

4 Residential and admitted patient mental health care

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

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

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

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

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

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

Definition of mental health-related separations

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

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

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

National overview

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

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

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

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

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

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

Box 4.1: Measuring hospital activity

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

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

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

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

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

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

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

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

Admitted patient mental health care

National overview

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

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

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

States and territories

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Principal and additional diagnoses

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

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

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

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

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

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

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

Residential care provided by public residential mental health care establishments

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

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

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

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

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

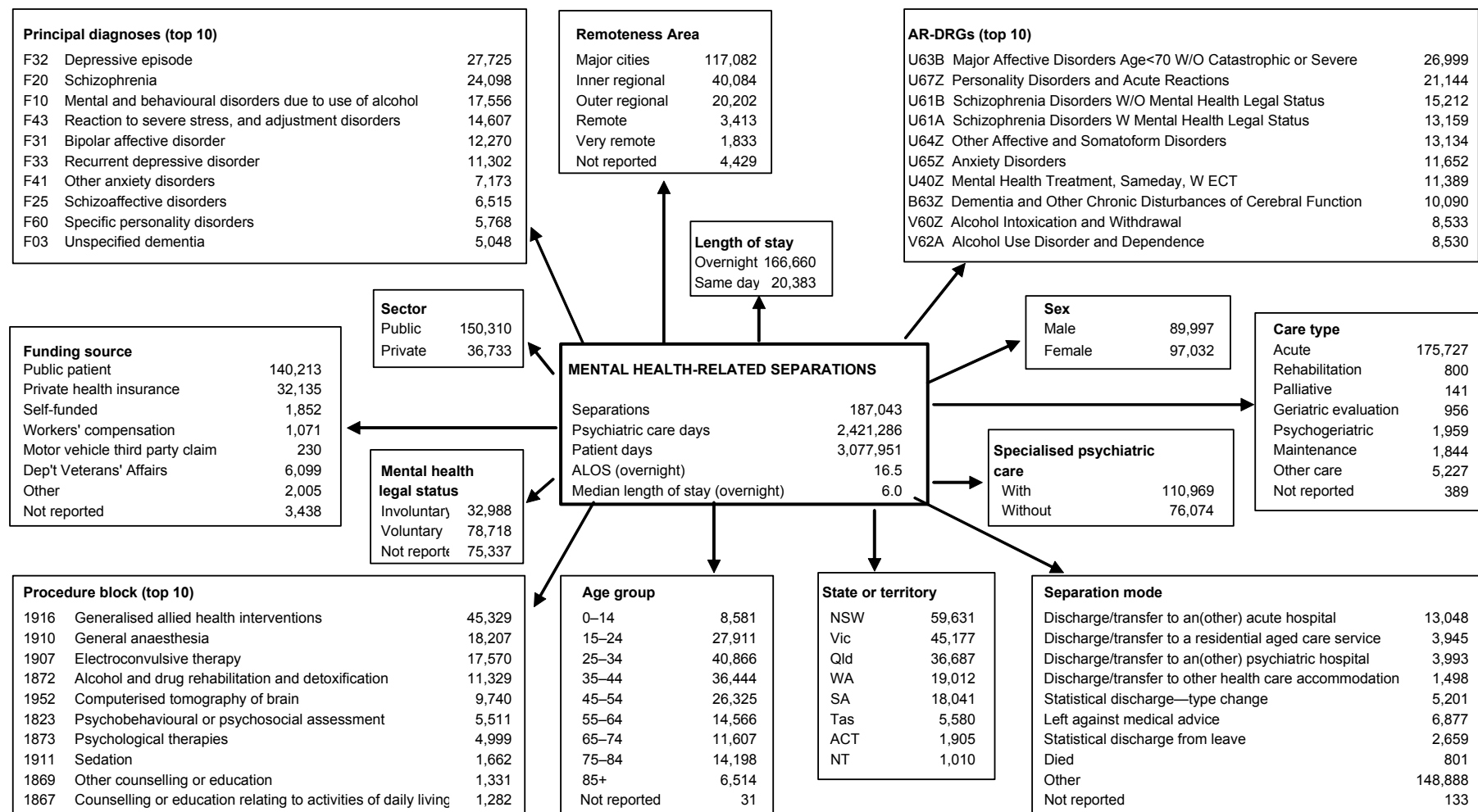
services received by female residents. The number of services received by these residents was greatest in the 35–44 years age group. New South Wales had the largest number of residential care services received by residents with *Psychiatric disability* reported as either a primary or other significant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

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

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

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

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



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

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

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

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

(continued)

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

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

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

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

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

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

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

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

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

(continued)

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

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

(continued)

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

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

(continued)

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

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

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

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

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

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

n.a. Not available.

.. Not applicable.

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

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

(continued)

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

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

(continued)

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

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

(continued)

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

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

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

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

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

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

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

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

n.a. Not available.

.. Not applicable.

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

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

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

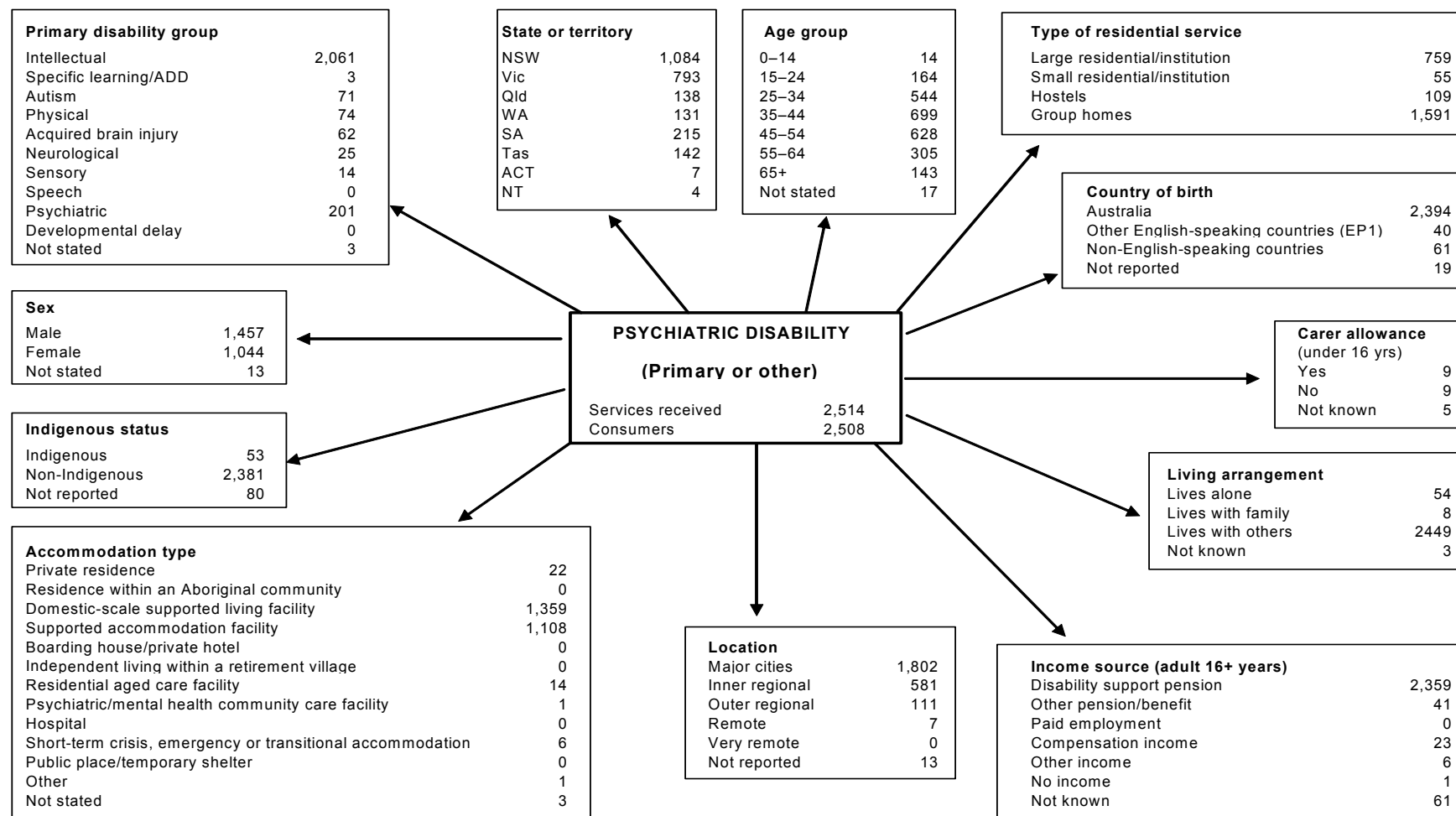
.. Not applicable.

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

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

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

.. Not applicable.



Notes: 1. All figures (except 'Consumers') are based on services received.

2. EP1 (English proficiency group 1) includes Canada, Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.

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