

Figure 1.14: Ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2002-03

Hospital admitted patient care

For non-ambulatory-equivalent mental health-related separations per 1,000 Aboriginal and Torres Strait Islander peoples the rate was more than double that of other Australians (22.6 compared with 9.4) (Figure 1.15 and Tables 5.6 and 6.3).

The difference in rates between the two groups was less pronounced for non-ambulatory-equivalent separations with specialised psychiatric care. The rate of these separations per 1,000 Aboriginal and Torres Strait Islander peoples was almost double the rate for other Australians (10.0 compared with 5.6) (Figure 1.15 and Table 5.6).

In contrast, the number of non-ambulatory-equivalent separations without specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander peoples was more than three times that of other Australians (12.6 compared with 3.8) (Figure 1.15 and Table 6.3).

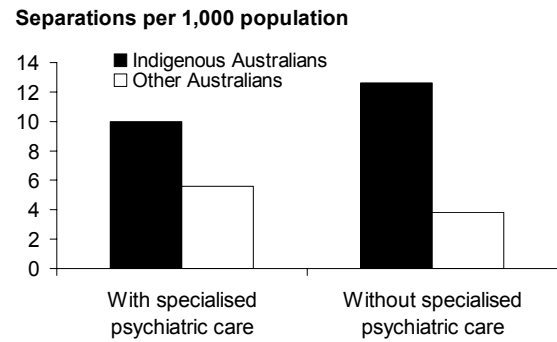


Figure 1.15: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2002-03

The relatively greater reliance of Aboriginal and Torres Strait Islander peoples on non-specialised care compared to specialised care may be partially explained by geographical differences. A higher proportion of this group live in remote or very remote areas (25%) compared to other Australians (2%) (AIHW & ABS 2003), and there are fewer specialised care facilities in these areas. In 2002-03, there were no public psychiatric hospitals and only one public acute care hospital with a psychiatric unit or ward with 1.19 available beds per 100,000 population in remote and very remote areas (Tables 7.14 and 7.19). Conversely, the proportion of other Australians living in major cities (67%) was much higher than the proportion of Aboriginal and Torres Strait Islander peoples (30%) (AIHW & ABS 2003). In 2002-03 in major cities, there were 10 public psychiatric hospitals with 12.7 available beds per 100,000 population, and 87 public acute care hospital with a psychiatric unit or ward with 19.51 available beds per 100,000 population (Tables 7.14 and 7.19).

Along with reduced access to hospital services, Aboriginal and Torres Strait Islander peoples had a shorter average length of stay for overnight separations without specialised psychiatric care (4.6 days compared with 8.5 for other Australians). Difference in length of stay may reflect differences in casemix between