

7 Admitted patient mental health-related care

7.1 Introduction

In this chapter, information is presented on mental health care provided to hospital *admitted patients* in the form of *mental health-related separations*, excluding ambulatory-equivalent mental health-related separations (see Chapter 5). The data are from the National Hospital Morbidity Database (NHMD) which is a collation of data on admitted patient care in Australian hospitals (see Appendix 1 for more information on the database). Note that data on individual people are not available in this data collection; that is, there is no way of calculating how many *separations* an individual person had.

Admitted patient mental health-related separations can be divided into those that involved *specialised psychiatric care* (which are presented in Section 7.2 of this chapter) and those that did not involve specialised psychiatric care (Section 7.3). In Section 7.4, an overview is provided on separations that were not considered to be mental health-related but for which a mental health-related additional diagnosis was reported.

Key concepts

Separation refers to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). *Separation* also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. Separation data provide information on the number of hospital stays completed in a designated 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. That is, some separations will occur after same day stays in hospital, some for stays of a few days, while others 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 (for example, public psychiatric hospitals) with hospitals that concentrate on providing numerous short stays (for example, acute care hospitals).

An **admitted patient** is a patient who undergoes a hospital's formal admission process and completes an episode of care and 'separates' from the hospital.

A separation is classified as **mental health-related** for the purposes of this report 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 (that is, codes F00 to F99) or a number of other selected diagnoses (see Appendix 4 for a 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 one or more days in a specialised psychiatric unit or ward.

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Patient day means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day. 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 before 1 July 2004 provided that the separation from hospital occurred during 2004–05. 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 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 before 2004–05 and that may not be balanced by patient days associated with patients yet to separate from the hospital.

Psychiatric care days are the number of days or part-days the person received care as an admitted patient in a designated psychiatric unit or ward.

Average length of stay is the average number of patient days for admitted patient separations.

Table 7.1 provides a summary of admitted patient mental health-related separations both with and without specialised psychiatric care, as well as the *patient days*, *psychiatric care days* and *average length of stay* data related to those separations by hospital type from 2000–01 to 2004–05.

In 2004–05, there were 199,353 mental health-related separations for admitted patient care. These accounted for 2.8% of all hospital separations reported to the NHMD in 2004–05 and 63.1% of all separations (that is, ambulatory-equivalent separations and others combined) considered to be mental health-related. (See Chapter 5 for more information on ambulatory-equivalent mental health-related separations.)

Between 2000–01 and 2004–05, there was an average annual increase of 2.0% in both the number of mental health-related separations for admitted patient care and in the number of patient days for these separations. Over this same period, the average annual increase in the number of psychiatric care days was 3.7%.

Of the 199,353 mental health-related separations, 147,147 (73.8%) were from public acute hospitals, 38,183 (19.2%) were from private hospitals and 14,023 (7.0%) were from public psychiatric hospitals. Of the 116,852 separations with specialised psychiatric care, 65.2% were from public acute hospitals, 23.8% from private hospitals and 11.0% from public psychiatric hospitals. Of the 82,501 mental health-related separations without specialised psychiatric care, 86.0% were from public acute hospitals, 12.6% from private hospitals and 1.4% from public psychiatric hospitals.

The total number of separations with specialised psychiatric care increased from 107,474 in 2000–01 to 116,852 in 2004–05, with an average annual increase of 2.1%. The number of separations for public acute hospitals and private hospitals increased, showing average annual increases of 3.2% and 2.9%, respectively. However, the number of separations for public psychiatric hospitals shows an average annual decrease of 4.6%.

The total number of separations without specialised psychiatric care increased from 76,507 in 2000–01 to 82,501 in 2004–05, with an average annual increase of 1.9%. The number of separations for both public acute hospitals and public psychiatric hospitals has increased since 2000–01, showing average annual increases of 3.0% and 16.1%, respectively. However, the number of separations for private hospitals shows an average annual decrease of 5.3%.

Table 7.1: Statistics for admitted patient mental health-related separations^(a) with and without specialised psychiatric care, 2000–01 to 2004–05

	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
Separations						
Separations with specialised psychiatric care						
Public acute hospitals	67,100	71,863	73,972	76,042	76,172	3.2
Public psychiatric hospitals ^(b)	15,543	13,905	13,371	14,188	12,887	-4.6
Private hospitals	24,831	25,201	25,702	26,495	27,793	2.9
<i>Total</i>	<i>107,474</i>	<i>110,969</i>	<i>113,045</i>	<i>116,725</i>	<i>116,852</i>	<i>2.1</i>
Mental health-related separations without specialised psychiatric care						
Public acute hospitals	62,950	63,755	66,607	68,087	70,975	3.0
Public psychiatric hospitals ^{(b)(c)}	625	787	1,055	1,048	1,136	16.1
Private hospitals	12,932	11,532	11,462	11,852	10,390	-5.3
<i>Total</i>	<i>76,507</i>	<i>76,074</i>	<i>79,124</i>	<i>80,987</i>	<i>82,501</i>	<i>1.9</i>
Total mental health-related separations						
Public acute hospitals	130,050	135,618	140,579	144,129	147,147	3.1
Public psychiatric hospitals ^(b)	16,168	14,692	14,426	15,236	14,023	-3.5
Private hospitals	37,763	36,733	37,164	38,347	38,183	0.3
Total	183,981	187,043	192,169	197,712	199,353	2.0
Patient days						
Patient days for separations with specialised psychiatric care^(d)						
Public acute hospitals	960,726	1,031,566	1,078,122	1,118,512	1,208,422	5.9
Public psychiatric hospitals ^{(b)(e)}	718,943	995,700	885,541	666,275	757,916	1.3
Private hospitals	400,759	431,217	420,496	424,787	441,617	2.5
<i>Total</i>	<i>2,080,428</i>	<i>2,458,483</i>	<i>2,384,159</i>	<i>2,209,574</i>	<i>2,407,955</i>	<i>3.7</i>
Patient days for mental health-related separations without specialised psychiatric care						
Public acute hospitals	463,406	480,587	427,315	399,342	384,160	-4.6
Public psychiatric hospitals ^{(b)(c)(e)}	3,069	4,860	9,758	8,341	19,753	59.3
Private hospitals	143,467	134,021	125,438	120,186	96,120	-9.5
<i>Total</i>	<i>609,942</i>	<i>619,468</i>	<i>562,511</i>	<i>527,869</i>	<i>500,033</i>	<i>-4.8</i>
Total mental health-related patient days						
Public acute hospitals	1,424,132	1,512,153	1,505,437	1,517,854	1,592,582	2.8
Public psychiatric hospitals ^{(b)(e)}	722,012	1,000,560	895,299	674,616	777,669	1.9
Private hospitals	544,226	565,238	545,934	544,973	537,737	-0.3
Total	2,690,370	3,077,951	2,946,670	2,737,443	2,907,988	2.0
Psychiatric care days						
Public acute hospitals	942,727	1,013,946	1,061,681	1,099,446	1,183,862	5.9
Public psychiatric hospitals ^{(b)(e)}	716,176	979,331	866,761	663,541	753,328	1.3
Private hospitals	398,189	428,232	417,560	423,507	440,663	2.6
Total	2,057,092	2,421,509	2,346,002	2,186,494	2,377,853	3.7
Average length of stay						
Separations with specialised psychiatric care						
Public acute hospitals	14.3	14.4	14.6	14.7	15.9	2.6
Public psychiatric hospitals ^(b)	46.3	71.6	66.2	47.0	58.8	6.2
Private hospitals	16.1	17.1	16.4	16.0	15.9	-0.4
<i>Total</i>	<i>19.4</i>	<i>22.2</i>	<i>21.1</i>	<i>18.9</i>	<i>20.6</i>	<i>1.6</i>

(continued)

Table 7.1 (continued): Statistics for admitted patient mental health-related separations^(a) with and without specialised psychiatric care, 2000–01 to 2004–05

	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
Mental health-related separations without specialised psychiatric care						
Public acute hospitals	7.4	7.5	6.4	5.9	5.4	-7.4
Public psychiatric hospitals ^{(b)(c)}	4.9	6.2	9.2	8.0	17.4	37.2
Private hospitals	11.1	11.6	10.9	10.1	9.3	-4.4
<i>Total</i>	<i>8.0</i>	<i>8.1</i>	<i>7.1</i>	<i>6.5</i>	<i>6.1</i>	<i>-6.6</i>
All mental health-related separations						
Public acute hospitals	11.0	11.2	10.7	10.5	10.8	-0.3
Public psychiatric hospitals ^(b)	44.7	68.1	62.1	44.3	55.5	5.6
Private hospitals	14.4	15.4	14.7	14.2	14.1	-0.6
Total	14.6	16.5	15.3	13.8	14.6	-0.1

(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) 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 for those years.

(c) Mental health-related separations without specialised psychiatric care reported by public psychiatric hospitals relate to the provision of alcohol and drug treatment in New South Wales public psychiatric hospitals.

(d) These data indicate 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 since some separations will include days of specialised psychiatric care and days of other care.

(e) Statistical discharge and re-admission of long-stay patients in public psychiatric hospitals in Queensland resulted in reduced patient days and psychiatric care days for 2000–01.

Source: National Hospital Morbidity Database.

A total of 2,907,988 patient days were recorded for the 199,353 mental health-related separations. More than half of these were from public acute hospitals (1,592,582 or 54.8%), while public psychiatric hospitals reported 777,669 patient days (26.7% of total mental health-related patient days) and private hospitals reported 537,737 patient days (18.5%). Note that some public psychiatric hospitals provide very long stays for small numbers of patients. 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 before 2004–05 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 separated in the year and patients who did not. However, these data are not available nationally.

Of the 2,407,955 patient days for separations with specialised psychiatric care, 2,377,853 were psychiatric care days (98.7% of patient days).

The average length of stay for all mental health-related separations for admitted patient care was 14.6 days. The average length of stay was much longer for separations from public psychiatric hospitals (55.5 days) than for private hospitals (14.1) and public acute hospitals (10.8). The average length of stay for separations with specialised care was greater than that for mental health-related separations without specialised psychiatric care (20.6 and 6.1 days respectively).

7.2 Specialised admitted patient mental health care

As mentioned in the previous section, specialised admitted patient mental health care refers to those separations for which the patient is reported as having one or more days of specialised psychiatric care. This involves care in a specialised psychiatric unit or ward. Of the 199,353 mental health-related separations for admitted patient care, 116,852 (58.6%) involved specialised psychiatric care (Table 7.1).

Separations with specialised psychiatric care

Table 7.2 presents information on separations with specialised psychiatric care for Australia as a whole, as well as for each state and territory. Numbers of separations and patient days per 1,000 population are also presented in order to account for variations in the population size and age structure of each jurisdiction. It should be noted that differences in the data presented by jurisdictions may reflect differences in service delivery practices, admission practices and/or the types of establishments categorised as hospitals. Interpretation of the differences between jurisdictions therefore needs to be done with care.

Of the 116,852 separations with specialised psychiatric care, 76,172 (65.2%) were from public acute hospitals, 27,793 (23.8%) from private hospitals and 12,887 (11.0%) from public psychiatric hospitals.

Across the jurisdictions, New South Wales reported the highest number of separations with specialised psychiatric care (36,517), followed by Queensland (27,322) and Victoria (24,858). However, Queensland had the highest number of separations with specialised care per 1,000 population (7.1), followed by South Australia (6.6) and Western Australia (5.9). Due to confidentiality reasons, data on separations and patient days for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory cannot be published, and therefore the total number of separations for these jurisdictions cannot be published. However, these separations and patient days are included in the national total.

New South Wales also reported the highest number of patient days (847,086), followed by Queensland (567,758) and Victoria (470,230). However, when differences in population size and age structure across the jurisdictions are taken into account, the data indicate that Queensland had the highest number of patient days per 1,000 population (147.0), followed by South Australia (130.1) and New South Wales (125.0).

Table 7.3 shows the number of separations with specialised psychiatric care by hospital type and the patient's mental health legal status. For 64.4% of these separations, the patient's mental health legal status was 'voluntary'. There were 39,838 separations where the patient's mental health legal status was 'involuntary'. Public psychiatric hospitals had the highest proportion of separations where the patient's mental health legal status was 'involuntary' (61.5%), compared with public acute hospitals (41.5%) and private hospitals (1.0%).

Table 7.2: Separation^(a) statistics for admitted patient separations with specialised psychiatric care, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public acute hospitals	20,444	16,966	20,327	6,818	6,356	2,948	1,139	1,174	76,172
Public psychiatric hospitals	8,018	390	524	1,586	2,125	244	..	..	12,887
Private hospitals	8,055	7,502	6,471	3,327	1,699	n.p.	n.p.	n.p.	27,793
Total	36,517	24,858	27,322	11,731	10,180	n.p.	n.p.	n.p.	116,852
Separations per 1,000 population^(b)									
Public acute hospitals	3.1	3.4	5.3	3.5	4.2	6.4	3.4	5.7	3.8
Public psychiatric hospitals	1.2	0.1	0.1	0.8	1.4	0.5	..	..	0.6
Private hospitals	1.2	1.5	1.7	1.7	1.1	n.p.	n.p.	n.p.	1.4
Total	5.4	4.9	7.1	5.9	6.6	n.p.	n.p.	n.p.	5.8
Patient days									
Public acute hospitals	347,971	317,051	274,100	126,476	92,151	25,874	13,697	11,102	1,208,422
Public psychiatric hospitals	355,199	41,221	194,964	50,316	89,433	26,783	..	..	757,916
Private hospitals	143,916	111,958	98,694	49,972	24,040	n.p.	n.p.	n.p.	441,617
Total	847,086	470,230	567,758	226,764	205,624	n.p.	n.p.	n.p.	2,407,955
Patient days per 1,000 population^(b)									
Public acute hospitals	51.6	62.9	71.1	65.3	58.2	55.9	40.6	54.6	59.9
Public psychiatric hospitals	52.3	8.3	50.7	25.3	56.8	54.4	..	..	37.7
Private hospitals	21.1	22.1	25.2	25.1	15.1	n.p.	n.p.	n.p.	21.6
Total	125.0	93.2	147.0	115.7	130.1	n.p.	n.p.	n.p.	119.2
Psychiatric care days									
Public acute hospitals	329,182	317,051	270,607	124,368	92,151	25,874	13,592	11,037	1,183,862
Public psychiatric hospitals	350,611	41,221	194,964	50,316	89,433	26,783	..	..	753,328
Private hospitals	143,376	111,958	98,607	49,648	24,040	n.p.	n.p.	n.p.	440,663
Total	823,169	470,230	564,178	224,332	205,624	n.p.	n.p.	n.p.	2,377,853

(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.

Table 7.3: Admitted patient 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	31,625	7,924	289	39,838
Voluntary	42,816	4,963	27,443	75,222
Total^(b)	76,172	12,887	27,793	116,852

(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 where mental health legal status was not reported.

Source: National Hospital Morbidity Database.

Patient demographics

Table 7.4 presents information on the number of separations with specialised psychiatric care in 2004–05 according to the characteristics of those receiving care. In addition, a rate (per 1,000 population) is given in order to take into account relative population sizes and age structures. As these are reports of separations (rather than persons), the rates cannot be interpreted as the number of people with specific characteristics per 1,000 population who received specialised admitted patient mental health care. Instead, they provide information on the number of separations relative to the size of the population subgroup.

There were more separations with specialised psychiatric care reported for patients in the 25 to 34 and 35 to 44 years age groups (23.7% and 21.0%, respectively) than for any of the other age groups. The smallest percentage of separations was for patients aged less than 15 years (1.9%).

Female patients accounted for 52.0% of separations while males accounted for 48.0%; relative to their population size and age structure, females had more separations than males (6.0 and 5.6 per 1,000 population, respectively).

Only data on Indigenous status for selected jurisdictions – Queensland, Western Australia, South Australia and public hospitals in the Northern Territory – were considered to be of acceptable quality for analytical purposes (AIHW 2005c) and thus only data from those jurisdictions are presented in Table 7.4. Note that separations for those four jurisdictions are not necessarily representative of those in the other jurisdictions and that caution should be used in the interpretation of these data due to jurisdictional differences in data quality. The data indicate that there were fewer separations with specialised psychiatric care reported for Indigenous Australians than for other Australians (5.8 per 1,000 population and 6.7 per 1,000 population, respectively).

Australian-born patients had a higher rate of separation than those born overseas (6.3 and 3.6 separations per 1,000 population, respectively).

The majority of separations with specialised psychiatric care was for patients living in Major cities (70.3%). This was followed by those living in Inner regional areas (20.4%). However, when variations in population size and age structure of the different areas were taken into account, the rate of separations for patients who were resident in these two areas were similar (that is, 5.9 and 5.8 separations per 1,000 population, respectively).

The most frequently reported marital status was ‘never married’ (53.4%), followed by ‘married’ (28.6%).

Table 7.4: Admitted patient separations^(a) with specialised psychiatric care 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	2,230	1.9	0.6
15–24 years	20,056	17.2	7.3
25–34 years	27,646	23.7	9.6
35–44 years	24,538	21.0	8.2
45–54 years	17,801	15.2	6.5
55–64 years	11,084	9.5	5.3
65 years and over	13,496	11.5	5.2
Sex			
Male	56,094	48.0	5.6
Female	60,757	52.0	6.0
Indigenous status^(e)			
Indigenous Australians	2,617	5.2	5.8
Other Australians ^(f)	47,790	94.8	6.7
Country of birth			
Australia	92,437	82.1	6.3
Overseas	20,097	17.9	3.6
Area of usual residence			
Major cities	80,174	70.3	5.9
Inner regional	23,261	20.4	5.8
Outer regional	9,031	7.9	4.7
Remote	911	0.8	2.9
Very remote	643	0.6	3.6
Marital status^(g)			
Never married	58,382	53.4	..
Widowed	5,107	4.7	..
Divorced	8,749	8.0	..
Separated	5,846	5.3	..
Married	31,338	28.6	..
Total	116,852	100.0	5.8

(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) Data on Indigenous status only includes data for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory since the quality of the Indigenous identification data in these jurisdictions was 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.

Table 7.5: Admitted patient separations^(a) with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, 2004–05

Principal diagnosis	Public acute hospitals			Public psychiatric hospitals			Private hospitals			Per cent
	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Public acute hospitals	Public psychiatric hospitals	Private hospitals	
F00–F03	720	208	109	720	208	109	1,037	1,037	109	0.9
F04–F09	602	144	142	602	144	142	888	888	142	0.8
F10	1,590	521	2,242	1,590	521	2,242	4,353	4,353	2,242	3.7
F11–F19	3,498	729	900	3,498	729	900	5,127	5,127	900	4.4
F20	17,453	3,237	1,227	17,453	3,237	1,227	21,917	21,917	1,227	18.8
F21, F24, F28, F29	1,576	291	74	1,576	291	74	1,941	1,941	74	1.7
F22	836	148	102	836	148	102	1,086	1,086	102	0.9
F23	1,397	202	111	1,397	202	111	1,710	1,710	111	1.5
F25	5,306	973	1,265	5,306	973	1,265	7,544	7,544	1,265	6.5
F30	560	56	53	560	56	53	669	669	53	0.6
F31	7,171	1,173	2,536	7,171	1,173	2,536	10,880	10,880	2,536	9.3
F32	10,781	1,102	6,978	10,781	1,102	6,978	18,861	18,861	6,978	16.1
F33	3,295	232	5,476	3,295	232	5,476	9,003	9,003	5,476	7.7
F34	1,037	138	379	1,037	138	379	1,554	1,554	379	1.3
F38–F39	108	43	45	108	43	45	196	196	45	0.2
F40	50	11	58	50	11	58	119	119	58	0.1
F41	927	62	987	927	62	987	1,976	1,976	987	1.7
F42	243	13	235	243	13	235	491	491	235	0.4
F43	7,367	1,358	2,655	7,367	1,358	2,655	11,380	11,380	2,655	9.7
F44	134	13	265	134	13	265	412	412	265	0.4
F45, F48	74	13	65	74	13	65	152	152	65	0.1
F50	647	35	824	647	35	824	1,506	1,506	824	1.3
F51–F59	143	27	113	143	27	113	283	283	113	0.2
F60	3,696	481	442	3,696	481	442	4,619	4,619	442	4.0
F61–F69	159	72	46	159	72	46	277	277	46	0.2
F70–F79	140	49	8	140	49	8	197	197	8	0.2
F80–F89	135	49	11	135	49	11	195	195	11	0.2
F90	96	15	8	96	15	8	119	119	8	0.1
F91	281	60	n.p.	281	60	n.p.	n.p.	n.p.	n.p.	0.3
F92–F98	246	60	8	246	60	8	314	314	8	0.3
F99	287	9	12	287	9	12	308	308	12	0.3
G30	501	141	76	501	141	76	718	718	76	0.6
	251	367	n.p.	251	367	n.p.	n.p.	n.p.	n.p.	0.5
	195	11	39	195	11	39	245	245	39	0.2
	4,670	844	293	4,670	844	293	5,807	5,807	293	5.0
Total	76,172	12,887	27,793	76,172	12,887	27,793	116,852	116,852	27,793	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) 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.

Principal diagnosis

Table 7.5 presents the principal diagnoses recorded for separations with specialised psychiatric care using various groupings of diagnosis codes from the *International Classification of Diseases, 10th revision, Australian Modification (ICD-10-AM)*. Further information on this classification is included in Appendix 3.

Overall, separations with the principal diagnosis *Schizophrenia* (F20) were the most common, accounting for 18.8% of separations with specialised psychiatric care. This was followed by principal diagnoses of *Depressive episode* (F32; 16.1%) and *Reaction to severe stress and adjustment disorders* (F43; 9.7%).

Of all public acute hospital separations with specialised psychiatric care, 22.9% had a principal diagnosis of *Schizophrenia* (F20). This was also the most frequently reported principal diagnosis for public psychiatric hospitals, accounting for 25.1% of separations. In contrast, for private hospitals, the most common principal diagnosis was *Depressive episode* (F32; 25.1%).

Procedures

Table 7.6 details 10 procedures (or interventions) most frequently reported for separations with specialised psychiatric care. Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on this classification is included in Appendix 3.

For the 116,852 separations with specialised psychiatric care, there were a total of 145,872 procedures reported. No procedure was reported for almost half (48.9%) of the separations with specialised psychiatric care. The most frequently reported procedures were *General anaesthesia, American Society of Anesthesiologists (ASA) 99* (25,382 procedures for 10,659 separations), *Allied health intervention, social work* (20,155 procedures for 20,124 separations) and *Allied health intervention, occupational therapy* (13,716 procedures for 13,702 separations).

7.3 Non-specialised admitted patient mental health care

In contrast with the previous section, which focused on separations with specialised psychiatric care, this section presents information on mental health-related separations that did not involve any specialised psychiatric care (that is, the patient did not receive one or more days of care in a specialised psychiatric unit or ward).

There were 82,501 mental health-related separations without specialised psychiatric care, accounting for 41.4% of all mental health-related separations for admitted patient care (that is, including those separations with specialised psychiatric care). As described earlier, these separations are classified as mental health-related because the reported principal diagnosis for the separation is either one that falls within the chapter on mental and behavioural disorders in the ICD-10-AM classification (codes F00 to F99) or is one of a number of other selected diagnoses (see Appendix 4).

Table 7.6: The 10 most frequently reported procedures for admitted patient separations^(a) with specialised psychiatric care, 2004–05

Procedure	Procedures ^(b)		Separations	
	Number	Per cent	Number	Per cent
92514–99 General anaesthesia, ASA 99	25,382	17.4	10,659	9.1
95550–01 Allied health intervention, social work	20,155	13.8	20,124	17.2
95550–02 Allied health intervention, occupational therapy	13,716	9.4	13,702	11.7
93340–02 Electroconvulsive therapy [ECT] ≤ 12 treatments	13,580	9.3	13,296	11.4
95550–10 Allied health intervention, psychology	6,639	4.6	6,634	5.7
92514–29 General anaesthesia, ASA 29	5,226	3.6	1,598	1.4
56001–00 Computerised tomography of brain	4,721	3.2	4,703	4.0
95550–00 Allied health intervention, dietetics	3,873	2.7	3,872	3.3
95550–11 Allied health intervention, other	3,834	2.6	3,828	3.3
96180–00 Other psychotherapies or psychosocial therapies	3,661	2.5	3,658	3.1
Other reported procedures	45,085	30.9	24,372	20.9
No procedure reported	..	..	57,172	48.9
Total	145,872	100.0	116,852^(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 as multiple procedures can be reported for each separation.

.. Not applicable.

Source: National Hospital Morbidity Database.

Mental health-related separations without specialised psychiatric care

Table 7.7 presents the number of separations and patient days for mental health-related separations without specialised psychiatric care for Australia overall and for each state and territory. Numbers of separations and patient days per 1,000 population are also presented to account for variations in the population size and age structure of each jurisdiction.

Of the 82,501 mental health-related separations without specialised psychiatric care, 70,975 (86.0%) were from public acute hospitals, 10,390 (12.6%) from private hospitals and 1,136 (1.4%) from public psychiatric hospitals.

Across jurisdictions, New South Wales reported the highest number of mental health-related separations without specialised psychiatric care (27,147), followed by Victoria (24,369) and Queensland (11,083). However, South Australia had the highest number of these separations per 1,000 population (5.2), followed by Victoria (4.8) and Western Australia (4.5). Due to confidentiality reasons, data on separations and patient days cannot be published for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory. However, these separations and patient days are included in the national total.

New South Wales also reported the largest number of patient days for mental health-related separations without specialised psychiatric care (180,210), followed by Victoria (124,331) and

Queensland (77,932). New South Wales also had the highest number of patient days per 1,000 population (25.6), followed by Western Australia (24.9) and South Australia (24.3).

Table 7.7: Admitted patient separations^(a) and patient days for mental health-related separations without specialised psychiatric care, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public acute hospitals	24,859	21,968	8,422	6,349	7,438	1,303	307	329	70,975
Public psychiatric hospitals ^(b)	1,136	0	0	0	0	0	..	..	1,136
Private hospitals	1,152	2,401	2,661	2,460	714	n.p.	n.p.	n.p.	10,390
Total	27,147	24,369	11,083	8,809	8,152	n.p.	n.p.	n.p.	82,501
Separations per 1,000 population^(c)									
Public acute hospitals	3.7	4.4	2.2	3.2	4.8	2.7	1.0	2.0	3.5
Public psychiatric hospitals ^(b)	0.2	0.0	0.0	0.0	0.0	0.0	..	..	0.1
Private hospitals	0.2	0.5	0.7	1.3	0.4	n.p.	n.p.	n.p.	0.5
Total	4.0	4.8	2.9	4.5	5.2	n.p.	n.p.	n.p.	4.1
Patient days									
Public acute hospitals	147,924	102,377	43,493	37,530	35,595	12,952	2,821	1,468	384,160
Public psychiatric hospitals ^(b)	19,753	0	0	0	0	0	..	..	19,753
Private hospitals	12,533	21,954	34,439	10,077	5,476	n.p.	n.p.	n.p.	96,120
Total	180,210	124,331	77,932	47,607	41,071	n.p.	n.p.	n.p.	500,033
Patient days per 1,000 population^(c)									
Public acute hospitals	21.0	19.6	11.4	19.6	21.2	28.1	10.2	15.4	18.6
Public psychiatric hospitals ^(b)	2.9	0.0	0.0	0.0	0.0	0.0	..	..	1.0
Private hospitals	1.8	4.3	8.9	5.3	3.1	n.p.	n.p.	n.p.	4.7
Total	25.6	23.9	20.3	24.9	24.3	n.p.	n.p.	n.p.	24.2

(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) Mental health-related separations without specialised psychiatric care reported by NSW public psychiatric hospitals were for alcohol and drug treatment episodes.

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

.. Not applicable.

n.p. Not published.

Source: National Hospital Morbidity Database.

Patient demographics

Table 7.8 presents information on the number and rate of mental health-related separations without specialised psychiatric care in 2004–05 according to the demographic characteristics of those receiving care.

Relative to their population size, there were more mental health-related separations without specialised psychiatric care reported for patients aged 65 years and over (7.7 per 1,000 population) than for each of the other age groups. The smallest number of separations per 1,000 population was for patients aged less than 15 years (1.7).

Female patients accounted for 52.7% of separations while males accounted for 47.3%; relative to their population size and age structure, females also had more separations per 1,000 population than males (4.2 and 4.0, respectively).

As noted previously, due to data quality issues, only Indigenous status data for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory were used (AIHW 2005c), but separations for these four jurisdictions are not necessarily representative of those in the other jurisdictions and caution should be used in the interpretation of these data due to jurisdictional differences in data quality. When taking into account the population size and age distribution of the Indigenous and non-Indigenous populations of those four jurisdictions, the number of separations per 1,000 population was higher for Indigenous Australians than for other Australians (11.8 and 3.5 per 1,000 population, respectively).

The number of separations per 1,000 population shows that Australian-born patients have a higher rate of separation than those patients born overseas (4.3 and 2.6 separations per 1,000 population, respectively).

The majority of mental health-related separations without specialised psychiatric care reported were for patients living in Major cities (59.6%). However, the highest number of separations per 1,000 population was for patients in Very remote areas (7.6 per 1,000 population).

The reporting of 'marital status' is not mandatory for separations without specialised psychiatric care. These data were not reported for the majority of these separations and therefore have not been included in this report.

Principal diagnosis

Table 7.9 presents the principal diagnoses recorded for mental health-related separations without specialised psychiatric care using various groupings of diagnosis codes from ICD-10-AM. Overall, separations with the principal diagnosis of *Mental and behavioural disorders due to use of alcohol* (F10) were the most common, accounting for 17.6% of separations without specialised psychiatric care. This was followed by principal diagnoses of *Depressive episode* (F32; 14.2%) and *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19; 7.4%).

For public acute hospitals, the most commonly reported principal diagnosis was also *Mental and behavioural disorders due to use of alcohol* (F10; 18.1%), while *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19) was the most common principal diagnosis for public psychiatric hospitals (39.8%). *Reaction to severe stress and adjustment disorders* (F43) was the most common principal diagnosis for private hospitals (15.3%).

Table 7.8: Mental health-related admitted patient separations^(a) without specialised psychiatric care 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	6,707	8.1	1.7
15–24 years	9,413	11.4	3.4
25–34 years	15,708	19.0	5.5
35–44 years	14,418	17.5	4.8
45–54 years	9,928	12.0	3.8
55–64 years	6,255	7.6	3.0
65 years and over	20,072	24.3	7.7
Sex			
Male	39,017	47.3	4.0
Female	43,483	52.7	4.2
Indigenous status^(e)			
Indigenous Australians	2,669	9.4	11.8
Other Australians ^(f)	25,734	90.6	3.5
Country of birth			
Australia	64,863	81.6	4.3
Overseas	14,609	18.4	2.6
Area of usual residence			
Major cities	48,151	59.6	3.6
Inner regional	17,385	21.5	4.1
Outer regional	11,844	14.7	5.9
Remote	2,145	2.7	6.9
Very remote	1,267	1.6	7.6
Total	82,501	100.0	4.1

(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) Data on Indigenous status only includes data for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory since the quality of the Indigenous identification data in these jurisdictions was 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).

Source: National Hospital Morbidity Database.

Table 7.9: Mental health-related admitted patient separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, 2004–05

Principal diagnosis	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Per cent
F00–F03	4,031	n.p.	662	n.p.	5.7
F04–F09	3,320	n.p.	471	n.p.	4.6
F10	12,835	258	1,467	14,560	17.6
F11–F19	5,228	452	425	6,105	7.4
F20	4,355	64	65	4,484	5.4
F21, F24, F28, F29	1,111	6	30	1,147	1.4
F22	549	0	38	587	0.7
F23	1,097	18	25	1,140	1.4
F25	1,090	14	39	1,143	1.4
F30	278	0	14	292	0.4
F31	2,291	24	231	2,546	3.1
F32	10,400	41	1,266	11,707	14.2
F33	2,741	20	252	3,013	3.7
F34	207	11	44	262	0.3
F38–F39	58	0	7	65	0.1
F40	36	0	13	49	0.1
F41	4,203	n.p.	787	n.p.	6.0
F42	45	0	6	51	0.1
F43	3,605	47	1,588	5,240	6.4
F44	794	n.p.	56	n.p.	1.0
F45, F48	428	n.p.	194	n.p.	0.8
F50	862	n.p.	84	n.p.	1.1
F51–F59	678	0	332	1,010	1.2
F60	1,028	12	40	1,080	1.3
F61–F69	120	n.p.	52	n.p.	0.2
F70–F79	151	0	n.p.	n.p.	0.2
F80–F89	397	n.p.	87	n.p.	0.6
F90	56	0	5	61	0.1
F91	393	0	n.p.	n.p.	0.5
F92–F98	468	0	n.p.	n.p.	0.6
F99	228	0	n.p.	n.p.	0.3
G30	1,660	0	390	2,050	2.5
	476	156	49	681	0.8
Total	70,975	1,136	10,390	82,501	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) 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. n.p. Not published.

Source: National Hospital Morbidity Database.

Procedures

Table 7.10 details the 10 procedures or interventions most frequently reported for mental health-related separations without specialised psychiatric care. Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on the classification is included in Appendix 3.

For the 82,501 mental health-related separations without specialised psychiatric care, there were 94,746 procedures reported; no procedure was reported for almost half (48.4%) of the separations. The most frequently reported procedures were *Allied health intervention, social work* (11,597 procedures for 11,572 separations), *Allied health intervention, physiotherapy* (8,139 procedures for 8,121 separations) and *Electroconvulsive therapy ≤ 12 treatments* (6,552 procedures for 6,550 separations).

Table 7.10: The 10 most frequently reported procedures for mental health-related admitted patient separations^(a) without specialised psychiatric care, 2004–05

Procedure	Procedures ^(b)		Separations	
	Number	Per cent	Number	Per cent
95550–01 Allied health intervention, social work	11,597	12.2	11,572	14.0
95550–03 Allied health intervention, physiotherapy	8,139	8.6	8,121	9.8
93340–02 Electroconvulsive therapy ≤ 12 treatments	6,552	6.9	6,550	7.9
56001–00 Computerised tomography of brain	6,345	6.7	6,309	7.6
92514–99 General anaesthesia, ASA 99	6,226	6.6	5,880	7.1
95550–02 Allied health intervention, occupational therapy	5,557	5.9	5,547	6.7
95550–00 Allied health intervention, dietetics	3,901	4.1	3,899	4.7
92003–00 Alcohol detoxification	3,401	3.6	3,401	4.1
96175–00 Mental/behavioural assessment	2,777	2.9	2,776	3.4
92006–00 Drug detoxification	2,531	2.7	2,530	3.1
Other reported procedures	37,720	39.8	20,246	24.5
No procedure reported	..	..	39,892	48.4
Total^(c)	94,746	100.0	82,501	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.

7.4 Separations with mental health-related additional diagnoses

In addition to the 199,353 admitted patient mental health-related separations, there were 297,689 separations that were not classed as mental health-related (that is, did not have a mental health-related principal diagnosis or receive specialised psychiatric care) but had at least one mental health-related additional diagnosis. These separations accounted for 2,810,018 patient days.

In relation to these separations, the most commonly reported mental health-related additional diagnoses were *Mental and behavioural disorders due to use of alcohol* (F10; 54,617 separations), *Depressive episode* (F32; 53,195 separations) and *Unspecified dementia* (F03; 51,043 separations).

The most commonly reported principal diagnoses for these separations were *Care involving use of rehabilitation procedures* (Z50; 17,694 separations), *Other chronic obstructive pulmonary disease* (J44; 10,685 separations) and *Pneumonia, organism unspecified* (J18; 7,753 separations).

7.5 Additional data

Additional tables containing data on mental health-related admitted patient separations are available from the AIHW's website. As well, additional data on mental health-related separations for admitted patient mental health care from the NHMD can be accessed via interactive data cubes found 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.