hospitalisations	177,504 bed days
Specialised care*	66.4%	83.6%
Private hospital	28.4%	34.7%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	119 per 100,000 people	442 per 100,000 people
Number	1,635 hospitalisations	6,216 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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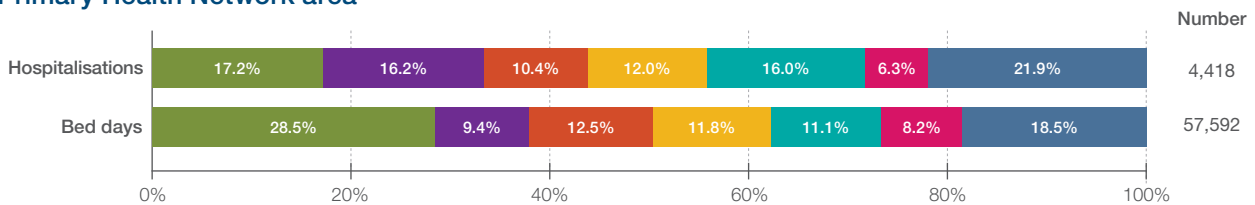
# Western Victoria Primary Health Network

Mental health-related hospitalisations, 2013–14

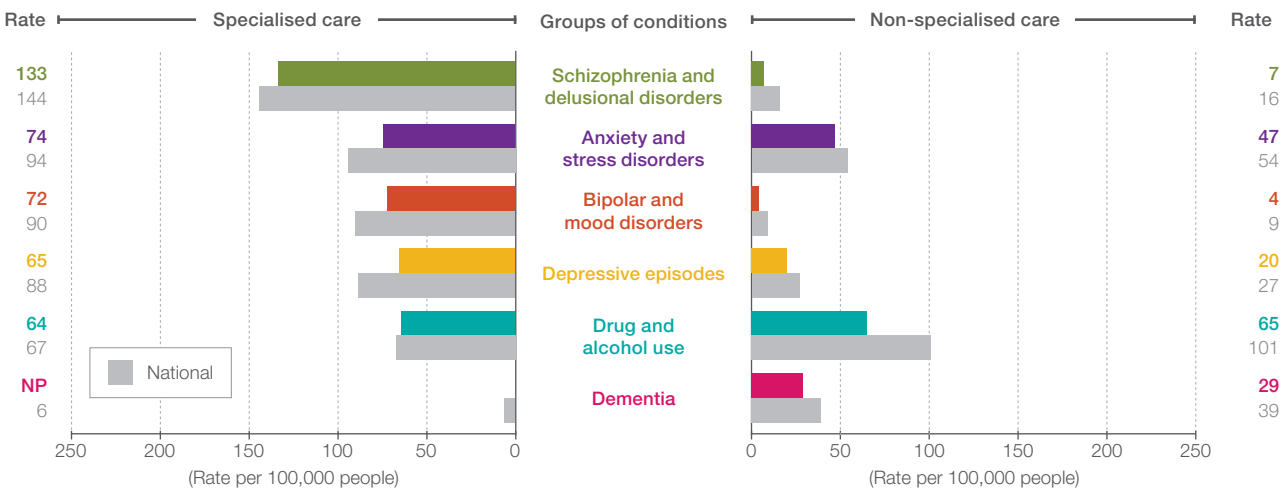
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	742 per 100,000 people	9,470 per 100,000 people
Number	4,418 hospitalisations	57,592 bed days
Specialised care*	62.3%	75.8%
Private hospital	22.7%	24.3%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	107 per 100,000 people	468 per 100,000 people
Number	592 hospitalisations	2,589 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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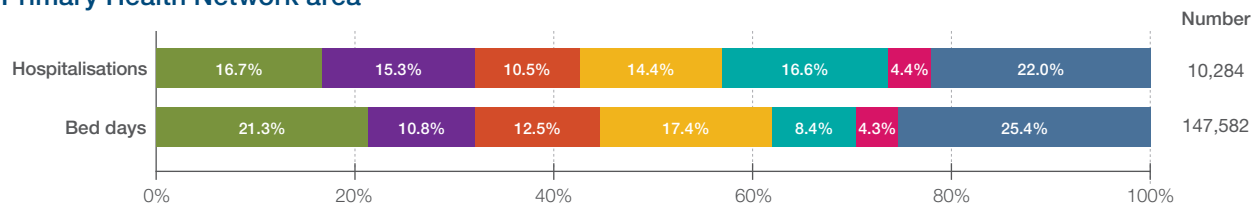
# Brisbane North Primary Health Network

Mental health-related hospitalisations, 2013–14

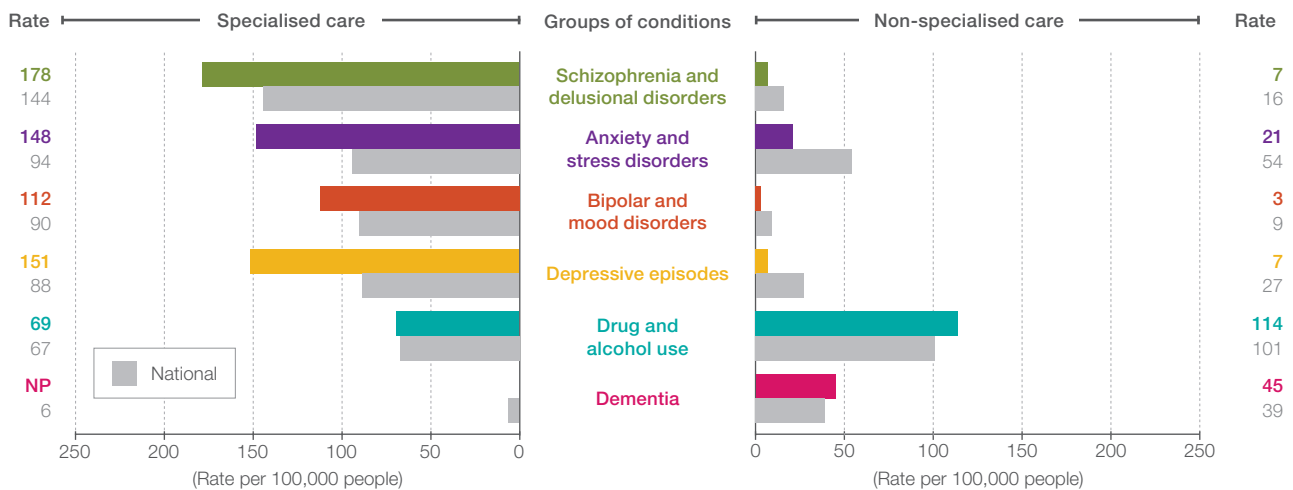
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,102 per 100,000 people	15,778 per 100,000 people
Number	10,284 hospitalisations	147,582 bed days
Specialised care*	72.8%	86.7%
Private hospital	29.0%	37.4%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	194 per 100,000 people	1,211 per 100,000 people
Number	1,811 hospitalisations	11,271 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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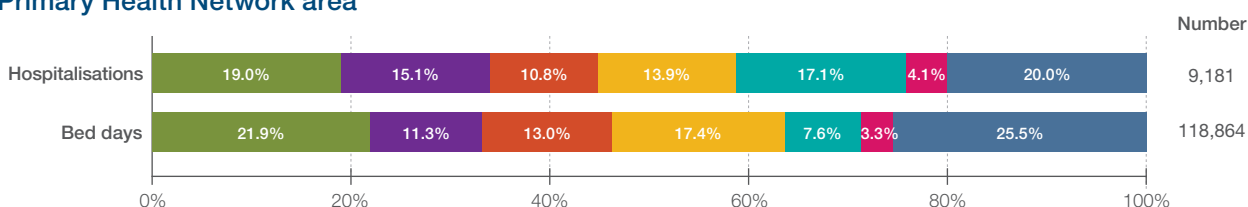
# Brisbane South Primary Health Network

Mental health-related hospitalisations, 2013–14

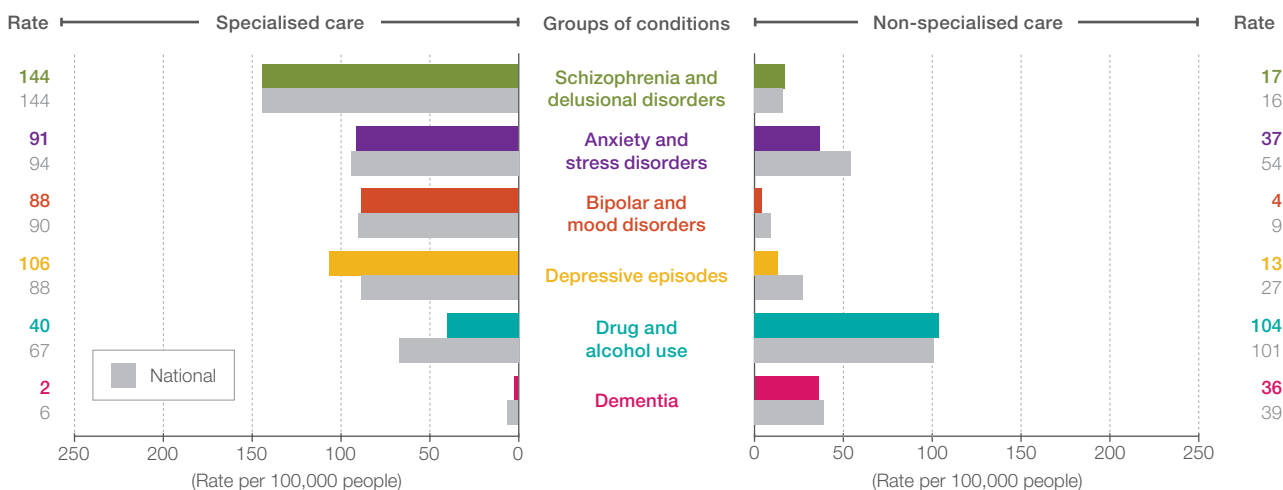
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	852 per 100,000 people	11,002 per 100,000 people
Number	9,181 hospitalisations	118,864 bed days
Specialised care*	66.8%	86.6%
Private hospital	28.6%	40.6%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	201 per 100,000 people	987 per 100,000 people
Number	2,195 hospitalisations	10,926 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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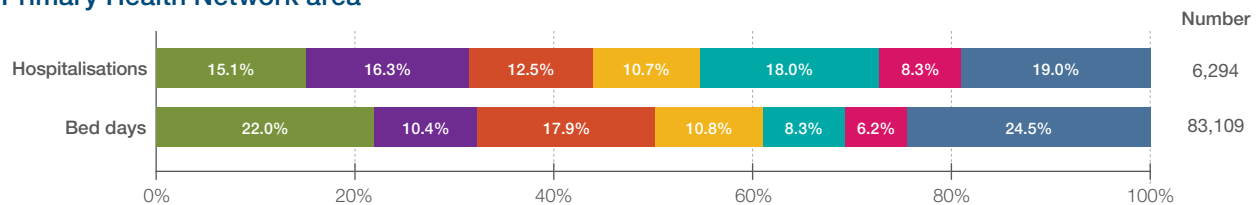
# Central Qld, Wide Bay, Sunshine Coast Primary Health Network

Mental health-related hospitalisations, 2013–14

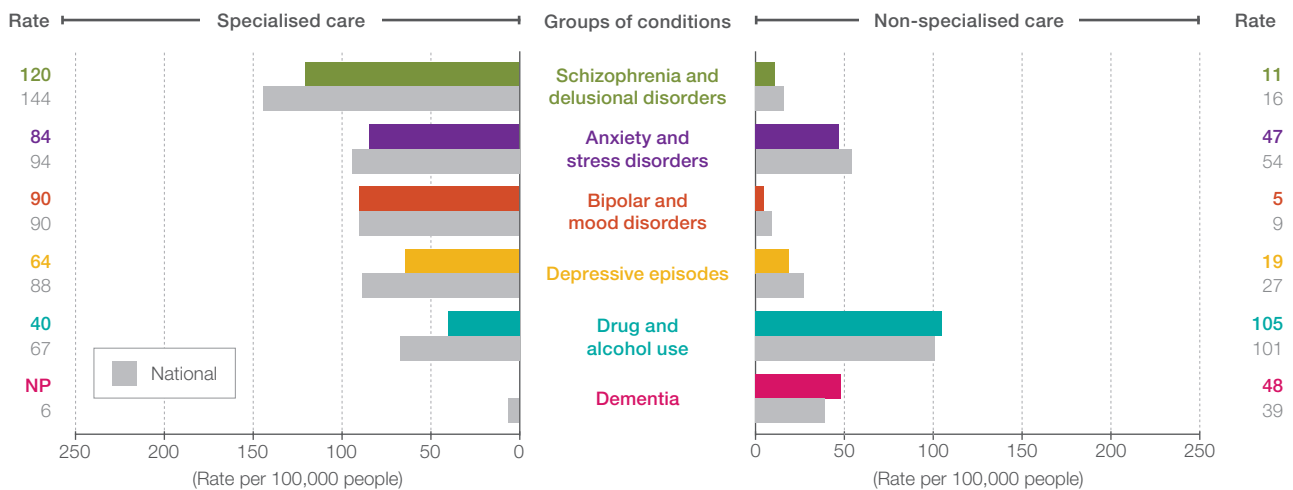
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	784 per 100,000 people	10,449 per 100,000 people
Number	6,294 hospitalisations	83,109 bed days
Specialised care*	57.4%	81.5%
Private hospital	27.0%	33.3%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	240 per 100,000 people	1,066 per 100,000 people
Number	1,787 hospitalisations	8,083 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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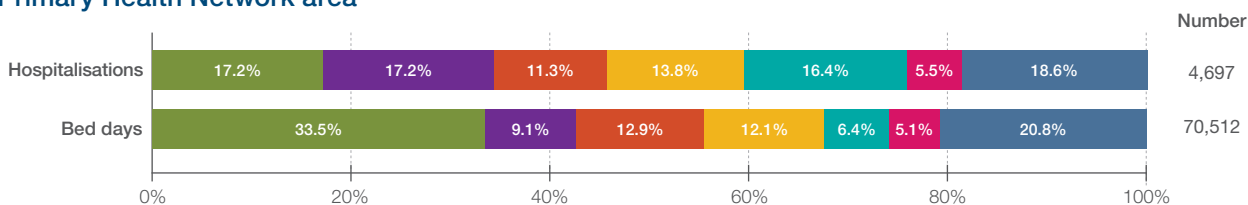
# Darling Downs & West Moreton Primary Health Network

Mental health-related hospitalisations, 2013–14

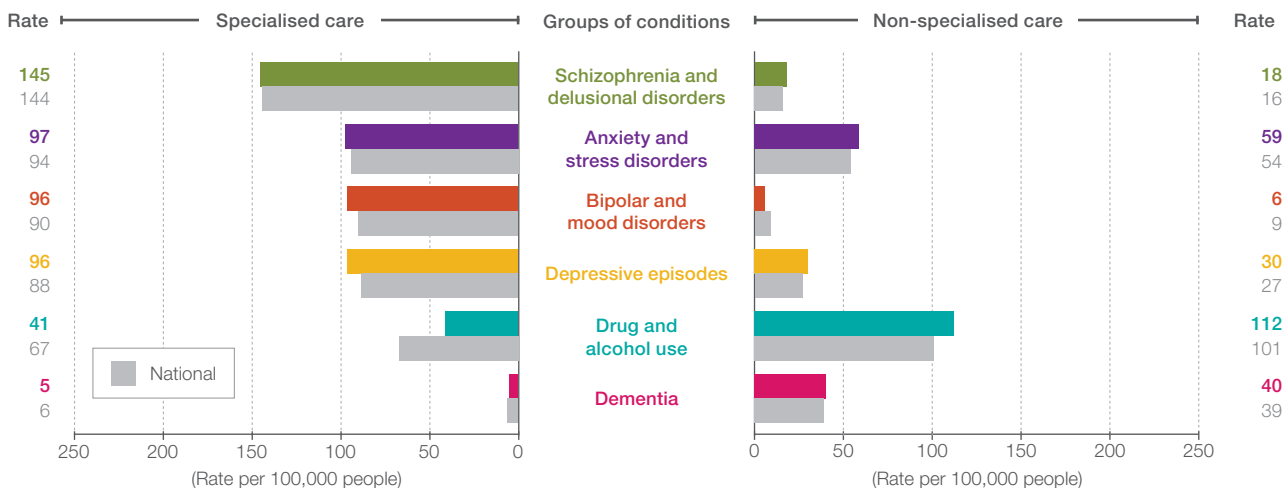
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	911 per 100,000 people	13,476 per 100,000 people
Number	4,697 hospitalisations	70,512 bed days
Specialised care*	63.1%	88.2%
Private hospital	23.0%	23.9%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	211 per 100,000 people	966 per 100,000 people
Number	1,055 hospitalisations	4,840 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.

**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.



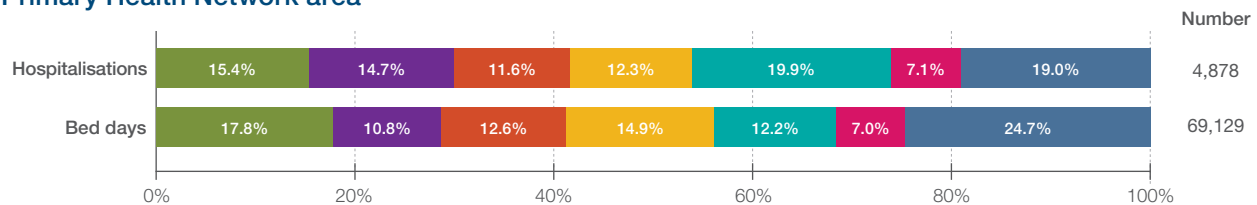
# Gold Coast Primary Health Network

Mental health-related hospitalisations, 2013–14

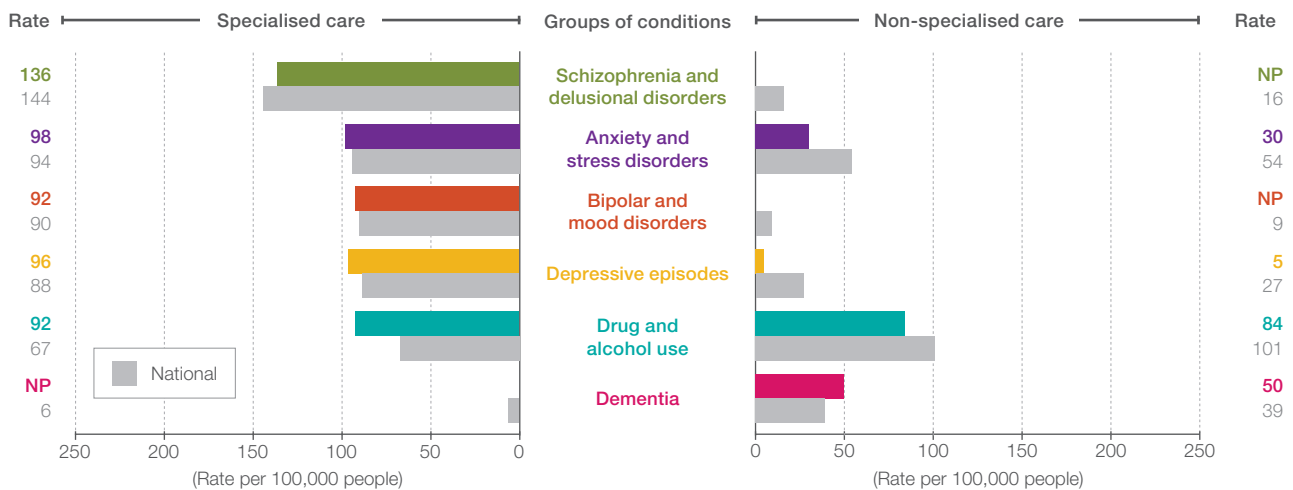
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	862 per 100,000 people	12,217 per 100,000 people
Number	4,878 hospitalisations	69,129 bed days
Specialised care*	72.2%	85.6%
Private hospital	29.3%	36.4%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	148 per 100,000 people	567 per 100,000 people
Number	809 hospitalisations	3,104 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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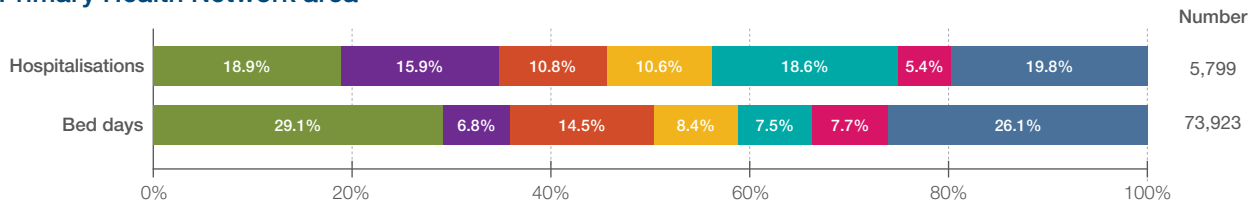
# Northern Queensland Primary Health Network

Mental health-related hospitalisations, 2013–14

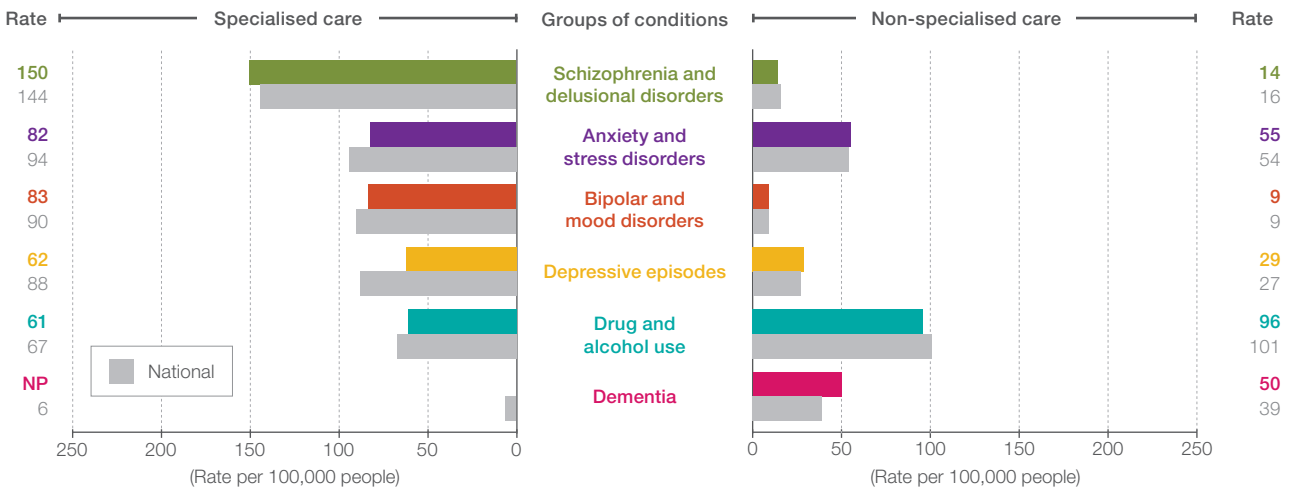
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	865 per 100,000 people	10,988 per 100,000 people
Number	5,799 hospitalisations	73,923 bed days
Specialised care*	65.5%	83.0%
Private hospital	10.6%	17.2%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	198 per 100,000 people	759 per 100,000 people
Number	1,339 hospitalisations	5,257 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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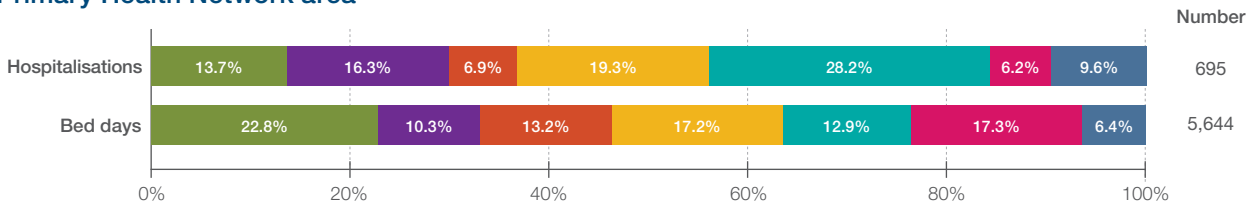
# Western Queensland Primary Health Network

Mental health-related hospitalisations, 2013–14

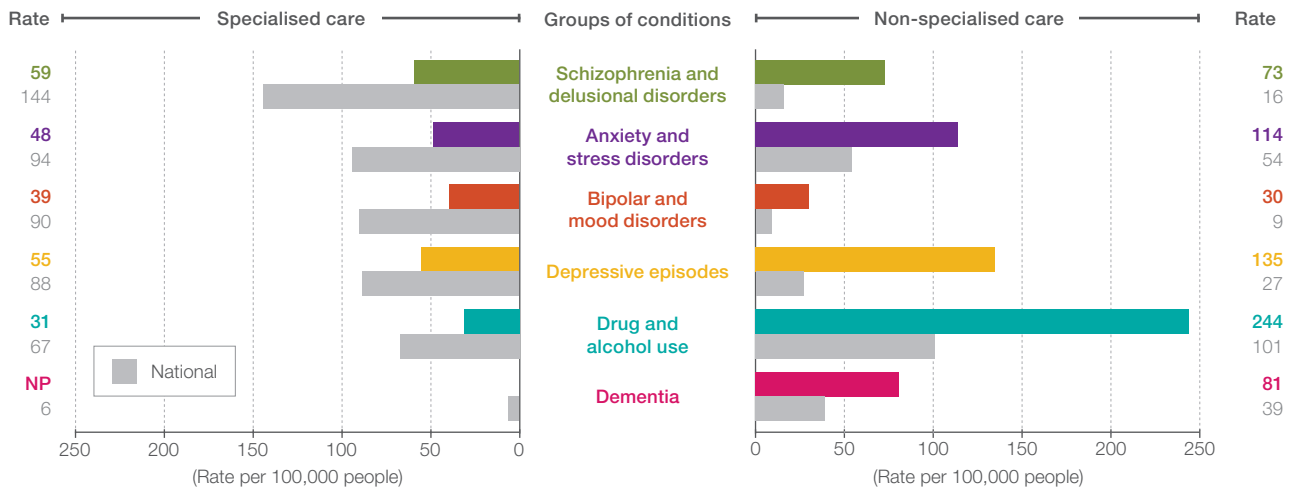
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,011 per 100,000 people	8,635 per 100,000 people
Number	695 hospitalisations	5,644 bed days
Specialised care*	26.3%	56.2%
Private hospital	7.9%	21.6%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	210 per 100,000 people	569 per 100,000 people
Number	147 hospitalisations	408 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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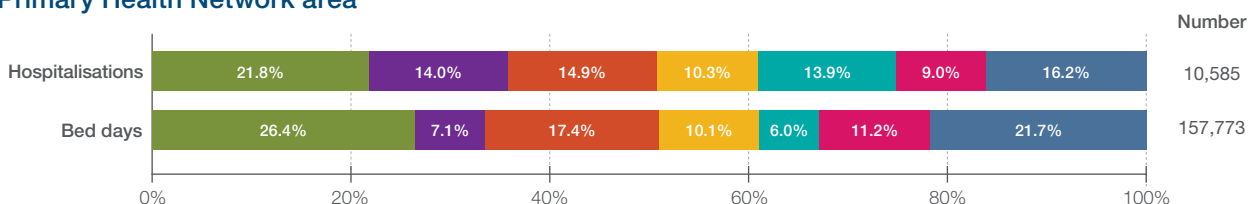
# Adelaide Primary Health Network

Mental health-related hospitalisations, 2013–14

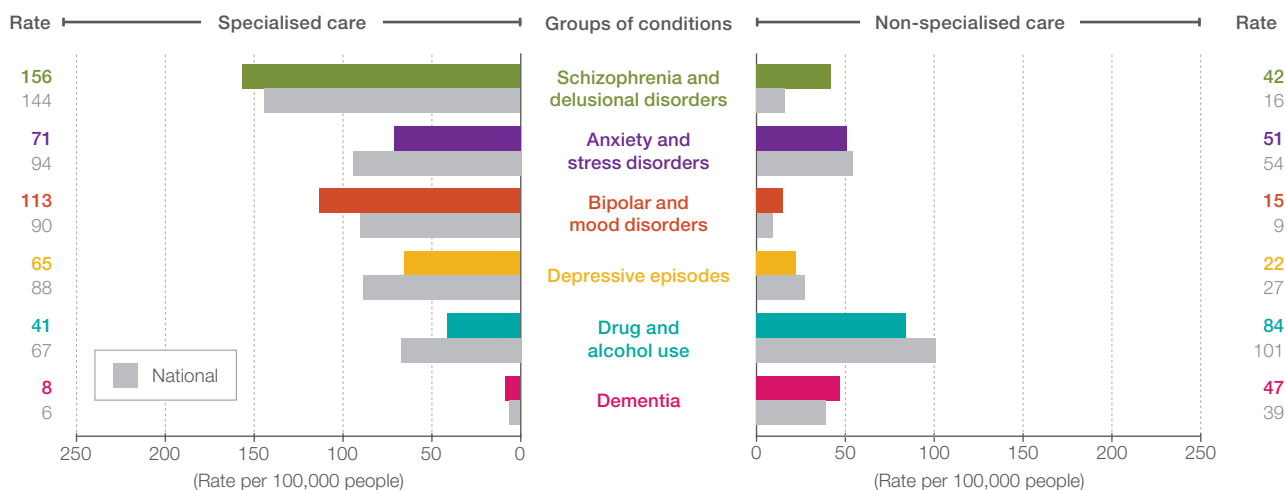
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	849 per 100,000 people	12,285 per 100,000 people
Number	10,585 hospitalisations	157,773 bed days
Specialised care*	60.1%	78.6%
Private hospital	13.8%	13.8%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	154 per 100,000 people	753 per 100,000 people
Number	1,785 hospitalisations	8,852 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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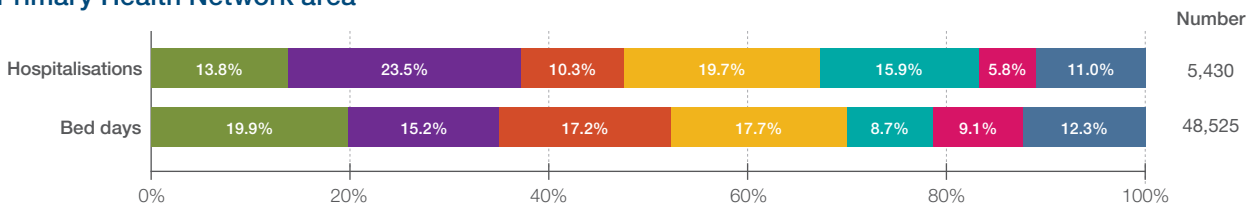
# Country SA Primary Health Network

Mental health-related hospitalisations, 2013–14

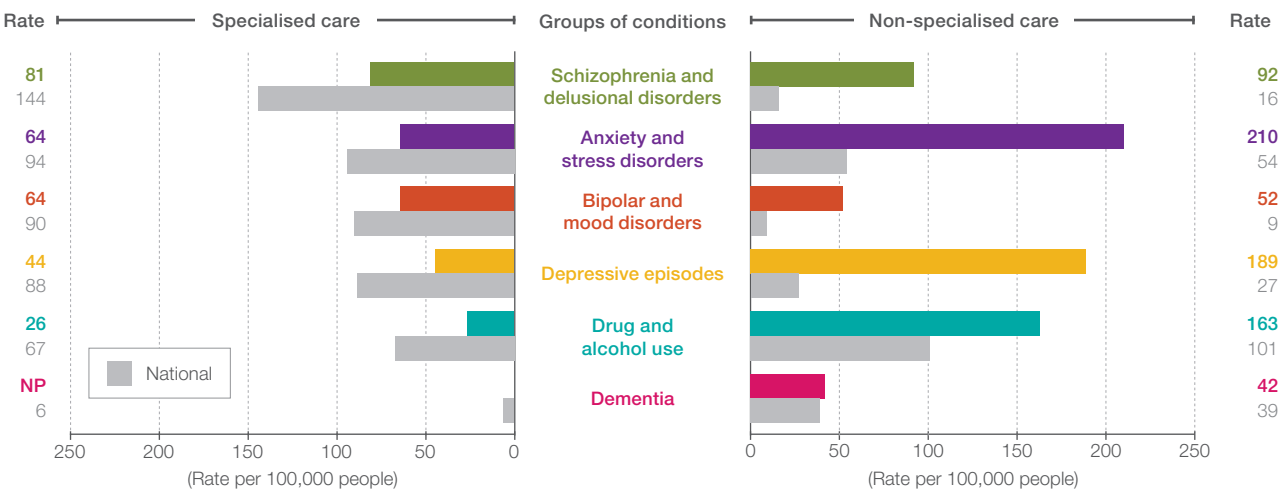
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,156 per 100,000 people	9,762 per 100,000 people
Number	5,430 hospitalisations	48,525 bed days
Specialised care*	28.5%	58.1%
Private hospital	7.8%	14.2%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	207 per 100,000 people	618 per 100,000 people
Number	882 hospitalisations	2,810 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
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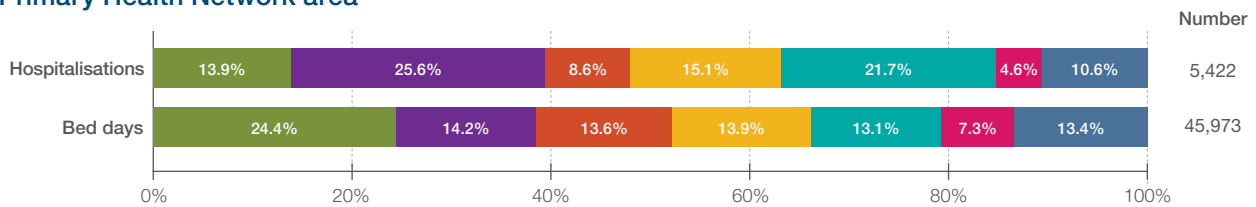
# Country WA Primary Health Network

Mental health-related hospitalisations, 2013–14

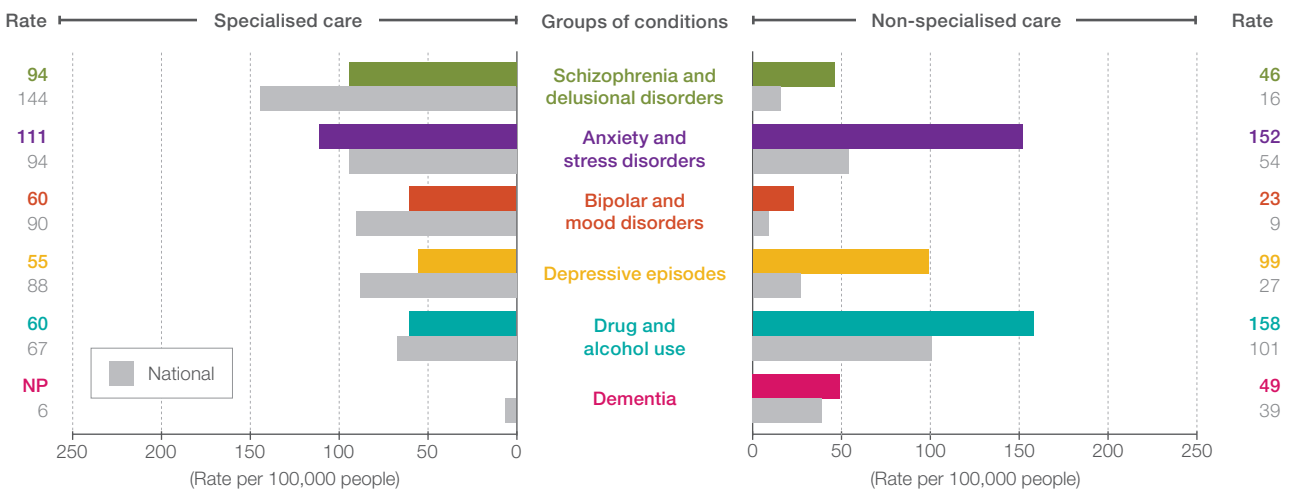
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,020 per 100,000 people	8,594 per 100,000 people
Number	5,422 hospitalisations	45,973 bed days
Specialised care*	43.3%	69.0%
Private hospital	8.9%	18.4%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	206 per 100,000 people	815 per 100,000 people
Number	1,073 hospitalisations	4,310 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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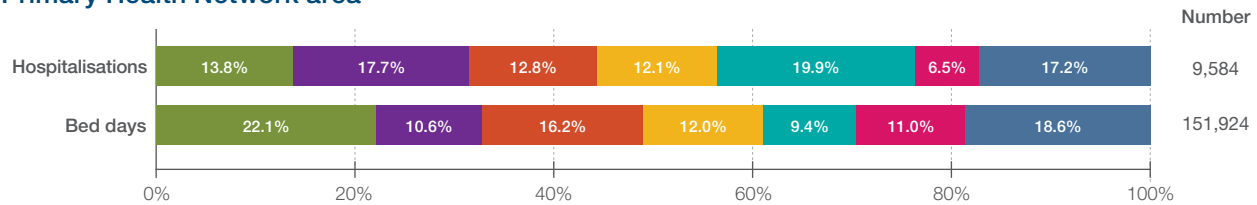
# Perth North Primary Health Network

Mental health-related hospitalisations, 2013–14

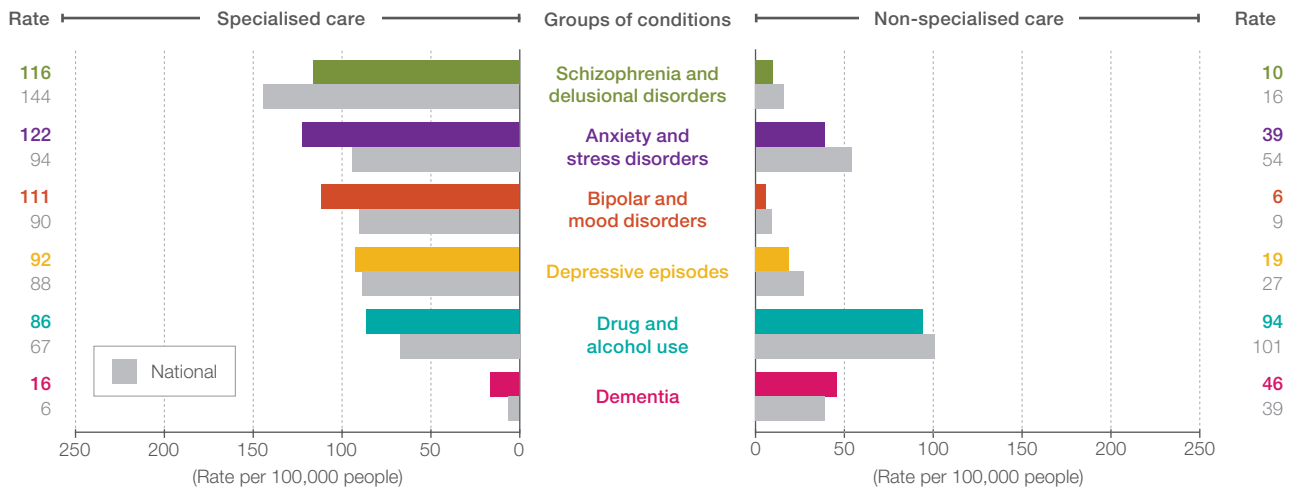
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	912 per 100,000 people	14,496 per 100,000 people
Number	9,584 hospitalisations	151,924 bed days
Specialised care*	70.3%	86.2%
Private hospital	25.1%	26.0%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	186 per 100,000 people	1,368 per 100,000 people
Number	1,962 hospitalisations	14,277 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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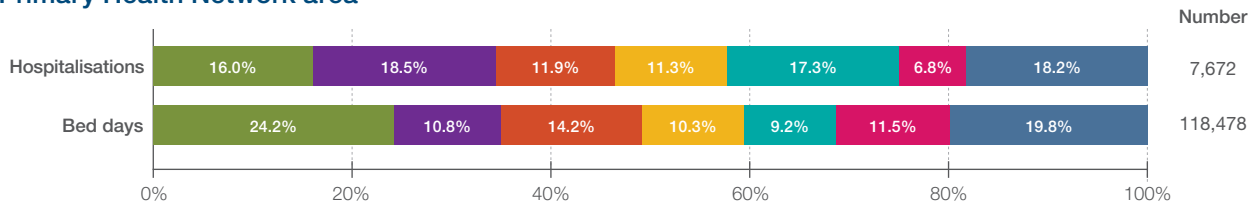
# Perth South Primary Health Network

Mental health-related hospitalisations, 2013–14

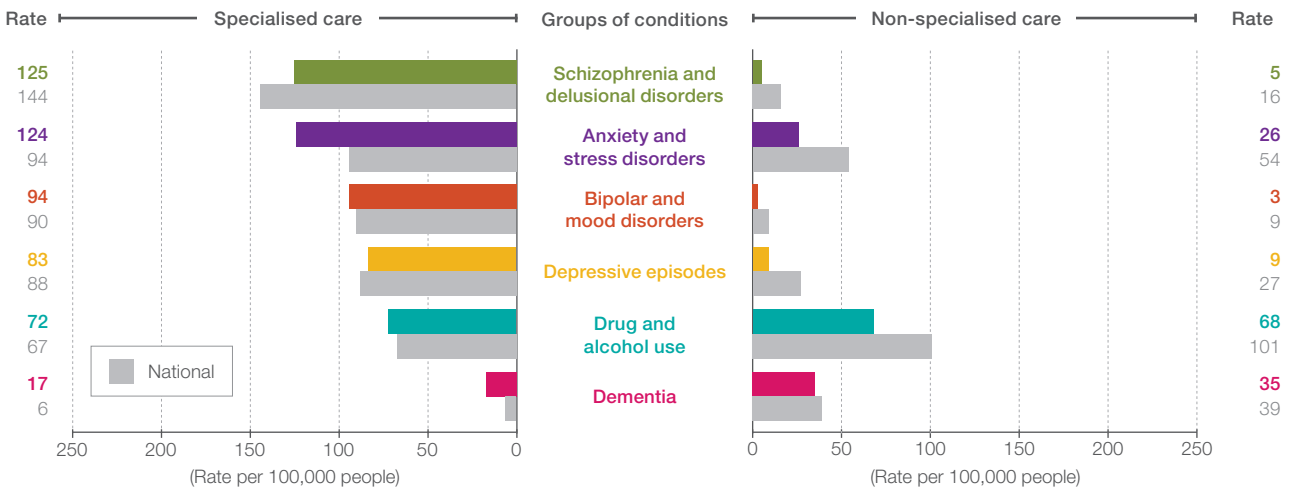
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	805 per 100,000 people	12,391 per 100,000 people
Number	7,672 hospitalisations	118,478 bed days
Specialised care*	76.8%	89.1%
Private hospital	20.6%	21.6%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	132 per 100,000 people	1,049 per 100,000 people
Number	1,255 hospitalisations	9,761 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.

**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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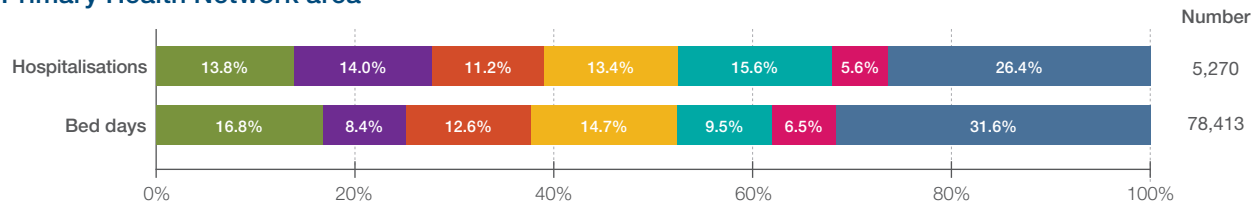
# Tasmania Primary Health Network

Mental health-related hospitalisations, 2013–14

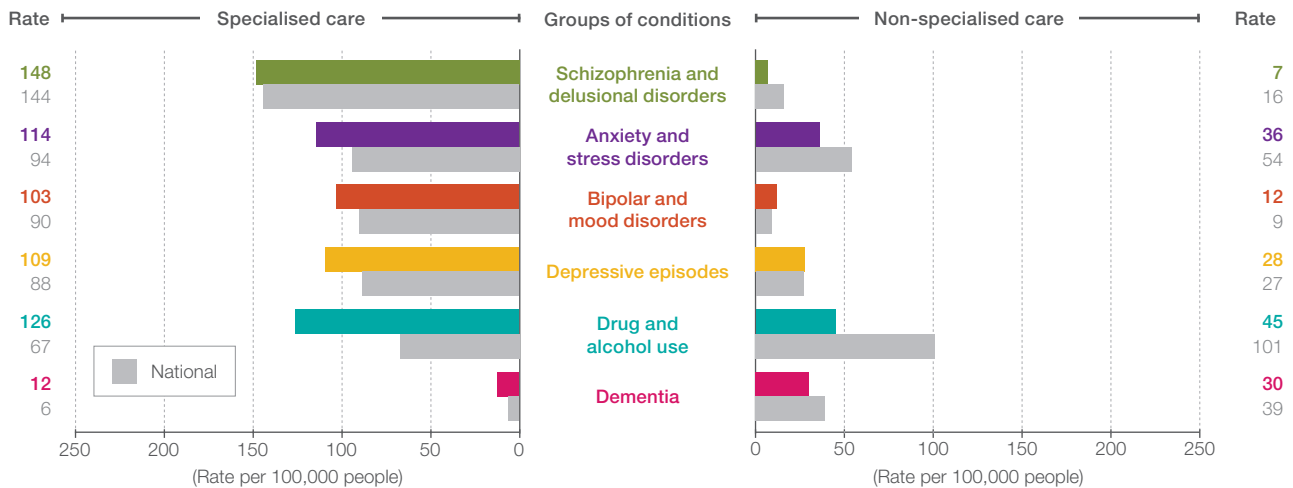
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	1,040 per 100,000 people	14,865 per 100,000 people
Number	5,270 hospitalisations	78,413 bed days
Specialised care*	75.8%	83.2%
Private hospital	25.5%	31.5%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	141 per 100,000 people	596 per 100,000 people
Number	671 hospitalisations	2,807 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

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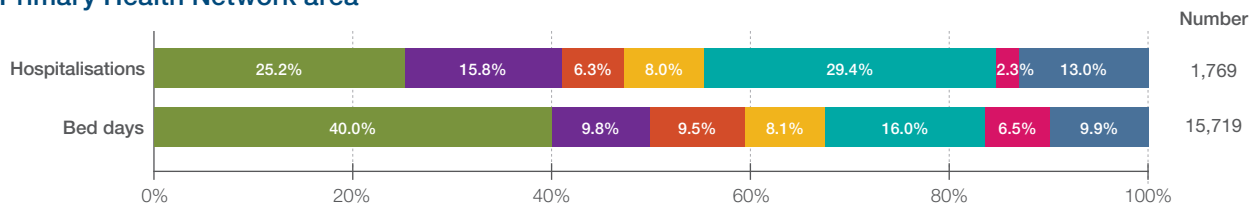
# Northern Territory Primary Health Network

Mental health-related hospitalisations, 2013–14

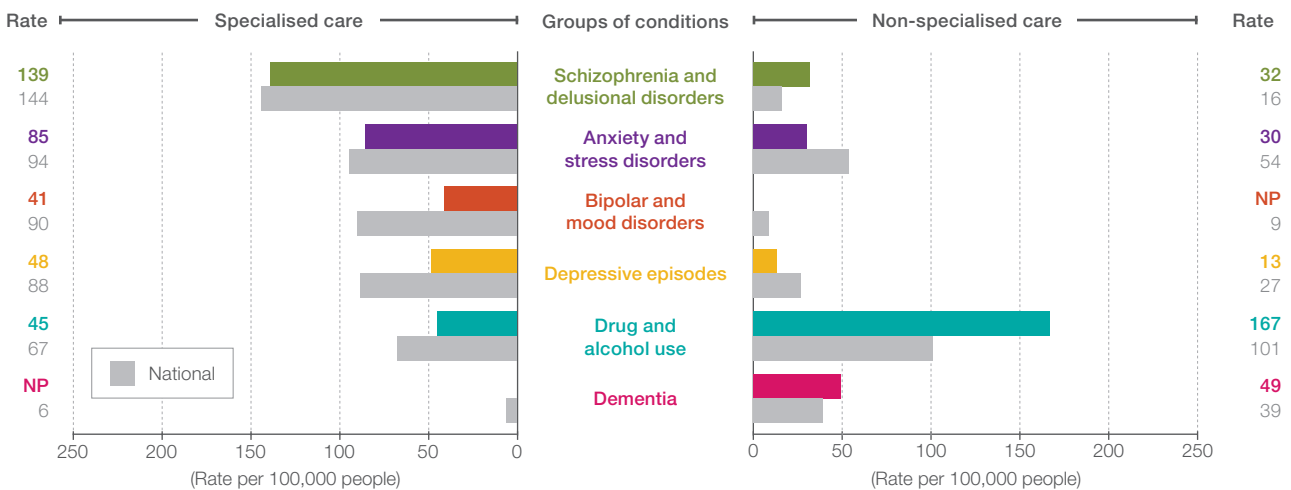
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	758 per 100,000 people	7,311 per 100,000 people
Number	1,769 hospitalisations	15,719 bed days
Specialised care*	58.8%	76.5%
Private hospital	4.9%	10.1%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	205 per 100,000 people	625 per 100,000 people
Number	517 hospitalisations	1,379 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.



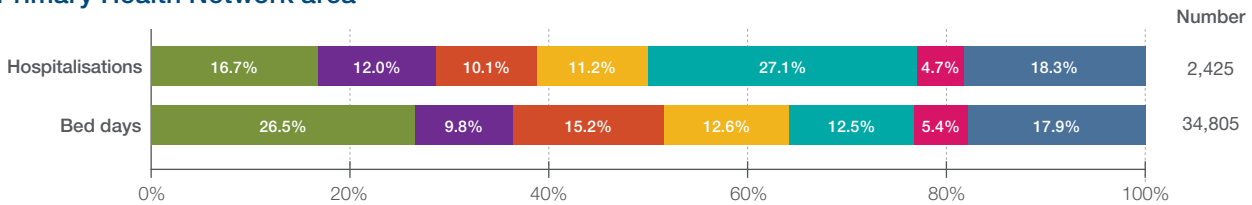
# Australian Capital Territory Primary Health Network

Mental health-related hospitalisations, 2013–14

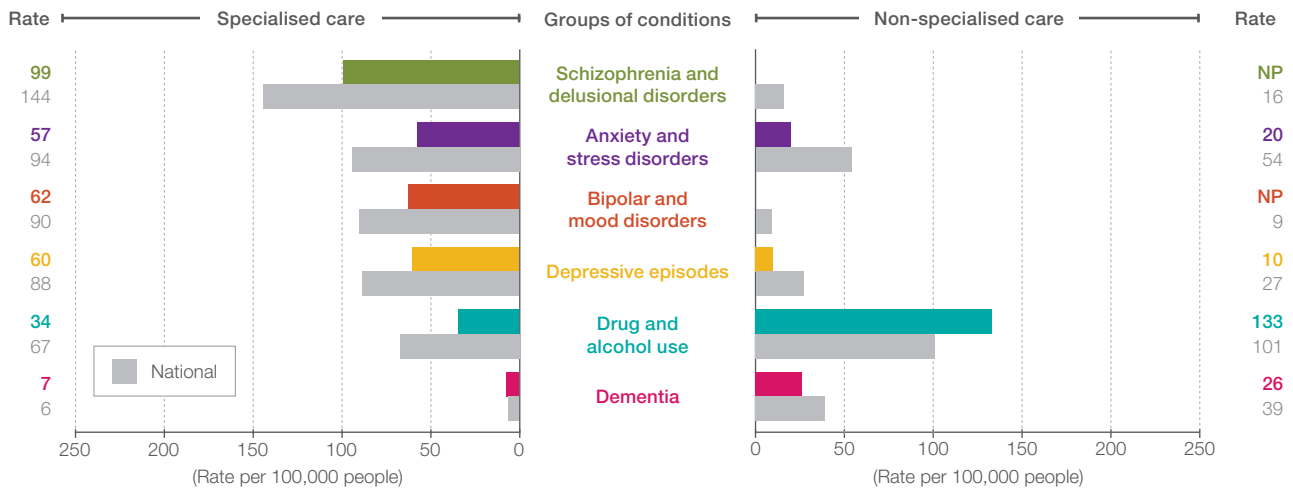
	Mental health (overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	627 per 100,000 people	9,011 per 100,000 people
Number	2,425 hospitalisations	34,805 bed days
Specialised care*	62.5%	79.6%
Private hospital	13.0%	19.5%

Groups of conditions	Schizophrenia and delusional disorders	Anxiety and stress disorders	Bipolar and mood disorders	Depressive episodes	Drug and alcohol use	Dementia	Other conditions
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## Percentage of mental health overnight hospitalisations and bed days, by groups of conditions, in this Primary Health Network area



## Age-standardised rates of mental health overnight hospitalisations, by specialised\* and non-specialised\* care, by groups of conditions, in this Primary Health Network area



	Intentional self-harm (same-day and overnight stays)	
	Hospitalisations	Bed days
Age-standardised rate	127 per 100,000 people	742 per 100,000 people
Number	490 hospitalisations	2,967 bed days

\* Specialised care is provided in a specialised psychiatric unit; non-specialised care is provided in a general hospital ward.  
**Notes:** Rates refer to the PHN area where a person lives, not the location of the hospital where they were admitted. Hospitalisations from both public and private hospitals are included. Overnight hospitalisations are stays in hospital for a minimum of one night. Bed days are the number of days admitted patients are in hospital. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit. The condition categories are defined by the following principal diagnosis ICD-10-AM codes: Schizophrenia and delusional disorders (F20–F29); Anxiety and stress disorders (F40–F48); Bipolar and mood disorders (F30, F31, F33–F39); Depressive episodes (F32); Drug and alcohol use (F10–F19, Z50.2, Z50.3, Z71.4, Z71.5); Dementia ((F00–F03, F05.1, G30) or (G31 with an additional diagnosis of Dementia)). Intentional self-harm is defined as any hospitalisation with an external cause code of X60–X84 or Y87.0. For more information refer to this report's Technical Supplement.

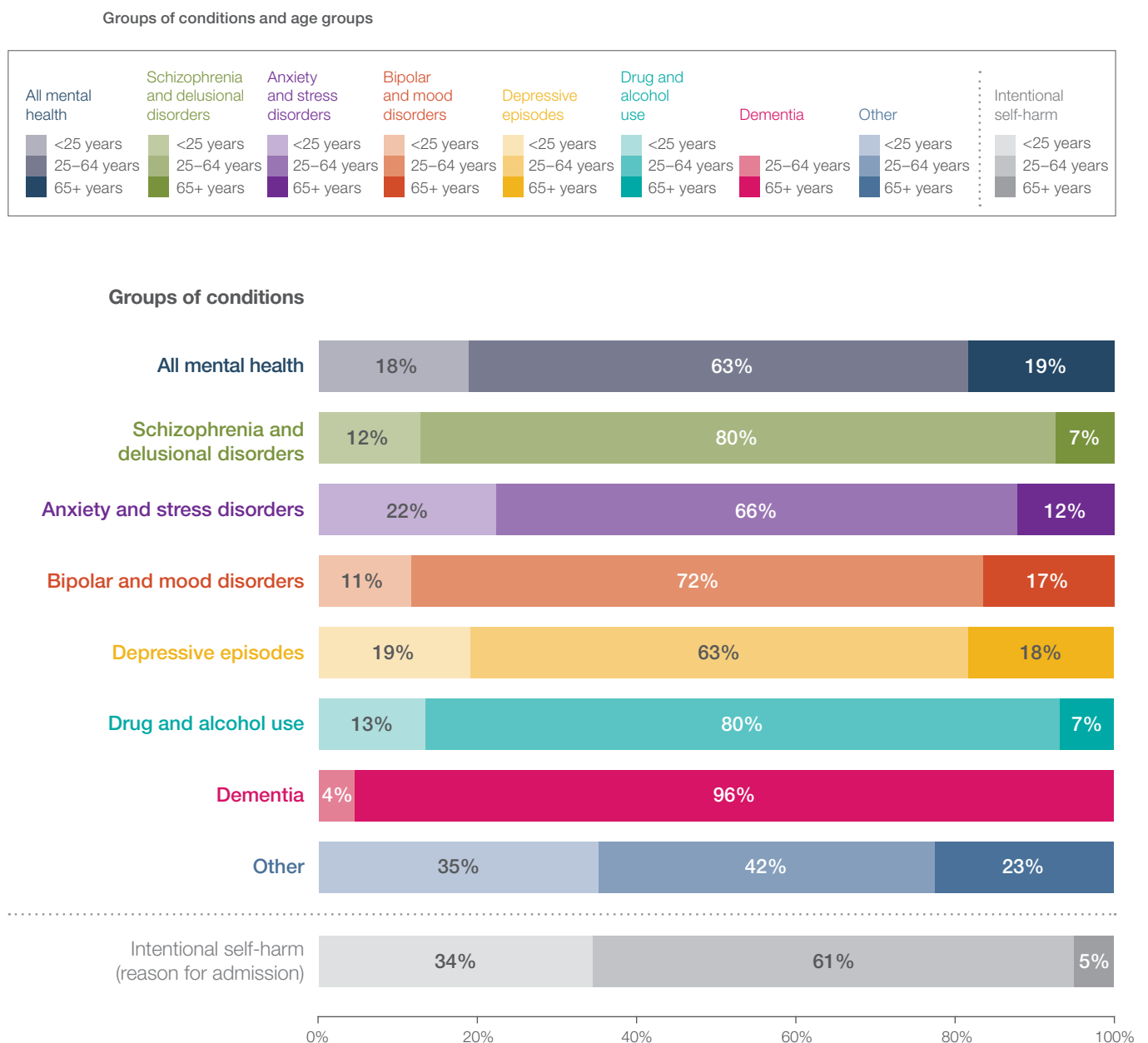
**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

# Appendix

## Hospitalisations by age group

For context, **Figure 14** provides a national overview of hospitalisations for the six groups of mental health conditions and intentional self-harm by age group.

**Figure 14: Percentage of hospitalisations for mental health conditions (overnight admissions) and intentional self-harm (same-day and overnight admissions), by age group, 2013–14**



**Notes:** Hospitalisations from both public and private hospitals are included. Overnight admissions are stays in hospital for a minimum of one night. Same-day admissions are for patients who are admitted to hospital and discharged on the same day.

**Sources:** National Health Performance Authority analysis of the National Hospital Morbidity Database 2013–14, data supplied March 2015 and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

# Glossary

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<b>Admission</b>	The administrative process of becoming a patient in a hospital.
<b>Age-standardised</b>	Age-standardised rates enable the comparison of rates between populations with different age structures by removing the influence of age. This adjustment is important because the rates of many health conditions and health service use vary with age. Refer to the Technical Supplement for more information on the methodology used.
<b>Anxiety and stress disorders</b>	Anxiety and stress disorders encompass neurotic, stress-related and somatoform disorders, and are defined by the principal diagnosis ICD-10-AM codes F40–F48.
<b>Bed days</b>	The total number of days for patients who were admitted to hospital for an episode of care and who separated during a specified reference period.
<b>Bipolar and mood disorders</b>	Bipolar and mood disorders encompass mood (affective) disorders and are defined by the principal diagnosis ICD-10-AM codes F30, F31 and F33–F39.
<b>Dementia</b>	Dementia encompasses disorders causing dementia. It is defined by the principal diagnosis ICD-10-AM codes F00–F03, F05.1, G30 or G31 with an additional diagnosis of dementia.
<b>Depressive episodes</b>	Depressive episodes are defined by the principal diagnosis ICD-10-AM code F32.
<b>Drug and alcohol use</b>	Drug and alcohol use encompasses mental and behavioural disorders due to psychoactive substance use. It is defined by the principal diagnosis ICD-10-AM codes F10–F19, Z50.2, Z50.3, Z71.4 and Z71.5.
<b>Group rate</b>	The group rate is an overall rate for the resident population of all Statistical Areas Level 3 (SA3s) in a particular remoteness or remoteness-socioeconomic category.
<b>Hospitalisation</b>	An episode of admitted patient 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 (e.g. from acute care to rehabilitation). Hospitalisations from both public and private hospitals are included in this report.
<b>Intentional self-harm</b>	Intentional self-harm encompasses injury or poisoning by intentional self-harm, as indicated by the ICD-10-AM external cause codes X60–X84 and Y87.0.
<b>Local area</b>	see Statistical Area Level 3.

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<b>Major cities</b>	A category of geographic areas defined by the Australian Bureau of Statistics. In this report, the major cities category has been further categorised into three similar-sized groups by socioeconomic status.
<b>Metropolitan Primary Health Network (PHN) area</b>	A PHN area with $\geq 85\%$ of the population in major cities, as defined by the Australian Bureau of Statistics.
<b>Non-specialised care</b>	Non-specialised care is provided in a general hospital ward.
<b>Overnight hospitalisations</b>	Overnight hospitalisations are stays in hospital for a minimum of one night.
<b>Other mental health conditions</b>	Other mental health conditions do not include the six mutually exclusive diagnostic groups of conditions featured in this report (anxiety and stress disorders, bipolar and mood disorders, dementia, depressive episodes, drug and alcohol use, and schizophrenia and delusional disorders). Other mental health conditions encompass a broad range of other mental health-related conditions and factors influencing health plus admissions with a psychiatric care flag.
<b>Primary Health Network (PHN)</b>	Primary Health Networks were established on 1 July 2015. Primary Health Networks are intended to play a critical role in connecting health services across local communities so that patients, particularly those needing coordinated care, have the best access to a range of health care providers, including practitioners, community health services and hospitals. PHNs work directly with GPs, other primary care providers, secondary care providers and hospitals.
<b>Primary Health Network (PHN) area</b>	A PHN area refers to the population that lives in a specific area covered by a particular Primary Health Network. See Primary Health Network.
<b>Principal diagnosis</b>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<b>Regional Primary Health Network (PHN)</b>	A PHN area with less than 85% of the population in major cities, as defined by the Australian Bureau of Statistics. (All PHN areas not defined as metropolitan PHN areas.)
<b>Same-day</b>	Admitted patients who are admitted to hospital and discharged on the same calendar day.
<b>Schizophrenia and delusional disorders</b>	Schizophrenia and delusional disorders encompass schizophrenia, schizotypal and delusional disorders and are defined by the principal diagnosis ICD-10-AM codes F20–F29.

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**Socioeconomic status**

For the purposes of determining socioeconomic status, the Australian Bureau of Statistics gives every geographic area in Australia a SEIFA number which shows how disadvantaged that area is compared with other areas in Australia. This report uses the Index of Relative Socio-economic Disadvantage, derived from Census variables related to disadvantage such as low income, low educational attainment, unemployment, jobs in relatively unskilled occupations and dwellings without motor vehicles.

In this report at the geography of Statistical Areas Level 3 (local areas), the major cities category has been further categorised into three similar-sized groups by socioeconomic status: higher, medium and lower.

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**Specialised care**

Specialised care is provided in a specialised psychiatric unit, where health care workers are specifically trained to work with people with mental health conditions. A hospitalisation is counted as specialised care when at least one day of care is provided in a specialised psychiatric unit. Specialised care bed days are the number of days in a specialised psychiatric unit.

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**Statistical Area Level 3**

A geographic area defined by the Australian Bureau of Statistics which typically has a population of between 30,000 and 130,000 people. There are more than 300 Statistical Areas Level 3 (SA3s) in Australia. Also referred to as a local area.

To enable fairer comparisons in this report, results for SA3s are presented by categories of remoteness and, in major cities, also by socioeconomic status.

The overall rate for the resident population of all SA3s in a particular remoteness and/or socioeconomic category is presented as a group rate.

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# References

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2. Hawton K, Bergen H, Cooper J, Turnbull P, Waters K, Ness J et al. 2015. Suicide following self-harm: Findings from the Multicentre Study of self-harm in England, 2000–2012. *Journal of Affective Disorders* 175:147–151.
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6. Australian Institute of Health and Welfare (AIHW) 2012. Dementia in Australia. Cat. no. AGE 70. Canberra: AIHW.

# Acknowledgements

This report has benefited from advice from a number of individuals and organisations with interest and expertise in mental health care.

Development of this report commenced under the direction of members of the National Health Performance Authority (the Authority), an independent health reporting agency established under the *National Health Reform Act 2011* that ceased operations on 30 June 2016.

The Authority consisted of a Chairman, a Deputy Chairman and five other members, appointed by the Australian Government Minister for Health. Members of the Authority were:

- Ms Patricia Faulkner AO (Chairman)
- Mr John Walsh AM (Deputy Chairman)
- Dr David Filby PSM
- Prof Michael Reid
- Prof Claire Jackson
- Dr Michael Stanford
- Prof Paul Torzillo AM.

The Authority established a report advisory committee to provide advice around various aspects of this work. The committee later operated under the auspices of the Australian Institute of Health and Welfare in the same capacity. The committee did not have a direct role in writing the report. The committee comprised (in alphabetical order):

- Daniel Casey, Manager, Policy and Projects, Mental Health Australia
- Jeff Cheverton, Deputy Chief Executive, Brisbane North Primary Health Network
- Jan Donovan, Consumer Health Advocate
- Susan Golley, Policy Manager, Mental Illness Fellowship of Australia

- Gary Hanson, Unit Head, Mental Health and Palliative Care Unit, Australian Institute of Health and Welfare
- Dr Bill Kingswell, Executive Director, Mental Health and Other Drugs Branch, Clinical Excellence Division, Queensland Health
- Catherine Lourey, Deputy Commissioner, Mental Health Commission of NSW
- David McGrath, Consultant
- Dr Roderick McKay, Director Psychiatry and Mental Health Programs, NSW Institute of Psychiatry and Conjoint Senior Lecturer, School of Psychiatry, University of NSW
- Moira Munro, Chief Executive Officer Perth Clinic, Australian Private Hospitals Association
- Professor Libby Roughead, Research Professor, Sansom Institute for Health Research and School of Pharmacy and Medical Sciences, University of South Australia
- David Stokes, Principal Advisor, Australian Psychological Society
- Tracey Tobias, Chief Executive Officer/Director of Nursing, St John of God Pinelodge Clinic
- Representatives from the National Mental Health Commission.

Thanks are extended to all those who contributed.



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