

Appendix 1: Data sources

Introduction

In order to present a broad picture of mental health-related care in Australia, this report has used data drawn from a variety of AIHW and other data sources. These data sources include AIHW databases such as the National Hospital Morbidity Database (NHMD) and the National Community Mental Health Establishments Database (NCMHED) which were supplied data under the National Health Information Agreement and specified as the NMDSs for Mental Health Care in the *National Health Data Dictionary* Version 9.0. For a description of the component data sets of the NMDSs for Mental Health Care, refer to the next section in this appendix.

The range of the mental health-related care services provided in Australia is broader and more diverse than is currently included in the scope of the NMDSs for Mental Health Care. Therefore, this report presents data from other AIHW data collections such as the National Public Hospital Establishments Database (NPHEd), the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, and the Commonwealth/ State Disability Agreement (CSDA) Minimum Data Set collection. Data from collections external to the AIHW were also used, including the Australian Bureau of Statistics (ABS) Private Hospital Establishments Collection (PHEC), and the Department of Health and Ageing (DHA) and Health Insurance Commission (HIC) Medicare and Pharmaceutical Benefits Scheme (PBS) data collections. Each of these data sources has different characteristics that need to be considered when interpreting the data, as reviewed below.

Overall, there is potential for inconsistency when collections rely on data extracted from the information systems of different State and Territory health authorities and private providers. In these situations NMDSs based on agreed data definitions as specified in the *National Health Data Dictionary* are often used to enhance the consistency of the data obtained. However, the quality of NMDS reporting by State and Territory health authorities and private providers may be affected by variations from the *National Health Data Dictionary* definitions and differences in scope. The definitions used for originally recording the data may have varied among the data providers and from one year to another. In addition, fine details of the scope of the data collections may vary. Comparisons between different State and Territory health authorities, reporting years and sectors should therefore be made with reference to the accompanying text and footnotes.

Service utilisation data can reflect an aspect of the burden of disease in the community but they are not a measure of the incidence or prevalence of specific disease conditions. This is because not all persons with an illness receive the same treatment, and the number and pattern of services received can reflect admission or registration practices, regional differences in service provision and repeat service provision for some chronic conditions. Each State and Territory has a particular demographic structure that differs from other jurisdictions. Factors such as the geographic spread of the population and the proportion of

Aboriginal and Torres Strait Islander persons can have a substantial effect on the delivery of health care.

Data collections

National Hospital Morbidity Database (NHMD)

The NHMD is a compilation of electronic summary records collected in admitted patient morbidity data collections in Australian hospitals. It includes demographic and diagnosis data related to the patient, data on procedures undertaken and length of stay, and the AR-DRG for each hospital separation (see glossary).

Records for 2000–01 are for hospital separations in the period from 1 July 2000 to 30 June 2001. Data on patients who were admitted on any date before 1 July 2000 are included, provided that they separated between 1 July 2000 and 30 June 2001. A record is included for each separation, not for each patient, thus patients who separated more than once in the year have more than one record in the database.

Data relating to admitted patients in almost all hospitals are included. However, the collection covers only public hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in off-shore territories) are not included. In addition, there remains a small proportion of private hospitals that do not report to the NHMD. The coverage is described in detail in *Australian Hospital Statistics 2000–01* (AIHW 2002c).

Patients receiving specialised mental health care are identified through recording the fact that they had one or more psychiatric care days, i.e. care received in a specialised psychiatric hospital, unit or ward. In acute care hospitals, a 'specialised' episode of care or separation may comprise some psychiatric care days and some days in general care, or psychiatric care days only. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only and to be 'specialised', unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

States and Territories have confirmed that all public hospitals with specialised psychiatric facilities reported psychiatric care days to the NHMD for 2000–01, with estimates that between 95% and 100% of psychiatric care days were reported. Data on psychiatric care days for Western Australia were available for the first time for 1999–00. Previous years' data for Western Australia included only a flag indicating that a separation included some psychiatric care days, without specifying the number of days.

There are several other data elements that are collected only for patients who have received specialised psychiatric care, and these are shown in Table A1.1. Some jurisdictions, or sectors within jurisdictions, were unable to provide data for all of these data elements. Table A1.2 provides a summary of the data provision by jurisdiction for each data element in the NMDS for Admitted Patient Mental Health Care for 2000–01. Data quality was deemed too poor for publication if the total number of separations with missing data exceeded 50%. Using this criterion, data for the *Type of usual accommodation*, *Employment status* and *Referral to further care (psychiatric patient)* data elements were not included in this report.

Unless otherwise specified, the State and Territory of the hospital is reported, rather than the State and Territory of the patient's usual residence. Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NHMD, refer to *Australian Hospital Statistics 2000–01* (AIHW 2002c). Lists of the public psychiatric hospitals and public acute hospitals with specialised psychiatric units contributing to this report are presented in Appendix 6.

National Community Mental Health Establishments Database (NCMHED)

This database includes data on the number of community mental health establishments, and their expenditure and staffing. For community residential facilities, data on beds and 'separations' are also collected. Within this database, the term separation refers to episodes of non-admitted patient residential care in community-based residential services. The data collated in the NCMHED is specified by the NMDS for Community Mental Health Establishments. Additional information on this NMDS is presented on page 196.

For this NMDS, community mental health care refers to all specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients (except for non-24-hour residential care). The scope is both residential and ambulatory public community mental health care establishments, including adult, aged and adolescent and child community mental health services, and non-admitted services in hospitals such as specialised psychiatric outpatient services. The scope excludes admitted patient mental health care services, support services that are not specialised mental health care services (e.g. accommodation support services) and services provided by non-government organisations. Only community residential services that were staffed 24 hours per day were included.

A list of the public community mental health establishments contributing to this report is presented in Appendix 6.

National Community Mental Health Care Database (NCMHCD)

The NCMHCD includes data on ambulatory service contacts provided by public community mental health establishments. The data collated in the NCMHCD are specified by the NMDS for Community Mental Health Care. Additional information on this NMDS is presented on page 196. NCMHCD contains data on the date of service contact and on the characteristics of the patient ranging from basic demographic information such as the date of birth and sex to clinically relevant information such as principle diagnosis and mental health legal status.

The scope for this collection is all ambulatory service contacts provided by the public community mental health establishments that are in-scope for the NMDS for Community Mental Health Establishments (see page 196). A list of the public community mental health establishments contributing this patient-level data to NCMHCD is presented in Appendix 6.

A service contact for the purposes of this collection was defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which result in a dated entry being made in the individual's record. An overview of the data quality issues and some summary NCMHCD data are presented in Appendix 2.

National Public Hospital Establishments Database (NPHEd)

The AIHW is the data custodian of the NPHEd, which holds a record for each public hospital in Australia. The data are collected by State and Territory health authorities from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. The database does not include private hospital data, which are collated by the ABS in the PHEC.

The collection covers only hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in off-shore territories) are not included.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and summary information on services to admitted and non-admitted patients. Limitations have been identified in the financial data reported to the NPHEd. In particular, some States and Territories have not yet fully implemented accrual accounting procedures and systems, which means the expenditure and revenue data are a mixture of expenditure/payments and revenue/receipts, respectively. A need for further development has been identified in the areas of capital expenditure, expenditure at the area health service administration level and group services expenditure (e.g. central laundry and pathology services). Refer to *Australian Hospital Statistics 2000–01* for further detail on the data quality for the NPHEd (AIHW 2002c).

Unlike the NCMHEd, the NPHEd includes the data for *Full-time-equivalent staff, Salaries and wages* and the *Non-salary operating costs* subcategory data elements (types of staff and types of non-salary expenditure). The public acute hospital establishments that contain one or more specialised psychiatric units or wards are flagged in NPHEd. However, no financial or staffing data are available for these specialised psychiatric wards, as these data are not provided for separate units or wards.

Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NPHEd, refer to *Australian Hospital Statistics 2000–01* (AIHW 2002c).

A list of the public psychiatric hospitals contributing to this report is presented in Appendix 6.

Private Health Establishments Collection (PHEC)

The ABS conducts an annual census of all private acute care hospitals and private psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the DHA. The collection contains data on the staffing, finances and activity of these establishments. Differences in accounting policy and practices and the administration of property and fixed asset accounts by parent organisations may have resulted in some inconsistencies in the financial data (ABS 2002b).

The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000), which makes comparison between the NPHEd and NCMHEd possible. The ABS definition for private psychiatric hospitals is 'those establishments that are licensed/approved by each State or Territory health authority and

cater primarily for admitted patients with psychiatric or behavioural disorders'. The term 'cater primarily' applies when 50% or more of total patient days are for psychiatric patients. Additional information on the PHEC can be obtained from the annual ABS publication on private hospitals (ABS 2002a).

Bettering the Evaluation and Care of Health (BEACH)

The BEACH survey is a collaborative study between the AIHW and the University of Sydney. It is a continuous survey of general practice with three primary aims:

- to provide a reliable and valid data collection process for general practice that is responsive to the needs of information users
- to establish an ongoing database of information on encounters between general practitioners and patients
- to assess patient risk factors and health states and the relationship between these factors and health service activity (Britt et al. 2002).

For each year's data collection, a random sample of about 1,000 general practitioners each reported details of 100 consecutive general practice encounters of all types on structured paper encounter forms. Each form collects information about the consultation (e.g. date, type of consultation), the patient (e.g. date of birth, sex, reasons for encounter), the patient's presenting problems (e.g. diagnoses, status of each problem), and the management for each problem (e.g. treatment provided, prescriptions, referrals). Patient risk factors and health state data, and general practitioner characteristics data are also collected. Data for 2001–02 are used in this report.

At least one diagnosis or problem is identified for each encounter, although up to four problems can be reported for each. Problems are coded according to ICPC-2 PLUS, an extension of the International Classification of Primary Care, 2nd edition (ICPC-2), and classified using ICPC-2. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 2000–01* (Britt et al. 2001).

Commonwealth/State Disability Agreement (CSDA) Minimum Data Set collection

The CSDA allocates the responsibility for specific types of disability support services between Commonwealth and State and Territory governments. The AIHW manages the CSDA MDS to collate nationally consistent data on services funded under the CSDA and their clients. Data are collected on the service providers and clients on a single 'snapshot' day each year. For 2001, the snapshot day varied between jurisdictions but fell within the May to June period.

The collection covers disability support services receiving funding under the CSDA in 2001. Services that do not receive CSDA funding are specifically excluded. Not every specialist psychiatric disability support service is included in the CSDA MDS collection as some are not funded through the CSDA.

- In New South Wales, psychiatric disability services are provided by the New South Wales Department of Health and are not included in the CSDA MDS collection.

- South Australia and Tasmania do not report data for psychiatric disability services to the CSDA MDS collection.
- In Victoria, specialist psychiatric and other disability support services are included in the CSDA MDS collection.
- In Queensland, psychiatric disability services funded by Queensland Health are included in the CSDA MDS collection. Non-recurrent grants funded by Queensland Treasury under the Gaming Machine Community Benefit Fund are not.
- In the Australian Capital Territory and the Northern Territory, only some psychiatric disability services are included in the CSDA MDS collection.
- In Western Australia, only some psychiatric disability services are included in the CSDA MDS collection. The Health Department is the main provider of services for people with a psychiatric disability and these services are not included.

However, even in those States where specific psychiatric services are not CSDA-funded, people with a psychiatric disability do receive various CSDA disability support services.

Given these limitations with respect to the coverage of psychiatric disability support services in the CSDA MDS, these data need to be interpreted with caution. Additional information on the data from the CSDA MDS collection can be obtained from the publication *Disability Support Services 2001: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2002a).

National Medical and Nursing Labour Force Survey data

The AIHW conducts the National Medical Labour Force Survey and the National Nursing Labour Force Survey, in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each State and Territory. The AIHW has conducted the medical practitioner survey annually since 1993 and the nursing survey since 1995.

Coverage in some jurisdictions may exclude some practitioners who registered for the first time during the survey year. Practitioners with conditional registration, usually for a fixed term, are also excluded in many jurisdictions. These conditional registrants include interns and temporary resident doctors, who are not required to renew their registration at the standard renewal date. The latest information on these surveys is provided in *Medical Labour Force 1999* (AIHW 2003) and the *Nursing Labour Force 1999* (AIHW 2001a) reports.

Medicare data

The Health Insurance Commission (HIC) collects data on all medical services funded through Medicare and provides these data to DHA. Information collected includes the type of service provided (Medicare item number) and the benefit paid by Medicare for the service. The figures presented in this report on services provided by private psychiatrists include only those services that are performed by a registered provider, for services that qualify for Medicare benefit and for which a claim has been processed by the HIC. They do not include services provided to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account.

The State or Territory is determined according to the address of the patient who received the service at the time the patient made the claim. The year is determined by the date the service was processed by the HIC, not the date the service was provided.

Time series data presented in this report are based on the mapping of old item numbers to current item numbers. For example, item 144 (private psychiatrist home visit of less than 15 minutes) was renumbered to item 330 during 1996.

Pharmaceutical Benefits Scheme (PBS) data

The HIC collects data on most prescriptions funded through the PBS and provides these data to DHA. Details are collected on the medication prescribed (e.g. type and cost of medication), the prescribing practitioner (e.g. speciality) and the supplying pharmacy (e.g. location). The figures reported in this publication relate to the prescription costs funded by the PBS and the number of prescriptions processed by the HIC. They refer only to paid services processed from claims presented by approved pharmacies. They do not include any adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions. Items supplied to general patients, costing less than \$21.90, do not receive a PBS benefit and are therefore not included. The PBS data do not contain Section 100 items, i.e. highly specialised drugs available through hospital pharmacies for outpatients.

The State or Territory is determined according to the address of the pharmacy supplying the item. The year is determined as the date the service was processed by the HIC, not the date of prescribing or the date of supply by the pharmacy. The data presented in this report exclude medications provided to war veterans through the Repatriation Pharmaceutical Benefits Scheme (RPBS).

The NMDSs for Mental Health Care

This section provides background information on the three component data sets that constitute the NMDSs for Mental Health Care as defined under the National Health Information Agreement for collection by States and Territories and collation by the AIHW. This report contains data specified under the NMDS for Admitted Patient Mental Health Care, the NMDS for Community Mental Health Establishments and the NMDS for Community Mental Health Care. Data specified by these data sets are collated annually in the NHMD, the NCMHED and the NCMHCD respectively (see above).

NMDS for Admitted Patient Mental Health Care

The NMDS for Admitted Patient Mental Health Care represents an agreement between States and Territories to collect and report information on patients admitted to hospital who receive specialised psychiatric care. This includes patients who receive treatment and/or care in psychiatric hospitals or in specialised psychiatric units (referred to as designated units) of public and private acute care hospitals. The statistical unit for this data set is the hospital separation. The hospital separations covered in the NMDS for Admitted Patient Mental Health Care are, in effect, a subset of those covered by the NMDS for Admitted Patient Health Care, which is compiled by the AIHW as the National Hospital Morbidity Database and covers all admitted patients in almost all hospitals.

The NMDS for admitted patient mental health care effectively began in July 1996, with the collection of data on *Mental health legal status* and *Total psychiatric care days*. Since 1997, a wider range of data elements has been collected. In 2000–01, a total of 31 elements were specified (Table A1.1). Table A1.2 presents information on the extent to which data elements were reported by the different jurisdictions and sectors for 2000–01. *Type of usual accommodation*, *Employment status* and *Referral to further care (psychiatric patient)* data elements were reported for less than 50% of separations.

NMDS for Community Mental Health Establishments

The data elements for the NMDS for Community Mental Health Establishments were agreed for collection from July 1998 and are presented in Table A1.3. The statistical unit for this data set is the establishment. Data are collected on the number of establishments, expenditure and staffing. For community residential facilities, data on beds and separations are also collected. Within this NMDS, the term ‘separation’ refers to episodes of non-admitted patient residential care in community-based residential services.

The *Total full-time-equivalent staff* and the *Total salaries and wages* data elements do not include the identification of expenditure in the nine staffing subcategories included in the NMDS for Public Hospital Establishments (e.g. *Registered nurses*, *Diagnostic and health professionals*, *Administrative and clerical staff*). Similarly, the *Non-salary operating costs* data element does not include the identification of expenditure in the subcategories included in that NMDS (e.g. *Superannuation employer contributions*, *Medical and surgical supplies*). The one exception is the *Payments to visiting medical officers* data element which has been agreed for inclusion, but not yet fully implemented for the NCMHED. Where available, jurisdictions are encouraged to supply data for the absent subcategories, but it is not an agreed component of the NMDS.

The data specified in the NMDS for Community Mental Health Establishments are collated at the AIHW as the NCMHED.

Included in the scope of the NMDS are all specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients (except for non-24-hour residential care services). The scope includes:

- both residential and ambulatory public community mental health care establishments
- adult, aged, and adolescent and child community mental health services
- non-admitted services in hospitals such as specialised psychiatric outpatient services.

The scope excludes admitted patient mental health care services, support services that are not specialised mental health care services (e.g. accommodation support services), residential services that are staffed less than 24 hours per day and services provided by non-government organisations.

Note that there is an overlap in the scope of the NMDS for Community Mental Health Establishments and the NMDS for Public Health Establishments. The hospital establishments in the scope of the NMDS for Public Health Establishments encompass outpatient and outreach services based at the hospital, in addition to community-based services under the management of the hospital. The establishments in the scope of the NMDS for Community Mental Health Establishments include all public hospital-based outpatient and outreach services and public hospital-managed community-based services that provide specialised mental health care.

NMDS for Community Mental Health Care

The client-level data elements collected for each service contact in ambulatory community mental health care were agreed for collection from 1 July 2000 (see Table A1.4 below). From 1 July 2001, the NMDS has included *Marital status*, *Area of usual residence* and *Country of birth* data elements.

The statistical unit for this data set is the service contact. Included in the scope of the NMDS are all ambulatory service contacts provided by the specialised mental health services described above for the NMDS for Community Mental Health Establishments. A service contact for the purposes of this collection was defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which result in a dated entry being made in the individual's record.

Thus the scope of this NMDS is the service contacts provided in non-residential establishments that are included in the NMDS for Community Mental Health Establishments. Discussion of the provision and consistency of the data for this NMDS is presented in Appendix 2 along with some summary data.

Table A1.1: Data elements^(a) that constitute the NMDs for Admitted Patient Mental Health Care for 2000–01

Data element	Specific to specialised mental health care	Knowledgebase^(b) identifier
Identifiers		
Establishment identifier (made up of)		000050
<i>State identifier</i>		000380
<i>Establishment sector</i>		000379
<i>Region code</i>		000378
<i>Establishment number</i>		000377
Person identifier		000127
Sociodemographic items		
Sex		000149
Date of birth		000036
Country of birth		000035
Aboriginal and Torres Strait Islander status		000001
Marital status	✓	000089
Employment status	✓	000317
Area of usual residence		000016
Pension status—psychiatric patients	✓	000121
Type of usual accommodation	✓	000173
Service and administrative items		
Care type (previously <i>Type of episode of care</i>)		000168
Previous specialised treatment		000139
Admission date		000008
Separation date		000043
Total leave days		000163
Mode of admission (previously <i>Source of referral to acute hospital or private psychiatric hospital</i>)	✓	000385
Mode of separation		000096
Source of referral to public psychiatric hospital	✓	000150
Referral to further care (psychiatric patients)	✓	000143
Total psychiatric care days	✓ ^(c)	000164
Mental health legal status	✓ ^(c)	000092
Clinical items		
Principal diagnosis		000136
Additional diagnosis		000005
Diagnosis Related Group		000042
Major Diagnostic Category		000088
Intended length of stay		000076

(a) All data elements are defined in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000).

(b) The Knowledgebase: Australia's Health, Community Services and Housing Metadata Registry can be accessed through the AIHW web site at www.aihw.gov.au.

(c) Collected for all patients but relevant only to specialised psychiatric care.

Table A1.2: Reporting of data elements^(a) that constitute the NMDS for Admitted Patient Mental Health Care for 2000-01

Data element	Hospital type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	% not reported
Area of usual residence	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1.97
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.09
Aboriginal and Torres Strait Islander status	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	4.87
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2.2
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.6
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	2.6
Sex	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1 Unknown	0.0
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.0
Public psychiatric	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.0
Age	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.0
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.0
Marital status	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8.2
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5.9
Public psychiatric	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7.0
	Public acute	No	No	Yes	Yes	Yes	Yes	Yes	Yes	53.1
Employment status	Private	No	No	Yes	Yes	No	Yes	No	n.a.	64.5
	Public psychiatric	No	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	67.6
Type of usual accommodation	Public acute	219 records only	No	Yes	No	Yes	No	Yes	No	66.6
	Private	3 records only	No	Yes	No	No	No	No	n.a.	78.3
Public psychiatric	8 records only	Yes	Yes	Yes	Yes	Yes	No	n.a.	n.a.	80.3

(continued)

Table A1.2 (continued): Reporting of data elements^(a) that constitute the NMDS for Admitted Patient Mental Health Care for 2000–01

Data element	Hospital type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	% not reported
Care type	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	..	0
Mode of admission	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.1
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.0
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	14.3
Source of referral to public psychiatric hospital	Yes	No	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	19.7
Psych admission status	Public acute	Old codes	No	Yes	Yes	No	No	Yes	No	43.6
	Private	Old codes	No	Yes	Yes	No	No	Yes	n.a.	39.4
	Public psychiatric	Old codes	No	Yes	Yes	No	No	n.a.	n.a.	48.2
Referral to further care	Public acute	yes	no	yes	no	yes	no	yes	no	41.3
	Private	no	no	yes	no	no	no	no	n.a.	78.3
Mode of separation	Public psychiatric	yes	yes	yes	yes	yes	no	n.a.	n.a.	14.0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.1
	Private	Yes	Yes	Yes	Yes	103 records only	No	Yes	n.a.	3.4
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.3
Missing principal diagnosis	Public acute	104 missing	1 missing	Yes	Yes	Yes	Yes	Yes	10 missing	n.a.
	Private	Yes	8 missing	Yes	Yes	Yes	Yes	Yes	Yes	n.a.
Mental health legal status	Public psychiatric	421 missing	27 missing	Yes	Yes	Yes	Yes	n.a.	n.a.	n.a.
	Public acute	112 missing	49 missing	Yes	Yes	Yes	Yes	n.a.	n.a.	n.a.
	Private	135 missing	No	Yes	Yes	Yes	Yes	Yes	No	1.2
Public psychiatric	Public psychiatric	2 missing	Yes	Yes	Yes	Yes	Yes	All voluntary	All voluntary	33.2
	Public psychiatric	2 missing	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.0

(a) All data elements are defined in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000).

.. not applicable.

n.a. not available.

Table A1.3: Data elements^(a) that constitute the NMDS for Community Mental Health Establishments for 2000–01

Data element	Knowledgebase^(b) identifier
Establishment identifier (made up of)	000050
<i>State identifier</i>	000380
<i>Establishment sector</i>	000379
<i>Region code</i>	000378
<i>Establishment number</i>	000377
Separations ^(c)	000205
Geographic location of establishment	000260
Number of available beds	000255
Total full-time-equivalent staff	000252
Total salaries and wages	000254
Total non-salary operating costs	000360
<i>Payments to visiting medical officers</i>	000236

(a) All data elements are defined in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000).

(b) The Knowledgebase: Australia's Health, Community Services and Housing Metadata Registry can be accessed through the AIHW web site at www.aihw.gov.au.

(c) The term 'separations' refers to the number of non-admitted patient separations from community residential mental health care establishments.

Table A1.4: Data elements^(a) that constitute the NMDS for Community Mental Health Care for 2000–01

Data element	Knowledgebase^(b) identifier
Establishment identifier (made up of)	000050
<i>State identifier</i>	000380
<i>Establishment sector</i>	000379
<i>Region code</i>	000378
<i>Establishment number</i>	000377
Person identifier	000127
Sex	000149
Date of birth	000036
Aboriginal and Torres Strait Islander status	000001
Mental health legal status	000092
Principal diagnosis	000136
Service contact date	000402

(a) All data elements are defined in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000).

(b) The Knowledgebase: Australia's Health, Community Services and Housing Metadata registry can be accessed through the AIHW web site at www.aihw.gov.au.

Appendix 2: Community mental health care service contacts

Background

This report presents a considerable amount of data on the hospital care provided to admitted patients with mental health-related diagnoses. In comparison, there are much fewer data presented on ambulatory mental health care provided by hospitals and community-based mental health care services.

The imbalance in this report reflects the availability of data, with comprehensive national data available on admitted patients and little data available on patients of ambulatory mental health care services. However, results from the National Survey of Mental Health and Wellbeing 1997 indicated that this imbalance does not reflect the relative use of these types of services; most people with mental illness receive mental health care through ambulatory care services (e.g. 77.4% of those who used services saw general practitioners) rather than through admission to hospital (less than 1%) (ABS 1998a). The National Mental Health Policy also emphasises the promotion of a community-based system of treatment and support.

In an attempt to fill this important gap in mental health services information, the development of the NMDSs for Mental Health Care included the introduction of the NMDS for Community Mental Health Establishments and the NMDS for Community Mental Health Care (for details see Appendix 1). The data specified in these NMDSs are collated at the AIHW as the National Community Mental Health Establishments Database (NCMHED), which has been collected since 1998–99 and has been reported in this publication (see Chapter 5), and the National Community Mental Health Care Database (NCMHCD), which was agreed for collection from 1 July 2000 and collated for the first year during 2002. Both these databases cover specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients, including residential and ambulatory public community mental health care establishments and non-admitted services in hospitals such as specialised psychiatric outpatient services.

The statistical unit for which the NCMHCD data is collected is the service contact, defined as a contact between a patient/client and an ambulatory care health unit (including outpatient and community health units) which results in a dated entry being made in the patient/client record (NHDC 2000). The data set is therefore a collection of data about the characteristics of these service contacts. It is not a collection of data about patients.

The NCMHCD data for 2000–01 have been reviewed to assess the extent to which they were reported using the agreed NHDD Version 9 definitions, the extent to which they covered all the service contacts and establishments in scope and comparability between jurisdictions. The review revealed that the data were not of sufficient quality to be included in the body of this report. However, given the relative lack of data on ambulatory care otherwise available, summary data are presented here. They should be interpreted in the light of the notes below on interpretation of these data; however, they do provide an indication of the level of this activity in Australia's mental health services. An AIHW Working Paper released in early 2003 provides information on these data and recommendations on future developments to improve them.

Service contacts data for 2000–01

Table A2.1 presents the reported community mental health care service contacts and the community mental health care service contacts per 1,000 population by sex and age group for 2000–01. There were 3,635,873 service contacts reported by ambulatory mental health care services in Australia in 2000–01, representing a rate of 187.8 service contacts per 1,000 population. There were slightly more service contacts reported for male clients (1,839,436 or 191.6 contacts per 1,000 population) than for female clients (1,712,251 or 175.4 contacts per 1,000). The number of service contacts per 1,000 population peaked in the 25–44 age group. This is similar to the pattern found with the general practice and hospital morbidity data (see Chapters 3 and 4). Unlike hospital separations and general practice utilisation, there were more service contacts per population recorded for males than for females. This was the case for all jurisdictions except Western Australia and Tasmania.

Notes on interpretation

Coverage

The NMDS for Community Mental Health Care was designed to include all specialised public mental health services provided to non-admitted patients, incorporating both community-based and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Review of data provided by the States and Territories for the NCMHED data indicated that the actual coverage of the collection was not complete for 2000–01. In the first month of the data collection period, 190 establishments contributed data to the NCMHCD. The number of establishments rose to a maximum of 203 in April and totalled 27 for the entire collection year. There were 29 ambulatory mental health care establishments that contributed data to the NCMHED but did not contribute any data to the NCMHCD. These included one area health service in New South Wales, three services in Queensland, all rural health services in South Australia (21 establishments), three services in Tasmania and one in the Australian Capital Territory. This suggests that the implementation of this collection was incomplete during the first year of collection.

The collection was also affected by under-reporting of service contacts for those establishments that did report. There were 987,569 service contacts reported in the last and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 3.95 million service contacts reported compared with the 3.64 million actually reported. Although the last quarter had the highest number of service contacts for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. When the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 3.99 million. When the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of service contacts increases to 4.27 million. This estimate does not include an estimate of non-reporting establishments.

Definition of service contacts

Review of the 2000–01 data identified inconsistencies in the definition of a service contact actually used across jurisdictions. Variation between States' and Territories' reporting practices have been identified with respect to:

- whether a service contact can be reported if the patient has not provided personal details. For example, in Victoria, contacts with no personal details are registered whereas, in Queensland clients who could not be uniquely identified were not registered from October of the collection year.
- how many service contacts are to be reported when there are multiple service providers and/or multiple patients present at the service contact (e.g. group sessions). For example, in Victoria, Queensland, Western Australia, South Australia (Adult Services) and Tasmania a service contact was recorded for each patient in the group, whereas in South Australian Child and Adolescent Mental Health Services (CAMHS) a service contact was reported for each clinician/patient combination.
- whether a patient receiving numerous services during one day should be recorded as one or more service contacts. For example, while Victoria allows any number of service contacts can be assigned to the one client in one day, in South Australia service contacts in one day are reported separately only if not consecutive and if provided by different service providers.
- what extent telephone and written correspondence are included as service contacts. Any telephone contacts are considered service contacts in Victoria, Queensland, South Australia (Adult Services) and the Northern Territory if notes are made in the client's record, but South Australia Child and Adolescent Mental Health Services (CAMHS) further specify that the telephone conversation must exceed 15 minutes duration. New South Wales did not report any of these indirect contacts for the 2000-01 collection.
- whether indirect contacts such as contacts between service providers should be included. For example, indirect contacts were not reported as service contacts in New South Wales, Western Australia and South Australia CAMHS, whereas in Victoria, Queensland and South Australia (Adult Services), these contacts are reported if a note is made on the clinical record of the patient.
- whether consultation-liaison activities (i.e. specialist mental health providers who liaise with general hospital units when they treat patients with mental disorders) are included as service contacts. In New South Wales and Western Australia, consultation and liaison services are reported as service contacts, in Victoria services of these types are reported only for registered clients of mental health services, and in Queensland while most services reported consultation-liaison activities, there was some variability across the State.

These issues are expanded on in the AIHW Working Paper mentioned above.

Although it is anticipated that the data collected will allow records for service contacts within individual establishments to be linked for individual patients so that estimates of number of patients treated can be made, this has not been undertaken for this report. A discussion of the extent to which this may be possible is included in the Working Paper.

Principal diagnosis

The principal diagnosis of patients seen by community mental health care service providers is of obvious interest. However, there is uncertainty about how these data are being collected, in terms of whether the principal diagnosis relates to the service contact, or to a longer period of the patient's care that may encompass a series of service contacts and possibly hospital admissions. In addition, the use of different classifications for coding principal diagnosis, the use of invalid codes and the relatively large number of missing values have meant that the data on principal diagnosis were not suitable for inclusion in this

report. More information on the principal diagnosis reporting in this collection for 2000–01 is included in the AIHW Working Paper.

Comparison with National Survey of Mental Health Services

The National Survey of Mental Health Services (NSMHS) collects service contact data for community mental health services. The estimate of 4.27 million service contacts from NCMHCD in 2000–01 is lower than the 5.67 million service contacts reported to the National Survey of Mental Health Services in 1999–00. The NSMHS counts of service contacts were greater than NCMHCD for all jurisdictions except Tasmania and the Australian Capital Territory.

Variation between the two collections can be expected because of differences in their scope and coverage, and definitional differences. Information in the *National Mental Health Report 2002* indicated that there were data quality concerns for 1999–00 (DHA 2002). The concept of a service contact in the NCMHCD collection differs from the service contact definition in the NSMHS in that only same day services that are non-admitted are considered part of the scope of NCMHCD. The NSMHS includes same day admitted services as service contacts. It is likely that there were 23,668 same day admissions with specialised psychiatric care included in the NSMHS collection that were not in the NCMHCD (from Table 4.1). There may be other differences reflecting the variation in the definition used in the NCMHCD and between 1999–00 and 2000–01.

NCMHCD coverage for New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory is incomplete as evidenced by the 29 establishments listed as contributing to NCMHED but not reporting service contacts to the NCMHCD collection. Under-reporting is also in evidence since monthly service contact numbers for establishments fluctuated, particularly in New South Wales and Queensland. Definitional differences such as those outlined for service contacts may also be reflected in the higher counts in the NCMHCD in 2000–01 than in the NSMHS for 1999–00 for Tasmania and the Australian Capital Territory.

Table A2.1: Public community mental health service contacts and service contacts per 1,000 population, by sex and age group, Australia, 2000-01

	Age groups								Total ^(a)
	Less than 1	1-14	15-24	25-34	35-44	45-54	55-64	65 and over	
Males									
Service contacts	1,152	230,165	310,962	439,267	366,084	234,104	107,350	146,395	1,839,436
Service contacts per 1,000 population ^(b)	8.7	120.1	231.0	305.8	248.0	177.3	118.2	137.7	194.4
Females									
Service contacts	1,092	121,572	257,771	317,154	335,454	255,204	146,607	272,626	1,712,251
Service contacts per 1,000 population ^(b)	8.7	66.8	198.6	217.7	223.7	193.3	163.7	202.5	179.2
Total^(a)									
Service contacts	7,250	356,505	580,793	772,325	715,522	497,158	257,592	421,748	3,635,873
Service contacts per 1,000 population ^(b)	28.1	95.4	219.7	267.0	240.4	188.3	142.8	175.1	191.2

(a) Includes service contacts for patients for which sex and/or age group was not reported. Rates have been indirectly age-standardised to the estimated resident population as at 30 December 2000.

(b) Rates based on estimated resident population as at 30 December 2000.

Appendix 3: Codes used to define mental health-related care and medications

With the exception of NCHMED, the health care data collections used in this report contain data on more than just mental health care, so a mental health-related subset of the data needed to be defined. For some data collections this was relatively simple. For NPHEd and PHEC data, mental health-related care was defined by hospital type (psychiatric hospital) or specialised unit flag (e.g. specialised psychiatric unit in acute care hospital). Medicare and National Medical Labour Force Survey data were defined as mental health-related based on the profession of the medical practitioner (e.g. psychiatrist).

For other data collections, it was necessary to use the classifications in the collections for diagnoses, problems or disabilities to define mental health-related care. The principal and additional diagnosis data in the NHMD are coded using the ICD-10-AM classification, the BEACH data set uses ICPC-2 for coding reasons for encounters (RFEs) and problems, and the CSDA Minimum Data Set collection uses a simple customised classification to code disabilities. Details are provided below for each classification for which codes were used to define a mental health-related principal or additional diagnosis, a mental health-related problem or RFE, or mental health-related disability.

The definition of a mental health-related medication was based on the ATC classification for PBS data. Details are provided in Table A3.3.

National Hospital Morbidity Database data

During the preparation of *Mental Health Services in Australia 1999-00*, attention was given to ensuring that the definition of a mental health-related diagnosis included all codes which were either clinically or statistically relevant to mental health. This definition was revised for this edition of the report, to increase the accuracy of the data, and to accommodate any changes to ICD-10-AM second edition and AR-DRG Version 4.2 codes.

A diagnosis was considered clinically relevant if:

- it is included as a principal diagnosis defining AR-DRG Version 4.2 Major Diagnostic Categories 19 (*Mental diseases and disorders*) and 20 (*Alcohol/drug use and alcohol/drug induced organic mental disorders*)
- it otherwise appears to be specific for a mental health-related condition.

A diagnosis was defined as being statistically relevant if:

- during 2000-01 there were more than 20 separations with specialised psychiatric care for the principal diagnosis at the 3-character level of ICD-10-AM or more than 10 at the 4-character level
- over 50% of separations with the principal diagnosis included specialised psychiatric care.

Certain codes that were statistically relevant during 1999–00 but not in 2000–01 were examined over both years and included if over 50% of total separations over the 2 years included specialised psychiatric care.

This list was developed in consultation with the National Mental Health Working Group Information Strategy Committee and the Clinical Casemix Committee of Australia. The agreed list of codes is in Table A3.1.

Bettering the Evaluation and Care of Health

For the purposes of this report, mental health-related RFEs and problems managed were defined as those included in the ICPC-2 *Psychological* chapter. Table A3.2 presents a list of the codes included in the ICPC-2 *Psychological* chapter and their description. The same set of codes was used for both RFEs and problems. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 2001–02* (Britt et al. 2002).

Commonwealth/State Disability Agreement Minimum Data Set

The CSDA Minimum Data Set questionnaire has an item that asks the user of a service or their carer 'what is your (the consumer's) primary disability group'. The survey form also asks respondents to tick all applicable other significant disability groups. For both questions, the twelve disability categories are listed in tick-a-box format. These disability categories are as follows:

- Deafblind (dual sensory)
- Vision
- Hearing
- Physical
- Speech
- Acquired brain injury
- Neurological
- Psychiatric
- Developmental delay (only for a child under 6 years of age)
- Intellectual
- Autism (including Asperger's syndrome)
- Specific learning disability/ Attention Deficit Disorder (other than Intellectual).

Data are presented in this report on those consumers with a psychiatric primary disability or a psychiatric disability as one of their other significant disabilities. Additional information on the data from the CSDA Minimum Data Set collection can be obtained from the publication *Disability Support Services 2001: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2002a).

Pharmaceutical Benefits Scheme

Prescription data from the PBS are coded using the ATC classification. The codes used to define mental health-related medications are presented in Table A3.3.

Table A3.1: ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Diagnosis	MDC 19	MDC 20	Statistically relevant	Apparently otherwise relevant
F00	Dementia in Alzheimer's disease				✓
F01	Vascular dementia				✓
F02	Dementia in other diseases classified elsewhere			✓	
F03	Unspecified dementia				✓
F04	Organic amnesic syndrome, not induced by alcohol and other psychoactive substances				✓
F05	Delirium, not induced by alcohol and other psychoactive substances				✓
F06	Other mental disorders due to brain damage and dysfunction and to physical disease			✓	✓
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction			✓	✓
F09	Unspecified organic or symptomatic mental disorder			✓	
F10	Mental and behavioural disorders due to use of alcohol		✓		
F11	Mental and behavioural disorders due to use of opioids		✓		
F12	Mental and behavioural disorders due to use of cannabinoids		✓	✓	
F13	Mental and behavioural disorders due to use of sedatives or hypnotics		✓		
F14	Mental and behavioural disorders due to use of cocaine		✓		
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine		✓	✓	
F16	Mental and behavioural disorders due to use of hallucinogens		✓		
F17	Mental and behavioural disorders due to use of tobacco		✓		
F18	Mental and behavioural disorders due to use of volatile solvents		✓		
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances		✓	✓	
F20	Schizophrenia	✓		✓	
F21	Schizotypal disorder	✓		✓	
F22	Persistent delusional disorders	✓		✓	
F24	Induced delusional disorder	✓		✓	
F25	Schizoaffective disorders	✓		✓	
F28	Other non-organic psychotic disorders	✓		✓	
F29	Unspecified non-organic psychosis	✓		✓	
F30	Manic episode	✓		✓	
F31	Bipolar affective disorder	✓		✓	
F32	Depressive episode	✓		✓	
F33	Recurrent depressive disorder	✓		✓	
F34	Persistent mood [affective] disorders	✓		✓	
F38	Other mood [affective] disorders	✓		✓	
F39	Unspecified mood [affective] disorder	✓		✓	
F40	Phobic anxiety disorders	✓		✓	
F41	Other anxiety disorders	✓			
F42	Obsessive–Compulsive disorder	✓		✓	
F43	Reaction to severe stress, and adjustment disorders	✓		✓	
F44	Dissociative [conversion] disorders	✓			
F45	Somatoform disorders	✓			
F48	Other neurotic disorders	✓			
F50	Eating disorders	✓		✓	
F51	Non-organic sleep disorders	✓			

(continued)

Table A3.1 (continued): ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Diagnosis	MDC 19	MDC 20	Statistically relevant	Apparently otherwise relevant
F52	Sexual dysfunction, not caused by organic disorder or disease	✓ ^(a)		✓	✓
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified				✓
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere	✓			
F55	Harmful use of non-dependence-producing substances		✓		✓
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors	✓			
F60	Specific personality disorders	✓		✓	
F61	Mixed and other personality disorders	✓		✓	
F62	Enduring personality changes, not attributable to brain damage and disease	✓		✓	
F63	Habit and impulse disorders	✓		✓	
F64	Gender identity disorders	✓			
F65	Disorders of sexual preference	✓		✓	
F66	Psychological and behavioural disorders associated with sexual development and orientation	✓		✓	
F68	Other disorders of adult personality and behaviour	✓		✓	
F69	Unspecified disorder of adult personality and behaviour	✓			
F70	Mild mental retardation			✓	
F71	Moderate mental retardation				✓
F72	Severe mental retardation				✓
F73	Profound mental retardation				✓
F78	Other mental retardation				✓
F79	Unspecified mental retardation			✓	
F80	Specific developmental disorders of speech and language	✓			
F81	Specific developmental disorders of scholastic skills	✓			
F82	Specific developmental disorder of motor function	✓			
F83	Mixed specific developmental disorders	✓			
F84	Pervasive developmental disorders	✓ ^(b)		✓	
F88	Other disorders of psychological development	✓			
F89	Unspecified disorder of psychological development	✓			
F90	Hyperkinetic disorders	✓		✓	
F91	Conduct disorders	✓		✓	
F92	Mixed disorders of conduct and emotions	✓		✓	
F93	Emotional disorders with onset specific to childhood	✓		✓	
F94	Disorders of social functioning with onset specific to childhood and adolescence	✓			
F95	Tic disorders	✓		✓	
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	✓ ^(c)		✓	
F99	Mental disorder, not otherwise specified	✓			
G30.0	Alzheimer's disease with early onset			✓	
G30.1	Alzheimer's disease with late onset			✓	
G30.8	Other Alzheimer's disease				✓
G30.9	Alzheimer's disease, unspecified				✓
G47.0	Disorders initiating and maintaining sleep	✓			
G47.1	Disorders excessive somnolence	✓			
G47.2	Disorders of the sleep-wake schedule	✓			

(continued)

Table A3.1 (continued): ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Diagnosis	MDC 19	MDC 20	Statistically relevant	Apparently otherwise relevant
G47.8	Other sleep disorders	✓			
G47.9	Sleep disorder, unspecified	✓			
O99.3	Mental disorder nervous system pregnancy and birth				✓
R44.0	Auditory hallucinations	✓			
R44.1	Visual hallucinations				✓
R44.2	Other hallucination	✓			
R44.3	Hallucinations, unspecified	✓			
R44.8	Other/not otherwise specified symptom involving general sensation perception	✓			
R45.0	Nervousness	✓			
R45.1	Restlessness and agitation	✓			
R45.4	Irritability and anger	✓			
R48.0	Dyslexia and alexia	✓			
R48.1	Agnosia	✓			
R48.2	Apraxia	✓			
R48.8	Other and unspecified symbolic dysfunctions	✓			
Z00.4	General psychiatric examination, not elsewhere classified			✓	
Z03.2	Observation for suspected mental and behavioural disorder	✓		✓	
Z04.6	General psychiatric examination, requested by authority			✓	
Z09.3	Follow-up examination after psychotherapy				✓
Z13.3	Special screening examination for mental and behavioural disorders				✓
Z50.2	Alcohol rehabilitation				✓
Z50.3	Drug rehabilitation				✓
Z54.3	Convalescence following psychotherapy				✓
Z61.9	Negative life event in childhood, unspecified			✓	
Z63.1	Problems relationship w parents & in-laws			✓	
Z63.8	Other spec problems related to prim support group			✓	
Z63.9	Problem related to primary support group, unspecified			✓	
Z65.8	Other specified problems related to psychosocial circumstances			✓	
Z65.9	Problem related to unspecified psychosocial circumstances				✓
Z71.4	Counselling and surveillance for alcohol use disorder				✓
Z71.5	Counselling and surveillance for drug use disorder				✓
Z76.0	Issue of repeat prescription			✓	

(a) Excluding F52.5

(b) Excluding F84.2

(c) Excluding F98.5 and F98.6

Table A3.2: ICPC-2 codes used to define mental health-related reasons for encounter and problems managed by general practitioners for BEACH data

ICPC-2 codes	Description
P01	Feeling anxious/nervous/tense
P02	Acute stress reaction
P03	Feeling depressed
P04	Feeling/behaving irritable/angry
P05	Senility, feeling/behaving old
P06	Sleep disturbance
P07	Sexual desire reduced
P08	Sexual fulfilment reduced
P09	Concern about sexual preference
P10	Stammering, stuttering, tics
P11	Eating problems in children
P12	Bed-wetting, enuresis
P13	Encopresis/bowel training problem
P15	Chronic alcohol abuse
P16	Acute alcohol abuse
P17	Tobacco abuse
P18	Medication abuse
P19	Drug abuse
P20	Memory disturbance
P22	Child behaviour symptom/complaint
P23	Adolescent symptom/complaint
P24	Specific learning problem
P25	Phase of life problem in adult
P27	Fear of mental disorder
P28	Limited function/disability psychological
P29	Psychological symptom/complaint, other
P70	Dementia (including senile, Alzheimer's)
P71	Organic psychoses, other
P72	Schizophrenia
P73	Affective psychoses
P74	Anxiety disorder/anxiety state
P75	Somatisation disorder
P76	Depressive disorder
P77	Suicide/suicide attempt
P78	Neurasthenia
P79	Phobia, compulsive disorder
P80	Personality disorder
P81	Hyperkinetic disorder
P82	Post-traumatic stress disorder
P85	Mental retardation
P86	Anorexia nervosa, bulimia
P98	Psychoses not otherwise specified, other
P99	Psychological disorders, other

Table A3.3: Anatomical Therapeutic Chemical codes used to define mental health-related medication prescribed by general practitioners in PBS data

ATC code	Description
N05	Psycholeptics
N05A	Antipsychotics
N05B	Anxiolytics
N05C	Hypnotics & sedatives
N06	Psychoanaleptics
N06A	Antidepressants

Appendix 4: State and Territory admitted patient data

This appendix provides State and Territory information on admitted patient mental health care. As noted in Chapter 4, there was some variation between jurisdictions in the distribution of separations and patient days between different service provider types, and between same day and overnight separations. Overall, there was also variation in the number of mental health-related admitted patient and community residential care separations per 1,000 population, and patient days per 1,000 population for hospitals. Tables 4.2 and 4.3 (pages 64 and 68) show, for example, the relatively high rates of separations for public community mental health care establishments for Victoria and Tasmania compared with other jurisdictions. In Victoria, the relatively low rates for patient days for public psychiatric hospitals cannot be directly compared with rates in other jurisdictions since the one Victorian public psychiatric hospital is a forensic hospital.

These patterns can be influenced by a number of factors such as:

- the availability of admitted patient mental health care services in each State and Territory
- the availability of community-based residential mental health care facilities
- differing admission practices
- differences in the types of establishments that are categorised as hospitals
- the spread of the population in rural, remote and metropolitan areas, and other demographic characteristics of the population.

Some of these differences mean that there can be variation in the proportions of separations reported for the different provider types, in the proportions of separations that are for same day stays, and the proportion of separations for which specialised psychiatric care was reported. Comparison between jurisdictions therefore needs to be undertaken with care. Information on the differences between States and Territories in the scope of services provided for admitted patients is presented in Box 4.3 (page 58).

Table A4.1a: Same day separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, (a) 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03 Dementia	122	33	6	0	3	3	0	0	167
F04-F09 Other organic mental disorders	35	56	86	143	10	1	0	1	332
F10 Mental and behavioural disorders due to use of alcohol	1,998	905	1,083	361	14	150	5	7	4,523
F11-F19 Mental and behav disorders due to other psychoactive substances use	636	293	372	217	12	18	2	4	1,554
F20 Schizophrenia	1,077	1,173	1,348	260	303	37	6	3	4,207
F21, F24, Schizotypal and other delusional disorders	188	69	50	54	8	16	0	2	387
F28-F29 Persistent delusional disorders	80	54	48	22	3	1	1	0	209
F22 Acute and transient psychotic disorders	26	62	41	35	8	38	0	0	210
F23 Schizoaffective disorders	650	762	563	62	105	33	3	2	2,180
F30 Manic episode	32	38	11	3	6	11	0	0	101
F31 Bipolar affective disorders	695	1,432	706	500	159	150	5	0	3,647
F32 Depressive episode	4,755	4,320	4,018	3,792	278	435	38	3	17,639
F33 Recurrent depressive disorders	2,253	5,877	1,174	1,256	99	229	4	0	10,892
F34 Persistent mood (affective) disorders	275	256	464	454	22	61	0	3	1,535
F38, F39 Other and unspecified mood (affective) disorders	38	11	297	26	0	0	1	0	373
F40 Phobic anxiety disorders	404	469	60	186	1	22	0	0	1,142
F41 Other anxiety disorders	1,442	1,596	1,018	812	30	107	2	1	5,008
F42 Obsessive-compulsive disorders	195	148	94	247	34	43	1	1	763
F43 Reaction to severe stress and adjustment disorders	3,331	1,956	3,769	1,500	109	356	11	13	11,045
F44 Dissociative (conversion) disorders	5	71	470	18	20	4	1	1	590
F45, F48 Somatoform and other neurotic disorders	125	53	24	3	1	4	0	0	210
F50 Eating disorders	1,987	1,754	311	241	22	13	0	0	4,328
F51-F59 Other behav syndromes associated w phys dist & phys factors	42	132	467	34	2	2	2	0	681
F60 Specific personality disorders	757	554	321	503	83	99	24	1	2,342
F61-F69 Disorders of adult personality and behaviour	77	100	18	39	1	2	0	1	238
F70-F79 Mental retardation	11	2	9	1	0	0	0	0	23
F80-F89 Disorders of psychological development	209	1	12	8	0	2	1	0	233
F90 Hyperkinetic disorders	774	2	7	27	1	0	0	0	811
F91 Conduct disorders	1,513	167	33	161	2	0	0	0	1,876
F92-F98 Other & unspec disorders w onset childhood adolescence	336	89	21	56	2	0	1	0	505
G30 Mental disorder not otherwise specified	3	13	1	1	0	1	0	0	19
G30 Alzheimers disease	1	20	0	0	0	0	0	0	21
G47 Sleep disorders	0	4	0	0	0	0	0	0	4
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	1	0	8	1	0	1	1	0	12
R44 Other symptoms & signs involving general sensations and perceptions	7	2	3	0	0	0	0	0	12
Symptoms & signs involving emotional state	0	5	8	1	2	0	0	0	16
Other factors related to mental and behavioural disorders ^(b)	469	3	92	6	1	3	1	2	577
Other factors related to substance use ^(c)	5	0	0	0	0	0	0	0	5
Other ^(d)	470	30	262	31	171	54	12	4	1,034
Not reported	19	0	0	0	0	0	0	1	20
Total	25,043	22,512	17,275	11,061	1,512	1,896	122	50	79,471
Age-standardised same day separation rate^(e)	3.88	4.71	4.86	5.88	1.00	4.04	0.39	0.27	4.15
95% confidence interval	3.93-3.83	4.77-4.65	4.93-4.78	5.99-5.77	1.05-0.95	4.23-3.86	0.46-0.32	0.34-0.19	4.18-4.12

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.1b: Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT Australia
F00–F03 Dementia	86	92	31	9	8	4	1	0
F04–F09 Other organic mental disorders	69	95	34	20	21	7	0	1
F10 Mental and behavioural disorders due to use of alcohol	1,518	1,554	1,778	494	316	99	13	23
F11–F19 Mental and behav disorders due to other psychoactive substances use	858	342	436	162	84	15	1	3
F20 Schizophrenia	488	620	108	56	90	17	3	4
F21, F24, F28–F29 Schizotypal and other delusional disorders	142	164	52	23	41	5	0	1
F22 Persistent delusional disorders	64	54	20	10	13	1	0	1
F23 Acute and transient psychotic disorders	208	113	75	21	76	2	0	6
F25 Schizoaffective disorders	78	165	24	6	19	13	0	0
F30 Manic episode	44	43	15	6	13	0	0	0
F31 Bipolar affective disorders	194	343	83	22	58	114	1	0
F32 Depressive episode	718	1,915	497	137	179	343	3	3
F33 Recurrent depressive disorders	931	1,292	187	28	123	54	1	0
F34 Persistent mood (affective) disorders	54	9	46	5	2	27	0	1
F38, F39 Other and unspecified mood (affective) disorders	3	3	3	0	3	1	0	0
F40 Phobic anxiety disorders	16	3	5	3	2	0	0	0
F41 Other anxiety disorders	644	773	337	99	106	17	2	0
F42 Obsessive–Compulsive disorders	34	3	7	0	0	1	0	0
F43 Reaction to severe stress and adjustment disorders	1,142	518	523	165	113	67	0	6
F44 Dissociative (conversion) disorders	110	42	49	28	23	3	1	1
F45, F48 Somatoform and other neurotic disorders	95	42	60	22	41	6	1	2
F50 Eating disorders	26	43	18	0	4	1	1	1
F51–F59 Other behav syndromes associated w phys dist & phys factors	68	151	250	99	7	0	0	0
F60 Specific personality disorders	125	122	47	26	33	14	1	1
F61–F69 Disorders of adult personality and behaviour	15	6	6	6	6	0	0	1
F70–F79 Mental retardation	28	23	7	2	5	0	0	1
F80–F89 Disorders of psychological development	234	54	64	14	45	8	1	6
F90 Hyperkinetic disorders	9	2	5	2	1	2	0	1
F91 Conduct disorders	41	40	19	13	12	5	1	0
F92–F98 Other & unspec disorders w onset childhood adolescence	14	37	9	2	2	2	0	0
F99 Mental disorder not otherwise specified	14	16	10	2	3	0	0	0
G30 Alzheimers disease	26	10	9	3	5	1	0	0
G47 Sleep disorders	17	1,956	15	851	57	0	0	0
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	185	81	36	24	28	4	0	5
R44 Other symptoms & signs involving general sensations and perceptions	22	49	7	4	2	0	0	0
R45 Symptoms & signs involving emotional state	32	48	13	15	6	1	0	2
Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	1	0	1	0	0	0	2
Other factors related to mental and behavioural disorders ^(b)	62	47	13	58	1	4	1	8
Other factors related to substance use ^(c)	5	0	1	0	0	0	0	0
Total	8,419	10,871	4,899	2,438	1,548	838	32	78
Age-standardised same day separation rate^(d)	1.30	2.28	1.38	1.29	1.04	1.81	0.10	0.39
95% confidence interval	1.33–1.27	2.32–2.23	1.42–1.34	1.34–1.24	1.09–0.99	1.93–1.69	0.14–0.07	0.48–0.3

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.2a: Overnight separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03	246	437	174	161	216	31	6	3	1,274
F04-F09	253	235	172	275	103	13	8	4	1,063
F10	1,660	704	617	435	461	124	35	33	4,069
F11-F19	2,005	1,069	1,021	796	405	101	53	81	5,531
F20	5,212	5,238	4,604	1,690	1,483	591	215	159	19,192
F21, F24, F28-F29	544	475	229	225	190	35	30	33	1,761
F22	295	310	230	146	104	22	28	12	1,147
F23	654	297	348	143	163	21	27	16	1,669
F25	1,444	1,163	864	278	540	100	72	47	4,508
F30	241	204	126	91	64	28	13	5	772
F31	2,819	2,138	1,785	1,043	1,174	225	208	77	9,469
F32	3,565	3,709	3,352	1,454	1,213	286	243	93	13,915
F33	1,402	1,613	857	850	1,139	99	87	9	6,056
F34	420	187	428	161	138	45	48	13	1,440
F38, F39	27	25	25	19	15	5	12	1	129
F40	49	40	31	27	17	2	2	0	168
F41	402	383	442	208	157	62	31	4	1,689
F42	93	98	75	30	32	18	7	3	356
F43	2,441	1,748	2,493	1,936	1,450	363	187	89	10,707
F44	83	65	263	35	28	30	4	7	515
F45, F48	40	34	67	9	7	7	2	3	181
F50	293	228	233	86	106	5	8	0	959
F51-F59	128	131	98	36	27	3	16	2	441
F60	1,262	1,121	987	681	374	216	172	9	4,822
F61-F69	101	36	41	85	41	10	6	3	323
F70-F79	65	20	75	39	7	18	3	3	230
F80-F89	45	26	61	13	11	4	5	0	165
F90	41	31	38	9	11	0	0	2	132
F91	150	97	146	73	29	7	11	0	513
F92-F98	37	41	53	37	17	4	5	0	194
F99	14	25	7	5	1	0	1	1	54
G30	92	194	48	150	71	11	3	1	570
G47	4	3	6	1	0	0	0	0	14
O99.3	35	25	15	11	6	4	1	0	97
R44	3	11	9	2	0	0	1	0	26
R45	11	9	12	3	2	2	6	0	45
	551	54	42	18	6	4	1	7	683
	3	0	0	0	0	0	0	0	3
	991	276	1,359	279	414	96	119	50	3,584
Other ^(c)	505	36	0	0	0	0	0	9	550
Not reported									
Total	28,226	22,536	21,433	11,540	10,234	2,592	1,676	779	99,016
Age-standardised overnight separation rate^(e)	4.4	4.7	6.0	6.1	6.9	5.7	5.2	3.9	5.2
95% confidence interval	4.43-4.32	4.75-4.63	6.12-5.96	6.22-6	7.01-6.74	5.89-5.45	5.5-5.0	4.21-3.66	5.2-5.14

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.2b: Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	1,904	1,457	1,104	485	608	148	37	20	5,763
F04–F09	1,167	1,105	361	192	279	82	16	7	3,209
F10	4,612	2,156	2,604	1,242	739	131	44	82	11,610
F11–F19	3,709	853	1,111	700	255	55	7	7	6,697
F20	685	279	238	263	241	151	1	7	1,865
F21, F24, F28–F29	136	113	59	42	72	14	2	5	443
F22	123	79	50	36	43	20	2	2	355
F23	221	99	88	81	114	5	3	4	615
F25	137	64	40	15	51	39	0	1	347
F30	61	52	23	22	22	9	2	0	191
F31	358	199	155	151	173	100	1	1	1,138
F32	2,233	1,592	1,271	1,237	1,185	362	24	23	7,927
F33	645	272	248	215	275	51	1	4	1,711
F34	68	18	58	21	10	31	1	0	207
F38, F39	14	8	14	6	6	6	1	0	55
F40	19	13	12	5	5	8	0	0	62
F41	1,393	1,398	949	628	745	141	7	7	5,268
F42	14	18	13	10	5	3	0	0	63
F43	833	1,238	676	429	358	209	1	11	3,755
F44	243	192	212	86	112	30	6	3	884
F45, F48	139	75	120	54	60	19	2	2	471
F50	257	222	115	41	74	47	9	2	767
F51–F59	1,562	485	143	154	119	36	2	2	2,503
F60	236	101	112	85	66	84	1	2	687
F61–F69	57	75	21	12	11	2	1	1	180
F70–F79	24	38	15	3	4	4	0	0	88
F80–F89	113	30	16	5	12	6	2	1	185
F90	19	5	14	2	0	5	0	0	45
F91	117	107	58	27	21	12	1	0	343
F92–F98	82	138	83	8	17	4	0	0	332
F99	27	8	3	6	3	1	0	0	48
G30	601	348	315	198	201	29	1	1	1,694
G47	218	3,431	770	249	299	100	0	0	5,067
O99.3	643	428	293	218	148	44	30	19	1,823
R44	66	63	37	31	15	9	1	2	224
R45	63	37	31	21	23	1	1	2	179
R48	1	3	0	2	3	0	0	0	9
Other factors related to mental and behavioural disorders ^(b)	77	153	41	39	4	1	0	8	323
Other factors related to substance use ^(c)	110	5	8	6	0	0	0	1	130
Total	22,987	16,957	11,481	7,027	6,378	1,999	207	227	67,263
Age-standardised overnight separation rate^(d)	3.53	3.52	3.27	3.83	4.13	4.24	0.70	1.31	3.51
95% confidence interval	3.58–3.48	3.58–3.47	3.33–3.21	3.91–3.74	4.23–4.03	4.43–4.05	0.8–0.61	1.48–1.14	3.54–3.49

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.
Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.3a: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	20,408	14,804	15,718	15,943	9,330	2,824	136	22	79,185
F04–F09 Other organic mental disorders	8,815	4,427	7,546	11,390	2,148	501	93	26	34,946
F10 Mental and behavioural disorders due to use of alcohol	37,359	8,823	13,328	6,315	6,095	3,170	390	119	75,599
F11–F19 Mental and behav disorders due to other psychoactive substances use	18,866	7,796	8,960	7,549	3,432	683	331	524	48,141
F20 Schizophrenia	286,246	113,361	129,062	51,020	31,036	14,284	3,393	1,792	630,194
F21 Persistent delusional disorders	6,179	5,361	3,855	2,909	1,189	321	292	59	20,165
F22 Acute and transient psychotic disorders	9,119	3,421	4,035	2,442	2,120	261	275	89	21,762
F25 Schizoaffective disorders	49,491	25,051	16,200	7,308	10,454	1,694	1,338	559	112,095
F21, F24, F28–F29 Schizotypal and other delusional disorders	6,593	7,427	6,245	3,991	2,220	315	345	500	27,636
F30 Manic episode	4,065	3,225	1,820	1,649	1,328	947	197	44	13,275
F31 Bipolar affective disorders	59,868	39,677	40,138	21,651	21,284	2,802	2,975	976	189,371
F32 Depressive episode	67,525	60,825	52,131	24,215	21,060	2,782	3,902	708	233,148
F33 Recurrent depressive disorders	28,581	27,769	13,340	13,972	22,179	1,457	2,003	44	109,345
F34 Persistent mood (affective) disorders	4,256	2,037	4,361	2,049	1,698	364	462	67	15,294
F38, F39 Other and unspecified mood (affective) disorders	346	372	296	242	217	58	76	12	1,619
F40 Phobic anxiety disorders	608	529	409	380	388	27	5	0	2,346
F41 Other anxiety disorders	6,441	5,449	6,084	2,899	2,245	755	160	11	24,044
F42 Obsessive–compulsive disorders	1,634	1,636	1,416	491	632	283	281	17	6,390
F43 Reaction to severe stress and adjustment disorders	20,421	14,314	21,443	14,982	11,234	2,229	1,861	302	86,786
F44 Dissociative (conversion) disorders	1,235	715	3,775	643	297	367	44	161	7,237
F45, F48 Somatoform and other neurotic disorders	462	381	1,042	155	264	66	113	11	2,494
F50 Eating disorders	9,824	7,645	7,279	2,538	2,067	122	118	0	29,593
F51–F59 Other behav syndromes associated w phys dist & phys factors	2,234	1,894	1,514	379	224	41	263	28	6,577
F60 Specific personality disorders	10,766	8,969	6,426	7,494	2,995	1,890	874	52	39,466
F61–F69 Disorders of adult personality and behaviour	987	525	252	702	784	23	38	24	3,335
F70–F79 Mental retardation	1,135	211	7,651	823	245	1,033	12	18	11,128
F80–F89 Disorders of psychological development	834	437	940	263	129	103	371	0	3,077
F90 Hyperkinetic disorders	465	589	530	132	130	0	0	2	1,848
F91 Conduct disorders	1,131	1,127	1,173	1,217	153	58	36	0	4,895
F92–F98 Other & unspec disorders w onset childhood adolescence	446	643	507	409	114	37	17	0	2,173
F99 Mental disorder not otherwise specified	97	576	64	119	1	0	5	5	867
G30 Alzheimers disease	10,263	5,870	3,432	9,017	3,102	1,149	105	5	32,943
G47 Sleep disorders	22	111	29	1	0	0	0	0	163
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	604	352	204	49	65	24	22	0	1,320
R44 Other symptoms & signs involving general sensations and perceptions	20	88	30	31	0	0	1	0	170
R45 Symptoms & signs involving emotional state	22	25	77	8	14	7	17	0	170
Other factors related to mental and behavioural disorders ^(b)	2,541	515	187	123	13	42	2	26	3,449
Other factors related to substance use ^(c)	20	0	0	0	0	0	0	0	20
Other ^(d)	26,583	5,492	25,710	14,426	59,799	3,107	1,189	393	136,699
Not reported	51,646	1,272	0	0	0	0	0	87	53,005
Total	758,158	383,741	407,209	229,926	220,685	43,826	21,742	6,683	2,071,970
Age-standardised overnight patient day rate^(e)	116.86	79.69	115.69	123.95	144.67	94.11	71.19	37.34	108.18
Upper 95% confidence limit	117.1–116.6	79.9–79.4	116.04–115.3	124.5–123.4	145.3–144.1	94.99–93.2	72.1–70.2	38.2–36.4	108.3–108

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
 (b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
 (c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
 (d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.
 (e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.3b: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	61,876	43,248	24,607	11,428	10,635	3,954	653	346	156,747
F04–F09	13,791	15,996	4,057	4,971	3,949	883	163	80	43,890
F10	22,916	13,007	14,261	5,153	3,213	666	144	320	59,680
F11–F19	17,584	4,876	6,421	3,048	1,023	300	42	21	33,315
F20	7,204	1,596	1,499	1,215	1,015	1,825	1	16	14,371
F21, F24, F28–F29	750	440	252	137	376	111	10	10	2,086
F22	1,184	717	533	218	179	267	10	2	3,110
F23	1,099	411	377	546	399	56	15	7	2,910
F25	2,136	674	395	70	259	593	0	1	4,128
F30	347	257	118	155	120	117	37	0	1,151
F31	4,731	2,093	1,579	969	937	1,240	2	20	11,571
F32	17,262	11,036	11,693	7,785	8,161	4,594	249	71	60,851
F33	11,163	1,994	3,435	1,353	1,958	803	7	6	20,719
F34	941	79	694	141	60	298	14	0	2,227
F38, F39	128	40	115	25	19	70	6	0	403
F40	210	40	106	23	21	43	0	0	443
F41	6,206	7,062	5,366	3,033	3,702	1,087	87	18	26,561
F42	84	193	175	52	15	25	0	0	544
F43	9,737	3,793	6,366	1,504	1,593	1,011	6	29	24,039
F44	1,573	1,049	1,244	444	640	128	54	15	5,147
F45, F48	802	500	712	486	241	190	5	3	2,939
F50	5,842	3,702	1,878	731	1,607	1,239	361	7	15,367
F51–F59	7,363	2,043	750	748	430	210	2	12	11,558
F60	2,428	388	499	405	236	482	14	5	4,457
F60–F69	253	1,190	91	149	59	8	3	1	1,754
F70–F79	488	422	92	39	14	54	0	0	1,109
F80–F89	678	155	31	14	48	39	23	1	989
F90	62	18	69	11	0	18	0	0	178
F91	530	382	212	148	145	37	1	0	1,455
F92–F98	307	505	356	28	130	10	0	0	1,336
F99	92	9	13	30	35	15	0	0	194
G30	26,779	11,221	7,569	6,097	3,545	683	7	45	55,946
G47	387	11,330	2,438	1,091	650	218	0	0	16,114
O99.3	2,702	1,963	947	938	529	194	121	69	7,463
R44	480	313	214	222	97	58	9	3	1,396
R45	223	161	164	39	108	4	13	3	715
R48	10	17	0	107	51	0	0	0	185
	284	1,177	112	108	21	1	0	21	1,724
	563	19	1,312	31	0	0	0	1	1,926
Total	231,195	144,116	100,752	53,692	46,220	21,531	2,059	1,133	600,698
Age-standardised overnight patient day rate^(d)	35.05	29.61	29.41	30.81	27.91	43.59	8.10	9.59	31.36
Upper 95% confidence limit	35.19	29.76	29.60	31.07	28.16	44.17	8.45	10.15	31.44
Lower 95% confidence limit	34.91	29.46	29.23	30.55	27.65	43.00	7.75	9.03	31.28

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.4: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03	20,182	14,804	15,552	15,838	9,330	2,824	136	17	78,683
F04-F09	8,449	4,427	7,456	11,235	2,148	501	93	22	34,331
F10	37,069	8,823	13,265	6,260	6,095	3,170	375	102	75,159
F11-F19	18,678	7,796	8,891	7,469	3,432	683	327	478	47,754
F20	283,738	113,361	128,810	50,321	31,036	14,284	3,269	1,654	626,473
F21, F24, F28-F29	6,535	7,427	6,230	3,945	2,220	315	308	476	27,456
F22	6,092	5,361	3,835	2,884	1,189	321	291	59	20,032
F23	9,050	3,421	4,016	2,367	2,120	261	272	88	21,595
F25	48,185	25,051	16,168	7,185	10,454	1,694	1,295	545	110,577
F30	3,973	3,225	1,819	1,639	1,328	947	197	44	13,172
F31	59,204	39,677	39,918	21,188	21,284	2,802	2,908	947	187,928
F32	65,602	60,825	51,634	23,516	21,060	2,782	3,826	703	229,948
F33	27,886	27,769	13,192	13,672	22,179	1,457	1,920	44	108,119
F34	4,169	2,037	4,339	2,026	1,698	364	457	66	15,156
F38, F39	344	372	278	208	217	58	75	5	1,557
F40	587	529	409	351	388	27	5	0	2,296
F41	6,378	5,449	6,017	2,823	2,245	755	159	9	23,835
F42	1,550	1,636	1,415	490	632	283	276	17	6,299
F43	20,160	14,314	21,286	14,688	11,234	2,229	1,805	299	86,015
F44	1,210	715	3,753	625	297	367	44	161	7,172
F45, F48	426	381	848	106	264	66	113	11	2,215
F50	9,635	7,645	7,126	2,482	2,067	122	118	0	29,195
F51-F59	2,210	1,894	1,496	377	224	41	261	28	6,531
F60	10,536	8,969	6,378	7,355	2,995	1,890	851	52	39,026
F60-F69	960	525	247	685	784	23	38	23	3,285
F70-F79	1,118	211	7,651	816	245	1,033	12	18	11,104
F80-F89	807	437	940	263	129	103	371	0	3,050
F90	464	589	530	129	130	0	0	2	1,844
F91	1,117	1,127	1,170	1,181	153	58	33	0	4,839
F92-F98	440	643	507	409	114	37	17	0	2,167
F99	97	576	64	119	1	0	5	5	867
G30	9,841	5,870	3,381	8,594	3,102	1,149	105	5	32,047
G47	22	111	29	1	0	0	0	0	163
O99.3	580	352	197	41	65	24	22	0	1,281
R44	19	88	30	31	0	0	1	0	169
R45	22	25	77	8	14	7	13	0	166
	2,539	515	187	123	13	42	2	26	3,447
	20	0	0	0	0	0	0	0	20
	23,243	5,492	23,725	13,907	59,799	3,107	1,090	259	130,622
	51,617	1,272	0	0	0	0	0	87	52,976
Total	744,754	383,741	402,866	225,357	220,685	43,826	21,090	6,252	2,048,571
Age-standardised overnight psychiatric care day rate^(e)	114.80	79.69	114.44	121.45	144.73	94.14	69.00	34.87	106.95
Upper 95% confidence limit	115.06	79.94	114.79	121.95	145.33	95.02	69.93	35.73	107.10
Lower 95% confidence limit	114.54	79.44	114.08	120.94	144.13	93.25	68.07	34.01	106.81

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table A4.5a: Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public acute hospitals								
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	2,958	3,380	2,835	1,165	1,124	269	321	158	12,210
U67Z Personality Disorders and Acute Reactions	1,918	2,439	2,881	1,714	1,012	439	307	104	10,814
U61A Schizophrenia Disorders W Mental Health Legal Status	2,389	3,590	2,999	405	530	29	97	0	10,039
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,883	2,223	1,740	599	433	467	181	203	7,729
U64Z Other Affective and Somatoform Disorders	736	1,076	971	378	215	121	84	36	3,617
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	506	724	468	105	231	117	52	4	2,207
V61B Drug Intoxication and Withdrawal W/O CC	470	388	510	196	110	34	31	56	1,795
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	529	563	346	118	95	4	13	1	1,669
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	332	365	230	150	76	50	60	47	1,310
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	126	615	178	94	91	46	12	4	1,166
V60Z Alcohol Intoxication and Withdrawal	281	187	223	66	46	32	9	29	873
U65Z Anxiety Disorders	139	176	217	76	62	46	26	13	755
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	229	37	311	23	21	38	44	7	710
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	223	39	333	25	29	15	28	14	706
U66Z Eating and Obsessive–Compulsive Disorders	130	192	173	45	107	15	11	3	676
Private hospitals									
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	997	1,890	1,450	1,060	1,140	85	96	n.a.	6,718
U67Z Personality Disorders and Acute Reactions	430	546	742	489	293	111	75	n.a.	2,686
U64Z Other Affective and Somatoform Disorders	187	454	516	207	155	51	42	n.a.	1,612
U61B Schizophrenia Disorders W/O Mental Health Legal Status	355	428	374	102	255	9	12	n.a.	1,535
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	214	491	330	113	207	14	21	n.a.	1,390
V62A Alcohol Use Disorder and Dependence	395	333	111	156	221	52	17	n.a.	1,285
U65Z Anxiety Disorders	165	205	365	112	68	21	6	n.a.	942
U66Z Eating and Obsessive–Compulsive Disorders	148	143	128	69	26	7	5	n.a.	526
V63Z Opioid Use Disorder and Dependence	121	299	17	52	23	3	1	n.a.	516
V64Z Other Drug Use Disorder and Dependence	157	58	36	72	68	10	0	n.a.	401
V60Z Alcohol Intoxication and Withdrawal	127	40	49	66	56	17	2	n.a.	357
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	24	103	39	19	106	3	3	n.a.	297
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	41	78	54	25	52	6	6	n.a.	262
O61Z Postpartum and Post Abortion W/O OR Procedure	55	48	52	13	9	0	2	n.a.	179
V61B Drug Intoxication and Withdrawal W/O CC	14	22	32	47	12	0	3	n.a.	130

(continued)

Table A4.5a (continued): Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public psychiatric hospitals								
U61A Schizophrenia Disorders W Mental Health Legal Status	1,250	116	32	561	674	1	..	..	2,634
U67Z Personality Disorders and Acute Reactions	1,270	36	9	562	571	50	..	..	2,498
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	1,192	33	34	388	563	27	..	..	2,237
U61B Schizophrenia Disorders W/O Mental Health Legal Status	512	71	11	253	162	193	..	..	1,202
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	288	7	4	117	169	0	..	..	585
V61B Drug Intoxication and Withdrawal W/O CC	269	7	2	176	57	9	..	..	520
960Z Ungroupable	407	27	0	0	0	0	..	..	434
U64Z Other Affective and Somatoform Disorders	290	9	11	49	57	12	..	..	428
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	164	0	17	43	143	2	..	..	369
Z64B Other Factors Influencing Health Status Age < 80	338	0	1	7	6	0	..	..	352
V60Z Alcohol Intoxication and Withdrawal	226	0	2	70	47	4	..	..	349
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	135	0	12	17	112	5	..	..	281
V64Z Other Drug Use Disorder and Dependence	110	3	0	103	31	8	..	..	255
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	91	0	2	23	26	8	..	..	150
V62A Alcohol Use Disorder and Dependence	88	0	2	15	22	4	..	..	131
All hospitals									
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	5,147	5,303	4,319	2,613	2,827	381	417	158	21,165
U67Z Personality Disorders and Acute Reactions	3,618	3,021	3,632	2,765	1,876	600	382	104	15,998
U61A Schizophrenia Disorders W Mental Health Legal Status	3,639	3,706	3,102	1,002	1,204	30	97	0	12,780
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2,750	2,722	2,125	954	850	669	193	203	10,466
U64Z Other Affective and Somatoform Disorders	1,213	1,539	1,498	634	427	184	126	36	5,657
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	855	1,215	810	235	550	136	73	4	3,878
V61B Drug Intoxication and Withdrawal W/O CC	753	417	544	419	179	43	34	56	2,445
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	817	571	359	250	264	4	14	1	2,280
V62A Alcohol Use Disorder and Dependence	599	468	246	216	306	71	22	3	1,931
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	314	718	234	156	340	51	15	4	1,832
U65Z Anxiety Disorders	371	383	583	201	152	90	32	13	1,825
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	464	443	286	198	154	64	66	47	1,722
V60Z Alcohol Intoxication and Withdrawal	634	227	274	202	149	53	11	29	1,579
V64Z Other Drug Use Disorder and Dependence	476	217	191	236	121	35	9	15	1,300
U66Z Eating and Obsessive–Compulsive Disorders	301	335	301	117	147	25	16	3	1,245

(a) Separations with acute and non-specified care type only.

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

.. not applicable.

n.a. not available.

Table A4.5b: Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW		Vic	Qld	Public acute hospitals			Tas	ACT	NT	Australia
	WA	SA			WA	SA	SA				
U65Z Anxiety Disorders	2,691	3,492	1,252	475	736	87	9	8	8,750		
V60Z Alcohol Intoxication and Withdrawal	2,245	1,057	920	784	504	68	41	74	5,693		
U64Z Other Affective and Somatoform Disorders	1,754	1,157	688	846	896	124	18	19	5,502		
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1,803	952	675	481	662	103	31	22	4,729		
V62A Alcohol Use Disorder and Dependence	1,839	570	1,087	372	178	30	0	3	4,079		
U67Z Personality Disorders and Acute Reactions	857	1,413	541	511	453	226	3	15	4,019		
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	963	704	349	621	658	113	9	12	3,429		
V63Z Opioid Use Disorder and Dependence	1,715	202	453	273	31	5	0	2	2,681		
U61B Schizophrenia Disorders W/O Mental Health Legal Status	741	287	234	279	283	174	2	9	2,009		
B64Z Delirium	830	651	179	134	138	53	6	6	1,997		
V64Z Other Drug Use Disorder and Dependence	618	189	281	204	70	14	3	1	1,380		
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	371	232	137	119	156	24	4	10	1,053		
V61B Drug Intoxication and Withdrawal W/O CC	450	171	130	154	77	19	2	3	1,006		
U66Z Eating and Obsessive–Compulsive Disorders	271	298	98	42	66	40	8	2	825		
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	276	186	83	76	141	37	0	2	801		
Private hospitals											
U65Z Anxiety Disorders	260	1,312	449	324	195	176	1	n.a.	2,717		
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	249	340	489	153	217	59	10	n.a.	1,517		
U64Z Other Affective and Somatoform Disorders	243	298	394	207	142	134	5	n.a.	1,423		
U67Z Personality Disorders and Acute Reactions	470	147	386	72	29	84	2	n.a.	1,190		
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	337	110	377	78	68	148	0	n.a.	1,118		
V62A Alcohol Use Disorder and Dependence	115	451	472	20	17	16	1	n.a.	1,092		
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	103	67	168	29	37	32	2	n.a.	438		
V63Z Opioid Use Disorder and Dependence	210	88	73	22	27	2	0	n.a.	422		
B64Z Delirium	105	152	65	19	45	15	4	n.a.	405		
V60Z Alcohol Intoxication and Withdrawal	55	44	84	56	22	14	1	n.a.	276		
V64Z Other Drug Use Disorder and Dependence	37	72	106	15	4	2	1	n.a.	237		
U61B Schizophrenia Disorders W/O Mental Health Legal Status	81	48	53	11	4	15	0	n.a.	212		
O61Z Postpartum and Post Abortion W/O OR Procedure	19	43	29	79	8	4	0	n.a.	182		
U66Z Eating and Obsessive–Compulsive Disorders	23	24	62	10	21	8	1	n.a.	149		
O65A Other Antenatal Admission W Severe Complicating Diagnosis	22	18	23	23	4	8	2	n.a.	100		

(continued)

Table A4.5b (continued): Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	All hospitals								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
U65Z Anxiety Disorders	2,951	4,804	1,701	799	931	263	10	8	11,467
U64Z Other Affective and Somatoform Disorders	1,997	1,455	1,082	1,053	1,038	258	23	19	6,925
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,052	1,292	1,164	634	879	162	41	22	6,246
V60Z Alcohol Intoxication and Withdrawal	2,302	1,101	1,004	840	526	82	42	74	5,971
V62A Alcohol Use Disorder and Dependence	2,138	1,021	1,559	392	195	46	1	3	5,355
U67Z Personality Disorders and Acute Reactions	1,328	1,560	927	583	482	310	5	15	5,210
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	1,300	814	726	699	726	261	9	12	4,547
V63Z Opioid Use Disorder and Dependence	2,245	290	526	295	58	7	0	2	3,423
B64Z Delirium	935	803	244	153	183	68	10	6	2,402
U61B Schizophrenia Disorders W/O Mental Health Legal Status	824	335	287	290	287	189	2	9	2,223
V64Z Other Drug Use Disorder and Dependence	692	261	387	219	74	16	4	1	1,654
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	379	253	251	105	178	69	2	2	1,239
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	386	245	161	132	166	30	5	10	1,135
V61B Drug Intoxication and Withdrawal W/O CC	465	175	154	170	81	21	2	3	1,071
U66Z Eating and Obsessive–Compulsive Disorders	294	322	160	52	87	48	9	2	974

(a) Separations with acute and non-specified care type only.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

.. not applicable.

n.a. not available.

Table A4.6a: Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, ^(b) 2000–01

AR-DRG	description	Public acute							NT	Australia
		NSW	Vic	Qld	WA	SA	Tas	ACT		
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	15.9	15.0	13.7	15.0	15.6	11.2	15.8	10.2	14.9
U67Z	Personality Disorders and Acute Reactions	6.2	6.7	5.1	6.7	7.5	3.8	5.6	3.7	6.1
U61A	Schizophrenia Disorders W Mental Health Legal Status	21.7	20.9	20.5	27.9	18.5	22.6	22.8	n.p.	21.1
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	17.6	17.0	11.3	15.3	15.5	11.9	12.8	11.5	15.1
U64Z	Other Affective and Somatoform Disorders	8.8	11.8	8.6	9.1	10.4	7.6	6.6	5.0	9.6
U63A	Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	26.1	26.4	25.5	28.0	29.8	10.5	17.4	n.p.	25.5
V61B	Drug Intoxication and Withdrawal W/O CC	7.0	7.9	6.6	7.4	6.1	5.8	6.3	7.0	7.0
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.1	15.5	12.1	17.1	12.5	n.p.	12.4	n.p.	13.6
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	13.1	13.1	8.2	11.8	12.4	10.1	8.5	5.9	11.5
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	20.5	32.3	21.4	26.7	42.1	78.7	18.9	n.p.	31.3
V60Z	Alcohol Intoxication and Withdrawal	4.5	11.6	3.3	7.0	12.2	8.4	n.p.	3.7	6.4
U65Z	Anxiety Disorders	9.7	8.7	8.3	11.3	13.8	9.0	9.0	13.8	9.6
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	4.5	4.4	4.7	2.8	6.6	5.3	6.1	n.p.	4.7
X62A	Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	8.4	9.7	8.8	8.9	16.9	7.6	13.6	8.5	9.2
U66Z	Eating and Obsessive–Compulsive Disorders	30.4	27.1	23.8	22.1	19.9	12.3	22.7	n.p.	24.9
All AR-DRGs		14.4	15.9	12.3	12.7	14.7	10.7	11.7	8.3	13.9
Private										
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	19.6	18.2	18.6	15.3	17.1	16.3	18.5	n.a.	17.8
U67Z	Personality Disorders and Acute Reactions	14.2	13.8	16.4	11.9	12.3	12.5	14.4	n.a.	14.0
U64Z	Other Affective and Somatoform Disorders	19.0	17.3	15.8	14.7	16.9	15.0	17.3	n.a.	16.6
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	18.7	16.5	22.0	14.4	14.6	n.p.	14.9	n.a.	17.8
U63A	Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	30.2	20.1	22.0	21.5	24.4	24.6	27.2	n.a.	23.0
V62A	Alcohol Use Disorder and Dependence	16.5	14.3	13.8	12.3	14.4	13.9	13.9	n.a.	14.7
U65Z	Anxiety Disorders	18.8	15.7	16.4	16.8	15.1	18.0	n.p.	n.a.	16.6
U66Z	Eating and Obsessive–Compulsive Disorders	24.8	31.0	32.5	26.7	20.5	n.p.	n.p.	n.a.	28.3
V63Z	Opioid Use Disorder and Dependence	9.0	4.3	13.1	18.0	9.4	n.p.	n.p.	n.a.	7.4
V64Z	Other Drug Use Disorder and Dependence	17.3	11.7	19.6	17.6	14.9	13.3	n.p.	n.a.	16.2
V60Z	Alcohol Intoxication and Withdrawal	12.7	10.3	12.0	10.6	12.0	17.7	n.p.	n.a.	12.1
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	20.8	25.5	21.6	23.0	21.4	n.p.	n.p.	n.a.	23.0
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	13.6	15.6	19.2	12.6	9.4	n.p.	n.p.	n.a.	15.0
O61Z	Postpartum and Post Abortion W/O OR Procedure	27.9	18.1	19.8	8.6	n.p.	n.p.	n.p.	n.a.	20.3
V61B	Drug Intoxication and Withdrawal W/O CC	13.9	16.8	13.8	8.9	11.3	n.p.	n.p.	n.a.	12.2
All AR-DRGs		18.5	16.9	18.5	15.0	16.4	15.6	17.3	n.a.	17.2

(continued)

Table A4.6a (continued): Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	Public psychiatric							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U61A Schizophrenia Disorders W Mental Health Legal Status	30.2	73.7	25.8	38.0	22.3	n.p.	..	..	31.7
U67Z Personality Disorders and Acute Reactions	5.7	27.5	n.p.	10.1	6.7	11.6	..	..	7.4
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	16.5	35.0	21.9	23.2	16.5	6.3	..	..	17.9
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17.8	23.6	14.2	25.2	24.3	26.6	..	..	22.0
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	13.5	n.p.	n.p.	20.5	11.9	n.p.	..	..	15.1
V61B Drug Intoxication and Withdrawal W/O CC	7.7	n.p.	n.p.	9.3	7.5	n.p.	..	..	9.4
960Z Ungroupable	22.4	26.0	n.p.	n.p.	n.p.	n.p.	..	..	22.7
U64Z Other Affective and Somatoform Disorders	9.6	n.p.	35.9	13.1	10.8	19.2	..	..	11.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	76.2	n.p.	76.0	30.9	51.5	n.p.	..	..	61.6
Z64B Other Factors Influencing Health Status Age < 80	4.2	n.p.	n.p.	n.p.	n.p.	n.p.	..	..	4.2
V60Z Alcohol Intoxication and Withdrawal	7.5	n.p.	n.p.	14.1	12.6	n.p.	..	..	10.8
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	23.5	n.p.	27.3	29.7	39.7	n.p.	..	..	30.2
V64Z Other Drug Use Disorder and Dependence	5.8	n.p.	n.p.	6.6	6.7	n.p.	..	..	6.4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9.5	n.p.	n.p.	22.7	10.7	n.p.	..	..	14.1
V62A Alcohol Use Disorder and Dependence	13.0	n.p.	n.p.	6.6	8.2	n.p.	..	..	11.8
All AR-DRGs	17.0	45.9	30.2	21.4	18.1	25.0	..	..	19.1
All hospitals									
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	16.8	16.3	15.4	16.4	16.4	12.0	16.4	10.2	16.1
U67Z Personality Disorders and Acute Reactions	7.0	8.2	7.4	8.3	8.0	6.0	7.4	3.7	7.6
U61A Schizophrenia Disorders W Mental Health Legal Status	24.6	22.5	20.7	33.6	20.7	25.8	22.8	n.p.	23.4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17.8	17.1	13.2	17.8	16.9	16.2	12.9	11.5	16.3
U64Z Other Affective and Somatoform Disorders	10.5	13.5	11.3	11.3	12.8	10.4	10.1	5.0	11.8
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	26.7	23.9	24.1	25.0	29.7	11.8	20.2	n.p.	25.0
V61B Drug Intoxication and Withdrawal W/O CC	7.4	8.9	7.6	8.4	6.9	6.7	6.4	7.0	7.8
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.6	16.2	12.3	18.9	12.1	n.p.	11.9	n.p.	14.1
V62A Alcohol Use Disorder and Dependence	13.8	12.8	8.8	11.2	13.4	16.8	12.1	n.p.	12.6
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	49.0	31.3	23.4	27.3	39.6	80.7	21.5	n.p.	35.8
U65Z Anxiety Disorders	14.0	12.5	13.4	14.2	14.4	11.4	8.9	13.8	13.3
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12.5	13.5	11.4	13.2	11.1	12.2	10.4	5.9	12.2
V60Z Alcohol Intoxication and Withdrawal	7.2	11.3	4.9	10.7	12.3	19.2	9.4	3.7	8.7
V64Z Other Drug Use Disorder and Dependence	9.3	6.9	7.3	9.4	10.8	6.4	n.p.	4.2	8.6
U66Z Eating and Obsessive–Compulsive Disorders	27.0	28.8	27.5	25.0	19.1	17.0	19.5	n.p.	26.1
All AR-DRGs	15.7	16.5	13.8	15.3	16.1	13.5	12.7	8.3	15.3

(a) Separations for which the care was acute, or was not reported and the length of stay was less than 366 days.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

.. not applicable.

n.a. not available.

n.p. not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.6b: Average length of stay (days) for overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	Public acute						NT	Australia	
	NSW	Vic	Qld	WA	SA	Tas			ACT
U65Z Anxiety Disorders	4.3	3.1	3.5	4.4	3.8	5.3	n.p.	n.p.	3.7
V60Z Alcohol Intoxication and Withdrawal	2.9	2.2	2.7	3.0	3.4	2.9	3.1	2.7	2.8
U64Z Other Affective and Somatoform Disorders	5.2	4.7	4.8	5.3	5.6	8.3	9.6	3.1	5.2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13.5	15.0	13.8	20.6	18.4	22.1	14.6	19.9	15.5
V62A Alcohol Use Disorder and Dependence	4.9	5.1	4.7	5.9	5.8	6.4	n.p.	n.p.	5.0
U67Z Personality Disorders and Acute Reactions	4.0	2.9	3.1	3.8	4.3	4.1	n.p.	2.5	3.5
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	6.0	4.1	4.2	5.2	5.8	11.1	n.p.	3.7	5.4
V63Z Opioid Use Disorder and Dependence	4.3	4.9	4.2	4.7	4.4	n.p.	n.p.	n.p.	4.3
U61B Schizophrenia Disorders W/O Mental Health Legal Status	7.0	3.0	3.8	4.9	4.4	13.2	n.p.	n.p.	5.9
B64Z Delirium	11.8	11.0	10.5	12.5	15.8	9.8	n.p.	n.p.	11.6
V64Z Other Drug Use Disorder and Dependence	4.9	4.2	4.5	4.8	4.3	3.8	n.p.	n.p.	4.6
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	4.8	3.2	4.5	3.5	3.1	10.6	n.p.	1.8	4.1
V61B Drug Intoxication and Withdrawal W/O CC	3.1	2.4	2.8	2.6	3.0	4.8	n.p.	n.p.	2.9
U66Z Eating and Obsessive–Compulsive Disorders	21.0	11.2	12.6	17.4	15.9	26.9	n.p.	n.p.	16.2
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	14.9	9.2	14.0	12.2	14.0	15.2	n.p.	n.p.	13.1
All AR-DRGs	6.1	5.1	5.1	6.3	7.0	9.8	8.2	4.6	5.9
	Private								
U65Z Anxiety Disorders	5.2	4.8	5.7	4.8	3.5	4.5	n.p.	n.a.	4.9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	18.9	15.2	15.3	16.8	11.8	23.2	24.1	n.a.	15.9
U64Z Other Affective and Somatoform Disorders	12.8	11.5	10.7	8.8	8.1	11.0	n.p.	n.a.	10.7
U67Z Personality Disorders and Acute Reactions	17.9	9.6	14.8	4.9	5.7	7.4	n.p.	n.a.	14.0
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	21.5	13.7	14.5	6.6	7.9	14.3	n.p.	n.a.	15.5
V62A Alcohol Use Disorder and Dependence	14.8	12.4	11.5	7.6	4.1	10.5	n.p.	n.a.	12.0
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	20.2	16.6	22.0	16.2	14.0	26.9	n.p.	n.a.	20.0
V63Z Opioid Use Disorder and Dependence	2.5	9.9	10.2	4.7	4.2	n.p.	n.p.	n.a.	5.7
B64Z Delirium	12.1	12.4	10.5	15.8	10.6	16.0	n.p.	n.a.	12.1
V60Z Alcohol Intoxication and Withdrawal	9.5	4.8	6.9	3.8	3.7	6.3	n.p.	n.a.	6.2
V64Z Other Drug Use Disorder and Dependence	16.3	16.0	15.0	3.3	n.p.	n.p.	n.p.	n.a.	14.4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17.1	17.5	18.0	4.2	n.p.	8.6	n.p.	n.a.	16.1
O61Z Postpartum and Post Abortion W/O OR Procedure	8.3	6.7	9.9	5.5	n.p.	n.p.	n.p.	n.a.	6.7
U66Z Eating and Obsessive–Compulsive Disorders	11.9	15.9	16.1	5.5	29.8	n.p.	n.p.	n.a.	16.8
O65A Other Antenatal Admission W Severe Complicating Diagnosis	3.9	2.6	2.7	2.9	n.p.	n.p.	n.p.	n.a.	3.0
All AR-DRGs	13.9	9.4	12.4	7.7	8.4	11.1	16.7	n.a.	11.1

(continued)

Table A4.6b (continued): Average length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	All hospitals							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U65Z Anxiety Disorders	4.4	3.6	4.1	4.5	3.8	4.8	7.2	n.p.	4.0
U64Z Other Affective and Somatoform Disorders	6.1	6.1	6.9	6.0	5.9	9.7	11.0	3.1	6.3
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.1	15.0	14.4	19.7	16.8	22.5	16.9	19.9	15.6
V60Z Alcohol Intoxication and Withdrawal	3.1	2.3	3.0	3.0	3.4	3.4	3.1	2.7	3.0
V62A Alcohol Use Disorder and Dependence	5.5	8.3	6.8	6.0	5.7	7.8	n.p.	n.p.	6.5
U67Z Personality Disorders and Acute Reactions	8.9	3.5	8.0	3.9	4.4	5.0	n.p.	2.5	5.9
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	10.0	5.4	9.5	5.3	6.0	12.9	n.p.	3.7	7.9
V63Z Opioid Use Disorder and Dependence	4.0	6.4	5.1	4.7	4.3	n.p.	n.p.	n.p.	4.4
B64Z Delirium	11.8	11.3	10.5	12.9	14.5	11.1	8.8	n.p.	11.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8.1	5.1	6.5	4.9	4.5	12.8	n.p.	n.p.	6.9
V64Z Other Drug Use Disorder and Dependence	5.5	7.4	7.4	4.7	4.2	4.1	n.p.	n.p.	6.1
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	16.4	11.1	19.3	13.3	14.0	20.6	n.p.	n.p.	15.5
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	5.1	3.7	5.9	3.8	3.2	10.1	n.p.	1.8	4.6
V61B Drug Intoxication and Withdrawal W/O CC	3.1	2.5	4.0	2.6	3.0	4.7	n.p.	n.p.	3.1
U66Z Eating and Obsessive–Compulsive Disorders	20.3	11.6	13.9	15.1	19.3	24.0	n.p.	n.p.	16.3
All AR-DRGs	7.0	6.0	7.3	6.5	7.2	10.3	9.7	4.6	6.9

(a) Separations for which the care type was acute, or was not reported and the length of stay was less than 366 days.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic, n.a. not available.

n.p. not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.7a: Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, ^(b) 2000–01

AR-DRG description	Public acute							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	11		10	9	11	12	8	10	7
U67Z Personality Disorders and Acute Reactions	3		3	3	4	5	2	3	2
U61A Schizophrenia Disorders W Mental Health Legal Status	15		13	13	17	14	7	14	n.p.
U61B Schizophrenia Disorders W/O Mental Health Legal Status	10		10	6	10	11	7	8	7
U64Z Other Affective and Somatoform Disorders	5		6	5	6	6	4	5	4
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	20		20	18	22	22	6	15	n.p.
V61B Drug Intoxication and Withdrawal W/O CC	4		5	4	5	4	4	6	6
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8		9	8	12	10	n.p.	10	n.p.
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9		9	6	9	9	5	6	5
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13		22	13	14	32	28	15	n.p.
V60Z Alcohol Intoxication and Withdrawal	2		4	1	3	7	3	n.p.	2
U65Z Anxiety Disorders	4		6	4	8	10	5	3	5
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	2		3	3	2	6	2	4	n.p.
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	5		5	5	5	11	4	10	8
U66Z Eating and Obsessive–Compulsive Disorders	15		14	10	11	14	8	12	n.p.
All AR-DRGs	8		9	6	7	9	4	7	5
	Private								
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	16		14	13	12	14	13	14	n.a.
U67Z Personality Disorders and Acute Reactions	9		9	10	8	8	9	11	n.a.
U64Z Other Affective and Somatoform Disorders	15		14	11	12	14	13	14	n.a.
U61B Schizophrenia Disorders W/O Mental Health Legal Status	14		12	14	10	11	n.p.	10	n.a.
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	25		17	15	16	24	23	19	n.a.
V62A Alcohol Use Disorder and Dependence	14		11	9	11	12	9	13	n.a.
U65Z Anxiety Disorders	16		13	9	9	13	14	n.p.	n.a.
U66Z Eating and Obsessive–Compulsive Disorders	22		23	24	21	16	n.p.	n.p.	n.a.
V63Z Opioid Use Disorder and Dependence	6		2	11	11	7	n.p.	n.p.	n.a.
V64Z Other Drug Use Disorder and Dependence	14		9	11	10	10	15	n.p.	n.a.
V60Z Alcohol Intoxication and Withdrawal	12		7	7	8	8	11	n.p.	n.a.
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14		20	17	15	22	n.p.	n.p.	n.a.
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	10		13	7	7	6	n.p.	n.p.	n.a.
O61Z Postpartum and Post Abortion W/O OR Procedure	29		14	17	8	n.p.	n.p.	n.p.	n.a.
V61B Drug Intoxication and Withdrawal W/O CC	11		8	11	5	9	n.p.	n.p.	n.a.
All AR-DRGs	14		12	12	11	14	13	13	n.a.

(continued)

Table A4.7a (continued): Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW						Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public psychiatric													
U61A Schizophrenia Disorders W Mental Health Legal Status	18	49	20	24	14	n.p.	14	n.p.	19	..	..	..	..	19
U67Z Personality Disorders and Acute Reactions	3	17	n.p.	6	3	4	3	5	4	..	..	..	..	4
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	11	23	7	17	12	2	12	2	13	..	..	..	..	13
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	16	12	12	14	7	14	7	9	..	..	..	..	9
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	n.p.	n.p.	15	6	n.p.	6	n.p.	8	..	..	..	..	8
V61B Drug Intoxication and Withdrawal W/O CC	4	n.p.	n.p.	6	4	n.p.	4	n.p.	5	..	..	..	..	5
960Z Ungroupable	7	12	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	8	..	..	..	..	8
U64Z Other Affective and Somatoform Disorders	5	n.p.	7	11	5	16	5	16	7	..	..	..	..	7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	47	n.p.	419	23	33	n.p.	33	n.p.	36	..	..	..	..	36
Z64B Other Factors Influencing Health Status Age < 80	4	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	4	..	..	..	..	4
V60Z Alcohol Intoxication and Withdrawal	2	n.p.	n.p.	5	3	n.p.	3	n.p.	2	..	..	..	..	2
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	21	n.p.	31	20	27	n.p.	27	n.p.	23	..	..	..	..	23
V62B Paranoia & Acute Psych Disorder and Dependence	3	n.p.	n.p.	5	4	n.p.	4	n.p.	4	..	..	..	..	4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	6	n.p.	n.p.	15	6	n.p.	6	n.p.	8	..	..	..	..	8
V62A Alcohol Use Disorder and Dependence	4	n.p.	n.p.	6	3	n.p.	3	n.p.	4	..	..	..	..	4
All AR-DRGs	6	26	16	11	8	7	8	7	8	..	..	..	..	8
All hospitals														
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	12	12	10	12	13	9	13	9	11	12	3	12	7	11
U67Z Personality Disorders and Acute Reactions	4	4	4	5	4	3	4	3	4	3	3	3	2	4
U61A Schizophrenia Disorders W Mental Health Legal Status	16	13	13	21	14	8	14	8	14	14	8	14	n.p.	14
U61B Schizophrenia Disorders W/O Mental Health Legal Status	10	11	7	10	11	7	11	7	9	8	7	8	7	9
U64Z Other Affective and Somatoform Disorders	6	7	6	8	8	7	8	7	7	7	7	7	4	7
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	21	18	16	18	24	8	24	8	19	16	8	16	n.p.	19
V61B Drug Intoxication and Withdrawal W/O CC	4	6	4	6	4	4	4	4	5	6	4	6	6	5
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	10	8	14	7	n.p.	7	n.p.	9	10	7	10	n.p.	9
V62A Alcohol Use Disorder and Dependence	8	9	5	9	10	7	10	7	8	11	7	11	n.p.	8
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	20	21	15	16	28	28	28	28	21	20	20	20	n.p.	21
U65Z Anxiety Disorders	9	8	7	8	11	7	11	7	8	4	4	4	5	8
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9	9	6	9	7	7	7	7	8	7	7	7	5	8
V60Z Alcohol Intoxication and Withdrawal	3	4	2	5	6	4	6	4	3	4	4	4	2	3
V64Z Other Drug Use Disorder and Dependence	4	4	3	5	7	3	7	3	4	n.p.	3	n.p.	2	4
U66Z Eating and Obsessive–Compulsive Disorders	18	18	15	17	14	13	14	13	15	10	13	10	n.p.	15
All AR-DRGs	8	10	7	9	10	6	10	6	8	8	5	8	5	8

(a) Separations for which the care type was acute, or was not reported.

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

.. not applicable.

n.a. not available.

n.p. not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.7b: Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	Public acute						NT Australia		
	NSW	Vic	Qld	WA	SA	Tas		ACT	
U65Z Anxiety Disorders	4	3	3	2	3	3	n.p.	n.p.	3
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	1	1	1	2
U64Z Other Affective and Somatoform Disorders	3	3	3	3	4	5	9	9	2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10	10	9	13	12	12	11	11	9
V62A Alcohol Use Disorder and Dependence	4	4	4	6	4	5	n.p.	n.p.	4
U67Z Personality Disorders and Acute Reactions	2	2	2	2	2	3	n.p.	n.p.	2
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	3	2	3	4	4	4	8	n.p.	2
V63Z Opioid Use Disorder and Dependence	3	4	4	4	4	n.p.	n.p.	n.p.	3
B64Z Delirium	2	1	2	2	2	7	n.p.	n.p.	2
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	7	6	8	10	7	n.p.	n.p.	8
Z61Z Signs and Symptoms	4	4	4	3	3	3	n.p.	n.p.	4
V64Z Other Drug Use Disorder and Dependence	2	1	1	2	2	9	n.p.	n.p.	1
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	1	1	2	1	2	4	n.p.	n.p.	1
V61B Drug Intoxication and Withdrawal W/O CC	9	5	4	10	3	18	n.p.	n.p.	6
U66Z Eating and Obsessive–Compulsive Disorders	9	5	9	10	10	11	n.p.	n.p.	8
All AR-DRGs	4	3	3	3	3	5	4	4	2
	Private								
U65Z Anxiety Disorders	1	5	3	4	1	2	n.p.	n.p.	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14	10	11	12	10	17	20	20	11
U64Z Other Affective and Somatoform Disorders	8	8	7	7	6	7	n.p.	n.p.	7
U67Z Personality Disorders and Acute Reactions	16	7	11	4	3	5	n.p.	n.p.	10
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	18	9	10	6	7	10	n.p.	n.p.	11
V62A Alcohol Use Disorder and Dependence	18	9	9	6	3	9	n.p.	n.p.	9
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	16	13	16	11	11	20	n.p.	n.p.	15
V63Z Opioid Use Disorder and Dependence	1	6	7	5	4	n.p.	n.p.	n.p.	1
B64Z Delirium	9	9	8	10	10	12	n.p.	n.p.	9
Z61Z Signs and Symptoms	5	3	4	1	2	3	n.p.	n.p.	3
V60Z Alcohol Intoxication and Withdrawal	17	13	14	1	n.p.	n.p.	n.p.	n.p.	12
V64Z Other Drug Use Disorder and Dependence	14	12	12	2	n.p.	7	n.p.	n.p.	12
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	5	4	4	n.p.	n.p.	n.p.	n.p.	5
O61Z Postpartum and Post Abortion W/O OR Procedure	5	7	6	5	31	n.p.	n.p.	n.p.	7
U66Z Eating and Obsessive–Compulsive Disorders	2	2	2	2	n.p.	n.p.	n.p.	n.p.	2
All AR-DRGs	9	5	8	4	6	7	10	10	7

(continued)

Table A4.7b (continued): Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG Description	All hospitals							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U65Z Anxiety Disorders	4	4	3	3	3	2	4	n.p.	4
U64Z Other Affective and Somatoform Disorders	4	4	4	4	4	6	12	2	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10	10	10	13	11	14	12	9	10
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	2	2	2	1
V62A Alcohol Use Disorder and Dependence	4	6	5	6	4	5	n.p.	n.p.	5
U67Z Personality Disorders and Acute Reactions	4	2	3	2	2	3	n.p.	2	3
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	5	3	5	4	4	9	n.p.	2	4
V63Z Opioid Use Disorder and Dependence	2	4	4	4	4	n.p.	n.p.	n.p.	3
B64Z Delirium	8	7	7	8	10	8	7	n.p.	8
U61B Schizophrenia Disorders W/O Mental Health Legal Status	3	1	2	2	2	7	n.p.	n.p.	3
V64Z Other Drug Use Disorder and Dependence	4	4	4	3	3	3	n.p.	n.p.	4
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	11	6	14	10	10	14	n.p.	n.p.	11
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	2	1	2	2	2	8	n.p.	1	2
V61B Drug Intoxication and Withdrawal W/O CC	1	1	2	1	2	4	n.p.	n.p.	2
U66Z Eating and Obsessive–Compulsive Disorders	8	6	5	9	8	14	n.p.	n.p.	6
All AR-DRGs	4	4	4	4	4	5	5	2	4

(a) Separations for which the care type was acute, or was not reported.

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

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

.. not applicable.

n.a. not available.

n.p. not published: based on less than 10 separations. Data for private hospitals in the Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A4.8a: The 15 most frequently reported procedures for same day separations with specialised psychiatric care, States and Territories, (a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy [ECT] ≤ 8 treatments	1,260	915	2,537	206	331	253	38	0	5,540
96099–00 Psychotherapy	1,528	0	23	3,375	77	0	0	0	5,003
96001–00 Psychological skills training	2,839	0	0	21	0	0	0	0	2,860
92502–00 Intravenous general anaesthesia	649	388	1,430	120	84	152	0	0	2,823
96090–00 Other counselling or education	2,302	0	0	0	0	0	0	0	2,302
96174–00 Other psychological therapies	2,073	0	5	0	0	0	0	0	2,078
92502–02 Intravenous and inhalational general anaesthesia	400	409	721	100	235	53	38	0	1,956
96101–00 Cognitive behaviour therapy	0	0	1,315	0	0	0	0	0	1,315
96073–00 Substance addiction counselling or education	460	0	0	1	0	0	0	0	461
92002–00 Alcohol rehabilitation	205	0	155	0	0	0	0	0	360
95550–10 Allied health intervention, psychology	224	36	34	0	0	0	0	0	294
93300–00 Psychiatric assessment	9	0	2	2	224	0	0	0	237
92004–00 Alcohol rehabilitation and detoxification	53	3	173	0	0	0	0	0	229
95550–09 Allied health intervention, pharmacy	169	0	0	0	0	0	0	0	169
95550–02 Allied health intervention, occupational therapy	14	18	131	0	4	0	0	0	167

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

Table A4.8b: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, States and Territories, (a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy [ECT] ≤ 8 treatments	369	2,909	22	15	128	278	0	0	3,721
92502–02 Intravenous and inhalational general anaesthesia	281	1,459	52	8	86	117	2	1	2,006
96174–00 Other psychological therapies	1,905	0	0	0	0	0	0	0	1,905
92502–00 Intravenous general anaesthesia	180	983	6	19	32	139	0	0	1,359
96001–00 Psychological skills training	0	0	1,333	24	0	0	0	0	1,357
92002–00 Alcohol rehabilitation	2	321	967	0	0	0	0	0	1,290
96101–00 Cognitive behaviour therapy	0	0	1,129	0	0	0	0	0	1,129
96075–00 Self-care/self-maintenance counselling or education	0	0	0	958	0	0	0	0	958
96099–00 Psychotherapy	0	917	34	0	1	0	0	0	952
96067–00 Nutritional/dietary counselling or education	0	0	8	855	0	0	0	0	863
92006–00 Drug detoxification	412	67	28	12	2	0	0	0	521
95550–01 Allied health intervention, social work	227	70	59	107	12	1	1	0	477
56001–00 Computerised tomography of brain	154	121	67	26	29	0	0	2	399
93300–00 Psychiatric assessment	10	3	143	56	132	0	0	0	344
92503–00 Intravenous sedation, anaesthetist controlled	64	123	36	25	18	6	0	2	274

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

Table A4.9a: The 15 most frequently reported procedures for overnight separations with specialised psychiatric care, States and Territories,^(a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	5,333	3,124	1,680	2,831	2,792	61	293	3	16,117
92502–02 Intravenous and inhalational general anaesthesia	2,592	4,180	1,166	999	1,959	64	374	2	11,336
95550–02 Allied health intervention, occupational therapy	3,201	2,908	841	2,185	920	3	196	0	10,254
92502–00 Intravenous general anaesthesia	3,246	2,232	3,395	630	442	274	1	1	10,221
93340–00 Electroconvulsive therapy [ECT] ≤ 8 treatments	1,036	1,428	1,106	317	367	156	80	7	4,497
56001–00 Computerised tomography of brain	1,081	584	879	552	609	58	86	75	3,924
95550–10 Allied health intervention, psychology	1,400	780	825	685	50	3	175	0	3,918
93300–00 Psychiatric assessment	200	0	38	15	2,722	0	0	0	2,975
95550–00 Allied health intervention, dietetics	705	414	628	540	364	2	209	5	2,867
95550–03 Allied health intervention, physiotherapy	583	501	519	511	505	10	68	5	2,702
93340–01 Electroconvulsive therapy [ECT] > 8 treatments	472	325	354	93	355	12	11	1	1,623
92003–00 Alcohol detoxification	375	104	95	107	278	1	9	0	969
96090–00 Other counselling or education	942	0	1	12	0	0	0	0	955
96001–00 Psychological skills training	894	0	0	27	2	0	0	0	923
96174–00 Other psychological therapies	845	0	0	23	0	0	0	0	868

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

Table A4.9b: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, States and Territories,^(a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	2,981	2,277	1,312	965	1,016	131	63	18	8,763
95550–03 Allied health intervention, physiotherapy	2,132	2,146	856	671	652	143	47	13	6,660
95550–02 Allied health intervention, occupational therapy	1,430	1,386	410	416	309	73	24	13	4,061
56001–00 Computerised tomography of brain	1,243	1,117	547	324	510	92	42	19	3,894
92006–00 Drug detoxification	2,363	375	666	367	78	1	0	2	3,852
92003–00 Alcohol detoxification	1,419	496	927	370	160	28	1	0	3,401
95550–00 Allied health intervention, dietetics	998	1,192	377	186	200	60	30	15	3,058
95550–05 Allied health intervention, speech pathology	483	536	243	75	99	16	12	1	1,465
95550–10 Allied health intervention, psychology	580	277	277	92	100	30	23	2	1,381
95550–09 Allied health intervention, pharmacy	649	235	45	65	180	59	6	0	1,239
93300–00 Psychiatric assessment	65	18	575	131	235	0	0	0	1,024
92502–02 Intravenous and inhalational general anaesthesia	299	372	141	26	43	129	2	1	1,013
95550–11 Allied health intervention, other	621	80	105	41	75	2	1	1	926
92502–00 Intravenous general anaesthesia	463	74	99	6	13	185	0	0	840
96099–00 Psychotherapy	441	12	338	10	10	2	0	0	813

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

Appendix 5: Population estimates

Table A5.1: Estimated resident population by age group and metropolitan, rural and remote region, States and Territories, 30 June 2000

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Metropolitan								
0-4	327,536	227,069	138,624	87,602	65,400	11,914	20,768	7,503	886,416
5-9	325,456	236,283	144,888	91,523	68,188	13,199	21,498	6,999	908,034
10-14	317,796	231,331	142,458	96,970	69,650	14,198	21,731	6,526	900,660
15-19	333,276	243,925	157,926	104,759	75,489	14,971	24,250	6,723	961,319
20-24	365,044	283,445	168,283	109,339	78,346	13,423	27,399	7,482	1,052,761
25-29	410,694	307,115	174,498	109,044	80,881	12,968	26,111	9,410	1,130,721
30-34	383,002	292,205	158,222	101,388	78,512	12,765	23,998	8,636	1,058,728
35-39	392,208	287,621	162,843	107,534	83,220	14,553	24,426	8,146	1,080,551
40-44	368,722	270,816	156,876	106,944	82,223	15,081	24,036	6,967	1,031,665
45-49	338,753	248,314	149,277	102,359	78,273	14,261	23,435	6,522	961,194
50-54	315,966	232,115	140,507	92,583	74,219	12,853	21,916	5,559	895,718
55-59	240,866	176,739	104,138	67,589	56,045	9,855	14,685	3,751	673,668
60-64	192,464	144,835	79,156	52,971	46,259	7,901	10,429	2,195	536,210
65-69	166,483	126,017	66,049	44,298	41,862	7,243	8,115	1,447	461,514
70-74	156,429	116,308	62,316	39,623	41,982	6,802	6,797	1,020	431,277
75-79	130,438	94,899	52,264	31,510	36,025	5,757	5,584	593	357,070
80-84	78,834	56,325	32,409	18,594	21,509	3,615	3,089	271	214,646
85+	63,863	48,593	26,093	16,497	18,019	2,869	2,254	261	178,449
Total	4,907,830	3,623,955	2,116,827	1,381,127	1,096,102	194,228	310,521	90,011	13,720,601
	Rural								
0-4	99,280	74,918	85,389	22,873	24,805	18,523	17	1,383	327,188
5-9	114,900	86,808	95,313	25,366	27,960	20,316	34	1,436	372,133
10-14	118,385	88,202	97,190	27,038	28,478	20,004	19	1,245	380,561
15-19	108,337	82,006	92,487	22,745	25,002	19,615	12	1,173	351,377
20-24	79,261	61,971	74,222	17,482	18,499	15,968	21	1,269	268,693
25-29	84,178	65,865	84,039	19,934	21,715	17,409	35	1,406	294,581
30-34	89,597	71,817	86,480	22,271	25,005	18,217	22	1,560	314,969
35-39	109,610	83,210	97,769	25,354	28,889	20,675	31	1,759	367,297
40-44	112,793	85,281	95,775	25,360	28,866	20,526	18	1,671	370,290
45-49	105,450	80,958	88,079	22,747	26,480	19,134	28	1,375	344,251
50-54	96,995	73,440	81,900	20,001	24,895	18,285	22	1,196	316,734
55-59	81,806	58,809	67,213	16,522	20,523	14,712	14	731	260,330
60-64	73,539	51,298	55,762	14,784	17,730	12,745	8	286	226,152
65-69	66,536	46,787	47,107	12,848	15,683	11,051	22	177	200,211
70-74	61,409	44,300	41,261	10,981	14,664	9,798	9	132	182,554
75-79	47,394	35,020	31,286	7,992	11,432	7,733	1	63	140,921
80-84	28,399	20,762	18,453	4,660	7,119	4,806	4	32	84,235
85+	22,606	17,741	15,145	3,851	6,106	3,912	1	31	69,393
Total	1,500,475	1,129,193	1,254,870	322,809	373,851	273,429	318	16,925	4,871,870

(continued)

Table A5.1 (continued): Estimated resident population by age group and metropolitan, rural and remote area, States and Territories, 30 June 2000

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Remote								
0-4	4,376	744	16,892	16,114	2,297	207	..	8,688	49,318
5-9	4,742	856	17,455	16,092	2,515	221	..	9,019	50,900
10-14	4,240	1,013	15,225	14,253	2,171	198	..	8,058	45,158
15-19	3,306	869	12,165	10,920	1,604	104	..	6,805	35,773
20-24	3,060	458	12,266	13,816	1,771	146	..	8,006	39,523
25-29	3,798	602	15,949	17,831	2,271	133	..	8,949	49,533
30-34	3,962	688	15,629	17,301	2,474	211	..	8,211	48,476
35-39	4,413	921	16,347	16,693	2,323	206	..	7,217	48,120
40-44	4,113	1,080	14,818	14,209	2,197	208	..	6,400	43,025
45-49	3,643	989	13,304	11,621	1,855	209	..	5,304	36,925
50-54	3,480	913	12,172	9,715	1,574	192	..	4,366	32,412
55-59	3,010	797	9,457	6,713	1,350	165	..	2,866	24,358
60-64	2,591	725	6,965	4,669	968	157	..	1,890	17,965
65-69	2,147	658	5,304	3,206	711	83	..	1,092	13,201
70-74	1,768	572	4,221	2,492	594	85	..	761	10,493
75-79	1,118	399	2,890	1,692	447	94	..	403	7,043
80-84	762	232	1,970	1,227	241	56	..	282	4,770
85+	621	192	1,631	1,360	318	44	..	210	4,376
Total	55,150	12,708	194,660	179,924	27,681	2,719	..	88,527	561,369
Total									
0-4	431,192	302,731	240,905	126,589	92,502	30,644	20,785	17,574	1,262,922
5-9	445,098	323,947	257,656	132,981	98,663	33,736	21,532	17,454	1,331,067
10-14	440,421	320,546	254,873	138,261	100,299	34,400	21,750	15,829	1,326,379
15-19	444,919	326,800	262,578	138,424	102,095	34,690	24,262	14,701	1,348,469
20-24	447,365	345,874	254,771	140,637	98,616	29,537	27,420	16,757	1,360,977
25-29	498,670	373,582	274,486	146,809	104,867	30,510	26,146	19,765	1,474,835
30-34	476,561	364,710	260,331	140,960	105,991	31,193	24,020	18,407	1,422,173
35-39	506,231	371,752	276,959	149,581	114,432	35,434	24,457	17,122	1,495,968
40-44	485,628	357,177	267,469	146,513	113,286	35,815	24,054	15,038	1,444,980
45-49	447,846	330,261	250,660	136,727	106,608	33,604	23,463	13,201	1,342,370
50-54	416,441	306,468	234,579	122,299	100,688	31,330	21,938	11,121	1,244,864
55-59	325,682	236,345	180,808	90,824	77,918	24,732	14,699	7,348	958,356
60-64	268,594	196,858	141,883	72,424	64,957	20,803	10,437	4,371	780,327
65-69	235,166	173,462	118,460	60,352	58,256	18,377	8,137	2,716	674,926
70-74	219,606	161,180	107,798	53,096	57,240	16,685	6,806	1,913	624,324
75-79	178,950	130,318	86,440	41,194	47,904	13,584	5,585	1,059	505,034
80-84	107,995	77,319	52,832	24,481	28,869	8,477	3,093	585	303,651
85+	87,090	66,526	42,869	21,708	24,443	6,825	2,255	502	252,218
Total	6,463,455	4,765,856	3,566,357	1,883,860	1,497,634	470,376	310,839	195,463	19,153,840

.. not applicable.

Source: ABS 2000.

Table A5.2: Projected Aboriginal and Torres Strait Islander population by age group, States and Territories, 30 June 2000

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
0-4	16,705	3,370	16,386	7,780	3,093	2,211	487	7,034	57,074
5-9	16,046	3,164	15,785	7,687	3,153	2,023	404	6,959	55,245
10-14	14,528	2,767	14,061	7,821	2,931	2,009	391	6,332	50,852
15-19	12,748	2,402	12,254	6,374	2,603	1,937	403	5,815	44,561
20-24	9,859	1,986	10,187	5,321	2,004	1,513	339	5,411	36,640
25-29	9,773	2,041	9,920	5,206	2,094	1,226	372	5,310	35,962
30-34	8,433	1,929	8,736	4,756	1,875	1,084	279	4,619	31,728
35-39	7,689	1,719	7,394	4,128	1,624	1,093	271	3,515	27,442
40-44	6,356	1,400	6,044	3,397	1,272	984	240	2,975	22,686
45-49	5,170	1,017	4,807	2,452	982	775	126	2,221	17,560
50-54	3,933	779	3,494	1,829	728	586	84	1,742	13,192
55-59	2,762	531	2,301	1,207	533	326	37	1,169	8,874
60-64	1,911	370	1,648	862	373	243	13	972	6,396
65-69	1,342	277	1,257	670	235	161	14	580	4,540
70-74	810	211	746	449	173	90	12	404	2,897
75+	830	232	899	502	184	112	8	422	3,192
Total	118,895	24,195	115,919	60,441	23,857	16,373	3,480	55,480	418,841

Source: ABS 1998b.

Appendix 6: Establishments contributing to this report

Tables accompanying this report on the Internet at www.aihw.gov.au list the establishments that contributed data to this report.

Table A6.1 lists the public psychiatric hospitals that contributed establishment-level data to NPHED, reported in Chapter 5. Table A6.2 lists the public community mental health establishments that contributed establishment-level data to NCMHED, also reported in Chapter 5.

Table A6.3 lists the public psychiatric and acute care hospitals that contributed hospital morbidity data for one or more psychiatric units or wards to the NHMD, reported in Chapter 4. Private hospitals also contributed this form of data to the NHMD and Chapter 4, but cannot be identified in the data supplied to the AIHW. For this reason, private hospitals were not included in Table A6.3. A full list of the public and private hospitals contributing to the NHMD for 2000–01 is available at www.aihw.gov.au. Table A6.4 lists the public community mental health establishments that contributed patient-level data to NCMHCD, also reported in Appendix 2.

Appendix 7: National Survey of Mental Health Services (NSMHS)

The NSMHS is an annual collection of establishment-level data from publicly funded hospital and community mental health care services in all States and Territories.

The Survey, first collected in 1993, was designed to fulfil reporting requirements under the previous Medicare Agreements and to enable progress to be monitored against the 38 policy objectives of the National Mental Health Policy. It has been extended into the current Australian Health Care Agreements and requires the States and Territories to coordinate the collection of information including expenditure, staffing, service types and activity levels relating to public mental health services within their jurisdiction. The future of the NSMHS following the end of the Second Mental Health Plan in June 2003 is currently being reviewed.

Summary data from the NSMHS are reported in the National Mental Health Report series (DHA 2002). Data from the NSMHS for 2000–01 have yet to be published.

A number of basic differences exist between data from NSMHS and data from NPHED, NMHD and NCMHED. An overview of the reasons for these differences is presented below.

Comparison with NCMHED data

There is alignment in the scope of the NCMHED and the NSMHS data collection, with the exception of New South Wales. In New South Wales, the NSMHS data collection includes all services described by Area Health Services as providing specialist mental health services. For NCMHED only those specialist mental health services, which are part of the Mental Health financial program are included. For one Area this has had the effect of excluding most non-admitted child and adolescent services. NCMHED data provided by New South Wales also exclude all Confused and Disturbed Elderly (CADE) services, with the exception of the New England CADE (New South Wales' only mental health program-financed CADE). For the NSMHS, however, New South Wales reports data for all CADEs. This difference in scope affects the comparability of New South Wales FTE staffing and recurrent expenditure data between the NCMHED and the NSMHS. A list of public community mental health establishments that report to NCMHED is available on the AIHW's web site (see page 239).

Comparison with NPHED data

The fundamental difference between the hospital data reported to the NSMHS and that reported to NPHED is the different manner in which hospital establishments are classified to the different data definitions used in the two collections. This makes comparison problematic.

In previous years, the difference in the number of hospitals reported as public psychiatric hospitals to the NPHED and NSMHS (DHA 2002) was greatest for Victoria. For the NSMHS collection, six Victorian hospital establishments were classified as public psychiatric hospitals (reflecting actual locations). For NPHED, one of these establishments was classified as a public psychiatric hospital and the rest were classified as campuses of acute care hospitals (reflecting hospital management arrangements). A list of public community mental

health establishments that report to NCMHED is available on the AIHW's web site (see page 239).

Hospitals reported to NPHEd can also include community-based, non-admitted patient services that are managed by the hospital, but are located elsewhere. Within the NSMHS these services are classified as distinct service units and data on them are reported as for community-based services only.

Glossary

For further information on the terms used in this report, refer to the definitions in use in 2000–01 in the *National Health Data Dictionary*, Version 9.0.

<i>Aboriginal and Torres Strait Islander status</i>	<p>Aboriginal or Torres Strait Islander status of the person according to the following definition:</p> <p>An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.</p>
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care hospitals</i>	<p>Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.</p> <p>Public acute hospitals are funded by the State or Territory health authority. Private acute care hospitals are not controlled by the State or Territory health authority.</p>
<i>Additional diagnoses</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources.
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission to receive treatment and/or care.
<i>Area of usual residence</i>	The geographic location of the patient's usual residence. The location is included in the National Hospital Morbidity Database in Statistical Local Area format but aggregated to Rural, Remote and Metropolitan Areas and Statistical Divisions for this report.

<i>Australian Bureau of Statistics Private Health Establishments Collection (ABS PHEC)</i>	This collection includes data from all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing. The data items and definitions are based on the <i>National Health Data Dictionary</i> . Information is collected for items such as bed supply, usage, length of stay, type of patients, staff and expenditure.
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital. Diagnosis Related Groups provide a summary of the varied reasons for hospitalisation and the complexity of cases a hospital treats. Moreover, as a framework for describing the products of a hospital (that is, patients receiving services), they allow meaningful comparisons of hospitals' efficiency and effectiveness under alternative systems of health care provision.
<i>Available beds</i>	Beds immediately available for use by admitted patients or residents as required. This term includes occupied and unoccupied beds.
<i>Average length of stay</i>	The average number of patient days for admitted patient overnight separations.
<i>Care type</i>	<p>The care type defines the overall nature of the clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous (other care).</p> <p><i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures.</p> <p><i>Rehabilitation care</i> is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multidisciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.</p> <p><i>Psychogeriatric care</i> is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames.</p>

Maintenance care is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. Following assessment or treatment the patient does not require further complex assessment or stabilisation, and requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, e.g. at home or in a nursing home by a relative or carer, that is unavailable in the short term.

Other care types include *Palliative care, Geriatric evaluation and management, Newborn care, Organ procurement posthumous* and *Hospital boarders*. Further detail on these care types is presented in the *National Health Data Dictionary*.

<i>Country of birth</i>	The country in which the patient was born. The category 'Other English-speaking country' includes United Kingdom, Ireland, New Zealand, United States of America and Canada. All other countries, apart from Australia, were included in the 'Non-English-speaking' category.
<i>Diagnostic and allied health professionals</i>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>Encounter</i>	Any professional interchange between a patient and a general practitioner.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all States and Territories except Victoria where they are registered by the State registration board to practise in this capacity. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).
<i>Episode of care</i>	An episode of care is a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See <i>Separation</i> .

<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.
<i>Food supplies expenditure</i>	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
<i>Full-time-equivalent staff</i>	Full-time-equivalent units are on-job hours worked and hours of paid leave (sick, recreation, long-service, workers compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
<i>Involuntary mental health legal status</i>	Involuntary patients are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Mental health legal status</i>	Whether a person is treated on an involuntary basis under the relevant State or Territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period.
<i>Mental health-related principal diagnosis</i>	A separation is defined as having a mental health-related principal diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 3.
<i>Mode of separation</i>	The status of the person at separation (discharge, transfer or death) and, where applicable, the place to which the person is released.
<i>National Hospital Morbidity Database (NHMD)</i>	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. The data supplied for the database are based on the patient-level data items of the NMDS for Admitted Patient Health Care and the NMDS for Admitted Patient Mental Health Care. They include demographic, administrative and length-of-stay data, and data on the diagnoses of the patient, the procedures the patient underwent in hospital, and external causes of injury and poisoning.

<i>National Public Hospital Establishments Database (NPHED)</i>	The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. Information is included on hospital resources, recurrent expenditure, non-appropriation revenue and services to admitted and non-admitted patients. Data on capital expenditure and depreciation are also collected for each jurisdiction. The collection is based on the establishment-level activity and resource data elements, and the system-level data elements of the National Minimum Data Set for Public Hospital Establishments.
<i>National Community Mental Health Establishments Database (NCMHED)</i>	The National Community Mental Health Establishments Database holds a record for each public community mental health establishment in Australia. It is collated from the routine administrative collections of public community mental health establishments in all States and Territories. Information is included on beds, staffing, recurrent expenditure, and services for residential care clients. The collection is based on the establishment-level activity and resource data elements of the National Minimum Data Set for Community Mental Health Establishments.
<i>Non-admitted patients</i>	Patients who do not undergo a hospital's formal admission process and who receive care from a recognised non-admitted patient service/clinic of a hospital.
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the health service establishment for the purpose of receiving services such as examination, consultation and treatment, but is not admitted. A visit for administrative purposes is not an occasion of service.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wardspersons, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories.
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.

<i>Overnight separation</i>	The term used to refer to separations where the patient separates from hospital one or more nights after admission (i.e. who is admitted to and separated from the hospital on different dates). The length of an overnight separation is calculated by subtracting the date the patient is admitted from the date of the separation and deducting total leave days.
<i>Patient days</i>	The number of full or partial days stay for patients who were admitted for an episode of care and who underwent separation. A patient who is admitted and separated on the same day is allocated one patient day.
<i>Patient transport expenditure</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid or fee-for-service basis.
<i>Previous specialised treatment</i>	Whether the patient has had a previous admission or service contact for treatment in the specialty area within which treatment is now being provided. For this report, the specialty area referred to in the definition is specialised psychiatric care.
<i>Primary disability</i>	The disability category identified by the consumer or carer in the CSDA MDS as the disability most affecting their everyday life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at ambulatory care service).
<i>Private hospital</i>	Privately owned and operated hospital, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.
<i>Private psychiatric hospital</i>	These are devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These hospitals are licensed/approved by each State or Territory health authority and cater primarily for patients with psychiatric or behavioural disorders.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.
<i>Psychiatric care days</i>	Psychiatric care days are the number of days or part-days a patient spent in a specialised psychiatric unit or ward. All leave days, including the day the patient went on leave, are excluded.
<i>Psychiatric hospitals</i>	Establishments devoted primarily to the treatment and care of in-patients with psychiatric, mental or behavioural disorders.
<i>Reason for encounter</i>	The subjective reasons given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.

<i>Recoveries</i>	<p>All revenue received that is in the nature of a recovery of expenditure incurred. This includes:</p> <ul style="list-style-type: none"> • income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors) • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital • other recoveries such as those relating to inter-hospital service where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.
<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It is contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
<i>Registered nurses</i>	Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a State or Territory registration board.
<i>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings and minor additional works.
<i>Rural, remote and metropolitan region</i>	<ul style="list-style-type: none"> • Capital cities statistical division • Other metropolitan centres: urban centres with a population of 100,000 or more • Large rural centres (index of remoteness < 10.5): urban centres with a population between 25,000 and 99,999 • Small rural centres (index of remoteness < 10.5): urban centres with a population between 10,000 and 24,999 • Other rural areas (index of remoteness < 10.5): urban centres with a population less than 10,000 • Remote centres (index of remoteness > 10.5): urban centres with a population greater than 4,999 • Other remote areas (index of remoteness > 10.5): urban centres with a population less than 5,000. <p>For more information see <i>Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition</i> (DPIE & DSHS 1994).</p>
<i>Salaried medical officers</i>	Medical officers engaged by the hospital on a full-time or part-time salaried basis.
<i>Same day patients</i>	Admitted patients who are admitted and separate on the same date.

<i>Separation</i>	The term represents the completed episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing the type of care (statistical separation). When the term is used in the context of the community residential mental health care, the term refers to periods of non-admitted patient mental health care.
<i>Source of referral to public psychiatric hospital</i>	Source from which the person was transferred/referred to the public psychiatric hospital.
<i>Specialised psychiatric service</i>	A facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Statistical separation</i>	The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

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