

5 Ambulatory-equivalent mental health-related admitted patient care

5.1 Introduction

In addition to ambulatory (or non-admitted) care provided by community services and hospital-based ambulatory care services (as discussed in the previous chapter), mental health care that could be considered to be equivalent to ambulatory care can be provided to patients admitted to hospital. In this chapter, information is presented on this form of care – that is, on *mental health-related* hospital *separations* that could be considered to be *ambulatory-equivalent* admitted patient care.

The data presented in this chapter are from the National Hospital Morbidity Database (NHMD). Information on the NHMD is available in Appendix 1.

Key concepts

A **separation** is defined as the process by which an episode of care for an admitted patient in hospital ceases. For more information, see Chapter 7.

A separation is classified as **ambulatory-equivalent** for this report if each of the following apply:

- the separation was a same day separation (that is, admission and separation occurred on the same day);
- no procedure or other intervention was recorded, or any procedure recorded was identified as probably able to be provided in ambulatory mental health care; and
- the mode of admission did not include a care type change or transfer, and the mode of separation did not include a transfer (to another facility), a care type change, the patient leaving against medical advice, or death.

A separation is classified as **mental health-related** if:

- it had a mental health-related principal diagnosis which, for admitted patient care in this report, is defined as a principal diagnosis that is either a diagnosis that falls within the chapter on 'Mental and behavioural disorders' (Chapter 5) in the ICD-10-AM classification (i.e., codes F00 to F99) or a number of other selected diagnoses (see Appendix 4 for the full list of applicable diagnoses); and/or
- it included any specialised psychiatric care.

A separation is classified as having **specialised psychiatric care** if the patient was reported as having spent one or more days in a specialised psychiatric unit or ward.

5.2 Ambulatory-equivalent mental health-related separations

In 2004–05, there were 116,787 ambulatory-equivalent mental health-related separations. These accounted for 1.7% of all hospital separations reported to the NHMD in 2004–05 and 36.9% of all separations considered to be mental health-related (that is, ambulatory-

equivalent and admitted patient separations combined (see Chapter 7 of this report for more information on admitted patient mental health care in hospitals)).

Table 5.1 shows the number of ambulatory-equivalent mental health-related separations for each state and territory by hospital type (that is, public acute, public psychiatric and private hospitals). To account for differences in population between jurisdictions, the number of separations per 1,000 population has also been provided.

Table 5.1: Ambulatory-equivalent mental health-related separations^(a) with and without specialised psychiatric care, by hospital type, states and territories, 2004–05

Hospital type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
With specialised psychiatric care									
Public acute hospitals	5,408	729	3,923	84	253	56	32	25	10,510
Public psychiatric hospitals	1,747	0	n.p.	16	10	n.p.	..	..	1,775
Private hospitals	20,938	32,796	15,819	7,130	31	n.p.	n.p.	n.p.	80,084
<i>All hospitals</i>	<i>28,093</i>	<i>33,525</i>	<i>n.p.</i>	<i>7,230</i>	<i>294</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>92,369</i>
Without specialised psychiatric care									
Public acute hospitals	4,607	5,593	1,499	959	1,085	285	113	97	14,238
Public psychiatric hospitals	10	0	0	0	0	0	..	..	10
Private hospitals	240	4,047	3,568	783	10	n.p.	n.p.	n.p.	10,170
<i>All hospitals</i>	<i>4,857</i>	<i>9,640</i>	<i>5,067</i>	<i>1,742</i>	<i>1,095</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>24,418</i>
Total									
Public acute hospitals	10,015	6,322	5,422	1,043	1,338	341	145	122	24,748
Public psychiatric hospitals	1,757	0	n.p.	16	10	n.p.	..	..	1,785
Private hospitals	21,178	36,843	19,387	7,913	41	n.p.	n.p.	n.p.	90,254
All hospitals	32,950	43,165	n.p.	8,972	1,389	n.p.	n.p.	n.p.	116,787
Rate (per 1,000 population)^(b)									
Public acute hospitals	1.5	1.3	1.4	0.5	0.9	0.8	0.4	0.6	1.2
Public psychiatric hospitals	0.3	0.0	0.0	0.0	0.0	0.0	..	..	0.1
Private hospitals	3.1	7.3	4.9	3.9	0.0	n.p.	n.p.	n.p.	4.4
All hospitals	4.8	8.6	6.3	4.5	0.9	n.p.	n.p.	n.p.	5.7

(a) Separations for which care type was reported as *Newborn* with no qualified days and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Rates were directly age-standardised as detailed in Appendix 2.

.. Not applicable.

n.p. Not published.

Source: National Hospital Morbidity Database.

Of the 116,787 ambulatory-equivalent mental health-related separations, 90,254 (77.3%) were from private hospitals, 24,748 (21.2%) from public acute hospitals and 1,785 (1.5%) from private psychiatric hospitals.

Just over three-quarters (79.1%) of ambulatory-equivalent mental health-related separations during 2004–05 involved *specialised psychiatric care*. Of these, 80,084 (86.7%) were from

private hospitals. For the 24,418 separations that did not involve specialised psychiatric care, the majority (14,238 or 58.3%) were from public acute hospitals.

Considering all hospital types, Victoria reported the highest number of ambulatory-equivalent mental health-related separations (43,165) and the highest number of such separations per 1,000 population (8.6). Victoria also had the highest rate of ambulatory-equivalent mental health-related separations from private hospitals (7.3).

Due to confidentiality reasons, the numbers and rates of separations for private hospitals cannot be published for Tasmania, the Australian Capital Territory and the Northern Territory. With the exception of South Australia, the remaining four states reported more separations from private hospitals than public hospitals. Public psychiatric hospitals reported 1,785 separations, with 98.4% of these separations being reported by New South Wales. The Australian Capital Territory and the Northern Territory do not have any public psychiatric hospitals.

Table 5.2 shows the number of ambulatory-equivalent mental health-related separations by hospital type and the patient's mental health legal status. For 98.0% of these separations the patient's mental health legal status was 'voluntary'. There were 1,633 ambulatory-equivalent mental health-related separations where the patient's mental health legal status was 'involuntary'. Public acute hospitals had the highest proportion of separations where the patient's mental health legal status was 'involuntary' (12.6%), compared with public psychiatric hospitals (3.5%) and private hospitals (0.3%).

Table 5.2: Ambulatory-equivalent mental health-related separations^(a) with specialised psychiatric care by mental health legal status and hospital type, 2004–05

Mental health legal status	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total
Involuntary	1,326	63	244	1,633
Voluntary	9,131	1,712	79,703	90,546
Total^(b)	10,510	1,775	80,084	92,369

(a) Separations for which care type was reported as *Newborn* with no qualified days and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which mental health legal status was not reported.

Source: National Hospital Morbidity Database.

5.3 Patient demographics

Table 5.3 presents information on the number of ambulatory-equivalent mental health-related separations and the corresponding percentage of such separations for a number of demographic groups. In addition, a rate (per 1,000 population) has been provided. As the data relate to separations (rather than persons), the rates provide a means by which to compare numbers of ambulatory-equivalent mental health-related hospital separations relative to the size of the respective population.

Since the database contains data on hospital separations, not on individual people, it is not possible to determine how many separations an individual person had.

The highest percentage of ambulatory-equivalent mental health-related separations was for patients aged 35 to 44 years and 45 to 54 years (19.5% and 19.4%, respectively). However, the highest number of separations per 1,000 population was for patients aged 55 to 64 years (8.9). The lowest proportion of separations was for patients aged less than 15 years (6.1%).

Table 5.3: Ambulatory-equivalent mental health-related separations^(a) by patient demographic characteristics, 2004–05

Patient demographics	Number of separations^(b)	Per cent of separations^(c)	Rate (Per 1,000 population)^(d)
Age			
Less than 15 years	7,175	6.1	1.8
15–24 years	17,213	14.7	6.2
25–34 years	17,016	14.6	5.9
35–44 years	22,760	19.5	7.6
45–54 years	22,678	19.4	8.2
55–64 years	19,149	16.4	8.9
65 years and over	10,793	9.2	4.1
Sex			
Male	45,868	39.3	4.5
Female	70,919	60.7	7.0
Indigenous status^(e)			
Indigenous Australians	783	2.3	1.8
Other Australians ^(f)	34,511	97.7	4.7
Country of birth^(g)			
Australia	92,366	84.6	6.2
Overseas	16,794	15.4	2.9
Remoteness area of usual residence			
Major cities	98,058	84.8	7.3
Inner regional	13,941	12.1	3.3
Outer regional	2,990	2.6	1.5
Remote	386	0.3	1.2
Very remote	229	0.2	1.2
Marital status^(g)			
Never married	39,533	42.3	..
Widowed	4,973	5.3	..
Divorced	6,268	6.7	..
Separated	4,102	4.4	..
Married	38,556	41.3	..
Total	116,787	100.0	5.7

(a) Separations for which care type was reported as *Newborn* with no qualified days and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The numbers of separations for each demographic variable may not sum to the total due to missing and/or not reported data.

(c) The percentages shown do not include those separations for which the demographic information was missing and/or not reported.

(d) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(e) Only includes data for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory since the quality of Indigenous identification for those jurisdictions is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data due to jurisdictional differences in data quality (see AIHW 2005c).

(f) Includes separations where Indigenous status was missing or not reported (see AIHW 2005c).

(g) Information on this data element was missing or not reported for more than 5 per cent of separations.

.. Not applicable.

Source: National Hospital Morbidity Database.

There were more separations for female patients than for male patients (60.7% and 39.3%, respectively).

Since data on Indigenous status in the National Hospital Morbidity Database are considered to be of acceptable quality for analytical purposes for only certain states and territories – namely Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (AIHW 2005c) – only data on Indigenous status for those jurisdictions have been included in this chapter. Note that ambulatory-equivalent mental health-related separations for those four jurisdictions are not necessarily representative of those in the other four jurisdictions and that caution should be used in the interpretation of these data due to jurisdictional differences in data quality. Data on the number of ambulatory-equivalent mental health-related separations per 1,000 population indicated that there were fewer separations reported for Indigenous Australians than for other Australians (1.8 per 1,000 population for Indigenous Australians and 4.7 for other Australians).

The number of separations per 1,000 population for Australian-born patients was more than double the rate for those born overseas (6.2 and 2.9, respectively).

Almost 85% of ambulatory-equivalent mental health-related separations were for patients living in Major cities. This was followed by those living in Inner regional areas (12.1%). This pattern was reflected when taking into account variations in population size and age structure in the different areas (7.3 per 1,000 population for Major cities and 3.3 for Inner regional areas). The most frequently reported types of marital status were 'never married' (42.3%) and 'married' (41.3%).

5.4 Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. Table 5.4 shows the distribution of ambulatory-equivalent mental health-related separations by principal diagnosis, disaggregated by hospital type and whether they involved specialised psychiatric care. Diagnoses are classified according to the *International Classification of Diseases, 10th revision, Australian Modification* (ICD-10-AM). Further information on this classification is included in Appendix 3.

Overall, in 2004–05, the principal diagnosis of *Depressive episode* (F32) accounted for the largest number of separations (23,280 or 19.9%), followed by *Mental and behavioural disorders due to use of alcohol* (F10; 16,239 or 13.9%) and *Recurrent depressive disorders* (F33; 16,017 or 13.7%).

For separations that involved specialised psychiatric care, *Depressive episode* (F32) was the most commonly reported principal diagnosis (20,466 or 22.2%). This was followed by *Recurrent depressive disorders* (F33; 15,389 or 16.7%) and *Reaction to severe stress and adjustment disorders* (F43; 10,423 or 11.3%).

For those separations that did not involve specialised psychiatric care, the most frequently reported principal diagnosis was *Mental and behavioural disorders due to use of alcohol* (F10; 9,261 or 37.9%).

Table 5.4: Ambulatory-equivalent mental health-related separations^(a) with and without specialised psychiatric care, by principal diagnosis and hospital type, 2004–05

Principal diagnosis	Public acute hospitals		Public psychiatric hospitals		Private hospitals		Total separations
	hospitals	With specialised psychiatric care	hospitals	hospitals	hospitals	Total	
F00–F03	5	n.p.	319	n.p.	n.p.	n.p.	0.4
F04–F09	15	n.p.	243	n.p.	n.p.	n.p.	0.3
F10	511		6,425	42	6,978	6,978	7.6
F11–F19	241		1,196	9	1,446	1,446	1.6
F20	773		3,179	25	3,977	3,977	4.3
F21, F24, F28, F29	81		299	n.p.	n.p.	n.p.	0.4
F22	21		254	n.p.	n.p.	n.p.	0.3
F23	54		172	n.p.	n.p.	n.p.	0.2
F25	323		2,869	n.p.	n.p.	n.p.	3.5
F30	15		34	0	49	49	0.1
F31	167		4,489	0	4,656	4,656	5.0
F32	2,675		17,728	63	20,466	20,466	22.2
F33	318		15,069	n.p.	n.p.	n.p.	16.7
F34	115		1,147	n.p.	n.p.	n.p.	1.4
F38–F39	89		51	0	140	140	0.2
F40	70		953	0	1,023	1,023	1.1
F41	668		6,012	114	6,794	6,794	7.4
F42	69		848	0	917	917	1.0
F43	1,277		9,093	53	10,423	10,423	11.3
F44	13		663	0	676	676	0.7
F45, F48	88		245	0	333	333	0.4
F50	502		2,522	11	3,035	3,035	3.3
F51–F59	5		82	0	87	87	0.1
F60	416		2,771	16	3,203	3,203	3.5
F61–F69	6		192	n.p.	n.p.	n.p.	0.2
F70–F79	18		n.p.	n.p.	n.p.	n.p.	0.0
F80–F89	151		116	106	373	373	0.4
F90	210		46	306	562	562	0.6
F91	591		75	606	1,272	1,272	1.4
F92–F98	136		37	220	393	393	0.4
F99	9		837	n.p.	n.p.	n.p.	0.9
G30	0		91	0	91	91	0.1
	130		94	94	230	230	0.2
	34		0	0	142	142	0.2
	714		92	92	2,718	2,718	2.9
Total	10,510		1,775	80,084	92,369	92,369	100.0

(continued)

Table 5.4 (continued): Ambulatory-equivalent mental health-related separations^(a) with and without specialised psychiatric care, by principal diagnosis and hospital type, 2004-05

Principal diagnosis	Public acute hospitals		Public psychiatric hospitals		Private hospitals		Total separations
	Without specialised psychiatric care	With specialised psychiatric care	Without specialised psychiatric care	With specialised psychiatric care	Without specialised psychiatric care	With specialised psychiatric care	
F00-F03	95	0	23	118	0.5	0.3	
F04-F09	76	0	n.p.	n.p.	37.9	6.0	
F10	4,244	n.p.	5,016	n.p.	2.2	0.6	
F11-F19	920	n.p.	543	n.p.	0.4	0.5	
F20	491	0	40	531	0.4	0.2	
F21, F24, F28, F29	158	0	0	158	1.7	11.5	
F22	98	0	n.p.	n.p.	2.6	0.3	
F23	123	0	n.p.	n.p.	0.2	0.2	
F25	53	0	33	86	0.1	0.1	
F30	36	0	11	47	0.1	0.1	
F31	172	0	244	416	8.4	0.4	
F32	1,198	n.p.	1,615	n.p.	0.1	0.1	
F33	102	0	526	628	0.1	0.1	
F34	53	0	32	85	0.2	0.2	
F38-F39	17	0	25	42	0.1	0.1	
F40	7	0	12	19	0.1	0.1	
F41	1,451	0	612	2,063	0.4	0.4	
F42	11	0	0	11	0.4	0.4	
F43	882	n.p.	318	n.p.	0.4	0.4	
F44	105	0	0	105	2.3	0.4	
F45, F48	87	0	n.p.	n.p.	0.4	0.4	
F50	481	0	77	558	0.4	0.4	
F51-F59	43	0	55	98	1.3	0.1	
F60	296	0	31	327	0.1	0.1	
F61-F69	30	0	n.p.	n.p.	0.1	0.1	
F70-F79	17	0	n.p.	n.p.	0.1	0.1	
F80-F89	22	0	n.p.	n.p.	0.1	0.1	
F90	36	0	0	36	1.3	0.2	
F91	321	0	0	321	0.2	0.2	
F92-F98	49	0	0	49	0.2	0.2	
F99	49	0	0	49	0.1	0.1	
G30	33	0	0	33	0.5	13.6	
Other factors related to mental and behavioural disorders and substance use ^(b)	115	n.p.	n.p.	n.p.	0.5	13.6	
Other specified mental health-related principal diagnosis ^(c)	2,367	0	946	3,313	100.0	100.0	
Total	14,238	10	10,170	24,418			

(continued)

Table 5.4 (continued): Ambulatory-equivalent mental health-related separations^(a) with and without specialised psychiatric care, by principal diagnosis and hospital type, 2004–05

Principal diagnosis	Public acute hospitals		Public psychiatric hospitals		Private hospitals		Total separations
	hospitals	hospitals	hospitals	hospitals	hospitals	Total	
F00–F03	100	n.p.	n.p.	342	n.p.	n.p.	0.4
F04–F09	91	n.p.	n.p.	244	n.p.	n.p.	0.3
F10	4,755	43	11,441	16,239	13.9	13.9	13.9
F11–F19	1,161	13	1,739	2,913	2.5	2.5	2.5
F20	1,264	25	3,219	4,508	3.9	3.9	3.9
F21, F24, F28, F29	239	n.p.	n.p.	299	n.p.	n.p.	0.5
F22	119	n.p.	n.p.	256	n.p.	n.p.	0.3
F23	177	n.p.	n.p.	173	n.p.	n.p.	0.3
F25	376	n.p.	n.p.	2,902	n.p.	n.p.	2.8
F30	51	0	45	96	0.1	0.1	0.1
F31	339	0	4,733	5,072	4.3	4.3	4.3
F32	3,873	64	19,343	23,280	19.9	19.9	19.9
F33	420	n.p.	n.p.	15,595	n.p.	n.p.	13.7
F34	168	n.p.	n.p.	1,179	n.p.	n.p.	1.2
F38–F39	106	0	76	182	0.2	0.2	0.2
F40	77	0	965	1,042	0.9	0.9	0.9
F41	2,119	114	6,624	8,857	7.6	7.6	7.6
F42	80	0	848	928	0.8	0.8	0.8
F43	2,159	56	9,411	11,626	10.0	10.0	10.0
F44	118	0	663	781	0.7	0.7	0.7
F45, F48	175	0	247	422	0.4	0.4	0.4
F50	983	11	2,599	3,593	3.1	3.1	3.1
F51–F59	48	0	137	185	0.2	0.2	0.2
F60	712	16	2,802	3,530	3.0	3.0	3.0
F61–F69	36	n.p.	n.p.	193	n.p.	n.p.	0.2
F70–F79	35	n.p.	n.p.	n.p.	n.p.	n.p.	0.0
F80–F89	173	106	117	396	0.3	0.3	0.3
F90	246	306	46	598	0.5	0.5	0.5
F91	912	606	75	1,593	1.4	1.4	1.4
F92–F98	185	220	37	442	0.4	0.4	0.4
F99	58	n.p.	n.p.	837	n.p.	n.p.	0.8
G30	33	0	91	124	0.1	0.1	0.1
	245	95	8	348	0.3	0.3	0.3
	2,401	0	1,054	3,455	3.0	3.0	3.0
	714	92	1,912	2,718	2.3	2.3	2.3
Total	24,748	1,785	90,254	116,787	100.0	100.0	100.0

(a) Separations for which care type was reported as *Newborn* with no qualified days and records for *Hospital boards* and *Posthumous organ procurement* have been excluded.

(b) Includes ICD-10-AM codes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5 and Z76.0.

(c) Includes separations for which the principal diagnosis was any other mental health-related principal diagnosis as listed in Appendix 4.

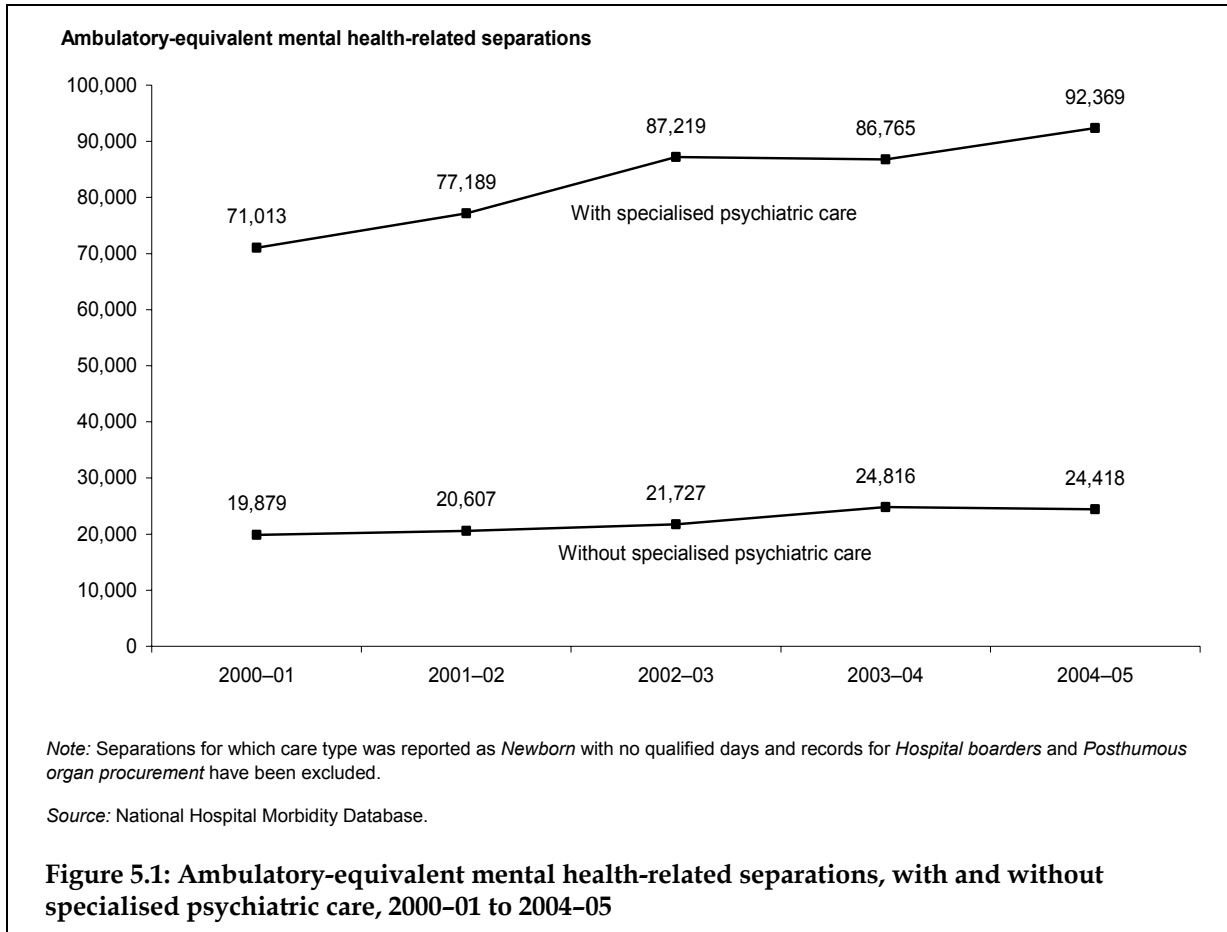
(d) Includes all other codes not included as a mental health principal diagnosis as listed in Appendix 4.

n.p. Not published.

Source: National Hospital Morbidity Database.

5.5 Ambulatory-equivalent mental health-related separations, 2000–01 to 2004–05

The total number of ambulatory-equivalent mental health-related separations increased by 28.5% from 2000–01 (90,892) to 2004–05 (116,787). Those separations that involved specialised psychiatric care increased by 30.1% in that period, while those separations that did not involve specialised psychiatric care increased by 22.8% (Figure 5.1).



5.6 Procedures

Table 5.5 details the number of separations relating to the 10 procedures (or interventions) most frequently reported for ambulatory-equivalent mental health-related hospital separations. Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on the classification is included in Appendix 3. A total of 50,486 procedures were reported in relation to 45,278 separations; this reflects the fact that more than one procedure can be reported for each separation. No procedure was reported for 71,509 separations. The most frequently reported procedures were *Cognitive behaviour therapy* (14,185 procedures for 14,185 separations), *Psychological skills training* (5,786 procedures for 5,784 separations) and *Allied health intervention, psychology* (4,994 procedures for 4,994 separations).

Table 5.5: The 10 most frequently reported procedures for ambulatory-equivalent mental health-related separations^(a), 2004–05

Procedure	Procedures ^(b)		Separations	
	Number	Per cent	Number	Per cent
96101–00 Cognitive behaviour therapy	14,185	28.1	14,185	12.1
96001–00 Psychological skills training	5,786	11.5	5,784	5.0
95550–10 Allied health intervention, psychology	4,994	9.9	4,994	4.3
96180–00 Other psychotherapies or psychosocial therapies	4,977	9.9	4,970	4.3
96073–00 Substance addiction counselling or education	3,641	7.2	3,641	3.1
96090–00 Other counselling or education	3,596	7.1	3,596	3.1
92002–00 Alcohol rehabilitation	2,718	5.4	2,718	2.3
95550–02 Allied health intervention, occupational therapy	1,809	3.6	1,809	1.5
96185–00 Supportive psychotherapy, not elsewhere classified	1,734	3.4	1,732	1.5
96177–00 Interpersonal psychotherapy	1,376	2.7	1,373	1.2
Other reported procedures	5,652	11.2	5,293	4.5
No procedure reported	..	..	71,509	61.2
Total	50,468	100.0	116,787^(c)	100.0

(a) Separations for which care type was reported as *Newborn* with no qualified days and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The number of procedures may not equal the number of separations since the same procedure may have been performed more than once for each separation.

(c) The sum of the number of separations is not necessarily equivalent to the total since multiple procedures can be reported for each separation.

.. Not applicable.

Source: National Hospital Morbidity Database.

5.7 Additional data

Additional tables containing data on ambulatory-equivalent mental health-related separations are available from the AIHW's website. As well, additional data on ambulatory-equivalent mental health-related separations from the NHMD can be accessed via interactive data cubes on the AIHW's website. The data cubes allow users to create customised tables based on the number of separations by age group, sex, sector, mental health legal status and year and type of separation, for each principal diagnosis. See Section 1.5 for details on how to access these additional resources.