

Mental health services in Australia 1999–00

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MENTAL HEALTH SERVICES

Number 3

Mental health services in Australia 1999–00

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Foreword

The Australian Institute of Health and Welfare is pleased to present *Mental Health Services in Australia 1999–00*, the third in the Institute's mental health series. This report presents available data on mental health-related care delivered by a variety of specialised and general health care services. In comparison with previous reports, this report presents a broader range of data on mental health-related care to provide a more comprehensive and integrated picture of mental health care in Australia.

Detailed data are presented on the specialised psychiatric and other mental health-related services provided by public and private hospitals for admitted patients. The publication includes expenditure, staffing and resource data for private hospitals, public hospitals and public community mental health care services. The mental health-related services provided by general practitioners, private psychiatrists and some disability support services are also reported.

Although the scope of data has been expanded in this report, significant gaps remain. Importantly, data on the client activity of public community mental health care services were not available for inclusion in this report. However, collection of these data is currently under way in States and Territories. These data will be reported in future years and will provide valuable information on those receiving mental health care services in community settings. Similar developments would also be welcomed for mental health-related services provided by non-government organisations.

Production of this publication has been assisted by funding from the Commonwealth Department of Health and Ageing under the National Mental Health Strategy and was developed under the guidance of the National Mental Health Working Group Information Strategy Committee.

The report and the data presented in it are under continuing review and readers are invited to comment.

Richard Madden
Director
March 2002

Contents

Foreword.....	v
List of tables	viii
Acknowledgments	xxii
Abbreviations	xxiii
Highlights	xxv
1 Introduction	1
Background.....	1
Report structure.....	3
Data sources.....	4
This report and data on the Internet.....	10
2 Ambulatory mental health care.....	11
Overview.....	11
Mental health care in general practice.....	12
Private psychiatrist services.....	15
Hospital-based mental health care for non-admitted patients.....	15
Commonwealth/State Disability Agreement-funded mental health-related non-residential care provided by disability support services	16
3 Community residential and admitted patient mental health care.....	41
Data sources and methods.....	41
Overview	42
Residential care provided by public community mental health establishments.....	45
Admitted patient mental health care.....	45
Patient demographics.....	48
Principal diagnoses.....	50
Australian Refined Diagnosis Related Groups	57
Other related data.....	62
Commonwealth/State Disability Agreement-funded mental health-related residential care provided by disability support services.....	64
4 Specialised mental health care labour force and establishments	160
Psychiatrists	160
Expenditure on mental health-related medications.....	161
Public community mental health establishments.....	162

Psychiatric and acute care hospitals	163
Appendix 1: National Minimum Data Sets for Mental Health Care	186
Appendix 2: Codes used to define mental health-related care and medications	193
Appendix 3: AR-DRG descriptions	200
Appendix 4: Calculations for 1999-00 patient day estimates and trimming procedure for length of stay.....	202
Appendix 5: Population estimates and indirect age-standardisation	208
Appendix 6: National Survey of Mental Health Services.....	215
Appendix 7: Establishments contributing to this report	217
Glossary.....	218
References	226

List of tables

2 Ambulatory mental health care

Overview of ambulatory mental health care

Table 2.1	Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 1999-00	18
-----------	--	----

Mental health care in general practice

Table 2.2	Most frequently reported mental health-related patient reasons for encounter by patient sex (per cent), BEACH, 1999-00.....	20
Table 2.3	Encounters with one or more mental health-related reasons for encounter by sex and age group of patient (per cent), BEACH, 1999-00	21
Table 2.4	Most frequently reported mental health problems managed by patient sex, BEACH, 1999-00	22
Table 2.5	Encounters with one or more mental health-related problems managed by patient age group and sex (per cent), BEACH 1999-00	23
Table 2.6	Referrals for mental health-related problems, BEACH, 1999-00.....	24
Table 2.7	The most frequently referred mental health-related problems by patient sex, BEACH, 1999-00	25
Table 2.8	Clinical treatments provided for mental health-related problems by general practitioners, BEACH, 1999-00	26
Table 2.9	The mental health-related problems most frequently managed by general practitioners clinical treatments by patient sex, BEACH, 1999-00	27
Table 2.10	Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems by drug group and generic drug name by patient sex, BEACH, 1999-00.....	28
Table 2.11	The mental health-related problems for which medications were most frequently prescribed, supplied or recommended by patient sex, BEACH, 1999-00	30

Table 2.12	Pharmaceutical Benefits Schedule-funded mental health-related prescriptions by general practitioners by mental health-related Anatomical Therapeutic Chemical groups, States and Territories, 1999-00.....	31
Table 2.13	Mental health-related problems most frequently referred by general practitioners to psychiatrists by patient sex, BEACH, 1999-00	32

Private psychiatrist services

Table 2.14	Private psychiatrist services funded through Medicare by schedule item and patient sex, States and Territories, 1999-00.....	33
Table 2.15	Private psychiatrist services funded through Medicare by schedule item and patient sex and age group, Australia, 1999-00.....	35
Table 2.16	Pharmaceutical Benefit Scheme-funded mental health-related prescriptions by private psychiatrists, by mental health-related Anatomical Therapeutic Chemical group, States and Territories, 1999-00.....	37

Hospital-based mental health care for non-admitted patients

Table 2.17	Mental health-related non-admitted patient occasions of service, by type of non-admitted patient care, public acute care and psychiatric hospitals, States and Territories, 1999-00.....	38
------------	--	----

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

Table 2.18	Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day, by age group and sex, Australia, 2000.....	39
Table 2.19	Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day, by service type, States and Territories, 2000	39
Table 2.20	Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day by country of birth and service type, Australia, 2000	40
Table 2.21	Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day by Indigenous status and service type, Australia, 2000	40

3 Community residential and admitted patient mental health care

Overview of community residential and admitted patient mental health care

Table 3.1	Summary of separations for mental health-related residential and admitted patient care, States and Territories, 1999–00	65
Table 3.2	Summary of patient days for mental health-related admitted patient care, States and Territories, 1999–00.....	70
Table 3.3	Mental health-related separations and patient days, by principal diagnosis category, Australia, 1998–99 and 1999–00.....	74
Table 3.4	Mental health-related separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories, 1999–00	75

Patient demographics

Table 3.5	Mental health-related separations, by sex and age group, Australia, 1999–00	77
Table 3.6	Mental health-related separations with specialised psychiatric care, by mental health legal status, sex and age group, Australia, 1999–00.....	78
Table 3.7a	Mental health-related separations with specialised psychiatric care, by rural, remote and metropolitan region of area of usual residence of the patient, by hospital type and State or Territory of usual residence, 1999–00	79
Table 3.7b	Mental health-related separations without specialised psychiatric care, by rural, remote and metropolitan region of area of usual residence of the patient, by hospital type and State or Territory of usual residence, 1999–00	80
Table 3.8	Mental health-related separations with specialised psychiatric care by marital status and sex, States and Territories, 1999–00.....	81
Table 3.9	Mental health-related separations by Aboriginal and Torres Strait Islander status and rural, remote and metropolitan region of area of usual residence, Australia, 1999–00	82
Table 3.10	Mental health-related separations by country of birth, Australia, 1999–00	83

Principal diagnosis

National overview

Table 3.11	Separations, patient days and psychiatric care days for mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings, Australia, 1999-00	84
Table 3.12a	Mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 1999-00.....	85
Table 3.12b	Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 1999-00.....	86
Table 3.13a	Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999-00.....	87
Table 3.13b	Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999-00.....	89
Table 3.14a	Separations, patient days and psychiatric care days for separations with specialised psychiatric care and the 30 most frequently reported principal diagnoses in 3-character ICD-10-AM groupings, Australia, 1999-00.....	90
Table 3.14b	Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care and the 30 most frequently reported principal diagnoses in 3-character ICD-10-AM groupings, Australia, 1999-00	91

States and Territories

Table 3.15a	Same day mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999-00	92
Table 3.15b	Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999-00	93
Table 3.16a	Overnight mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999-00	94
Table 3.16b	Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999-00	95

Table 3.17a	Patient days for mental health-related overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999–00	96
Table 3.17b	Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999–00	97
Table 3.18	Psychiatric care days for overnight mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, 1999–00	98

Sex and age group

Table 3.19a	Same day mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00	99
Table 3.19b	Same day mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00.....	100
Table 3.20a	Same day mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00	101
Table 3.20b	Same day mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00.....	102
Table 3.21a	Overnight mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00.....	103
Table 3.21b	Overnight mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00.....	104
Table 3.22a	Overnight mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00.....	105
Table 3.22b	Overnight mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00.....	106

Table 3.23a	Patient days for overnight mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00 .....107
Table 3.23b	Patient days for mental health-related overnight separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00 .....108
Table 3.24a	Patient days for overnight mental health-related separations with specialised psychiatric care, for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00 .....109
Table 3.24b	Patient days for mental health-related overnight separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00 .....110
Table 3.25	Psychiatric care days for overnight mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00 .....111
Table 3.26	Psychiatric care days for overnight mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00 ....112

Aboriginal and Torres Strait Islander patients

Table 3.27	Mental health-related separations reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 1999-00 .....113
------------	---

Mental health legal status

Table 3.28	Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, public acute hospitals, Australia, 1999-00 .....114
Table 3.29	Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 1999-00 .....115
Table 3.30	Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 1999-00.....116

Psychoactive substances use

Table 3.31	Separations, patient days and psychiatric care days for separations with a principal diagnosis of a mental or behavioural disorder due to psychoactive substances use and an additional diagnosis of another mental health-related condition, Australia, 1999–00 .....117
Table 3.32	Separations, patient days and psychiatric care days for separations with a mental health-related principal diagnosis (excluding disorders due to psychoactive substances use) and an additional diagnosis of a mental or behavioural disorder due to psychoactive substance use, Australia, 1999–00 .....118

Self harm

Table 3.33	Separations, patient days and psychiatric care days for mental health-related separations with an intentional self-harm reported as an external cause of injury or poisoning, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00 .....119
------------	--

Australian Refined Diagnosis Related Groups

National overview

Table 3.34a	Mental health-related separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, Australia, 1999–00 .....120
Table 3.34b	Mental health-related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, Australia, 1999–00 .....121
Table 3.35a	Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 1999–00 .....122
Table 3.35b	Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 1999–00 .....123
Table 3.36a	Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 1999–00 .....124
Table 3.36b	Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 1999–00 .....125

Table 3.37	Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public psychiatric hospitals, Australia, 1999-00	126
------------	---	-----

States and Territories

Table 3.38	Overnight mental health-related separations for the 15 most frequently reported AR-DRGs, public acute hospitals, States and Territories, 1999-00	127
------------	--	-----

Table 3.39	Overnight mental health-related separations for the 15 most frequently reported AR-DRGs, private hospitals, States and Territories, 1999-00	128
------------	---	-----

Table 3.40	Overnight mental health-related separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, public psychiatric hospitals, States and Territories, 1999-00	129
------------	--	-----

Sex and age group

Table 3.41	Overnight mental health-related separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 1999-00	130
------------	---	-----

Table 3.42	Overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 1999-00	131
------------	--	-----

Length of stay

Table 3.43a	Average length of stay (days) of overnight mental health-related separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999-00	132
-------------	--	-----

Table 3.43b	Average length of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999-00	133
-------------	---	-----

Table 3.44a	Median length of stay (days) of overnight mental health-related separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999-00	134
-------------	---	-----

Table 3.44b	Median length of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999-00	135
-------------	--	-----

Table 3.45a	Average length of stay (days) of overnight mental health-related separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 1999-00	136
-------------	---	-----

Table 3.45b	Average length of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs by hospital type, States and Territories, 1999-00 .....138
Table 3.46a	Median length of stay of stay (days) of overnight mental health-related separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 1999-00 .....139
Table 3.46b	Median length of stay of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 1999-00.....141

Other related data

Table 3.47a	The 30 most frequently reported procedures for mental health-related separations with specialised psychiatric care, Australia, 1999-00.....142
Table 3.47b	The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, Australia, 1999-00 .....143
Table 3.48a	The 15 most frequently reported procedures for same day mental health-related separations with specialised psychiatric care, States and Territories, 1999-00 .....144
Table 3.48b	The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, States and Territories, 1999-00 .....144
Table 3.49a	The 15 most frequently reported procedures for overnight mental health-related separations with specialised psychiatric care, States and Territories, 1999-00 .....145
Table 3.49b	The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, States and Territories, 1999-00 .....145
Table 3.50	Mental health-related separations with specialised psychiatric care by previous specialised treatment status and hospital type, Australia, 1999-00 .....146
Table 3.51	Mental health-related separations with specialised psychiatric care by source of referral to public psychiatric hospital, States and Territories, 1999-00 .....147
Table 3.52	Mental health-related separations by mode of admission and hospital type, States and Territories, 1999-00 .....148

Table 3.53a	Mental health-related separations with specialised psychiatric care by mode of separation and hospital type, States and Territories, 1999–00.....	150
Table 3.53b	Mental health-related separations without specialised psychiatric care by mode of separation and hospital type, States and Territories, 1999–00.....	152
Table 3.54a	Mental health-related separations with specialised psychiatric care by type of episode of care and hospital type, States and Territories, 1999–00	153
Table 3.54b	Mental health-related separations without specialised psychiatric care by type of episode of care and hospital type, States and Territories, 1999–00	154
Table 3.55a	Patient days for mental health-related separations with specialised psychiatric care by type of episode of care and hospital type, States and Territories, 1999–00	155
Table 3.55b	Patient days for mental health-related separations without specialised psychiatric care by type of episode of care and hospital type, States and Territories, 1999–00	156
Table 3.56	Psychiatric care days for mental health-related separations with specialised psychiatric care by type of episode of care and hospital type, States and Territories, 1999–00	157

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

Table 3.57	Commonwealth/State Disability Agreement-funded residential disability support services received by clients with a psychiatric primary disability on a snapshot day, by age and sex, Australia, 2000.....	158
Table 3.58	Commonwealth/State Disability Agreement-funded residential disability support services received by clients with a psychiatric primary disability on a snapshot day, States and Territories, 2000	158
Table 3.59	Commonwealth/State Disability Agreement-funded residential disability support services received by clients with a psychiatric primary disability on a snapshot day by country of birth, Australia, 2000	159
Table 3.60	Commonwealth/State Disability Agreement-funded residential disability support services received by clients with a psychiatric primary disability on a snapshot day by Indigenous status, Australia, 2000	159

4 Specialised mental health care labour force and establishments

Psychiatric labour force and expenditure

Table 4.1	Psychiatrists and psychiatrists-in-training, psychiatrists and psychiatrists-in-training per 100,000 population, States and Territories, 1998 .....166
Table 4.2	Psychiatrists and psychiatrists per 100,000 population, by metropolitan, rural and remote region of location of main place of work, 1998 .....167
Table 4.3	Medicare-funded full-time-equivalent private psychiatrists and private psychiatrists per 100,000 population, by metropolitan, rural and remote region, States and Territories, 1999-00 .....168
Table 4.4	Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item, States and Territories, 1999-00 .....169
Table 4.5	Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item (current prices), Australia, 1989-90 to 1999-00 .....170
Table 4.6	Pharmaceutical Benefits Scheme expenditure (\$'000) on pharmaceuticals prescribed by general practitioners and private psychiatrists by mental health-related pharmaceutical group, States and Territories, 1999-00 .....171

Public community mental health establishments

Table 4.7	Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, States and Territories, 1999-00 .....172
Table 4.8	Full-time-equivalent staff, public community mental health establishments, States and Territories, 1999-00 .....173
Table 4.9	Salaries and wages expenditure (\$'000), public community mental health establishments, States and Territories, 1999-00 .....174
Table 4.10	Non-salary and total recurrent expenditure (\$'000), public community mental health establishments, States and Territories, 1999-00 .....175

Psychiatric and acute care hospitals

Table 4.11	Summary of public and private psychiatric hospitals, Australia, 1997-98 to 1999-00 .....176
------------	---

Table 4.12	Public psychiatric hospitals, available beds and available beds per 1,000 population by metropolitan, rural and remote region, States and Territories, 1999-00	177
Table 4.13	Full-time-equivalent staff, public psychiatric hospitals, States, 1999-00.....	178
Table 4.14	Salaries and wages expenditure (\$'000), public psychiatric hospitals, States, 1999-00	179
Table 4.15	Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals, States, 1999-00	180
Table 4.16	Revenue (\$'000), public psychiatric hospitals, States, 1999-00.....	181
Table 4.17	Public acute care hospitals with psychiatric units or wards, by metropolitan, rural and remote region, States and Territories, 1999-00	181
Table 4.18	Private psychiatric hospitals, available beds and available beds per 1,000 population, States and Territories, 1999-00	182
Table 4.19	Full-time-equivalent staff, private psychiatric hospitals, States and Territories, 1999-00.....	182
Table 4.20	Salaries and wages expenditure (\$'000), private psychiatric hospitals, States and Territories, 1999-00	183
Table 4.21	Non-salary expenditure and total recurrent expenditure (\$'000), private psychiatric hospitals, States and Territories, 1999-00	184
Table 4.22	Revenue (\$'000), private psychiatric hospitals, States and Territories, 1999-00	185

Appendix 1: National Minimum Data Sets for Mental Health Care

Table A1.1	Data elements that constitute the NMDS – Admitted Patient Mental Health Care for 1999-00	189
Table A1.2	Reporting of data elements that constitute the NMDS – Admitted Patient Mental Health Care for 1999-00	190
Table A1.3	Data elements that constitute the NMDS – Community Mental Health Establishments for 1999-00	192
Table A1.4	Data elements that constitute the NMDS – Community Mental Health Care for 2000-01	192

Appendix 2: Codes used to define mental health-related care and medications

Table A2.1	ICD-10-AM diagnosis codes used to define mental health-related hospital separations.....	195
Table A2.2	ICPC-2 codes used to define mental health-related reasons for encounter and problems managed by general practitioners for BEACH data	197
Table A2.3	Medicare Benefits Schedule codes used to define private psychiatrist services.....	198
Table A2.4	Anatomical Therapeutic Chemical codes used to define mental health-related medication in PBS data.	199

Appendix 3: AR-DRG descriptions

Table A3.1	Detailed descriptions of AR-DRGs reported in Chapter 3	200
------------	--	-----

Appendix 4: Trimming procedure for length-of-stay calculations

Table A4.1a	Acute care overnight separations with specialised psychiatric care removed by 365 day cutoff, by hospital type, States and Territories, 1999-00	204
Table A4.1b	Acute care overnight separations without specialised psychiatric care removed by 365 day cutoff, by hospital type, States and Territories, 1999-00	205
Table A4.2a	Acute care overnight separations with specialised psychiatric care removed by 365 day cutoff by sex and age group, Australia, 1999-00	206
Table A4.2b	Acute care overnight separations without specialised psychiatric care removed by 365 day cutoff by sex and age group, Australia, 1999-00.....	207

Appendix 5: Population estimates and indirect age-standardisation

Table A5.1	Estimated resident population by age group, States and Territories, 30 June 1999.....	209
Table A5.2	Projected Aboriginal and Torres Strait Islander population by age group, States and Territories, 30 June 1999	210
Table A5.3	Estimated resident population by age group and metropolitan, rural and remote area, States and Territories, 30 June 1999.....	211
Table A5.4	Overnight separations by age group, Australia, 1999-00.....	213

Table A5.5	Expected number of separations.....	214
Table A5.6	Indirectly age-standardised rates of overnight separations per 1,000 population.....	214

Appendix 7: Establishments contributing to this report

(Tables available on the Internet at www.aihw.gov.au/publications/hse/mhsa99-00/)

Table A7.1	Public psychiatric hospitals reporting to NPHEd for 1999-00
Table A7.2	Public community mental health establishments reporting to NCMHED for 1999-00
Table A7.3	Public hospitals reporting separations with psychiatric care days to NHMD for 1999-00

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AR-DRG	Australian Refined Diagnosis Related Group
ATC	Anatomical Therapeutic Chemical classification
BEACH	Bettering the Evaluation And Care of Health
CADE	Confused and disturbed elderly
CI	Confidence interval
CSDA	Commonwealth State Disability Agreement
CSDA MDS	Commonwealth State Disability Agreement Minimum Data Set
DALY	Disability-adjusted life year
DHA	Department of Health and Ageing
FTE	Full-time-equivalent
HIC	Health Insurance Commission
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICPC-2	International Classification of Primary Care (Version 2)
LCL	Lower confidence limit
NCMHED	National Community Mental Health Establishments Database
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NMHWG	National Mental Health Working Group
NPHEd	National Public Hospital Establishments Database
NSMHS	National Survey of Mental Health Services
PBS	Pharmaceutical Benefits Scheme
PHEC	Private Health Establishments Collection
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RFE	Reason for encounter
RRMA	Rural, Remote and Metropolitan Areas
UCL	Upper confidence limit
YLD	Years lost due to disability
YLL	Years of life lost

Highlights

Mental Health Services in Australia 1999–00 is the third in the Australian Institute of Health and Welfare's series of annual reports describing the characteristics and activity of Australia's mental health care services. The report presents the available national data on the staffing, resources and activity of specialised mental health care services. The report also presents data on the characteristics of the patients and clients of these services and other services that provide mental health-related care.

Background

- The National Survey of Mental Health and Wellbeing found that in 1997, 18% of Australian adults (2.4 million) had experienced the symptoms of a mental disorder during the prior 12 months. The survey found that 38% of those had used a health service for a mental health-related problem in the prior 12 months. For adults, the rate of health service utilisation was 31% for those with no disability and ranged to 57% for those with severe disability.
- The National Survey of Disability, Aging and Carers estimated that there were 610,000 people with a disability as a result of a psychiatric disorder in 1998. Of those with a psychiatric disability, 46% or 281,000 experienced a severe or profound core activity restriction as a result.

Ambulatory mental health-related care

- An estimated 9.9% general practice encounters (10.0 million) involved the management of at least one mental health-related problem. Depression was the most frequently managed mental health problem, accounting for 32.6% of all mental health problems managed.
- During 1999–00, private psychiatrists provided over 2.1 million services that were funded through the Medicare. This represented 1% of total services (209.6 million) and 11% of specialist attendances (18.9 million) funded through Medicare.
- Services operated by public acute hospitals provided 2.15 million individual mental health-related occasions of service and 37,400 group sessions during 1999–00. This accounted for 6.2% and 7.9% of all public acute hospital individual occasions of service and group sessions, respectively. Private hospitals provided approximately 44,600 mental health-related occasions of service during 1999–00 (2.5% of all private hospital occasions of service).
- Disability support services funded under the Commonwealth/State Disability Agreement (CSDA) provided 5,291 non-residential services to clients with primary psychiatric disabilities on a snapshot day in early 2000. This was 8.9% of total non-residential services provided.

Community residential and admitted patient mental health-related care

Community residential care

- Public community mental health establishments reported 1,545 overnight separations during 1999–00. CSDA-funded disability support services provided 243 residential services (1.6% of total residential services) for clients with a primary psychiatric disability on the snapshot day in early 2000.

Admitted patient care

- In 1999–00, there were 266,662 mental health-related hospital separations that accounted for 4.5% of total separations and 14.1% of all patient days (3,180,286 days).
- The majority of mental health-related separations (62.7% or 167,269) were overnight separations. The average length of stay for these separations was 18.4 days.
- Of these separations, 171,548 or 64.3% included a component of specialised psychiatric care (63.8% for males and 64.8% for females).
- In 1999–00, 76.7% of patient days included in mental health-related separations were psychiatric care days (i.e. days spent in a designated psychiatric hospital or unit).
- The separations with specialised psychiatric care accounted for 2.9% of total hospital separations and 11.0% of all patient days (2,494,675 days).
- Overnight separations with specialised psychiatric care had, on average, 24.4 patient days and 23.8 psychiatric care days.
- Separations including involuntary hospital stays accounted for 6.1% of same day separations with specialised psychiatric care and 30.4% of overnight separations with specialised psychiatric care.

Hospital type

- Public acute and private hospitals accounted for 59.9% and 33.3% of mental health-related separations, respectively. Public psychiatric hospitals accounted for the remaining 6.7% of mental health-related separations, but accounted for 36.4% of mental health-related patient days and 45.9% of psychiatric care days.
- The majority of overnight separations with specialised psychiatric care was provided by public acute hospitals (64.1%). For same day separations with specialised psychiatric care, the majority was provided by private hospitals (63.0%). For overnight and same day mental health-related separations without specialised psychiatric care, the majority was provided by public acute hospitals (79.9% and 64.8%, respectively).

Patient demographics

Age and sex

- There were fewer mental health-related separations recorded for male patients (125,953) than for female patients (140,703). Same day separations accounted for 34.7% of male separations and 39.6% of female separations.

- Males aged 25–34 years and females aged 35–44 years had the highest number of separations with specialised psychiatric care.

Area of usual residence

- The number of separations with specialised psychiatric care per 1,000 population in metropolitan areas (10.4) was higher than the rate for rural (5.3) and remote areas (2.9). The pattern is reversed for separations without specialised psychiatric care. The population in metropolitan areas (4.3) had a lower separation rate than the rates for rural (6.3) and remote areas (8.7).

Principal diagnoses

- In 1999–00, principal diagnoses of *Depressive disorders* (F32–F33) accounted for the highest number of same day (31,226 or 31.4%) and overnight mental health-related separations (29,088 or 17.4%).
- Principal diagnoses of *Schizophrenia* (F20) accounted for the greatest number of patient days for mental health-related separations (868,049 or 27.3% of patient days).
- In public acute hospitals, 17.2% of mental health-related separations had principal diagnoses of *Depressive disorders* (F32–F33), which also accounted for 15.0% of patient days. Mental health-related separations with principal diagnoses of *Schizophrenia* (F20) accounted for 11.9% of separations and 21.1% of patient days.
- Principal diagnoses of *Depressive disorders* (F32–F33) accounted for 34.3% of all private hospital separations and 33.1% of private hospital patient days. Separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) were the next largest group, with 21.6% of and 17.8%, respectively.
- In public psychiatric hospitals, almost 23.0% of separations and 46.6% of patient days were reported for principal diagnoses of *Schizophrenia* (F20).

Australian Refined Diagnosis Related Groups

- For separations with specialised psychiatric care, the largest number of same day separations was reported for U60Z *Mental health treatment, same day, without electroconvulsive therapy* (54,335 separations or 85% of same day separations with specialised psychiatric care). The largest number of overnight separations was reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities*, which accounted for 21.8% (20,208 separations) of overnight separations with specialised psychiatric care.
- *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) was also the most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care (15,164 separations), and had the largest proportion of same day separations without specialised psychiatric care (58.3%). The AR-DRG with the largest number of overnight mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 11,670 separations or 18.2% of overnight mental health-related separations without specialised psychiatric care).

Other

- Social work and occupational therapy interventions were the most frequently reported procedures for overnight mental health-related separations with specialised psychiatric

care. Group psychotherapy and electroconvulsive therapy were the most frequently recorded procedures for same day separations with specialised psychiatric care.

Specialised mental health care labour force and establishments

- There were an estimated 1,993 specialists practising psychiatry in Australia during 1998.
- In 1999–00, a total of \$193.4 million of Medicare funds were used to reimburse attendances with private psychiatrists. The benefits paid to private psychiatrists represented 2.8% of total Medicare expenditure (\$6,944.9 million) and 19.9% of expenditure on specialist attendances (\$969.2 million).
- Public community-based mental health services had a total recurrent expenditure of \$631.4 million and an average of 8,570 full-time-equivalent staff during 1999–00. There was an average of 1,171 available beds in public community residential mental health establishments that were staffed for 24 hours a day.
- There were 22 public psychiatric hospitals in Australia in 1999–00, with 2,759 available beds in total. Public psychiatric hospitals had a total recurrent expenditure of \$434.9 million and an average of 6,274 full-time-equivalent staff during 1999–00.
- There were 24 hospitals designated as private psychiatric hospitals operating in Australia in 1999–00. They had 1,369 available beds. There was a total of \$122.5 million recurrent expenditure by these hospitals during 1999–00 and they employed an average of 1,572 full-time-equivalent staff.

1 Introduction

Mental Health Services in Australia 1999–00 is the third in the Australian Institute of Health and Welfare's (AIHW) series of annual reports describing the activity and characteristics of Australia's mental health care services and presents data from collections based at the AIHW and other organisations. Previous reports in this series have focused on data collected through the National Minimum Data Sets (NMDSs) – Mental Health Care (see Appendix 1 for description). This report includes, alongside the NMDS data, a broad range of other data to better reflect the complexity and diversity of mental health-related service delivery in Australia.

A wide range of organisations is involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and other non-health care services, provided in both residential and ambulatory care settings. Many are government services, but private hospitals, non-government organisations and private medical practitioners are also responsible for substantial amounts of mental health-related care. This report attempts to give an overview of these services.

The report presents detailed data on the mental health-related services provided for patients admitted to hospital. The characteristics and hospital care of patients who were treated by specialised psychiatric admitted patient services are described, and data are also presented on admitted patients who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care. As in previous years, staffing and expenditure data are presented for public community mental health services and for psychiatric hospitals, both public and private.

This report extends the scope of the mental health services series with the inclusion of additional sources of mental health-related care data. Data on the mental health-related consultations and prescriptions provided by psychiatrists and general practitioners are presented. While national data are lacking on the mental health-related activity of most non-government organisations, some available snapshot data for disability support services are also presented. Unfortunately there are other areas where there are little or no available national data for 1999–00. These include staffing and expenditure data for psychiatric units and wards in public acute care hospitals, and client characteristic and service activity data for hospital outpatient and community mental health services.

Background

Mental health disorders and disability

Investigations into the prevalence and impact of mental disorders have found that these disorders are a significant life issue for many Australians. The adult component of the National Survey of Mental Health and Wellbeing found that in 1997, 18% of Australians aged 18 and over reported that they had experienced the symptoms of a mental disorder at some time during the 12-month period before interview (ABS 1998a). Similarly, results from the child and adolescent component of the National Survey of Mental Health and Wellbeing

indicated that 14% of young people aged 4–17 years had a mental health problem in the prior 6 months (Sawyer et al. 2000).

Using the adult prevalence rate, it was estimated that approximately 2.4 million Australian adults had a mental disorder within the previous 12 months (Andrews et al. 1999). Almost 10% of respondents reported experiencing symptoms of anxiety disorder. The percentage reported for affective disorders and substance use disorders were 6% and 8%, respectively. Of those adults with a mental disorder, 43.9% or 1.1 million adults had a mild, moderate or severe disability.

From March to May 1998, the Australian Bureau of Statistics (ABS) conducted the National Survey of Disability, Aging and Carers, the fourth comprehensive national survey of disability in Australia (ABS 1998b). Based on the survey results for all age groups, it was estimated that there were 610,000 people with a disability as a result of a psychiatric disorder. A disability was recorded where a respondent had one or more impairments or activity restrictions, which had lasted, or were likely to last, for at least 6 months or more. Of those with a psychiatric disability, 46% or 281,000 experienced a severe or profound core activity restriction as a result.

There were significant differences in the methods used to measure disability between the National Survey of Mental Health and Wellbeing and the National Survey of Disability, Aging and Carers. For example, the mental health survey used a definition of disability based on disabilities being present during the 4 weeks before interview, whereas the disability survey used a definition based on the disabilities that had lasted, or were likely to last, for at least 6 months. Also, the disability survey included people living in cared accommodation services, unlike the mental health survey.

For the disability survey, the classification of mental and behavioural disorders corresponded with the mental and behavioural disorders chapter in International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) (F00–F99) excluding developmental disorders and intellectual disability-related disorders. This differed from the National Survey of Mental Health and Wellbeing of Adults, which utilised affective, substance use and anxiety disorder subsets of the mental and behavioural disorders chapter. Further information on the methods and instruments used to obtain these survey data is available in the relevant ABS documentation (ABS 1997, 1998a, 1998b).

Mental disorders were also recognised as considerable in the Burden of Disease and Injury in Australia study, which attempted to measure and compare the burden for all diseases and injuries in Australia (AIHW: Mathers et al. 1999). The study utilised a health summary measure called a disability-adjusted life year, or DALY, developed by Murray & Lopez (1996). This measure was designed to combine the concept of years of life lost (YLL) due to premature death with a similar concept of years of equivalent healthy life lost through disability (YLD). One DALY represents one lost year of healthy life.

The study found that mental disorders (ICD-9-CM Chapter V) were a major burden in Australia, accounting for 13% of the total DALYs in 1996. Mental disorders were the third leading cause of burden after cardiovascular diseases and cancer. They accounted for 1% of all deaths and 1% of the total years of life lost due to mortality, but were associated with 27% of the years lost due to disability. Most of this burden was attributed to affective disorders, with 34% of the calculated burden, anxiety disorders with 23%, and substance use disorders with 13%.

Health service utilisation

There is evidence that many people with a mental disorder do not regularly attend health services for mental health-related problems. The National Survey of Mental Health and Wellbeing found that of those adults with a mental disorder, 38% had used a health service for a mental health problem in the 12 months before interview (ABS 1998a). The proportion of women who utilised a health service for their mental health problem was 46%, compared to 29% for men. The child and adolescent component of the survey found that only 25% of children and adolescents with a mental health disorder had attended one or more health services for help with emotional and behavioural problems in the previous 6 months (Sawyer et al. 2000).

There is evidence that community-based services and general practice are more frequently utilised than admission to hospital. General practice was the most frequently utilised health service type reported in the National Survey of Mental Health and Wellbeing. Of adults with a mental health disorder, 29% had visited a general practitioner about a mental health problem in the 12 months before interview. Adult hospital admissions for mental health problems were rare, with less than 1% admitted over the 12-month period. The health services most frequently attended for mental health problems by children in the 4–12 year age group were general practitioners and paediatricians. For adolescents, the most frequently attended health services for mental health problems were school-based counsellors, general practitioners and community health services.

Severe levels of disability associated with mental disorder reported in the National Survey of Mental Health and Wellbeing correlated with higher levels of health service utilisation. For adults, the rate of health service utilisation was 31% for those with no disability and ranged to 57% for those with severe disability. The second component of the National Survey of Mental Health and Wellbeing focused on adults living with low prevalence, psychotic disorders such as schizophrenia (Jablensky et al. 1999). This study found that almost 52% of these respondents had been admitted overnight to a psychiatric unit in the preceding year. Over 45% had been admitted on an involuntary basis and 24% had more than one admission during the year. The study also found that 60% of respondents with psychotic disorders had had contact with a psychiatric outpatient services or community mental health service in the preceding twelve months. A large proportion of these respondents (43%) maintained regular contact with a psychiatric outpatient service or community mental health service.

Report structure

Chapter 1 describes the background to this report and outlines the data sources used for this report and their respective strengths and weaknesses.

Chapter 2 summarises the available data on ambulatory mental health care and related services, including general practice, private psychiatrist services, specialist psychiatric outpatient services, and ambulatory disability support services that were funded under the Commonwealth/State Disability Agreement (CSDA).

Chapter 3 summarises the available data on community residential and admitted patient mental health care, including hospital admitted patient data and data on the community residential care activity of public community mental health care services and CSDA-funded residential disability support services.

Chapter 4 presents data on the staffing and expenditure of public and private hospitals and public community mental health care establishments that provide specialised psychiatric

care. This chapter also presents information on the public and private psychiatrist labour force, the Medicare expenditure on private psychiatrists and Pharmaceutical Benefits Scheme (PBS) expenditure on mental health-related medications.

The appendixes provide more detailed technical notes on the data and analyses than are included in the chapters. Appendix 1 details the data elements specified in the NMDs – Mental Health Care. Appendix 2 provides information on the codes used to define mental health-related care and medications. Appendix 3 lists the Australian Refined Diagnosis Related Groups (AR-DRGs) used in the publication. Appendix 4 provides details on methods used for calculating estimates of 1999–00 patient days and length of stay statistics for the admitted patient data. Appendix 5 includes the population estimates used for separation rate calculations and a summary of the indirect age-standardisation procedure used throughout the publication. Appendix 6 provides information on the data collected for the National Survey of Mental Health Services (NSMHS) and how it compares with the data collected for the National Public Hospital Establishments Database (NPHEd) and National Community Mental Health Establishments Database (NCMHED).

Data sources

In order to present a broad picture of mental health-related care in Australia, this report has used data drawn from a variety of AIHW and other data sources. These data sources included AIHW databases such as the National Hospital Morbidity Database (NHMD) and the NCMHED which were supplied data under the National Health Information Agreement and specified as the NMDs – Mental Health Care (see Appendix 1). The range of the mental health-related care services provided in Australia is broader and more diverse than is currently included in the scope of the NMDs – Mental Health Care. Therefore, this report presents data from the other AIHW data collections such as the NPHEd, the Bettering the Evaluation And Care of Health (BEACH) survey of general practice activity, and the CSDA Minimum Data Set collection. Data from collections external to the AIHW were also utilised, including the ABS Private Hospital Establishments Collection (PHEC), and the Department of Health and Ageing (DHA) Medicare and PBS data collections. Each of these data sources have different characteristics that need to be considered when interpreting the data, as reviewed below.

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

Service utilisation data can reflect an aspect of the burden of disease in the community but they are not a measure of the incidence or prevalence of specific disease conditions. This is because not all persons with an illness receive the same treatment, and the number and pattern of services received can reflect admission or registration practices, regional differences in service provision and repeat service provision for some chronic conditions.

Each State and Territory has a particular demographic structure that differs from other jurisdictions. Factors such as the geographic spread of the population and the proportion of Aboriginal and Torres Strait Islander peoples can have a substantial effect on the delivery of health care.

National Hospital Morbidity Database

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

Records for 1999–00 are for hospital separations in the period from 1 July 1999 to 30 June 2000. Data on patients who were admitted on any date before 1 July 2000 are included, provided that they separated between 1 July 1999 and 30 June 2000. A record is included for each separation, not for each patient, thus patients who separated more than once in the year have more than one record in the database.

Data relating to admitted patients in almost all hospitals are included. However, the collection covers only public hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in off-shore territories) are not included. In addition, there remains a small proportion of private hospitals that do not report to the NHMD. The coverage is described in detail in *Australian Hospital Statistics 1999–00*.

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

States and Territories have confirmed that all public hospitals with specialised psychiatric facilities reported psychiatric care days to the NHMD for 1999–00, with estimates that between 95% and 100% of psychiatric care days were reported. Data on psychiatric care days for Western Australia were available for the first time for 1999–00. Previous years’ data for Western Australia included only a flag indicating that a separation included some psychiatric care days, without specifying the number of days. Private hospital reporting of psychiatric care days for 1999–00 improved upon last year’s coverage, with the inclusion of Tasmanian private hospitals. There are no estimates available on the proportion of psychiatric care days that were reported by private hospitals in each jurisdiction.

There are several other data elements that are collected only for patients who have received specialised psychiatric care, and these are shown in Table A1.1 in Appendix 1. Some jurisdictions, or sectors within jurisdictions, were unable to provide data for all of these data elements. Table A1.2 in Appendix 1 provides a summary of the data provision by jurisdiction for each data element in the NMDS – Admitted Patient Mental Health Care for 1999–00. Data quality was deemed too poor for publication if the total number of separations with missing data exceeded 50%. Using this criterion, data for the *Type of usual accommodation*, *Employment status* and *Referral to further care (psychiatric patient)* data elements were not included in this report.

Unless otherwise specified, the State and Territory of the hospital is reported, rather than the State and Territory of the patient's usual residence. Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NHMD, refer to *Australian Hospital Statistics 1999–00* (AIHW 2001a). Lists of the public psychiatric hospitals and public acute hospitals with specialised psychiatric units contributing to this report are presented in Appendix 7.

National Community Mental Health Establishments Database

This database includes data on the number of community mental health establishments, and their expenditure and staffing. For community residential facilities, data on beds and 'separations' are also collected. Within this database, the term separation refers to episodes of non-admitted patient residential care in community-based residential services. The data collated in the NCMHED is specified by the NMDS – Community Mental Health Establishments. Additional information on this NMDS and the NCMHED are presented in Appendix 1.

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

A list of the public community mental health establishments contributing to this report is presented in Appendix 7.

National Public Hospital Establishments Database

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

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

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

laundry and pathology services). Refer to *Australian Hospital Statistics 1999–00* for further detail on the data quality for the NPHED (AIHW 2001a).

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

Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NPHED, refer to *Australian Hospital Statistics 1999–00* (AIHW 2001a).

A list of the public psychiatric hospitals contributing to this report is presented in Appendix 7.

Private Health Establishments Collection

The ABS conducts an annual census of all private acute care hospitals and private psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the DHA. The collection contains data on the staffing, finances and activity of these establishments. Differences in accounting policy and practices and the administration of property and fixed asset accounts by parent organisations may have resulted in some inconsistencies in the financial data (ABS 2001).

The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary*, Version 8.0 (NHDC 1999), which makes comparison between the NPHED and NCMHED possible. The ABS definition for private psychiatric hospitals is ‘those establishments that are licensed/approved by each State or Territory health authority and cater primarily for admitted patients with psychiatric or behavioural disorders’. The term ‘cater primarily’ applies when 50% or more of total patient days are for psychiatric patients.

Additional information on the PHEC can be obtained from the annual ABS publication on private hospitals (ABS 2001).

Bettering the Evaluation And Care of Health

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

- to provide a reliable and valid data collection process for general practice that is responsive to the needs of information users;
- to establish an ongoing database of information on encounters between general practitioners and patients; and
- to assess patient risk factors and health states and the relationship between these factors and health service activity (Britt et al. 2000).

For each year’s data collection, a random sample of about 1,000 general practitioners each reported details of 100 consecutive general practice encounters of all types on structured paper encounter forms. Each form collects information about the consultation (e.g. date, type of consultation), the patient (e.g. date of birth, sex, reasons for encounter), the patient’s

presenting problems (e.g. diagnoses, status of each problem), and the management for each problem (e.g. treatment provided, prescriptions, referrals). Patient risk factors and health state data, and general practitioner characteristics data are also collected. Data for 1999–00 are used in this report.

At least one diagnosis or problem is identified for each encounter, although up to four problems can be reported for each. Problems are coded according to ICPC-2 PLUS, an extension of the International Classification of Primary Care, 2nd Edition (ICPC-2), and classified using ICPC-2. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 1999–00* (Britt et al. 2000).

Commonwealth/State Disability Agreement Minimum Data Set collection

The CSDA allocates the responsibility for specific types of disability support services between Commonwealth and State and Territory governments. The AIHW manages the CSDA MDS to collate nationally consistent data on services funded under the CSDA and their clients. Data are collected on the service providers and clients on a single ‘snapshot’ day each year. For 2000, the snapshot day varied between jurisdictions but fell within the May to June period.

The collection covers disability support services receiving funding under the CSDA in 2000. Services that do not receive CSDA funding are specifically excluded. Not every specialist psychiatric disability support service is included in the CSDA MDS collection as some are not funded through the CSDA.

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

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

Given these limitations with respect to the coverage of psychiatric disability support services in the CSDA MDS, these data need to be interpreted with caution. Additional information on the data from the CSDA MDS collection can be obtained from the publication *Disability Support Services 2000: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2001b).

National Medical Labour Force Survey data

The AIHW National Medical Labour Force Survey has been conducted each year since 1993, in conjunction with the annual registration renewal of medical practitioners with the medical boards in each State and Territory. Coverage in some jurisdictions may exclude medical practitioners who registered for the first time during the survey year. Practitioners with conditional registration, usually for a fixed term, are also excluded in many jurisdictions. These conditional registrants include interns and temporary resident doctors, who are not required to renew their registration at the standard renewal date. The statistics reported in this publication relate to registration renewals during the period October–December 1998. Additional information on the survey is provided in *Medical Labour Force 1998* (AIHW 2000b).

Medicare data

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

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

Time series data presented in this report are based on the mapping of old item numbers to current item numbers. For example, item 144 (private psychiatrist home visit of less than 15 minutes) was renumbered to item 330 during 1996. This publication reports all 144 and 330 items as item 330. Refer to Appendix 2 for a description of the item codes used in this report.

Pharmaceutical Benefits Scheme data

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

The State or Territory is determined according to the address of the pharmacy supplying the item. The year was determined as the date the service was processed by the HIC, not the date of prescribing or the date of supply by the pharmacy. The data presented in this report

exclude medications provided to war veterans through the Repatriation Pharmaceutical Benefit Scheme (RPBS).

This report and data on the Internet

This report and accompanying tables are available on the Internet at www.aihw.gov.au/publications/hse/mhsa99-00/index.html. Some of the national data on admitted patients from the NHMD are also available in an interactive data cube format at that site. Users can access this database to create customised tables based on the age group, sex, principal diagnosis, and mental health legal status of patients who received specialised psychiatric care in 1998–99 or 1999–00.

2 Ambulatory mental health care

This chapter describes the activity of health care services that provide ambulatory mental health care and the characteristics of their clients and patients. It presents the available data on the mental health and related care provided by general practitioners, private psychiatrists, public and private hospital-based non-admitted patient mental health services, public community-based mental health services and CSDA-funded non-residential disability support services.

The use of the term 'ambulatory' in this report refers to services that are delivered to clients or patients in non-residential and non-admitted patient care settings. Information on same day separations for patients admitted to hospital is presented in Chapter 3 with information on community residential and admitted patient care.

Overview

A summary of the available data on the number of services and the services per 1,000 population for each ambulatory service provider type is presented in Table 2.1. It needs to be noted that the data collections for different health service providers employ different definitions of what constitutes a service contact or event.

For NPHED data, it also needs to be noted that jurisdictions employ differing definitions of what constitutes a non-admitted patient occasion of service. For this reason, interpretation of these comparative data must be undertaken with caution. Chapter 1 and Box 2.1 include more detailed presentation of the definitions used for each data source and notes on interpretation. Box 3.2 on Chapter 3 also provides relevant information relating to variations in admission practices, that can affect reports of non-admitted patient services.

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently utilised by people for mental problems (ABS 1998b). According to the BEACH survey data, 9.9% of general practice encounters involved the management of at least one mental health-related problem. A simple extrapolation based on the 101.5 million unreferral attendances claimed from Medicare for 1999–00 suggests that there were about 10.0 million attendances in which general practitioners managed mental health-related problems. This corresponds to over 500 attendances per 1,000 population.

Medicare, NPHED and PHEC data indicate that specialised mental health care in ambulatory care settings is frequently accessed through private psychiatrist services (112.0 services per 1,000 population) and public acute care hospitals (114.7 occasions of service per 1,000 population). The role of private hospitals in the provision of ambulatory mental health care was relatively small at 1.1 occasions of service per 1,000 population.

Data from the ABS National Survey of Mental Health and Wellbeing also indicate that community-based mental health services were utilised by a sizeable proportion of people with a mental health disorder (ABS 1998b). There are no national data for 1999–00 available on ambulatory services provided in the public community mental health care sector, although patient-level data will be available in the future (Appendix 1). The absence of data on these services represents a major gap in the information presented in this chapter.

CSDA-funded disability support services also provide mental health and behavioural disorder-related ambulatory care in the form of support services for people with mental health and behavioural-related disabilities. There are national snapshot data available from the CSDA MDS collection on the characteristics of these services and their clients. Unfortunately, there is no agreed process for translating the snapshot data into information on annual service provision.

Mental health care in general practice

The ABS National Survey of Mental Health and Wellbeing reported that over 29% of adults with mental disorders had visited a general practitioner for a mental health-related problem within the 12 months before the 1997 survey (ABS 1998a). This section examines data from the BEACH survey and the DHA's PBS data collections on the mental health-related care and medication provided by general practitioners.

Bettering the Evaluation and Care of Health survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 general practitioners – patient encounters each year. The data for 1999–00, used in this report, included a total of 104,856 encounters weighted to reflect national general practice activity patterns.

For this report, mental health-related problems and mental health-related reasons for encounter (RFE) were defined as those coded in the *psychological* chapter of ICPC-2, which includes alcohol and other drug-related problems/RFEs (see Appendix 2). A brief summary of the characteristics of the BEACH study can be found in Chapter 1 of this publication. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 1999–00* (Britt et al. 2000).

Reasons for encounter

For each encounter, the general practitioner could record up to three patient RFEs. RFEs are those concerns and expectations that patients bring to the doctor, which may be in the form of symptoms and complaints or requests for services or treatment.

Overall, there were 155,690 RFEs reported at a rate of 148.5 per 100 encounters (Britt et al. 2000). Of these, 7,531 RFEs (4.8% of all RFEs) were mental health-related, reported at a rate of 7.2 per 100 encounters (Table 2.2). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

There were fewer encounters with one or more mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Table 2.3). Patients aged 25–44 years accounted for 36.0% of encounters with one or more mental health-related RFEs.

Problems managed

The problem managed is a formal statement of the general practitioner's understanding of a health problem presented by the patient, which may at times be limited to the level of

presenting symptoms. For each patient encounter up to four problems could be recorded by the general practitioner.

Overall, there were 153,857 problems managed in the 1999–00 BEACH survey at a rate of 146.7 per 100 encounters (Britt et al. 2000). General practitioners in the survey managed 11,025 mental health-related problems (7.2% of all problems managed) at a rate of 10.5 per 100 encounters (Table 2.4). Depression (P03, P76) was the most frequently managed mental health-related problem, accounting for 32.6% of all mental health-related problems managed and 2.3% of all problems managed. The problems of anxiety (P01, P74, 16.6% of all mental health-related problems managed) and sleep disturbance (P06, 14.7% of all mental health-related problems managed) were the next most frequently managed mental health-related problems.

Patients aged 25–44 years accounted for 33.1% of encounters with one or more mental health-related problems (Table 2.5). There were more encounters with one or more mental health-related problems for female patients for all age groups, except for patients under the age of 15 years.

Referrals

In addition to providing primary health care for people with mental problems, general practice also plays an important role in referral to specialised mental health care. For every problem managed, general practitioners, could record up to two referrals, including referrals to medical specialists, allied health professionals, and hospitals. The total number of referrals recorded was 11,760, made at a rate of 11.2 per 100 encounters (Britt et al. 2000).

There were 935 referrals made for patients with a mental health-related problem, made at a rate of 8.5 per 100 mental health-related problems (Table 2.6). This represented 7.9% of all referrals recorded. Most of the referrals were to a private psychiatrist (at a rate of 2.2 per 100 mental health-related problems), or a psychologist (at a rate of 1.1 per 100 mental health-related problems).

Table 2.7 presents the number of referrals by sex made for the most frequently managed mental health-related problems. Hyperkinetic disorder (P81) had the highest rate of referral to other professionals (57.1 referrals per 100 hyperkinetic disorder problems). Child/adolescent behaviour complaint (P22, P23) had the next most frequent rate of referral to other professionals (45.5 referrals per 100 child/adolescent behaviour complaint problems).

Clinical treatments for mental health-related problems

For each problem managed, general practitioners could record up to two non-pharmacological treatments provided. These could be clinical treatments (e.g. advice, counselling) or procedural treatments (e.g. removal of sutures, application/removal of plaster).

A total of 48,194 non-pharmacological treatments were recorded for all encounters. Of these, 35,107 or 72.8% were clinical treatments. Table 2.8 presents the number and type of clinical treatments administered by general practitioners for mental health-related problems. A total of 5,122 treatments, 14.6% of all clinical treatments, were reported as treatment for mental health-related problems (at a rate of 46.5 per 100 mental health-related problems).

Table 2.9 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided in the management of acute stress reaction (P02) were recorded at a rate of 75.7 per 100 acute stress reaction-related problems managed. The clinical treatment of post-traumatic stress

disorder (P82) was recorded at a rate of 72.3 per 100 post-traumatic stress disorder-related problems managed.

Medications for mental health-related problems

For each problem managed, the survey form allowed the recording of up to four medications that could be prescribed, recommended for 'over-the-counter' purchase or supplied by the general practitioner. Pharmaceutical data in the BEACH survey are coded and classified according to the Coding Atlas for Pharmaceutical Substances and the Anatomical Therapeutic Chemical (ATC) classification. Further information on these can be found in *General Practice Activity in Australia 1999–00* (Britt et al. 2000).

In the BEACH survey, a total of 115,432 medications were prescribed, recommended or supplied by general practitioners at a rate of 110 per 100 encounters (Britt et al. 2000). There was a total of 7,672 medications for mental health-related problems at a rate of 69.6 medications per 100 mental health-related problems (Table 2.10). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (ATC code N06A, 25.7 medications per 100 mental health-related problems), followed by anti-anxiety medications (N05B, 14.8) and sedative hypnotics (N05C, 14.4). Temazepam and Sertraline were the most frequently reported generic medications for mental health-related problems, being prescribed at a rate of 10.8 and 6.9 per 100 mental health-related problems, respectively.

Affective psychoses (P73) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by general practitioners (109.2 medications per 100 affective psychoses problems) (Table 2.11). Medication was next most frequently prescribed, recommended or supplied for schizophrenia (P72, at a rate of 103.2 medications per 100 schizophrenia problems).

Table 2.12 presents data from the PBS on the number of prescriptions for mental health-related medications by general practitioners. PBS medication data are classified using the ATC classification. Mental health-related medications for the purpose of this report were defined using the ATC codes for antipsychotic (ATC code N05A), anxiolytic (N05B), hypnotic and sedative (N05C) and antidepressant (N06A) medications.

According to the PBS data for 1999–00, general practitioners prescribed a total of 13.0 million mental health-related medications. The majority of the PBS-reimbursed scripts were for antidepressant medication (6.5 million or 50.5%). Tasmania (854.6) and South Australia (813.3) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory was the lowest, with 212.3 scripts per 1,000 population for 1999–00.

Referrals to private psychiatrists

There were 231 mental health-related problems referred to private psychiatrists, at a rate of 2.1 per 100 mental health-related problems (Table 2.13). Of these mental health-related problems referred, the majority had depression recorded as the problem managed (52.4% of all mental health-related problems referred to a private psychiatrist). Schizophrenia was the mental health-related problem most frequently referred to a private psychiatrist (5.0 referrals per 100 schizophrenia problems managed).

Private psychiatrist services

During 1999–00, private psychiatrists provided over 2.1 million services that were funded through Medicare (Table 2.14). This represented approximately 1% of total Medicare-funded services (209.6 million) and 11.1% of all specialist attendances (18.9 million) for 1999–00. Of these services, 87.8% were patient attendances in psychiatrist consulting rooms. The number of private psychiatrist services per 100,000 population was highest in Victoria and South Australia and lowest for the Northern Territory. The number of services provided for female patients (1,294,405) was greater than that for male patients (825,407), particularly in the 35–44 years age group (Table 2.15).

Table 2.16 presents data from the PBS on the number of prescriptions for mental health-related medication prescribed by private psychiatrists. PBS medication data are classified using the ATC classification. Refer to Appendix 2 for the ATC codes used to define mental health-related medications.

Private psychiatrists prescribed over 1.3 million mental health-related medications during 1999–00. Most of these PBS-reimbursed scripts were for antidepressant (0.9 million or 64.6%) and antipsychotic (0.3 million or 20.3%) medication. South Australia (92.7 scripts) and Victoria (87.9 scripts) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 12.7 scripts per 1,000 population.

Hospital-based mental health care for non-admitted patients

Interpretation of the data on mental health-related non-admitted patient occasions of service supplied to National Public Hospitals Establishments Database (NPHEd) for public acute care and public psychiatric hospitals should be undertaken with care (see Box 2.1).

Box 2.1: Non-admitted patient occasions of service

There is variation among States and Territories in the way in which occasions of service are defined, classified (as mental health or other types of services) and counted. There are also differences in admission practices and the provision of community-based, mental health care for non-admitted patients among States and Territories and therefore the types and volume of care provided by hospital-based non-admitted patient services. The structure of jurisdiction organisational arrangements can also impact on these data. In some jurisdictions the mental health-related occasions of services reported for hospitals may include community-based service contacts that are reported by hospitals on behalf of the community-based services operating under their management. In addition, data were only provided for public psychiatric hospitals by New South Wales and Queensland.

More detail on the data collection issues for the non-admitted patient occasions of service data for public acute care and public psychiatric hospital can be found in Australian Hospital Statistics 1999–00. The implementation and refinement of the NMDS – Community Mental Health Care will eventually replace the NPHEd as a source of data on hospital-based mental health care for non-admitted patients (see Appendix 1).

The existing data, however, do provide an indication of the volume and type of services that are provided by public hospitals. According to data supplied to the NPHEd for 1999–00, public acute hospitals (and services managed by public acute hospitals) provided 2.15 million mental health-related individual occasions of service (Table 2.17). In addition to

services provided to individuals, public acute hospitals provided 37,400 mental health-related group sessions (7.9% of the total sessions). This accounted for 6.2% and 7.9% of all public acute hospital individual occasions of service and group sessions, respectively.

A total of 369,732 individual occasions of service and 297,687 group sessions were recorded for public psychiatric hospitals in New South Wales and Queensland. These were the only two jurisdictions for which these data were supplied to the NPHEd for 1999–00.

During 1999–00, seventeen private acute care and psychiatric hospitals in Australia provided non-admitted patient services from designated psychiatric or mental health units such as specialist psychiatric outpatient services (ABS 2001). Data from the ABS PHEC indicates that these designated units in private acute care and psychiatric hospitals provided approximately 44,600 individual occasions of service. Of these occasions of services, 12,106 were provided by private psychiatric hospitals (Table 2.17). Private psychiatric hospitals also provided 3,815 group sessions during 1999–00.

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

Data on non-residential disability support services have been included in this report as the mental health-related care provided by these services may, to varying extents, be used to substitute for, or supplement, other forms of community- or hospital-based mental health-related non-residential care.

CSDA-funded disability support services provide a broad range of non-residential services for people with mental health-related disabilities. These services include accommodation support, community support, community access, respite and employment support services. The data presented here exclude residential care services such as group homes but include accommodation support services that operate a drop-in style support.

The scope of the CSDA MDS collection includes all psychiatric and mental health-related disability support services that receive CSDA funds. Some psychiatric and mental health-related disability support services have different sources of funding and do not report to the CSDA MDS collection. For this reason, the information presented in this section must be interpreted with caution as it does not include all psychiatric and mental health-related disability support services and the proportion of these services receiving CSDA funding differs between States and Territories. These variations in coverage are outlined in the data sources section of Chapter 1.

Data are available from the CSDA MDS collection on the clients of these service types on a snapshot day each year. The disability support services data are presented on services received by clients with psychiatric primary disabilities. The term 'primary disability' refers to the disability category identified by the client or carer as the disability most affecting their everyday life. The 'psychiatric' primary disability category includes data from the category of the same name in the CSDA MDS collection. Refer to Box 2.2 for further information on CSDA MDS collection disability groups.

There were 5,291 non-residential care services provided to clients with psychiatric primary disabilities (Table 2.18). The majority of services were provided to male clients and those in the 25–34 years age group. Employment disability support services were the non-residential care service type most frequently received by clients with psychiatric primary disabilities

(30.8%) (Table 2.19). Respite services were the service type least often received (2.4%). Victorian disability support services reported the largest number of services for clients with psychiatric disability (1,218 or 65.3%).

Box 2.2: Disability groups

The disability support services data presented in this report relate to the CSDA MDS psychiatric disability group. The CSDA MDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation, and reflect those disabilities identified as significant in the CSDA. They are not the same as groupings in the ICD-10-AM classification, which are generally based on health conditions. The specification of the CSDA MDS disability groups arose from terminology commonly used by service providers and was formulated specifically for the CSDA collection.

In this report, data have been presented for clients with psychiatric primary disabilities. The primary disability groups for developmental delay, autism, intellectual, and specific learning/attention deficit disorder were not included. It could be argued that these primary disability groups correspond to sections of the ICD-10-AM Mental and behavioural disorders chapter (such as Mental retardation (F70–79)), used to define, in part, mental health-related admitted patient care for this report. However, services for clients with these disabilities are not usually regarded as mental health-related care.

Comparison between the data presented using the psychiatric CSDA MDS disability group and ICD-10-AM needs to be approached with caution given the differences in the underlying concepts and grouping used. Refer to the National Community Services Data Dictionary for additional detail on the CSDA MDS disability groups (AIHW 2000c).

The majority of services were for clients that were Australian-born (4,276 or 80.8%). Non-residential care services for clients born in other English-speaking and non-English-speaking countries made up 1.3% of the total services for clients with psychiatric primary disability (Table 2.20). On the snapshot day, 144 CSDA-funded non-residential services were delivered to clients identified as being of Aboriginal or Torres Strait Islander origin or both (Table 2.21). This was 2.7% of all services for clients with a psychiatric primary disability.

Table 2.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 1999–00

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems^(a)									
Estimated number of attendances	3,531,000	2,627,000	1,785,000	818,000	828,000	296,000	116,000	43,000	9,999,000
Lower 95% confidence limit	3,159,000	2,294,000	1,585,000	673,000	678,000	212,000	65,000	18,000	9,431,000
Upper 95% confidence limit	3,903,000	2,960,000	1,985,000	963,000	977,000	380,000	167,000	68,000	10,578,000
Estimated number or attendances per 1,000 population ^(b)	552.0	558.1	509.0	440.3	554.9	628.2	376.2	222.7	528.1
Lower 95% confidence limit	493.9	487.4	451.8	362.1	454.6	449.2	211.7	93.2	498.1
Upper 95% confidence limit	610.1	628.8	566.1	518.6	654.7	807.1	539.7	351.8	558.7
Medicare-funded psychiatrist services^(c)									
Services	679,804	687,774	361,784	116,038	204,247	43,576	21,537	5,052	2,119,812
Per 1,000 population	106.3	146.1	103.2	62.5	136.9	92.6	69.6	26.2	112.0
Hospital-based non-admitted patient mental health care									
Public psychiatric hospitals ^(d)									
Individual occasions of service	288,700	n.a.	81,032	n.a.	n.a.	n.a.	..	..	n.a.
Group sessions	294,894	n.a.	2,793	n.a.	n.a.	n.a.	..	..	n.a.
Individual occasions of services per 1,000 population ^(b)	44.9	n.a.	22.9	n.a.	n.a.	n.a.	..	..	n.a.
Group sessions per 1,000 population ^(b)	45.8	n.a.	0.8	n.a.	n.a.	n.a.	..	..	n.a.
Private psychiatric hospitals ^(e)									
Individual occasions of service	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,106
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,815
Individual occasions of services per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.6
Group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	<0.1

(continued)

Table 2.1 (continued): Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 1999–00

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital-based non-admitted patient mental health care									
Public acute hospitals ^(d)									
Individual occasions of services	1,075,174	857,983	106,632	80,108	18,083	1,069	7,160	..	2,146,209
Group sessions	31,944	n.a.	1,704	42	665	n.a.	3,088	..	37,443
Individual occasions of services per 1,000 population ^(b)	167.0	182.3	30.2	42.8	12.1	2.3	23.1	..	112.7
Group sessions per 1,000 population ^(b)	5.0	n.a.	0.5	0.0	0.4	n.a.	10.0	..	2.0
Public community mental health care^(f)									
Individual services	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Individual services per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

(a) Based on BEACH data.

(b) Rates are crude rates based on 31 December 1999 estimated resident population.

(c) Medicare data supplied by DHA.

(d) Data drawn from NPHEd. These data are likely to be affected by variation among the States and Territories in the definitions of occasions of service, and the extent to which ambulatory mental health care services are provided by non-hospital establishments. A proportion of the occasions of service may be community-based service contacts, but are reported by the hospital on behalf of the community-based services operating under their management. Refer to Boxes 2.1 and 3.2 for further information. The reported WA data are likely to be an under-estimate of mental health-related non-admitted occasions of service.

(e) PHEC data provided by ABS.

(f) National data on most public community-based mental health care are not available for 1999–00.

n.a. Not available.

.. Not applicable.

Source: BEACH, DHA, NPHEd, PHEC.

Table 2.2: Most frequently reported mental health-related patient reasons for encounter by patient sex (per cent), BEACH, 1999-00

Reason for encounter		Number	% total RFEs (N=155,690)	Rate per 100 encounters (N=104,856)		
ICPC-2 code	Description			95% LCL	95% UCL	
Male						
P03, P76	Depression	611	0.9	1.4	1.3	1.5
P06	Sleep disturbance	541	0.8	1.2	1.1	1.3
P01, P74	Anxiety	366	0.6	0.8	0.7	0.9
P19	Drug abuse	209	0.3	0.5	0.3	0.7
P02	Acute stress reaction	191	0.3	0.4	0.4	0.5
P50	Prescription request/renewal	184	0.3	0.4	0.4	0.5
P15, P16	Alcohol abuse	114	0.2	0.3	0.2	0.3
P20	Memory disturbance	65	0.1	0.1	0.1	0.2
	Total	3,007	4.6	6.8	6.5	7.1
Female						
P03, P76	Depression	1,151	1.3	1.9	1.8	2.1
P06	Sleep disturbance	722	0.8	1.2	1.1	1.3
P01, P74	Anxiety	648	0.7	1.1	1.0	1.2
P02	Acute stress reaction	400	0.4	0.7	0.6	0.8
P50	Prescription request/renewal	376	0.4	0.6	0.6	0.7
P29	Unspecified psychological complaint	95	0.1	0.2	0.1	0.2
P19	Drug abuse	93	0.1	0.2	<0.1	0.3
P70	Dementia	74	0.1	0.1	0.1	0.2
	Total	4,424	5.0	7.5	7.2	7.7
Total^(a)						
P03, P76	Depression	1,793	1.2	1.7	1.6	1.8
P06	Sleep disturbance	1,270	0.8	1.2	1.1	1.3
P01, P74	Anxiety	1,026	0.7	1.0	0.9	1.1
P02	Acute stress reaction	598	0.4	0.6	0.5	0.6
P50	Prescription request/renewal	566	0.4	0.5	0.5	0.6
P19	Drug abuse	308	0.2	0.3	0.1	0.4
P15, P16	Alcohol abuse	160	0.1	0.2	0.1	0.2
P29	Unspecified psychological complaint	140	0.1	0.1	0.1	0.2
	Total	7,531	4.8	7.2	6.9	7.5

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.3: Encounters with one or more mental health-related reasons for encounter by sex and age group of patient (per cent), BEACH, 1999-00

Age group	Male	Female	Total^(a)
< 5 years	1.1	0.6	1.8
5-14 years	1.1	0.6	1.8
15-24 years	4.1	4.8	9.0
25-44 years	14.5	20.8	36.0
45-64 years	11.7	17.1	29.0
65-74 years	3.5	6.6	10.2
75+ years	3.5	7.7	11.3
Not reported	0.3	0.5	0.9
Total	39.9	58.7	100.0

(a) Total includes sex not stated.

Table 2.4: Most frequently reported mental health problems managed by patient sex, BEACH, 1999–00

Mental health-related problem		Number	% total problems (N=153,857)	Rate per 100 encounters (N=104,856)	95% LCL		95% UCL
ICPC-2 code	Description						
Male							
P03, P76	Depression	1,157	1.8	2.6	2.4	2.8	
P06	Sleep disturbance	657	1.0	1.5	1.3	1.6	
P01, P74	Anxiety	605	0.9	1.4	1.2	1.5	
P19	Drug abuse	406	0.6	0.9	0.6	1.3	
P15, P16	Alcohol abuse	232	0.4	0.5	0.5	0.6	
P72	Schizophrenia	199	0.3	0.4	0.4	0.5	
P02	Acute stress reaction	186	0.3	0.4	0.3	0.5	
P70	Dementia	118	0.2	0.3	0.2	0.3	
	Other	485	0.8	1.1	1.0	1.2	
	Total	4,344	6.8	9.8	6.5	7.1	
Female							
P03, P76	Depression	2,385	2.7	4.0	3.8	4.3	
P01, P74	Anxiety	1,195	1.4	2.0	1.9	2.2	
P06	Sleep disturbance	952	1.1	1.6	1.5	1.7	
P02	Acute stress reaction	406	0.5	0.7	0.6	0.8	
P70	Dementia	289	0.3	0.5	0.4	0.6	
P19	Drug abuse	260	0.3	0.4	0.3	0.6	
P72	Schizophrenia	175	0.2	0.3	0.3	0.3	
P15, P16	Alcohol abuse	104	0.1	0.2	0.1	0.2	
	Other	574	0.6	1.0	0.9	1.0	
	Total	6,537	7.4	11.0	4.8	5.3	
Total^(a)							
P03, P76	Depression	3,595	2.3	3.4	3.2	3.6	
P01, P74	Anxiety	1,825	1.2	1.7	1.6	1.9	
P06	Sleep disturbance	1,620	1.1	1.5	1.4	1.7	
P19	Drug abuse	672	0.4	0.6	0.4	0.9	
P02	Acute stress reaction	603	0.4	0.6	0.5	0.6	
P70	Dementia	412	0.3	0.4	0.3	0.4	
P72	Schizophrenia	376	0.2	0.4	0.3	0.4	
P15, P16	Alcohol abuse	338	0.2	0.3	0.3	0.4	
	Other	1,082	0.7	1.0	1.0	1.1	
	Total	11,025	7.2	10.5	10.1	10.9	

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.5: Encounters with one or more mental health-related problems managed by patient age group and sex (per cent), BEACH 1999-00

Age group	Male	Female	Total^(a)
< 5 years	0.4	0.4	0.8
5-14 years	1.0	0.5	1.5
15-24 years	3.5	4.4	8.1
25-44 years	13.7	18.8	33.1
45-64 years	11.7	16.9	28.9
65-74 years	4.2	7.5	11.8
75+ years	4.3	10.6	15.0
Not reported	0.3	0.4	0.8
Total	39.3	59.4	100.0

(a) Total includes sex not stated.

Table 2.6: Referrals for mental health-related problems, BEACH, 1999–00

Type of referral		Number	Per cent total referrals (N=11,760)	Rate per 100 mental health-related problems (N=11,025)		
ICPC-2-PLUS code	Description			95% LCL	95% UCL	
P67002	Referral to psychiatrist (private)	242	2.1	2.2	2.0	2.4
P66003	Referral to psychologist	126	1.1	1.1	1.0	1.3
P66006	Referral to drug & alcohol treatment	73	0.6	0.7	0.5	0.9
A68001	Referral to health professional	52	0.4	0.5	0.4	0.6
A67004	Referral to paediatrician	50	0.4	0.5	0.4	0.6
P66004	Referral to counsellor	35	0.3	0.3	0.2	0.4
A67010	Referral to hospital	34	0.3	0.3	0.2	0.4
A67001	Referral to specialist	29	0.2	0.3	0.2	0.3
K68003	Referral for ECG	22	0.2	0.2	0.1	0.3
P66005	Referral to mental health team	18	0.1	0.2	0.1	0.2
R67002	Referral to respiratory physician	17	0.1	0.2	0.1	0.2
N67002	Referral to neurologist	17	0.1	0.2	0.1	0.2
A68005	Referral to aged care assessment	15	0.1	0.1	0.1	0.2
H67002	Referral to ENT	13	0.1	0.1	0.1	0.2
A67006	Referral to geriatrician	11	0.1	0.1	0.1	0.1
A66007	Referral to rehabilitation	11	0.1	0.1	0.1	0.1
P67004	Referral to psychiatrist (clinic)	10	0.1	0.1	0.1	0.1
A67012	Referral to clinic/centre	10	0.1	0.1	<0.1	0.1
Z66008	Referral to social worker	10	0.1	0.1	0.1	0.1
A67002	Referral to physician	10	0.1	0.1	<0.1	0.2
	Other	131	1.1	1.2	1.0	1.3
	Total	935	7.9	8.5	7.9	9.1

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit; ECG – Electrocardiogram; ENT – Ear, nose and throat.

Table 2.7: The most frequently referred mental health-related problems by patient sex, BEACH, 1999–00

Problem		Number of referrals	Per cent of all referrals (N=11,760)	Referrals per 100 of these problems	95% LCL	95% UCL
ICPC-2 code	Description					
Male						
P03, P76	Depression	110	2.1	9.5	7.6	11.4
P06	Sleep disturbance	51	1.0	7.8	5.6	10.1
P19	Drug abuse	48	0.9	11.9	7.3	16.5
P81	Hyperkinetic disorder	43	0.8	59.6	47.3	72.0
P15, P16	Alcohol abuse	33	0.6	14.4	10.3	18.4
P22, P23	Child/adolescent behaviour complaint	27	0.5	53.7	32.5	74.9
P02	Acute stress reaction	24	0.5	12.8	7.4	18.3
P70	Dementia	21	0.4	17.6	13.6	21.5
P01, P74	Anxiety	19	0.4	3.1	2.4	3.8
P72	Schizophrenia	18	0.4	9.2	6.3	12.0
	Other	76	1.5	14.9	11.6	18.3
	Total	470	9.1	11.2	10.2	12.2
Female						
P03, P76	Depression	155	2.4	6.5	5.6	7.4
P01, P74	Anxiety	62	1.0	5.2	4.0	6.4
P02	Acute stress reaction	36	0.6	13.9	7.3	20.5
P70	Dementia	27	0.4	9.3	6.7	11.9
P19	Drug abuse	27	0.4	10.2	5.8	14.7
P06	Sleep disturbance	23	0.4	2.4	1.6	3.2
P72	Schizophrenia	12	0.2	7.0	4.6	9.3
P22, P23	Child/adolescent behaviour complaint	12	0.2	33.6	19.0	48.2
P81	Hyperkinetic disorder	11	0.2	47.1	24.6	69.6
P15, P16	Alcohol abuse	8	0.1	7.5	3.5	11.6
	Other	75	1.2	11.2	8.9	13.5
	Total	447	6.9	7.0	6.4	10.9
Total^(a)						
P03, P76	Depression	270	2.3	7.5	6.6	8.4
P01, P74	Anxiety	84	0.7	4.6	3.7	5.5
P19	Drug abuse	77	0.7	11.4	7.2	15.5
P06	Sleep disturbance	74	0.6	4.6	3.6	5.6
P02	Acute stress reaction	60	0.5	10.0	6.7	13.2
P81	Hyperkinetic disorder	54	0.5	57.1	46.0	68.1
P70	Dementia	48	0.4	11.5	8.7	14.3
P15, P16	Alcohol abuse	43	0.4	12.6	9.6	15.5
P22, P23	Child/adolescent behaviour complaint	39	0.3	45.5	31.6	59.4
P72	Schizophrenia	30	0.3	8.1	6.4	9.7
	Other	156	1.3	14.8	12.1	17.4
	Total	935	7.9	8.5	7.9	9.1

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.8: Clinical treatments provided for mental health-related problems by general practitioners, BEACH, 1999–00

ICPC-2-PLUS code	Clinical treatment	Number	Per cent of total clinical treatments (N=35,102)	Rate per 100 mental health-related problems (N=11,025)	95% LCL	95% UCL
P45001, P45002, P58004–P58006	Psychological	2,628	7.5	23.8	22.4	25.3
P45006, P58010	Counselling/advice/education—drugs	384	1.1	3.5	1.4	5.5
P58003	Counselling—individual	267	0.8	2.4	2.0	2.8
P45005, P58009	Counselling/advice/education—alcohol	205	0.6	1.9	1.6	2.1
P58008, P45004	Counselling/advice/education—smoking	174	0.5	1.6	1.4	1.8
A45015	Advice/education—medication	144	0.4	1.3	1.1	1.5
P58017	Counselling—stress management	137	0.4	1.2	1.0	1.5
A45016	Advice/education—treatment	136	0.4	1.2	1.1	1.4
A58010	Reassurance/support	132	0.4	1.2	1.0	1.4
P45007, P58011	Counselling/advice/education—relaxation	75	0.2	0.7	0.5	0.8
A45008, P58012	Counselling/advice/education—lifestyle	66	0.2	0.6	0.4	0.8
A48006	Decreased drug dosage	52	0.1	0.5	0.3	0.6
P58007	Counselling—bereavement	49	0.1	0.4	0.4	0.5
P58002	Psychotherapy	40	0.1	0.4	0.2	0.5
	Other	633	1.8	5.7	5.4	6.1
	Total	5,122	14.6	46.5	43.5	49.4

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.9: The mental health-related problems most frequently managed by general practitioner clinical treatments by patient sex, BEACH, 1999–00

Problem		Number of treatments	Per cent total clinical treatments (N=48,193)	Clinical treatments per 100 of these problems	95% LCL	95% UCL
ICPC-2 code	Description					
Male						
P03, P76	Depression	580	4.0	50.2	45.1	55.3
P19	Drug abuse	306	2.1	75.2	37.6	112.8
P01, P74	Anxiety	276	1.9	45.7	38.7	52.7
P06	Sleep disturbance	161	1.1	24.5	20.1	28.9
P15, P16	Alcohol abuse	150	1.0	64.9	55.0	74.8
P02	Acute stress reaction	123	0.8	65.9	49.5	82.3
P17	Tobacco abuse	73	0.5	68.9	54.7	83.1
P82	Post-traumatic stress disorder	51	0.3	70.1	35.7	104.4
P72	Schizophrenia	37	0.3	18.4	14.1	22.6
P70	Dementia	34	0.2	28.7	19.7	37.7
	Other	251	1.7	55.5	50.7	60.2
	Total	2,041	14.0	48.7	44.4	53.0
Female						
P03, P76	Depression	1,204	5.9	50.5	46.0	55.0
P01, P74	Anxiety	601	3.0	50.3	45.7	55.0
P02	Acute stress reaction	325	1.6	80.0	70.1	90.0
P06	Sleep disturbance	185	0.9	19.5	16.8	22.1
P19	Drug abuse	163	0.8	62.7	25.5	99.8
P17	Tobacco abuse	83	0.4	80.5	64.8	96.1
P15, P16	Alcohol abuse	75	0.4	71.9	58.3	85.4
P70	Dementia	65	0.3	22.4	17.8	27.0
P72	Schizophrenia	43	0.2	24.4	17.7	31.1
P82	Post-traumatic stress disorder	29	0.1	76.2	32.1	120.4
	Other	248	1.2	55.9	49.7	62.2
	Total	2,997	14.9	47.6	44.9	50.2
Total^(a)						
P03, P76	Depression	1,813	5.2	50.4	46.2	54.6
P01, P74	Anxiety	888	2.5	48.7	44.0	53.4
P19	Drug abuse	471	1.3	70.1	32.7	107.5
P02	Acute stress reaction	456	1.3	75.7	65.9	85.5
P06	Sleep disturbance	347	1.0	21.4	18.6	24.3
P15, P16	Alcohol abuse	228	0.6	67.3	58.6	76.0
P17	Tobacco abuse	156	0.4	74.6	63.4	85.8
P70	Dementia	100	0.3	24.2	19.3	29.1
P82	Post-traumatic stress disorder	81	0.2	72.3	35.8	108.8
P72	Schizophrenia	79	0.2	21.0	16.8	25.3
	Other	503	1.4	54.9	50.9	59.0
	Total	5,122	14.6	46.5	43.5	49.4

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.10: Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems by drug group and generic drug name by patient sex, BEACH, 1999–00

Drug group and generic drugs	Number	Per cent of scripts (N=115,425)	Rate per 100 mental health- related problems (N=11,025)		
			95% LCL	95% UCL	
Male					
N06A Antidepressants	937	1.9	21.6	20.0	23.2
Sertraline	254	0.5	5.9	5.2	6.5
Paroxetine	128	0.3	3.0	2.6	3.3
Moclobemide	91	0.2	2.1	1.7	2.5
Fluoxetine HCl	81	0.2	1.9	1.5	2.2
Citalopram	75	0.2	1.7	1.5	2.0
Dothiepin	69	0.1	1.6	1.3	1.8
N05B Anti-anxiety	645	1.3	14.8	13.6	16.1
Diazepam	350	0.7	8.1	7.1	9.0
Oxazepam	249	0.5	5.7	5.1	6.4
N05C Sedative hypnotics	618	1.3	14.2	12.7	15.7
Temazepam	475	1.0	10.9	9.7	12.2
Nitrazepam	110	0.2	2.5	2.2	2.9
N05A Antipsychotic	296	0.6	6.8	6.1	7.6
Other	537	1.1	12.4	8.9	15.8
Total	3,033	6.2	69.8	65.1	74.5
Female					
N06A Antidepressants	1,853	2.8	28.3	26.6	30.1
Sertraline	501	0.8	7.7	7.0	8.3
Paroxetine	308	0.5	4.7	4.2	5.2
Dothiepin	177	0.3	2.7	2.4	3.0
Moclobemide	138	0.2	2.1	1.8	2.4
Citalopram	136	0.2	2.1	1.7	2.4
Fluoxetine HCl	129	0.2	2.0	1.7	2.2
N05B Anti-anxiety	964	1.5	14.7	13.7	15.8
Diazepam	355	0.5	5.4	4.9	6.0
Oxazepam	470	0.7	7.2	6.6	7.8
N05C Sedative hypnotics	953	1.5	14.6	13.5	15.6
Temazepam	702	1.1	10.7	9.9	11.6
Nitrazepam	198	0.3	3.0	2.7	3.4
N05A Antipsychotic	304	0.5	4.7	4.3	5.1
Other	472	0.7	7.2	5.7	8.7
Total	4,546	6.9	69.5	66.3	72.8

(continued)

Table 2.10 (continued): Medications most commonly prescribed, supplied or recommended by general practitioners for mental health-related problems by drug group and generic drug name by patient sex, BEACH, 1999-00

Drug group and generic drugs	Number	Per cent of scripts (N=115,425)	Rate per 100 mental health-related problems (N=11,025)		
			95% LCL	95% UCL	
Total^(a)					
N06A Antidepressants	2,828	2.4	25.7	24.1	27.2
Sertraline	766	0.7	6.9	6.4	7.5
Paroxetine	441	0.4	4.0	3.6	4.4
Dothiepin	250	0.2	2.3	2.0	2.5
Moclobemide	232	0.2	2.1	1.9	2.3
Fluoxetine HCl	214	0.2	1.9	1.7	2.2
Citalopram	213	0.2	1.9	1.6	2.2
N05B Anti-anxiety	1,629	1.4	14.8	13.7	15.8
Diazepam	711	0.6	6.4	5.7	7.2
Oxazepam	732	0.6	6.6	6.1	7.2
N05C Sedative hypnotics	1,584	1.4	14.4	13.3	15.5
Temazepam	1,185	1.0	10.8	9.9	11.6
Nitrazepam	310	0.3	2.8	2.5	3.1
N05A Antipsychotic	609	0.5	5.5	5.1	5.9
Other	1,022	0.9	9.3	7.0	11.5
Total	7,672	6.6	69.6	66.1	73.1

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.11: The mental health-related problems for which medications were most frequently prescribed, supplied or recommended by patient sex, BEACH, 1999–00

Problem		Number of medications	Per cent of medications (N=115,425)	Medications per 100 of these problems	95% LCL	95% UCL
ICPC-2 code	Description					
Male						
P03, P76	Depression	928	1.9	80.3	73.1	87.4
P06	Sleep disturbance	556	1.1	84.7	73.6	95.7
P01, P74	Anxiety	484	1.0	80.0	70.1	89.9
P19	Drug abuse	330	0.7	81.3	43.8	118.8
P72	Schizophrenia	201	0.4	101.3	87.0	115.6
P15, P16	Alcohol abuse	78	0.2	33.5	26.8	40.1
P70	Dementia	49	0.1	41.3	31.6	51.1
P73	Affective psychosis	42	0.1	87.7	65.8	109.6
P02	Acute stress reaction	41	0.1	22.2	17.3	27.1
P50	Medication, treatment procedure	28	0.1	96.1	63.5	128.7
	Other	296	0.6	53.4	46.8	59.9
	Total	3,033	6.2	69.8	65.1	74.5
Female						
P03, P76	Depression	1,864	2.8	78.1	72.5	83.8
P06	Sleep disturbance	872	1.3	91.7	83.1	100.2
P01, P74	Anxiety	814	1.2	68.2	61.8	74.6
P19	Drug abuse	222	0.3	85.5	47.8	123.1
P72	Schizophrenia	182	0.3	104.3	87.3	121.3
P02	Acute stress reaction	103	0.2	25.3	20.6	30.0
P73	Affective psychosis	73	0.1	127.8	72.3	183.2
P50	Medication, treatment procedure	71	0.1	104.4	79.3	129.5
P70	Dementia	58	0.1	20.1	16.3	23.9
P15, P16	Alcohol abuse	23	<0.1	22.5	15.6	29.5
	Other	263	0.4	57.4	50.9	63.9
	Total	4,546	6.9	69.5	66.3	72.8
Total^(a)						
P03, P76	Depression	2,829	2.5	78.7	73.3	84.1
P06	Sleep disturbance	1,439	1.2	88.8	80.1	97.5
P01, P74	Anxiety	1,316	1.1	72.1	65.0	79.2
P19	Drug abuse	559	0.5	83.2	45.6	120.9
P72	Schizophrenia	388	0.3	103.2	90.7	115.7
P02	Acute stress reaction	145	0.1	24.0	20.5	27.6
P73	Affective psychosis	118	0.1	109.2	77.8	140.6
P70	Dementia	107	0.1	26.0	21.9	30.1
P15, P16	Alcohol abuse	101	0.1	29.9	24.6	35.2
P50	Medication, treatment procedure	100	0.1	102.4	82.4	122.5
	Other	570	0.5	55.3	50.5	60.2
	Total	7,672	6.6	69.6	66.1	73.1

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.12: Pharmaceutical Benefits Schedule-funded mental health-related prescriptions by general practitioners by mental health-related Anatomical Therapeutic Chemical groups, States and Territories,^(a) 1999–00

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(b)
N05A	Antipsychotics	258,146	230,665	141,571	62,182	88,472	19,219	7,799	2,515	813,337
N05B	Anxiolytics	855,909	732,668	539,360	206,745	257,031	102,236	25,281	6,283	2,727,718
N05C	Hypnotics & sedatives	940,277	775,284	492,708	289,077	270,441	84,922	26,701	7,404	2,888,933
N06A	Antidepressants	2,038,180	1,591,293	1,333,216	651,785	597,860	195,983	109,391	24,717	6,549,455
	Total mental health-related prescriptions ('000)	4,092,512	3,329,910	2,506,855	1,209,789	1,213,804	402,360	169,172	40,919	12,979,443
	Per 1,000 population	639.8	707.3	714.8	651.3	813.3	854.6	547.0	212.3	685.5

(a) State/Territory is determined according to the address of the pharmacy supplying the item.

(b) Includes State or Territory unknown.

Table 2.13: Mental health-related problems most frequently referred by general practitioners to psychiatrists by patient sex, BEACH, 1999-00

Problem		Number of problems referred	Per cent total problems (N=153,857)	Problems referred per 100 of these problems		
ICPC-2 code	Description			95% LCL	95% UCL	
Males						
P03, P76	Depression	58	0.1	5.0	4.0	6.0
P72	Schizophrenia	11	<0.1	5.4	3.4	7.5
P02	Acute stress reaction	8	<0.1	4.1	0.1	8.1
P82	Post-traumatic stress disorder	7	<0.1	9.9	2.0	17.9
P81	Hyperkinetic disorder	6	<0.1	1.5	0.7	2.3
	Other	26	<0.1	1.2	0.8	1.6
	Total	116	0.2	2.7	2.3	3.0
Females						
P03, P76	Depression	60	0.1	2.5	2.1	3.0
P01, P74	Anxiety	8	<0.1	0.7	0.2	1.1
P72	Schizophrenia	8	<0.1	4.6	2.6	6.7
P73	Affective psychosis	7	<0.1	12.0	4.4	19.7
P98	Psychoses not otherwise specified	6	<0.1	2.2	0.7	3.6
	Other	22	<0.1	1.0	0.7	1.2
	Total	111	0.1	1.7	1.5	1.9
Total^(a)						
P03, P76	Depression	121	0.1	3.4	2.8	3.9
P72	Schizophrenia	19	<0.1	5.0	3.8	6.2
P01, P74	Anxiety	12	<0.1	0.7	0.4	1.0
P82	Post-traumatic stress disorder	10	<0.1	1.5	0.7	2.4
P73	Affective psychosis	8	<0.1	1.4	0.6	2.2
	Other	60	<0.1	1.7	1.3	2.1
	Total	231	0.2	2.1	1.9	2.3

(a) Includes sex not stated.

Note: Abbreviations: UCL – Upper confidence limit; LCL – Lower confidence limit.

Table 2.14: Private psychiatrist services funded through Medicare by schedule item and patient sex, States and Territories, 1999-00

Code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances		Males								
Consulting rooms										
300, 310	15 minutes or less	21,348	5,218	4,211	1,791	1,345	328	n.p	n.p	35,512
302, 312	16 to 30 minutes	53,209	39,424	30,546	8,734	11,602	3,698	n.p	n.p	149,567
304, 314	31 to 45 minutes	61,887	60,654	37,420	11,712	18,376	6,469	n.p	n.p	198,703
306, 316	46 to 75 minutes	114,483	110,847	42,658	16,165	35,204	4,198	n.p	n.p	327,191
308, 318	Over 75 minutes	6,062	3,892	3,394	1,333	2,184	613	n.p	n.p	17,989
319	Selected cases (> 45 mins)	7,341	5,992	1,604	315	1,815	9	n.p	n.p	17,110
	<i>Total</i>	<i>264,330</i>	<i>226,027</i>	<i>119,833</i>	<i>40,050</i>	<i>70,526</i>	<i>15,315</i>	<i>n.p</i>	<i>n.p</i>	<i>746,072</i>
Hospital										
320	15 minutes or less	702	1,869	824	448	673	171	n.p	n.p	4,738
322	16 to 30 minutes	3,456	3,868	6,674	2,107	2,515	373	n.p	n.p	19,181
324	31 to 45 minutes	3,603	2,644	2,494	1,172	1,178	443	n.p	n.p	11,733
326	46 to 75 minutes	2,989	2,111	1,053	716	705	384	n.p	n.p	8,073
328	Over 75 minutes	442	252	148	125	125	43	n.p	n.p	1,159
	<i>Total</i>	<i>11,192</i>	<i>10,744</i>	<i>11,193</i>	<i>4,568</i>	<i>5,196</i>	<i>1,414</i>	<i>n.p</i>	<i>n.p</i>	<i>44,884</i>
Other location										
330	15 minutes or less	274	6	n.p	n.p.	n.p	n.p	n.p	n.p	293
332	16 to 30 minutes	287	135	67	12	29	6	n.p	n.p	538
334	31 to 45 minutes	255	599	35	n.p	89	8	n.p	n.p	993
336	46 to 75 minutes	477	402	22	22	64	8	n.p	n.p	998
338	Over 75 minutes	593	76	n.p	n.p	n.p	n.p	n.p	n.p	699
	<i>Total</i>	<i>1,886</i>	<i>1,218</i>	<i>132</i>	<i>46</i>	<i>200</i>	<i>25</i>	<i>n.p</i>	<i>n.p</i>	<i>3,521</i>
Other services										
342, 344, 346	Group psychotherapy	6,445	15,141	1,434	809	1,235	267	n.p	n.p	25,389
348, 350, 352	Interview with non-patient	663	502	491	369	198	100	n.p	n.p	2354
14224	Electroconvulsive therapy ^(a)	665	863	865	196	359	159	n.p	n.p	3,187
	<i>Total</i>	<i>7,773</i>	<i>16,506</i>	<i>2,790</i>	<i>1,374</i>	<i>1,792</i>	<i>526</i>	<i>n.p</i>	<i>n.p</i>	<i>30,930</i>
Total services		285,181	254,495	133,948	46,038	77,714	17,280	n.p	n.p	825,407
Per 1,000 population		89.7	109.3	76.3	49.2	105.3	74.5	n.p	n.p	87.6

(continued)

Table 2.14 (continued): Private psychiatrist services funded through Medicare by schedule item and patient sex, States and Territories, 1999-00

Code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances		Females								
Consulting rooms										
300, 310	15 minutes or less	13,535	6,037	3,937	1,346	1,454	312	n.p	n.p	27,989
302, 312	16 to 30 minutes	50,335	46,109	38,372	10,243	13,408	4,180	n.p	n.p	165,604
304, 314	31 to 45 minutes	72,319	90,526	58,373	15,785	26,766	8,677	n.p	n.p	275,919
306, 316	46 to 75 minutes	184,177	194,989	76,168	25,045	58,529	6,349	n.p	n.p	550,890
308, 318	Over 75 minutes	7,898	6,653	4,679	1,800	3,026	1,254	n.p	n.p	25,865
319	Selected cases (> 45 mins)	24,853	26,066	8,007	924	7,507	753	n.p	n.p	68,486
	<i>Total</i>	<i>353,117</i>	<i>370,380</i>	<i>189,536</i>	<i>55,143</i>	<i>110,690</i>	<i>21,525</i>	<i>n.p</i>	<i>n.p</i>	<i>1,114,753</i>
Hospital										
320	15 minutes or less	2,027	5,966	2,568	1,675	1,213	415	n.p	n.p	13,991
322	16 to 30 minutes	8,999	13,744	18,173	5,625	6,589	1,142	n.p	n.p	54,767
324	31 to 45 minutes	8,602	9,628	7,253	3,248	3,113	1,206	n.p	n.p	33,436
326	46 to 75 minutes	7,513	7,955	3,735	1,986	2,108	919	n.p	n.p	24,496
328	Over 75 minutes	1,550	696	731	273	252	112	n.p	n.p	3,657
	<i>Total</i>	<i>28,691</i>	<i>37,989</i>	<i>32,460</i>	<i>12,807</i>	<i>13,275</i>	<i>3,794</i>	<i>n.p</i>	<i>n.p</i>	<i>130,347</i>
Other location										
330	15 minutes or less	174	45	9	n.p	n.p	n.p	n.p	n.p	317
332	16 to 30 minutes	277	310	21	276	41	18	n.p	n.p	953
334	31 to 45 minutes	344	893	37	25	94	23	n.p	n.p	1,425
336	46 to 75 minutes	556	912	71	55	286	61	n.p	n.p	1,946
338	Over 75 minutes	764	108	17	n.p	n.p	n.p	n.p	n.p	931
	<i>Total</i>	<i>2,115</i>	<i>2,268</i>	<i>155</i>	<i>443</i>	<i>452</i>	<i>106</i>	<i>n.p</i>	<i>n.p</i>	<i>5,572</i>
Other services										
342, 344, 346	Group psychotherapy	7,646	19,273	2,623	734	1,236	402	n.p	n.p	31,973
348, 350, 352	Interview with non-patient	1150	570	478	331	170	116	n.p	n.p	2836
14224	Electroconvulsive therapy ^(a)	1,904	2,799	2,584	542	710	353	n.p	n.p	8,924
	<i>Total</i>	<i>10,700</i>	<i>22,642</i>	<i>5,685</i>	<i>1,607</i>	<i>2,116</i>	<i>871</i>	<i>n.p</i>	<i>n.p</i>	<i>43,733</i>
Total services		394,623	433,279	227,836	70,000	126,533	26,296	n.p	n.p	1,294,405
Per 1,000 population		122.6	182.1	130.1	75.9	167.7	110.1	n.p	n.p	136.1

(a) The data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

Source: DHA.

Table 2.15: Private psychiatrist services funded through Medicare by schedule item, patient sex and age group, Australia, 1999–00

Code	Description	Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Patient attendances		Males							
Consulting rooms									
300, 310	15 minutes or less	837	3,582	8,648	10,442	7,234	3,347	1,422	35,512
302, 312	16 to 30 minutes	4,734	15,667	30,561	38,090	33,549	18,032	8,934	149,567
304, 314	31 to 45 minutes	7,925	22,583	38,417	47,646	46,794	24,571	10,765	198,703
306, 316	46 to 75 minutes	16,977	34,545	65,870	89,372	79,882	30,627	9,918	327,191
308, 318	Over 75 minutes	1,721	2,564	3,144	4,109	4,246	1,589	615	17,989
319	Selected cases (> 45 mins)	600	1,472	4,656	5,311	3,716	1,254	101	17,110
	<i>Total</i>	32,794	80,413	151,296	194,970	175,421	79,420	31,755	746,072
Hospital									
320	15 minutes or less	13	468	526	501	961	763	1,506	4,738
322	16 to 30 minutes	114	2,525	2,071	2,779	4,718	2,835	4,139	19,181
324	31 to 45 minutes	51	1,777	1,336	2,044	2,827	1,660	2,038	11,733
326	46 to 75 minutes	104	1,459	1,171	1,333	1,769	969	1,268	8,073
328	Over 75 minutes	8	228	163	174	261	105	220	1,159
	<i>Total</i>	290	6,457	5,267	6,831	10,536	6,332	9,171	44,884
Other location									
330	15 minutes or less	n.p	n.p	17	45	76	76	75	293
332	16 to 30 minutes	n.p	n.p	70	78	82	87	189	538
334	31 to 45 minutes	7	69	107	169	255	131	255	993
336	46 to 75 minutes	26	119	135	175	209	158	176	998
338	Over 75 minutes	27	82	86	124	161	121	98	699
	<i>Total</i>	62	304	415	591	783	573	793	3,521
Other services									
342, 344, 346	Group psychotherapy	2,502	1,838	3,526	7,342	7,737	1,943	501	25,389
348, 350, 352	Interview with non-patient	n.p.	n.p.	287	293	306	164	396	2,354
14224	Electroconvulsive therapy ^(a)	n.p.	n.p.	323	619	805	477	852	3,187
	<i>Total</i>	2,859	2,499	4,136	8,254	8,848	2,584	1,749	30,930
Total services		36,005	89,673	161,114	210,646	195,588	88,909	43,468	825,407
Per 1,000 population		17.9	65.3	111.7	144.5	153.3	105.2	42.6	87.6

(continued)

Table 2.15 (continued): Private psychiatrist services funded through Medicare by schedule item, patient sex and age group, Australia, 1999–00

Code	Description	Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Patient attendances		Females							
Consulting rooms									
300, 310	15 minutes or less	330	2,471	5,829	7,732	5,924	3,175	2,528	27,989
302, 312	16 to 30 minutes	2,167	13,788	29,511	40,138	38,703	22,111	19,186	165,604
304, 314	31 to 45 minutes	3,625	28,198	53,505	72,307	64,770	31,715	21,799	275,919
306, 316	46 to 75 minutes	9,043	56,133	120,808	159,686	137,401	48,284	19,535	550,890
308, 318	Over 75 minutes	691	3,090	4,897	6,798	6,619	2,340	1,430	25,865
319	Selected cases (> 45 mins)	336	4,043	15,400	23,666	20,193	4,709	139	68,486
	<i>Total</i>	<i>16,192</i>	<i>107,723</i>	<i>229,950</i>	<i>310,327</i>	<i>273,610</i>	<i>112,334</i>	<i>64,617</i>	<i>1,114,753</i>
Hospital									
320	15 minutes or less	55	1,378	1,747	2,395	3,141	1,909	3,366	13,991
322	16 to 30 minutes	176	7,020	7,204	9,573	11,477	6,428	12,889	54,767
324	31 to 45 minutes	134	3,904	5,488	7,405	7,240	3,701	5,564	33,436
326	46 to 75 minutes	207	3,355	4,368	5,974	4,698	2,217	3,677	24,496
328	Over 75 minutes	34	617	610	725	875	263	533	3,657
	<i>Total</i>	<i>606</i>	<i>16,274</i>	<i>19,417</i>	<i>26,072</i>	<i>27,431</i>	<i>14,518</i>	<i>26,029</i>	<i>130,347</i>
Other location									
330	15 minutes or less	n.p.	n.p.	6	40	51	56	164	317
332	16 to 30 minutes	n.p.	n.p.	33	99	112	139	553	953
334	31 to 45 minutes	n.p.	n.p.	126	179	250	140	662	1,425
336	46 to 75 minutes	8	95	220	353	495	261	514	1,946
338	Over 75 minutes	12	58	58	228	235	144	196	931
	<i>Total</i>	<i>25</i>	<i>233</i>	<i>443</i>	<i>899</i>	<i>1,143</i>	<i>740</i>	<i>2,089</i>	<i>5,572</i>
Other services									
342, 344, 346	Group psychotherapy	2,071	2,783	5,247	10,786	8,214	2,183	689	31,973
348, 350, 352	Interview with non-patient	160	486	210	236	212	125	483	1,912
14224	Electroconvulsive therapy ^(a)	200	678	323	404	353	204	674	2836
	<i>Total</i>	<i>2,271</i>	<i>4,026</i>	<i>6,528</i>	<i>13,016</i>	<i>10,653</i>	<i>3,341</i>	<i>3,898</i>	<i>43,733</i>
Total services		19,094	128,256	256,338	350,314	312,837	130,933	96,633	1,294,405
Per 1,000 population		10.0	97.8	178.1	239.3	249.3	157.9	74.2	136.1

(a) The data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

n.p. Not published.

Source: DHA.

Table 2.16: Pharmaceutical Benefit Scheme-funded mental health-related prescriptions by private psychiatrists, by mental health-related Anatomical Therapeutic Chemical group, States and Territories,^(a) 1999–00

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(b)
N05A	Antipsychotics	89,766	80,848	44,091	13,231	28,418	3,932	5,647	635	270,032
N05B	Anxiolytics	35,511	48,068	22,157	5,179	12,873	5,185	1,003	171	130,890
N05C	Hypnotics & sedatives	16,714	24,653	13,053	3,915	7,990	2,858	540	145	70,502
N06A	Antidepressants	257,752	260,255	153,930	60,162	89,095	17,922	12,851	1,492	858,663
Total mental health-related prescriptions		399,743	413,824	233,231	82,487	138,376	29,897	20,041	2,443	1,330,087
Per 1,000 population		62.5	87.9	66.5	44.4	92.7	63.5	64.8	12.7	70.2

(a) State/Territory is determined according to the address of the pharmacy supplying the item.

(b) Includes State or Territory unknown.

Table 2.17: Mental health-related non-admitted patient occasions of service, by type of non-admitted patient care, public acute care and psychiatric hospitals, States and Territories, 1999–00

Type of non-admitted patient care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals ^(a)									
Individual occasions of service	1,075,174	857,983	106,632	80,108	18,083	1,069	7,160	..	2,146,209
Group sessions	31,944	n.a.	1,704	42	665	n.a.	3,088	..	37,443
Public psychiatric hospitals ^(a)									
Emergency & outpatient individual occasions of service	27,477	n.a.	12,137	n.a.	n.a.	n.a.	..	..	n.a.
Emergency & outpatient group sessions	3,097	n.a.	1,824	n.a.	n.a.	n.a.	..	..	n.a.
Outreach/community individual occasions of service	261,223	n.a.	68,895	n.a.	n.a.	n.a.	..	..	n.a.
Outreach/community group sessions	291,797	n.a.	969	n.a.	n.a.	n.a.	..	..	n.a.
Private psychiatric hospitals ^(b)									
Individual occasions of service	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	21,106
Group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,815

(a) Data drawn from NPHEd. These data are likely to be affected by variation among the States and Territories in the definitions of occasions of service, and the extent to which ambulatory mental health care services are provided by non-hospital establishments. A proportion of the occasions of service may be community-based service contacts, but are reported by the hospital on behalf of the community-based services operating under their management. The reported WA data for public hospitals are likely to be an under-estimate of mental health-related non-admitted occasions of service. Refer to Boxes 2.1 and 3.2 for further information.

(b) PHEC data provided by ABS.

n.a. not available.

.. not applicable.

Table 2.18: Commonwealth/State Disability Agreement-funded non-residential^(a) disability support services received by clients with a psychiatric primary disability on a snapshot day, by age group and sex, Australia, 2000

Sex	Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Males	18	291	772	827	561	221	70	3,020
Females	12	209	456	573	435	177	62	2,268
Total^(b)	30	500	1,229	1,400	996	399	132	5,291

(a) Includes non-residential accommodation support, community access, community support, respite and employment support services.

(b) Total includes sex not stated/unknown.

Source: CSDA MDS collection.

Table 2.19: Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day, by service type, States and Territories, 2000

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accommodation support ^(a)	11	889	177	35	1	3	0	0	1,116
Community support	24	785	90	103	23	3	3	1	1,032
Community access	40	1,218	100	15	6	7	1	0	1,387
Respite	4	104	15	0	0	1	1	1	126
Employment	609	460	199	125	138	39	52	8	1,630
Total non-residential services	688	3,456	581	278	168	53	57	10	5,291

(a) Includes attendant care, outreach/other in-home support and alternative family placement.

Source: CSDA MDS collection.

Table 2.20: Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day by country of birth and service type, Australia, 2000

Service type	Australia	Other English-speaking countries^(a)	Non-English-speaking countries	Not reported	Total
Accommodation support ^(b)	929	43	125	19	1,116
Community access	1,155	66	135	31	1,387
Community support	697	47	68	220	1,032
Employment	1,387	72	122	46	1,627
Respite	108	4	9	5	126
Total non-residential services	4,276	232	462	321	5,291

(a) Other English-speaking countries include United Kingdom, Ireland, New Zealand, United States of America and Canada.

(b) Includes attendant care, outreach/other in-home support and alternative family placement.

Source: CSDA MDS collection.

Table 2.21: Commonwealth/State Disability Agreement-funded non-residential disability support services received by clients with a psychiatric primary disability on a snapshot day by Indigenous status and service type, Australia, 2000

Service type	Indigenous	Non-Indigenous	Not reported	Total
Accommodation support ^(a)	63	1,035	18	1,116
Community support	27	768	237	1,032
Community access	20	1,318	49	1,387
Respite	5	118	3	126
Employment	29	1,554	47	1,630
Total non-residential services	144	4,793	354	5,291

(a) Includes attendant care, outreach/other in-home support and alternative family placement.

Source: CSDA MDS collection.

3 Community residential and admitted patient mental health care

This chapter describes the provision of community residential and admitted patient mental health care by hospitals and other service providers. It also presents available data on the characteristics of the patients and residents. As documented in Chapter 1, ambulatory care is the form of mental health care most frequently utilised by people with a mental health disorder. Community residential and admitted patient mental health care, however, plays 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 community residential and admitted patient mental health care is provided by public and private hospitals, and public community mental health care services. Data on these different types of services have therefore been collated for this chapter, with 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 can, to some extent, substitute for community residential and admitted patient mental health care for some clients.

As noted in Chapter 2, data on same day separations for patients admitted to hospital are presented in this chapter, although this type of care can be considered to be ambulatory. The potential impact on interpretation of the data is discussed in Box 3.2.

Data sources and methods

The public and private hospital data presented in this chapter are drawn from the AIHW NHMD and are supplied by States and Territories as the NMDS – Admitted Patient Mental Health Care. This chapter also includes data on the number of completed periods of community residential care (termed ‘separations’) from the AIHW NCMHED. NCMHED collates establishment-level data, as specified in the NMDS – Community Mental Health Establishments, from routine administrative collections for each public community mental health care establishment in Australia. More information on NHMD and NCMHED is provided in the data sources section of Chapter 1. Additional detail on the NHMD are provided in *Australian Hospital Statistics 1999–00* (AIHW 2001a). Information on the NMDS – Admitted Patient Mental Health Care and NMDS – Community Mental Health Establishments is presented in Appendix 1.

In many jurisdictions, mental health-related residential care is also provided by non-government organisations. While there are few available national data on most of these services, there are some data available on CSDA-funded disability support services. These services provide mental health-related care in the form of residential care for people with mental health-related disabilities. Disability support services providing residential care and funded through the CSDA are categorised as institutions/large residential services, hostels and group homes. Data are available on the residents of these service types on a snapshot day each year from the CSDA MDS collection.

The scope of the CSDA MDS collection includes all psychiatric disability support services that receive CSDA funds. Some psychiatric disability support services have different sources of funding and do not report to the CSDA MDS collection. For this reason, the information presented in this section must be interpreted with caution as it does not include all psychiatric disability support services and the proportion of these services receiving CSDA funding differs between States and Territories. These variations in coverage are outlined in the data sources section of Chapter 1.

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 included 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 (Appendix 2).

The codes used to define a mental health-related principal diagnosis have changed compared with the 1998–99 publication, in order to provide a more comprehensive description of mental health-related care. For this reason, caution must be used when comparing figures reported for 1999–00 with those reported in *Mental Health Services in Australia 1998–99* (AIHW 2001c). That publication includes details on the codes used to define mental health-related principal diagnoses for 1998–99.

Notes on data presentation

Rates were indirectly age-standardised using the total separations, patient days or psychiatric care days for 1999–00 and the estimated resident population as at 30 June 1999 to calculate the expected number of separations for each jurisdiction (see Appendix 4). Indirect age-standardisation has been used throughout this publication where indicated because this method is less sensitive to small cell sizes than the direct standardisation method.

Where similar data on separations with and without specialised psychiatric care have been presented in separate tables, these tables share the same number but are distinguished by an alpha suffix (e.g. Tables 3.14a and 3.14b).

Overview

A summary of the data on the number of separations and separations per 1,000 population by service provider type and State or Territory of the service provider is presented in Table 3.1. Similar data available on patient days are presented in Table 3.2. The tables do not present data on non-government providers of mental health-related, community residential care; there is no agreed process for extrapolating the CSDA Minimum Data Set snapshot day data into information on annual service provision. Nor does Table 3.2 include data on patient days for public community mental health care establishments, as these data are not available nationally.

There were 268,207 mental health-related community residential and admitted patient separations in 1999–00, of which 99,393 were same day separations and 168,814 were overnight (or longer). There were 3.2 million patient days reported for mental-health related separations from hospitals.

In comparison with other hospital types, public psychiatric hospitals reported the smallest numbers of separations (6.7% of the total) and separations with specialised psychiatric care (10.5%) and public acute care hospitals reported the largest numbers (59.9% and 51.3%, respectively) (Table 3.1). Public community mental health care establishments reported a relatively low number of separations in comparison to hospitals.

Public psychiatric hospitals reported a large proportion of total patient days (36.4% of the total), especially for separations with specialised psychiatric care (45.9%) (Table 3.2). However, it is estimated that a large proportion of these patient days occurred prior to the 1999–00 financial year. Only 32.0% of patient days for separations from public psychiatric hospitals were provided during 1999–00, compared with 87.1% for public acute care hospitals and 88.8% for private hospitals.

The differences between separations and patient days as indicators of hospital activity are further explained in Box 3.1.

There was some variation between jurisdictions in the distribution of separations and patient days between different service provider types, and between same day and overnight separations. Overall, there was also variation in the number of mental health-related admitted patient and community residential care separations per 1,000 population, and patient days per 1,000 population for hospitals.

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

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

Some of these differences mean that there can be variation in the proportions of separations reported for the different provider types, in the proportions of separations that are for same day stays, and the proportion of separations for which specialised psychiatric care was reported. This report therefore presents information separately for each service provider type, for same day and overnight separations, and for separations with and without specialised psychiatric care. This allows comparisons to be made between provider types and jurisdictions including or excluding particular types of separations, as appropriate for specific purposes.

Further detail about the differing availability of facilities, differing admission practices and differing definitions of hospitals is presented in Box 3.2.

The activity information and the information on the proportion of separations and patient days with specialised psychiatric care is influenced by the definition used for this report of mental health-related separations (see above). The data on specialised psychiatric care should be interpreted taking this into account because, as illustrated in Box 3.3 and Tables 3.12 to 3.26, the proportion of separations that include specialised psychiatric care varies by principal diagnosis.

Box 3.1: 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 being 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 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 includes days within hospital stays that occurred prior to 1 July 1999, provided that the separation from hospital occurred during 1999–00. 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 1999–00. Table 3.2 presents information on the estimated proportion of patient days that occurred within the 1999–00 financial year for 1999–00 separations. For public psychiatric hospitals the proportion of patient days that occurred in the year was 32.0%. In comparison, the figures for public acute and private hospitals were 87.1% and 88.8%, respectively. Public psychiatric hospitals in Queensland (15.6%) and New South Wales (29.9%) 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 1999–00 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 1999–00.

Table 3.3 summarises mental health-related hospital separations and patient days by type of care and presence of a mental health principal diagnosis for 1998–99 and 1999–00. Mental health-related separations accounted for 4.5% of total hospital separations during 1999–00 and 14.1% of total hospital patient days. Compared with 1998–99, there was an increase of 0.8% in mental health-related separations, with an increase of 0.9% for same day separations and increase of 0.7% in overnight separations. Patient days decreased by 3.0% for separations with specialised psychiatric care and increased by 1.8% for separations without specialised psychiatric care.

Of the separations with specialised psychiatric care, 166,454 or 97.0% were reported as having a mental health-related principal diagnosis in 1999–00. Over two-thirds of the remaining separations had principal diagnosis codes of *Injury, poisoning and certain other consequences of external causes (S00–T98)* or *Factors influencing health status and contact with health services (Z00–Z99)*. In comparison, during 1998–99 there were 159,822 separations or 94.8% of the separations with specialised psychiatric care, which had a mental health principal diagnosis.

It should be noted that the number of separations identified for this report as 'mental health-related' depends on the definition used (see above). In addition, for 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the NHMD using ICD-9-CM, so their data were mapped to ICD-10-AM for Table 3.3. Further information on this mapping is available in *Australian Hospital Statistics 1998–99* (AIHW 2000a).

Residential care provided by public community mental health establishments

In 1999–00 the number of community mental health residential care separations reported for Australia was 1,545 (Table 3.1). This is a 6.5% decrease from the 1,653 separations reported for 1989–99, largely attributable to a decrease in separations reported for New South Wales. Victoria and Tasmania had the largest number of separations from residential care in a community mental health care setting per 1,000 population. There were no separations reported for Queensland and the Northern Territory, as these jurisdictions do not have facilities reported as public community mental health establishments.

There are no national data available on the characteristics of residents of community mental health establishments, nor on the lengths of time that residents spend in the establishments.

Admitted patient mental health care

There were 266,662 mental health-related separations in 1999–00 (Table 3.1). Of these, 37.3% (99,393 separations) were same day separations. There were 3,180,286 patient days reported for mental health-related separations in 1999–00, of which 96.9% or 3,080,893 days were for overnight separations.

Table 3.1 shows the number of same day, overnight and total mental health-related separations per 1,000 population for all hospitals for each State and Territory. Western Australia had the highest rate for total mental health-related separations (16.5 separations per 1,000 population), followed by Tasmania (15.4) and Queensland (15.1). These rates were higher than the Australian rate of 14.1 mental health-related separations per 1,000 population. For overnight separations, South Australia had the highest rate at 10.7 per 1,000 population, followed by the Australian Capital Territory (10.6) and Western Australia (9.5). For Australia as a whole, there were 8.8 overnight mental health-related separations per 1,000 population.

Table 3.2 presents a summary of the patient days, psychiatric care days and patient days per 1,000 population by hospital type for separations that occurred during 1999–00. Of the 3,180,286 patient days for mental health-related separations, 3,080,893 were for overnight separations.

Queensland reported the highest numbers of patient days and psychiatric care days for mental health-related separations per 1,000 population (251.4 patient days and 198.5 psychiatric care days). South Australia had the second highest rates (187.1 patient days per 1,000 population and 160.9 psychiatric care days per 1,000 population). Both the Queensland rates and the South Australian rates were higher than the national rates of 168.0 patient days for mental health-related separations per 1,000 population and 128.9 psychiatric care days.

As noted above, these data comparing States and Territories should be interpreted with reference to the notes in Box 3.2.

Specialised psychiatric care

Of the 266,662 mental health-related separations, 171,548 or 64.3% reported some specialised psychiatric care (Table 3.1). The proportion of same day separations that included specialised psychiatric care was 72.7% and for overnight separations 59.4%.

Of the 3,180,286 patient days for mental health-related separations, 2,440,474 or 76.7% were psychiatric care days (10.8% of total hospital patient days) (Table 3.3). The proportion of overnight patient days that were psychiatric care days was 78.6%.

As noted above, the data on specialised psychiatric care should be interpreted taking into account the patterns of diagnoses reported because, as illustrated in Box 3.3 and Tables 3.12 to 3.26, the proportion of admitted patient care with specialised psychiatric care as a component varies by the principal diagnoses reported for the separations.

The Australian Capital Territory was the jurisdiction with the largest proportion of separations with specialised psychiatric care, with 83.3% of mental health-related separations including specialised psychiatric care. Tasmania had the lowest proportion of separations with specialised psychiatric care, with 50.5% of mental health-related separations including specialised psychiatric care. For Australia as a whole, 64.3% of mental health-related separations were separations with specialised psychiatric care.

Western Australia had the highest age-standardised rate of mental health-related separations with specialised psychiatric care (11.9 separations per 1,000 population) and Queensland had the second highest rate, at 10.1 per 1,000 population (Table 3.1). The Australian rate was 9.1 separations per 1,000. When same day separations are removed (see rates in Tables 3.15 and 3.16), the Western Australian and Queensland rates are both reduced to 5.9 separations per 1,000 population, and the Australian rate is reduced to 5.3 per 1,000 population.

The aged-standardised rate for patient days for separations with specialised psychiatric care was comparatively high in Queensland (199.7 patient days per 1,000 population) (Table 3.2). This was significantly higher than the national rate of 132 patient days per 1,000 population. The Northern Territory had the lowest rate, at 40.2 patient days per 1,000 population.

These data should be interpreted with caution as they are affected by differences in the provision of admitted patient mental health services (see Box 3.2) and by the comparatively lengthy stays of small numbers of patients being separated from public psychiatric facilities. For example, in Queensland, 54.3% of the patient days for separations with specialised psychiatric care were for 0.4% of the separations which had a length of stay of more than a year. In fact, the average length of stay for this group was 2,376 days. Similarly, in New South Wales, 41.9% of the patient days for separations with specialised psychiatric care were for 0.4% of the separations (with a length of stay of more than 365 days), which had an average length of stay of 1,924 days. For Australia, the equivalent figures were 33.7% of patient days, 0.3% of specialised separations and an average length of stay of 1,644 days.

This may also reflect that administrative practice differs between jurisdictions in the coding of statistical discharge, with variation in the proportion of separations ending in statistical discharge. Statistical discharge occurred for 1.1% of separations with specialised psychiatric care in Queensland compared with approximately 3.4% for New South Wales and 3.0% for Australia (Table 3.52). Further, Queensland does not currently classify any of its extended treatment services as community residential care and, as a result, all of these services are included in data on admitted patients (Table 3.1).

Box 3.2: 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 jurisdiction 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 undertaken with care.

Some of the differences in service delivery practices are illustrated in Tables 3.1 and 3.2. These show, for example, the relatively high rates of separations for public community mental health care establishments for Victoria and Tasmania compared with other jurisdictions, and correspondingly relatively low rates for patient days for public psychiatric hospitals.

There is some difference in the approach States and Territories and the public and private sectors take to the formal admission and separation for 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, including New South Wales, Queensland, Western Australia, and South Australia, the majority of patients are formally admitted for this care and it is therefore reported as same day separations. Some of these differences are illustrated in Tables 3.48a and 3.48b which show, for example, that group therapy is provided on an admitted patient basis in New South Wales, Victoria, Queensland, South Australia and Western Australia, but not in the other jurisdictions. These same day separations with group therapy were from private hospitals, with the exception of Western Australia where they were from public acute hospitals. These differences have the potential to affect the comparability of the separation and patient day data for same day and total separations. For this reason, same day and overnight separation data are presented separately in many parts of this report.

States and Territories also differ in the extent to which they classify some of their mental health-related facilities as admitted patient services within hospitals (or separate hospitals) or as community-based, non-admitted services. This variation applies, for example, with psycho-geriatric 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 these services.

In New South Wales, Queensland, Western Australia, and South Australia some specialised psycho-geriatric units are included within admitted patient settings. In New South Wales, the number of these units included is relatively small. In Victoria, Tasmania, the Australian Capital Territory and the Northern Territory, psycho-geriatric patients are cared for in community (non-hospital) settings.

In New South Wales, Queensland, Western Australia and South Australia, mental health services that provide long-stay rehabilitation services are also categorised as admitted patient services. In New South Wales, the number of these units included is relatively small. In Victoria and the two Territories, this activity is undertaken outside admitted patient settings. Some of this variation is illustrated in Tables 3.53 and 3.54. These tables show, for example, that public hospitals in New South Wales, Queensland and South Australia reported markedly more separations and patient days for the care type of 'rehabilitation' than all the other jurisdictions.

Mental health legal status

Table 3.4 summarises the mental health legal status reported for separations with specialised psychiatric care during 1999–00. The data on mental health legal status is collected to indicate whether a patient has been involuntarily detained. The legislative arrangements under which patients can be involuntarily detained differ between jurisdictions and these differences may be reflected in the proportion of separations reported as involuntary for

each jurisdiction. Note also that private hospitals in Victoria do not have beds gazetted for use by involuntary patients and the Northern Territory does not report these data.

The mental health legal status recorded for mental health-related separations from public psychiatric hospitals was more often involuntary (52.2%) than separations from public acute (24.5%) and private hospitals (5.6%).

Box 3.3: Specialised psychiatric care and principal diagnoses

Table 3.1 shows that 64.3% of mental health-related separations for 1999–00 included specialised psychiatric care. These summary figures, however, do not show the proportion of separations with various mental health-related diagnoses that included specialised psychiatric care.

Data presented in Table 3.12a indicate that the proportion of separations and patient days that include specialised psychiatric care varied widely between principal diagnoses groups. The principal diagnosis codes used to define mental health-related separations were selected using a range of criteria and include diagnosis groups for which patients are commonly cared for by services other than specialised mental health services.

For example, the proportions of overnight separations with specialised psychiatric care and principal diagnoses of Sleep disorders (1.4%), Dementia (21.5%), Alzheimer’s disease (26.3%), Mental and behavioural disorders due to the use of alcohol (26.7%) or Dyslexia and other symbolic dysfunctions not elsewhere classified (0%) were relatively low. In comparison, overnight separations with principal diagnoses of Schizophrenia (90.7%), Bipolar affective disorders (89.2%) or Disorders of adult personality and behaviour (85.7%) had relatively high proportions of separations with specialised psychiatric care.

A similar pattern is apparent in the proportion of patient days that were psychiatric care days. High proportions of patient days for separations with principal diagnoses of Schizophrenia (94.2%), Bipolar affective disorders (93.4%) or Disorders of adult personality and behaviour (91.2%) were psychiatric care days. The proportions of patient days for separations with principal diagnoses of Sleep disorders (0.9%), Dementia (37.3%), Alzheimer’s disease (38.2%), or Dyslexia and other symbolic dysfunctions not elsewhere classified (0%) that were psychiatric care days were comparatively low.

These patterns should be considered when data on the provision of specialised psychiatric care are considered.

Patient demographics

This section presents sociodemographic data collected for mental health-related separations for 1999–00. These data reflect the level of utilisation of hospital services by specific population groups. They do not necessarily reflect the prevalence of mental disorders within the community or the utilisation of community-based services by specific population groups.

Age and sex

Table 3.5 presents the age and sex distribution of the mental health-related separations. There were 125,953 separations reported for male patients and 140,703 for female patients. Despite this there were more patient days reported for separations involving male patients, 1,688,104 days compared with 1,492,171 days for female patients. Male patients who received specialised psychiatric care were most likely to be in the 25–34 years age group, which accounted for 22.1% of separations with specialised psychiatric care for males. Female patients who receive specialised psychiatric care during their hospital stay were more likely to be older, with 21.6% in the 35–44 years age group. For separations without specialised

psychiatric care, the 25–34 years age group had the highest representation for both males and females (16.1% of mental health-related separations without specialised psychiatric care for males and 19.6% for females).

The proportion of separations with specialised psychiatric care for which involuntary mental health legal status was recorded was different for male and female patients. For male patients, 24.2% of separations had an involuntary status reported, as had 16.6% of separations for female patients (Table 3.6). Male patients had a higher proportion of separations with an involuntary status than female patients for every age group from 15 to 64 years.

Area of usual residence

Table 3.7 reports the number of separations by the patient's State or Territory of usual residence and the rural, remote or metropolitan region of usual residence. The State or Territory columns in this table refer to the State or Territory of the usual residence of the patient.

Patients from areas classified as remote or rural had fewer specialised separations per 1,000 population than patients from areas classified as metropolitan. There were 10.4 mental health-related separations with specialised psychiatric care for patients from metropolitan areas per 1,000 population compared with 5.3 specialised separations per 1,000 population from rural areas and 3.0 specialised separations per 1,000 population for patients from remote areas. Overall, there were 9.1 separations with specialised psychiatric care per 1,000 population.

There were 4.3 mental health-related separations without specialised psychiatric care for patients from metropolitan areas per 1,000 population compared with 6.3 per 1,000 population from rural areas and 8.7 per 1,000 population for patients from remote areas. Overall, there were 5.0 mental health-related separations without specialised psychiatric care per 1,000 population.

Marital status

Table 3.8 presents the number of separations with specialised psychiatric care by marital status, sex and jurisdiction. National data on patient marital status are collected only for separations with specialised psychiatric care. Almost half (44.8%) of the separations with specialised psychiatric care for male patients were for patients who had never been married. This compares with 34.0% of separations with specialised psychiatric care for female patients who had never married. An additional 21.3% of specialised psychiatric care separations for male patients were for patients who were married or living in a de facto relationship, compared with 27.1% of specialised psychiatric care separations for female patients.

Aboriginal and Torres Strait Islander patients

Table 3.9 presents the number of mental health-related separations, patient days and psychiatric care days by Indigenous status for 1999–00. Separation data for Indigenous patients included data on separations of Aboriginal, Torres Strait Islander and Aboriginal and Torres Strait Islander patients. See Glossary for the definition of Aboriginal and Torres Strait Islander status. The quality of Aboriginal and Torres Strait Islander status data varies,

and so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 1999–00*.

Over half (55.9%) of the specialised separations reported for Aboriginal and Torres Strait Islander patients were for patients usually residing in metropolitan areas, compared with 82.9% for all patients. For mental health-related separations without specialised psychiatric care, 43.6% of separations for patients identified as an Aboriginal or Torres Strait Islander person were reported from rural areas. A relatively high proportion of these separations had a usual area of residence classified as remote (38.0%). These patterns reflect in part the geographic distribution of the Indigenous population.

The average length of stay for overnight separation with specialised psychiatric care for patients identified as an Aboriginal or Torres Strait Islander person was 23.7 days. This compared to 24.4 patient days for all patients. The average length of stay for overnight mental health-related separations without specialised psychiatric care for patients identified as an Aboriginal or Torres Strait Islander person was 4.0 days. The comparable figure for all patients was 9.7 patient days.

Country of birth

Table 3.10 presents the number of mental health-related separations, patient days and psychiatric care days for patients according to their country of birth, grouped into Australia, Other English-speaking countries and non-English-speaking countries (see Glossary). Nationally, 5,606 same day and 7,504 overnight separations with specialised psychiatric care were reported for patients born in English-speaking countries other than Australia, and 11,906 same day and 15,565 overnight separations with specialised psychiatric care were reported for patients born in non-English-speaking countries.

Principal diagnoses

National overview

This section presents the principal diagnoses recorded for mental health-related separations using various groupings of ICD-10-AM diagnosis codes. Note that the different levels of grouping can impact on the relative ranking of diagnoses.

Table 3.11 describes the number of mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings. Ninety-six per cent of the separations with specialised psychiatric care had a principal diagnosis from the ICD-10-AM mental and behavioural disorders chapter (F00–F99), with an average length of stay for overnight separations of 24.3 days. These separations accounted for 121.9 psychiatric care days per 1,000 population. Separations without specialised psychiatric care with a principal diagnosis from the ICD-10-AM mental and behavioural disorders chapter (F00–F99) accounted for 84.2% of all mental health-related separations without specialised psychiatric care. The average length of stay for overnight separations in this category was 9.9 days.

Table 3.12 shows the distribution of mental health-related separations by principal diagnosis using selected lower level groupings of mental health-related diagnoses. In 1999–00, principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest number of specialised care same day separations (25,522) and overnight separations (19,593). Just over

35% of all same day separations with specialised psychiatric care and 19.7% of all overnight separations with specialised psychiatric care had principal diagnoses of *Depressive disorders* (F32–F33). The second largest grouping of principal diagnoses for specialised same day separations was *Neurotic, stress-related and somatoform disorders* (F40–48), reported for 15,247 same day separations (21.1% of same day separations with specialised psychiatric care). Principal diagnoses of *Schizophrenia* (F20) had the second largest number of overnight separations with specialised psychiatric care (19,178, or 19.3% of all overnight separations with specialised psychiatric care).

Principal diagnoses of *Schizophrenia* (F20) accounted for the greatest number of patient days and psychiatric care days for separations with specialised psychiatric care, with 844,844 or 33.9% of patient days and 817,925 or 33.5% of total psychiatric care days. The number of psychiatric care days for principal diagnoses of *Schizophrenia* (F20) was more than double the number of days attributable to the next largest group of principal diagnoses, *Depressive disorders* (F32–F33) (358,634 patient days and 354,286 psychiatric care days).

Table 3.12a also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 85% of separations with *Schizophrenia* (F20), *Other mood disorders* (F34–F39) and *Disorders of adult personality and behaviour* (F60–69) were separations with specialised psychiatric care, whereas for disorders such as *Dementia* (F00–F03), *Other organic mental disorders* (F04–F09) and *Other behavioural syndromes associated with physiological disturbances and physical factors* (F51–F59) the proportion of separations with specialised psychiatric care was low (22.4%, 28.0% and 19.3% respectively).

For mental health-related separations without specialised psychiatric care, the largest number of same day separations were reported for principal diagnoses of *Depressive disorders* (F32–F33, 5,704 or 21.0%). Principal diagnoses of *Mental and behavioural disorders due to the use of alcohol* (F10) had the second largest number of same day separations (5,112) and the largest number of overnight separations (11,073 or 16.3%). Principal diagnoses of *Dementia* (F00–F03) had the largest number of patient days (176,399 days or 25.7%).

Table 3.14a shows the 30 most frequently reported principal diagnosis codes in 3-character ICD-10-AM groupings for separations with specialised psychiatric care. While this reporting structure is at a finer level than that of Table 3.12, a similar pattern can be seen, with principal diagnoses of *Depressive episode* (F32) having the largest number of total separations (28,421). The next most frequently reported principal diagnoses were *Schizophrenia* (F20, 24,187 separations) and *Reaction to severe stress and adjustment disorders* (F43, 18,560 separations). Principal diagnoses of *Schizophrenia* were associated with the largest numbers of patient and psychiatric care days of the groupings listed here. For separations with a mental health-related principal diagnosis but no specialised psychiatric care (Table 3.14b), principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) had the largest number of separations (16,185), followed by principal diagnoses of *Depressive episode* (F30) and *Sleep disorders* (G47). Principal diagnoses of *Unspecified dementia* (F03) had the largest number of patient days of these top 30 diagnosis codes.

Hospital type

The distribution of mental health-related separations by principal diagnosis for each hospital type is presented for separations with and without specialised psychiatric care (Table 3.13a and 3.13b). Approximately 20% of all public acute hospital separations with specialised psychiatric care had a principal diagnosis in the *Depressive disorders* (F32–F33) grouping, which also accounted for just under 17% of reported public acute hospital patient days and

psychiatric care days. Almost 19% of public acute hospital separations with specialised psychiatric care were separations with principal diagnoses of *Schizophrenia* (F20), which accounted for approximately 30% of public acute hospital patient days and psychiatric care days.

Separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for 38.7% of all private hospital separations with specialised psychiatric care and 39.9% of private hospital psychiatric care days. Separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) were the next largest group, accounting for 21.7% of all private hospital specialised separations and 17.8% of private hospital psychiatric care days. Same day separations with principal diagnoses of *Depressive disorders* (F32–F33) made up 39.7% of private hospital same day separations with specialised psychiatric care. Same day separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) made up 23.3% of private hospital same day separations with specialised psychiatric care. For overnight separations with specialised psychiatric care, the corresponding figures were 36.5% and 18.1%, respectively.

Almost 23% of all public psychiatric hospital separations with specialised psychiatric care and 45.8% of all psychiatric care days in public psychiatric hospitals were attributed to principal diagnoses of *Schizophrenia* (F20). Principal diagnoses of *Schizophrenia* (F20) also accounted for the largest proportion of overnight specialised separations and patient days in public psychiatric hospitals (24.6% and 46.6% respectively). Principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest proportion of specialised same day separations in public psychiatric hospitals (31.3%).

For separations with a mental health-related principal diagnosis but no specialised psychiatric care, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) recorded the largest number of separations for public acute hospitals (13,036 or 18.2%). The largest number of patient days was attributable to principal diagnoses of *Dementia* (F00–F03), which accounted for just over 27% of mental health-related patient days for separations without specialised psychiatric care in public acute hospitals. In private hospitals, separations with principal diagnoses of *Depressive disorders* (F32–F33) and *Neurotic, stress-related and somatoform disorders* (F40–F48) made up just over 50% of same day mental health-related separations without specialised psychiatric care, 43% of total separations in this category and 37.7% of all patient days.

States and Territories

Tables 3.15 to 3.18 describe the number of separations, patient days and psychiatric care days in each principal diagnosis group for each jurisdiction during 1999–00. Tables 3.15a, 3.16a, 3.17a and 3.18 present data on separations with specialised psychiatric care while Tables 3.15b, 3.16b and 3.17b present information on separations with a mental health-related principal diagnosis that did not include specialised psychiatric care.

Table 3.15a presents same day separations with specialised psychiatric care for all States and Territories. Principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest number of same day separations for each jurisdiction except the Northern Territory. Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–48) was the second largest category of same day specialised separations in all States and Territories, except in the Northern Territory where it was the largest. Western Australia had the highest age-standardised rate of same day separations (6.0 separations per 1,000 population), while South Australia, the Australian Capital Territory and the Northern Territory had

comparatively low rates (1.5, 0.4 and 0.2 respectively). This compares with an age-standardised rate for Australia of 3.8 separations per 1,000 population.

Mental health-related same day separations without specialised psychiatric care were not reported in a consistent pattern across jurisdictions. Nationally, principal diagnoses of *Depressive disorders* (F32–33) had the largest proportion of same day separations (5,704 or 21.0%), but only Victoria, Tasmania and the Australian Capital Territory recorded their largest number of separations as falling within this diagnosis group. Rates per 1,000 population were generally lower than the rates for separations with specialised psychiatric care, with Tasmania recording the highest rate at 3.6 separations per 1,000 population. The Australian Capital Territory recorded the lowest rate at 0.4 separations per 1,000 population.

Overnight mental health-related separations with specialised psychiatric care are presented in Table 3.16a. Principal diagnoses of *Schizophrenia* (F20) contributed the largest number of overnight separations in New South Wales, Queensland, Tasmania and the Northern Territory. In Victoria, South Australia and the Australian Capital Territory, principal diagnoses of *Depressive disorders* (F32–33) had the largest number of overnight separations with specialised psychiatric care. Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–48) and *Depressive disorders* (F32–33) had the largest number of overnight separations with specialised psychiatric care in Western Australia (19.8% and 19.0% respectively). The Australian Capital Territory had the highest age-standardised rate of overnight separations per 1,000 population at 8.8, compared with an Australian rate of 5.3.

In all jurisdictions, a large proportion of overnight mental health-related separations without specialised psychiatric care had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10), *Neurotic, stress-related and somatoform disorders* (F40–F48) and *Depressive disorders* (F32–33). The main exception to this pattern was the relatively large proportion of separations with principal diagnoses of *Sleep disorders* (G47) for Victorian hospitals.

Separations with principal diagnoses of *Schizophrenia* (F20) accounted for the largest number of patient days as well as the largest number of specialised psychiatric care days for all jurisdictions, except the Australian Capital Territory (Tables 3.17a and 3.18). In the Australian Capital Territory, separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest number of patient days and psychiatric care days. In the Northern Territory, principal diagnoses of *Other schizophrenic, schizotypal, delusional disorders* (F21–29) had the second largest number of patient days and psychiatric care days. In all other jurisdictions, principal diagnoses of *Depressive disorders* (F32–33) contributed the next largest number of patient and psychiatric care days after principal diagnoses of *Schizophrenia* (F20).

Dementia (F00–F03) was the principal diagnosis group recorded for 176,181 or 26.8% of the patient days for mental health-related overnight separations without specialised psychiatric care. In New South Wales, Victoria, Queensland and South Australia, the largest proportions of patient days were attributable to principal diagnoses of *Dementia* (F00–F03). In Western Australia, Tasmania and the Australian Capital Territory, principal diagnoses of *Depressive disorders* (F32–33) contributed the largest number of patient days.

Age and sex

Tables 3.19a to 3.25 describe the distribution of mental health-related separations by age group, sex and principal diagnosis.

Same day separations for male patients

Depressive disorders (F32–F33) was the most frequently recorded principal diagnosis group for separations with specialised psychiatric care for male patients, constituting 29.2% of these separations (8,911 separations) (Table 3.19a). The second most frequently recorded grouping was *Neurotic, stress-related and somatoform disorders* (F40–F48), which accounted for 27.4% of these separations (8,382). Same day separations of male patients aged under 15 years were concentrated in the principal diagnosis group of *Disorders with onset usually occurring in childhood or adolescence* (F90–F98, 2,738 separations or 78.3% of these separations for male patients under 15 years).

During 1999–00, there were 13,185 mental health-related same day separations without specialised psychiatric care for male patients (Tables 3.19b). Most separations had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10, 3,122 same day separations), *Neurotic, stress-related and somatoform disorders* (F40–F48, 2,434 separations) and *Depressive disorders* (F20, 1,872) recorded. Of those separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders*, 42% were in the 45 to 54 years age group.

Same day separations for female patients

Table 3.20a shows that there was a larger proportion of separations for female patients (compared with male patients) with principal diagnoses of *Depressive disorders* (F32–F33) (39.9% or 16,611 separations). Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) accounted for 6,865 female separations (16.5%). The principal diagnoses of *Eating disorders* (F50), which were reported for 448 same day separations for male patients, were reported for the third largest number of same day separations for females (8.4% or 3,490 separations).

During 1999–00, there were 13,989 mental health-related same day separations without specialised psychiatric care for female patients (Table 3.20b). The greatest number of same day separations without specialised psychiatric care for female patients had principal diagnoses of *Depressive disorders* (F32–33, 3,832 separations) and *Neurotic, stress-related and somatoform disorders* (F40–F48, 2,428 separations).

Overnight separations for male patients

Principal diagnoses of *Schizophrenia* (F20) constituted 26.1% of male overnight separations with specialised psychiatric care (12,999 separations) (Table 3.21a). The number of male separations with principal diagnoses of *Schizophrenia* (F20) was more than double that for female patients. Principal diagnoses of *Depressive disorders* (F32–F33) accounted for 14.5% or 7,200 male of these separations and *Neurotic, stress-related and somatoform disorders*, 12.4% (6,172 separations). Approximately 6.4% of these separations for male patients aged under 15 years had principal diagnoses of *Depressive disorders* (F32–F33). This proportion increased to 30.6% for male patients aged 65 years and over.

Tables 3.23a and 3.25a show that the largest numbers of overnight patient days and psychiatric care days for male patients receiving specialised psychiatric care were reported for separations with principal diagnoses of *Schizophrenia* (F20, 573,510 patient days and 548,645 psychiatric care days). Principal diagnoses of *Depressive disorders* (F32–F33) had the second largest number of overnight patient days (120,101) and psychiatric care days (118,203).

For separations without specialised psychiatric care for male patients, the largest principal diagnosis groupings were *Mental and behavioural disorder due to use of alcohol* (F10, 7,940

separations) and *Mental and behavioural disorder due to other psychoactive substances use* (F11–F19, 4,069 separations) (Table 3.21b). While separations with an alcohol use-related principal diagnosis for male patients were concentrated in the 35–44 and 45–54 years age groups, the number of drug use-related separations was largest in the 15–24 and 25–34 age groups. For separations without specialised psychiatric care for male patients, the largest number of patient days (67,252) was attributable to principal diagnoses of *Dementia* (F00–F03) during 1999–00 (Table 3.23b).

Overnight separations for female patients

For female patients, principal diagnoses of *Depressive disorders* (F32–F33) contributed the largest number of overnight separations with specialised psychiatric care (12,393 or 25.0%), followed by *Neurotic, stress-related and somatoform disorders* (F40–F48) (7,026 or 14.2%) and *Schizophrenia* (F20) (6,179 or 12.5%) (Table 3.22a). The number of female separations with specialised psychiatric care and principal diagnoses of *Depressive disorders* (F32–33) was 1.7 times greater than the number for male patients. Overnight separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for 12.6% of specialised separations for female patients aged under 15 years. This proportion increased with age to 40.8% of separations for female patients in the 65 years and over age group.

Tables 3.24a and 3.25b show that the largest number of overnight patient days and psychiatric care days for female patients receiving specialised psychiatric care were reported for separations with principal diagnoses of *Schizophrenia* (F20, 266,249 patient days and 264,271 psychiatric care days). Principal diagnoses of *Depressive disorders* (F32–F33) had the second largest number of overnight patient days (213,186) and psychiatric care days (210,561).

Overnight separations with specialised psychiatric care and principal diagnoses of *Eating disorders* (F50) predominantly involved female patients. However, principal diagnoses of *Eating disorders* (F50) did not dominate the female overnight separations with specialised psychiatric care (1.9%) to the same extent as the female same day separations with specialised psychiatric care (8.4%). The number of separations with principal diagnoses of *Eating disorders* (F50) was largest in the younger age groups. The largest number of overnight separations in this category was reported in the 15–24 years age group.

Overnight mental health-related separations without specialised psychiatric care were more frequent for female patients, with 35,517 separations, compared to 32,423 separations for male patients (Table 3.21b). Female patients were most likely to have overnight mental health-related separations without specialised psychiatric care for principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48, 6,686 separations) and *Depressive disorders* (F32–33, 6,202 separations). For these two principal diagnosis groupings, the number of separations were highest in the 65 years and over age group. For separations without specialised psychiatric care for female patients, the largest number of patient days (108,929) was attributable to principal diagnoses of *Dementia* (F00–F03) during 1999–00 (Table 3.24b).

Aboriginal and Torres Strait Islander patients

Table 3.27 details the number of separations, patient days and psychiatric care days for Aboriginal and Torres Strait Islander people in 1999–00. The quality of Aboriginal and Torres Strait Islander status data varies, so these figures should be used with caution. Further detail

about the quality of these data can be found in *Australian Hospital Statistics 1999–00* (AIHW 2001).

Principal diagnoses of *Disorders onset usually occurring in childhood or adolescence* (F90–98) accounted for the largest proportion (41.6%) of same day specialised separations, and *Schizophrenia, schizotypal and delusional disorders* (F20–F29) accounted for the largest proportion of overnight specialised separations (34.0%), patient days (47.7%) and specialised psychiatric care days (47.8%). Principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) accounted for 50.9% of mental health-related separations without specialised psychiatric care and 37.0% of patient days for those separations.

Mental health legal status

Table 3.28 presents information on separations with specialised psychiatric care by mental health legal status in public acute hospitals. In public acute hospitals, approximately 44% of overnight separations involving specialised psychiatric care and principal diagnoses of *Schizophrenia* (F20) were involuntary. Approximately 44% of same day separations with a principal diagnosis of *Manic episode* (F30) were involuntarily in public acute hospitals.

Principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) had the highest rates of involuntary status, accounting for 14.7% and 15.5% of private hospital separations with specialised psychiatric care respectively (Table 3.29). In public psychiatric hospitals, over half of the separations with specialised psychiatric care were involuntarily for the majority of diagnosis groups (Table 3.30).

Psychoactive substances use

Table 3.31 describes separations with a principal diagnosis of a *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) and an additional diagnosis of another mental health-related condition. Separations with these criteria had all received specialised psychiatric care. Of the 15,158 separations that had principal diagnoses in the F10 to F19 group, 4,029 separations had one or more additional mental health-related diagnoses. Of these, half had additional diagnoses of either *Depressive disorders* (F32–33) or *Neurotic, stress-related and somatoform disorders* (F40–48). The average length of stay for overnight separations with principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) and an additional other mental health-related diagnosis was 22.4 patient days. This compares to an average length of stay for all separations with specialised psychiatric care and principal diagnoses in the F10 to F19 range of 18.0 days.

Table 3.32 describes the principal diagnoses of separations with additional diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19). There were 17,883 mental health-related separations with additional but not principal diagnoses of psychoactive substance use. The most common principal diagnosis groups for these separations were *Schizophrenia* (F20, 4,586 separations), *Neurotic, stress-related and somatoform disorders* (F40–48, 3,515 separations) and *Depressive disorders* (F32–33, 3,137 separations).

Self-harm

Table 3.33 outlines the separations, patient days and psychiatric care days for mental health-related separations for which an external cause of injury or poisoning in the ICD-10-AM

Intentional self-harm (X60–X84) grouping was reported. There were 5,874 mental health-related separations in this category. Of these, 4,798 or 81.7% received specialised psychiatric care, including 1,623 with principal diagnoses other than those used to define mental health-related principal diagnoses for this report. Just over 72% of these 1,623 separations (1,172 separations) had principal diagnoses of *Poisoning by drugs, medicaments and biological substances* (ICD-10-AM diagnosis codes T36–T50).

Australian Refined Diagnosis Related Groups

AR-DRGs categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements. These categories were designed to provide a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital. This report uses AR-DRG 4.1 (DHFS 1998). Tables in this section report separations with acute and non-specified types of episodes of care only.

National overview

The 30 most frequently reported AR-DRGs for mental health-related separations are detailed in Table 3.34. For separations with specialised psychiatric care, the largest number of same day separations were reported for U60Z *Mental health treatment, same day, without electroconvulsive therapy* (54,335 separations or 85% of same day separations with specialised psychiatric care). The largest number of overnight separations were reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities*, which accounted for 21.8% (20,208 separations) of overnight separations with specialised psychiatric care. *Personality disorders and acute reactions* (U67Z), *Schizophrenia disorders with involuntary mental health legal status* (U61A) and *Schizophrenia disorders without involuntary mental health legal status* (U61B) were the AR-DRGs with the next largest number of separations with specialised psychiatric care.

Mental health treatment, same day, without electroconvulsive therapy (U60Z) was the most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care (15,164 separations). The AR-DRG with the largest number of overnight mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 11,670 separations or 18.2% of overnight mental health-related separations without specialised psychiatric care). *Alcohol intoxication and withdrawal* (V60Z), *Other affective and somatoform disorders* (U64Z) and *Dementia and other chronic disturbances of cerebral function* (B63Z) reported the next most frequent number of mental health-related separations without specialised psychiatric care.

Hospital type

Tables 3.34 to 3.36 outline the 30 most frequently reported AR-DRGs for mental health-related separations for each hospital type. The largest numbers of same day and total separations for public acute hospitals were reported for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) (Table 3.35a). *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B), *Personality disorders and acute reactions* (U67Z) and *Schizophrenia disorders with involuntary mental health legal status* (U61A) were the AR-DRGs with the largest number of overnight separations with specialised psychiatric care in public acute hospitals (19.7%, 17.0% and 15.0%, respectively).

The greatest number of patient days and psychiatric care days for public acute hospital separations with specialised psychiatric care were reported for the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A, 192,007 patient days and 191,196 psychiatric care days).

The most frequently reported AR-DRG for public acute hospital separations without specialised psychiatric care was *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 9,251 separations), followed by *Alcohol intoxication and withdrawal* (V60Z, 8,651 separations) and *Anxiety disorders* (U65Z, 8,625 separations). The largest number of patient days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 64,030 patient days) (Table 3.35b).

In private hospitals *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B) and *Personality disorders and acute reactions* (U67Z) had the largest number of overnight separations with specialised psychiatric care (5,587 and 2,385 respectively) (Table 3.36a). *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) again had the largest number of same day and total separations in this category (35,406 same day separations). In private hospitals, the largest numbers of patient days and psychiatric care days were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 96,948 patient days and 96,286 psychiatric care days).

The most frequently reported AR-DRG for private hospital separations without specialised psychiatric care was *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 5,913 separations), followed by *Anxiety disorders* (U65Z, 3,045 separations) and *Alcohol use disorder and dependence, same day* (V62B, 1,446 separations). The largest number of patient days of separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 25,637 patient days) (Table 3.36b).

Public psychiatric hospitals had a slightly different distribution of separations by AR-DRG, with *Schizophrenia disorders with involuntary mental health legal status* (U61A) having the largest number of overnight and total separations with specialised psychiatric care (2,780 separations or 20.2% of overnight separations in this category, see Table 3.37). *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B) and *Schizophrenia disorders without involuntary mental health legal status* (U61B) comprised 17.1% and 9.5% of overnight separations with specialised psychiatric care in public psychiatric hospitals. Almost a third of all patient days (31.5%) and psychiatric care days (29.9%) in public psychiatric hospitals were for separations classified in the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A).

States and Territories

The 15 most frequently reported AR-DRGs for overnight mental health-related separations are reported in Tables 3.37 to 3.39 for each State and Territory by hospital type.

Age and sex

The 15 most frequently reported AR-DRGs for overnight mental health-related separations for male and female patients are reported in Tables 3.41 and 3.42.

Overnight separations with specialised psychiatric care for male patients

Schizophrenia disorders with involuntary mental health legal status (U61A) was the AR-DRG for which there was the largest number of mental health-related overnight acute care separations (8,076 separations, 18.9% of overnight separations of male patients). This was followed by *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)*, 8,011 separations) and *Personality disorders and acute reactions (U67Z)*, 6,925 separations).

Just under two-thirds of overnight separations with *Schizophrenia disorders with involuntary mental health legal status (U61A)*, 63.7%) were for male patients aged between 15 and 34 years. Nearly half (48.8%) of male overnight separations with AR-DRG *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)* were aged between 25 and 44 years.

Overnight separations with specialised psychiatric care for female patients

The largest groups of overnight acute care separations for female patients with specialised psychiatric care were *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)*, 12,191 separations), *Personality disorders and acute reactions (U67Z)*, 8,584 separations) and *Schizophrenia disorders without involuntary mental health legal status (U61B)*, 4,368 separations).

The largest proportion of separations in the AR-DRG *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)* were in the 35 to 44 years age group (3,271 separations or 26.8%). More than half of separations classified as *Personality disorders and acute reactions (U67Z)*, 56.7%) were for patients in the 15 to 34 years age groups.

Overnight separations without specialised psychiatric care for male patients

Anxiety disorders (U65Z), 5,269 separations), *Alcohol intoxication and withdrawal (V60Z)*, 4,169 acute care separations) and *Alcohol use disorder and dependence (V62A)*, 3,462 separations) were reported for the largest number of overnight separations without specialised psychiatric care for male patients. Over half (59.1%) of mental health-related overnight acute care separations for male patients in the AR-DRG *Anxiety disorders (U65Z)* were younger than 15 years.

Overnight separations without specialised psychiatric care for female patients

Anxiety disorders (U65Z), 6,400 separations), *Other affective and somatoform disorders (U64Z)*, 4,489 separations) and *Dementia and other chronic disturbances of cerebral function (B63Z)*, 3,005 separations) were reported for the largest number of overnight acute care separations. The highest proportion of *Anxiety disorders* separations in this group were in the under 15 years age group (2,398 separations or 37.5%). Twenty-seven per cent of separations in the AR-DRG *Other affective and somatoform disorders* were from patients in the 65 years or older age group.

Length of stay

Measures of length of stay provide information on the resource utilisation associated with various disorders and illustrate different care practices. In this section, both average and median length of stay data have been presented. In all tables, length of stay calculations include only acute and non-specified episode types and exclude same day separations.

Separations with more than 365 patient days have been excluded from the calculation of the average length of stay figures in order to minimise skew caused by a small number of separations with high numbers of patient days. Details of these methods and data on the number of separations excluded because they had lengths of stay greater than 365 days are included in Appendix 4. Averages and medians based on less than ten separations have not been published.

Tables 3.42 and 3.43 present the average and median length of stay of mental health-related separations for the 15 most frequently reported AR-DRGs by sex, age group and specialised psychiatric care status. The longest overall average length of stay for separations with specialised psychiatric care for male patients was for *Dementia and other chronic disturbances of cerebral function* (B63Z, average 34.5 days, median 20 days). This AR-DRG also had the longest average length of stay for age groups over 55 years. *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A) also had a high average length of stay for all age groups (25.4 days average, 18 days median) as did *Schizophrenia disorders with involuntary mental health legal status* (U61A, 21.6 days average, 13 median). The longest overall average length of stay for separations with specialised psychiatric care for female patients was for *Dementia and other chronic disturbances of cerebral function* (B63Z, 38.0 days average, 25 days median). This was followed by *Eating and obsessive-compulsive disorders* (U66Z, average 27.6 days, median 16 days) and *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A, average 25.1 days, median 20 days).

For mental health-related separations without specialised psychiatric care, average lengths of stay were generally lower, 6.2 days for male patients and 7.3 days for female patients. This compares with 14.4 days average length of stay for male patients with specialised psychiatric care and 15.3 days for female patients. The longest average length of stay for mental health-related separations without specialised psychiatric care for male patients was for *Dementia and other chronic disturbances of cerebral function* (B63Z, 14.9 days average and 10 days median). For separations without specialised psychiatric care for female patients, the longest average length of stay was due to *Eating and obsessive-compulsive disorders* (U66Z, 18.8 days average and 12 days median).

Separations with specialised psychiatric care in public acute hospitals

Mental health-related separations with specialised psychiatric care in public acute hospitals had an average length of stay of 13.5 days (Table 3.45a) and a median length of stay of 7 days (Table 3.46a). Victoria had the longest length of stay in this category (15.2 days average, 8 days median) while Tasmania (9 days average, 5 days median) and Northern Territory (9 days average, 6 days median) had the shortest. *Dementia and other chronic disturbances of cerebral function* (B63Z) had the longest average length of stay for Australia overall (32.1 days average, 21 days median), as well as for Victoria, Western Australia, South Australia and Tasmania (averages 30.6, 46.9, 37.0 and 25.0 days respectively). *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A) was the AR-DRG with the longest length of stay for Queensland (25.9 days) and the Australian Capital Territory (28.0 days) and the second longest length of stay for Australia overall. For New South Wales *Eating and obsessive-compulsive disorders* (U66Z) was the AR-DRG with the longest average length of stay (29.0 days).

Separations with specialised psychiatric care in private hospitals

Mental health-related overnight separations with specialised psychiatric care in private hospitals had an average length of stay of 16.9 days and a median of 12 days. New South Wales was the jurisdiction with the longest length of stay for all AR-DRGs (19.1 days average, median 15 days). *Eating and obsessive-compulsive disorders* (U66Z) had the longest length of stay for mental health-related separations with specialised psychiatric care in private hospitals (31.9 days average, 25 days median). This AR-DRG also had the longest average length of stay for New South Wales, Victoria, Queensland and Western Australia (averages 33.9, 36.0, 29.6 and 29.0 respectively). In South Australia, *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A) had the longest average length of stay (27.9 days). The average length of stay for this AR-DRG was 22.6 days (median 18 days).

Separations with specialised psychiatric care in public psychiatric hospitals

Mental health-related overnight separations with specialised psychiatric care in public psychiatric hospitals had an average length of stay of 18.6 days and a median length of stay of 8 days. The jurisdiction with the longest length of stay for this category was Queensland (30.1 days, average and 15 days median). As mentioned previously, this may be due to Queensland's lack of residential care in public community mental health establishments (Table 3.1) or relatively infrequent use of statistical discharge (Table 3.52). *Dementia and other chronic disturbances of cerebral function* (B63Z) had the longest average length of stay (56.7 days average, 33 days median) and the longest average length of stay for New South Wales, Queensland, Western Australia and South Australia (60.1, 77.7, 70.2 and 39.1 days respectively). The AR-DRG with the longest average length of stay in Victoria was *Schizophrenia disorders with involuntary mental health legal status* (U61A, 29.9 days average, 15 days median).

Separations without specialised psychiatric care in public acute hospitals

Mental health-related overnight separations without specialised psychiatric care in public acute hospitals had an average length of stay of 5.9 days (Table 3.45) and a median length of stay of 4 days (Table 3.46). The Australian Capital Territory had the longest lengths of stay in this category (12.2 days average, 6 days median). The jurisdiction with the shortest lengths of stay for these separations was the Northern Territory (4 days average, 2 days median). *Dementia and other chronic disturbances of cerebral function* (B63Z) had the longest average length of stay both nationally (14.8 days average, 10 days median) and for all jurisdictions except the Australian Capital Territory. *Schizophrenia disorders without involuntary mental health legal status* (U61B) was the AR-DRG with the longest length of stay for the Australian Capital Territory (22.6 days).

Separations without specialised psychiatric care in private hospitals

Mental health-related overnight separations without specialised psychiatric care in private hospitals had an average length of stay of 11.5 days and a median length of stay of 7 days. New South Wales was the jurisdiction with the longest average length of stay for all AR-DRGs (13.8 days average, median 10 days). *Major affective disorders with catastrophic or severe complications or comorbidities, or age greater than 69* (U63A) had the longest overall average length of stay for these separations (17.8 days average, 13 days median), and this AR-DRG also had the longest average length of stay for Queensland and Western Australia

(averages 18.6 and 17.0 respectively). In New South Wales, the longest average was for *Schizophrenia disorders without involuntary mental health legal status* (U61B, 21.1 days average, 14 days median). In Victoria, it was *Other drug use disorder and dependence* (V64Z, 16.3 days average) and in South Australia, *Eating and obsessive-compulsive disorders* (U66Z, 36.7 days average).

Other related data

Procedures

Table 3.47 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations. The most frequently reported procedures for separations with specialised psychiatric care were *Allied health intervention, social work* (13,242 separations), *Group psychotherapy, 2 to 9 patients* (11,451 separations) and *Allied health intervention, occupational therapy* (8,806 separations) (Table 3.47a). For separations without specialised psychiatric care, the most frequently reported procedures were *Allied health intervention, social work* (7,320 separations), *Allied health intervention, physiotherapy* (5,268 separations) and *Group psychotherapy, 2 to 9 patients* (5,091 separations) (Table 3.47b).

Tables 3.47 and 3.48 show similar data for the 15 most frequently reported procedures by State and Territory. For same day separations (Table 3.48), there was wide variation in the patterns of procedures reported. For example, *Group psychotherapy, 2 to 9 patients* was the most frequently reported for same day separations with specialised psychiatric care in New South Wales and Western Australia, but was rarely reported for other jurisdictions. For same day separations without specialised psychiatric care, this procedure was commonly reported for New South Wales, Victoria and Queensland, but was not reported for other jurisdictions. With the exception of Western Australia, these same day separations with group therapy were from private hospitals. This variation probably reflects variation in admission practices, as described in Box 3.2, but would also reflect the extent to which allied health interventions were reported as specific procedures or more generally as an allied health intervention (for example, *Allied health intervention, psychology*).

Allied health intervention, social work was the most commonly reported procedure for overnight separations with specialised psychiatric care in Victoria, South Australia and the Australian Capital Territory, and *Group psychotherapy, 2 to 9 patients* was the most commonly reported in New South Wales and Western Australia (Table 3.49). For overnight separations without specialised psychiatric care, the most commonly reported procedure was *Allied health intervention, social work* in all jurisdictions except Queensland (where *Alcohol detoxification* was the most commonly reported) and Tasmania (*Computerised tomography of the brain*).

Previous specialised treatment

The proportion of separations for which the data element *Previous specialised treatment* was reported varied across jurisdictions (see Appendix 1), with no data reported for over 48.8% of separations with specialised psychiatric care. Public psychiatric hospitals provided the highest level of response, with data reported for 72% of records. The data presented in Table 3.50 therefore need to be interpreted with caution, particularly for public acute and private hospitals. Refer to the Glossary for the definition of this data element.

Overall, 20,545 or 12.0% of separations with specialised psychiatric care were identified as the patient's first in a specialised mental health care setting. For public psychiatric hospitals, no previous specialised mental health care in an admitted patient or community-based setting was reported for 21.5% of separations (3,851) with specialised psychiatric care.

Source of referral to public psychiatric hospitals

These data should be interpreted with caution as it is likely that they reflect differences between jurisdictions in the use of the data element categories as well as differences in service provision. For public psychiatric hospitals, the majority of separations in New South Wales, Queensland and Western Australia were referred from 'Other health care establishment' (Table 3.51). 'Other health care establishment' includes emergency departments, community health services, other hospitals, nursing homes and crisis team services. In South Australia, 72.1% of specialised separations from public psychiatric hospitals were referred to the hospital from a private psychiatric practice.

Mode of admission

Mode of admission is an administrative data element that distinguishes between transfers from other hospitals, statistical admissions following a change in care type, and other admissions. Of all mental health-related separations from public acute hospitals, 88.3% of separations with specialised psychiatric care and 95.4% of separations without specialised psychiatric care were *Other* admissions, that is, planned and unplanned admissions excluding transfers from other hospitals and statistical admissions. Of all mental health-related separations from private hospitals, the corresponding percentages were 96.2% and 96.9% respectively (Table 3.52).

Mode of separation

Mode of separation is an administrative data element that indicates the status at separation of the patient (e.g. discharge, transfer or death) and the place to which the patient is released, where applicable. Approximately 88% of separations (77,273 separations) with specialised psychiatric care from public acute hospitals and 94% (61,610) from private hospitals ended with a discharge to either the patient's usual residence, or own accommodation, or to a welfare institution (Table 3.53a). For public psychiatric hospitals, the equivalent figure was 69.2% (12,414), with 10.4% (1,872) ending in statistical discharges from leave and 9.4% (1,684) ending in discharge or transfer to an acute hospital. Statistical discharges from leave are a statistical separation resulting from a change in care type while a patient is on leave from the hospital. Seventy-eight per cent of mental health-related separations (56,306) without specialised psychiatric care in public acute hospitals ended with a discharge to either the patient's usual residence, or own accommodation, or to a welfare institution. In private hospitals, 93.0% of mental health-related separations (21,590) without specialised psychiatric care ended this way.

Type of episode of care

Type of episode of care describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, non-acute care or other care (Tables 3.53, 3.54 and 3.55). See the Glossary for further detail on *Type of episode of care*.

Acute care was the most frequently recorded type of episode of care for mental health-related separations in all jurisdictions and hospital sectors (156,502 or 91.2% of separations with specialised psychiatric care and 89,075 or 93.7% of separations without specialised psychiatric care). It also accounted for the majority of patient days reported for mental health-related separations with (70.6%) and without (67.9%) specialised psychiatric care and the majority of psychiatric care days (70.8%). *Rehabilitation care* and *Non-acute care* accounted for 2.1% and 2.4% of mental health-related separations without specialised psychiatric care respectively. Of separations with specialised psychiatric care, these episode types accounted for 0.8% and 1.9%, respectively. The variation among the jurisdictions reflects differences in the types of services provided as admitted patient services among the States and Territories (see Box 3.2).

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

The disability support services data are presented on services received by clients with psychiatric primary disabilities. The term primary disability refers to the disability category identified by the consumer or carer as the disability most affecting their everyday life. The 'psychiatric' primary disability category includes data from the category of the same name in the CSDA MDS collection. See Box 2.2 for further information on disability groups.

On the snapshot day, there were 243 residential care services delivered by CSDA-funded disability support services to people with a psychiatric primary disability (Table 3.57). The number of services received by male residents (152 or 62.6%) with these primary disabilities was greater than the number of services received by female residents. The number of services received by these residents was greatest in the 25–34 years and 35–44 years age groups for both males and females. New South Wales (61) and Queensland (55) had the largest number of residential care services received by residents with a psychiatric primary disability (Table 3.58).

Residents born in English-speaking countries other than Australia and non-English-speaking countries received 1.2% of these services (Table 3.59). The majority of services were for Australian-born residents (85.6%). Most psychiatric primary disabilities were identified as being received by residents who were not of Aboriginal or Torres Strait Islander origin (Table 3.60).

Table 3.1: Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Same day separations									
Same day separations with specialised psychiatric care									
Public acute hospitals	9,720	2,146	5,033	4,800	1,973	493	124	27	24,316
Public psychiatric hospitals	2,079	2	17	47	223	11	..	..	2,379
Private hospitals	11,157	17,870	9,646	6,227	20	598	6	n.a.	45,524
All hospitals	22,956	20,018	14,696	11,074	2,216	1,102	130	27	72,219
Public hospitals and public community mental health care establishments	11,799	2,148	5,050	4,847	2,196	504	124	27	26,695
All hospitals and public community mental health care establishments	22,956	20,018	14,696	11,074	2,216	1,102	130	27	72,219
Same day separations without specialised psychiatric care									
Public acute hospitals	5,268	7,121	2,215	963	1,429	422	118	86	17,622
Private hospitals	2,135	2,319	2,849	905	80	1,263	1	n.a.	9,552
All hospitals	7,403	9,440	5,064	1,868	1,509	1,685	119	86	27,174
Public hospitals and public community mental health care establishments	5,268	7,121	2,215	963	1,429	422	118	86	17,622
All hospitals and public community mental health care establishments	7,403	9,440	5,064	1,868	1,509	1,685	119	86	27,174
All mental health-related same day separations									
Public acute hospitals	14,988	9,267	7,248	5,763	3,402	915	242	113	41,938
Public psychiatric hospitals	2,079	2	17	47	223	11	..	..	2,379
Private hospitals	13,292	20,189	12,495	7,132	100	1,861	7	n.a.	55,076
All hospitals	30,359	29,458	19,760	12,942	3,725	2,787	249	113	99,393
Public hospitals and public community mental health care establishments	17,067	9,269	7,265	5,810	3,625	926	242	113	44,317
All hospitals and public community mental health care establishments	30,359	29,458	19,760	12,942	3,725	2,787	249	113	99,393
% of same day separations with specialised psychiatric care									
Public acute hospitals	64.9	23.2	69.4	83.3	58.0	53.9	51.2	23.9	58.0
Public psychiatric hospitals	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Private hospitals	83.9	88.5	77.2	87.3	20.0	32.1	85.7	n.a.	82.7
All hospitals	75.6	68.0	74.4	85.6	59.5	39.5	52.2	23.9	72.7
Public hospitals and public community mental health care establishments	69.1	23.2	69.5	83.4	60.6	54.4	51.2	23.9	60.2
All hospitals and public community mental health care establishments	75.6	68.0	74.4	85.6	59.5	39.5	52.2	23.9	72.7

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Same day separations per 1,000 population^(c)									
Public acute hospitals	2.3	2.0	2.1	3.1	2.3	2.0	0.8	0.6	2.2
Public psychiatric hospitals	0.3	0.0	0.0	0.0	0.2	0.0	..	..	0.1
Private hospitals	2.1	4.3	3.6	3.8	0.1	4.0	0.0	n.a.	2.9
All hospitals	4.8	6.3	5.6	7.0	2.5	6.0	0.8	0.6	5.2
95% confidence intervals	4.7 – 4.8	6.2 – 6.3	5.6 – 5.7	6.8 – 7.1	2.4 – 2.6	5.7 – 6.2	0.7 – 0.9	0.5 – 0.7	5.2 – 5.3
Public hospitals and public community mental health care establishments	2.7	2.0	2.1	3.1	2.4	2.0	0.8	0.6	2.3
All hospitals and public community mental health care establishments	4.8	6.3	5.7	7.0	2.5	6.0	0.8	0.6	5.2
Overnight separations									
Overnight separations with specialised psychiatric care									
Public acute hospitals	15,416	17,336	15,623	5,998	4,514	1,875	2,143	730	63,635
Public psychiatric hospitals	7,139	518	1,386	2,645	3,369	511	..	..	15,568
Private hospitals	5,617	5,497	3,662	2,357	2,225	119	649	n.a.	20,126
All hospitals	28,172	23,351	20,671	11,000	10,108	2,505	2,792	730	99,329
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	22,877	18,640	17,009	8,747	7,903	2,689	2,153	730	80,748
All hospitals and public community mental health care establishments	28,494	24,137	20,671	11,104	10,128	2,808	2,802	730	100,874
Overnight separations without specialised psychiatric care									
Public acute hospitals	20,449	13,279	8,473	5,239	5,081	1,072	409	264	54,266
Private hospitals	3,125	3,926	3,642	1,230	911	778	59	n.a.	13,671
All hospitals	23,577	17,205	12,115	6,469	5,992	1,850	468	264	67,940
Public hospitals and public community mental health care establishments	20,452	13,279	8,473	5,239	5,081	1,072	409	264	54,269
All hospitals and public community mental health care establishments	23,577	17,205	12,115	6,469	5,992	1,850	468	264	67,940
All mental health-related overnight separations									
Public acute hospitals	35,865	30,615	24,096	11,237	9,595	2,947	2,552	994	117,901
Public psychiatric ^(d)	7,142	518	1,386	2,645	3,369	511	..	..	15,571
Private hospitals	8,742	9,423	7,304	3,587	3,136	897	708	n.a.	33,797
All hospitals	51,749	40,556	32,786	17,469	16,100	4,355	3,260	994	167,269
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	43,329	31,919	25,482	13,986	12,984	3,761	2,562	994	135,017
All hospitals and public community mental health care establishments	52,071	41,342	32,786	17,573	16,120	4,658	3,270	994	168,814

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
% of overnight separations with specialised psychiatric care									
Public acute hospitals	43.0	56.6	64.8	53.4	47.0	63.6	84.0	73.4	54.0
Public psychiatric hospitals	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Private hospitals	64.3	58.3	50.1	65.7	71.0	13.3	91.7	n.a.	59.5
All hospitals	54.4	57.6	63.0	63.0	62.8	57.5	85.6	73.4	59.4
Public community mental health care establishments	100.0	100.0	..	100.0	100.0	100.0	100.0	..	100.0
Public hospitals and public community mental health care establishments	52.8	58.4	66.7	62.5	60.9	71.5	84.0	73.4	59.8
All hospitals and public community mental health care establishments	54.7	58.4	63.0	63.2	62.8	60.3	85.7	73.4	59.8
Overnight separations per 1,000 population^(c)									
Public acute hospitals	5.6	6.5	6.9	6.1	6.4	6.4	8.3	5.2	6.2
Public psychiatric hospitals	1.1	0.1	0.4	1.4	2.3	1.1	0.0	0.0	0.8
Private hospitals	1.4	2.0	2.1	2.0	2.0	1.9	2.4	0.0	1.8
All hospitals	8.1	8.6	9.4	9.5	10.7	9.4	10.6	5.3	8.8
95% confidence intervals	8 – 8.1	8.5 – 8.6	9.3 – 9.5	9.3 – 9.6	10.5 – 10.9	9.1 – 9.7	10.3 – 11	5 – 5.7	8.8 – 8.9
Public community mental health care establishments	0.0	0.2	..	0.1	0.0	0.6	0.0	..	0.1
Public hospitals and public community mental health care establishments	6.7	6.7	7.3	7.6	8.7	8.1	8.3	5.2	7.1
All hospitals and public community mental health care establishments	8.1	8.7	9.4	9.5	10.7	10.0	10.7	5.2	8.9
Total separations									
Separations with specialised psychiatric care									
Public acute hospitals	25,136	19,482	20,656	10,798	6,487	2,368	2,267	757	87,951
Public psychiatric hospitals	9,218	520	1,403	2,692	3,592	522	..	..	17,947
Private hospitals	16,774	23,367	13,308	8,584	2,245	717	655	n.a.	65,650
All hospitals	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	34,676	20,788	22,059	13,594	10,099	3,193	2,277	757	107,443
All hospitals and public community mental health care establishments	51,450	44,155	35,367	22,178	12,344	3,910	2,932	757	173,093
Separations with specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	3.9	4.1	5.9	5.8	4.4	5.1	7.2	3.9	4.6
Public psychiatric hospitals	1.4	0.1	0.4	1.4	2.4	1.1	..	..	0.9
Private hospitals	2.6	5.0	3.8	4.6	1.5	1.5	2.1	n.a.	3.5
All hospitals	8.0	9.2	10.1	11.9	8.3	7.8	9.2	4.0	9.1
95% confidence intervals	7.9 – 8.1	9.1 – 9.3	10 – 10.2	11.7 – 12	8.1 – 8.4	7.5 – 8	8.9 – 9.6	3.7 – 4.2	9.02 – 9.1
Public community mental health care establishments	0.0	0.2	..	0.1	0.0	0.6	0.0	..	0.1
Public hospitals and public community mental health care establishments	5.4	4.4	6.3	7.3	6.8	6.9	7.2	3.9	5.7
All hospitals and public community mental health care establishments	8.0	9.3	10.1	11.9	8.3	8.5	9.3	3.9	9.1

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories, ^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Separations without specialised psychiatric care									
Public acute hospitals	25,717	20,400	10,688	6,202	6,510	1,494	527	350	71,888
Private hospitals	5,260	6,245	6,491	2,135	991	2,041	60	n.a.	23,223
All hospitals	30,980	26,645	17,179	8,337	7,501	3,535	587	350	95,114
Public community mental health care establishments	..	..	..	..	..	..	..	..	..
Public hospitals and public community mental health care establishments	25,720	20,400	10,688	6,202	6,510	1,494	527	350	71,891
All hospitals and public community mental health care establishments	30,980	26,645	17,179	8,337	7,501	3,535	587	350	95,114
Separations without specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	4.0	4.3	3.1	3.4	4.3	3.2	1.8	1.9	3.8
Private hospitals	0.8	1.3	1.9	1.2	0.6	4.3	0.2	0.0	1.2
All hospitals	4.8	5.6	4.9	4.6	4.9	7.5	2.0	1.9	5.0
95% confidence intervals	4.8 – 4.9	5.6 – 5.7	4.9 – 5	4.5 – 4.7	4.8 – 5	7.3 – 7.8	1.8 – 2.1	1.7 – 2.1	5 – 5.1
Public hospitals and public community mental health care establishments	4.0	4.3	3.1	3.4	4.3	3.2	1.8	1.9	3.8
All hospitals and public community mental health care establishments	4.8	5.6	5.0	4.6	4.9	7.5	2.0	1.9	5.0
% of separations with specialised psychiatric care									
Public acute hospitals	49.4	48.8	65.9	63.5	49.9	61.3	81.1	68.4	55.0
Public psychiatric hospitals	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Private hospitals	76.1	78.9	67.2	80.1	69.4	26.0	91.6	n.a.	73.9
All hospitals	62.3	61.9	67.3	72.6	62.2	50.5	83.3	68.4	64.3
Public community mental health care establishments	100.0	100.0	..	100.0	100.0	100.0	100.0	..	100.0
Public hospitals and public community mental health care establishments	57.4	50.5	67.4	68.7	60.8	68.1	81.2	68.4	59.9
All hospitals and public community mental health care establishments	62.4	62.4	67.3	72.7	62.2	52.5	83.3	68.4	64.5
Total separations									
Public acute hospitals	50,853	39,882	31,344	17,000	12,997	3,862	2,794	1,107	159,839
Public psychiatric ^(d)	9,221	520	1,403	2,692	3,592	522	..	..	17,950
Private hospitals	22,034	29,612	19,799	10,719	3,236	2,758	715	n.a.	88,873
All hospitals	82,108	70,014	52,546	30,411	19,825	7,142	3,509	1,107	266,662
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	60,396	41,188	32,747	19,796	16,609	4,687	2,804	1,107	179,334
All hospitals and public community mental health care establishments	82,430	70,800	52,546	30,515	19,845	7,445	3,519	1,107	268,207

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Total separations per 1,000 population^(c)									
Public acute hospitals	7.9	8.4	9.0	9.2	8.7	8.3	9.1	5.8	8.4
Public psychiatric hospitals	1.4	0.1	0.4	1.4	2.4	1.1	0.0	0.0	0.9
Private hospitals	3.4	6.3	5.7	5.8	2.1	5.9	2.3	0.0	4.7
All hospitals	12.8	14.8	15.1	16.5	13.2	15.4	11.3	5.9	14.1
95% confidence intervals	12.7 – 12.9	14.7 – 14.9	14.9 – 15.2	16.3 – 16.6	13 – 13.4	15 – 15.7	11 – 11.7	5.6 – 6.3	14 – 14.1
Public community mental health care establishments	0.0	0.2	..	0.1	0.0	0.6	0.0	..	0.1
Public hospitals and public community mental health care establishments	9.4	8.7	9.4	10.7	11.1	10.1	9.1	5.8	9.5
All hospitals and public community mental health care establishments	12.8	15.0	15.1	16.5	13.2	16.0	11.4	5.8	14.2

(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. Please refer to Box 3.2 for information.

(b) SA data include 120 separations and 42,103 patient days for statistical separations which occurred with changes in administrative arrangements for one hospital unit.

(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 1999. Rates for public community mental health care establishments are crude rates based on the Estimated Resident Population of 30 June 1999.

(d) Includes 3 separations without specialised psychiatric care for NSW public psychiatric hospitals.

n.a. Not available.

.. Not applicable.

Table 3.2: Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Overnight separations									
Patient days for overnight separations with specialised psychiatric care									
Public acute hospitals	255,432	277,012	183,076	94,473	66,805	16,913	26,731	6,890	927,332
Public psychiatric hospitals	461,225	30,223	425,256	83,322	138,537	15,296	..	..	1,153,859
Public hospitals	716,657	307,235	608,332	177,795	205,342	32,209	26,731	6,890	2,081,191
Private hospitals	101,117	85,735	68,106	36,133	38,006	1,795	10,373	n.a.	341,265
All hospitals	817,774	392,970	676,438	213,928	243,348	34,004	37,104	6,890	2,422,456
Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring within 1999–00^(d)									
Public acute hospitals	88.2	89.9	88.3	90.6	95.3	96.5	95.3	98.7	89.9
Public psychiatric hospitals	29.6	65.3	15.6	75.9	52.9	57.7	..	..	31.9
Private hospitals	94.8	95.4	85.4	94.3	94.4	100.0	93.3	n.a.	93.0
All hospitals	56.0	89.2	42.3	85.5	71.0	79.2	94.7	98.7	62.7
Psychiatric care days for overnight separations with specialised psychiatric care									
Public acute hospitals	247,590	277,012	179,267	91,676	66,805	16,913	26,678	6,658	912,599
Public psychiatric hospitals	424,819	30,223	425,256	83,322	138,537	15,296	..	..	1,117,453
Public hospitals	672,409	307,235	604,523	174,998	205,342	32,209	26,678	6,658	2,030,052
Private hospitals	99,691	85,735	67,400	35,793	38,006	1,795	9,783	n.a.	338,203
All hospitals	772,100	392,970	671,923	210,791	243,348	34,004	36,461	6,658	2,368,255
% psychiatric care days per overnight mental health-related patient day									
Public acute hospitals	96.9	100.0	97.9	97.0	100.0	100.0	99.8	96.6	98.4
Public psychiatric hospitals	92.1	100.0	100.0	100.0	100.0	100.0	..	..	96.8
Private hospitals	98.6	100.0	99.0	99.1	100.0	100.0	94.3	n.a.	99.1
All hospitals	94.4	100.0	99.3	98.5	100.0	100.0	98.3	96.6	97.8
Patient days for overnight separations without specialised psychiatric care									
Public acute hospitals	194,437	106,663	92,240	32,871	33,176	9,817	5,115	1,120	475,439
Private hospitals	41,076	36,245	76,466	9,402	10,068	8,933	796	n.a.	182,986
All hospitals	235,525	142,908	168,706	42,273	43,244	18,750	5,911	1,120	658,437
Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring within 1999–00^(d)									
Public acute hospitals	77.8	88.4	63.1	95.7	96.9	95.9	88.8	97.9	80.5
Private hospitals	93.9	90.9	58.2	98.1	73.1	96.6	99.0	..	77.6
All hospitals	80.7	89.1	60.9	96.3	91.3	96.2	90.1	97.9	79.7

(continued)

Table 3.2 (continued): Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Total patient days for all mental health-related overnight separations									
Public acute hospitals	449,869	383,675	275,316	127,344	99,981	26,730	31,846	8,010	1,402,771
Public psychiatric hospitals ^(e)	461,237	30,223	425,256	83,322	138,537	15,296	..	..	1,153,871
Public hospitals	911,106	413,898	700,572	210,666	238,518	42,026	31,846	8,010	2,556,642
Private hospitals	142,193	121,980	144,572	45,535	48,074	10,728	11,169	n.a.	524,251
All hospitals	1,053,299	535,878	845,144	256,201	286,592	52,754	43,015	8,010	3,080,893
Estimated proportion of patient days for all mental health-related overnight separations occurring within 1999–00^(d)									
Public acute hospitals	83.8	89.5	79.8	91.9	95.8	96.3	94.2	98.6	86.7
Public psychiatric hospitals	29.6	65.3	15.6	75.9	52.9	57.7	..	..	31.9
Private hospitals	94.5	94.1	71.0	95.1	90.0	97.1	93.7	n.a.	87.6
All hospitals	61.5	89.2	46.0	87.3	74.1	85.3	94.1	98.6	66.3
% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	56.8	72.2	66.5	74.2	66.8	63.3	83.9	86.0	66.1
Public psychiatric hospitals ^(e)	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Public hospitals	78.7	74.2	86.8	84.4	86.1	76.6	83.9	86.0	81.4
Private hospitals	71.1	70.3	47.1	79.4	79.1	16.7	92.9	n.a.	65.1
All hospitals	77.6	73.3	80.0	83.5	84.9	64.5	86.3	86.0	78.6
Patient days for all mental health-related overnight separations per 1,000 population^(f)									
Public acute hospitals	69.7	80.3	80.3	71.0	64.0	56.4	111.8	50.9	74.1
Public psychiatric hospitals	71.7	6.4	123.3	45.9	90.3	32.4	..	..	61.0
Public hospitals	141.4	86.7	203.6	116.9	154.3	88.8	111.8	50.9	135.1
Private hospitals	22.0	25.6	42.1	25.4	30.6	22.4	39.1	n.a.	27.7
All hospitals	163.3	112.5	245.8	142.2	184.5	111.3	148.8	50.3	162.8
95% confidence intervals	163.0 – 163.7	112.2 – 112.8	245.3 – 246.3	141.6 – 142.7	183.9 – 185.2	110.3 – 112.2	147.4 – 150.2	49.2 – 51.4	162.6 – 162.9
Patient days for separations with specialised psychiatric care									
Public acute hospitals	265,152	279,158	188,109	99,273	68,778	17,406	26,855	6,917	951,648
Public psychiatric hospitals	463,304	30,225	425,273	83,369	138,760	15,307	..	..	1,156,238
Public hospitals	728,456	309,383	613,382	182,642	207,538	32,713	26,855	6,917	2,107,886
Private hospitals	112,274	103,605	77,752	42,360	38,026	2,393	10,379	n.a.	386,789
All hospitals	840,730	412,988	691,134	225,002	245,564	35,106	37,234	6,917	2,494,675
Patient days for separations with specialised psychiatric care per 1,000 population^(f)									
Public acute hospitals	41.3	58.7	54.2	54.1	45.4	37.5	87.9	38.4	50.3
Public psychiatric hospitals	72.0	6.4	123.3	45.9	90.4	32.4	0.0	0.0	61.1
Public hospitals	113.3	65.1	177.5	100.0	135.8	69.9	87.9	38.4	111.4
Private hospitals	17.5	21.9	22.4	23.1	24.9	5.1	34.0	0.0	20.4
All hospitals	130.9	86.9	199.7	123.3	160.9	74.8	123.7	40.2	131.8
95% confidence intervals	130.6 – 131.1	86.7 – 87.2	199.3 – 200.2	122.7 – 123.8	160.3 – 161.6	74.1 – 75.6	122.4 – 125	39.3 – 41.1	131.6 – 132

(continued)

Table 3.2 (continued): Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Total separations									
Estimated proportion of patient days for separations with specialised psychiatric care occurring within 1999–00									
Public acute hospitals	88.7	90.0	88.6	91.0	95.5	96.6	95.3	98.7	90.2
Public psychiatric hospitals	29.9	65.3	15.6	76.0	53.0	57.8	0.0	0.0	32.0
Private hospitals	95.3	96.2	87.2	95.1	94.4	100.0	93.3	0.0	93.8
All hospitals	57.2	89.8	43.5	86.2	71.3	79.9	94.7	98.7	63.8
Psychiatric care days for all mental health-related separations									
Public acute hospitals	257,310	279,158	184,300	96,476	68,778	17,406	26,802	6,685	936,915
Public psychiatric hospitals	426,898	30,225	425,273	83,369	138,760	15,307	..	..	1,119,832
Public hospitals	684,208	309,383	609,573	179,845	207,538	32,713	26,802	6,685	2,056,747
Private hospitals	110,848	103,605	77,046	42,020	38,026	2,393	9,789	n.a.	383,727
All hospitals	795,056	412,988	686,619	221,865	245,564	35,106	36,591	6,685	2,440,474
Psychiatric care days for all mental health-related separations per 1,000 population^(f)									
Public acute hospitals	40.1	58.7	53.1	52.6	45.4	37.5	87.7	37.0	49.5
Private hospitals	17.3	21.9	22.2	22.9	24.9	5.1	32.1	0.0	20.3
All hospitals	123.8	86.9	198.5	121.5	160.9	74.8	121.6	38.8	128.9
95% confidence intervals	123.5 – 124	86.7 – 87.2	198 – 198.9	121 – 122	160.3 – 161.6	74.1 – 75.6	120.3 – 122.8	37.9 – 39.8	128.8 – 129.1
Patient days for all mental health-related separations without specialised psychiatric care									
Public acute hospitals	199,705	113,784	94,455	33,834	34,605	10,239	5,233	1,206	493,061
Private hospitals	43,211	38,564	79,315	10,307	10,148	10,196	797	n.a.	192,538
All hospitals	242,928	152,348	173,770	44,141	44,753	20,435	6,030	1,206	685,611
Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population^(f)									
Public acute hospitals	30.6	23.6	28.1	19.7	21.0	20.8	21.2	10.4	26.0
Private hospitals	6.6	8.0	23.5	5.9	6.2	20.8	3.1	0.0	10.2
All hospitals	37.2	31.7	51.6	25.6	27.2	41.6	24.2	10.3	36.2
95% confidence intervals	37.1 – 37.4	31.5 – 31.8	51.3 – 51.8	25.4 – 25.8	27 – 27.5	41 – 42.1	23.6 – 24.8	9.7 – 10.9	36.1 – 36.3
Estimated proportion of patient days for separations without specialised psychiatric care occurring within 1999–00^(d)									
Public acute hospitals	78.4	89.2	63.9	95.8	97.0	96.1	89.0	98.0	81.2
Private hospitals	94.2	91.5	59.7	98.3	73.3	97.0	99.0	0.0	78.7
All hospitals	81.2	89.7	62.0	96.4	91.6	96.6	90.3	98.0	80.5
Patient days for all mental health-related separations									
Public acute hospitals	464,857	392,942	282,564	133,107	103,383	27,645	32,088	8,123	1,444,709
Public psychiatric ^(d)	463,316	30,225	425,273	83,369	138,760	15,307	..	..	1,156,250
Public hospitals	928,173	423,167	707,837	216,476	242,143	42,952	32,088	8,123	2,600,959
Private hospitals	155,485	142,169	157,067	52,667	48,174	12,589	11,176	n.a.	579,327
All hospitals	1,083,658	565,336	864,904	269,143	290,317	55,541	43,264	8,123	3,180,286

(continued)

Table 3.2 (continued): Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
% of patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	55.4	71.0	65.2	72.5	66.5	63.0	83.5	82.3	64.9
Public psychiatric hospitals	92.1	100.0	100.0	100.0	100.0	100.0	..	..	96.9
Public hospitals	73.7	73.1	86.1	83.1	85.7	76.2	83.5	82.3	79.1
Private hospitals	71.3	72.9	49.1	79.8	78.9	19.0	87.6	n.a.	66.2
All hospitals	73.4	73.1	79.4	82.4	84.6	63.2	84.6	82.3	76.7
Patient days per 1,000 population^(f)									
Public acute hospitals	72.0	82.3	82.3	74.1	66.3	58.4	112.4	51.3	76.3
Public psychiatric hospitals	72.0	6.4	123.3	45.9	90.4	32.4	..	..	61.1
Public hospitals	144.0	88.7	205.6	120.0	156.7	90.8	112.4	51.3	137.4
Private hospitals	24.1	29.9	45.6	29.3	30.8	26.3	38.7	n.a.	30.6
All hospitals	168.1	118.7	251.4	149.2	187.1	117.2	149.2	50.7	168.0
95% confidence intervals	167.8 – 168.4	118.4 – 119	250.9 – 251.9	148.7 – 149.8	186.5 – 187.8	116.2 – 118.2	147.8 – 150.7	49.6 – 51.8	167.8 – 168.2
Estimated proportion of patient days for all mental health-related separations occurring within 1999–00^(d)									
Public acute hospitals	84.3	89.8	80.4	92.2	96.0	96.4	94.3	98.6	87.1
Public psychiatric hospitals	29.9	65.3	15.6	76.0	53.0	57.8	..	..	32.0
Private hospitals	95.0	94.9	73.3	95.7	90.0	97.6	93.7	n.a.	88.8
All hospitals	62.6	89.8	47.2	87.9	74.4	86.0	94.1	98.6	67.4

(a) Patient day data were unavailable for community 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. Please refer to Box 3.2 for information.

(c) SA data includes 120 separations and 42,103 patient days for statistical separations which occurred with changes in administrative arrangements for one hospital unit.

(d) See Appendix 4 for calculation of these estimates.

(e) Includes 3 separations without specialised psychiatric care from NSW public psychiatric hospitals.

(f) All rates are indirectly age-standardised to the Estimated Resident Population of Australia on 30 June 1999.

n.a. Not available.

.. Not applicable.

Table 3.3: Mental health-related separations and patient days, by principal diagnosis category,^(a) Australia, 1998–99 and 1999–00

	1998–99		1999–00	
	Number	Number	% of all hospital separations	% of all mental health-related separations
Separations				
Same day separations				
With specialised psychiatric care				
with mental health-related principal diagnosis	67,857	71,426	1.2	26.8
without mental health-related principal diagnosis	3,657	793	0.0	0.3
Total	71,514	72,219	1.2	27.1
Without specialised psychiatric care	26,992	27,174	0.5	10.2
<i>Total</i>	<i>98,506</i>	<i>99,393</i>	<i>1.7</i>	<i>37.3</i>
Overnight separations				
With specialised psychiatric care				
with mental health-related principal diagnosis	91,965	95,028	1.6	35.6
without mental health-related principal diagnosis	5,100	4,301	0.1	1.6
Total	97,065	99,329	1.7	37.2
Without specialised psychiatric care	68,983	67,940	1.2	25.5
<i>Total</i>	<i>166,048</i>	<i>167,269</i>	<i>2.8</i>	<i>62.7</i>
Total				
With specialised psychiatric care				
with mental health-related principal diagnosis	159,822	166,454	2.8	62.4
without mental health-related principal diagnosis	8,757	5,094	0.1	1.9
Total	168,579	171,548	2.9	64.3
Without specialised psychiatric care	95,975	95,114	1.6	35.7
Total	264,554	266,662	4.5	100.0
Patient days				
Overnight separations				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	2,351,017	2,330,274	10.3	73.3
without mental health-related principal diagnosis	148,622	92,182	0.4	2.9
Total	2,499,639	2,422,456	10.7	76.2
Without specialised psychiatric care	646,358	658,437	2.9	20.7
<i>Total</i>	<i>3,145,997</i>	<i>3,080,893</i>	<i>13.6</i>	<i>96.9</i>
Total patient days				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	2,418,874	2,401,700	10.6	75.5
without mental health-related principal diagnosis	152,279	92,975	0.4	2.9
Total	2,571,153	2,494,675	11.0	78.4
Without specialised psychiatric care	673,350	685,611	3.0	21.6
Total	3,244,503	3,180,286	14.1	100.0
Psychiatric care days^(c)				
Overnight separations				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	n.a.	2,282,796	10.1	71.8
without mental health-related principal diagnosis	n.a.	85,459	0.4	2.7
<i>Total</i>	<i>n.a.</i>	<i>2,368,255</i>	<i>10.5</i>	<i>74.5</i>
Total patient days				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	n.a.	2,354,222	10.4	74.0
without mental health-related principal diagnosis	n.a.	86,252	0.4	2.7
Total	n.a.	2,440,474	10.8	76.7

(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 2).

(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) 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 and Tasmanian private hospitals and are therefore not comparable with the national data for 1999–00.

Table 3.4: Mental health-related separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories,^(a) 1999–00

Mental health legal status ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Same day separations									
Involuntary	107	422	1,029	61	69	79	12	n.a.	1,779
Voluntary	5,715	1,724	4,004	4,739	1,904	414	110	n.a.	18,610
Not reported	3,898	0	0	0	0	0	2	27	3,927
<i>Total same day</i>	<i>9,720</i>	<i>2,146</i>	<i>5,033</i>	<i>4,800</i>	<i>1,973</i>	<i>493</i>	<i>124</i>	<i>27</i>	<i>24,316</i>
Overnight separations									
Involuntary	1,663	7,632	7,033	1,515	1,089	249	572	n.a.	19,753
Voluntary	2,751	9,593	8,590	4,483	3,425	1,626	1,524	n.a.	31,992
Not reported	11,002	111	0	0	0	0	47	730	11,890
<i>Total overnight</i>	<i>15,416</i>	<i>17,336</i>	<i>15,623</i>	<i>5,998</i>	<i>4,514</i>	<i>1,875</i>	<i>2,143</i>	<i>730</i>	<i>63,635</i>
All separations									
Involuntary	1,770	8,054	8,062	1,576	1,158	328	584	n.a.	21,532
Voluntary	8,466	11,317	12,594	9,222	5,329	2,040	1,634	n.a.	50,602
Not reported	14,900	111	0	0	0	0	49	757	15,817
<i>Total</i>	<i>25,136</i>	<i>19,482</i>	<i>20,656</i>	<i>10,798</i>	<i>6,487</i>	<i>2,368</i>	<i>2,267</i>	<i>757</i>	<i>87,951</i>
Private hospitals									
Same day separations									
Involuntary	2,202	..	99	3	0	0	0	n.a.	2,304
Voluntary	4,602	..	9,547	6,224	20	0	3	n.a.	20,396
Not reported	4,353	17,870	0	0	0	598	3	n.a.	22,824
<i>Total same day</i>	<i>11,157</i>	<i>17,870</i>	<i>9,646</i>	<i>6,227</i>	<i>20</i>	<i>598</i>	<i>6</i>	<i>n.a.</i>	<i>45,524</i>
Overnight separations									
Involuntary	1,175	..	47	150	0	0	0	n.a.	1,372
Voluntary	1,849	..	3,615	2,207	2,225	0	324	n.a.	10,220
Not reported	2,593	5,497	0	0	0	119	325	n.a.	8,534
<i>Total overnight</i>	<i>5,617</i>	<i>5,497</i>	<i>3,662</i>	<i>2,357</i>	<i>2,225</i>	<i>119</i>	<i>649</i>	<i>n.a.</i>	<i>20,126</i>
All separations									
Involuntary	3,377	..	146	153	0	0	0	n.a.	3,676
Voluntary	6,451	..	13,162	8,431	2,245	0	327	n.a.	30,616
Not reported	6,946	23,367	0	0	0	717	328	n.a.	31,358
<i>Total</i>	<i>16,774</i>	<i>23,367</i>	<i>13,308</i>	<i>8,584</i>	<i>2,245</i>	<i>717</i>	<i>655</i>	<i>n.a.</i>	<i>65,650</i>

(continued)

Table 3.4 (continued): Mental health-related separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories, ^(a) 1999-00

Mental health legal status ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals									
Same day separations									
Involuntary	155	2	11	34	99	1	..	..	302
Voluntary	177	0	6	13	124	10	..	..	330
Not reported	1,747	0	0	0	0	0	..	..	1,747
<i>Total same day</i>	<i>2,079</i>	<i>2</i>	<i>17</i>	<i>47</i>	<i>223</i>	<i>11</i>	<i>..</i>	<i>..</i>	<i>2,379</i>
Overnight separations									
Involuntary	3,419	518	870	1,913	2,217	121	..	..	9,058
Voluntary	3,273	0	516	732	1,152	390	..	..	6,063
Not reported	447	0	0	0	0	0	..	..	447
<i>Total overnight</i>	<i>7,139</i>	<i>518</i>	<i>1,386</i>	<i>2,645</i>	<i>3,369</i>	<i>511</i>	<i>..</i>	<i>..</i>	<i>15,568</i>
All separations									
Involuntary	3,574	520	881	1,947	2,316	122	..	..	9,360
Voluntary	3,450	0	522	745	1,276	400	..	..	6,393
Not reported	2,194	0	0	0	0	0	..	..	2,194
<i>Total</i>	<i>9,218</i>	<i>520</i>	<i>1,403</i>	<i>2,692</i>	<i>3,592</i>	<i>522</i>	<i>..</i>	<i>..</i>	<i>17,947</i>
All hospitals									
Same day separations									
Involuntary	2,464	424	1,139	98	168	80	12	n.a.	4,385
Voluntary	10,494	1,724	13,557	10,976	2,048	424	113	n.a.	39,336
Not reported	9,998	17,870	0	0	0	598	5	27	28,498
<i>Total same day</i>	<i>22,956</i>	<i>20,018</i>	<i>14,696</i>	<i>11,074</i>	<i>2,216</i>	<i>1,102</i>	<i>130</i>	<i>27</i>	<i>72,219</i>
Overnight separations									
Involuntary	6,257	8,150	7,950	3,578	3,306	370	572	n.a.	30,183
Voluntary	7,873	9,593	12,721	7,422	6,802	2,016	1,848	n.a.	48,275
Not reported	14,042	5,608	0	0	0	119	372	730	20,871
<i>Total overnight</i>	<i>28,172</i>	<i>23,351</i>	<i>20,671</i>	<i>11,000</i>	<i>10,108</i>	<i>2,505</i>	<i>2,792</i>	<i>730</i>	<i>99,329</i>
All separations									
Involuntary	8,721	8,574	9,089	3,676	3,474	450	584	n.a.	34,568
Voluntary	18,367	11,317	26,278	18,398	8,850	2,440	1,961	n.a.	87,611
Not reported	24,040	23,478	0	0	0	717	377	757	49,369
Total	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548

(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. Please refer to Box 3.2 for information.

(b) Mental health legal status was collected for separations with specialised psychiatric care only.

n.a. Not available.

.. Not applicable.

Table 3.5: Mental health-related separations, by sex and age group, Australia 1999–00

	With specialised psychiatric care					Without specialised psychiatric care					Total		
	Same day	Overnight	Total	Patient days	Psychiatric care days	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days
Male													
Under 15 years	3,496	876	4,372	13,537	13,414	2,464	4,911	7,375	22,965	5,960	5,787	11,747	36,502
15–24 years	4,428	10,514	14,942	225,086	210,663	1,883	3,237	5,120	15,426	6,311	13,751	20,062	240,512
25–34 years	3,710	14,085	17,795	288,147	283,683	2,223	5,118	7,341	23,881	5,933	19,203	25,136	312,028
35–44 years	4,550	10,020	14,570	252,440	251,036	1,931	5,181	7,112	27,302	6,481	15,201	21,682	279,742
45–54 years	7,501	7,019	14,520	206,639	203,514	2,483	4,423	6,906	35,113	9,984	11,442	21,426	241,752
55–64 years	2,321	3,095	5,416	157,848	152,978	1,234	2,518	3,752	22,306	3,555	5,613	9,168	180,154
65 or older	4,548	4,181	8,729	253,607	245,618	966	7,035	8,001	143,710	5,514	11,216	16,730	397,317
<i>Total males</i> ^(a)	<i>30,554</i>	<i>49,791</i>	<i>80,345</i>	<i>1,397,400</i>	<i>1,361,002</i>	<i>13,185</i>	<i>32,423</i>	<i>45,608</i>	<i>290,704</i>	<i>43,739</i>	<i>82,214</i>	<i>125,953</i>	<i>1,688,104</i>
Female													
Under 15 years	1,440	818	2,258	11,147	10,990	1,845	4,031	5,876	23,492	3,285	4,849	8,134	34,639
15–24 years	7,959	8,522	16,481	134,295	131,173	1,801	4,288	6,089	24,948	9,760	12,810	22,570	159,243
25–34 years	7,336	11,360	18,696	187,265	185,726	2,826	6,856	9,682	35,629	10,162	18,216	28,378	222,894
35–44 years	8,694	10,964	19,658	206,130	198,841	2,583	5,193	7,776	33,506	11,277	16,157	27,434	239,636
45–54 years	8,877	7,706	16,583	198,099	196,745	2,253	3,283	5,536	27,993	11,130	10,989	22,119	226,092
55–64 years	3,921	3,612	7,533	98,887	98,004	1,213	2,038	3,251	21,152	5,134	5,650	10,784	120,039
65 or older	3,438	6,554	9,992	260,740	257,281	1,463	9,827	11,290	228,181	4,901	16,381	21,282	488,921
<i>Total females</i> ^(a)	<i>41,665</i>	<i>49,537</i>	<i>91,202</i>	<i>1,097,269</i>	<i>1,079,466</i>	<i>13,984</i>	<i>35,517</i>	<i>49,501</i>	<i>394,902</i>	<i>55,649</i>	<i>85,054</i>	<i>140,703</i>	<i>1,492,171</i>
Total													
Under 15 years	4,936	1,694	6,630	24,684	24,404	4,309	8,942	13,251	46,457	9,245	10,636	19,881	71,141
15–24 years	12,387	19,037	31,424	359,387	341,842	3,684	7,525	11,209	40,374	16,071	26,562	42,633	399,761
25–34 years	11,046	25,445	36,491	475,412	469,409	5,051	11,974	17,025	59,512	16,097	37,419	53,516	534,924
35–44 years	13,244	20,984	34,228	458,570	449,877	4,515	10,374	14,889	60,809	17,759	31,358	49,117	519,379
45–54 years	16,378	14,725	31,103	404,738	400,259	4,738	7,706	12,444	63,108	21,116	22,431	43,547	467,846
55–64 years	6,242	6,707	12,949	256,735	250,982	2,447	4,556	7,003	43,458	8,689	11,263	19,952	300,193
65 or older	7,986	10,735	18,721	514,347	502,899	2,429	16,862	19,291	371,891	10,415	27,597	38,012	886,238
Total ^(a)	72,219	99,329	171,548	2,494,675	2,440,474	27,174	67,940	95,114	685,611	99,393	167,269	266,662	3,180,286

(a) Includes separations for which either age or sex was not reported.

Table 3.6: Mental health-related separations with specialised psychiatric care, by mental health legal status,^(a) sex and age group, Australia, 1999–00

	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
Males								
Under 15 years	7	60	1,919	659	1,570	157	3,496	876
15–24 years	358	4,442	1,830	4,075	2,240	1,997	4,428	10,514
25–34 years	431	5,674	2,403	5,822	876	2,589	3,710	14,085
35–44 years	425	3,513	2,739	4,600	1,386	1,907	4,550	10,020
45–54 years	501	1,835	4,556	3,677	2,444	1,507	7,501	7,019
55–64 years	176	832	1,145	1,524	1,000	739	2,321	3,095
65 or older	178	986	3,027	2,332	1,343	863	4,548	4,181
<i>Total males</i>	<i>2,076</i>	<i>17,345</i>	<i>17,619</i>	<i>22,689</i>	<i>10,859</i>	<i>9,759</i>	<i>30,554</i>	<i>49,792</i>
Females								
Under 15 years	16	78	696	605	728	135	1,440	818
15–24 years	394	2,448	4,128	4,386	3,437	1,688	7,959	8,522
25–34 years	383	3,234	4,443	5,699	2,510	2,427	7,336	11,360
35–44 years	475	2,938	4,416	5,544	3,803	2,482	8,694	10,964
45–54 years	478	1,880	4,347	3,871	4,052	1,955	8,877	7,706
55–64 years	275	877	2,031	1,877	1,615	858	3,921	3,612
65 or older	288	1,384	1,656	3,604	1,494	1,566	3,438	6,554
<i>Total females</i>	<i>2,309</i>	<i>12,841</i>	<i>21,717</i>	<i>25,586</i>	<i>17,639</i>	<i>11,111</i>	<i>41,665</i>	<i>49,538</i>
Total								
Under 15 years	23	138	2,615	1,264	2,298	292	4,936	1,694
15–24 years	752	6,890	5,958	8,461	5,677	3,686	12,387	19,037
25–34 years	814	8,908	6,846	11,521	3,386	5,016	11,046	25,445
35–44 years	900	6,451	7,155	10,144	5,189	4,389	13,244	20,984
45–54 years	979	3,715	8,903	7,548	6,496	3,462	16,378	14,725
55–64 years	451	1,709	3,176	3,401	2,615	1,597	6,242	6,707
65 or older	466	2,370	4,683	5,936	2,837	2,429	7,986	10,735
Total persons^(b)	4,385	30,183	39,336	48,275	28,498	20,871	72,219	99,329

(a) Mental health legal status was collected for separations with specialised psychiatric care only.

(b) Includes some separations for which age and/or sex were not specified.

Table 3.7a: Mental health-related separations with specialised psychiatric care, by rural, remote and metropolitan region of area of usual residence of the patient, by hospital type and State or Territory of usual residence, 1999–00

Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(a)
Public acute hospitals									
Metropolitan	20,836	14,178	14,417	9,647	5,936	1,011	2,045	333	68,403
Rural	3,950	4,959	5,219	937	445	1,338	n.p.	n.p.	16,884
Remote	94	48	332	118	35	9	0	336	972
Not reported	410	4	3	37	2	1	n.p.	n.p.	1,692
Total	25,290	19,189	19,971	10,739	6,418	2,359	2,085	746	87,951
Private hospitals									
Metropolitan	15,597	22,096	11,243	7,930	1,916	673	599	6	60,060
Rural	1,248	1,158	1,983	459	294	75	n.p.	n.p.	5,217
Remote	23	15	142	116	8	6	0	2	312
Not reported	3	1	0	20	0	0	n.p.	n.p.	61
Total	16,871	23,270	13,368	8,525	2,218	754	599	13	65,650
Public psychiatric hospitals									
Metropolitan	7,273	447	759	2,246	2,619	404	11	0	13,759
Rural	1,265	48	520	191	743	118	n.p.	n.p.	2,885
Remote	79	1	29	173	29	0	0	1	312
Not reported	584	15	3	12	4	1	n.p.	n.p.	991
Total	9,201	511	1,311	2,622	3,395	523	12	3	17,947
All hospitals									
Metropolitan	43,706	36,721	26,419	19,823	10,471	2,088	2,655	339	142,222
Rural	6,463	6,165	7,722	1,587	1,482	1,531	n.p.	n.p.	24,986
Remote	196	64	503	407	72	15	0	339	1,596
Not reported	997	20	6	69	6	2	n.p.	n.p.	2,744
Total	51,362	42,970	34,650	21,886	12,031	3,636	2,696	762	171,548
Age-standardised separation rate^(c)									
Same day separations per 1,000 population									
Metropolitan	4.5	5.2	5.9	7.6	1.9	4.2	0.4	0.1	4.9
Rural	0.6	1.0	1.8	1.1	0.3	1.1	n.p.	n.p.	1.0
Remote	0.2	1.0	0.7	0.6	0.1	1.1	..	0.2	0.5
Total	3.6	4.2	4.2	5.9	1.5	2.4	0.5	0.2	3.8
Overnight separations per 1,000 population									
Metropolitan	4.4	4.9	6.7	6.7	7.6	6.6	7.9	3.6	5.5
Rural	4.0	4.8	4.6	4.1	3.9	4.7	n.p.	n.p.	4.4
Remote	3.5	4.2	2.0	1.7	2.6	4.6	..	3.8	2.4
Total	4.5	4.9	5.8	5.9	6.6	5.5	8.1	3.8	5.3
All separations per 1,000 population									
Metropolitan	8.9	10.1	12.6	14.4	9.5	10.8	8.4	3.8	10.4
Rural	4.5	5.7	6.4	5.2	4.1	5.7	n.p.	n.p.	5.3
Remote	3.7	5.1	2.7	2.3	2.7	5.7	..	4.0	2.9
Total	8.0	9.1	9.9	11.8	8.1	7.9	8.5	4.0	9.1

(a) Includes separations for which the State of usual residence was not reported or other Territories.

(b) Defined according to the *Rural, Remote and Metropolitan Areas Classification*, 1991 Census edition. See Glossary for more information.

(c) Rates were indirectly age-standardised using the Estimated Resident Population as at 30 June 1999.

.. Not applicable.

n.p. Not published.

Table 3.7b: Mental health-related separations without specialised psychiatric care, by rural, remote and metropolitan region of area of usual residence of the patient, by hospital type and State or Territory of usual residence, 1999-00

Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(a)
Public acute hospitals									
Metropolitan	15,896	13,864	4,842	2,465	2,573	618	497	107	40,862
Rural	8,617	6,118	4,124	1,841	3,632	860	n.p.	n.p.	25,203
Remote	655	82	1,481	1,800	245	22	0	224	4,509
Not reported	536	1	0	11	2	0	n.p.	n.p.	1,314
Total	25,704	20,065	10,447	6,117	6,452	1,500	503	375	71,888
Private									
Metropolitan	4,316	5,674	4,016	1,605	844	1,607	n.p.	n.p.	18,153
Rural	1,415	491	1,908	465	150	358	n.p.	n.p.	4,787
Remote	31	1	63	66	1	0	0	2	164
Not reported	2	0	0	5	0	86	n.p.	n.p.	119
Total	5,764	6,166	5,987	2,141	995	2,051	87	9	23,223
All hospitals^(c)									
Metropolitan	20,214	19,538	8,858	4,070	3,417	2,225	584	111	59,017
Rural	10,032	6,609	6,032	2,306	3,782	1,218	n.p.	n.p.	29,990
Remote	686	83	1,544	1,866	246	22	0	226	4,673
Not reported	539	1	0	16	2	86	n.p.	n.p.	1,434
Total	31,471	26,231	16,434	8,258	7,447	3,551	590	384	95,114
Age-standardised separation rate^(d)									
Same day separations per 1,000 population									
Metropolitan	1.2	2.2	1.6	0.9	0.8	6.6	0.4	0.2	1.5
Rural	1.1	1.2	0.9	1.0	1.6	1.5	n.p.	n.p.	1.1
Remote	2.0	0.4	1.7	1.4	1.2	1.8	..	0.6	1.4
Total	1.2	2.0	1.3	1.0	1.0	3.6	0.4	0.4	1.4
Overnight separations per 1,000 population									
Metropolitan	3.0	3.2	2.7	2.1	2.3	5.0	1.5	1.1	2.8
Rural	5.6	4.7	4.1	6.5	8.5	2.9	n.p.	n.p.	5.1
Remote	10.6	6.1	6.6	9.5	8.0	6.1	..	2.2	7.3
Total	3.7	3.6	3.4	3.5	3.9	3.9	1.5	1.7	3.6
All separations per 1,000 population									
Metropolitan	4.1	5.4	4.3	3.0	3.1	11.4	2.0	1.3	4.3
Rural	6.8	5.9	5.0	7.5	10.1	4.5	n.p.	n.p.	6.3
Remote	12.5	6.5	8.2	10.8	9.1	7.9	..	2.8	8.7
Total	4.9	5.5	4.7	4.5	4.9	7.6	2.0	2.1	5.0

(a) Includes separations for which the State of usual residence was not reported or other Territories.

(b) Defined according to the *Rural, Remote and Metropolitan Areas Classification*, 1991 Census edition. See Glossary for more information.

(c) Includes 3 separations from NSW public psychiatric hospitals.

(d) Rates were indirectly age-standardised using the Estimated Resident Population as at 30 June 1999.

.. Not applicable.

n.p. Not published.

Table 3.8: Mental health-related separations with specialised psychiatric care by marital status^(a) and sex, States and Territories,^(b) 1999–00

Marital status	NSW^(c)	Vic	Qld	WA	SA	Tas^(c)	ACT	NT	Total
Males									
Never married	6,801	9,874	8,669	5,508	3,130	900	767	339	35,988
Widowed	897	497	172	190	154	28	16	5	1,959
Divorced	714	774	924	606	331	76	95	11	3,531
Separated	550	591	963	627	618	81	67	21	3,518
Married (including de facto)	2,686	4,472	5,406	2,910	930	329	306	70	17,109
Not stated/inadequately described	15,317	1,199	685	165	517	311	22	24	18,240
<i>Total males</i>	<i>26,965</i>	<i>17,407</i>	<i>16,819</i>	<i>10,006</i>	<i>5,680</i>	<i>1,725</i>	<i>1,273</i>	<i>470</i>	<i>80,345</i>
Females									
Never married	4,098	10,673	7,270	5,336	2,215	583	673	135	30,983
Widowed	405	1,665	1,076	603	625	146	50	7	4,577
Divorced	382	1,530	1,723	1,271	604	126	176	6	5,818
Separated	392	820	934	915	983	111	121	30	4,306
Married (including de facto)	1,251	9,652	6,971	3,865	1,856	476	575	102	24,748
Not stated/inadequately described	17,635	1,622	574	78	361	440	54	6	20,770
<i>Total females</i>	<i>24,163</i>	<i>25,962</i>	<i>18,548</i>	<i>12,068</i>	<i>6,644</i>	<i>1,882</i>	<i>1,649</i>	<i>286</i>	<i>91,202</i>
Persons^(d)									
Never married	10,899	20,547	15,939	10,844	5,345	1,483	1,440	475	66,972
Widowed	1,302	2,162	1,248	793	779	174	66	12	6,536
Divorced	1,096	2,304	2,647	1,877	935	202	271	17	9,349
Separated	942	1,411	1,897	1,542	1,601	192	188	51	7,824
Married (including de facto)	3,937	14,124	12,377	6,775	2,786	805	881	172	41,857
Not stated/inadequately described	32,952	2,821	1,259	243	878	751	76	30	39,010
Total persons	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548

(a) Marital status was collected for separations with specialised psychiatric care only.

(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. Please refer to Box 3.2 for information.

(c) Data were not available for private hospitals for New South Wales and Tasmania.

(d) Includes separations for which sex was not reported.

Table 3.9: Mental health-related separations by Aboriginal and Torres Strait Islander status and rural, remote and metropolitan region of area of usual residence, Australia, 1999–00

RRMA category of area of usual residence	Separations				Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same day	Overnight	Total	Patient days			
Aboriginal and/or Torres Strait Islander^(b)							
With specialised psychiatric care							
Metropolitan	398	1,673	2,071	42,403	42,236	25.1	25.0
Rural	80	950	1,030	17,581	17,401	18.4	18.2
Remote	13	444	457	11,221	11,091	25.2	25.0
Not reported	12	137	149	5,326	5,325	38.8	38.8
<i>Total</i>	<i>503</i>	<i>3,204</i>	<i>3,707</i>	<i>76,531</i>	<i>76,053</i>	<i>23.7</i>	<i>23.6</i>
<i>Per 1,000 population^(a)</i>	<i>1.5</i>	<i>9.2</i>	<i>10.7</i>	<i>255.8</i>	<i>255.1</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care							
Metropolitan	201	557	758	2,477	..	4.1	..
Rural	407	1,574	1,981	7,352	..	4.4	..
Remote	350	1,379	1,729	5,075	..	3.4	..
Not reported	26	54	80	188	..	3.0	..
<i>Total</i>	<i>984</i>	<i>3,564</i>	<i>4,548</i>	<i>15,092</i>	<i>..</i>	<i>4.0</i>	<i>..</i>
<i>Per 1,000 population^(a)</i>	<i>2.5</i>	<i>10.2</i>	<i>12.5</i>	<i>68.4</i>	<i>..</i>	<i>..</i>	<i>..</i>
Not Aboriginal and/or Torres Strait Islander^(c)							
With specialised psychiatric care							
Metropolitan	65,856	72,346	138,202	1,772,860	1,727,727	23.6	23.0
Rural	4,662	18,695	23,357	509,280	504,628	27.0	26.7
Remote	255	854	1,109	20,792	20,641	24.0	23.9
Not reported	318	2,209	2,527	74,893	71,329	33.8	32.1
<i>Total</i>	<i>71,091</i>	<i>94,104</i>	<i>165,195</i>	<i>2,377,825</i>	<i>2,324,325</i>	<i>24.5</i>	<i>23.9</i>
<i>Per 1,000 population^(a)</i>	<i>3.8</i>	<i>5.1</i>	<i>8.9</i>	<i>127.6</i>	<i>124.7</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care							
Metropolitan	19,229	36,928	56,157	356,346	..	9.1	..
Rural	4,722	22,695	27,417	262,546	..	11.4	..
Remote	445	2,459	2,904	32,335	..	13.0	..
Not reported	441	880	1,321	3,973	..	4.0	..
<i>Total</i>	<i>24,837</i>	<i>62,962</i>	<i>87,799</i>	<i>655,200</i>	<i>..</i>	<i>10.0</i>	<i>..</i>
<i>Per 1,000 population^(a)</i>	<i>1.3</i>	<i>3.4</i>	<i>4.7</i>	<i>35.0</i>	<i>..</i>	<i>..</i>	<i>..</i>
Total							
With specialised psychiatric care							
Metropolitan	66,764	75,458	142,222	1,845,397	1,799,912	23.6	23.0
Rural	4,853	20,133	24,986	535,717	530,847	26.4	26.1
Remote	269	1,327	1,596	32,460	32,179	24.3	24.0
Not reported	333	2,411	2,744	81,101	77,536	33.5	32.0
<i>Total</i>	<i>72,219</i>	<i>99,329</i>	<i>171,548</i>	<i>2,494,675</i>	<i>2,440,474</i>	<i>24.4</i>	<i>23.8</i>
<i>Per 1,000 population^(a)</i>	<i>3.8</i>	<i>5.2</i>	<i>9.1</i>	<i>131.7</i>	<i>128.9</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care							
Metropolitan	20,566	38,451	59,017	369,624	..	9.1	..
Rural	5,326	24,664	29,990	273,869	..	10.9	..
Remote	808	3,865	4,673	37,686	..	9.5	..
Not reported	474	960	1,434	4,432	..	4.1	..
<i>Total</i>	<i>27,174</i>	<i>67,940</i>	<i>95,114</i>	<i>685,611</i>	<i>..</i>	<i>9.7</i>	<i>..</i>
<i>Per 1,000 population^(a)</i>	<i>1.4</i>	<i>3.6</i>	<i>5.0</i>	<i>36.2</i>	<i>..</i>	<i>..</i>	<i>..</i>

(a) Separations per 1,000 population are indirectly age-standardised rates based on projected Aboriginal and Torres Strait Islander population for 30 June 1999 and the Estimated Resident Population for 30 June 1999.

(b) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin without further specification.

(c) Does not include separations for patients for which Aboriginal and Torres Strait Islander status was not reported.

Note: Abbreviation; RRMA—Rural, remote and metropolitan area.

.. Not applicable.

Table 3.10: Mental health-related separations by country of birth, Australia, 1999–00

Country of birth	Separations			Patient days	Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same day	Overnight	Total				
With specialised psychiatric care							
Australia	54,707	76,260	130,967	1,940,160	1,893,371	24.7	24.1
Other English-speaking countries	5,606	7,504	13,110	165,533	163,943	21.3	21.1
Non-English-speaking countries	11,906	15,565	27,471	388,982	383,160	24.2	23.9
<i>Total</i>	<i>72,219</i>	<i>99,329</i>	<i>171,548</i>	<i>2,494,675</i>	<i>2,440,474</i>	<i>24.4</i>	<i>23.8</i>
Without specialised psychiatric care							
Australia	20,451	55,260	75,711	543,250	..	9.5	..
Other English-speaking countries	1,628	4,869	6,497	55,563	..	11.1	..
Non-English-speaking countries	5,095	7,811	12,906	86,798	..	10.5	..
<i>Total</i>	<i>27,174</i>	<i>67,940</i>	<i>95,114</i>	<i>685,611</i>	<i>..</i>	<i>9.7</i>	<i>..</i>

.. Not applicable.

Table 3.11: Separations, patient days and psychiatric care days for mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings, Australia, 1999–00

Principal diagnosis	Separations			Seps 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 & parasitic diseases	31	22	53	<0.01	696	614	30.2	26.5	0.04	0.03
C00–D48	Neoplasms	7	26	33	<0.01	583	418	22.2	15.8	0.03	0.02
D50–D89	Diseases of the blood & blood-forming organs	2	15	17	<0.01	208	133	13.7	8.7	0.01	<0.01
E00–E90	Endocrine nutritional & metabolic diseases	4	67	71	<0.01	1,468	1,249	21.9	18.6	0.08	0.07
F00–F99	Mental & behavioural disorders	70,788	93,817	164,605	8.69	2,353,743	2,307,760	24.3	23.8	124.29	121.86
G00–G99	Diseases of the nervous system	41	889	930	0.05	56,748	52,885	63.8	59.4	3.00	2.79
H00–H59	Diseases of the eye & adnexa	2	1	3	<0.01	4	4	2.0	2.0	<0.01	<0.01
H60–H95	Diseases of the ear & mastoid process	1	3	4	<0.01	24	18	7.7	5.7	<0.01	<0.01
I00–I99	Diseases of the circulatory system	4	71	75	<0.01	1,699	1,208	23.9	17.0	0.09	0.06
J00–J99	Diseases of the respiratory system	1	41	42	<0.01	767	662	18.7	16.1	0.04	0.03
K00–K93	Diseases of the digestive system	8	64	72	<0.01	1,370	1,003	21.3	15.5	0.07	0.05
L00–L99	Diseases of the skin & subcutaneous tissue	1	27	28	<0.01	379	319	14.0	11.8	0.02	0.02
M00–M99	Diseases of the musculoskeletal system & connective tissue	158	59	217	0.01	1,240	1,025	18.3	14.7	0.07	0.05
N00–N99	Diseases of the genitourinary system	7	38	45	<0.01	472	283	12.2	7.3	0.02	0.01
O00–O99	Pregnancy, childbirth & the puerperium	13	115	128	<0.01	1,843	1,722	15.9	14.9	0.10	0.09
Q00–Q99	Congenital malformations, deformations & chromosomal abnormalities	0	9	9	<0.01	707	695	78.6	77.2	0.04	0.04
R00–R99	Symptoms, signs, abnormal clinical & laboratory findings nec	166	331	497	0.03	4,287	4,140	12.5	12.0	0.23	0.22
S00–T98	Injury, poisoning & certain other consequences of ext. causes	182	1,799	1,981	0.10	15,930	14,146	8.8	7.8	0.84	0.75
Z00–Z99	Factors influencing health status & contact with health	778	1,234	2,012	0.11	32,642	32,325	25.8	25.6	1.72	1.71
	Not reported	25	701	726	0.04	19,865	19,865	28.3	28.3	1.05	1.05
<i>Total with specialised psychiatric care</i>		<i>72,219</i>	<i>99,329</i>	<i>171,548</i>	<i>9.06</i>	<i>2,494,675</i>	<i>2,440,474</i>	<i>24.4</i>	<i>23.8</i>	<i>131.73</i>	<i>128.87</i>
Without specialised psychiatric care											
F00–F99	Mental & behavioural disorders	23,238	56,874	80,112	4.23	588,816	..	9.9	..	31.09	..
G00–G99 ^(b)	Diseases of the nervous system	2,946	6,918	9,864	0.52	78,448	..	10.9	..	4.14	..
O00–O99 ^(b)	Pregnancy childbirth & the puerperium	327	1,721	2,048	0.11	7,238	..	4.0	..	0.38	..
R00–R99 ^(b)	Symptoms, signs, abnormal clinical & laboratory findings nec	507	2,071	2,578	0.14	9,375	..	4.3	..	0.50	..
Z00–Z99 ^(b)	Factors influencing health status & contact with health services	156	356	512	0.03	1,734	..	4.4	..	0.09	..
<i>Total without specialised psychiatric care</i>		<i>27,174</i>	<i>67,940</i>	<i>95,114</i>	<i>5.02</i>	<i>685,611</i>	<i>..</i>	<i>9.7</i>	<i>..</i>	<i>36.20</i>	<i>..</i>
Total		99,393	167,269	266,662	14.08	3,180,286	..	18.4	..	167.94	..

(a) Rates are crude rates based on the Estimated Resident Population of Australia as at 30 June 1999.

(b) These groupings include selected codes only. See Appendix 2 for a full list of codes included in the definition of a mental health-related diagnosis.

Table 3.12a: Mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations						Patient days	Psychiatric care days	% patient days ^(b)	Average length of stay (o'night)	Psychiatric care days per sep (o'night)
	Same day	% of total ^(a)	Overnight	% of total ^(a)	Total	% of total ^(a)					
F00–F03 Dementia	150	40.8	1,408	21.5	1,558	22.4	106,190	105,338	37.3	75.3	74.7
F04–F09 Other organic mental disorders	237	41.7	1,197	26.7	1,434	28.0	91,006	89,959	65.2	75.8	75.0
F10 Mental & behavioural disorders due to use of alcohol	3,639	41.6	4,041	26.7	7,680	32.1	136,966	136,390	67.0	33.0	32.9
F11–F19 Mental & behav disorders due to other psychoactive subst use	1,449	46.9	6,029	47.3	7,478	47.1	49,288	48,741	59.7	7.9	7.8
F20 Schizophrenia	5,009	83.0	19,178	90.7	24,187	88.9	844,844	817,925	94.2	43.8	42.4
F20–F29 Other schizophrenic, schizotypal & delusional disorders	3,085	72.9	9,376	84.7	12,461	81.3	204,232	197,279	89.8	21.5	20.7
F30 Manic episode	53	40.2	815	80.1	868	71.7	12,925	12,831	89.9	15.8	15.7
F31 Bipolar affective disorders	3,798	85.0	9,490	89.2	13,288	87.9	205,227	203,701	93.4	21.2	21.1
F32–F33 Depressive disorders	25,522	81.7	19,593	67.4	45,115	74.8	358,634	354,286	78.2	17.0	16.8
F34–F39 Other mood (affective) disorders	1,958	90.0	1,639	85.9	3,597	87.9	18,375	18,222	85.6	10.0	9.9
F40–F48 Neurotic, stress-related & somatoform disorders	15,247	75.8	13,198	55.9	28,445	65.0	141,069	139,256	66.4	9.5	9.4
F50 Eating disorders	3,938	95.0	981	54.2	4,919	82.5	32,357	31,775	65.7	29.0	28.4
F51–F59 Other behav syndromes associated w phys dist & phys factors	412	35.9	442	13.8	854	19.3	6,792	6,767	32.2	14.4	14.4
F60–F69 Disorders of adult personality & behaviour	2,808	87.5	5,181	85.7	7,989	86.2	57,506	57,043	91.2	10.6	10.5
F70–F79 Mental retardation	27	25.0	193	65.6	220	46.1	71,181	71,158	94.3	368.7	368.6
F80–F89 Disorders of psychological development	116	18.5	146	36.7	262	23.7	3,102	3,084	41.0	20.5	20.3
F90–F98 Disorders onset usually occurring in childhood or adolescence	3,331	93.4	804	56.9	4,135	82.9	12,375	12,335	78.5	11.2	11.2
F99 Mental disorder not otherwise specified	9	13.4	106	70.7	115	37.9	1,674	1,670	86.9	15.7	15.7
G30 Alzheimer's disease ^(c)	19	35.2	541	26.3	560	25.8	39,413	37,919	38.2	72.8	70.1
G47 Sleep disorders ^(c)	2	0.1	77	1.4	79	0.9	166	166	0.9	2.1	2.1
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	13	3.8	97	5.3	110	4.9	1,248	1,195	14.1	12.7	12.2
R44 Other symptoms & signs involving gen sensations & perceptions	46	39.0	32	15.5	78	20.2	597	597	33.3	17.2	17.2
R45 Symptoms & signs involving emotional state ^(c)	22	16.8	25	10.5	47	10.4	226	226	21.6	8.2	8.2
Z00.4 General psychiatric examination not elsewhere classified	91	59.1	80	69.6	171	55.2	1,764	1,764	91.0	20.9	20.9
Z03.2 Observation for suspected mental & behavioural disorder	18	37.5	50	54.3	68	33.6	284	283	70.6	5.3	5.3
Z50.2 Alcohol rehabilitation	22	91.7	40	29.4	62	36.8	1,324	1,286	69.8	32.6	31.6
Z50.3 Drug rehabilitation	5	50.0	73	48.7	78	37.1	1,227	1,219	75.5	16.7	16.6
Z63.8 Other specified problems related to primary support group	119	78.3	138	68.7	257	68.6	782	781	75.9	4.8	4.8
Z65.8 Other specified problems related to psychosocial circumstances	164	96.5	85	87.6	249	92.0	493	491	87.8	3.9	3.8
Z71.4 Counselling & surveillance for alcohol use disorder	92	94.8	5	83.3	97	89.7	215	215	96.8	24.6	24.6
Other factors influ health status & contact with health service ^(d)	25	67.6	31	50.8	56	57.1	320	320	59.6	9.5	9.5
Other ^(e)	768	100.0	3,537	100.0	4,305	100.0	73,008	66,387	90.9	20.4	18.6
Not reported	25	..	701	..	726	..	19,865	19,865	..	28.3	28.3
Total	72,219	72.7	99,329	59.4	171,548	64.0	2,494,675	2,440,474	76.7	24.4	23.8

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.

(b) The proportion of mental health-related patient days with these diagnoses that were psychiatric care days.

(c) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of included codes.

(d) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(e) All other diagnoses.

Note: Abbreviations; behav—behavioural, subst—substances, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, gen—general, influ—influencing.

Table 3.12b: Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations						Patient days	% patient days ^(b)	Average length of stay (o'night)
	Same day	% of total ^(a)	Overnight	% of total ^(a)	Total	% of total ^(a)			
F00–F03 Dementia	218	59.2	5,135	78.5	5,412	77.6	176,399	62.4	34.3
F04–F09 Other organic mental disorders	331	58.3	3,293	73.3	3,682	72.0	46,983	34.0	14.2
F10 Mental & behavioural disorders due to use of alcohol	5,112	58.4	11,073	73.3	16,243	67.9	66,719	32.8	5.6
F11–F19 Mental & behav disorders due to other psychoactive subst use	1,643	53.1	6,708	52.7	8,404	52.9	32,398	39.7	4.6
F20 Schizophrenia	1,028	17.0	1,960	9.3	3,005	11.1	23,205	2.7	11.3
F20–F29 Other schizophrenic, schizotypal & delusional disorders	1,145	27.1	1,696	15.3	2,868	18.7	15,490	7.0	8.5
F30 Manic episode	79	59.8	203	19.9	342	28.3	1,341	9.4	6.2
F31 Bipolar affective disorders	669	15.0	1,148	10.8	1,832	12.1	12,795	5.9	10.6
F32–F33 Depressive disorders	5,704	18.3	9,495	32.6	15,217	25.2	94,466	20.8	9.3
F34–F39 Other mood (affective) disorders	217	10.0	270	14.1	497	12.1	2,922	13.7	10.0
F40–F48 Neurotic, stress-related & somatoform disorders	4,862	24.2	10,431	44.1	15,317	35.0	68,560	32.7	6.1
F50 Eating disorders	208	5.0	830	45.8	1,043	17.5	16,004	33.1	19.0
F51–F59 Other behav syndromes associated w phys dist & phys factors	737	64.1	2,761	86.2	3,562	80.7	14,195	67.6	4.9
F60–F69 Disorders of adult personality & behaviour	402	12.5	864	14.3	1,279	13.8	5,025	8.0	5.4
F70–F79 Mental retardation	81	75.0	101	34.4	257	53.9	4,299	5.7	41.8
F80–F89 Disorders of psychological development	510	81.5	252	63.3	843	76.3	4,424	58.8	15.5
F90–F98 Disorders onset usually occurring in childhood or adolescence	234	6.6	610	43.1	851	17.1	3,344	21.3	5.1
F99 Mental disorder not otherwise specified	58	86.6	44	29.3	189	62.1	247	12.9	4.3
G30 Alzheimer's disease ^(c)	35	64.8	1,514	73.7	1,614	74.2	59,746	60.3	39.4
G47 Sleep disorders ^(c)	2,911	99.9	5,404	98.6	8,415	99.1	18,702	99.1	2.9
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	327	96.2	1,721	94.7	2,144	95.1	7,238	85.3	4.0
R44 Other symptoms & signs involving gen sensations & perceptions	72	61.0	175	84.5	308	79.8	1,196	66.7	6.4
R45 Symptoms & signs involving emotional state ^(c)	109	83.2	212	89.5	404	89.6	821	78.4	3.4
R48 Dyslexia & other symbolic dysfunctions not elsewhere classified	2	100.0	10	100.0	112	100.0	117	100.0	11.5
R68.1 Nonspecific symptoms peculiar to infancy	324	100.0	1,674	100.0	2,098	100.0	7,241	100.0	4.1
Z00.4 General psychiatric examination not elsewhere classified	63	40.9	35	30.4	139	44.8	174	9.0	3.2
Z03.2 Observation for suspected mental & behavioural disorder	30	62.5	42	45.7	135	66.4	117	29.2	2.1
Z50.2 Alcohol rehabilitation	2	8.3	96	70.6	106	63.2	518	28.1	5.4
Z50.3 Drug rehabilitation	5	50.0	77	51.3	132	62.9	388	24.0	5.0
Z63.8 Other specified problems related to primary support group	33	21.7	63	31.3	118	31.4	247	24.0	3.4
Z65.8 Other specified problems related to psychosocial circumstances	6	3.5	12	12.4	22	8.0	66	11.8	5.0
Z71.4 Counselling & surveillance for alcohol use disorder	5	5.2	1	16.7	11	10.3	7	3.2	2.0
Other factors influ health status & contact with health service ^(d)	12	32.4	30	49.2	42	42.9	217	40.4	6.8
Total	27,174	27.3	67,940	40.6	96,643	36.0	685,611	21.6	9.7

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.

(b) The proportion of mental health-related patient days with these diagnoses that were from separations with no specialised psychiatric care.

(c) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of included codes.

(d) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Note: Abbreviations; behav—behavioural, subst—substances, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, gen—general, influ—influencing.

Table 3.13a: Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999-00

Principal diagnosis	Public acute hospitals					Private hospitals				
	Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days
	Same day	Overnight	Total			Same day	Overnight	Total		
F00-F03 Dementia	136	808	944	28,760	28,382	11	138	149	3,254	3,226
F04-F09 Other organic mental disorders	146	718	864	14,548	13,549	39	220	259	3,758	3,724
F10 Mental & behavioural disorders due to use of alcohol	664	1,496	2,160	11,720	11,299	2,913	1,792	4,705	27,156	27,114
F11-F19 Mental & behav disorders due to other psychoactive subst use	352	3,051	3,403	22,096	21,826	996	1,429	2,425	15,184	14,922
F20 Schizophrenia	1,886	14,377	16,263	285,267	283,605	2,844	964	3,808	21,308	21,282
F20-F29 Other schizophrenic, schizotypal & delusional disorders	1,225	6,790	8,015	109,582	108,889	1,625	930	2,555	16,930	16,708
F30 Manic episode	27	587	614	8,091	8,007	15	81	96	1,322	1,313
F31 Bipolar affective disorders	1,570	6,404	7,974	112,646	111,560	2,010	1,597	3,607	31,330	31,203
F32-F33 Depressive disorders	6,704	10,724	17,428	160,506	157,354	18,073	7,337	25,410	154,052	153,102
F34-F39 Other mood (affective) disorders	680	1,084	1,764	9,408	9,323	1,246	378	1,624	7,177	7,133
F40-F48 Neurotic, stress-related & somatoform disorders	4,391	7,893	12,284	58,646	57,675	10,589	3,648	14,237	68,624	68,227
F50 Eating disorders	1,161	557	1,718	14,566	14,127	2,777	415	3,192	17,365	17,222
F51-F59 Other behav syndromes associated w phys dist & phys factors	87	256	343	3,434	3,423	325	163	488	3,077	3,063
F60-F69 Disorders of adult personality & behaviour	1,475	3,649	5,124	25,442	25,072	1,285	488	1,773	7,899	7,829
F70-F79 Mental retardation	25	119	144	1,667	1,645	0	2	2	17	17
F80-F89 Disorders of psychological development	72	106	178	1,261	1,258	44	13	57	251	251
F90-F98 Disorders onset usually occurring in childhood or adolescence	2,796	682	3,478	9,532	9,514	309	26	335	994	993
F99 Mental disorder not otherwise specified	5	64	69	790	786	4	4	8	30	30
G30 Alzheimer's disease ^(a)	17	391	408	17,136	16,906	2	71	73	1,614	1,594
G47 Sleep disorders ^(a)	2	6	8	57	57	0	71	71	109	109
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	4	88	92	1,125	1,073	9	8	17	113	112
R44 Other symptoms & signs involving gen sensations & perceptions	8	30	38	547	547	0	2	2	12	12
R45 Symptoms & signs involving emotional state ^(a)	11	21	32	195	195	11	3	14	29	29
Z00.4 General psychiatric examination not elsewhere classified	91	45	136	444	444	0	1	1	1	1
Z03.2 Observation for suspected mental & behavioural disorder	18	45	63	259	258	0	1	1	5	5
Z50.2 Alcohol rehabilitation	0	0	0	0	0	22	5	27	63	63
Z50.3 Drug rehabilitation	0	1	1	5	5	0	0	0	0	0
Z63.8 Other specified problems related to primary support group	116	137	253	778	777	2	0	2	2	2
Z65.8 Other specified problems related to psychosocial circumstances	164	85	249	493	491	0	0	0	0	0
Z71.4 Counselling & surveillance for alcohol use disorder	0	0	0	0	0	92	4	96	212	212
Other factors influ health status & contact with health service ^(b)	8	22	30	215	215	17	1	18	18	18
Other ^(c)	452	2,894	3,346	44,059	40,280	262	331	593	4,870	4,198
Not reported	23	505	528	8,373	8,373	2	3	5	13	13
Total	24,316	63,635	87,951	951,648	936,915	45,524	20,126	65,650	386,789	383,727

(continued)

Table 3.13a (continued): Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00

Principal diagnosis	Public psychiatric hospitals					All hospitals				
	Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days
	Same day	Overnight	Total			Same day	Overnight	Total		
F00–F03 Dementia	3	462	465	74,176	73,730	150	1,408	1,558	106,190	105,338
F04–F09 Other organic mental disorders	52	259	311	72,700	72,686	237	1,197	1,434	91,006	89,959
F10 Mental & behavioural disorders due to use of alcohol	62	753	815	98,090	97,977	3,639	4,041	7,680	136,966	136,390
F11–F19 Mental & behav disorders due to other psychoactive subst use	101	1,549	1,650	12,008	11,993	1,449	6,029	7,478	49,288	48,741
F20 Schizophrenia	279	3,837	4,116	538,269	513,038	5,009	19,178	24,187	844,844	817,925
F20–F29 Other schizophrenic, schizotypal & delusional disorders	235	1,656	1,891	77,720	71,682	3,085	9,376	12,461	204,232	197,279
F30 Manic episode	11	147	158	3,512	3,511	53	815	868	12,925	12,831
F31 Bipolar affective disorders	218	1,489	1,707	61,251	60,938	3,798	9,490	13,288	205,227	203,701
F32–F33 Depressive disorders	745	1,532	2,277	44,076	43,830	25,522	19,593	45,115	358,634	354,286
F34–F39 Other mood (affective) disorders	32	177	209	1,790	1,766	1,958	1,639	3,597	18,375	18,222
F40–F48 Neurotic, stress-related & somatoform disorders	267	1,657	1,924	13,799	13,354	15,247	13,198	28,445	141,069	139,256
F50 Eating disorders	0	9	9	426	426	3,938	981	4,919	32,357	31,775
F51–F59 Other behav syndromes associated w phys dist & phys factors	0	23	23	281	281	412	442	854	6,792	6,767
F60–F69 Disorders of adult personality & behaviour	48	1,044	1,092	24,165	24,142	2,808	5,181	7,989	57,506	57,043
F70–F79 Mental retardation	2	72	74	69,497	69,496	27	193	220	71,181	71,158
F80–F89 Disorders of psychological development	0	27	27	1,590	1,575	116	146	262	3,102	3,084
F90–F98 Disorders onset usually occurring in childhood or adolescence	226	96	322	1,849	1,828	3,331	804	4,135	12,375	12,335
F99 Mental disorder not otherwise specified	0	38	38	854	854	9	106	115	1,674	1,670
G30 Alzheimer's disease ^(a)	0	79	79	20,663	19,419	19	541	560	39,413	37,919
G47 Sleep disorders ^(a)	0	0	0	0	0	2	77	79	166	166
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	1	1	10	10	13	97	110	1,248	1,195
R44 Other symptoms & signs involving gen sensations & perceptions	38	0	38	38	38	46	32	78	597	597
R45 Symptoms & signs involving emotional state ^(a)	0	1	1	2	2	22	25	47	226	226
Z00.4 General psychiatric examination not elsewhere classified	0	34	34	1,319	1,319	91	80	171	1,764	1,764
Z03.2 Observation for suspected mental & behavioural disorder	0	4	4	20	20	18	50	68	284	283
Z50.2 Alcohol rehabilitation	0	35	35	1,261	1,223	22	40	62	1,324	1,286
Z50.3 Drug rehabilitation	5	72	77	1,222	1,214	5	73	78	1,227	1,219
Z63.8 Other specified problems related to primary support group	1	1	2	2	2	119	138	257	782	781
Z65.8 Other specified problems related to psychosocial circumstances	0	0	0	0	0	164	85	249	493	491
Z71.4 Counselling & surveillance for alcohol use disorder	0	1	1	3	3	92	5	97	215	215
Other factors influ health status & contact with health service ^(b)	0	8	8	87	87	25	31	56	320	320
Other ^(c)	54	312	366	24,079	21,909	768	3,537	4,305	73,008	66,387
Not reported	0	193	193	11,479	11,479	25	701	726	19,865	19,865
Total	2,379	15,568	17,947	1,156,238	1,119,832	72,219	99,329	171,548	2,494,675	2,440,474

(a) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of the included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 2.

Note: Abbreviations; behav—behavioural, subst—substances, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, gen—general, influ—influencing.

Table 3.13b: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00

Principal diagnosis	Public acute hospitals				Private hospitals			
	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days
F00–F03 Dementia	176	4,036	4,212	133,950	42	1,099	1,141	42,449
F04–F09 Other organic mental disorders	253	2,679	2,932	36,188	78	614	692	10,795
F10 Mental & behavioural disorders due to use of alcohol	3,436	9,627	13,063	48,650	1,676	1,445	3,121	18,064
F11–F19 Mental & behav disorders due to other psychoactive subst use	1,310	5,488	6,798	24,018	333	1,218	1,551	8,373
F20 Schizophrenia	925	1,797	2,722	20,225	103	163	266	2,980
F20–F29 Other schizophrenic, schizotypal & delusional disorders	1,076	1,493	2,569	12,505	69	203	272	2,985
F30 Manic episode	77	179	256	1,084	2	24	26	257
F31 Bipolar affective disorders	551	921	1,472	9,096	118	227	345	3,699
F32–F33 Depressive disorders	3,049	7,084	10,133	56,592	2,655	2,411	5,066	37,874
F34–F39 Other mood (affective) disorders	69	167	236	1,209	148	103	251	1,713
F40–F48 Neurotic, stress-related & somatoform disorders	2,595	7,775	10,370	33,831	2,267	2,656	4,923	34,729
F50 Eating disorders	127	718	845	13,993	81	112	193	2,011
F51–F59 Other behav syndromes associated w phys dist & phys factors	138	2,187	2,325	10,281	599	574	1,173	3,914
F60–F69 Disorders of adult personality & behaviour	366	703	1,069	3,548	36	161	197	1,477
F70–F79 Mental retardation	78	96	174	1,109	3	5	8	3,190
F80–F89 Disorders of psychological development	368	186	554	3,247	142	66	208	1,177
F90–F98 Disorders onset usually occurring in childhood or adolescence	228	542	770	2,961	6	68	74	383
F99 Mental disorder not otherwise specified	58	39	97	200	0	5	5	47
G30 Alzheimer's disease ^(a)	31	1,225	1,256	51,342	4	289	293	8,404
G47 Sleep disorders ^(a)	1,816	3,628	5,444	12,953	1,095	1,776	2,871	5,749
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	301	1,539	1,840	6,380	26	182	208	858
R44 Other symptoms & signs involving gen sensations & perceptions	71	143	214	881	1	32	33	315
R45 Symptoms & signs involving emotional state ^(a)	106	184	290	683	3	28	31	138
R48 Dyslexia & other symbolic dysfunctions not elsewhere classified	1	6	7	43	1	4	5	74
R68.1 Nonspecific symptoms peculiar to infancy	277	1,485	1,762	6,476	47	189	236	765
Z00.4 General psychiatric examination not elsewhere classified	63	35	98	174	0	0	0	0
Z03.2 Observation for suspected mental & behavioural disorder	28	34	62	93	2	8	10	24
Z50.2 Alcohol rehabilitation	2	95	97	515	0	1	1	3
Z50.3 Drug rehabilitation	5	74	79	369	0	3	3	19
Z63.8 Other specified problems related to primary support group	20	60	80	222	13	3	16	25
Z65.8 Other specified problems related to psychosocial circumstances	6	12	18	66	0	0	0	0
Z71.4 Counselling & surveillance for alcohol use disorder	3	1	4	5	2	0	2	2
Other factors influ health status & contact with health service ^(b)	12	28	40	172	0	2	2	45
Total	17,622	54,266	71,888	493,061	9,552	13,671	23,223	192,538

(a) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Note: Abbreviations; behav—behavioural, subst—substances, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, gen—general, influ—influencing.

Table 3.14a: Separations, patient days and psychiatric care days for separations with specialised psychiatric care and the 30 most frequently reported principal diagnoses in 3-character ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations			Patient days	Psychiatric care days
	Same day	Overnight	Total		
F32 Depressive episode	15,100	13,321	28,421	232,283	229,199
F20 Schizophrenia	5,009	19,178	24,187	844,844	817,925
F43 Reaction to severe stress, and adjustment disorders	8,231	10,329	18,560	92,227	91,033
F33 Recurrent depressive disorder	10,422	6,272	16,694	126,351	125,087
F31 Bipolar affective disorder	3,798	9,490	13,288	205,227	203,701
F10 Mental and behavioural disorders due to use of alcohol	3,639	4,041	7,680	136,966	136,390
F60 Specific personality disorders	2,686	4,873	7,559	52,981	52,572
F25 Schizoaffective disorders	1,845	4,523	6,368	128,649	122,408
F41 Other anxiety disorders	3,991	1,682	5,673	26,729	26,442
F50 Eating disorders	3,938	981	4,919	32,357	31,775
F34 Persistent mood (affective) disorders	1,484	1,458	2,942	15,484	15,341
F11 Mental and behavioural disorders due to use of opioids	419	1,804	2,223	11,387	11,164
F23 Acute and transient psychotic disorders	258	1,855	2,113	23,184	22,842
F29 Unspecified nonorganic psychosis	634	1,457	2,091	20,282	20,091
F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	488	1,507	1,995	14,095	13,966
F91 Conduct disorders	1,402	442	1,844	6,535	6,505
F22 Persistent delusional disorders	304	1,344	1,648	29,449	29,283
F90 Hyperkinetic disorders	1,373	143	1,516	2,823	2,818
F40 Phobic anxiety disorders	1,227	170	1,397	3,649	3,620
F12 Mental and behavioural disorders due to use of cannabinoids	251	1,144	1,395	11,137	11,082
F15 Mental and behavioural disorders due to use of other stimulants, including caffeine	198	1,122	1,320	7,529	7,422
F42 Obsessive–compulsive disorder	811	395	1,206	8,764	8,674
F44 Dissociative (conversion) disorders	645	447	1,092	7,071	6,940
F03 Unspecified dementia	78	921	999	67,492	66,855
F30 Manic episode	53	815	868	12,925	12,831
F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified	375	385	760	6,392	6,380
T42 Poisoning by antiepileptic, sedative–hypnotic and antiparkinsonism drugs	46	593	639	4,355	3,972
F06 Other mental disorders due to brain damage and dysfunction and to physical disease	124	490	614	57,852	57,409
G30 Alzheimer's disease	19	541	560	39,413	37,919
F45 Somatoform disorders	334	148	482	2,450	2,368

Table 3.14b: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care and the 30 most frequently reported principal diagnoses in 3-character ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations			Patient days
	Same day	Overnight	Total	
F10 Mental and behavioural disorders due to use of alcohol	5,112	11,073	16,185	66,719
F32 Depressive episode	3,257	7,567	10,824	67,370
G47 Sleep disorders	2,911	5,404	8,315	18,702
F41 Other anxiety disorders	1,723	5,201	6,924	29,142
F43 Reaction to severe stress, and adjustment disorders	2,470	3,908	6,378	30,265
F11 Mental and behavioural disorders due to use of opioids	842	4,446	5,288	18,785
F03 Unspecified dementia	205	4,238	4,443	148,145
F33 Recurrent depressive disorder	2,447	1,928	4,375	27,096
F20 Schizophrenia	1,028	1,960	2,988	23,205
F05 Delirium, not induced by alcohol and other psychoactive substances	157	2,728	2,885	36,790
F51 Nonorganic sleep disorders	176	1,908	2,084	9,079
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	327	1,721	2,048	7,238
R68 Other general symptoms and signs	324	1,674	1,998	7,241
F31 Bipolar affective disorder	669	1,148	1,817	12,795
G30 Alzheimer's disease	35	1,514	1,549	59,746
F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified	530	726	1,256	4,461
F60 Specific personality disorders	360	688	1,048	3,491
F50 Eating disorders	208	830	1,038	16,004
F23 Acute and transient psychotic disorders	395	545	940	3,372
F44 Dissociative (conversion) disorders	242	690	932	4,450
F01 Vascular dementia	11	859	870	27,684
F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	194	663	857	4,164
F15 Mental and behavioural disorders due to use of other stimulants, including caffeine	208	516	724	2,430
F45 Somatoform disorders	275	439	714	2,615
F12 Mental and behavioural disorders due to use of cannabinoids	171	482	653	3,116
F29 Unspecified nonorganic psychosis	317	330	647	1,799
F25 Schizoaffective disorders	263	356	619	4,722
F13 Mental and behavioural disorders due to use of sedatives or hypnotics	142	458	600	3,362
F22 Persistent delusional disorders	137	382	519	4,755
F91 Conduct disorders	143	369	512	2,139

Table 3.15a: Same day mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, ^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	129	12	4	4	1	0	0	0	150
F04–F09 Other organic mental disorders	145	14	31	35	10	2	0	0	237
F10 Mental and behavioural disorders due to use of alcohol	1,827	677	872	206	17	34	2	4	3,639
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	696	339	289	87	17	11	9	1	1,449
F20 Schizophrenia	1,544	1,393	1,274	313	409	62	11	3	5,009
F20–F29 Other schizophrenic, schizotypal and delusional disorders	1,234	890	570	184	156	45	4	2	3,085
F30 Manic episode	8	4	22	1	13	3	1	1	53
F31 Bipolar affective disorders	787	1,113	603	875	240	173	7	0	3,798
F32–F33 Depressive disorders	6,233	9,125	4,566	4,602	571	368	56	1	25,522
F34–F39 Other mood (affective) disorders	337	199	837	464	56	65	0	0	1,958
F40–F48 Neurotic, stress-related and somatoform disorders	3,799	3,601	4,341	2,863	414	209	10	10	15,247
F50 Eating disorders	1,607	1,793	279	214	38	7	0	0	3,938
F51–F59 Other behav syndromes associated w phys dist & phys factors	80	65	261	3	2	1	0	0	412
F60–F69 Disorders of adult personality and behaviour	779	421	250	994	252	91	20	1	2,808
F70–F79 Mental retardation	7	0	18	1	0	1	0	0	27
F80–F89 Disorders of psychological development	67	43	5	0	1	0	0	0	116
F90–F98 Disorders onset usually occurring in childhood or adolescence	2,870	259	24	168	6	2	2	0	3,331
F99 Mental disorder not otherwise specified	2	1	4	2	0	0	0	0	9
G30 Alzheimer's disease ^(b)	15	2	1	0	0	1	0	0	19
G47 Sleep disorders ^(b)	0	0	2	0	0	0	0	0	2
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	0	13	0	0	0	0	0	13
R44 Other symptoms and signs involving general sensations and perceptions	37	1	6	1	1	0	0	0	46
R45 Symptoms and signs involving emotional state ^(b)	1	1	8	12	0	0	0	0	22
Z00.4 General psychiatric examination not elsewhere classified	4	3	84	0	0	0	0	0	91
Z03.2 Observation for suspected mental and behavioural disorder	7	2	9	0	0	0	0	0	18
Z50.2 Alcohol rehabilitation	22	0	0	0	0	0	0	0	22
Z50.3 Drug rehabilitation	5	0	0	0	0	0	0	0	5
Z63.8 Other specified problems related to primary support group	115	0	1	3	0	0	0	0	119
Z65.8 Other specified problems related to psychosocial circumstances	162	0	2	0	0	0	0	0	164
Z71.4 Counselling and surveillance for alcohol use disorder	85	0	7	0	0	0	0	0	92
Other factors influencing health status and contact with health services ^(c)	1	1	5	18	0	0	0	0	25
Other ^(d)	351	42	308	24	12	19	8	4	768
Not reported	0	17	0	0	0	8	0	0	25
Total	22,956	20,018	14,696	11,074	2,216	1,102	130	27	72,219
Age-standardised same day separation rate^(e)	3.59	4.25	4.20	5.96	1.48	2.35	0.41	0.15	3.81
Upper 95% confidence limit	3.64	4.30	4.26	6.07	1.54	2.49	0.48	0.20	3.84
Lower 95% confidence limit	3.55	4.19	4.13	5.85	1.41	2.21	0.34	0.09	3.79

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.15b: Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, ^(a) 1999-00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03 Dementia	70	59	34	42	9	3	0	1	218
F04-F09 Other organic mental disorders	87	90	113	10	24	4	0	3	331
F10 Mental and behavioural disorders due to use of alcohol	1,237	1,413	1,521	400	344	155	28	14	5,112
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	693	261	446	100	98	37	3	5	1,643
F20 Schizophrenia	336	391	161	39	67	24	4	6	1,028
F20-F29 Other schizophrenic, schizotypal and delusional disorders	342	376	180	39	115	74	5	14	1,145
F30 Manic episode	41	14	11	3	7	1	1	1	79
F31 Bipolar affective disorders	120	245	74	13	66	147	3	1	669
F32-F33 Depressive disorders	1,541	2,421	633	142	199	723	41	4	5,704
F34-F39 Other mood (affective) disorders	33	12	90	4	7	71	0	0	217
F40-F48 Neurotic, stress-related and somatoform disorders	1,941	1,011	963	243	331	357	9	7	4,862
F50 Eating disorders	50	62	70	7	5	14	0	0	208
F51-F59 Other behav syndromes associated w phys dist & phys factors	54	195	423	48	10	7	0	0	737
F60-F69 Disorders of adult personality and behaviour	118	111	81	26	28	29	8	1	402
F70-F79 Mental retardation	11	49	14	0	3	1	1	2	81
F80-F89 Disorders of psychological development	279	68	69	8	54	18	7	7	510
F90-F98 Disorders onset usually occurring in childhood or adolescence	65	95	32	5	21	7	3	6	234
F99 Mental disorder not otherwise specified	24	10	14	3	3	4	0	0	58
G30 Alzheimer's disease ^(c)	16	6	6	5	2	0	0	0	35
G47 Sleep disorders ^(b)	10	2,139	22	667	72	0	1	0	2,911
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	169	53	41	29	26	3	1	5	327
R44 Other symptoms and signs involving general sensations and perceptions	16	37	11	5	2	1	0	0	72
R45 Symptoms and signs involving emotional state ^(b)	34	38	22	8	3	1	1	2	109
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	1	0	0	1	0	0	0	0	2
R68.1 Nonspecific symptoms peculiar to infancy	21	261	16	6	10	1	3	6	324
Z00.4 General psychiatric examination not elsewhere classified	49	11	2	0	1	0	0	0	63
Z03.2 Observation for suspected mental and behavioural disorder	13	7	3	1	2	3	0	1	30
Z50.2 Alcohol rehabilitation	2	0	0	0	0	0	0	0	2
Z50.3 Drug rehabilitation	5	0	0	0	0	0	0	0	5
Z63.8 Other specified problems related to primary support group	13	0	8	12	0	0	0	0	33
Z65.8 Other specified problems related to psychosocial circumstances	2	1	1	2	0	0	0	0	6
Z71.4 Counselling and surveillance for alcohol use disorder	3	2	0	0	0	0	0	0	5
Other factors influencing health status and contact with health services ^(c)	7	2	3	0	0	0	0	0	12
Total	7,403	9,440	5,064	1,868	1,509	1,685	119	86	27,174
Age-standardised same day separation rate^(d)	1.16	2.00	1.44	1.00	1.02	3.63	0.38	0.43	1.44
Upper 95% confidence limit	1.18	2.04	1.48	1.05	1.07	3.80	0.45	0.53	1.45
Lower 95% confidence limit	1.13	1.96	1.40	0.96	0.97	3.45	0.31	0.34	1.42

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.16a: Overnight mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	242	421	120	297	321	4	3	0	1,408
F04–F09 Other organic mental disorders	310	255	224	257	124	10	17	0	1,197
F10 Mental and behavioural disorders due to use of alcohol	1,786	694	624	411	392	55	55	24	4,041
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	2,375	1,233	1,017	731	466	60	92	55	6,029
F20 Schizophrenia	5,423	5,229	4,363	1,551	1,551	554	375	132	19,178
F20–F29 Other schizophrenic, schizotypal and delusional disorders	2,891	2,253	1,759	736	1,160	186	266	125	9,376
F30 Manic episode	283	168	104	108	66	35	41	10	815
F31 Bipolar affective disorders	2,672	2,002	1,906	1,039	1,109	361	339	62	9,490
F32–F33 Depressive disorders	4,909	5,231	4,138	2,091	2,086	360	672	106	19,593
F34–F39 Other mood (affective) disorders	422	237	476	164	194	42	91	13	1,639
F40–F48 Neurotic, stress-related and somatoform disorders	3,198	2,428	3,016	2,177	1,601	330	328	120	13,198
F50 Eating disorders	263	212	304	64	114	1	18	5	981
F51–F59 Other behav syndromes associated w phys dist & phys factors	137	178	65	33	18	3	4	4	442
F60–F69 Disorders of adult personality and behaviour	1,200	1,226	1,019	669	572	190	282	23	5,181
F70–F79 Mental retardation	55	11	84	26	8	5	3	1	193
F80–F89 Disorders of psychological development	37	33	50	14	6	1	5	0	146
F90–F98 Disorders onset usually occurring in childhood or adolescence	232	209	172	86	67	22	15	1	804
F99 Mental disorder not otherwise specified	20	42	3	38	1	2	0	0	106
G30 Alzheimer's disease ^(b)	101	202	41	141	48	5	3	0	541
G47 Sleep disorders ^(b)	1	68	7	0	0	1	0	0	77
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	31	24	25	7	3	6	0	1	97
R44 Other symptoms and signs involving general sensations and perceptions	4	11	13	0	2	1	1	0	32
R45 Symptoms and signs involving emotional state ^(b)	6	8	6	2	1	0	2	0	25
Z00.4 General psychiatric examination not elsewhere classified	14	50	11	2	0	0	3	0	80
Z03.2 Observation for suspected mental and behavioural disorder	23	9	11	2	1	0	2	2	50
Z50.2 Alcohol rehabilitation	40	0	0	0	0	0	0	0	40
Z50.3 Drug rehabilitation	73	0	0	0	0	0	0	0	73
Z63.8 Other specified problems related to primary support group	120	14	3	0	0	0	1	0	138
Z65.8 Other specified problems related to psychosocial circumstances	84	1	0	0	0	0	0	0	85
Z71.4 Counselling and surveillance for alcohol use disorder	3	0	2	0	0	0	0	0	5
Other factors influencing health status and contact with health services ^(c)	3	15	3	10	0	0	0	0	31
Other ^(d)	1,214	367	1,105	344	197	90	174	46	3,537
Not reported	0	520	0	0	0	181	0	0	701
Total	28,172	23,351	20,671	11,000	10,108	2,505	2,792	730	99,329
Age-standardised overnight separation rate^(e)	4.41	4.93	5.92	5.91	6.80	5.47	8.80	3.75	5.25
Upper 95% confidence limit	4.46	4.99	6.00	6.02	6.93	5.68	9.13	4.02	5.28
Lower 95% confidence limit	4.36	4.86	5.84	5.80	6.67	5.25	8.48	3.48	5.21

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.16b: Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	1,691	1,290	1,033	438	517	97	56	13	5,135
F04–F09 Other organic mental disorders	1,070	1,294	329	171	316	89	14	10	3,293
F10 Mental and behavioural disorders due to use of alcohol	4,163	2,014	2,861	1,038	699	157	45	96	11,073
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	3,296	1,127	1,209	674	315	47	17	23	6,708
F20 Schizophrenia	804	272	295	214	181	146	36	12	1,960
F20–F29 Other schizophrenic, schizotypal and delusional disorders	606	296	229	207	228	81	37	12	1,696
F30 Manic episode	74	37	21	21	34	10	4	2	203
F31 Bipolar affective disorders	395	172	196	123	128	92	40	2	1,148
F32–F33 Depressive disorders	2,893	1,875	1,644	1,294	1,313	391	67	18	9,495
F34–F39 Other mood (affective) disorders	91	31	73	31	16	23	4	1	270
F40–F48 Neurotic, stress-related and somatoform disorders	2,823	2,752	1,971	1,139	1,247	431	41	27	10,431
F50 Eating disorders	236	270	129	98	61	30	5	1	830
F51–F59 Other behav syndromes associated w phys dist & phys factors	1,726	678	113	128	92	19	2	3	2,761
F60–F69 Disorders of adult personality and behaviour	333	137	141	84	58	66	44	1	864
F70–F79 Mental retardation	11	55	16	9	8	1	1	0	101
F80–F89 Disorders of psychological development	145	27	43	14	17	1	2	3	252
F90–F98 Disorders onset usually occurring in childhood or adolescence	182	176	148	40	30	27	5	2	610
F99 Mental disorder not otherwise specified	18	4	5	11	5	1	0	0	44
G30 Alzheimer's disease ^(b)	512	324	352	138	153	22	10	3	1,514
G47 Sleep disorders ^(b)	497	3,479	814	246	285	78	4	1	5,404
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	550	456	333	204	116	20	26	16	1,721
R44 Other symptoms and signs involving general sensations and perceptions	59	31	40	20	16	3	3	3	175
R45 Symptoms and signs involving emotional state ^(b)	74	59	27	23	23	4	1	1	212
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	1	3	1	1	4	0	0	0	10
R68.1 Nonspecific symptoms peculiar to infancy	1,080	314	55	82	122	10	2	9	1,674
Z00.4 General psychiatric examination not elsewhere classified	26	6	1	1	0	0	1	0	35
Z03.2 Observation for suspected mental and behavioural disorder	16	10	8	2	2	3	0	1	42
Z50.2 Alcohol rehabilitation	90	0	0	2	3	1	0	0	96
Z50.3 Drug rehabilitation	74	0	0	2	1	0	0	0	77
Z63.8 Other specified problems related to primary support group	19	12	18	9	0	0	1	4	63
Z65.8 Other specified problems related to psychosocial circumstances	3	3	4	2	0	0	0	0	12
Z71.4 Counselling and surveillance for alcohol use disorder	1	0	0	0	0	0	0	0	1
Other factors influencing health status and contact with health services ^(c)	18	1	6	3	2	0	0	0	30
Total	23,577	17,205	12,115	6,469	5,992	1,850	468	264	67,940
Age-standardised overnight separation rate^(d)	3.66	3.62	3.50	3.57	3.90	3.92	1.60	1.52	3.59
Upper 95% confidence limit	3.71	3.68	3.57	3.65	4.00	4.10	1.75	1.71	3.62
Lower 95% confidence limit	3.61	3.57	3.44	3.48	3.81	3.74	1.46	1.34	3.56

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.17a: Patient days for mental health-related overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999-00

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03	Dementia	25,393	13,253	12,860	19,753	34,665	45	71	0	106,040
F04-F09	Other organic mental disorders	49,498	4,815	21,430	5,899	8,451	306	370	0	90,769
F10	Mental and behavioural disorders due to use of alcohol	38,453	8,080	67,784	4,892	12,953	530	529	106	133,327
F11-F19	Mental and behavioural disorders due to other psychoactive substances	19,569	8,443	8,263	6,461	3,811	317	616	359	47,839
F20	Schizophrenia	303,704	121,953	285,203	52,051	63,000	6,509	5,654	1,761	839,835
F20-F29	Other schizophrenic, schizotypal and delusional disorders	79,540	38,730	36,524	15,949	22,496	2,270	4,037	1,601	201,147
F30	Manic episode	3,851	2,573	2,432	2,108	1,075	372	370	91	12,872
F31	Bipolar affective disorders	63,795	35,592	48,312	22,469	21,327	3,929	5,327	678	201,429
F32-F33	Depressive disorders	95,434	81,980	65,401	33,604	41,585	3,954	10,104	1,050	333,112
F34-F39	Other mood (affective) disorders	4,225	2,727	4,020	1,900	2,007	374	1,083	81	16,417
F40-F48	Neurotic, stress-related and somatoform disorders	29,802	24,311	29,229	21,231	14,718	2,250	3,771	510	125,822
F50	Eating disorders	9,025	7,707	6,276	1,677	2,776	48	864	46	28,419
F51-F59	Other behav syndromes associated w phys dist & phys factors	1,867	2,925	827	463	128	68	72	30	6,380
F60-F69	Disorders of adult personality and behaviour	18,404	10,220	8,233	7,383	6,871	1,589	1,836	162	54,698
F70-F79	Mental retardation	18,122	128	52,151	361	110	180	95	7	71,154
F80-F89	Disorders of psychological development	902	592	1,090	278	71	9	44	0	2,986
F90-F98	Disorders onset usually occurring in childhood or adolescence	2,222	2,660	1,912	1,567	429	176	77	1	9,044
F99	Mental disorder not otherwise specified	142	739	6	761	9	8	0	0	1,665
G30	Alzheimer's disease ^(b)	20,649	6,143	1,880	9,051	1,348	256	67	0	39,394
G47	Sleep disorders ^(b)	11	121	26	0	0	6	0	0	164
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	578	327	211	30	12	45	0	32	1,235
R44	Other symptoms and signs involving general sensations and perceptions	15	402	99	0	31	3	1	0	551
R45	Symptoms and signs involving emotional state ^(b)	18	136	20	12	4	0	14	0	204
Z00.4	General psychiatric examination not elsewhere classified	57	1,572	30	9	0	0	5	0	1,673
Z03.2	Observation for suspected mental and behavioural disorder	173	49	32	2	4	0	2	4	266
Z50.2	Alcohol rehabilitation	1,302	0	0	0	0	0	0	0	1,302
Z50.3	Drug rehabilitation	1,222	0	0	0	0	0	0	0	1,222
Z63.8	Other specified problems related to primary support group	461	194	6	0	0	0	2	0	663
Z65.8	Other specified problems related to psychosocial circumstances	326	3	0	0	0	0	0	0	329
Z71.4	Counselling and surveillance for alcohol use disorder	28	0	95	0	0	0	0	0	123
	Other factors influencing health status and contact with health services ^(c)	6	207	7	75	0	0	0	0	295
	Other ^(d)	28,980	6,412	22,079	5,942	5,467	896	2,093	371	72,240
	Not reported	0	9,976	0	0	0	9,864	0	0	19,840
	Total	817,774	392,970	676,438	213,928	243,348	34,004	37,104	6,890	2,422,456
	Age-standardised overnight patient day rate^(e)	127.27	82.72	195.56	117.25	159.39	72.50	123.43	40.14	127.98
	Upper 95% confidence limit	127.55	82.97	196.03	117.75	160.02	73.27	124.68	41.09	128.15
	Lower 95% confidence limit	127.00	82.46	195.10	116.75	158.76	71.73	122.17	39.19	127.82

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 1999.

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

Table 3.17b: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	55,432	31,796	67,836	7,534	10,406	2,062	827	288	176,181
F04–F09 Other organic mental disorders	14,689	18,187	6,451	2,098	3,729	1,224	179	95	46,652
F10 Mental and behavioural disorders due to use of alcohol	22,213	14,528	16,421	4,191	2,697	1,048	201	308	61,607
F11–F19 Mental and behavioural disorders due to other psychoactive substances	13,636	5,934	6,542	2,909	1,343	266	74	51	30,755
F20 Schizophrenia	8,310	6,998	2,345	963	1,062	1,478	989	32	22,177
F20–F29 Other schizophrenic, schizotypal and delusional disorders	6,877	2,253	1,226	985	1,270	1,030	680	24	14,345
F30 Manic episode	427	216	196	98	174	116	29	6	1,262
F31 Bipolar affective disorders	4,369	1,778	2,333	655	1,080	1,244	664	3	12,126
F32–F33 Depressive disorders	28,151	15,565	20,861	8,513	9,803	4,800	1,013	56	88,762
F34–F39 Other mood (affective) disorders	1,087	187	796	229	122	267	15	2	2,705
F40–F48 Neurotic, stress-related and somatoform disorders	21,483	11,826	15,929	5,212	5,369	3,391	430	58	63,698
F50 Eating disorders	5,360	4,069	2,337	2,474	1,155	323	77	1	15,796
F51–F59 Other behav syndromes associated w phys dist & phys factors	8,389	3,284	604	629	412	120	15	5	13,458
F60–F69 Disorders of adult personality and behaviour	1,998	950	532	327	249	261	304	2	4,623
F70–F79 Mental retardation	89	370	3,629	100	21	8	1	0	4,218
F80–F89 Disorders of psychological development	3,291	169	214	128	50	2	10	50	3,914
F90–F98 Disorders onset usually occurring in childhood or adolescence	1,172	680	679	205	125	186	61	2	3,110
F99 Mental disorder not otherwise specified	66	7	10	90	11	5	0	0	189
G30 Alzheimer's disease ^(b)	28,600	9,768	15,541	2,556	2,449	583	168	46	59,711
G47 Sleep disorders ^(b)	649	10,827	2,463	1,100	602	142	7	1	15,791
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	2,259	1,977	1,235	693	461	109	133	44	6,911
R44 Other symptoms and signs involving general sensations and perceptions	329	212	174	231	119	25	23	11	1,124
R45 Symptoms and signs involving emotional state ^(b)	222	237	106	64	59	22	1	1	712
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	8	32	5	11	59	0	0	0	115
R68.1 Nonspecific symptoms peculiar to infancy	5,269	907	147	181	358	29	5	21	6,917
Z00.4 General psychiatric examination not elsewhere classified	44	57	1	6	0	0	3	0	111
Z03.2 Observation for suspected mental and behavioural disorder	42	21	9	5	3	6	0	1	87
Z50.2 Alcohol rehabilitation	485	0	0	10	18	3	0	0	516
Z50.3 Drug rehabilitation	375	0	0	7	1	0	0	0	383
Z63.8 Other specified problems related to primary support group	83	32	60	25	0	0	2	12	214
Z65.8 Other specified problems related to psychosocial circumstances	5	40	13	2	0	0	0	0	60
Z71.4 Counselling and surveillance for alcohol use disorder	2	0	0	0	0	0	0	0	2
Other factors influencing health status and contact with health services ^(c)	114	1	11	42	37	0	0	0	205
Total	235,525	142,908	168,706	42,273	43,244	18,750	5,911	1,120	658,437
Age-standardised overnight patient day rate^(d)	36.05	29.68	50.17	24.60	26.20	38.05	23.96	9.82	34.78
Upper 95% confidence limit	36.20	29.83	50.41	24.83	26.45	38.60	24.57	10.39	34.86
Lower 95% confidence limit	35.91	29.52	49.93	24.36	25.96	37.51	23.35	9.24	34.69

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 1999.

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

Table 3.18: Psychiatric care days for overnight mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, ^(a) 1999–00

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	24,832	13,253	12,774	19,548	34,665	45	71	0	105,188
F04–F09	Other organic mental disorders	49,074	4,815	20,981	5,739	8,451	306	356	0	89,722
F10	Mental and behavioural disorders due to use of alcohol	38,169	8,080	67,647	4,744	12,953	530	527	101	132,751
F11–F19	Mental and behavioural disorders due to other psychoactive substances	19,189	8,443	8,164	6,396	3,811	317	616	356	47,292
F20	Schizophrenia	277,522	121,953	284,844	51,700	63,000	6,509	5,648	1,740	812,916
F20–F29	Other schizophrenic, schizotypal and delusional disorders	73,111	38,730	36,263	15,736	22,496	2,270	4,027	1,561	194,194
F30	Manic episode	3,780	2,573	2,431	2,090	1,075	372	366	91	12,778
F31	Bipolar affective disorders	62,844	35,592	48,141	22,115	21,327	3,929	5,277	678	199,903
F32–F33	Depressive disorders	92,553	81,980	64,807	33,004	41,585	3,954	9,854	1,027	328,764
F34–F39	Other mood (affective) disorders	4,158	2,727	3,991	1,885	2,007	374	1,041	81	16,264
F40–F48	Neurotic, stress-related and somatoform disorders	28,840	24,311	29,000	20,742	14,718	2,250	3,649	499	124,009
F50	Eating disorders	8,537	7,707	6,214	1,651	2,776	48	858	46	27,837
F51–F59	Other behav syndromes associated w phys dist & phys factors	1,855	2,925	827	450	128	68	72	30	6,355
F60–F69	Disorders of adult personality and behaviour	18,191	10,220	8,106	7,313	6,871	1,589	1,784	161	54,235
F70–F79	Mental retardation	18,107	128	52,143	361	110	180	95	7	71,131
F80–F89	Disorders of psychological development	884	592	1,090	278	71	9	44	0	2,968
F90–F98	Disorders onset usually occurring in childhood or adolescence	2,187	2,660	1,907	1,567	429	176	77	1	9,004
F99	Mental disorder not otherwise specified	138	739	6	761	9	8	0	0	1,661
G30	Alzheimer's disease ^(b)	19,388	6,143	1,750	8,948	1,348	256	67	0	37,900
G47	Sleep disorders ^(b)	11	121	26	0	0	6	0	0	164
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	534	327	204	28	12	45	0	32	1,182
R44	Other symptoms and signs involving general sensations and	15	402	99	0	31	3	1	0	551
R45	Symptoms and signs involving emotional state ^(b)	18	136	20	12	4	0	14	0	204
Z00.4	General psychiatric examination not elsewhere classified	57	1,572	30	9	0	0	5	0	1,673
Z03.2	Observation for suspected mental and behavioural disorder	172	49	32	2	4	0	2	4	265
Z50.2	Alcohol rehabilitation	1,264	0	0	0	0	0	0	0	1,264
Z50.3	Drug rehabilitation	1,214	0	0	0	0	0	0	0	1,214
Z63.8	Other specified problems related to primary support group	460	194	6	0	0	0	2	0	662
Z65.8	Other specified problems related to psychosocial circumstances	324	3	0	0	0	0	0	0	327
Z71.4	Counselling and surveillance for alcohol use disorder	28	0	95	0	0	0	0	0	123
	Other factors influencing health status and contact w health services ^(c)	6	207	7	75	0	0	0	0	295
	Other ^(d)	24,638	6,412	20,318	5,637	5,467	896	2,008	243	65,619
	Not reported	0	9,976	0	0	0	9,864	0	0	19,840
	Total	772,100	392,970	671,923	210,791	243,348	34,004	36,461	6,658	2,368,255
	Age-standardised overnight psychiatric care day rate^(e)	120.16	82.70	194.29	115.54	159.40	72.54	121.29	38.76	125.12
	Upper 95% confidence limit	120.43	82.96	194.76	116.03	160.03	73.31	122.54	39.69	125.28
	Lower 95% confidence limit	119.89	82.45	193.83	115.04	158.76	71.77	120.05	37.83	124.96

(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. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 1999.

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

Table 3.19a: Same day mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis	Under 15	15–24	25–34	35–44	45–54	55–64	65 and	Total
	years						over	
F00–F03 Dementia	1	0	0	0	0	0	134	135
F04–F09 Other organic mental disorders	0	3	10	31	7	23	78	152
F10 Mental and behavioural disorders due to use of alcohol	0	132	204	307	879	270	414	2,206
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	0	537	170	95	23	26	1	852
F20 Schizophrenia	0	583	600	409	484	148	122	2,346
F20–F29 Other schizophrenic, schizotypal and delusional disorders	19	283	180	281	138	14	169	1,084
F30 Manic episode	0	6	3	15	1	2	0	27
F31 Bipolar affective disorders	0	118	147	159	171	201	94	890
F32–F33 Depressive disorders	176	1,249	911	1,763	1,940	792	2,080	8,911
F34–F39 Other mood (affective) disorders	10	34	60	71	107	44	118	444
F40–F48 Neurotic, stress-related and somatoform disorders	338	765	991	1,028	3,435	743	1,082	8,382
F50 Eating disorders	35	265	132	16	0	0	0	448
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	4	0	0	0	0	29	33
F60–F69 Disorders of adult personality and behaviour	0	120	158	217	192	27	187	901
F70–F79 Mental retardation	0	9	4	8	2	1	0	24
F80–F89 Disorders of psychological development	4	45	2	0	1	0	0	52
F90–F98 Disorders onset usually occurring in childhood or adolescence	2,738	177	6	1	0	0	0	2,922
F99 Mental disorder not otherwise specified	0	1	0	0	0	4	0	5
G30 Alzheimer's disease ^(a)	0	0	0	0	0	2	15	17
G47 Sleep disorders ^(a)	0	1	0	1	0	0	0	2
R44 Other symptoms and signs involving general sensations and perceptions	0	0	3	1	1	0	0	5
R45 Symptoms and signs involving emotional state ^(a)	0	2	2	1	12	0	0	17
Z00.4 General psychiatric examination not elsewhere classified	0	11	14	18	8	1	2	54
Z03.2 Observation for suspected mental and behavioural disorder	0	4	5	2	0	1	0	12
Z50.2 Alcohol rehabilitation	0	0	0	17	1	0	1	19
Z50.3 Drug rehabilitation	0	2	1	1	0	0	0	4
Z63.8 Other specified problems related to primary support group	10	0	2	25	0	0	0	37
Z65.8 Other specified problems related to psychosocial circumstances	85	0	2	0	0	0	0	87
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	10	0	33	0	0	43
Other factors influencing health status and contact with health services ^(b)	17	2	1	1	0	1	0	22
Other ^(c)	63	73	87	80	65	18	20	406
Not reported	0	2	5	2	1	3	2	15
Total	3,496	4,428	3,710	4,550	7,501	2,321	4,548	30,554

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.19b: Same day mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis		Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total ^(a)
		years							
F00–F03	Dementia	0	0	1	2	3	5	112	123
F04–F09	Other organic mental disorders	11	23	38	12	24	11	50	169
F10	Mental and behavioural disorders due to use of alcohol	89	598	529	620	621	475	190	3,122
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	13	414	341	146	33	4	5	956
F20	Schizophrenia	1	154	251	175	144	11	3	739
F20–F29	Other schizophrenic, schizotypal and delusional disorders	0	165	195	107	47	27	16	557
F30	Manic episode	0	5	12	10	9	4	0	40
F31	Bipolar affective disorders	0	22	41	50	32	44	33	222
F32–F33	Depressive disorders	7	166	265	349	486	322	277	1,872
F34–F39	Other mood (affective) disorders	0	8	31	26	2	1	1	69
F40–F48	Neurotic, stress-related and somatoform disorders	48	185	315	324	1,020	313	228	2,434
F50	Eating disorders	3	7	11	2	0	0	1	24
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	57	6	8	4	3	4	2	84
F60–F69	Disorders of adult personality and behaviour	0	48	63	42	19	2	5	179
F70–F79	Mental retardation	12	3	6	7	2	0	1	31
F80–F89	Disorders of psychological development	378	5	2	2	1	0	0	388
F90–F98	Disorders onset usually occurring in childhood or adolescence	105	22	12	7	3	1	2	152
F99	Mental disorder not otherwise specified	0	12	8	11	4	1	3	39
G30	Alzheimer's disease ^(b)	0	0	0	0	1	1	17	19
G47	Sleep disorders ^(b)	1,517	1	41	9	15	3	9	1,595
R44	Other symptoms and signs involving general sensations and perceptions	1	9	16	8	8	0	4	46
R45	Symptoms and signs involving emotional state ^(b)	19	8	18	6	3	2	2	58
R48	Dyslexia and other symbolic dysfunctions not elsewhere classified	0	0	0	0	1	0	1	2
R68.1	Nonspecific symptoms peculiar to infancy	187	0	0	0	0	0	0	187
Z00.4	General psychiatric examination not elsewhere classified	1	11	8	9	1	1	1	32
Z03.2	Observation for suspected mental and behavioural disorder	8	3	5	2	0	0	1	19
Z50.2	Alcohol rehabilitation	0	0	1	0	0	1	0	2
Z50.3	Drug rehabilitation	0	4	0	0	0	0	0	4
Z63.8	Other specified problems related to primary support group	4	0	1	0	0	1	0	6
Z65.8	Other specified problems related to psychosocial circumstances	0	0	0	0	1	0	0	1
Z71.4	Counselling and surveillance for alcohol use disorder	0	1	3	0	0	0	0	4
	Other factors influencing health status and contact with health services ^(c)	3	3	1	1	0	0	2	10
Total^(a)		2,464	1,883	2,223	1,931	2,483	1,234	966	13,185

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.20a: Same day mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis	Under 15						65 and over	Total
	years	15–24	25–34	35–44	45–54	55–64		
F00–F03 Dementia	0	0	0	0	1	0	14	15
F04–F09 Other organic mental disorders	1	45	2	18	7	2	10	85
F10 Mental and behavioural disorders due to use of alcohol	1	78	95	312	620	151	176	1,433
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	2	256	138	86	104	11	0	597
F20 Schizophrenia	18	449	453	797	426	277	243	2,663
F20–F29 Other schizophrenic, schizotypal and delusional disorders	65	413	406	275	428	300	114	2,001
F30 Manic episode	0	2	14	9	1	0	0	26
F31 Bipolar affective disorders	53	489	576	408	794	212	376	2,908
F32–F33 Depressive disorders	286	2,471	2,239	3,743	3,716	2,111	2,045	16,611
F34–F39 Other mood (affective) disorders	36	92	295	412	449	206	24	1,514
F40–F48 Neurotic, stress-related and somatoform disorders	291	963	1,475	1,614	1,576	540	406	6,865
F50 Eating disorders	183	2,139	767	141	256	0	4	3,490
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	1	14	248	115	1	0	0	379
F60–F69 Disorders of adult personality and behaviour	2	342	464	597	412	76	14	1,907
F70–F79 Mental retardation	0	0	1	0	2	0	0	3
F80–F89 Disorders of psychological development	62	2	0	0	0	0	0	64
F90–F98 Disorders onset usually occurring in childhood or adolescence	346	60	1	2	0	0	0	409
F99 Mental disorder not otherwise specified	0	1	1	0	2	0	0	4
G30 Alzheimer's disease ^(a)	0	0	0	0	0	1	1	2
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	1	12	0	0	0	0	13
R44 Other symptoms and signs involving general sensations and perceptions	0	40	1	0	0	0	0	41
R45 Symptoms and signs involving emotional state ^(a)	0	2	0	1	1	0	1	5
Z00.4 General psychiatric examination not elsewhere classified	0	14	12	6	4	1	0	37
Z03.2 Observation for suspected mental and behavioural disorder	1	2	3	0	0	0	0	6
Z50.2 Alcohol rehabilitation	0	0	3	0	0	0	0	3
Z50.3 Drug rehabilitation	0	0	1	0	0	0	0	1
Z63.8 Other specified problems related to primary support group	0	0	35	47	0	0	0	82
Z65.8 Other specified problems related to psychosocial circumstances	77	0	0	0	0	0	0	77
Z71.4 Counselling and surveillance for alcohol use disorder	0	6	0	32	0	11	0	49
Other factors influencing health status and contact with health services ^(b)	1	1	0	1	0	0	0	3
Other ^(c)	14	76	88	77	76	22	9	362
Not reported	0	1	6	1	1	0	1	10
Total	1,440	7,959	7,336	8,694	8,877	3,921	3,438	41,665

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.20b: Same day mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis		Under 15						65 and over	Total ^(a)
		years	15–24	25–34	35–44	45–54	55–64		
F00–F03	Dementia	0	0	0	1	1	11	82	95
F04–F09	Other organic mental disorders	6	28	27	24	16	4	57	162
F10	Mental and behavioural disorders due to use of alcohol	81	440	235	423	415	232	164	1,990
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	14	258	204	96	80	29	6	687
F20	Schizophrenia	1	46	79	53	49	27	34	289
F20–F29	Other schizophrenic, schizotypal and delusional disorders	3	66	177	131	93	46	72	588
F30	Manic episode	0	4	12	9	8	3	3	39
F31	Bipolar affective disorders	1	25	88	103	101	70	59	447
F32–F33	Depressive disorders	9	217	645	894	952	462	653	3,832
F34–F39	Other mood (affective) disorders	0	17	15	11	69	32	4	148
F40–F48	Neurotic, stress-related and somatoform disorders	46	352	588	445	428	273	296	2,428
F50	Eating disorders	9	92	40	31	10	0	2	184
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	53	40	335	223	1	1	0	653
F60–F69	Disorders of adult personality and behaviour	2	64	79	64	11	2	1	223
F70–F79	Mental retardation	12	6	23	8	0	0	1	50
F80–F89	Disorders of psychological development	114	2	1	0	0	4	1	122
F90–F98	Disorders onset usually occurring in childhood or adolescence	57	10	8	3	3	0	1	82
F99	Mental disorder not otherwise specified	1	9	4	1	1	2	1	19
G30	Alzheimer's disease ^(b)	0	0	0	0	0	2	14	16
G47	Sleep disorders ^(b)	1,268	4	21	9	2	6	6	1,316
O99.3	Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	98	199	29	1	0	0	327
R44	Other symptoms and signs involving general sensations and perceptions	2	5	6	5	2	3	3	26
R45	Symptoms and signs involving emotional state ^(b)	22	7	7	7	3	2	3	51
R68.1	Nonspecific symptoms peculiar to infancy	135	0	1	1	0	0	0	137
Z00.4	General psychiatric examination not elsewhere classified	0	7	13	5	5	1	0	31
Z03.2	Observation for suspected mental and behavioural disorder	3	0	5	1	2	0	0	11
Z50.3	Drug rehabilitation	0	0	0	0	1	0	0	1
Z63.8	Other specified problems related to primary support group	6	2	16	2	1	0	0	27
Z65.8	Other specified problems related to psychosocial circumstances	0	1	0	4	0	0	0	5
Z71.4	Counselling and surveillance for alcohol use disorder	0	0	0	0	0	1	0	1
	Other factors influencing health status and contact with health services ^(c)	0	1	0	1	0	0	0	2
Total^(a)		1,845	1,801	2,828	2,584	2,255	1,213	1,463	13,989

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.21a: Overnight mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis		Under 15	15–24	25–34	35–44	45–54	55–64	65 and	Total ^(a)
		years						over	
F00–F03	Dementia	0	1	1	5	14	51	606	678
F04–F09	Other organic mental disorders	0	71	163	108	75	87	196	700
F10	Mental and behavioural disorders due to use of alcohol	3	195	505	715	784	340	235	2,777
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	10	1,752	1,611	584	114	22	11	4,104
F20	Schizophrenia	27	3,373	4,657	2,797	1,382	436	326	12,999
F20–F29	Other schizophrenic, schizotypal and delusional disorders	29	1,340	1,515	950	493	185	200	4,712
F30	Manic episode	2	93	111	73	43	28	46	396
F31	Bipolar affective disorders	2	592	1,070	981	592	440	366	4,043
F32–F33	Depressive disorders	56	822	1,307	1,471	1,470	794	1,280	7,200
F34–F39	Other mood (affective) disorders	6	100	190	157	103	33	24	613
F40–F48	Neurotic, stress-related and somatoform disorders	153	1,058	1,573	1,288	1,427	421	252	6,172
F50	Eating disorders	7	27	8	1	1	0	0	44
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	0	7	10	4	6	9	1	37
F60–F69	Disorders of adult personality and behaviour	11	403	656	374	168	34	36	1,682
F70–F79	Mental retardation	5	27	39	13	16	5	5	110
F80–F89	Disorders of psychological development	32	60	16	5	4	1	1	119
F90–F98	Disorders onset usually occurring in childhood or adolescence	394	135	27	11	6	4	9	586
F99	Mental disorder not otherwise specified	1	7	14	4	4	4	21	55
G30	Alzheimer's disease ^(b)	0	0	0	0	13	23	216	252
G47	Sleep disorders ^(b)	0	2	4	10	18	15	9	58
R44	Other symptoms and signs involving general sensations and perceptions	0	6	5	4	1	0	0	16
R45	Symptoms and signs involving emotional state ^(d)	0	7	1	5	2	0	1	16
Z00.4	General psychiatric examination not elsewhere classified	4	19	22	5	7	0	1	58
Z03.2	Observation for suspected mental and behavioural disorder	3	9	14	6	1	1	1	35
Z50.2	Alcohol rehabilitation	0	2	10	15	4	0	1	32
Z50.3	Drug rehabilitation	0	10	25	14	1	0	0	50
Z63.8	Other specified problems related to primary support group	11	1	13	13	13	0	0	51
Z65.8	Other specified problems related to psychosocial circumstances	38	0	0	0	1	0	0	39
Z71.4	Counselling and surveillance for alcohol use disorder	0	0	2	1	0	0	0	3
	Other factors influencing health status and contact with health services ^(c)	10	9	3	2	0	0	0	24
	Other ^(d)	72	301	432	331	223	134	259	1,752
	Not reported	0	85	81	73	33	28	78	378
	Total^(a)	876	10,514	14,085	10,020	7,019	3,095	4,181	49,790

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

Table 3.21b: Overnight mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis		Under 15						65 and	Total ^(a)
		years	15-24	25-34	35-44	45-54	55-64	over	
F00-F03	Dementia	0	1	0	9	14	71	2,181	2,276
F04-F09	Other organic mental disorders	19	47	44	67	64	95	1,129	1,465
F10	Mental and behavioural disorders due to use of alcohol	92	507	1,218	2,223	1,961	1,114	825	7,940
F11-F19	Mental and behavioural disorders due to other psychoactive substances use	36	1,483	1,506	763	194	38	49	4,069
F20	Schizophrenia	2	242	406	272	138	51	55	1,166
F20-F29	Other schizophrenic, schizotypal and delusional disorders	16	140	216	138	88	52	124	774
F30	Manic episode	0	13	15	13	13	7	19	80
F31	Bipolar affective disorders	2	36	101	104	72	31	60	406
F32-F33	Depressive disorders	37	279	545	650	568	348	865	3,292
F34-F39	Other mood (affective) disorders	0	12	14	18	16	10	6	76
F40-F48	Neurotic, stress-related and somatoform disorders	94	259	710	617	926	407	732	3,745
F50	Eating disorders	15	33	21	3	2	2	14	90
F51-F59	Other behavioural syndromes associated with physiological disturbances, physical factors	918	11	6	9	20	24	26	1,014
F60-F69	Disorders of adult personality and behaviour	24	55	113	80	44	16	28	360
F70-F79	Mental retardation	7	2	10	10	7	3	7	46
F80-F89	Disorders of psychological development	153	3	4	3	1	3	6	173
F90-F98	Disorders onset usually occurring in childhood or adolescence	288	35	9	6	5	6	31	380
F99	Mental disorder not otherwise specified	1	3	5	3	4	0	4	20
G30	Alzheimer's disease ^(b)	0	0	0	0	8	18	588	614
G47	Sleep disorders ^(b)	2,177	27	109	130	224	193	195	3,055
R44	Other symptoms and signs involving general sensations and perceptions	2	7	8	10	14	8	43	92
R45	Symptoms and signs involving emotional state ^(b)	44	19	8	13	4	10	27	125
R48	Dyslexia and other symbolic dysfunctions not elsewhere classified	0	0	0	0	1	0	3	4
R68.1	Nonspecific symptoms peculiar to infancy	945	0	0	0	0	0	0	945
Z00.4	General psychiatric examination not elsewhere classified	0	4	8	3	2	0	1	18
Z03.2	Observation for suspected mental and behavioural disorder	15	3	4	1	0	0	7	30
Z50.2	Alcohol rehabilitation	0	1	21	15	27	7	4	75
Z50.3	Drug rehabilitation	0	12	16	18	4	2	0	52
Z63.8	Other specified problems related to primary support group	20	0	1	2	0	1	2	26
Z65.8	Other specified problems related to psychosocial circumstances	0	0	0	1	1	1	2	5
Z71.4	Counselling and surveillance for alcohol use disorder	0	1	0	0	0	0	0	1
	Other factors influencing health status and contact with health services ^(c)	4	2	0	0	1	0	2	9
Total^(a)		4,911	3,237	5,118	5,181	4,423	2,518	7,035	32,423

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.22a: Overnight mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis	Under 15	15–24	25–34	35–44	45–54	55–64	65 and	Total ^(a)
	years						over	
F00–F03 Dementia	0	2	3	2	7	37	679	730
F04–F09 Other organic mental disorders	4	25	57	63	63	58	227	497
F10 Mental and behavioural disorders due to use of alcohol	2	85	207	386	342	162	80	1,264
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	14	832	651	311	67	27	23	1,925
F20 Schizophrenia	19	992	1,418	1,501	1,064	641	544	6,179
F20–F29 Other schizophrenic, schizotypal and delusional disorders	20	747	1,209	1,139	771	338	440	4,664
F30 Manic episode	2	88	101	89	63	27	49	419
F31 Bipolar affective disorders	12	533	1,216	1,264	1,134	623	665	5,447
F32–F33 Depressive disorders	103	1,340	2,100	2,734	2,340	1,104	2,672	12,393
F34–F39 Other mood (affective) disorders	27	238	229	238	186	63	45	1,026
F40–F48 Neurotic, stress-related and somatoform disorders	265	1,422	1,884	1,693	986	350	426	7,026
F50 Eating disorders	79	559	202	71	22	3	1	937
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	2	59	246	92	3	1	2	405
F60–F69 Disorders of adult personality and behaviour	28	1,059	1,182	842	311	35	42	3,499
F70–F79 Mental retardation	2	14	29	18	18	1	1	83
F80–F89 Disorders of psychological development	2	13	7	2	2	1	0	27
F90–F98 Disorders onset usually occurring in childhood or adolescence	102	76	14	8	12	0	6	218
F99 Mental disorder not otherwise specified	1	13	8	6	5	3	15	51
G30 Alzheimer's disease ^(b)	0	0	0	0	1	21	267	289
G47 Sleep disorders ^(b)	0	0	2	4	5	6	2	19
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and	0	23	62	12	0	0	0	97
R44 Other symptoms and signs involving general sensations and perceptions	0	2	5	3	4	0	2	16
R45 Symptoms and signs involving emotional state ^(b)	0	2	2	2	0	0	3	9
Z00.4 General psychiatric examination not elsewhere classified	2	7	4	1	1	3	3	22
Z03.2 Observation for suspected mental and behavioural disorder	2	5	3	3	1	0	1	15
Z50.2 Alcohol rehabilitation	0	1	2	4	1	0	0	8
Z50.3 Drug rehabilitation	0	10	6	4	3	0	0	23
Z63.8 Other specified problems related to primary support group	12	3	37	24	10	1	0	87
Z65.8 Other specified problems related to psychosocial circumstances	43	3	0	0	0	0	0	46
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	0	0	2	0	0	2
Other factors influencing health status and contact with health services ^(c)	2	3	1	0	1	0	0	7
Other ^(d)	72	333	394	388	243	86	269	1,785
Not reported	1	34	79	60	38	21	90	323
Total^(a)	818	8,523	11,360	10,964	7,706	3,612	6,554	49,538

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

Table 3.22b: Overnight mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis		Under 15	15-24	25-34	35-44	45-54	55-64	65 and	Total ^(a)
		years						over	
F00-F03	Dementia	0	0	0	1	12	45	2,801	2,859
F04-F09	Other organic mental disorders	16	29	28	41	60	85	1,569	1,828
F10	Mental and behavioural disorders due to use of alcohol	109	373	550	920	608	282	291	3,133
F11-F19	Mental and behavioural disorders due to other psychoactive substances use	27	982	887	462	133	48	100	2,639
F20	Schizophrenia	6	84	162	184	130	92	136	794
F20-F29	Other schizophrenic, schizotypal and delusional disorders	16	108	169	162	123	81	263	922
F30	Manic episode	0	12	24	14	28	24	21	123
F31	Bipolar affective disorders	3	63	115	163	139	96	163	742
F32-F33	Depressive disorders	62	604	1,160	1,232	930	536	1,678	6,203
F34-F39	Other mood (affective) disorders	1	14	34	42	55	16	32	194
F40-F48	Neurotic, stress-related and somatoform disorders	153	686	1,544	1,237	833	569	1,664	6,686
F50	Eating disorders	231	348	81	37	17	8	18	740
F51-F59	Other behavioural syndromes associated with physiological disturbances, physical factors	753	126	660	183	8	5	12	1,747
F60-F69	Disorders of adult personality and behaviour	25	136	157	96	53	17	20	504
F70-F79	Mental retardation	6	12	19	6	3	8	1	55
F80-F89	Disorders of psychological development	61	4	4	2	3	0	5	79
F90-F98	Disorders onset usually occurring in childhood or adolescence	158	29	7	10	7	3	16	230
F99	Mental disorder not otherwise specified	3	4	4	2	3	1	7	24
G30	Alzheimer's disease ^(b)	0	0	0	2	3	37	858	900
G47	Sleep disorders ^(b)	1,597	80	272	136	114	66	84	2,349
O99.3	Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	557	928	236	0	0	0	1,721
R44	Other symptoms and signs involving general sensations and perceptions	4	7	8	7	2	4	51	83
R45	Symptoms and signs involving emotional state ^(b)	45	4	7	5	2	8	16	87
R48	Dyslexia and other symbolic dysfunctions not elsewhere classified	0	0	0	0	0	0	6	6
R68.1	Nonspecific symptoms peculiar to infancy	726	1	2	0	0	0	0	729
Z00.4	General psychiatric examination not elsewhere classified	1	2	8	0	4	1	1	17
Z03.2	Observation for suspected mental and behavioural disorder	7	1	2	0	1	0	1	12
Z50.2	Alcohol rehabilitation	0	3	7	5	4	1	1	21
Z50.3	Drug rehabilitation	0	7	8	6	1	3	0	25
Z63.8	Other specified problems related to primary support group	14	6	4	0	5	1	7	37
Z65.8	Other specified problems related to psychosocial circumstances	1	1	2	1	0	0	2	7
	Other factors influencing health status and contact with health services ^(c)	6	5	3	1	2	1	3	21
Total^(a)		4,031	4,288	6,856	5,193	3,283	2,038	9,827	35,517

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.23a: Patient days for overnight mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis	Under 15						65 and over	Total ^(a)
	years	15-24	25-34	35-44	45-54	55-64		
F00-F03 Dementia	0	16	622	104	1,767	11,746	43,073	57,328
F04-F09 Other organic mental disorders	0	9,733	4,216	8,517	8,676	8,684	14,475	54,358
F10 Mental and behavioural disorders due to use of alcohol	3	1,043	3,079	10,120	13,946	47,295	39,684	115,268
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	76	13,463	11,045	4,271	1,000	337	874	31,182
F20 Schizophrenia	285	134,363	161,638	131,333	73,292	33,006	39,573	573,510
F20-F29 Other schizophrenic, schizotypal and delusional disorders	551	22,149	25,079	17,690	17,543	5,782	8,207	97,063
F30 Manic episode	98	1,319	1,277	734	761	570	1,575	6,334
F31 Bipolar affective disorders	45	10,131	17,714	16,192	15,473	9,171	17,583	86,332
F32-F33 Depressive disorders	684	8,611	15,904	18,495	23,278	15,336	37,618	120,101
F34-F39 Other mood (affective) disorders	83	954	1,415	1,055	1,077	378	319	5,281
F40-F48 Neurotic, stress-related and somatoform disorders	1,558	5,978	10,150	9,514	19,937	5,563	4,752	57,804
F50 Eating disorders	209	608	171	16	44	0	0	1,324
F51-F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	24	43	50	48	45	19	4,678
F60-F69 Disorders of adult personality and behaviour	92	2,966	4,974	3,297	1,628	404	1,218	14,674
F70-F79 Mental retardation	28	941	16,512	16,385	14,855	7,737	2,628	59,128
F80-F89 Disorders of psychological development	569	776	120	29	43	511	3	4,070
F90-F98 Disorders onset usually occurring in childhood or adolescence	4,523	887	710	108	45	24	277	7,684
F99 Mental disorder not otherwise specified	15	35	175	73	53	48	509	909
G30 Alzheimer's disease ^(b)	0	0	0	0	108	3,611	20,617	24,336
G47 Sleep disorders ^(b)	0	43	9	10	19	25	18	7,642
R44 Other symptoms and signs involving general sensations and perceptions	0	17	383	9	3	0	0	416
R45 Symptoms and signs involving emotional state ^(b)	0	29	3	32	7	0	2	199
Z00.4 General psychiatric examination not elsewhere classified	15	423	158	70	69	0	1	736
Z03.2 Observation for suspected mental and behavioural disorder	10	74	100	23	2	1	3	4,063
Z50.2 Alcohol rehabilitation	0	14	135	914	76	0	6	1,151
Z50.3 Drug rehabilitation	0	242	296	269	27	0	0	834
Z63.8 Other specified problems related to primary support group	99	1	52	73	48	0	0	273
Z65.8 Other specified problems related to psychosocial circumstances	146	0	0	0	3	0	0	207
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	25	3	0	0	0	28
Other factors influencing health status and contact with health services ^(c)	91	81	9	8	0	0	0	226
Other ^(d)	861	4,676	7,494	7,050	4,858	2,949	10,557	38,445
Not reported	0	1,061	929	1,446	452	2,304	5,468	11,660
Total^(a)	10,041	220,658	284,437	247,890	199,138	155,527	249,059	1,387,244

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

Table 3.23b: Patient days for mental health-related overnight separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis	Under 15	15-24	25-34	35-44	45-54	55-64	65 and	Total ^(a)
	years						over	
F00-F03 Dementia	0	14	0	103	151	2,563	64,421	67,252
F04-F09 Other organic mental disorders	57	218	838	409	1,497	1,158	17,636	21,813
F10 Mental and behavioural disorders due to use of alcohol	98	1,341	4,453	9,563	9,892	7,149	11,766	44,262
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	116	5,928	5,924	3,726	1,164	204	375	17,437
F20 Schizophrenia	20	1,923	2,949	1,786	1,063	743	3,054	11,538
F20-F29 Other schizophrenic schizotypal delusional disorders	62	714	882	879	587	430	2,170	5,724
F30 Manic episode	0	82	96	37	48	46	119	428
F31 Bipolar affective disorders	23	255	714	722	719	821	834	4,088
F32-F33 Depressive disorders	175	1,207	2,239	4,191	4,249	2,793	13,059	27,913
F34-F39 Other mood (affective) disorders	0	95	82	121	261	71	46	676
F40-F48 Neurotic, stress-related and somatoform disorders	352	787	2,344	2,766	11,922	3,944	6,533	28,648
F50 Eating disorders	276	380	132	11	6	4	134	943
F51-F59 Other behavioural syndromes associated with physiological disturbances, physical factors	4,449	31	25	17	61	58	91	4,732
F60-F69 Disorders of adult personality and behaviour	95	151	488	428	333	121	530	2,146
F70-F79 Mental retardation	42	3	39	40	36	40	2,093	2,293
F80-F89 Disorders of psychological development	2,019	20	15	96	8	22	84	2,264
F90-F98 Disorders onset usually occurring in childhood or adolescence	1,110	204	19	106	13	35	487	1,974
F99 Mental disorder not otherwise specified	1	5	6	3	40	0	23	78
G30 Alzheimer's disease ^(b)	0	0	0	0	75	534	18,369	18,978
G47 Sleep disorders ^(b)	7,518	65	141	132	253	210	315	8,634
R44 Other symptoms and signs involving general sensations and perceptions	4	16	11	20	49	42	356	498
R45 Symptoms and signs involving emotional state ^(c)	126	37	10	52	7	29	153	414
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	0	0	0	0	5	0	35	40
R68.1 Nonspecific symptoms peculiar to infancy	3,850	0	0	0	0	0	0	3,850
Z00.4 General psychiatric examination not elsewhere classified	0	4	18	3	2	0	1	28
Z03.2 Observation for suspected mental and behavioural disorder	37	6	4	1	0	0	13	61
Z50.2 Alcohol rehabilitation	0	6	102	83	172	37	19	419
Z50.3 Drug rehabilitation	0	47	123	62	6	11	0	249
Z63.8 Other specified problems related to primary support group	58	0	4	13	0	5	9	89
Z65.8 Other specified problems related to psychosocial circumstances	0	0	0	1	10	2	4	17
Z71.4 Counselling and surveillance for alcohol use disorder	0	2	0	0	0	0	0	2
Other factors influencing health status and contact with health services ^(c)	13	2	0	0	1	0	15	31
Total^(a)	20,501	13,543	21,658	25,371	32,630	21,072	142,744	277,519

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.24a: Patient days for overnight mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis	Under 15	15-24	25-34	35-44	45-54	55-64	65 and	Total ^(a)
	years						over	
F00-F03 Dementia	0	35	82	155	1,346	2,970	44,124	48,712
F04-F09 Other organic mental disorders	37	483	629	20,356	780	5,714	8,469	36,468
F10 Mental and behavioural disorders due to use of alcohol	5	576	1,592	3,896	4,876	2,459	4,753	18,157
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	94	6,782	5,465	2,995	720	303	414	16,773
F20 Schizophrenia	274	30,063	58,123	43,866	68,427	23,489	42,007	266,249
F20-F29 Other schizophrenic, schizotypal and delusional disorders	267	11,511	18,878	27,322	22,222	7,408	16,538	104,146
F30 Manic episode	59	1,307	1,334	1,319	820	454	1,245	6,538
F31 Bipolar affective disorders	207	11,131	19,074	20,022	21,482	15,451	27,753	115,120
F32-F33 Depressive disorders	1,226	16,362	27,623	38,921	38,542	21,055	69,457	213,186
F34-F39 Other mood (affective) disorders	290	2,008	2,201	2,739	2,143	822	933	11,136
F40-F48 Neurotic, stress-related and somatoform disorders	2,597	11,568	15,301	15,330	11,289	4,352	7,933	68,370
F50 Eating disorders	1,973	17,131	5,122	2,147	876	113	9	27,371
F51-F59 Other behavioural syndromes associated with physiological disturbances, physical factors	12	769	3,768	1,526	36	12	28	6,151
F60-F69 Disorders of adult personality and behaviour	151	11,958	10,510	6,766	2,757	556	7,421	40,119
F70-F79 Mental retardation	25	97	1,972	2,066	6,436	4	1,468	12,068
F80-F89 Disorders of psychological development	136	70	39	588	83	19	0	935
F90-F98 Disorders onset usually occurring in childhood or adolescence	1,216	704	51	66	307	0	126	2,470
F99 Mental disorder not otherwise specified	33	40	165	115	61	21	322	757
G30 Alzheimer's disease ^(b)	0	0	0	0	70	2,577	12,411	15,058
G47 Sleep disorders ^(b)	0	0	17	10	5	6	2	40
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	267	830	138	0	0	0	1,235
R44 Other symptoms and signs involving general sensations and perceptions	0	2	17	53	29	0	38	139
R45 Symptoms and signs involving emotional state ^(d)	0	10	2	12	0	0	107	131
Z00.4 General psychiatric examination not elsewhere classified	38	13	40	37	3	65	35	937
Z03.2 Observation for suspected mental and behavioural disorder	2	7	15	20	5	0	4	53
Z50.2 Alcohol rehabilitation	0	23	33	95	6	0	0	157
Z50.3 Drug rehabilitation	0	151	57	107	73	0	0	388
Z63.8 Other specified problems related to primary support group	59	14	146	129	36	6	0	390
Z65.8 Other specified problems related to psychosocial circumstances	168	12	0	0	0	0	0	180
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	0	0	95	0	0	95
Other factors influencing health status and contact with health services ^(c)	50	51	4	0	1	0	0	106
Other ^(d)	787	2,805	6,117	4,728	4,827	6,661	7,870	33,795
Missing	1	392	722	1,912	869	449	3,835	8,180
Total^(a)	9,707	126,342	179,929	197,436	189,222	94,966	257,302	1,055,610

(a) Includes separations for which sex and/or age were not reported

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

Table 3.24b: Patient days for mental health-related overnight separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis		Under 15	15-24	25-34	35-44	45-54	55-64	65 and	Total ^(a)
		years						over	
F00-F03	Dementia	0	0	0	7	309	935	107,678	108,929
F04-F09	Other organic mental disorders	56	84	67	255	300	787	23,290	24,839
F10	Mental and behavioural disorders due to use of alcohol	130	1,008	2,436	5,043	3,960	2,443	2,325	17,345
F11-F19	Mental and behavioural disorders due to other psychoactive substances use	98	3,993	4,099	2,857	925	384	962	13,318
F20	Schizophrenia	48	677	1,278	1,281	1,647	768	4,940	10,639
F20-F29	Other schizophrenic, schizotypal and delusional disorders	77	558	1,241	1,175	1,116	789	3,665	8,621
F30	Manic episode	0	86	106	106	147	183	206	834
F31	Bipolar affective disorders	10	478	798	1,151	1,342	1,206	3,053	8,038
F32-F33	Depressive disorders	370	2,970	7,001	9,184	7,910	5,308	28,105	60,849
F34-F39	Other mood (affective) disorders	2	108	301	277	673	236	432	2,029
F40-F48	Neurotic, stress-related and somatoform disorders	660	2,343	5,732	5,702	4,906	3,127	12,580	35,050
F50	Eating disorders	6,016	6,847	738	565	285	156	246	14,853
F51-F59	Other behavioural syndromes associated with physiological disturbances, physical factors	3,486	679	3,479	937	40	22	83	8,726
F60-F69	Disorders of adult personality and behaviour	128	587	607	533	274	148	200	2,477
F70-F79	Mental retardation	27	58	72	19	1,623	105	21	1,925
F80-F89	Disorders of psychological development	1,219	21	52	290	20	0	48	1,650
F90-F98	Disorders onset usually occurring in childhood or adolescence	552	184	46	53	41	9	251	1,136
F99	Mental disorder not otherwise specified	7	8	8	3	12	42	31	111
G30	Alzheimer's disease ^(b)	0	0	0	59	19	3,118	37,537	40,733
G47	Sleep disorders ^(b)	5,488	187	791	331	128	87	145	7,157
O99.3	Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	2,175	3,750	986	0	0	0	6,911
R44	Other symptoms and signs involving general sensations and perceptions	6	10	17	14	5	33	541	626
R45	Symptoms and signs involving emotional state ^(b)	115	6	13	12	2	30	120	298
R48	Dyslexia and other symbolic dysfunctions not elsewhere classified	0	0	0	0	0	0	75	75
R68.1	Nonspecific symptoms peculiar to infancy	3,047	11	9	0	0	0	0	3,067
Z00.4	General psychiatric examination not elsewhere classified	6	4	50	0	13	1	9	83
Z03.2	Observation for suspected mental and behavioural disorder	16	1	2	0	1	0	6	26
Z50.2	Alcohol rehabilitation	0	15	23	23	26	3	7	97
Z50.3	Drug rehabilitation	0	24	37	52	4	17	0	134
Z63.8	Other specified problems related to primary support group	40	12	5	0	10	1	57	125
Z65.8	Other specified problems related to psychosocial circumstances	1	2	2	1	0	0	37	43
	Other factors influencing health status and contact with health services ^(c)	42	11	43	7	2	1	68	174
Total^(a)		21,647	23,147	32,803	30,923	25,740	19,939	226,718	380,918

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.25: Psychiatric care days for overnight mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis	Under 15	15-24	25-34	35-44	45-54	55-64	65 and over	Total ^(a)
	years							
F00-F03 Dementia	0	16	622	104	1,736	11,734	42,738	56,950
F04-F09 Other organic mental disorders	0	9,732	4,210	8,448	8,662	8,646	13,948	53,646
F10 Mental and behavioural disorders due to use of alcohol	3	1,036	2,993	10,028	13,838	47,272	39,562	114,732
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	76	13,374	10,918	4,257	990	335	874	30,824
F20 Schizophrenia	285	120,683	158,169	130,835	71,527	29,075	37,975	548,645
F20-F29 Other schizophrenic, schizotypal and delusional disorders	541	22,051	25,008	17,606	17,484	5,718	7,991	96,399
F30 Manic episode	98	1,316	1,274	721	756	569	1,572	6,306
F31 Bipolar affective disorders	45	10,040	17,612	16,146	15,360	9,094	17,514	85,811
F32-F33 Depressive disorders	682	8,536	15,787	18,352	22,953	15,084	36,809	118,203
F34-F39 Other mood (affective) disorders	83	943	1,386	1,048	1,068	373	315	5,216
F40-F48 Neurotic, stress-related and somatoform disorders	1,493	5,948	10,073	9,429	19,741	5,478	4,684	56,846
F50 Eating disorders	209	537	171	16	44	0	0	977
F51-F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	24	43	50	48	45	7	217
F60-F69 Disorders of adult personality and behaviour	92	2,948	4,913	3,265	1,604	369	1,196	14,387
F70-F79 Mental retardation	28	940	16,502	16,385	14,854	7,737	2,628	59,074
F80-F89 Disorders of psychological development	554	776	119	29	43	511	3	2,035
F90-F98 Disorders onset usually occurring in childhood or adolescence	4,518	883	710	108	45	24	277	6,565
F99 Mental disorder not otherwise specified	15	31	175	73	53	48	509	904
G30 Alzheimer's disease ^(b)	0	0	0	0	89	3,510	19,310	22,909
G47 Sleep disorders ^(b)	0	43	9	10	19	25	18	124
R44 Other symptoms and signs involving general sensations and perceptions	0	17	383	9	3	0	0	412
R45 Symptoms and signs involving emotional state ^(b)	0	29	3	32	7	0	2	73
Z00.4 General psychiatric examination not elsewhere classified	15	423	158	70	69	0	1	736
Z03.2 Observation for suspected mental and behavioural disorder	10	74	99	23	2	1	3	212
Z50.2 Alcohol rehabilitation	0	14	135	877	76	0	6	1,108
Z50.3 Drug rehabilitation	0	242	296	265	26	0	0	829
Z63.8 Other specified problems related to primary support group	99	1	52	73	48	0	0	273
Z65.8 Other specified problems related to psychosocial circumstances	146	0	0	0	3	0	0	149
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	25	3	0	0	0	28
Other factors influencing health status and contact with health services ^(c)	91	81	9	8	0	0	0	189
Other ^(d)	835	4,436	7,190	6,770	4,413	2,705	7,660	34,009
Not reported	0	1,061	929	1,446	452	2,304	5,468	11,660
Total^(a)	9,918	206,235	279,973	246,486	196,013	150,657	241,070	1,330,448

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

Table 3.26: Psychiatric care days for overnight mental health-related separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999-00

Principal diagnosis		Under 15						65 and over	Total ^(a)
		years	15-24	25-34	35-44	45-54	55-64		
F00-F03	Dementia	0	35	82	155	1,346	2,717	43,903	48,238
F04-F09	Other organic mental disorders	37	476	629	20,339	763	5,713	8,119	36,076
F10	Mental and behavioural disorders due to use of alcohol	5	572	1,560	3,829	4,854	2,448	4,751	18,019
F11-F19	Mental and behavioural disorders due to other psychoactive substances use	94	6,569	5,412	2,972	718	290	413	16,468
F20	Schizophrenia	274	28,794	57,993	43,773	68,143	23,409	41,885	264,271
F20-F29	Other schizophrenic, schizotypal and delusional disorders	267	11,456	18,820	21,272	22,115	7,388	16,477	97,795
F30	Manic episode	59	1,278	1,318	1,313	812	452	1,240	6,472
F31	Bipolar affective disorders	207	11,061	19,020	19,905	21,381	15,311	27,207	114,092
F32-F33	Depressive disorders	1,169	16,238	27,298	38,595	38,240	20,785	68,236	210,561
F34-F39	Other mood (affective) disorders	288	1,987	2,164	2,722	2,134	822	931	11,048
F40-F48	Neurotic, stress-related and somatoform disorders	2,534	11,040	15,050	15,200	11,132	4,337	7,870	67,163
F50	Eating disorders	1,973	16,678	5,090	2,133	874	103	9	26,860
F51-F59	Other behavioural syndromes associated with physiological disturbances, physical factors	12	761	3,764	1,525	36	12	28	6,138
F60-F69	Disorders of adult personality and behaviour	150	11,853	10,427	6,702	2,749	548	7,419	39,848
F70-F79	Mental retardation	25	97	1,970	2,060	6,433	4	1,468	12,057
F80-F89	Disorders of psychological development	136	68	39	588	83	19	0	933
F90-F98	Disorders onset usually occurring in childhood or adolescence	1,193	701	51	64	307	0	123	2,439
F99	Mental disorder not otherwise specified	33	40	165	115	61	21	322	757
G30	Alzheimer's disease ^(c)	0	0	0	0	70	2,577	12,344	14,991
G47	Sleep disorders ^(c)	0	0	17	10	5	6	2	40
O99.3	Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	251	816	115	0	0	0	1,182
R44	Other symptoms and signs involving general sensations and perceptions	0	2	17	53	29	0	38	139
R45	Symptoms and signs involving emotional state ^(c)	0	10	2	12	0	0	107	131
Z00.4	General psychiatric examination not elsewhere classified	38	13	40	37	3	65	35	937
Z03.2	Observation for suspected mental and behavioural disorder	2	7	15	20	5	0	4	53
Z50.2	Alcohol rehabilitation	0	23	33	94	6	0	0	156
Z50.3	Drug rehabilitation	0	151	56	106	72	0	0	385
Z63.8	Other specified problems related to primary support group	59	14	146	129	36	5	0	389
Z65.8	Other specified problems related to psychosocial circumstances	168	10	0	0	0	0	0	178
Z71.4	Counselling and surveillance for alcohol use disorder	0	0	0	0	95	0	0	95
	Other factors influencing health status and contact with health services ^(c)	50	51	4	0	1	0	0	106
	Other ^(d)	776	2,592	5,670	4,397	4,496	6,602	7,077	31,610
	Not reported	1	392	722	1,912	869	449	3,835	8,180
	Total^(a)	9,550	123,226	178,390	190,147	187,868	94,083	253,843	1,037,813

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

Table 3.27: Mental health-related separations reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations with specialised psychiatric care					Other mental health-related separations				
	Same day	Overnight	Total	Patient days	Psychiatric	Same day	Overnight	Total	Patient days	
					care days					
F00–F03 Dementia	0	6	6	324	324	1	49	50	2,214	
F04–F09 Other organic mental disorders	4	50	50	8,214	8,208	13	44	57	282	
F10 Mental and behavioural disorders due to use of alcohol	36	207	207	2,960	2,955	457	1,459	1,916	4,406	
F11–F19 Mental & behav disorders due to other psychoactive subst use	19	343	343	3,036	2,984	58	342	400	1,171	
F20 Schizophrenia	30	714	714	30,700	30,643	68	242	310	1,088	
F20–F29 Other schizophrenic, schizotypal and delusional disorders	16	375	375	5,768	5,726	72	151	223	661	
F30 Manic episode	0	32	32	460	459	1	13	14	77	
F31 Bipolar affective disorders	4	219	219	3,756	3,711	18	36	54	230	
F32–F33 Depressive disorders	65	331	331	3,864	3,805	104	452	556	1,887	
F34–F39 Other mood (affective) disorders	1	39	39	270	259	2	6	8	24	
F40–F48 Neurotic, stress-related and somatoform disorders	68	399	399	2,219	2,201	98	400	498	1,271	
F50 Eating disorders	7	5	5	222	210	0	7	7	68	
F51–F59 Other behav syndromes associated w phys dist & phys factors	0	10	10	81	81	4	26	30	112	
F60–F69 Disorders of adult personality and behaviour	13	151	151	1,995	1,994	19	28	47	126	
F70–F79 Mental retardation	0	10	10	122	122	1	3	4	7	
F80–F89 Disorders of psychological development	0	2	2	21	21	10	9	19	243	
F90–F98 Disorders onset usually occurring in childhood or adolescence	209	28	28	425	423	7	25	32	132	
F99 Mental disorder not otherwise specified	3	0	0	3	3	5	4	9	14	
G30 Alzheimer's disease ^(a)	0	1	1	15	15	0	6	6	133	
G47 Sleep disorders ^(a)	0	0	0	0	0	3	21	24	68	
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	5	5	23	23	22	132	154	540	
R44 Other symptoms and signs involving general sensations and perceptions	0	4	4	7	7	1	8	9	13	
R45 Symptoms and signs involving emotional state ^(a)	1	1	1	2	2	3	12	15	34	
R68.1 Nonspecific symptoms peculiar to infancy	0	0	0	0	0	3	26	29	88	
Z00.4 General psychiatric examination not elsewhere classified	1	1	1	3	3	2	0	2	2	
Z03.2 Observation for suspected mental and behavioural disorder	2	5	5	81	81	1	3	4	4	
Z50.2 Alcohol rehabilitation	0	1	1	559	559	1	33	34	137	
Z50.3 Drug rehabilitation	0	0	0	0	0	2	6	8	15	
Z63.8 Other specified problems related to primary support group	1	9	9	37	37	8	17	25	41	
Z65.8 Other specified problems related to psychosocial circumstances	9	3	3	21	21	0	2	2	2	
Other factors influencing health status and contact with health services ^(c)	1	1	1	7	7	0	2	2	2	
Other ^(c)	12	113	113	2,099	1,932	..	..	..	..
Not reported	1	139	140	9,237	9,237	0	0	0	0	
Total	503	3,204	3,205	76,531	76,053	984	3,564	4,548	15,092	

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

.. Not applicable.

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

Table 3.28: Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, public acute hospitals, Australia, 1999–00

Principal diagnosis	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
F00–F03 Dementia	6	214	110	480	20	114	136	808
F04–F09 Other organic mental disorders	10	240	130	356	6	122	146	718
F10 Mental and behavioural disorders due to use of alcohol	116	398	404	762	144	336	664	1,496
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	82	1,195	238	1,180	32	676	352	3,051
F20 Schizophrenia	377	6,362	1,361	5,260	148	2,755	1,886	14,377
F20–F29 Other schizophrenic, schizotypal and delusional disorders	146	2,725	802	2,624	277	1,441	1,225	6,790
F30 Manic episode	12	218	10	206	5	163	27	587
F31 Bipolar affective disorders	173	2,498	1,255	2,657	142	1,249	1,570	6,404
F32–F33 Depressive disorders	326	2,012	5,221	6,723	1,157	1,989	6,704	10,724
F34–F39 Other mood (affective) disorders	19	181	610	713	51	190	680	1,084
F40–F48 Neurotic, stress-related and somatoform disorders	273	1,398	3,520	5,347	598	1,148	4,391	7,893
F50 Eating disorders	16	94	1,035	381	110	82	1,161	557
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	3	52	68	173	16	31	87	256
F60–F69 Disorders of adult personality and behaviour	94	871	1,279	2,225	102	553	1,475	3,649
F70–F79 Mental retardation	4	32	15	59	6	28	25	119
F80–F89 Disorders of psychological development	1	25	7	67	64	14	72	106
F90–F98 Disorders onset usually occurring in childhood or adolescence	12	83	1,851	503	933	96	2,796	682
F99 Mental disorder not otherwise specified	1	31	2	24	2	9	5	64
G30 Alzheimer's disease ^(a)	0	126	15	220	2	45	17	391
G47 Sleep disorders ^(a)	0	1	2	5	0	0	2	6
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	2	33	2	33	0	22	4	88
R44 Other symptoms and signs involving general sensations and perceptions	2	5	6	22	0	3	8	30
R45 Symptoms and signs involving emotional state ^(a)	5	7	5	9	1	5	11	21
Z00.4 General psychiatric examination not elsewhere classified	7	11	80	21	4	13	91	45
Z03.2 Observation for suspected mental and behavioural disorder	6	12	6	14	6	19	18	45
Z50.3 Drug rehabilitation	0	0	0	0	0	1	0	1
Z63.8 Other specified problems related to primary support group	0	1	114	125	2	11	116	137
Z65.8 Other specified problems related to psychosocial circumstances	0	0	163	78	1	7	164	85
Other factors influencing health status and contact with health services ^(b)	1	4	6	17	1	1	8	22
Other ^(c)	72	655	283	1,472	97	767	452	2,894
Not reported	13	269	10	236	0	0	23	505
Total	1,779	19,753	18,610	31,992	3,927	11,890	24,316	63,635

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.29: Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 1999–00

Principal diagnosis	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
F00–F03 Dementia	0	3	8	72	3	63	11	138
F04–F09 Other organic mental disorders	0	7	26	133	13	80	39	220
F10 Mental and behavioural disorders due to use of alcohol	483	207	1,072	727	1,358	858	2,913	1,792
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	195	181	248	476	553	772	996	1,429
F20 Schizophrenia	43	64	1,126	501	1,675	399	2,844	964
F20–F29 Other schizophrenic, schizotypal and delusional disorders	43	99	542	432	1,040	399	1,625	930
F30 Manic episode	0	8	13	38	2	35	15	81
F31 Bipolar affective disorders	131	116	630	803	1,249	678	2,010	1,597
F32–F33 Depressive disorders	948	429	7,326	3,811	9,799	3,097	18,073	7,337
F34–F39 Other mood (affective) disorders	68	22	832	202	346	154	1,246	378
F40–F48 Neurotic, stress-related and somatoform disorders	268	135	5,702	2,215	4,619	1,298	10,589	3,648
F50 Eating disorders	119	76	1,674	226	984	113	2,777	415
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	1	0	271	52	53	111	325	163
F60–F69 Disorders of adult personality and behaviour	1	11	642	262	642	215	1,285	488
F70–F79 Mental retardation	0	0	0	0	0	2	0	2
F80–F89 Disorders of psychological development	0	0	0	9	44	4	44	13
F90–F98 Disorders onset usually occurring in childhood or adolescence	0	2	53	16	256	8	309	26
F99 Mental disorder not otherwise specified	4	4	0	0	0	0	4	4
G30 Alzheimer's disease ^(a)	0	0	0	47	2	24	2	71
G47 Sleep disorders ^(a)	0	0	0	4	0	67	0	71
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	0	9	2	0	6	9	8
R44 Other symptoms and signs involving general sensations and perceptions	0	0	0	2	0	0	0	2
R45 Symptoms and signs involving emotional state ^(a)	0	0	11	2	0	1	11	3
Z00.4 General psychiatric examination not elsewhere classified	0	0	0	0	0	1	0	1
Z03.2 Observation for suspected mental and behavioural disorder	0	0	0	1	0	0	0	1
Z50.2 Alcohol rehabilitation	0	0	22	5	0	0	22	5
Z63.8 Other specified problems related to primary support group	0	0	2	0	0	0	2	0
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	92	4	0	0	92	4
Other factors influencing health status and contact with health services ^(b)	0	0	17	1	0	0	17	1
Other ^(c)	0	8	78	177	184	146	262	331
Not reported	0	0	0	0	2	3	2	3
Total	2,304	1,372	20,396	10,220	22,824	8,534	45,524	20,126

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.30: Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 1999-00

Principal diagnosis	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
F00-F03 Dementia	1	180	2	276	0	6	3	462
F04-F09 Other organic mental disorders	6	169	4	87	42	3	52	259
F10 Mental and behavioural disorders due to use of alcohol	36	382	24	354	2	17	62	753
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	34	879	59	644	8	26	101	1,549
F20 Schizophrenia	22	2,443	24	1,324	233	70	279	3,837
F20-F29 Other schizophrenic, schizotypal and delusional disorders	17	1,049	8	566	210	41	235	1,656
F30 Manic episode	0	103	11	42	0	2	11	147
F31 Bipolar affective disorders	17	983	25	488	176	18	218	1,489
F32-F33 Depressive disorders	30	731	100	740	615	61	745	1,532
F34-F39 Other mood (affective) disorders	6	84	6	83	20	10	32	177
F40-F48 Neurotic, stress-related and somatoform disorders	69	873	46	626	152	158	267	1,657
F50 Eating disorders	0	2	0	7	0	0	0	9
F51-F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	15	0	7	0	1	0	23
F60-F69 Disorders of adult personality and behaviour	39	681	9	354	0	9	48	1,044
F70-F79 Mental retardation	1	46	1	26	0	0	2	72
F80-F89 Disorders of psychological development	0	15	0	10	0	2	0	27
F90-F98 Disorders onset usually occurring in childhood or adolescence	8	38	2	49	216	9	226	96
F99 Mental disorder not otherwise specified	0	11	0	27	0	0	0	38
G30 Alzheimer's disease ^(a)	0	36	0	41	0	2	0	79
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	0	0	1
R44 Other symptoms and signs involving general sensations and perceptions	0	0	1	0	37	0	38	0
R45 Symptoms and signs involving emotional state ^(a)	0	0	0	1	0	0	0	1
Z00.4 General psychiatric examination not elsewhere classified	0	34	0	0	0	0	0	34
Z03.2 Observation for suspected mental and behavioural disorder	0	3	0	1	0	0	0	4
Z50.2 Alcohol rehabilitation	0	16	0	17	0	2	0	35
Z50.3 Drug rehabilitation	0	25	5	45	0	2	5	72
Z63.8 Other specified problems related to primary support group	1	1	0	0	0	0	1	1
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	0	1	0	0	0	1
Other factors influencing health status and contact with health services ^(b)	0	8	0	0	0	0	0	8
Other ^(c)	15	168	3	136	36	8	54	312
Not reported	0	83	0	110	0	0	0	193
Total	302	9,058	330	6,063	1,747	447	2,379	15,568

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.31: Separations, patient days and psychiatric care days for separations with a principal diagnosis of a mental or behavioural disorder due to psychoactive substances use and an additional diagnosis of another mental health-related condition, Australia, 1999–00

Additional diagnosis	Separations with specialised psychiatric care					Average length of stay (overnight)	Average psychiatric care days per separation (overnight)
	Same day	Overnight	Total	Patient days	Psychiatric care days		
F00–F03 Dementia	1	9	10	676	676	75.0	75.0
F04–F09 Other organic mental disorders	5	57	62	9,445	9,382	165.6	164.5
F20 Schizophrenia	26	236	262	2,741	2,734	11.5	11.5
F20–F29 Other schizophrenic, schizotypal and delusional disorders	60	138	198	1,511	1,508	10.5	10.5
F30 Manic episode	1	25	26	301	300	12.0	12.0
F31 Bipolar affective disorders	19	117	136	1,243	1,233	10.5	10.4
F32–F33 Depressive disorders	400	635	1,035	8,275	8,221	12.4	12.3
F34–F39 Other mood (affective) disorders	66	109	175	1,240	1,232	10.8	10.7
F40–F48 Neurotic, stress-related and somatoform disorders	413	569	982	22,586	22,562	39.0	38.9
F50 Eating disorders	47	29	76	551	397	17.4	12.1
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	41	67	108	504	502	6.9	6.9
F60–F69 Disorders of adult personality and behaviour	114	568	682	11,406	11,364	19.9	19.8
F70–F79 Mental retardation	3	13	16	106	106	7.9	7.9
F80–F89 Disorders of psychological development	0	11	11	102	101	9.3	9.2
F90–F98 Disorders onset usually occurring in childhood or adolescence	5	78	83	1,231	1,231	15.7	15.7
G47 Sleep disorders ^(a)	1	10	11	72	67	7.1	6.6
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	1	1	8	8	8.0	8.0
R44 Other symptoms and signs involving general sensations and perceptions	2	23	25	149	149	6.4	6.4
R45 Symptoms and signs involving emotional state ^(a)	5	10	15	69	69	6.4	6.4
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	0	1	1	7	7	7.0	7.0
Z00.4 General psychiatric examination not elsewhere classified	1	2	3	3	3	1.0	1.0
Z03.2 Observation for suspected mental and behavioural disorder	2	1	3	4	4	2.0	2.0
Z50.2 Alcohol rehabilitation	0	8	8	94	94	11.8	11.8
Z50.3 Drug rehabilitation	0	3	3	29	29	9.7	9.7
Z71.4 Counselling and surveillance for alcohol use disorder	53	17	70	264	263	12.4	12.4
Other factors influencing health status and contact with health services ^(b)	16	11	27	154	154	12.5	12.5
Total	1,281	2,748	4,029	62,771	62,396	22.4	22.2

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

Table 3.32: Separations, patient days and psychiatric care days for separations with a mental health-related principal diagnosis (excluding disorders due to psychoactive substances use) and an additional diagnosis of a mental or behavioural disorder due to psychoactive substance use, Australia, 1999–00

Additional diagnosis	Separations with specialised psychiatric care				Patient days	Psychiatric care days	Average length of stay (overnight)	Average psychiatric care days per separation (overnight)
	Same day	Overnight	Total					
F00–F03 Dementia	0	43	43	1,651	1,643	38.4	38.2	
F04–F09 Other organic mental disorders	10	186	196	8,460	8,417	45.4	45.2	
F20 Schizophrenia	243	4,343	4,586	101,389	100,879	23.3	23.2	
F20–F29 Other schizophrenic, schizotypal and delusional disorders	182	1,914	2,096	29,881	29,769	15.5	15.5	
F30 Manic episode	8	193	201	2,563	2,539	13.2	13.1	
F31 Bipolar affective disorders	120	1,809	1,929	35,241	35,015	19.4	19.3	
F32–F33 Depressive disorders	840	2,297	3,137	30,293	29,771	12.8	12.6	
F34–F39 Other mood (affective) disorders	161	327	488	2,732	2,701	7.9	7.8	
F40–F48 Neurotic, stress-related and somatoform disorders	1,305	2,210	3,515	17,580	17,067	7.4	7.1	
F50 Eating disorders	0	38	38	823	820	21.7	21.6	
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	2	26	28	168	167	6.4	6.3	
F60–F69 Disorders of adult personality and behaviour	155	1,127	1,282	8,353	8,258	7.3	7.2	
F70–F79 Mental retardation	0	2	2	8	8	4.0	4.0	
F80–F89 Disorders of psychological development	2	2	4	20	20	9.0	9.0	
F90–F98 Disorders onset usually occurring in childhood or adolescence	18	94	112	525	522	5.4	5.4	
F99 Mental disorder not otherwise specified	1	6	7	14	14	2.2	2.2	
G47 Sleep disorders ^(a)	1	0	1	1	1	..	..
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	10	10	91	84	9.1	8.4	
R44 Other symptoms and signs involving general sensations and perceptions	37	5	42	49	49	2.4	2.4	
R45 Symptoms and signs involving emotional state ^(a)	3	3	6	11	11	2.7	2.7	
Z00.4 General psychiatric examination not elsewhere classified	5	7	12	20	20	2.1	2.1	
Z03.2 Observation for suspected mental and behavioural disorder	4	7	11	27	27	3.3	3.3	
Z50.2 Symptoms and signs involving emotional state ^(a)	0	34	34	702	664	20.6	19.5	
Z50.3 Drug rehabilitation	5	69	74	1,021	1,014	14.7	14.6	
Z71.4 Counselling and surveillance for alcohol use disorder	23	1	24	24	24	1.0	1.0	
Other factors influencing health status and contact with health services ^(b)	2	1	3	3	3	1.0	1.0	
Other ^(c)	0	2	2	50	36	25.0	18.0	
Total	3,127	14,756	17,883	241,700	239,543	16.2	16.0	

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.33: Separations, patient days and psychiatric care days for mental health-related separations with intentional self-harm reported as an external cause of injury or poisoning, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations with specialised psychiatric care					Other mental health-related separations			
	Same day	Overnight	Total	Patient days	Psychiatric care days	Same day	Overnight	Total	Patient days
F00–F03 Dementia	0	2	2	1,052	1,045	0	0	0	0
F04–F09 Other organic mental disorders	3	16	19	267	248	0	10	10	28
F10 Mental and behavioural disorders due to use of alcohol	25	86	111	626	593	41	72	113	315
F11–F19 Mental and behavioural disorders due to other psychoactive substances	3	87	90	740	730	15	47	62	258
F20 Schizophrenia	9	240	249	19,668	17,918	8	19	27	170
F20–F29 Other schizophrenic, schizotypal and delusional disorders	9	134	143	2,219	2,153	10	25	35	159
F30 Manic episode	0	3	3	53	51	1	4	5	6
F31 Bipolar affective disorders	2	108	110	2,375	2,268	5	18	23	201
F32–F33 Depressive disorders	61	811	872	13,255	12,477	76	319	395	1,856
F34–F39 Other mood (affective) disorders	10	88	98	986	960	5	9	14	43
F40–F48 Neurotic, stress-related and somatoform disorders	97	773	870	7,079	6,721	80	170	250	679
F50 Eating disorders	1	19	20	478	477	0	4	4	176
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	1	4	5	72	69	1	7	8	28
F60–F69 Disorders of adult personality and behaviour	85	457	542	3,505	3,429	24	59	83	401
F70–F79 Mental retardation	0	7	7	14,436	14,432	0	0	0	0
F80–F89 Disorders of psychological development	0	2	2	19	19	0	1	1	5
F90–F98 Disorders onset usually occurring in childhood or adolescence	3	17	20	99	97	3	7	10	35
F99 Mental disorder not otherwise specified	0	4	4	14	10	11	1	12	12
G30 Alzheimer's disease ^(a)	0	0	0	0	0	0	2	2	35
G47 Sleep disorders ^(a)	0	0	0	0	0	1	0	1	1
O99.3 Mental disorders & diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	4	4	13	12	3	4	7	15
R44 Other symptoms and signs involving general sensations and perceptions	0	0	0	0	0	1	1	2	3
R45 Symptoms and signs involving emotional state ^(a)	0	0	0	0	0	2	2	4	4
Z00.4 General psychiatric examination not elsewhere classified	1	0	1	1	1	2	0	2	2
Z03.2 Observation for suspected mental and behavioural disorder	0	2	2	2	2	1	1	2	2
Z50.3 Drug rehabilitation	0	0	0	0	0	0	1	1	23
Z63.8 Other specified problems related to primary support group	0	1	1	6	5	0	1	1	1
Other factors influencing health status and contact with health services ^(b)	0	0	0	0	0	1	1	2	4
Other ^(c)	134	1,489	1,623	12,765	11,290	..	..	..	..
Total	444	4,354	4,798	79,730	75,007	291	785	1,076	4,462

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

.. Not applicable.

Table 3.34a: Mental health-related separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, Australia, 1999–00

AR-DRG Description	Separations				Patient days		Psychiatric care days	
	Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days	per 1,000 population ^(b)	Psychiatric care days	per 1,000 population ^(b)
U60Z Mental Health Treatment, Same day, W/O ECT	54,335	0	54,335	2.87	54,335	2.87	54,335	2.87
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	20,208	20,208	1.07	318,173	16.80	315,875	16.68
U67Z Personality Disorders and Acute Reactions	0	15,511	15,511	0.82	126,697	6.69	125,011	6.60
U61A Schizophrenia Disorders W Mental Health Legal Status	0	12,204	12,204	0.64	370,263	19.55	354,963	18.74
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	10,875	10,875	0.57	247,689	13.08	244,528	12.91
U64Z Other Affective and Somatoform Disorders	0	5,997	5,997	0.32	67,450	3.56	66,614	3.52
U40Z Mental Health Treatment, Same day, W ECT	4,036	0	4,036	0.21	4,036	0.21	4,036	0.21
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	3,904	3,904	0.21	109,613	5.79	107,110	5.66
V61B Drug Intoxication and Withdrawal WO CC	220	2,349	2,569	0.14	17,939	0.95	17,812	0.94
V60Z Alcohol Intoxication and Withdrawal	857	1,607	2,464	0.13	20,133	1.06	19,871	1.05
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	275	2,090	2,365	0.12	156,387	8.26	155,648	8.22
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	2,344	2,344	0.12	37,864	2.00	37,629	1.99
V62B Alcohol Use Disorder and Dependence, Same day	1,798	0	1,798	0.09	1,798	0.09	1,798	0.09
V64Z Other Drug Use Disorder and Dependence	551	1,233	1,784	0.09	10,782	0.57	10,602	0.56
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal	0	1,752	1,752	0.09	19,542	1.03	19,337	1.02
U65Z Anxiety Disorders	0	1,746	1,746	0.09	22,834	1.21	22,402	1.18
V62A Alcohol Use Disorder and Dependence	0	1,725	1,725	0.09	18,833	0.99	18,612	0.98
V63Z Opioid Use Disorder and Dependence	200	1,335	1,535	0.08	6,563	0.35	6,525	0.34
Z64B Other Factors Influencing Health Status Age<80	645	675	1,320	0.07	7,485	0.40	7,458	0.39
U66Z Eating and Obsessive-Compulsive Disorders	0	1,262	1,262	0.07	32,393	1.71	31,722	1.68
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	88	713	801	0.04	3,644	0.19	3,354	0.18
O61Z Postpartum and Post Abortion W/O O.R. Procedure	363	413	776	0.04	6,847	0.36	6,826	0.36
B64Z Delirium	129	628	757	0.04	12,266	0.65	11,728	0.62
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or W CC	30	697	727	0.04	7,247	0.38	6,535	0.35
V61A Drug Intoxication and Withdrawal W CC	32	687	719	0.04	6,716	0.35	6,672	0.35
960Z Ungroupable	25	686	711	0.04	19,183	1.01	19,183	1.01
U68Z Childhood Mental Disorders	0	328	328	0.02	4,227	0.22	4,203	0.22
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	36	185	221	0.01	23,581	1.25	23,571	1.24
X60C Injuries Age < 65	46	141	187	<0.01	809	0.04	751	0.04
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	14	95	109	<0.01	2,511	0.13	2,477	0.13
All other AR-DRGS	245	1,203	1,448	0.08	23,430	1.24	20,130	1.06
Total	63,925	92,593	156,518	8.27	1,761,270	93.01	1,727,318	91.21

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

(b) Rates are crude rates based on the Estimated Resident Population of 30 June 1999.

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

Table 3.34b: Mental health-related separations^(a) without specialised psychiatric care for the 30 most frequently reported AR-DRGs, Australia, 1999–00

AR-DRG	Description	Separations			Patient days per 1,000		
		Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days population ^(b)	
U60Z	Mental Health Treatment, Same day, W/O ECT	15,164	0	15,164	0.80	15,164	0.80
U65Z	Anxiety Disorders	0	11,670	11,670	0.62	45,071	2.38
V60Z	Alcohol Intoxication and Withdrawal	3,222	5,835	9,057	0.48	21,969	1.16
U64Z	Other Affective and Somatoform Disorders	0	6,731	6,731	0.36	43,761	2.31
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	287	5,486	5,773	0.30	89,667	4.73
U67Z	Personality Disorders and Acute Reactions	0	5,259	5,259	0.28	31,559	1.67
V62A	Alcohol Use Disorder and Dependence	0	4,825	4,825	0.25	30,938	1.63
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	4,486	4,486	0.24	37,989	2.01
V63Z	Opioid Use Disorder and Dependence	529	3,380	3,909	0.21	13,655	0.72
B64Z	Delirium	246	2,597	2,843	0.15	30,868	1.63
U40Z	Mental Health Treatment, Same day, W ECT	2,496	0	2,496	0.13	2,496	0.13
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	2,214	2,214	0.12	17,758	0.94
U68Z	Childhood Mental Disorders	0	1,893	1,893	0.10	8,478	0.45
V64Z	Other Drug Use Disorder and Dependence	453	1,310	1,763	0.09	8,399	0.44
V62B	Alcohol Use Disorder and Dependence, Same day	1,742	0	1,742	0.09	1,742	0.09
V61B	Drug Intoxication and Withdrawal WO CC	455	1,021	1,476	0.08	3,637	0.19
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	538	808	1,346	0.07	4,864	0.26
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	1,309	1,309	0.07	18,993	1.00
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	298	808	1,106	0.06	3,023	0.16
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,030	1,030	0.05	5,434	0.29
U66Z	Eating and Obsessive-Compulsive Disorders	0	965	965	0.05	16,869	0.89
V61A	Drug Intoxication and Withdrawal W CC	86	353	439	0.02	1,896	0.10
O60B	Vaginal Delivery W Severe Complicating Diagnosis	11	426	437	0.02	1,490	0.08
O60A	Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	10	315	325	0.02	1,729	0.09
P67D	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	71	166	237	0.01	712	0.04
Z64B	Other Factors Influencing Health Status Age<80	112	118	230	0.01	520	0.03
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	87	102	189	<0.01	660	0.03
Z60B	Rehabilitation W/O Catastrophic or Severe CC	0	145	145	<0.01	735	0.04
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	132	132	<0.01	1,636	0.09
U61A	Schizophrenia Disorders W Mental Health Legal Status	0	128	128	<0.01	2,363	0.12
All other AR-DRGS		196	637	833	0.04	6,189	0.33
Total		26,003	64,149	90,152	4.76	470,264	24.83

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

(b) Rates are crude rates based on the Estimated Resident Population of 30 June 1999.

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

Table 3.35a: Separations, patient days and psychiatric care days for mental health-related separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 1999–00

AR-DRG Description	Separations				Total patient days	Patient days per 1,000 population ^(b)	Total psychiatric care days	Psychiatric care days per 1,000 population ^(b)
	Same day	Overnight	Total	Per 1,000 population ^(b)				
U60Z Mental Health Treatment, Same day, W/O ECT	16,962	0	16,962	0.90	16,962	0.90	16,962	0.90
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	12,273	12,273	0.65	174,249	9.20	172,813	9.13
U67Z Personality Disorders and Acute Reactions	0	10,634	10,634	0.56	66,448	3.51	65,472	3.46
U61A Schizophrenia Disorders W Mental Health Legal Status	0	9,376	9,376	0.50	192,007	10.14	191,196	10.10
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	8,280	8,280	0.44	128,930	6.81	127,968	6.76
U64Z Other Affective and Somatoform Disorders	0	4,356	4,356	0.23	42,005	2.22	41,387	2.19
U40Z Mental Health Treatment, Same day, W ECT	3,065	0	3,065	0.16	3,065	0.16	3,065	0.16
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	2,262	2,262	0.12	58,009	3.06	56,001	2.96
V61B Drug Intoxication and Withdrawal WO CC	139	1,750	1,889	0.10	12,273	0.65	12,153	0.64
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	1,778	1,778	0.09	24,071	1.27	23,841	1.26
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	207	1,384	1,591	0.08	45,027	2.38	44,429	2.35
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,433	1,433	0.08	14,617	0.77	14,455	0.76
V60Z Alcohol Intoxication and Withdrawal	332	960	1,292	0.07	6,802	0.36	6,582	0.35
Z64B Other Factors Influencing Health Status Age<80	501	524	1,025	0.05	4,716	0.25	4,689	0.25
U65Z Anxiety Disorders	0	806	806	0.04	7,884	0.42	7,679	0.41
U66Z Eating and Obsessive-Compulsive Disorders	0	781	781	0.04	17,505	0.92	16,999	0.90
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	88	693	781	0.04	3,572	0.19	3,286	0.17
V64Z Other Drug Use Disorder and Dependence	134	607	741	0.04	3,399	0.18	3,320	0.18
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or W CC	29	658	687	0.04	6,566	0.35	5,924	0.31
960Z Ungroupable	23	505	528	0.03	8,373	0.44	8,373	0.44
V61A Drug Intoxication and Withdrawal W CC	24	500	524	0.03	4,807	0.25	4,765	0.25
B64Z Delirium	92	408	500	0.03	7,403	0.39	6,886	0.36
V62A Alcohol Use Disorder and Dependence	0	496	496	0.03	3,441	0.18	3,269	0.17
V62B Alcohol Use Disorder and Dependence, Same day	332	0	332	0.02	332	0.02	332	0.02
O61Z Postpartum and Post Abortion W/O O.R. Procedure	58	264	322	0.02	3,739	0.20	3,720	0.20
U68Z Childhood Mental Disorders	0	275	275	0.01	2,801	0.15	2,794	0.15
V63Z Opioid Use Disorder and Dependence	59	198	257	0.01	1,153	0.06	1,126	0.06
X60C Injuries Age < 65	46	140	186	<0.01	797	0.04	750	0.04
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	31	139	170	<0.01	1,387	0.07	1,379	0.07
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	13	75	88	<0.01	1,706	0.09	1,672	0.09
All other AR-DRGS	91	888	979	0.05	17,917	0.95	15,158	0.80
Total	22,226	62,443	84,669	4.47	881,963	46.57	868,445	45.86

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

(b) Rates are crude rates based on the Estimated Resident Population as at 30 June 1999.

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

Table 3.35b: Separations, patient days and psychiatric care days for mental health-related separations^(a) without specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 1999–00

AR-DRG	Description	Separations			Patient days per		
		Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days per 1,000 population ^(b)	
U60Z	Mental Health Treatment, Same day, W/O ECT	9,251	0	9,251	0.49	9,251	0.49
V60Z	Alcohol Intoxication and Withdrawal	3,128	5,523	8,651	0.46	19,581	1.03
U65Z	Anxiety Disorders	0	8,625	8,625	0.46	31,688	1.67
U64Z	Other Affective and Somatoform Disorders	0	5,297	5,297	0.28	28,764	1.52
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	243	4,118	4,361	0.23	64,030	3.38
U67Z	Personality Disorders and Acute Reactions	0	4,034	4,034	0.21	13,923	0.74
V62A	Alcohol Use Disorder and Dependence	0	3,804	3,804	0.20	18,484	0.98
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	3,310	3,310	0.17	20,581	1.09
V63Z	Opioid Use Disorder and Dependence	386	2,595	2,981	0.16	10,107	0.53
U40Z	Mental Health Treatment, Same day, W ECT	2,390	0	2,390	0.13	2,390	0.13
B64Z	Delirium	169	2,114	2,283	0.12	24,675	1.30
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	1,978	1,978	0.10	13,655	0.72
U68Z	Childhood Mental Disorders	0	1,659	1,659	0.09	7,040	0.37
V64Z	Other Drug Use Disorder and Dependence	330	1,136	1,466	0.08	5,922	0.31
V61B	Drug Intoxication and Withdrawal WO CC	454	967	1,421	0.08	3,229	0.17
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	273	718	991	0.05	2,709	0.14
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	940	940	0.05	4,418	0.23
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	856	856	0.05	10,947	0.58
U66Z	Eating and Obsessive-Compulsive Disorders	0	818	818	0.04	14,552	0.77
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	78	613	691	0.04	2,773	0.15
V61A	Drug Intoxication and Withdrawal W CC	84	324	408	0.02	1,696	0.09
O60B	Vaginal Delivery W Severe Complicating Diagnosis	11	375	386	0.02	1,229	0.06
O60A	Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	10	307	317	0.02	1,689	0.09
V62B	Alcohol Use Disorder and Dependence, Same day	296	0	296	0.02	296	0.02
Z64B	Other Factors Influencing Health Status Age<80	97	113	210	0.01	448	0.02
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	84	99	183	<0.01	629	0.03
P67D	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	55	128	183	<0.01	553	0.03
Z60B	Rehabilitation W/O Catastrophic or Severe CC	0	141	141	<0.01	713	0.04
U61A	Schizophrenia Disorders W Mental Health Legal Status	0	128	128	<0.01	2,363	0.12
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	116	116	<0.01	1,386	0.07
All other AR-DRGS		177	488	665	0.04	4,270	0.23
Total		17,516	51,324	68,840	3.64	323,991	17.11

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

(b) Rates are crude rates based on the Estimated Resident Populations as at 30 June 1999.

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

Table 3.36a: Separations, patient days and psychiatric care days for mental health-related separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 1999-00

AR-DRG Description	Separations				Patient days		Psychiatric care days per	
	Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days	per 1,000 population ^(b)	Psychiatric care days	per 1,000 population ^(b)
U60Z Mental Health Treatment, Same day, W/O ECT	35,406	0	35,406	1.87	35,406	1.87	35,406	1.87
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	5,587	5,587	0.30	96,948	5.12	96,286	5.08
U67Z Personality Disorders and Acute Reactions	0	2,385	2,385	0.13	35,999	1.90	35,689	1.88
V62B Alcohol Use Disorder and Dependence, Same day	1,454	0	1,454	0.08	1,454	0.08	1,454	0.08
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	1,285	1,285	0.07	29,067	1.53	28,913	1.53
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,284	1,284	0.07	23,627	1.25	23,402	1.24
U64Z Other Affective and Somatoform Disorders	0	1,192	1,192	0.06	19,266	1.02	19,073	1.01
U40Z Mental Health Treatment, Same day, W ECT	934	0	934	0.05	934	0.05	934	0.05
V62A Alcohol Use Disorder and Dependence	0	924	924	0.05	12,727	0.67	12,696	0.67
U65Z Anxiety Disorders	0	839	839	0.04	13,555	0.72	13,396	0.71
V60Z Alcohol Intoxication and Withdrawal	475	293	768	0.04	4,092	0.22	4,082	0.22
V64Z Other Drug Use Disorder and Dependence	400	288	688	0.04	4,546	0.24	4,451	0.24
V63Z Opioid Use Disorder and Dependence	88	599	687	0.04	3,433	0.18	3,427	0.18
U66Z Eating and Obsessive-Compulsive Disorders	0	448	448	0.02	14,298	0.76	14,153	0.75
O61Z Postpartum and Post Abortion W/O O.R. Procedure	305	134	439	0.02	2,848	0.15	2,846	0.15
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	20	230	250	0.01	4,785	0.25	4,744	0.25
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	211	211	0.01	3,380	0.18	3,372	0.18
V61B Drug Intoxication and Withdrawal WO CC	56	108	164	<0.01	1,492	0.08	1,485	0.08
B64Z Delirium	32	128	160	<0.01	2,132	0.11	2,111	0.11
Z64B Other Factors Influencing Health Status Age<80	125	12	137	<0.01	317	0.02	317	0.02
E63Z Sleep Apnoea	0	59	59	<0.01	59	<0.01	59	<0.01
U61A Schizophrenia Disorders W Mental Health Legal Status	0	48	48	<0.01	1,193	0.06	1,193	0.06
K62C Miscellaneous Metabolic Disorders W/O Catastrophic or Severe CC Age < 75	35	8	43	<0.01	134	<0.01	134	<0.01
V61A Drug Intoxication and Withdrawal W CC	5	32	37	<0.01	446	0.02	446	0.02
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or W CC	0	33	33	<0.01	652	0.03	582	0.03
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	30	30	<0.01	593	0.03	593	0.03
Z61Z Signs and Symptoms	12	16	28	<0.01	203	0.01	203	0.01
Z62Z Follow Up After Completed Treatment W/O Endoscopy	21	2	23	<0.01	23	<0.01	23	<0.01
Z60C Rehabilitation, Same day	22	0	22	<0.01	22	<0.01	22	<0.01
U68Z Childhood Mental Disorders	0	21	21	<0.01	402	0.02	401	0.02
All other AR-DRGS	34	204	238	0.01	2,939	0.16	2,382	0.13
Total	39,424	16,400	55,824	2.95	316,972	16.74	314,275	16.60

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

(b) Rates are crude rates based on the Estimated Resident Population as at 30 June 1999.

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

Table 3.36b: Separations, patient days and psychiatric care days for mental health-related separations^(a) without specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 1999-00

AR-DRG	Description	Separations			Per 1,000		Patient days per 1,000 population ^(b)
		Same day	Overnight	Total	population ^(b)	Patient days	
U60Z	Mental Health Treatment, Same day, W/O ECT	5,913	0	5,913	0.31	5,913	0.31
U65Z	Anxiety Disorders	0	3,045	3,045	0.16	13,383	0.71
V62B	Alcohol Use Disorder and Dependence, Same day	1,446	0	1,446	0.08	1,446	0.08
U64Z	Other Affective and Somatoform Disorders	0	1,434	1,434	0.08	14,997	0.79
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	44	1,368	1,412	0.07	25,637	1.35
U67Z	Personality Disorders and Acute Reactions	0	1,225	1,225	0.06	17,636	0.93
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	1,176	1,176	0.06	17,408	0.92
V62A	Alcohol Use Disorder and Dependence	0	1,020	1,020	0.05	12,449	0.66
V63Z	Opioid Use Disorder and Dependence	143	783	926	0.05	3,541	0.19
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	460	195	655	0.03	2,091	0.11
B64Z	Delirium	77	483	560	0.03	6,193	0.33
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	453	453	0.02	8,046	0.42
V60Z	Alcohol Intoxication and Withdrawal	94	312	406	0.02	2,388	0.13
V64Z	Other Drug Use Disorder and Dependence	123	174	297	0.02	2,477	0.13
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	236	236	0.01	4,103	0.22
U68Z	Childhood Mental Disorders	0	234	234	0.01	1,438	0.08
U66Z	Eating and Obsessive-Compulsive Disorders	0	147	147	<0.01	2,317	0.12
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	25	90	115	<0.01	314	0.02
U40Z	Mental Health Treatment, Same day, W ECT	106	0	106	<0.01	106	<0.01
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	90	90	<0.01	1,016	0.05
V61B	Drug Intoxication and Withdrawal WO CC	1	54	55	<0.01	408	0.02
O60B	Vaginal Delivery W Severe Complicating Diagnosis	0	51	51	<0.01	261	0.01
P67D	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	16	29	45	<0.01	129	<0.01
V61A	Drug Intoxication and Withdrawal W CC	2	29	31	<0.01	200	0.01
Z64B	Other Factors Influencing Health Status Age<80	15	5	20	<0.01	72	<0.01
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis	1	17	18	<0.01	397	0.02
B60B	Non Acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastr CC	0	17	17	<0.01	107	<0.01
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	16	16	<0.01	250	0.01
O01B	Caesarean Delivery W Severe Complicating Diagnosis	0	15	15	<0.01	113	<0.01
B76B	Seizure Age>2 or W/O Catastrophic or Severe CC	1	13	14	<0.01	74	<0.01
All other AR-DRGS		20	99	119	<0.01	1,294	0.07
Total		8,487	12,810	21,297	1.12	146,204	7.72

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

(b) Rates are crude rates based on the Estimated Resident Population as at 30 June 1999.

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

Table 3.37: Separations, patient days and psychiatric care days for mental health-related separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public psychiatric hospitals, Australia, 1999–00

AR-DRG Description	Separations				Patient days			Psychiatric
	Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days	per 1,000 population ^(b)	Psychiatric care days	per 1,000 population ^(b)
U61A Schizophrenia Disorders W Mental Health Legal Status	0	2,780	2,780	0.15	177,063	9.35	162,574	8.58
U67Z Personality Disorders and Acute Reactions	0	2,492	2,492	0.13	24,250	1.28	23,850	1.26
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	2,348	2,348	0.12	46,976	2.48	46,776	2.47
U60Z Mental Health Treatment, Same day, W/O ECT	1,967	0	1,967	0.10	1,967	0.10	1,967	0.10
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,311	1,311	0.07	95,132	5.02	93,158	4.92
V63Z Opioid Use Disorder and Dependence	53	538	591	0.03	1,977	0.10	1,972	0.10
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	536	536	0.03	13,200	0.70	13,195	0.70
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	48	476	524	0.03	106,575	5.63	106,475	5.62
V61B Drug Intoxication and Withdrawal WO CC	25	491	516	0.03	4,174	0.22	4,174	0.22
U64Z Other Affective and Somatoform Disorders	0	449	449	0.02	6,179	0.33	6,154	0.32
V60Z Alcohol Intoxication and Withdrawal	50	354	404	0.02	9,239	0.49	9,207	0.49
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	357	357	0.02	22,537	1.19	22,196	1.17
V64Z Other Drug Use Disorder and Dependence	17	338	355	0.02	2,837	0.15	2,831	0.15
V62A Alcohol Use Disorder and Dependence	0	305	305	0.02	2,665	0.14	2,647	0.14
960Z Ungroupable	0	177	177	<0.01	10,793	0.57	10,793	0.57
V61A Drug Intoxication and Withdrawal W CC	3	155	158	<0.01	1,463	0.08	1,461	0.08
Z64B Other Factors Influencing Health Status Age<80	19	139	158	<0.01	2,452	0.13	2,452	0.13
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	108	108	<0.01	1,545	0.08	1,510	0.08
U65Z Anxiety Disorders	0	101	101	<0.01	1,395	0.07	1,327	0.07
B64Z Delirium	5	92	97	<0.01	2,731	0.14	2,731	0.14
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	2	35	37	<0.01	22,109	1.17	22,108	1.17
U40Z Mental Health Treatment, Same day, W ECT	37	0	37	<0.01	37	<0.01	37	<0.01
U66Z Eating and Obsessive-Compulsive Disorders	0	33	33	<0.01	590	0.03	570	0.03
U68Z Childhood Mental Disorders	0	32	32	<0.01	1,024	0.05	1,008	0.05
T60B Septicaemia W/O Catastrophic or Severe CC	30	0	30	<0.01	30	<0.01	30	<0.01
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	15	15	<0.01	260	0.01	260	0.01
961Z Unacceptable Principal Diagnosis	4	10	14	<0.01	51	<0.01	51	<0.01
B60B Non Acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastr	1	11	12	<0.01	1,070	0.06	1,070	0.06
V62B Alcohol Use Disorder and Dependence, Same day	12	0	12	<0.01	12	<0.01	12	<0.01
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	0	10	10	<0.01	482	0.03	482	0.03
All other AR-DRGS	2	57	59	<0.01	1,520	0.08	1,520	0.08
Total	2,275	13,750	16,025	0.85	562,335	29.69	544,598	28.76

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

(b) Rates are crude rates based on the Estimated Resident Population as at 30 June 1999.

Note: Abbreviations: Cat/Sev—catastrophic or severe, CC—complications and comorbidities, ECT—Electroconvulsive therapy, MHLS—Mental health legal status, O.R.—operating room, W—with, W/O—without.

Table 3.38: Overnight mental health-related separations^(a) for the 15 most frequently reported AR-DRGs, public acute hospitals, States and Territories, ^(b) 1999–00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
With specialised psychiatric care										
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	2,790	3,108	2,961	1,205	1,075	393	582	159	12,273
U67Z	Personality Disorders and Acute Reactions	1,956	2,626	2,561	1,573	1,069	354	358	137	10,634
U61A	Schizophrenia Disorders W Mental Health Legal Status	2,251	3,424	2,735	371	377	53	165	0	9,376
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	2,151	2,428	1,701	519	613	407	287	174	8,280
U64Z	Other Affective and Somatoform Disorders	1,042	1,122	1,165	396	239	175	191	26	4,356
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	507	662	493	250	165	132	44	9	2,262
V61B	Drug Intoxication and Withdrawal WO CC	496	366	507	172	98	22	47	42	1,750
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	503	515	443	143	82	20	68	4	1,778
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	148	602	178	353	84	13	6	0	1,384
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal	351	352	251	143	129	51	86	70	1,433
V60Z	Alcohol Intoxication and Withdrawal	274	193	263	133	31	24	25	17	960
Z64B	Other Factors Influencing Health Status Age<80	257	87	118	15	15	7	21	4	524
U65Z	Anxiety Disorders	152	152	258	122	63	33	24	2	806
U66Z	Eating and Obsessive-Compulsive Disorders	143	162	279	30	126	9	25	7	781
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	226	58	254	38	26	26	56	9	693
Without specialised psychiatric care										
U65Z	Anxiety Disorders	2,781	3,367	1,256	423	699	69	12	18	8,625
V60Z	Alcohol Intoxication and Withdrawal	2,228	1,005	923	691	494	58	35	89	5,523
U64Z	Other Affective and Somatoform Disorders	1,761	1,183	681	728	805	103	27	9	5,297
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	1,574	839	579	449	524	89	46	18	4,118
U67Z	Personality Disorders and Acute Reactions	956	1,429	528	441	382	217	63	18	4,034
V62A	Alcohol Use Disorder and Dependence	1,502	524	1,340	246	159	27	2	4	3,804
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	993	654	343	573	570	91	73	13	3,310
V63Z	Opioid Use Disorder and Dependence	1,459	240	526	309	52	7	1	1	2,595
B64Z	Delirium	780	812	179	104	165	58	8	8	2,114
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	746	266	278	229	247	153	45	14	1,978
U68Z	Childhood Mental Disorders	1,088	243	100	70	128	14	4	12	1,659
V64Z	Other Drug Use Disorder and Dependence	442	155	288	146	85	11	5	4	1,136
V61B	Drug Intoxication and Withdrawal WO CC	442	139	130	133	85	15	10	13	967
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal	319	183	128	154	104	22	20	10	940
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	286	212	96	77	139	31	14	1	856

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

(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. Please refer to Box 3.2 for information.

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

Table 3.39: Overnight mental health-related separations^(a) for the 15 most frequently reported AR-DRGs, private hospitals, States and Territories,^(b) 1999–00

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
With specialised psychiatric care									
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	819	1,974	1,213	919	447	16	199	n.a.	5,587
U67Z Personality Disorders and Acute Reactions	495	527	589	448	130	40	156	n.a.	2,385
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	234	491	328	90	101	5	36	n.a.	1,285
U61B Schizophrenia Disorders W/O Mental Health Legal Status	295	426	310	107	124	8	14	n.a.	1,284
U64Z Other Affective and Somatoform Disorders	127	456	238	169	72	16	114	n.a.	1,192
V62A Alcohol Use Disorder and Dependence	288	318	104	84	109	11	10	n.a.	924
U65Z Anxiety Disorders	157	205	292	100	35	8	42	n.a.	839
V63Z Opioid Use Disorder and Dependence	74	457	18	34	13	1	2	n.a.	599
U66Z Eating and Obsessive-Compulsive Disorders	104	143	115	62	12	4	8	n.a.	448
V60Z Alcohol Intoxication and Withdrawal	136	62	37	35	11	4	8	n.a.	293
V64Z Other Drug Use Disorder and Dependence	109	62	49	28	40	0	0	n.a.	288
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	20	92	32	34	45	1	6	n.a.	230
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	34	68	38	29	27	1	14	n.a.	211
O61Z Postpartum and Post Abortion W/O O.R. Procedure	67	41	20	4	2	0	0	n.a.	134
B64Z Delirium	13	46	20	37	8	0	4	n.a.	128
Without specialised psychiatric care									
U65Z Anxiety Disorders	588	1,405	420	318	193	115	6	n.a.	3,045
U64Z Other Affective and Somatoform Disorders	233	316	408	225	160	81	11	n.a.	1,434
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	237	334	423	128	196	29	21	n.a.	1,368
U67Z Personality Disorders and Acute Reactions	571	84	325	84	33	126	2	n.a.	1,225
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	358	107	371	91	63	186	0	n.a.	1,176
V62A Alcohol Use Disorder and Dependence	147	412	386	18	13	44	0	n.a.	1,020
V63Z Opioid Use Disorder and Dependence	302	381	35	28	35	2	0	n.a.	783
B64Z Delirium	81	233	67	25	63	9	5	n.a.	483
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	116	58	172	25	44	38	0	n.a.	453
V60Z Alcohol Intoxication and Withdrawal	68	43	77	61	28	27	8	n.a.	312
U61B Schizophrenia Disorders W/O Mental Health Legal Status	112	36	54	14	1	19	0	n.a.	236
U68Z Childhood Mental Disorders	57	119	29	23	4	2	0	n.a.	234
O61Z Postpartum and Post Abortion W/O O.R. Procedure	26	68	26	55	9	10	1	n.a.	195
V64Z Other Drug Use Disorder and Dependence	36	73	44	12	4	5	0	n.a.	174
U66Z Eating and Obsessive-Compulsive Disorders	20	35	58	7	17	9	1	n.a.	147

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

(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. Please refer to Box 3.2 for information.

n.a. Not available.

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

Table 3.40: Overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, public psychiatric hospitals, States and Territories,^(b) 1999–00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
U61A	Schizophrenia Disorders W Mental Health Legal Status	1,146	189	166	590	655	34	..	..	2,780
U67Z	Personality Disorders and Acute Reactions	1,150	38	130	510	612	52	..	..	2,492
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	1,108	20	148	398	611	63	..	..	2,348
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	682	0	94	188	218	129	..	..	1,311
V63Z	Opioid Use Disorder and Dependence	498	14	0	20	6	0	..	..	538
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	248	16	18	110	143	1	..	..	536
V61B	Drug Intoxication and Withdrawal WO CC	246	7	19	105	110	4	..	..	491
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	180	1	49	88	157	1	..	..	476
U64Z	Other Affective and Somatoform Disorders	252	23	40	63	61	10	..	..	449
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	173	0	26	21	134	3	..	..	357
V60Z	Alcohol Intoxication and Withdrawal	227	1	6	77	42	1	..	..	354
V64Z	Other Drug Use Disorder and Dependence	132	12	6	162	22	4	..	..	338
V62A	Alcohol Use Disorder and Dependence	242	4	10	31	16	2	..	..	305
960Z	Ungroupable	0	71	0	0	0	106	..	..	177
V61A	Drug Intoxication and Withdrawal W CC	80	0	8	11	50	6	..	..	155

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

(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. Please refer to Box 3.2 for information.

.. Not applicable.

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

Table 3.41: Overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 1999–00

AR-DRG Description	Under 15	15–24	25–34	35–44	45–54	55–64	65 or older	Total
	years							
Males								
U61A Schizophrenia Disorders W Mental Health Legal Status	4	2,182	2,962	1,688	855	250	135	8,076
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	43	1,180	1,961	1,947	1,587	958	335	8,011
U67Z Personality Disorders and Acute Reactions	299	1,363	1,978	1,452	1,297	345	191	6,925
U61B Schizophrenia Disorders W/O Mental Health Legal Status	25	1,537	2,270	1,499	745	234	159	6,469
U64Z Other Affective and Somatoform Disorders	23	382	627	574	454	184	245	2,489
V61B Drug Intoxication and Withdrawal WO CC	7	789	654	193	29	7	2	1,681
V60Z Alcohol Intoxication and Withdrawal	3	141	271	311	244	102	83	1,155
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	25	57	109	83	100	941	1,315
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	0	43	83	75	64	106	713	1,084
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	11	437	397	203	100	49	76	1,273
V64Z Other Drug Use Disorder and Dependence	1	345	339	116	41	8	2	852
V62A Alcohol Use Disorder and Dependence	0	47	199	309	390	159	63	1,167
V63Z Opioid Use Disorder and Dependence	2	323	365	169	23	0	0	882
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	15	334	261	153	71	34	54	922
Z64B Other Factors Influencing Health Status Age<80	76	69	106	51	31	7	17	357
Females								
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	72	1,460	2,731	3,271	2,794	1,342	521	12,191
U67Z Personality Disorders and Acute Reactions	282	2,250	2,621	2,085	957	213	176	8,584
U61B Schizophrenia Disorders W/O Mental Health Legal Status	22	608	1,062	1,058	824	422	372	4,368
U61A Schizophrenia Disorders W Mental Health Legal Status	2	639	1,027	1,035	694	382	279	4,058
U64Z Other Affective and Somatoform Disorders	69	600	737	805	600	240	456	3,507
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	1	58	110	98	132	90	2,094	2,583
U65Z Anxiety Disorders	57	158	271	273	219	101	145	1,224
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	5	221	262	249	142	63	125	1,067
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1	10	26	33	29	69	804	972
U66Z Eating and Obsessive-Compulsive Disorders	82	537	234	109	36	13	8	1,019
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	8	210	207	169	92	64	80	830
V60Z Alcohol Intoxication and Withdrawal	2	47	98	143	84	44	29	447
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	62	259	92	0	0	0	413
V61B Drug Intoxication and Withdrawal WO CC	9	292	253	93	12	5	4	668
Z64B Other Factors Influencing Health Status Age<80	68	54	80	53	32	13	18	318

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

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

Table 3.42: Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 1999–00

AR-DRG Description	Under 15							Total
	years	15–24	25–34	35–44	45–54	55–64	65 or older	
Males								
U65Z Anxiety Disorders	3,114	137	277	323	438	348	632	5,269
V60Z Alcohol Intoxication and Withdrawal	89	390	654	1,096	932	527	481	4,169
V62A Alcohol Use Disorder and Dependence	2	104	535	1,048	970	536	267	3,462
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1	14	16	21	53	109	2,259	2,473
U67Z Personality Disorders and Acute Reactions	252	233	590	437	623	228	207	2,570
V63Z Opioid Use Disorder and Dependence	0	713	897	466	95	11	7	2,189
U64Z Other Affective and Somatoform Disorders	25	195	411	439	380	231	561	2,242
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	19	161	328	392	336	181	80	1,497
U61B Schizophrenia Disorders W/O Mental Health Legal Status	3	260	437	286	149	55	55	1,245
B64Z Delirium	7	19	19	41	37	65	914	1,102
U68Z Childhood Mental Disorders	1,085	5	6	2	3	4	11	1,116
V64Z Other Drug Use Disorder and Dependence	23	256	252	123	42	14	12	722
V61B Drug Intoxication and Withdrawal WO CC	6	237	197	80	22	6	8	556
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	15	94	142	83	64	29	64	491
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	1	2	4	17	8	22	387	441
Females								
U65Z Anxiety Disorders	2,398	370	972	668	485	366	1,141	6,400
U64Z Other Affective and Somatoform Disorders	51	436	878	867	680	367	1,210	4,489
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1	6	4	9	22	68	2,895	3,005
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	29	340	674	780	629	374	163	2,989
V60Z Alcohol Intoxication and Withdrawal	108	308	290	420	253	115	172	1,666
U67Z Personality Disorders and Acute Reactions	195	459	897	580	272	122	164	2,689
B64Z Delirium	7	16	16	30	43	68	1,315	1,495
V63Z Opioid Use Disorder and Dependence	1	467	439	221	45	5	13	1,191
V62A Alcohol Use Disorder and Dependence	1	54	243	468	334	158	105	1,363
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	137	546	125	0	0	0	808
O65A Other Antenatal Admission W Severe Complicating Diagnosis	0	266	431	111	0	0	0	808
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	109	199	231	174	119	129	969
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	4	15	20	28	35	766	868
U66Z Eating and Obsessive-Compulsive Disorders	271	347	92	64	20	10	23	827
V64Z Other Drug Use Disorder and Dependence	14	169	193	119	44	18	31	588

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

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

Table 3.43a: Average length of stay (days) of overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999–00

AR-DRG Description	Under 15							Total
	years	15–24	25–34	35–44	45–54	55–64	65 or older	
Male								
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	22.4	20.5	21.0	23.7	22.5	26.3	21.6
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	14.3	13.6	14.5	15.0	16.6	19.6	22.1	14.9
U67Z Personality Disorders and Acute Reactions	7.7	6.9	7.3	7.4	9.0	10.6	16.3	8.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	14.8	16.9	14.1	16.3	16.7	17.6	29.4	15.2
U64Z Other Affective and Somatoform Disorders	10.1	8.3	9.3	10.8	12.1	14.6	22.4	9.9
V61B Drug Intoxication and Withdrawal WO CC	n.p.	8.4	7.7	7.5	6.5	n.p.	n.p.	7.3
V60Z Alcohol Intoxication and Withdrawal	n.p.	3.4	3.7	7.3	9.6	13.6	24.3	7.4
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	18.3	18.6	21.0	25.7	30.4	25.6	25.4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	27.5	13.9	11.4	24.0	37.0	40.6	34.5
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	13.0	14.9	12.0	11.2	13.9	13.2	28.0	13.5
V64Z Other Drug Use Disorder and Dependence	n.p.	5.8	8.5	11.7	9.6	n.p.	n.p.	8.1
V62A Alcohol Use Disorder and Dependence	n.p.	9.6	10.3	10.6	14.5	14.8	16.4	10.2
V63Z Opioid Use Disorder and Dependence	n.p.	5.1	6.5	8.1	11.0	n.p.	n.p.	4.1
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	16.9	10.5	9.7	9.1	11.8	13.6	23.6	10.6
Z64B Other Factors Influencing Health Status Age<80	6.2	7.6	11.1	6.5	13.6	n.p.	37.4	9.9
Male overnight acute separations, All AR-DRGs	11.2	12.8	12.3	12.8	15.5	17.8	27.1	14.4
Females								
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	14.3	13.6	14.5	15.0	16.6	19.6	22.1	15.9
U67Z Personality Disorders and Acute Reactions	7.7	6.9	7.3	7.4	9.0	10.6	16.3	7.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	14.8	16.9	14.1	16.3	16.7	17.6	29.4	17.1
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	21.8	19.1	22.2	22.2	26.2	32.5	22.5
U64Z Other Affective and Somatoform Disorders	10.1	8.3	9.3	10.8	12.1	14.6	22.4	12.1
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	18.3	18.6	21.0	25.7	30.4	25.6	25.1
U65Z Anxiety Disorders	14.6	9.3	11.7	14.1	15.1	13.0	18.8	13.6
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	n.p.	14.9	12.0	11.2	13.9	13.2	28.0	14.6
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	27.5	13.9	11.4	24.0	37.0	40.6	38.0
U66Z Eating and Obsessive-Compulsive Disorders	26.3	29.7	22.7	27.3	34.3	29.1	n.p.	27.6
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	n.p.	10.5	9.7	9.1	11.8	13.6	23.6	11.7
V60Z Alcohol Intoxication and Withdrawal	n.p.	3.4	3.7	7.3	9.6	13.6	24.3	8.2
O61Z Postpartum and Post Abortion W/O O.R. Procedure	n.p.	12.7	16.1	16.5	n.p.	n.p.	n.p.	15.7
V61B Drug Intoxication and Withdrawal WO CC	n.p.	8.4	7.7	7.5	6.5	n.p.	n.p.	8.1
Z64B Other Factors Influencing Health Status Age<80	6.2	7.6	11.1	6.5	13.6	10.8	37.4	10.4
Female overnight acute separations, All AR-DRGs	11.6	12.3	12.1	13.4	15.7	19.0	27.4	15.3

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

n.p. Not published: based on less than 10 separations.

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

Table 3.43b: Average length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999–00

AR-DRG Description	Under 15								Total
	years	15–24	25–34	35–44	45–54	55–64	65 or older		
Males									
V60Z Alcohol Intoxication and Withdrawal	1.1	1.7	2.3	2.8	3.5	4.1	5.8	3.2	
U65Z Anxiety Disorders	3.9	2.6	2.0	2.2	2.0	2.7	4.4	3.5	
V62A Alcohol Use Disorder and Dependence	n.p.	5.6	4.6	5.1	6.1	7.5	8.9	6.0	
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	5.5	8.1	8.5	7.1	12.6	15.3	14.9	
U67Z Personality Disorders and Acute Reactions	3.6	2.9	3.3	5.1	15.3	11.9	9.0	7.7	
V63Z Opioid Use Disorder and Dependence	n.p.	3.4	3.5	4.2	5.0	5.1	n.p.	3.7	
U64Z Other Affective and Somatoform Disorders	3.7	3.4	3.5	4.7	5.0	6.5	10.0	5.9	
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	5.8	6.1	5.9	7.5	9.4	9.9	13.7	8.0	
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	7.4	6.2	5.9	7.8	12.6	12.1	7.1	
B64Z Delirium	n.p.	1.9	4.0	4.6	11.5	8.4	12.8	11.8	
U68Z Childhood Mental Disorders	4.2	n.p.	n.p.	n.p.	n.p.	n.p.	12.3	4.4	
V64Z Other Drug Use Disorder and Dependence	1.3	5.1	5.5	6.6	9.5	6.4	5.0	5.7	
V61B Drug Intoxication and Withdrawal WO CC	n.p.	2.8	3.1	2.8	2.6	n.p.	n.p.	3.0	
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	3.3	3.1	2.7	3.4	4.8	5.6	8.4	4.1	
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	n.p.	n.p.	9.9	n.p.	11.0	13.7	13.2	
Male overnight acute separations, All AR-DRGs	3.9	4.0	4.0	4.6	6.7	6.9	11.8	6.2	
Females									
U65Z Anxiety Disorders	3.8	3.1	3.4	3.7	3.6	4.1	5.9	4.1	
U64Z Other Affective and Somatoform Disorders	5.0	3.9	4.5	4.8	6.9	7.3	10.8	6.8	
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	n.p.	n.p.	n.p.	9.4	11.8	15.1	15.0	
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	6.0	6.3	7.3	9.0	9.7	10.3	10.8	8.7	
V60Z Alcohol Intoxication and Withdrawal	1.2	1.2	2.2	2.9	3.1	7.8	6.7	3.1	
U67Z Personality Disorders and Acute Reactions	3.6	3.4	3.5	4.7	6.2	5.4	7.5	4.3	
B64Z Delirium	n.p.	3.4	2.6	5.4	5.1	8.2	12.6	11.8	
V63Z Opioid Use Disorder and Dependence	n.p.	3.9	3.6	5.3	6.2	n.p.	11.3	4.2	
V62A Alcohol Use Disorder and Dependence	n.p.	8.1	5.8	7.1	8.4	8.6	7.9	7.5	
O61Z Postpartum and Post Abortion W/O O.R. Procedure	n.p.	5.1	5.5	5.2	n.p.	n.p.	n.p.	5.4	
O65A Other Antenatal Admission W Severe Complicating Diagnosis	n.p.	3.4	3.3	3.7	n.p.	n.p.	n.p.	3.4	
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	7.2	8.4	7.6	10.3	9.5	13.3	9.2	
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	n.p.	12.4	15.2	9.7	20.0	15.2	15.2	
U66Z Eating and Obsessive-Compulsive Disorders	22.7	19.7	8.8	12.7	16.7	22.7	16.8	18.8	
V64Z Other Drug Use Disorder and Dependence	2.3	4.5	6.7	7.6	8.7	8.2	10.7	6.6	
Female overnight acute separations, All AR-DRGs	3.9	4.0	4.0	4.6	6.7	6.9	11.8	7.3	

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

n.p. Not published: based on less than 10 separations.

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

Table 3.44a: Median length of stay (days) of overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999–00

AR-DRG Description	Under 15	15–24	25–34	35–44	45–54	55–64	65 or older	Total
	years							
Males								
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	14	12	13	14	15	19	13
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	7	9	9	10	12	13	12	10
U67Z Personality Disorders and Acute Reactions	4	3	3	4	9	8	11	4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	6	9	8	9	9	10	19	9
U64Z Other Affective and Somatoform Disorders	11	5	5	5	6	8	14	6
V61B Drug Intoxication and Withdrawal WO CC	n.p.	5	4	4	2	n.p.	n.p.	4
V60Z Alcohol Intoxication and Withdrawal	n.p.	2	2	2	4	4	15	3
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	18	10	14	16	18	19	18
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	4	6	11	10	21	26	20
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	5	9	8	7	9	14	14	9
V64Z Other Drug Use Disorder and Dependence	n.p.	4	4	6	7	n.p.	n.p.	4
V62A Alcohol Use Disorder and Dependence	n.p.	5	5	6	7	8	12	7
V63Z Opioid Use Disorder and Dependence	n.p.	2	2	2	4	n.p.	n.p.	2
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	17	6	6	6	8	8	13	6
Z64B Other Factors Influencing Health Status Age<80	4	6	4	4	4	n.p.	14	4
All AR-DRGs	5	7	7	7	9	11	18	8
Females								
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	9	9	10	10	12	15	18	11
U67Z Personality Disorders and Acute Reactions	4	3	4	4	5	6	9	4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	7	9	8	9	11	13	22	11
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	14	12	15	16	19	24	15
U64Z Other Affective and Somatoform Disorders	7	4	6	6	7	9	16	7
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	10	14	16	22	23	20	20
U65Z Anxiety Disorders	6	5	6	8	8	9	14	8
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	n.p.	9	8	7	10	8	21	9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	9	10	9	9	18	27	25
U66Z Eating and Obsessive-Compulsive Disorders	17	17	13	12	20	19	n.p.	16
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	n.p.	7	6	7	9	12	15	8
V60Z Alcohol Intoxication and Withdrawal	n.p.	1	2	2	6	8	19	3
O61Z Postpartum and Post Abortion W/O O.R. Procedure	n.p.	10	11	14	n.p.	n.p.	n.p.	11
V61B Drug Intoxication and Withdrawal WO CC	n.p.	5	4	5	6	n.p.	n.p.	5
Z64B Other Factors Influencing Health Status Age<80	4	3	4	4	4	6	24	4
All AR-DRGs	5	6	7	8	10	13	20	8

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

n.p. Not published: based on less than 10 separations.

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

Table 3.44b: Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 1999–00

AR-DRG Description	Under 15	15–24	25–34	35–44	45–54	55–64	65 or older	Total
	years							
Males								
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	2	2	3	1
U65Z Anxiety Disorders	4	1	1	1	1	1	2	3
V62A Alcohol Use Disorder and Dependence	n.p.	4	4	4	4	5	6	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	3	2	5	5	8	10	10
U67Z Personality Disorders and Acute Reactions	3	2	2	2	11	7	5	3
V63Z Opioid Use Disorder and Dependence	n.p.	2	2	3	4	3	n.p.	2
U64Z Other Affective and Somatoform Disorders	3	2	2	3	3	5	7	3
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	4	4	3	4	5	6	11	4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	3	3	3	3	6	7	3
B64Z Delirium	n.p.	1	2	5	3	6	9	8
U68Z Childhood Mental Disorders	4	n.p.	n.p.	n.p.	n.p.	n.p.	10	4
V64Z Other Drug Use Disorder and Dependence	1	4	3	4	6	7	5	4
V61B Drug Intoxication and Withdrawal WO CC	n.p.	1	2	1	1	n.p.	n.p.	1
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	2	2	1	1	2	3	6	2
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	n.p.	n.p.	4	n.p.	9	10	9
All AR-DRGs	4	2	2	3	3	4	7	4
Females								
U65Z Anxiety Disorders	4	2	4	3	1	2	3	4
U64Z Other Affective and Somatoform Disorders	3	3	3	4	5	5	8	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	n.p.	n.p.	n.p.	5	9	11	11
U63B Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	4	4	4	5	6	6	7	5
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	3	4	1
U67Z Personality Disorders and Acute Reactions	2	2	3	3	3	3	4	3
B64Z Delirium	n.p.	1	2	3	3	6	9	8
V63Z Opioid Use Disorder and Dependence	n.p.	2	2	4	5	n.p.	6	3
V62A Alcohol Use Disorder and Dependence	n.p.	4	4	5	6	6	5	5
O61Z Postpartum and Post Abortion W/O O.R. Procedure	n.p.	4	4	4	n.p.	n.p.	n.p.	4
O65A Other Antenatal Admission W Severe Complicating Diagnosis	n.p.	2	2	3	n.p.	n.p.	n.p.	2
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	3	4	4	6	7	7	5
U63A Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	n.p.	n.p.	6	7	7	18	10	10
U66Z Eating and Obsessive-Compulsive Disorders	16	12	4	7	12	16	10	12
V64Z Other Drug Use Disorder and Dependence	1	3	4	5	7	6	9	4
All AR-DRGs	4	3	3	4	4	5	8	4

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

n.p. Not published: based on less than 10 separations.

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

Table 3.45a: Average length of stay (days) of overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 1999–00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute										
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	15.6	14.1	12.3	15.4	15.6	10.4	14.0	10.4	14.1
U67Z	Personality Disorders and Acute Reactions	5.8	7.1	5.3	7.1	7.1	4.1	5.7	4.3	6.2
U61A	Schizophrenia Disorders W Mental Health Legal Status	20.5	20.2	18.0	25.3	20.0	14.0	19.2	n.p.	19.8
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	17.9	15.8	11.1	15.7	15.6	11.1	14.1	13.8	15.0
U64Z	Other Affective and Somatoform Disorders	9.6	11.7	7.5	9.8	9.5	8.4	9.6	6.4	9.5
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	27.0	24.7	25.9	28.9	30.7	9.4	28.0	n.p.	25.5
V61B	Drug Intoxication and Withdrawal WO CC	7.6	7.8	6.2	6.0	6.3	4.3	7.1	6.2	6.9
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.2	14.9	12.2	17.8	11.8	10.8	16.2	n.p.	13.5
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	19.3	30.6	17.2	46.9	37.0	25.0	n.p.	n.p.	32.1
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	10.8	11.7	7.3	12.5	10.6	7.5	8.8	8.4	10.2
V60Z	Alcohol Intoxication and Withdrawal	4.6	10.1	3.8	8.6	9.2	4.1	11.9	4.5	6.4
Z64B	Other Factors Influencing Health Status Age<80	4.0	12.6	4.9	6.1	52.8	n.p.	12.1	n.p.	8.0
U65Z	Anxiety Disorders	6.9	11.8	7.2	13.4	12.2	7.8	6.7	n.p.	9.3
U66Z	Eating and Obsessive-Compulsive Disorders	29.0	28.3	13.9	18.7	25.0	n.p.	37.2	n.p.	22.4
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	5.5	5.1	5.1	4.7	5.7	4.5	3.2	n.p.	5.0
All AR-DRGs		13.9	15.2	11.3	15.1	14.2	9.0	12.3	9.0	13.5
Private										
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	21.2	17.0	17.4	14.4	18.1	n.p.	n.p.	n.a.	17.4
U67Z	Personality Disorders and Acute Reactions	17.2	12.7	16.4	14.6	14.3	n.p.	n.p.	n.a.	15.1
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	26.8	18.6	22.9	25.6	27.9	n.p.	n.p.	n.a.	22.6
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	18.3	17.6	20.4	15.4	12.4	n.p.	n.p.	n.a.	17.7
U64Z	Other Affective and Somatoform Disorders	19.8	15.2	17.1	15.1	15.9	n.p.	n.p.	n.a.	16.2
V62A	Alcohol Use Disorder and Dependence	14.6	14.0	12.2	12.7	13.4	n.p.	n.p.	n.a.	13.8
U65Z	Anxiety Disorders	17.6	14.8	16.9	15.8	14.1	n.p.	n.p.	n.a.	16.2
V60Z	Alcohol Intoxication and Withdrawal	12.7	10.1	15.6	10.8	17.3	n.p.	n.p.	n.a.	12.3
V64Z	Other Drug Use Disorder and Dependence	17.8	15.6	10.9	10.9	10.0	n.p.	n.p.	n.a.	14.4
U63Z	Opioid Use Disorder and Dependence	12.6	3.6	10.3	12.8	9.8	n.p.	n.p.	n.a.	5.6
U66Z	Eating and Obsessive-Compulsive Disorders	33.9	36.0	29.6	29.0	20.8	n.p.	n.p.	n.a.	31.9
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	19.2	18.5	20.9	n.p.	n.p.	n.p.	n.p.	n.a.	19.0
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	17.6	24.3	18.4	15.7	20.4	n.p.	n.p.	n.a.	20.7
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	13.5	17.8	19.4	12.1	14.3	n.p.	n.p.	n.a.	16.0
V61B	Drug Intoxication and Withdrawal WO CC	n.p.	18.6	25.2	11.0	8.9	n.p.	n.p.	n.a.	13.3
All AR-DRGs		19.1	15.6	18.2	15.3	16.8	n.p.	n.p.	n.a.	16.9

(continued)

Table 3.45a (continued): Average length of stay (days) of overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 1999-00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric										
U61A	Schizophrenia Disorders W Mental Health Legal Status	29.1	29.9	45.3	39.9	15.9	24.6	..	..	29.1
U67Z	Personality Disorders and Acute Reactions	6.7	15.8	9.0	10.2	5.9	18.8	..	..	7.7
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	16.7	15.0	25.7	26.2	15.5	15.3	..	..	18.5
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	22.1	n.p.	28.1	19.1	18.3	11.6	..	..	20.4
V63Z	Opioid Use Disorder and Dependence	3.2	10.1	n.p.	7.9	n.p.	n.p.	..	..	3.6
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	13.9	15.4	18.8	20.2	12.7	n.p.	..	..	15.3
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	60.1	n.p.	77.7	70.2	39.1	n.p.	..	..	56.7
V61B	Drug Intoxication and Withdrawal WO CC	8.9	n.p.	10.1	10.0	5.8	n.p.	..	..	8.5
U64Z	Other Affective and Somatoform Disorders	11.1	20.5	23.7	20.4	8.0	19.0	..	..	13.8
V60Z	Alcohol Intoxication and Withdrawal	5.7	n.p.	n.p.	10.6	4.6	n.p.	..	..	7.0
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	31.6	n.p.	47.0	48.3	29.3	n.p.	..	..	33.1
V64Z	Other Drug Use Disorder and Dependence	5.9	12.5	n.p.	10.5	2.8	n.p.	..	..	8.3
V62A	Alcohol Use Disorder and Dependence	7.0	n.p.	40.3	11.5	7.3	n.p.	..	..	8.7
960Z	Ungroupable	n.p.	13.4	n.p.	n.p.	n.p.	44.3	..	..	31.6
V61A	Drug Intoxication and Withdrawal W CC	9.2	n.p.	n.p.	9.2	7.8	n.p.	..	..	9.4
All AR-DRGs		16.4	21.4	30.1	24.1	14.6	23.1	..	..	18.6

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

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

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

.. Not applicable.

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

Table 3.45b: Average length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 1999–00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute										
V60Z	Alcohol Intoxication and Withdrawal	3.1	2.7	2.7	3.1	3.3	4.6	3.9	2.6	3.0
U65Z	Anxiety Disorders	4.4	3.2	3.3	3.9	3.3	7.4	2.5	2.8	3.7
U64Z	Other Affective and Somatoform Disorders	5.5	4.8	4.7	5.7	6.1	6.2	14.0	n.p.	5.4
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	14.0	14.7	14.7	15.8	15.4	21.1	13.6	18.3	14.8
U67Z	Personality Disorders and Acute Reactions	4.4	2.9	3.1	3.1	3.6	3.6	6.8	1.4	3.5
V62A	Alcohol Use Disorder and Dependence	4.9	5.2	4.6	5.2	4.8	4.9	n.p.	n.p.	4.9
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	7.2	4.5	4.9	5.4	6.4	11.9	13.6	2.3	6.2
V63Z	Opioid Use Disorder and Dependence	3.2	4.4	4.3	4.5	5.3	n.p.	n.p.	n.p.	3.7
B64Z	Delirium	12.0	11.3	10.1	12.2	12.1	12.5	n.p.	n.p.	11.6
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	7.8	5.2	4.1	4.6	5.9	11.6	22.6	2.9	6.9
U68Z	Childhood Mental Disorders	4.9	2.4	3.6	3.7	3.0	2.1	n.p.	5.9	4.2
V64Z	Other Drug Use Disorder and Dependence	4.9	5.0	5.5	4.3	4.6	4.1	n.p.	n.p.	4.9
V61B	Drug Intoxication and Withdrawal WO CC	3.0	2.5	2.3	2.9	3.5	3.3	4.5	2.5	2.9
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	3.6	3.4	3.6	2.4	2.9	n.p.	n.p.	2.5	3.4
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	5.2	4.3	2.9	4.1	4.8	8.1	14.5	1.6	4.7
All AR-DRGs		6.2	5.3	5.1	6.0	6.4	8.9	12.2	4.0	5.9
Private										
U65Z	Anxiety Disorders	5.5	4.0	5.5	5.1	3.3	n.p.	n.p.	n.a.	5.4
U64Z	Other Affective and Somatoform Disorders	14.5	10.5	10.6	7.8	7.8	n.p.	n.p.	n.a.	11.5
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	18.8	14.0	16.6	14.1	11.1	n.p.	n.p.	n.a.	15.4
U67Z	Personality Disorders and Acute Reactions	18.0	9.6	13.3	5.1	6.2	n.p.	n.p.	n.a.	14.4
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	20.9	13.2	13.0	7.5	8.3	n.p.	n.p.	n.a.	14.8
V62A	Alcohol Use Disorder and Dependence	14.6	14.4	9.3	13.0	6.7	n.p.	n.p.	n.a.	12.2
V63Z	Opioid Use Disorder and Dependence	2.6	5.3	9.6	5.1	3.3	n.p.	n.p.	n.a.	4.3
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	7.7	10.1	10.7	5.4	n.p.	n.p.	n.p.	n.a.	8.4
B64Z	Delirium	14.3	12.3	14.3	10.6	10.1	n.p.	n.p.	n.a.	12.7
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	18.9	15.2	18.6	17.0	11.1	n.p.	n.p.	n.a.	17.8
V60Z	Alcohol Intoxication and Withdrawal	9.9	8.9	7.0	5.2	4.6	n.p.	n.p.	n.a.	7.4
V64Z	Other Drug Use Disorder and Dependence	17.5	16.3	7.9	6.3	n.p.	n.p.	n.p.	n.a.	13.5
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	21.1	15.5	15.3	7.9	n.p.	n.p.	n.p.	n.a.	17.4
U68Z	Childhood Mental Disorders	12.1	4.3	3.4	2.3	n.p.	n.p.	n.p.	n.a.	6.1
U66Z	Eating and Obsessive-Compulsive Disorders	16.9	13.7	12.3	n.p.	36.7	n.p.	n.p.	n.a.	15.8
All AR-DRGs		13.8	8.5	11.5	7.5	8.1	n.p.	n.p.	n.a.	11.5

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

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

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

n.a. Not available.

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

Table 3.46a: Median length of stay (days) of overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 1999-00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute										
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	11	9	8	11	12	7	10	8	10
U67Z	Personality Disorders and Acute Reactions	3	3	3	4	4	2	3	3	3
U61A	Schizophrenia Disorders W Mental Health Legal Status	14	12	12	17	16	10	14	n.p.	13
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	11	10	6	11	10	6	11	8	9
U64Z	Other Affective and Somatoform Disorders	6	6	5	6	6	5	6	4	5
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	21	20	18	24	23	3	19	n.p.	19
V61B	Drug Intoxication and Withdrawal WO CC	4	5	4	4	5	4	3	5	4
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	9	7	12	10	8	14	n.p.	9
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	13	22	9	30	24	10	n.p.	n.p.	21
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	6	7	5	8	9	6	5	6	6
V60Z	Alcohol Intoxication and Withdrawal	2	4	2	2	6	2	1	4	2
Z64B	Other Factors Influencing Health Status Age<80	4	10	2	3	64	n.p.	5	n.p.	4
U65Z	Anxiety Disorders	5	7	4	8	10	5	4	n.p.	6
U66Z	Eating and Obsessive-Compulsive Disorders	13	14	5	12	14	n.p.	19	n.p.	11
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/O CC	3	2	3	3	3	1	2	n.p.	3
All AR-DRGs		7	8	6	8	9	5	7	6	7
Private										
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	17	13	12	11	14	n.p.	n.p.	n.a.	13
U67Z	Personality Disorders and Acute Reactions	12	9	11	8	10	n.p.	n.p.	n.a.	10
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	23	14	16	19	27	n.p.	n.p.	n.a.	18
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	14	13	12	10	9	n.p.	n.p.	n.a.	13
U64Z	Other Affective and Somatoform Disorders	14	12	11	11	11	n.p.	n.p.	n.a.	12
V62A	Alcohol Use Disorder and Dependence	12	10	7	11	12	n.p.	n.p.	n.a.	11
U65Z	Anxiety Disorders	12	11	7	10	14	n.p.	n.p.	n.a.	10
V60Z	Alcohol Intoxication and Withdrawal	9	8	11	8	10	n.p.	n.p.	n.a.	9
V64Z	Other Drug Use Disorder and Dependence	14	10	10	5	4	n.p.	n.p.	n.a.	10
V63Z	Opioid Use Disorder and Dependence	6	2	8	8	10	n.p.	n.p.	n.a.	2
U66Z	Eating and Obsessive-Compulsive Disorders	32	29	20	24	18	n.p.	n.p.	n.a.	25
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	16	15	21	n.p.	n.p.	n.p.	n.p.	n.a.	17
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	11	20	15	14	20	n.p.	n.p.	n.a.	17
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	8	12	11	8	10	n.p.	n.p.	n.a.	11
V61B	Drug Intoxication and Withdrawal WO CC	n.p.	12	17	7	7	n.p.	n.p.	n.a.	8
All AR-DRGs		15	11	11	10	13	n.p.	n.p.	n.a.	12

(continued)

Table 3.46a (continued): Median length of stay (days) of overnight mental health-related separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 1999–00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric										
U61A	Schizophrenia Disorders W Mental Health Legal Status	17	15	27	27	11	17	..	..	18
U67Z	Personality Disorders and Acute Reactions	3	13	5	7	3	5	..	..	4
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	13	14	18	19	12	7	..	..	13
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	12	n.p.	14	11	10	4	..	..	10
V63Z	Opioid Use Disorder and Dependence	2	7	n.p.	4	n.p.	n.p.	..	..	2
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	14	11	13	7	n.p.	..	..	9
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	36	n.p.	56	40	27	n.p.	..	..	33
V61B	Drug Intoxication and Withdrawal WO CC	5	n.p.	8	6	3	n.p.	..	..	4
U64Z	Other Affective and Somatoform Disorders	6	13	9	13	3	13	..	..	7
V60Z	Alcohol Intoxication and Withdrawal	2	n.p.	n.p.	3	2	n.p.	..	..	2
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	20	n.p.	39	42	20	n.p.	..	..	21
V64Z	Other Drug Use Disorder and Dependence	4	9	n.p.	6	2	n.p.	..	..	5
V62A	Alcohol Use Disorder and Dependence	5	n.p.	17	7	5	n.p.	..	..	5
960Z	Ungroupable	n.p.	8	n.p.	n.p.	n.p.	17	..	..	14
V61A	Drug Intoxication and Withdrawal W CC	7	n.p.	n.p.	7	4	n.p.	..	..	7
All AR-DRGs		7	12	15	12	7	8	..	..	8

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

(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. Please refer to Box 3.2 for information.

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

.. Not applicable.

n.a. Not available.

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

Table 3.46b: Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 1999–00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute										
V60Z	Alcohol Intoxication and Withdrawal	2	4	2	2	6	2	1	4	1
U65Z	Anxiety Disorders	5	7	4	8	10	5	4	3	3
U64Z	Other Affective and Somatoform Disorders	6	6	5	6	6	5	6	n.p.	4
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	13	22	9	30	24	10	21	0	10
U67Z	Personality Disorders and Acute Reactions	3	3	3	4	4	2	3	3	2
V62A	Alcohol Use Disorder and Dependence	3	6	3	5	10	1	n.p.	n.p.	4
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	11	9	8	11	12	7	10	8	4
V63Z	Opioid Use Disorder and Dependence	4	3	3	2	4	n.p.	n.p.	n.p.	3
B64Z	Delirium	10	12	8	10	16	14	n.p.	n.p.	8
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	11	10	6	11	10	6	11	8	3
U68Z	Childhood Mental Disorders	4	9	5	10	7	6	n.p.	1	4
V64Z	Other Drug Use Disorder and Dependence	3	3	3	3	3	3	n.p.	n.p.	3
V61B	Drug Intoxication and Withdrawal WO CC	4	5	4	4	5	4	3	5	2
O65A	Other Antenatal Admission W Severe Complicating Diagnosis	6	7	6	5	2	n.p.	n.p.	0	3
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	6	7	5	8	9	6	5	6	2
All AR-DRGs		4	3	3	3	3	4	6	2	4
Private										
U65Z	Anxiety Disorders	12	11	7	10	14	n.p.	n.p.	n.a.	5
U64Z	Other Affective and Somatoform Disorders	14	12	11	11	11	n.p.	n.p.	n.a.	8
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	11	20	15	14	20	n.p.	n.p.	n.a.	11
U67Z	Personality Disorders and Acute Reactions	12	9	11	8	10	n.p.	n.p.	n.a.	10
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	17	13	12	11	14	n.p.	n.p.	n.a.	10
V62A	Alcohol Use Disorder and Dependence	12	10	7	11	12	n.p.	n.p.	n.a.	9
V63Z	Opioid Use Disorder and Dependence	6	2	8	8	10	n.p.	n.p.	n.a.	1
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	16	15	21	7	n.p.	n.p.	n.p.	n.a.	6
B64Z	Delirium	10	16	11	7	15	n.p.	n.p.	n.a.	9
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	23	14	16	19	27	n.p.	n.p.	n.a.	13
V60Z	Alcohol Intoxication and Withdrawal	9	8	11	8	10	n.p.	n.p.	n.a.	5
V64Z	Other Drug Use Disorder and Dependence	14	10	10	5	n.p.	n.p.	n.p.	n.a.	9
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	14	13	12	10	n.p.	n.p.	n.p.	n.a.	13
U68Z	Childhood Mental Disorders	14	24	11	18	n.p.	n.p.	n.p.	n.a.	4
U66Z	Eating and Obsessive-Compulsive Disorders	32	29	20	n.p.	18	n.p.	n.p.	n.a.	10
All AR-DRGs		10	5	7	4	5	n.p.	n.p.	n.a.	7

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

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

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

.. Not applicable.

n.a. Not available.

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

Table 3.47a: The 30 most frequently reported procedures for mental health-related separations with specialised psychiatric care, Australia, 1999–00

Procedure	Separations for which the procedure was reported			Psychiatric care	
	Same day	Overnight	Total	Patient days	days
95550–01 Allied health intervention, social work	185	13,057	13,242	574,190	546,232
93342–00 Group psychotherapy, 2 to 9 patients	8,954	2,497	11,451	67,624	67,285
95550–02 Allied health intervention, occupational therapy	201	8,605	8,806	474,124	457,240
93340–00 Electroconvulsive therapy, 8 or less treatments	4,578	4,118	8,696	115,435	110,397
56001–00 Computerised tomography of brain	10	3,471	3,481	103,317	94,678
96003–00 Specialist psychological therapy	2,930	211	3,141	8,064	7,969
96002–00 Psychological group therapy	2,741	269	3,010	8,612	8,560
95550–10 Allied health intervention, psychology	244	2,649	2,893	166,835	160,059
95550–00 Allied health intervention, dietetics	60	2,535	2,595	187,306	173,895
95550–03 Allied health intervention, physiotherapy	2	2,046	2,048	188,418	180,673
92006–00 Drug detoxification	34	1,259	1,293	7,917	7,689
93340–01 Electroconvulsive therapy, > 8 treatments	76	1,204	1,280	113,993	111,809
92003–00 Alcohol detoxification	43	1,142	1,185	13,325	13,025
96001–00 Psychological skills training	663	139	802	3,674	3,610
96004–00 Psychological counselling	338	322	660	9,354	8,051
56007–00 Computerised tomography of brain with intravenous contrast medium	3	652	655	21,524	19,587
95550–09 Allied health intervention, pharmacy	89	509	598	23,840	22,932
92004–00 Alcohol rehabilitation and detoxification	57	514	571	9,011	8,896
92002–00 Alcohol rehabilitation	275	118	393	3,571	3,505
95550–04 Allied health intervention, podiatry	0	368	368	151,559	150,970
95451–00 Medication order review by pharmacist	3	332	335	6,832	6,549
95550–11 Allied health intervention, other	112	212	324	100,479	100,149
92205–00 Other therapeutic nonoperative procedures	120	193	313	7,686	7,686
95550–05 Allied health intervention, speech pathology	0	302	302	33,214	31,753
30026–00 Repair of wound of skin and subcutaneous tissue of other site, superficial	32	269	301	14,052	13,254
93300–00 Psychiatric consultation, 15 minutes or less duration	15	285	300	3,723	3,704
11000–00 Electroencephalography	0	269	269	5,771	5,672
90901–00 Magnetic resonance imaging of brain	0	264	264	8,515	7,673
30473–01 Panendoscopy with biopsy	1	143	144	4,917	4,303
92009–00 Combined alcohol and drug detoxification	1	137	138	1,647	1,578
All other procedures	162	3,132	3,294	224,512	204,482
No procedure or not reported	51,658	65,127	116,785	1,263,071	1,236,576
Total^(a)	72,219	99,329	171,548	2,494,675	2,440,474

(a) These totals are not necessarily equivalent to the sum of the rows because multiple procedures can be reported for each separation.

Table 3.47b: The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, Australia, 1999–00

Procedure	Separations for which the procedure was reported			Patient days
	Same day	Overnight	Total	
95550–01 Allied health intervention, social work	346	6,974	7,320	108,019
95550–03 Allied health intervention, physiotherapy	29	5,239	5,268	111,006
93342–00 Group psychotherapy, 2 to 9 patients	3,938	1,153	5,091	30,741
92006–00 Drug detoxification	333	3,818	4,151	15,069
56001–00 Computerised tomography of brain	315	3,273	3,588	45,532
95550–02 Allied health intervention, occupational therapy	47	3,305	3,352	73,354
92003–00 Alcohol detoxification	52	3,033	3,085	16,565
93340–00 Electroconvulsive therapy, 8 or less treatments	2,484	443	2,927	7,939
95550–00 Allied health intervention, dietetics	25	2,537	2,562	53,356
92002–00 Alcohol rehabilitation	1,036	327	1,363	4,595
95550–10 Allied health intervention, psychology	76	1,072	1,148	13,481
95550–05 Allied health intervention, speech pathology	4	1,085	1,089	33,613
56007–00 Computerised tomography of brain with intravenous contrast medium	120	863	983	11,451
95550–09 Allied health intervention, pharmacy	17	890	907	7,605
93170–00 Family group therapy, 2 patients	688	191	879	1,749
12203–00 Investigation of sleep apnoea	36	786	822	905
95550–11 Allied health intervention, other	20	676	696	11,639
95004–00 Nutritional counselling	458	220	678	2,057
93302–00 Psychiatric consultation, > 15 and 30 minutes or less duration	142	515	657	9,542
90901–00 Magnetic resonance imaging of brain	228	362	590	5,074
92004–00 Alcohol rehabilitation and detoxification	20	567	587	7,544
95055–00 Case management/discharge planning, social work	21	505	526	5,177
92009–00 Combined alcohol and drug detoxification	11	460	471	2,905
92007–00 Drug rehabilitation and detoxification	38	411	449	4,655
95050–00 Psychosocial assessment, social work	65	338	403	3,944
96002–00 Psychological group therapy	383	3	386	402
92005–00 Drug rehabilitation	106	243	349	2,050
30473–01 Panendoscopy with biopsy	75	253	328	3,911
96003–00 Specialist psychological therapy	17	278	295	7,448
96004–00 Psychological counselling	8	237	245	4,393
All other procedures	1,792	7,289	9,081	139,277
No procedure or not reported	16,044	39,513	55,557	343,442
Total^(a)	27,174	67,940	95,114	685,611

(a) These totals are not necessarily equivalent to the sum of the rows because multiple procedures can be reported for each separation.

Table 3.48a: The 15 most frequently reported procedures for same day mental health-related separations with specialised psychiatric care, States and Territories, ^(a) 1999–00

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93342–00 Group psychotherapy, 2 to 9 patients	4,657	0	1	4,296	0	0	0	0	8,954
93340–00 Electroconvulsive therapy, 8 or less treatments	1,125	650	2,085	131	166	371	50	0	4,578
96003–00 Specialist psychological therapy	2,103	0	826	1	0	0	0	0	2,930
96002–00 Psychological group therapy	764	0	1,977	0	0	0	0	0	2,741
96001–00 Psychological skills training	658	0	5	0	0	0	0	0	663
96004–00 Psychological counselling	338	0	0	0	0	0	0	0	338
92002–00 Alcohol rehabilitation	83	0	192	0	0	0	0	0	275
95550–10 Allied health intervention, psychology	66	8	27	0	142	0	1	0	244
95550–02 Allied health intervention, occupational therapy	170	5	26	0	0	0	0	0	201
95550–01 Allied health intervention, social work	29	70	45	13	27	0	1	0	185
92205–00 Other therapeutic nonoperative procedures	0	0	0	0	120	0	0	0	120
95550–11 Allied health intervention, other	112	0	0	0	0	0	0	0	112
95550–09 Allied health intervention, pharmacy	85	3	0	0	1	0	0	0	89
93340–01 Electroconvulsive therapy, > 8 treatments	20	7	39	0	5	5	0	0	76
95550–00 Allied health intervention, dietetics	6	53	1	0	0	0	0	0	60

(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. Please refer to Box 3.2 for information.

Table 3.48b: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, States and Territories, ^(a) 1999–00

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93342–00 Group psychotherapy, 2 to 9 patients	1,838	881	1,219	0	0	0	0	0	3,938
93340–00 Electroconvulsive therapy, 8 or less treatments	332	1,738	27	22	81	250	34	0	2,484
92002–00 Alcohol rehabilitation	0	335	700	1	0	0	0	0	1,036
93170–00 Family group therapy, 2 patients	0	0	3	685	0	0	0	0	688
95004–00 Nutritional counselling	0	0	0	458	0	0	0	0	458
96002–00 Psychological group therapy	0	0	383	0	0	0	0	0	383
95550–01 Allied health intervention, social work	151	49	71	54	16	2	3	0	346
92006–00 Drug detoxification	267	11	35	8	12	0	0	0	333
56001–00 Computerised tomography of brain	92	113	59	12	25	3	2	9	315
90901–00 Magnetic resonance imaging of brain	85	52	42	0	29	13	6	1	228
93302–00 Psychiatric consultation, > 15 and 30 minutes or less duration	0	0	136	6	0	0	0	0	142
56007–00 Computerised tomography of brain with intravenous contrast medium	35	39	19	12	9	4	0	2	120
92502–01 Inhalational anaesthesia	67	26	1	1	14	7	0	1	117
92502–02 Intravenous and inhalational anaesthesia	3	26	45	0	30	1	3	0	108
92005–00 Drug rehabilitation	1	1	100	4	0	0	0	0	106

(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. Please refer to Box 3.2 for information.

Table 3.49a: The 15 most frequently reported procedures for overnight mental health-related separations with specialised psychiatric care, States and Territories, ^(a) 1999-00

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550-01 Allied health intervention, social work	4,322	2,994	1,491	1,486	2,468	49	426	6	13,242
93342-00 Group psychotherapy, 2 to 9 patients	6,699	59	219	4,472	1	1	0	0	11,451
95550-02 Allied health intervention, occupational therapy	2,903	2,758	828	1,508	533	4	271	1	8,806
93340-00 Electroconvulsive therapy, 8 or less treatments	1,930	2,005	3,253	402	399	571	132	4	8,696
56001-00 Computerised tomography of brain	891	395	785	627	534	70	134	45	3,481
96003-00 Specialist psychological therapy	2,268	0	872	1	0	0	0	0	3,141
96002-00 Psychological group therapy	1,011	0	1,999	0	0	0	0	0	3,010
95550-10 Allied health intervention, psychology	1,043	562	598	268	187	0	235	0	2,893
95550-00 Allied health intervention, dietetics	655	419	560	307	255	2	377	20	2,595
95550-03 Allied health intervention, physiotherapy	444	427	411	373	298	4	89	2	2,048
92006-00 Drug detoxification	657	471	62	21	73	1	8	0	1,293
93340-01 Electroconvulsive therapy, > 8 treatments	384	267	363	67	163	13	22	1	1,280
92003-00 Alcohol detoxification	583	176	178	59	178	2	8	1	1,185
96001-00 Psychological skills training	791	0	11	0	0	0	0	0	802
96004-00 Psychological counselling	648	0	9	3	0	0	0	0	660

(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. Please refer to Box 3.2 for information.

Table 3.49b: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, States and Territories, ^(a) 1999-00

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550-01 Allied health intervention, social work	2,358	1,964	988	776	714	53	98	23	6,974
95550-03 Allied health intervention, physiotherapy	1,621	1,863	731	470	402	75	57	20	5,239
92006-00 Drug detoxification	2,003	607	773	329	99	6	1	0	3,818
95550-02 Allied health intervention, occupational therapy	1,069	1,207	543	298	98	31	46	13	3,305
56001-00 Computerised tomography of brain	1,036	924	454	275	425	84	64	11	3,273
92003-00 Alcohol detoxification	1,062	416	1,112	245	166	30	1	1	3,033
95550-00 Allied health intervention, dietetics	763	1,064	313	171	113	30	73	10	2,537
93342-00 Group psychotherapy, 2 to 9 patients	703	8	439	2	1	0	0	0	1,153
95550-05 Allied health intervention, speech pathology	335	416	192	66	44	13	12	7	1,085
95550-10 Allied health intervention, psychology	440	274	171	90	57	17	18	5	1,072
95550-09 Allied health intervention, pharmacy	591	179	16	11	76	13	4	0	890
56007-00 Computerised tomography of brain with intravenous contrast medium	280	220	229	58	39	14	15	8	863
12203-00 Investigation of sleep apnoea	330	180	128	4	84	57	3	0	786
95550-11 Allied health intervention, other	463	107	30	51	25	0	0	0	676
92004-00 Alcohol rehabilitation and detoxification	106	190	260	2	5	4	0	0	567

(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. Please refer to Box 3.2 for information.

Table 3.50: Mental health-related separations with specialised psychiatric care by previous specialised treatment status and hospital type, Australia, 1999-00

	Public acute		Private		Public psychiatric		All hospitals		Total
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight	
Patient has no previous admissions or service contacts for the specialised treatment now being provided	2,071	11,296	388	2,939	354	3,497	2,813	17,732	20,545
Patient has previous hospital admission but no service contacts for the specialised treatment now being provided	7,743	10,518	11,439	3,430	1,722	4,716	20,904	18,664	39,568
Patient has previous service contact but no hospital admission for the specialised treatment now being provided	933	2,870	264	563	4	258	1,201	3,691	4,892
Patient has both previous hospital admissions and service contacts for the specialised treatment now being provided	2,702	7,455	8,689	2,301	31	2,334	11,422	12,090	23,512
Not reported	10,867	31,496	24,744	10,893	268	4,763	35,879	47,152	83,031
Total	24,316	63,635	45,524	20,126	2,379	15,568	72,219	99,329	171,548

Table 3.51: Mental health-related separations with specialised psychiatric care by source of referral to public psychiatric hospital, States and Territories, ^(a) 1999–00

Source of referral	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private psychiatric practice ^(b)	695	0	26	21	2,591	1	..	..	3,334
Other private medical practice	699	8	41	0	41	35	..	..	824
Other public psychiatric hospital	0	54	49	90	0	38	..	..	231
Other health care establishment ^(c)	3,454	30	672	1,489	237	21	..	..	5,903
Other private hospital	0	0	15	106	7	1	..	..	129
Law enforcement agency	967	94	115	257	0	0	..	..	1,433
Other agency	704	11	73	30	292	161	..	..	1,271
Outpatient department	109	0	138	0	40	124	..	..	411
Other	2,356	323	274	612	384	1	..	..	3,950
Not reported	234	0	0	87	0	140	..	..	461
Total	9,218	520	1,403	2,692	3,592	522	..	..	17,947

(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. Please refer to Box 3.2 for information.

(b) South Australian data for private psychiatric practice includes referrals from private medical practices, including general practitioners.

(c) Includes emergency departments, community health services, other hospitals, nursing homes and crisis team services.

.. Not applicable.

Table 3.52: Mental health-related separations by mode of admission and hospital type, States and Territories,^(a) 1999–00

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
With specialised psychiatric care									
Admitted patient transferred from another hospital	2,071	1,090	991	473	1,077	225	45	14	5,986
Statistical admission—episode type change	129	1,218	69	7	8	86	0	7	1,524
Other	21,621	17,174	19,596	10,318	5,288	2,057	892	736	77,682
Not reported	1,315	0	0	0	114	0	1,330	0	2,759
<i>Total</i>	<i>25,136</i>	<i>19,482</i>	<i>20,656</i>	<i>10,798</i>	<i>6,487</i>	<i>2,368</i>	<i>2,267</i>	<i>757</i>	<i>87,951</i>
Without specialised psychiatric care									
Admitted patient transferred from another hospital	1,158	448	159	146	83	63	16	2	2,075
Statistical admission—episode type change	374	546	244	24	14	13	0	1	1,216
Other	24,142	19,406	10,285	6,333	6,105	1,418	510	347	68,546
Not reported	43	0	0	7	0	0	1	0	51
<i>Total</i>	<i>25,717</i>	<i>20,400</i>	<i>10,688</i>	<i>6,510</i>	<i>6,202</i>	<i>1,494</i>	<i>527</i>	<i>350</i>	<i>71,888</i>
Private									
With specialised psychiatric care									
Admitted patient transferred from another hospital	249	258	127	128	249	3	22	n.a.	1,036
Statistical admission—episode type change	100	6	63	53	0	0	0	n.a.	222
Other	15,532	23,103	13,118	8,403	1,996	714	306	n.a.	63,172
Not reported	893	0	0	0	0	0	327	n.a.	1,220
<i>Total</i>	<i>16,774</i>	<i>23,367</i>	<i>13,308</i>	<i>8,584</i>	<i>2,245</i>	<i>717</i>	<i>655</i>	<i>n.a.</i>	<i>65,650</i>
Without specialised psychiatric care									
Admitted patient transferred from another hospital	102	139	151	87	26	4	2	n.a.	511
Statistical admission—episode type change	27	7	16	0	11	1	0	n.a.	62
Other	4,996	6,099	6,324	902	2,098	2,036	58	n.a.	22,513
Not reported	135	0	0	2	0	0	0	n.a.	137
<i>Total</i>	<i>5,260</i>	<i>6,245</i>	<i>6,491</i>	<i>991</i>	<i>2,135</i>	<i>2,041</i>	<i>60</i>	<i>n.a.</i>	<i>23,223</i>

(continued)

Table 3.52 (continued): Mental health-related separations by mode of admission and hospital type, States and Territories,^(a) 1999–00

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric									
With specialised psychiatric care									
Admitted patient transferred from another hospital	2,234	0	631	1,685	244	0	0	0	4,794
Statistical admission—episode type change	74	0	24	0	0	0	0	0	98
Other	6,676	0	748	1,007	3,348	0	0	0	11,779
Not reported	234	520	0	0	0	522	0	0	1,276
Total	9,218	520	1,403	2,692	3,592	522	0	0	17,947
All hospitals									
With specialised psychiatric care									
Admitted patient transferred from another hospital	4,554	1,348	1,749	2,286	1,570	228	67	14	11,816
Statistical admission—episode type change	303	1,224	156	60	8	86	0	7	1,844
Other	43,829	40,277	33,462	19,728	10,632	2,771	1,198	736	152,633
Not reported	2,442	520	0	0	114	522	1,657	0	5,255
Total	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548
Without specialised psychiatric care ^(b)									
Admitted patient transferred from another hospital	1,261	587	310	233	109	67	18	2	2,587
Statistical admission—episode type change	401	553	260	24	25	14	0	1	1,278
Other	29,140	25,505	16,609	7,235	8,203	3,454	568	347	91,061
Not reported	178	0	0	9	0	0	1	0	188
Total	30,980	26,645	17,179	7,501	8,337	3,535	587	n.a.	95,114

(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. Please refer to Box 3.2 for information.

(b) Includes 3 separations without specialised psychiatric care from NSW public psychiatric hospitals.

**Table 3.53a: Mental health-related separations with specialised psychiatric care by mode of separation and hospital type, States and Territories, (a)
1999–00**

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Discharge/transfer to an(other) acute hospital	686	1,343	318	147	212	31	69	9	2,815
Discharge/transfer to a nursing home	136	490	177	170	99	61	24	1	1,158
Discharge/transfer to an(other) psychiatric hospital	466	0	115	230	204	0	32	0	1,047
Discharge/transfer to other health care accommodation	97	101	309	80	270	194	30	34	1,115
Statistical discharge type change	115	753	76	6	13	354	0	0	1,317
Left against medical advice/discharge at own risk	357	329	481	156	122	32	21	20	1,518
Statistical discharge from leave	514	0	226	738	74	0	5	0	1,557
Died	21	22	20	19	10	1	1	1	95
Other (includes discharge to usual residence/own accommodation/welfare institution)	22,744	16,444	18,934	9,252	5,434	1,695	2,085	685	77,273
Not reported	0	0	0	0	49	0	0	7	56
<i>Total</i>	<i>25,136</i>	<i>19,482</i>	<i>20,656</i>	<i>10,798</i>	<i>6,487</i>	<i>2,368</i>	<i>2,267</i>	<i>757</i>	<i>87,951</i>
Private									
Discharge/transfer to an(other) acute hospital	149	175	66	55	75	715	30	n.a.	1,265
Discharge/transfer to a nursing home	9	19	6	0	0	0	0	n.a.	34
Discharge/transfer to an(other) psychiatric hospital	49	0	3	22	0	0	0	n.a.	74
Discharge/transfer to other health care accommodation	2	0	5	0	1	0	4	n.a.	12
Statistical discharge type change	82	3	55	14	0	0	0	n.a.	154
Left against medical advice/discharge at own risk	224	31	5	28	1	0	2	n.a.	291
Statistical discharge from leave	52	0	1	8	0	0	0	n.a.	61
Died	1	6	7	3	22	0	0	n.a.	39
Other (includes discharge to usual residence/own accommodation/welfare institution)	16,206	23,133	13,160	8,454	36	2	619	n.a.	61,610
Not reported	0	0	0	0	2,110	0	0	n.a.	2,110
<i>Total</i>	<i>16,774</i>	<i>23,367</i>	<i>13,308</i>	<i>8,584</i>	<i>2,245</i>	<i>717</i>	<i>655</i>	<i>n.a.</i>	<i>65,650</i>

(continued)

Table 3.53a (continued): Mental health-related separations with specialised psychiatric care by mode of separation and hospital type, States and Territories, ^(a) 1999–00

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric									
Discharge/transfer to an(other) acute hospital	502	0	171	32	961	18	..	..	1,684
Discharge/transfer to a nursing home	54	0	79	78	268	26	..	..	505
Discharge/transfer to an(other) psychiatric hospital	120	140	31	113	0	0	..	..	404
Discharge/transfer to other health care accommodation	93	0	27	1	2	7	..	..	130
Statistical discharge type change	59	67	16	0	98	21	..	..	261
Left against medical advice/discharge at own risk	463	0	24	9	49	9	..	..	554
Statistical discharge from leave	936	8	43	821	64	0	..	..	1,872
Died	38	0	23	9	27	1	..	..	98
Other (includes discharge to usual residence/own accommodation/welfare institution)	6,953	305	989	1,629	2,098	440	..	..	12,414
Not reported	0	0	0	0	25	0	..	..	25
Total	9,218	520	1,403	2,692	3,592	522	..	..	17,947
All hospitals									
Discharge/transfer to an(other) acute hospital	1,337	1,518	555	234	1,248	764	99	9	5,764
Discharge/transfer to a nursing home	199	509	262	248	367	87	24	1	1,697
Discharge/transfer to an(other) psychiatric hospital	635	140	149	365	204	0	32	0	1,525
Discharge/transfer to other health care accommodation	192	101	341	81	273	201	34	34	1,257
Statistical discharge type change	256	823	147	20	111	375	0	0	1,732
Left against medical advice/discharge at own risk	1,044	360	510	193	172	41	23	20	2,363
Statistical discharge from leave	1,502	8	270	1,567	138	0	5	0	3,490
Died	60	28	50	31	59	2	1	1	232
Other (includes discharge to usual residence/own accommodation/welfare institution)	45,903	39,882	33,083	19,335	7,568	2,137	2,704	685	151,297
Not reported	0	0	0	0	2,184	0	0	7	2,191
Total	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548

(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. Please refer to Box 3.2 for information.

.. Not applicable.

n.a. Not available.

Table 3.53b: Mental health-related separations without specialised psychiatric care by mode of separation and hospital type, States and Territories, ^(a) 1999–00

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Discharge/transfer to an(other) acute hospital	1,489	1,219	826	184	262	40	19	39	4,078
Discharge/transfer to a nursing home	913	723	310	116	333	41	27	2	2,465
Discharge/transfer to an(other) psychiatric hospital	850	0	126	302	378	0	6	7	1,669
Discharge/transfer to other health care accommodation	163	43	219	85	209	49	9	14	791
Statistical discharge type change	588	761	426	45	52	181	0	0	2,053
Left against medical advice/discharge at own risk	1,916	357	854	411	311	30	3	36	3,918
Statistical discharge from leave	126	0	16	9	5	0	3	0	159
Died	140	142	70	30	42	8	0	0	432
Other (includes discharge to usual residence/own accommodation/welfare institution)	19,532	17,155	7,841	5,020	4,905	1,145	460	248	56,306
Not reported	0	0	0	0	13	0	0	4	17
Total	25,717	20,400	10,688	6,202	6,510	1,494	527	350	71,888
Private									
Discharge/transfer to an(other) acute hospital	86	169	160	32	16	34	0	n.a.	497
Discharge/transfer to a nursing home	84	94	123	18	106	0	3	n.a.	428
Discharge/transfer to an(other) psychiatric hospital	27	0	4	20	27	0	0	n.a.	78
Discharge/transfer to other health care accommodation	15	1	19	12	61	62	1	n.a.	171
Statistical discharge type change	33	15	86	47	1	1	0	n.a.	183
Left against medical advice/discharge at own risk	76	20	23	11	4	3	0	n.a.	137
Statistical discharge from leave	3	0	0	5	0	0	0	n.a.	8
Died	12	43	47	21	6	1	0	n.a.	130
Other (includes discharge to usual residence/own accommodation/welfare institution)	4,924	5,903	6,029	1,969	769	1,940	56	n.a.	21,590
Not reported	0	0	0	0	1	0	0	n.a.	1
Total	5,260	6,245	6,491	2,135	991	2,041	60	n.a.	23,223
All hospitals^(b)									
Discharge/transfer to an(other) acute hospital	1,575	1,388	986	216	278	74	19	39	4,575
Discharge/transfer to a nursing home	997	817	433	134	439	41	30	2	2,893
Discharge/transfer to an(other) psychiatric hospital	877	0	130	322	405	0	6	7	1,747
Discharge/transfer to other health care accommodation	178	44	238	97	270	111	10	14	962
Statistical discharge type change	621	776	512	92	53	182	0	0	2,236
Left against medical advice/discharge at own risk	1,992	377	877	422	315	33	3	36	4,055
Statistical discharge from leave	129	0	16	14	5	0	3	0	167
Died	152	185	117	51	48	9	0	0	562
Other (includes discharge to usual residence/own accommodation/welfare institution)	24,459	23,058	13,870	6,989	5,674	3,085	516	248	77,899
Not reported	0	0	0	0	14	0	0	4	18
Total	30,980	26,645	17,179	8,337	7,501	3,535	587	350	95,114

(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. Please refer to Box 3.2 for information.

(b) Includes 3 separations without specialised psychiatric care from NSW public psychiatric hospitals.

.. Not applicable.

n.a. Not available.

Table 3.54a: Mental health-related separations with specialised psychiatric care by type of episode of care and hospital type, States and Territories, ^(a) 1999–00

Type of episode of care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Acute care	22,178	19,482	20,471	10,699	6,468	2,368	2,258	730	84,654
Rehabilitation care	65	0	8	4	0	0	0	1	78
Palliative care	2	0	1	1	0	0	0	0	4
Non-acute care	817	0	145	94	19	0	7	10	1,092
Other care	2,074	0	31	0	0	0	2	0	2,107
Not reported	0	0	0	0	0	0	0	16	16
<i>Total</i>	<i>25,136</i>	<i>19,482</i>	<i>20,656</i>	<i>10,798</i>	<i>6,487</i>	<i>2,368</i>	<i>2,267</i>	<i>757</i>	<i>87,951</i>
Private									
Acute care	9,542	23,367	11,747	8,584	1,220	717	647	n.a.	55,824
Rehabilitation care	556	0	105	0	0	0	0	n.a.	661
Non-acute care	1	0	5	0	1,025	0	8	n.a.	1,039
Other care	6,675	0	1,451	0	0	0	0	n.a.	8,126
<i>Total</i>	<i>16,774</i>	<i>23,367</i>	<i>13,308</i>	<i>8,584</i>	<i>2,245</i>	<i>717</i>	<i>655</i>	<i>n.a.</i>	<i>65,650</i>
Public psychiatric									
Acute care	8,707	452	763	2,598	3,056	448	..	..	16,024
Rehabilitation care	255	0	107	3	326	1	..	..	692
Non-acute care	244	68	522	91	210	72	..	..	1,207
Other care	12	0	11	0	0	0	..	..	23
Not reported	0	0	0	0	0	1	..	..	1
<i>Total</i>	<i>9,218</i>	<i>520</i>	<i>1,403</i>	<i>2,692</i>	<i>3,592</i>	<i>522</i>	<i>..</i>	<i>..</i>	<i>17,947</i>
All hospitals									
Acute care	40,427	43,301	32,981	21,881	10,744	3,533	2,905	730	156,502
Rehabilitation care	876	0	220	7	326	1	0	1	1,431
Palliative care	2	0	1	1	0	0	0	0	4
Non-acute care	7,736	68	2,118	185	229	72	7	10	3,338
Other care	2,087	0	47	0	1,025	0	10	0	10,256
Not reported	0	0	0	0	0	1	0	16	17
Total	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548

(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. Please refer to Box 3.2 for information.

.. Not applicable.

n.a. Not available.

Table 3.54b: Mental health-related separations without specialised psychiatric care by type of episode of care and hospital type, States and Territories,^(a) 1999–00

Type of episode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Acute care	24,153	19,543	10,188	6,152	6,487	1,446	523	347	68,839
Rehabilitation care	241	3	25	6	2	1	0	0	278
Palliative care	33	26	16	6	2	1	1	0	85
Non-acute care	797	822	424	37	9	40	3	2	2,134
Other care	474	0	32	0	10	5	0	0	521
Not reported	19	6	3	1	0	1	0	1	31
<i>Total</i>	<i>25,717</i>	<i>20,400</i>	<i>10,688</i>	<i>6,202</i>	<i>6,510</i>	<i>1,494</i>	<i>527</i>	<i>350</i>	<i>71,888</i>
Private									
Acute care	5,171	6,164	4,826	2,104	989	919	60	n.a.	20,233
Rehabilitation care	48	68	1,600	13	1	0	0	n.a.	1,730
Palliative care	2	1	6	17	0	0	0	n.a.	26
Non-acute care	16	12	54	1	1	58	0	n.a.	142
Other care	22	0	5	0	0	0	0	n.a.	27
Not reported	1	0	0	0	0	1,064	0	n.a.	1,065
<i>Total</i>	<i>5,260</i>	<i>6,245</i>	<i>6,491</i>	<i>2,135</i>	<i>991</i>	<i>2,041</i>	<i>60</i>	<i>n.a.</i>	<i>23,223</i>
All hospitals									
Acute care	29,327	25,707	15,014	8,256	7,476	2,365	583	347	89,075
Rehabilitation care	289	71	1,625	19	3	1	0	0	2,008
Palliative care	35	27	22	23	2	1	1	0	111
Non-acute care	813	834	478	38	10	98	3	2	2,276
Other care	496	0	37	0	10	5	0	0	548
Not reported	20	6	3	1	0	1,065	0	1	1,096
Total	30,980	26,645	17,179	8,337	7,501	3,535	587	350	95,114

(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. Please refer to Box 3.2 for information.

. . . Not applicable.

n.a. Not available.

Table 3.55a: Patient days for mental health-related separations with specialised psychiatric care by type of episode of care and hospital type, States and Territories,^(a) 1999–00

Type of episode of care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Acute care	211,233	279,158	180,487	94,943	65,776	17,406	26,447	6,379	881,829
Rehabilitation care	6,033	0	510	214	0	0	0	24	6,781
Palliative care	15	0	38	42	0	0	0	0	95
Non-acute care	44,259	0	6,448	4,074	3,002	0	402	348	58,533
Other care	3,612	0	626	0	0	0	6	0	4,244
Not reported	0	0	0	0	0	0	0	166	166
Total	265,152	279,158	188,109	99,273	68,778	17,406	26,855	6,917	951,648
Private									
Acute care	64,962	103,605	73,041	42,360	20,314	2,393	10,297	n.a.	316,972
Rehabilitation care	3,029	0	1,934	0	0	0	0	n.a.	4,963
Non-acute care	6	0	473	0	17,712	0	82	n.a.	18,273
Other care	44,277	0	2,304	0	0	0	0	n.a.	
Total	112,274	103,605	77,752	42,360	38,026	2,393	10,379	n.a.	340,208
Public psychiatric									
Acute care	343,815	10,695	64,425	76,886	51,782	14,731	..	..	562,334
Rehabilitation care	73,411	0	11,178	56	28,318	208	..	..	113,171
Non-acute care	38,903	19,530	304,488	6,427	58,660	367	..	..	428,375
Other care	7,175	0	45,182	0	0	0	..	..	52,357
Not reported	0	0	0	0	0	1	..	..	1
Total	463,304	30,225	425,273	83,369	138,760	15,307	..	..	1,156,238
All hospitals									
Acute care	620,010	393,458	317,953	214,189	137,872	34,530	36,744	6,379	1,761,135
Rehabilitation care	82,473	0	13,622	270	28,318	208	0	24	124,915
Palliative care	15	0	38	42	0	0	0	0	95
Non-acute care	83,168	19,530	311,409	10,501	79,374	367	484	348	505,181
Other care	55,064	0	48,112	0	0	0	6	0	103,182
Not reported	0	0	0	0	0	1	0	166	167
Total	840,730	412,988	691,134	225,002	245,564	35,106	37,234	6,917	2,494,675

(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. Please refer to Box 3.2 for information.

.. Not applicable.

n.a. Not available.

Table 3.55b: Patient days for mental health-related separations without specialised psychiatric care by type of episode of care and hospital type, States and Territories,^(a) 1999–00

Type of episode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Acute care	126,218	72,897	42,959	32,317	33,872	9,541	5,041	1,145	323,990
Rehabilitation care	1,354	27	391	102	17	13	0	0	1,904
Palliative care	446	344	231	383	22	2	2	0	1,430
Non-acute care	65,804	40,497	50,709	1,030	649	635	190	60	159,574
Other care	5,811	0	154	0	45	47	0	0	6,057
Not reported	72	19	11	2	0	1	0	1	106
Total	199,705	113,784	94,455	33,834	34,605	10,239	5,233	1,206	493,061
Private									
Acute care	41,718	34,975	41,788	9,884	7,428	4,649	797	n.a.	141,239
Rehabilitation care	542	190	10,826	126	2	0	0	n.a.	11,686
Palliative care	57	4	87	285	0	0	0	n.a.	433
Non-acute care	728	3,395	26,535	12	2,718	582	0	n.a.	33,970
Other care	163	0	79	0	0	0	0	n.a.	242
Not reported	3	0	0	0	0	4,965	0	n.a.	4,968
Total	43,211	38,564	79,315	10,307	10,148	10,196	797	n.a.	192,538
All hospitals									
Acute care	167,948	107,872	84,747	42,201	41,300	14,190	5,838	1,145	465,241
Rehabilitation care	1,896	217	11,217	228	19	13	0	0	13,590
Palliative care	503	348	318	668	22	2	2	0	1,863
Non-acute care	66,532	43,892	77,244	1,042	3,367	1,217	190	60	193,544
Other care	5,974	0	233	0	45	47	0	0	6,299
Not reported	75	19	11	2	0	4,966	0	1	5,074
Total	242,928	152,348	173,770	44,141	44,753	20,435	6,030	1,206	685,611

(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. Please refer to Box 3.2 for information.

.. Not applicable.

n.a. Not available.

Table 3.56: Psychiatric care days for mental health-related separations with specialised psychiatric care by type of episode of care and hospital type, States and Territories,^(a) 1999–00

Type of episode of care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
Acute care	203,805	279,158	177,386	92,199	65,776	17,406	26,394	6,192	868,316
Rehabilitation care	6,022	0	409	189	0	0	0	7	6,627
Palliative care	7	0	38	42	0	0	0	0	87
Non-acute care	43,892	0	5,853	4,046	3,002	0	402	325	57,520
Other care	3,584	0	614	0	0	0	6	0	4,204
Not reported	0	0	0	0	0	0	0	161	161
Total	257,310	279,158	184,300	96,476	68,778	17,406	26,802	6,685	936,915
Private									
Acute care	63,835	103,605	72,395	42,020	20,314	2,393	9,713	n.a.	314,275
Rehabilitation care	2,807	0	1,934	0	0	0	0	n.a.	4,741
Non-acute care	6	0	473	0	17,712	0	76	n.a.	18,267
Other care	44,200	0	2,244	0	0	0	0	n.a.	46,444
Total	110,848	103,605	77,046	42,020	38,026	2,393	9,789	n.a.	383,727
Public psychiatric									
Acute care	326,078	10,695	64,425	76,886	51,782	14,731	..	..	544,597
Rehabilitation care	63,791	0	11,178	56	28,318	208	..	..	103,551
Non-acute care	34,141	19,530	304,488	6,427	58,660	367	..	..	423,613
Other care	2,888	0	45,182	0	0	0	..	..	48,070
Not reported	0	0	0	0	0	1	..	..	1
Total	426,898	30,225	425,273	83,369	138,760	15,307	..	..	1,119,832
All hospitals									
Acute care	593,718	393,458	314,206	211,105	137,872	34,530	36,107	6,192	1,727,188
Rehabilitation care	72,620	0	13,521	245	28,318	208	0	7	114,919
Palliative care	7	0	38	42	0	0	0	0	87
Non-acute care	122,233	19,530	312,585	10,473	61,662	367	402	325	481,133
Other care	6,478	0	46,269	0	17,712	0	82	0	70,541
Not reported	0	0	0	0	0	1	0	161	383,889
Total	795,056	412,988	686,619	221,865	245,564	35,106	36,591	6,685	2,440,474

(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. Please refer to Box 3.2 for information.

.. Not applicable.

n.a. Not available.

Table 3.57: Commonwealth/State Disability Agreement-funded residential disability support services^(a) received by clients with a psychiatric primary disability on a snapshot day, by age and sex, Australia, 2000

Sex	Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Male	0	26	41	41	21	16	7	152
Female	0	11	22	21	21	4	11	91
Total	0	37	63	62	42	20	18	243

(a) Includes institutions/large residential, hostels and group homes.

Source: CSDA MDS collection.

Table 3.58: Commonwealth/State Disability Agreement-funded residential disability support services^(a) received by clients with a psychiatric primary disability on a snapshot day, States and Territories, 2000

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Services ^(a)	61	39	55	49	2	32	5	0	243

(a) Includes institutions/large residential, hostels and group homes.

Source: CSDA MDS collection.

Table 3.59: Commonwealth/State Disability Agreement-funded residential disability support services received by clients with a psychiatric primary disability on a snapshot day by country of birth, Australia, 2000

	Australia	Other English-speaking countries ^(a)	Non-English-speaking countries	Not known/ not stated	Total
Services ^(b)	208	6	9	20	243

(a) Other English-speaking countries include United Kingdom, Ireland, New Zealand, United States of America and Canada.

(b) Includes institutions/large residential, hostels and group homes.

Source: CSDA MDS collection.

Table 3.60: Commonwealth/State Disability Agreement-funded residential disability support services received by clients with a psychiatric primary disability on a snapshot day by Indigenous status, Australia, 2000

	Indigenous	Non-Indigenous	Not stated	Total
Services ^(a)	4	230	9	243

(a) Includes institutions/large residential, hostels and group homes.

Source: CSDA MDS collection.

4 Specialised mental health care labour force and establishments

This chapter presents an overview of available data on the characteristics of medical practitioners and establishments delivering specialised mental health care in Australia. It also describes the characteristics of the psychiatric labour force and PBS expenditure on mental health-related medications. The data presented on mental health care establishments include the number of establishments, available beds, full-time-equivalent (FTE) staff, and salary and non-salary expenditure. The establishments described include public community mental health establishments, public and private psychiatric hospitals, and psychiatric units or wards in public acute care hospitals.

Psychiatrists

This section presents information on the size and characteristics of the psychiatrist labour force, the services provided by psychiatrists in private practice and the Medicare expenditure for those private practice services, using data from the National Medical Labour Force Survey and the Medicare data collection.

State and Territory health authority expenditure on psychiatrists is mainly composed of salaries for staff psychiatrists and fees for consultant psychiatrists providing services in public hospitals and public community mental health services. The State and Territory expenditure on psychiatrists is included in the data presented in the *Medical officers salary and wages* data and *Payments to visiting medical officers* data presented in the community mental health establishments and the public psychiatric and public acute hospital sections below. However, expenditure for psychiatrists can not be isolated from the expenditure on other types of medical practitioners.

Labour force survey data

The information presented in this section is based on data presented in the National Medical Labour Force Survey conducted in 1998. For additional information on this survey, refer to Chapter 1 or *Medical Labour Force 1998* (AIHW 2000b).

National medical labour force survey data on the number of specialists practising as psychiatrists and psychiatry trainees are presented in Tables 4.1 and 4.2. For the purposes of the survey, a psychiatrist was defined as a medical practitioner who had been accepted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as a member of the college. Psychiatrists-in-training were defined as medical practitioners who had been accepted by the RANZCP into a training position supervised by a member of the college.

Using the data collected between October and December 1998, it was estimated that there were 1,993 specialists practising psychiatry in Australia (10.5 psychiatrists per 100,000 population). The estimated number of psychiatrists-in-training in Australia was 523 (2.7 psychiatrists-in-training per 100,000 population).

The States or Territories with the largest number of psychiatrists per 100,000 population were Victoria (13.3) and South Australia (13.3). The Northern Territory had the lowest number of

psychiatrists, with 5.2 per 100,000 population. A similar pattern was also apparent in the distribution of psychiatrists-in-training. For the majority of psychiatrists (86%), their main place of work was in a capital city (Table 4.2).

Private psychiatrist services

This section presents data on the estimated number of full-time-equivalent private psychiatrists and expenditure on private psychiatrist services from the DHA Medicare data collection. Background information on the Medicare data collection is presented in Chapter 1.

Based on the number of Medicare-funded items, the estimated number of full-time-equivalent private psychiatrists for 1999–00 was 1,034 (Table 4.3). The majority of these were located in metropolitan regions (967 or 93.5%). Victoria (7.4) and South Australia (7.1) were the jurisdictions with the largest number of full-time-equivalent private psychiatrists per 100,000 population.

In 1999–00, a total of \$193.4 million of Medicare funds were used to reimburse attendances with private psychiatrists (Table 4.4). The benefits paid to private psychiatrists represented 2.8% of total Medicare expenditure (\$6,944.9 million) and 19.9% of expenditure on specialist attendances (\$969.2 million) for 1999–00. This represented \$10,212 of Medicare expenditure per 1,000 population. The per capita benefits paid to private psychiatrists in Victoria and South Australia was above the national average, consistent with data presented above on the distribution of all psychiatrists (Table 4.3) and the number of private psychiatry services provided in each jurisdiction (Table 2.14). Almost 92% of the total expenditure was for patient attendances in the psychiatrist consulting rooms. The total Medicare expenditure for private psychiatrists for 1999–00 represented a 54.5% increase on the \$125.2 million (current prices) expended in 1989–90 (Table 4.5), although expenditure has been flat since the mid-1990s. Timing of this plateau corresponds with initiatives taken by State and Territory health authorities to balance the distribution of psychiatrists across private and public sectors (DHAC 2000).

Expenditure on mental health-related medications

The purchase costs of many medications prescribed by private psychiatrists and general practitioners are fully or partially reimbursed through the PBS. This section presents PBS expenditure data for prescriptions from general practitioners and private psychiatrists for mental health-related medications. PBS medication data are classified using the ATC classification. Mental health-related medications for the purpose of this report were defined using the ATC codes for antipsychotic (ATC code N05A), anxiolytic (N05B), hypnotic and sedative (N05C) and antidepressant (N06A) medications. Refer to Appendix 2 for more information on the ATC codes used to define mental health-related medications.

PBS expenditure data for prescriptions from general practitioners and private psychiatrists for mental health-related medications are presented in Table 4.6. There was more PBS expenditure on mental health-related medications prescribed by general practitioners (\$234.2 million) than on those prescribed by private psychiatrists (\$69.5 million). Almost 68% of PBS funds paid to general practitioners for mental health-related prescriptions were for antidepressant medication. For private psychiatrists, antipsychotic medications

accounted for the majority of PBS funds paid (53.5%), with antidepressants a close second (44.6%).

The Northern Territory had the lowest rate of PBS expenditure for mental health-related medication prescribed by these medical practitioners, at \$4,719 per 1,000 population. Victoria (\$17,364 per 1,000 population) and South Australia (\$19,124 per 1,000 population) had the highest rates of PBS expenditure for these medications, possibly reflecting their greater per capita number of private psychiatrists (Table 4.3).

Public community mental health establishments

This section describes community mental health establishments in terms of the number of establishments, availability of beds, staff employed and expenditure. The data in this section relate only to public community mental health care establishments, as data on non-government community mental health establishments are not available. The AIHW NCMHED collates available bed, separation, staff and expenditure data for each public community mental health care establishment in Australia, from routine administrative collections. More detail on the NCMHED can be found in Chapter 1.

Information from the NCMHED on the number of establishments by State and Territory is presented in Table 4.7. A list of the establishments that report to NCMHED is presented in Appendix 7. In 1999–00, there were 232 community mental health care establishments identified in Australia. Of these establishments, 44 provided some form of residential care. Queensland and Northern Territory public community mental health establishments did not provide residential care. It needs to be noted that the definitions of the establishments varied between jurisdictions. In some jurisdictions, such as Tasmania and Queensland, the establishments were equivalent to individual service units, which can include hospital-based mental health outpatient and outreach services. In other jurisdictions, such as New South Wales, Victoria and Western Australia, entire health regions or areas were defined as establishments. For this reason, the number of establishments is not necessarily a measure of the number of physical buildings or campuses from which community mental health care was provided.

There were 1,171 available beds reported to the NCMHED for 1999–00. This was a 10.0% decline from the 1,301 reported for 1998–99. The decline was largely attributable to a drop in available beds in New South Wales and Western Australia.

Data on the number of FTE staff employed in community mental health establishments by State and Territory are presented in Table 4.8. The FTE staff data presented are the average available staff for the year. Note that data collection by staff category is not consistent across all States and Territories, with some jurisdictions providing best estimates. An average of 8,548 FTE staff were employed in Australian community mental health establishments for 1999–00. This was a slight decrease from the 8,679 FTE staff reported in 1998–99.

FTE staffing data by staff category were able to be supplied to the NCMHED by New South Wales, Queensland, South Australia, the Australian Capital Territory and the Northern Territory. For these five jurisdictions, the majority of the FTE staff were *Nurses* (38% or 1,695 FTE staff) and *Diagnostic & allied health professionals* (32.9% or 1,465 FTE staff). The community mental health care workforce of these five jurisdictions also included numbers of *Administrative & clerical staff* (16% or 713 FTE staff) and *Salaried medical officers* (8.8% or 392 FTE staff).

The recurrent expenditure on community mental health establishments in 1999–00 was \$631.4 million (Tables 4.9 and 4.10). The salary category made up 71.8% (\$453.5 million) of total expenditure. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation and salaries paid to contract staff for supply of labour. Non-salary expenditure includes expenses for medical supplies (excluding equipment purchases), administrative expenses and drug supplies expenses.

New South Wales, Queensland, Tasmania, the Australia Capital Territory and the Northern Territory were able to supply their salary and wage data by staffing category. The proportion of salary and wage expenditure paid by the five jurisdictions to *Total nurses* and *Salaried medical officers* was 36.9% (\$78.6 million) and 15.4% (\$32.8 million) respectively. *Diagnostic and allied health professionals* wage and salary payments accounted for 29.5% (\$62.7 million) of the salary expenditure.

Psychiatric and acute care hospitals

Public and private sector psychiatric and acute care hospitals provide admitted patient and non-admitted patient mental health care. In order to present data on the different hospital types, this chapter has drawn on data from the NPHEd and the ABS's PHEC. More details on each collection are presented in Chapter 1.

Public psychiatric hospitals

This section describes public psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. The public psychiatric hospital data were obtained from the NPHEd, which holds a record for each public hospital in Australia and is collated from routine administrative collections. The information presented below relates only to those establishments classified under the NHDD definition as public psychiatric hospitals.

In 1999–00, there were 22 public psychiatric hospitals in Australia. The number of separate establishments reported was similar to that reported in the previous two years (Table 4.11). The increase of one public psychiatric hospital over 1998–99 was due to the inclusion of a small establishment in New South Wales, that was previously classified as part of a large public acute care hospital. When comparing between jurisdictions, it needs to be noted that the hospital reported by Victoria is a specialist forensic service, whereas the hospitals reported by other jurisdictions include a broader range of services. A list of the public psychiatric hospitals that were reported to NPHEd is presented in Appendix 7.

A more reliable indicator of shifts in public psychiatric hospital service delivery is the number of available beds. The number of available beds for the 1999–00 year was 2,759 compared with 2,943 available beds for the 1998–99 year. This represents a 6.3% decline. This suggests that the decline in public psychiatric hospital bed numbers as a result of the integration of mental health care into acute hospital and community settings is continuing. The majority of public psychiatric hospital beds were located in capital cities and other metropolitan areas (79%). There were no public psychiatric hospital beds in remote areas (Table 4.12).

Data on the number of staff employed in public psychiatric hospitals by State and Territory are presented in Table 4.13. The data on FTE staff refer to the average available staff for the year. Note that data collection by staff category was not consistent across all States and

Territories, with some jurisdictions providing best estimates. An average of 6,274 FTE staff were employed in Australian public psychiatric hospitals in 1999–00 compared with 6,395 FTE staff reported for 1998–99 (1.9% decrease).

The majority of the FTE staff were *Nursing staff* (54% or 3,369 FTE staff), followed by *Domestic & other staff* with 21% (1,302 FTE staff). *Salaried medical officers* and *Diagnostic & allied health professionals* made up 5% (314 FTE staff) and 9% (559 FTE staff) of the public psychiatric hospital workforce respectively.

Tables 4.14 and 4.15 present information on the gross recurrent expenditure on public psychiatric hospitals, including salary and non-salary categories. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation and amounts paid to contract staff for supply of labour. Non-salary expenditure includes payments for medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies.

Box 4.1 Expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients

It needs to be noted that the expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients and some community-based services (e.g. psychiatric outpatient services and community outreach services) are included in both the public hospital data and the public community mental health establishments data. Public hospitals report to NPHED expenditure and staffing data for specialised mental health community, outpatient and outreach services under their management. Many of these mental health community, outpatient and outreach services also report these data separately to NCMHED. For this reason, the expenditure and staffing totals for public psychiatric hospitals and public community mental health services should not be added together.

Appendix 7 lists the public psychiatric hospitals contributing to NPHED and the community mental health establishments contributing to NCMHED. Dual listing of some establishments provides some evidence of overlap (e.g. Wolston Park Hospital in Queensland).

The recurrent expenditure on public psychiatric hospitals in 1999–00 was \$434.9 million. The equivalent figure for the 1998–99 collection period was \$437.3 million, so there was a increase of 0.5% between 1998–99 and 1999–00.

The total recurrent expenditure reported to NPHED is higher than that reported to the NSMHS for 1997–98 (DHAC 2000). This difference reflects the different hospital classifications used by jurisdictions to report public hospital data to NPHED and NSMHS and the classification of some non-admitted patient services managed by public psychiatric hospitals as community-based services in the NSMHS. For additional detail on this point see Appendix 6.

The salary category made up 69.9% (\$303.8 million) of the recurrent expenditure of public psychiatric hospitals. In jurisdictions other than Victoria (for which detailed data were not available), salary and wage payments to *Nursing staff* made up 55% (\$165.9 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic & other staff* and *Salaried medical officers* made up 15% (\$44.9 million) and 9% (\$28.1 million) respectively.

Data on public psychiatric hospital revenue, excluding general revenue payments received from State or Territory governments, are presented in Table 4.16. The revenue received by Australian public psychiatric hospitals (other than in Tasmania) was \$19.8 million for 1999–00 compared with \$22.1 million for 1998–99. This amount is equivalent to 5% of the total recurrent expenditure. A relatively large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (78.2% or \$15.5 million). In

comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 62% (AIHW 2001a). The recoveries, which include income from the use of hospital facilities by salaried medical officers or private practitioners, was 7.6% (\$1.5 million) of the collected revenue.

Public acute hospitals

In 1999–00 there were 107 public acute hospitals with specialised psychiatric units or wards in Australia (Table 4.17). New South Wales (32 hospitals) and Victoria (33 hospitals) had the largest number of public acute hospitals with specialised psychiatric units or wards. The Australian Capital Territory and the Northern Territory each had two public acute care hospitals with specialised psychiatric units or wards. The majority of public acute hospitals with specialised psychiatric units or wards were located in capital cities and other metropolitan areas (70%).

Private psychiatric hospitals

In 1999–00, private hospitals provided 38.3% of the separations with specialised psychiatric care and 15.7% of the total psychiatric care days (Table 3.13a). Private hospitals are designated by the ABS as psychiatric where they are licensed or approved as such by the relevant State or Territory health authority and cater primarily for admitted patients with psychiatric or behavioural disorders. There were 24 private hospitals designated as psychiatric in operation during 1999–00 (Table 4.15), compared with 26 in 1998–99 and 23 in 1997–98 (Table 4.11).

Whilst the number of private hospitals designated as psychiatric declined by one in Victoria and one in Queensland, there was a decline in the number of available beds, number of FTE staff and expenditure for private psychiatric hospitals for all the jurisdiction groupings used for these data. The average number of available private psychiatric hospital beds for 1999–00 was 1,369 (Table 4.18). This was a 6.9% decrease on the 1998–99 figure of 1,471 available beds but similar to the 1,344 beds reported for 1997–98.

In 1999–00, the average number of FTE staff employed by private sector psychiatric hospitals was 1,572 (Table 4.19). This was a 5.3% decrease on the 1998–99 figure of 1,660.

In 1999–00, the recurrent expenditure for private psychiatric hospitals in Australia was \$122.5 million, a slight decline from \$123.6 million in 1998–99 (Tables 4.20 and 4.21). Private psychiatric hospital expenditure was 22.4% of the total psychiatric hospital expenditure in Australia. The total revenue for private psychiatric hospitals for 1999–00 exceeded total expenditure at \$144.0 million (Table 4.22).

Table 4.1: Psychiatrists and psychiatrists-in-training, psychiatrists and psychiatrists-in-training per 100,000 population, States and Territories, 1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatrists ^(a)									
Male	475	478	223	110	133	29	22	9	1,477
Female	153	153	91	36	65	9	6	2	516
<i>Total</i>	<i>628</i>	<i>631</i>	<i>314</i>	<i>146</i>	<i>199</i>	<i>39</i>	<i>28</i>	<i>10</i>	<i>1,993</i>
Per 100,000 population ^(c)	9.8	13.3	8.9	7.8	13.3	8.3	9.0	5.2	10.5
Psychiatrists-in-training ^(b)									
Male	103	73	43	26	29	5	3	3	285
Female	95	43	41	32	17	3	6	0	238
<i>Total</i>	<i>198</i>	<i>115</i>	<i>84</i>	<i>58</i>	<i>46</i>	<i>8</i>	<i>9</i>	<i>3</i>	<i>523</i>
Per 100,000 population ^(c)	3.1	2.4	2.4	3.1	3.1	1.7	2.9	1.5	2.7
Total psychiatrists and psychiatrists in training									
Male	578	551	266	136	162	34	25	12	1,762
Female	248	196	132	68	82	12	12	2	754
Total	826	746	398	204	245	47	37	13	2,517
Per 100,000 population ^(c)	12.8	15.7	11.3	10.9	16.4	10.0	11.9	6.7	13.2

(a) A medical practitioner who has been accepted by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as a member of the college. Includes medical practitioners practising psychiatry as second or third speciality.

(b) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

(c) Rates are crude rates based on 31 December 1998 estimated resident population.

Source: AIHW 2000b.

Table 4.2: Psychiatrists and psychiatrists per 100,000 population by metropolitan, rural and remote region of location of main place of work, 1998

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural centres	Remote centres	Other remote areas	Total
Psychiatrists ^{(a), (b)}	1,708	104	100	45	18	10	0	1,985
Psychiatrists per 100,000 ^(c)	14.1	7.2	8.9	3.7	0.7	1.8	0	10.5

(a) A medical practitioner who has been accepted by the Royal Australian & New Zealand College of Psychiatrists as a member of the college. Excludes medical practitioners practising psychiatry as second or third speciality.

(b) Data on psychiatrists-in-training by metropolitan, rural and remote areas are not available.

(c) Rates are crude rates based on 31 December 1998 estimated resident population.

Source: AIHW 2000b.

Table 4.3: Medicare-funded full-time-equivalent private psychiatrists and private psychiatrists per 100,000 population, by metropolitan, rural and remote region, States and Territories, 1999-00

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Metropolitan	310.0	334.2	137.9	n.p	n.p	13.6	n.p	n.p	966.8
Rural and remote	23.1	12.5	22.0	n.p	n.p	4.9	n.p	n.p	66.9
Total all regions	333.0	346.7	160.0	55.7	106.6	18.5	n.p	n.p	1,033.7
Per 100,000 population^(a)									
Metropolitan	6.4	9.4	6.7	n.p	n.p	7.0	n.p.	n.p.	7.1
Rural and remote	1.5	1.1	1.5	n.p	n.p	1.8	n.p.	n.p.	1.2
Total all regions	5.2	7.4	4.6	3.0	7.1	3.9	n.p.	n.p.	5.5

(a) Rates are crude rates based on the Estimated Resident Population of 30 June 1999.

n.p. Not published.

Source: DHA.

Table 4.4: Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item, States and Territories, 1999-00

Code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances										
Consulting rooms										
300, 310	15 minutes or less	983.6	318.0	229.4	88.6	78.9	18.1	n.p.	n.p.	1,791.1
302, 312	16 to 30 minutes	5,838.0	4,824.9	3,886.6	1,070.5	1,407.6	443.8	n.p.	n.p.	17,771.0
304, 314	31 to 45 minutes	11,115.6	12,517.5	7,958.4	2,280.1	3,739.2	1,254.3	n.p.	n.p.	39,337.7
306, 316	46 to 75 minutes	34,635.4	35,498.0	13,732.1	4,784.1	10,745.0	1,215.3	n.p.	n.p.	101,677.1
308, 318	Over 75 minutes	1,950.7	1,472.2	1,123.7	437.5	725.2	266.8	n.p.	n.p.	6,124.0
319	Selected cases (> 45 mins)	4,145.2	4,098.1	1,233.2	151.8	1,192.6	99.3	n.p.	n.p.	10,971.0
	<i>Total</i>	<i>58,668.5</i>	<i>58,728.7</i>	<i>28,163.5</i>	<i>8,812.6</i>	<i>17,888.5</i>	<i>3,297.6</i>	<i>n.p.</i>	<i>n.p.</i>	<i>177,671.9</i>
Hospital										
320	15 minutes or less	68.6	196.5	84.8	52.9	47.0	14.6	n.p.	n.p.	468.8
322	16 to 30 minutes	628.5	880.4	1,238.4	386.6	453.4	75.7	n.p.	n.p.	3,697.0
324	31 to 45 minutes	901.3	900.5	712.8	325.5	314.2	121.5	n.p.	n.p.	3,318.7
326	46 to 75 minutes	1,077.1	1,027.2	484.2	274.6	284.1	132.8	n.p.	n.p.	3,320.4
328	Over 75 minutes	250.2	117.6	108.3	49.4	46.6	19.1	n.p.	n.p.	599.4
	<i>Total</i>	<i>2,925.7</i>	<i>3,122.2</i>	<i>2,628.6</i>	<i>1,089.1</i>	<i>1,145.3</i>	<i>363.7</i>	<i>n.p.</i>	<i>n.p.</i>	<i>11,404.3</i>
Other location										
330	15 minutes or less	23.2	2.7	0.5	n.p.	0.2	n.p.	n.p.	n.p.	31.6
332	16 to 30 minutes	45.7	36.2	7.1	23.4	5.7	1.9	n.p.	n.p.	121.1
334	31 to 45 minutes	68.0	168.2	8.2	2.9	20.7	3.5	n.p.	n.p.	273.3
336	46 to 75 minutes	141.4	182.6	12.7	10.6	47.7	9.4	n.p.	n.p.	405.4
338	Over 75 minutes	222.7	30.2	4.1	n.p.	7.3	n.p.	n.p.	n.p.	267.5
	<i>Total</i>	<i>501.0</i>	<i>419.9</i>	<i>32.6</i>	<i>42.5</i>	<i>81.6</i>	<i>15.9</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,098.9</i>
Other services										
342, 344, 346	Group psychotherapy	673.9	1,542.4	183.6	67.0	137.7	23.1	n.p.	n.p.	2,631.7
348, 350, 352	Interview with non-patient	87.4	47.4	39.5	27.2	18.3	9.9	n.p.	n.p.	232.4
14224	Electroconvulsive therapy ^(a)	104.8	148.5	140.0	30.1	43.2	21.2	n.p.	n.p.	492.4
	<i>Total</i>	<i>866.2</i>	<i>1,738.3</i>	<i>363.2</i>	<i>124.3</i>	<i>199.2</i>	<i>54.1</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,356.4</i>
Total expenditure (\$'000)		62,961.4	64,009.2	31,187.9	10,068.5	19,314.5	3,731.2	n.p.	n.p.	193,531.5
Per 1,000 population		9,842.8	13,597.0	8,893.3	5,420.2	12,941.9	7,925.3	n.p.	n.p.	10,221.4

(a) The data for electroconvulsive therapy item may include data for medical practitioners other than psychiatrists.

n.p. Not published.

Source: DHA.

Table 4.5: Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item (current prices), 1989–90 to 1999–00^(a)

	1989–90	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00
Total expenditure (\$'000)^(b)	125,166.1	138,927.3	152,905.3	169,530.3	183,411.9	189,810.3	197,546.2	193,009.8	190,529.8	191,871.7	193,381.3
Per 1,000 population	7,444.0	8,141.0	8,847.0	9,690.4	10,381.6	10,632.5	10,933.0	10,542.6	10,287.2	10,245.6	10,213.4

(a) The year in which the Medicare claim was processed. This not necessarily the year in which the service was provided.

(b) Does not include non-psychiatrist services for electroconvulsive therapy.

Source: DHA.

Table 4.6: Pharmaceutical Benefits Scheme expenditure (\$'000) on pharmaceuticals prescribed by general practitioners and private psychiatrists by mental health-related pharmaceutical group, States and Territories,^(a) 1999–00

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
General practitioners										
N05A	Antipsychotics	17,157	15,052	9,021	3,420	5,257	981	612	169	52,042
N05B	Anxiolytics	3,835	3,517	2,483	909	1,171	497	111	31	12,563
N05C	Hypnotics & sedatives	3,764	3,044	1,972	1,138	1,061	345	103	27	11,462
N06A	Antidepressants	47,190	39,497	32,352	16,694	14,099	4,838	2,758	561	158,166
	<i>Total (\$'000)</i>	<i>71,945</i>	<i>61,110</i>	<i>45,828</i>	<i>22,160</i>	<i>21,587</i>	<i>6,661</i>	<i>3,584</i>	<i>787</i>	<i>234,234</i>
	Per 1,000 population (\$)	11,247	12,981	13,068	11,930	14,465	14,148	11,588	4,083	12,371
Private psychiatrists										
N05A	Antipsychotics	12,706	10,757	6,400	1,897	3,583	465	826	70	37,162
N05B	Anxiolytics	259	446	197	39	107	37	8	1	1,098
N05C	Hypnotics & sedatives	64	94	50	15	30	11	2	0	269
N06A	Antidepressants	8,639	9,333	5,675	2,679	3,233	742	457	51	30,961
	<i>Total (\$'000)</i>	<i>21,667</i>	<i>20,630</i>	<i>12,323</i>	<i>4,630</i>	<i>6,953</i>	<i>1,255</i>	<i>1,294</i>	<i>122</i>	<i>69,491</i>
	Per 1,000 population (\$)	3,387	4,382	3,514	2,492	4,659	2,665	4,184	636	3,670
General practitioners and private psychiatrists										
	Total (\$'000)	25,760	23,960	14,830	5,840	8,167	1,657	1,463	163	82,470
	Per 1,000 population (\$)	14,635	17,364	16,582	14,422	19,124	16,813	15,772	4,719	16,041

(a) State/Territory is determined according to the address of the pharmacy supplying the item.

(b) Includes State or Territory unknown.

Source: DHA.

Table 4.7: Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, States and Territories, 1999–00

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Establishments ^(a)	19	38	90	23	31	23	2	6	232
Establishments with residential care services	7	30	0	2	1	3	1	0	44
Available beds ^(b)	127	900	0	26	20	68	30	0	1,171
Available beds per 100,000 population ^(c)	2.0	19.1	0.0	1.4	1.3	14.4	9.7	0.0	6.2

(a) For details on the services reporting to NCMHED, refer to Appendix 7.

(b) Average available beds where possible; otherwise available beds at 30 June 2000.

(c) Rates are crude rates based on 31 December 1999 estimated resident population.

Source: NCMHED.

Table 4.8: Full-time-equivalent staff,^(a) public community mental health establishments,^(b) States and Territories, 1999-00

Staff category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	187	n.a.	122	n.a.	66	n.a.	7	10	392
Nurses									
Registered nurses	n.a.	n.a.	371	n.a.	n.a.	n.a.	59	30	460
Enrolled nurses	n.a.	n.a.	9	n.a.	n.a.	n.a.	6	0	14
<i>Total nurses</i>	<i>982</i>	<i>n.a.</i>	<i>380</i>	<i>n.a.</i>	<i>238</i>	<i>n.a.</i>	<i>65</i>	<i>30</i>	<i>1,695</i>
Other personal care staff	n.a.	n.a.	16	n.a.	6	n.a.	8	0	29
Diagnostic & allied health professionals	682	n.a.	456	n.a.	238	n.a.	65	23	1465
Administrative & clerical staff	402	n.a.	163	n.a.	96	n.a.	28	23	713
Domestic & other staff	222	n.a.	25	n.a.	4	n.a.	0	1	251
Total staff	2,476	2,873	1,160	929	648	202	174	87	8,548

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2000 were used.

(b) For details on the services reporting to NCMHED, refer to Appendix 7.

n.a. Not available.

Source: NCMHED.

Table 4.9: Salaries and wages expenditure (\$'000), public community mental health establishments,^(a) States and Territories, 1999-00

Recurrent expenditure category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	16,984	n.a.	12,347	n.a.	n.a.	1,665	760	1,056	32,811
Nurses									
Registered nurses	n.a.	n.a.	18,359	n.a.	n.a.	744	3163	1,633	23,899
Enrolled nurses	n.a.	n.a.	318	n.a.	n.a.	0	207	0	525
<i>Total nurses</i>	<i>50,602</i>	<i>n.a.</i>	<i>18,677</i>	<i>n.a.</i>	<i>n.a.</i>	<i>4,306</i>	<i>3,370</i>	<i>1,633</i>	<i>78,590</i>
Other personal care staff	n.a.	n.a.	626	n.a.	n.a.	0	299	0	926
Diagnostic & allied health professionals	32,708	n.a.	22,496	n.a.	n.a.	2,757	3,312	1,451	62,724
Administrative & clerical staff	19,153	n.a.	5,718	n.a.	n.a.	1,023	650	1,011	27,556
Domestic & other staff	8,357	n.a.	950	n.a.	n.a.	986	0	39	10,333
Total salaries and wages	127,804	162,406	60,816	46,014	32,132	10,738	8,391	5,191	453,492

(a) For details on the services reporting to NCMHED, refer to Appendix 7.

n.a. Not available.

Source: NCMHED.

Table 4.10: Non-salary and total recurrent expenditure (\$'000), public community mental health establishments,^(a) States and Territories, 1999-00

Recurrent expenditure category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Payments to visiting medical officers	4,648	n.a.	4,338	n.a.	n.a.	390	636	0	10,013
Superannuation	9,283	n.a.	5,545	n.a.	n.a.	1,020	1,090	0	16,938
Drug supplies	2,789	n.a.	1,722	n.a.	n.a.	302	22	68	4,903
Medical & surgical supplies	946	n.a.	145	n.a.	n.a.	32	4	2	1,129
Food supplies	1,174	n.a.	95	n.a.	n.a.	184	114	8	1,575
Domestic services	1,821	n.a.	1,160	n.a.	n.a.	134	106	105	3,325
Repairs & maintenance	3,800	n.a.	627	n.a.	n.a.	94	52	41	4,614
Patient transport	467	n.a.	337	n.a.	n.a.	0	13	1	818
Administrative expenses	22,271	n.a.	9,691	n.a.	n.a.	1,052	406	1,083	34,503
Interest payments	28	n.a.	114	n.a.	n.a.	0	0	0	142
Depreciation	5,567	n.a.	820	n.a.	n.a.	0	5	0	6,392
Other recurrent expenditure	7,076	n.a.	1226	n.a.	n.a.	0	4,148	1,106	13,556
Total non-salary expenditure	59,870	54,813	25,821	18,900	6,244	3,208	6,595	2,414	177,865
Total recurrent expenditure	187,674	217,219	86,638	64,914	38,376	13,946	14,986	7,605	631,358

(a) For details on the services reporting to NCMHED, refer to Appendix 7.

n.a. Not available.

Source: NCMHED.

Table 4.11: Summary of public and private psychiatric hospitals,^(a) Australia, 1997–98 to 1999–00

	1997–98	1998–99	1999–00
Public psychiatric hospitals			
Number of establishments	24	21	22
Available beds ^(b)	3,112	2,943	2,759
Full-time-equivalent staff	6,128	6,395	6,274
Total salaries and wages expenditure (\$'000)	276,877	318,056	303,812
Total non-salary expenditure (\$'000)	100,962	119,284	133,078
Total recurrent expenditure (\$'000)	377,839	437,340	423,827
Revenue (\$'000)	22,406	22,131	19,769
Private psychiatric hospitals^(c)			
Number of establishments	23	26	24
Available beds ^(b)	1,344	1,471	1,369
Full-time-equivalent staff	1,514	1,660	1,572
Recurrent expenditure (\$'000)	111,141	123,601	122,498
Public community mental health establishments^(d)			
Number of establishments	n.a	208	232
Available beds ^(b)	n.a	1,301	1,171
Full-time-equivalent staff	n.a	8,679	8,570
Total salaries and wages expenditure (\$'000)	n.a	421,192	453,492
Total non-salary expenditure (\$'000)	n.a	166,409	177,865
Total recurrent expenditure (\$'000)	n.a	588,006	631,358

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. There are some overlap between public psychiatric hospitals and public community mental health establishments, so expenditure and staffing information can not be added together. See Box 4.1 for further information.

(b) Average for the year.

(c) ABS defined private psychiatric hospitals as those that are licensed/approved by each State or Territory health authority and for which 50% or more of the total patient days were for psychiatric patients.

(d) No data are available for 1997–98 from the National Community Mental Health Establishments Database.

n.a. Not available.

Source: NPED, PHEC, NCMHED.

Table 4.12: Public psychiatric hospitals,^(a) available beds and available beds per 1,000 population by metropolitan, rural and remote region, States and Territories, 1999–00

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals									
Metropolitan	7	1	5	1	1	3	0	0	18
Rural	2	0	2	0	0	0	0	0	4
Remote	0	0	0	0	0	0	0	0	0
Total all regions	9	1	7	1	1	3	0	0	22
Available beds^(b)									
Metropolitan	875	90	334	283	479	117	..	..	2,178
Rural	193	..	388	..	..	..	..	..	581
Remote	..	..	..	..	..	..	..	..	0
Total all regions	1,068	90	722	283	479	117	..	..	2,759
Available beds per 100,000 population^(c)									
Metropolitan	18.1	2.5	16.1	20.8	43.8	60.2	..	..	16.1
Rural	12.9	..	31.3	..	..	..	..	..	12.0
Remote	..	..	..	..	..	..	..	..	0
Total all regions	16.6	1.9	20.4	15.1	32.0	24.9	..	..	14.5

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. For details on the hospitals reporting to NPHED, refer to Appendix 7.

(b) Average available beds where possible; otherwise available beds at 30 June 2000.

(c) Rates are crude rates based on 31 December 1999 estimated resident population.

.. Not applicable.

Source: NPHED.

Table 4.13: Full-time-equivalent staff,^(a) public psychiatric hospitals,^(b) States, 1999–00

Staff category	NSW^(c)	Vic^(d)	Qld	WA^(e)	SA^(f)	Tas	Total
Salaried medical officers	131	11	35	41	92	4	314
Nurses							
Registered nurses	n.a.	121	609	318	543	84	1,675
Enrolled nurses	n.a.	n.a.	155	84	133	24	396
<i>Total nurses</i>	<i>1,298</i>	<i>121</i>	<i>764</i>	<i>402</i>	<i>676</i>	<i>108</i>	<i>3,369</i>
Other personal care staff	..	0	89	0	..	0	89
Diagnostic & allied health professionals	217	24	98	86	127	7	559
Administrative & clerical staff	307	5	116	72	129	11	641
Domestic & other staff	531	0	301	147	197	126	1,302
Total staff	2,485	161	1,404	748	1,220	256	6,274

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2000 were used.

(b) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHEd, refer to Appendix 7.

(c) New South Wales *Other personal care staff* are included in *Diagnostic & allied health professionals*.

(d) For Victoria, FTEs may be slightly understated.

(e) *Other personal care staff* for Western Australia excludes staff on retention who do not work regular hours.

(f) South Australian *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

.. Not applicable.

n.a. Not available.

Source: NPHEd.

Table 4.14: Salaries and wages expenditure (\$'000), public psychiatric hospitals,^(a) States, 1999–00

Staff category	NSW^(b)	Vic^(c)	Qld	WA	SA^(d)	Tas	Total
Salaried medical officers	13,037	n.a.	3,764	5,036	5,844	390	28,071
Nurses							
Registered nurses	n.a.	n.a.	33,240	16,087	28,135	4,586	82,048
Enrolled nurses	n.a.	n.a.	6,131	3,055	6,749	931	16,867
<i>Total nurses</i>	<i>67,017</i>	<i>n.a.</i>	<i>39,371</i>	<i>19,142</i>	<i>34,884</i>	<i>5,517</i>	<i>165,931</i>
Other personal care staff	n.a.	n.a.	4,092	0	n.a.	n.a.	4,092
Diagnostic & allied health professionals	10,630	n.a.	4,860	3,483	6,364	344	25,681
Administrative & clerical staff	13,109	n.a.	4,714	2,726	5,072	401	26,022
Domestic & other staff	18,442	n.a.	10,903	4,713	6,510	4,411	44,979
Total salaries & wages	122,235	9,036	67,704	35,100	58,674	11,063	303,812

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHEd, refer to Appendix 7.

(b) New South Wales expenditure recorded against special purposes and trust funds is excluded. *Other personal care staff* are included in *Diagnostic & allied health professionals*.

(c) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single public psychiatric hospital.

(d) South Australian *Other personal care staff* are included in *Diagnostic & health professionals* and *Domestic & other staff*.

.. Not applicable.

n.a. Not available.

Source: NPHEd.

Table 4.15: Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals,^(a) States, 1999–00

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(f)	Tas ^(g)	Total
Payments to visiting medical officers	2,039	n.a.	1,516	0	2,097	n.a.	5,652
Superannuation	10,416	n.a.	6,453	5,221	4,476	n.a.	26,566
Drug supplies	3,426	n.a.	1,815	1,273	2,114	n.a.	8,628
Medical & surgical supplies	1,642	n.a.	262	113	408	n.a.	2,425
Food supplies	3,694	n.a.	1,924	1,021	1,548	n.a.	8,187
Domestic services	3,544	n.a.	4,806	982	2,085	n.a.	11,417
Repairs & maintenance	4,130	n.a.	1,077	904	2,949	n.a.	9,060
Patient transport	37	n.a.	14	80	717	n.a.	849
Administrative expenses	16,193	n.a.	5,501	2,385	6,091	n.a.	30,170
Interest payments	28	n.a.	n.a.	0	n.a.	n.a.	28
Depreciation	8,427	n.a.	9,934	1,201	n.a.	n.a.	19,562
Other recurrent expenditure	3,291	n.a.	387	1,766	1,599	n.a.	7,043
Total non-salary expenditure	56,866	3,493	33,689	14,946	24,084	n.a.	133,078
Total recurrent expenditure	179,101	12,529	101,393	50,046	80,759	n.a.	434,891

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHEd, refer to Appendix 7.

(b) New South Wales expenditure recorded against special purposes and trust funds is excluded.

(c) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single public psychiatric hospital.

(d) Queensland *Interest payments* are included in *Administrative expenses*.

(e) Western Australian *Superannuation* may vary substantially from previous years, which were largely based on cash rather than accrual accounting.

(f) *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*.

(g) The Tasmanian accounting system combines expenditure data for establishment groups. This prevents the identification of non-salary expenditure for the three public psychiatric hospitals.

n.a. Not available.

Source: NPHEd.

Table 4.16: Revenue (\$'000), public psychiatric hospitals,^(a) States, 1999–00

Revenue category	NSW	Vic	Qld	WA	SA	Tas ^(b)	Total
Patient revenue ^(c)	7,724	0	3,256	516	3,969	n.a.	15,465
Recoveries	1,317	163	19	8	0	n.a.	1,508
Other revenue	1,019	287	1,330	109	51	n.a.	2,796
Total revenue	10,061	450	4,605	633	4,020	n.a.	19,769

(a) For details on the hospitals reporting to NPHEd, refer to Appendix 7.

(b) The Tasmanian accounting system combines revenue data for establishment groups. This prevents the identification of revenue for the three public psychiatric hospitals.

(c) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

n.a. Not available.

Source: NPHEd.

Table 4.17: Public acute care hospitals with psychiatric units or wards,^(a) by metropolitan, rural and remote region, States and Territories, 1999–00

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Metropolitan	21	24	10	8	8	1	2	1	75
Rural	11	9	7	2	0	2	0	0	31
Remote	0	0	0	0	0	0	0	1	1
Total	38	33	17	10	8	3	2	2	107

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

Source: NPHEd.

Table 4.18: Private psychiatric hospitals, available beds and available beds per 1,000 population, States and Territories, 1999-00

	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Private psychiatric hospitals	9	5	4	6	0	24
Available beds ^(a)	447	288	292	312	..	1,369
Available beds per 100,000 population ^(b)	6.6	6.1	8.3	8.1	..	7.2

(a) Average available beds where possible; otherwise available beds at 30 June 2000.

(b) Rates are crude rates based on 31 December 1999 estimated resident population.

.. Not applicable.

Source: PHEC.

Table 4.19: Full-time-equivalent staff,^(a) private psychiatric hospitals, States and Territories, 1999-00

Staff category	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Salaried medical officers	15	3	n.a.	n.a.	..	23
Total nurses ^(b)	292	201	178	173	..	843
Diagnostic & allied health professionals	76	37	28	20	..	161
Administrative & clerical staff	122	61	30	51	..	265
Domestic & other staff ^(c)	120	50	52	58	..	280
Total full-time-equivalent staff	624	352	292	304	..	1,572

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2000 were used.

(b) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses* and *Other nursing staff* categories.

(c) Includes *Orderlies/porters, Catering and kitchen, Domestic, Engineering & maintenance* and *Other* categories.

.. Not applicable.

n.a. Not available, but included in the total.

Source: PHEC.

Table 4.20: Salaries and wages expenditure (\$'000), private psychiatric hospitals, States and Territories, 1999-00

Recurrent expenditure category	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Salaried medical officers	1,341	188	n.a.	n.a.	..	2,060
Total nurses ^(a)	14,591	10,048	8,563	8,599	..	41,801
Diagnostic & allied health professionals	3,868	1,848	1,425	1,065	..	8,205
Administrative & clerical staff	4,754	2,370	1,272	2,003	..	10,399
Domestic & other staff ^(b)	3,747	1,747	1,695	1,894	..	9,083
Total salaries and wages	28,301	16,201	13,365	13,682	..	71,549

(a) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses* and *Other nursing staff* categories.

(b) Includes *Orderlies/porters, Catering and kitchen, Domestic, Engineering & maintenance* and *Other* categories.

.. Not applicable.

n.a. Not available, but included in the total.

Source: PHEC.

Table 4.21: Non-salary expenditure and total recurrent expenditure (\$'000), private psychiatric hospitals, States and Territories, 1999-00

Recurrent expenditure category	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Superannuation	1,749	1,126	812	991	..	4,678
Payroll tax	690	982	628	640	..	2,940
On-costs excluding superannuation and payroll tax ^(a)	1,529	1,756	234	634	..	4,154
Drug supplies	1,074	293	115	173	..	1,655
Medical & surgical supplies	272	174	188	142	..	776
Food supplies	1,632	1,026	589	856	..	4,103
Domestic services	720	623	398	463	..	2,205
Repairs & maintenance	874	476	n.a.	n.a.	..	1,827
Patient transport	34	n.a.	0	n.a.	..	57
Administrative expenses	8,066	5,076	2,186	3,288	..	18,615
Interest payments	n.a.	n.a.	n.a.	n.a.	..	267
Depreciation	1,273	1,225	835	874	..	4,207
Contract services (excluding medical practitioners)	1,293	223	2,176	717	..	4,410
Other recruitment expenditure	n.a.	n.a.	0	n.a.	..	1058
Total non-salary expenditure	19,432	13,868	8,339	9,310	..	50,949
Total recurrent expenditure	47,733	30,069	21,704	22,992	..	122,498

(a) Includes workers compensation premiums, uniforms and personal costs.

n.a. Not available, but included in the total.

.. Not applicable.

Source: PHEC.

Table 4.22: Revenue (\$'000), private psychiatric hospitals, States and Territories, 1999-00

Revenue category	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Patient revenue ^(a)	51,654	34,468	26,206	26,619	..	138,947
Recoveries	1,102	n.a.	n.a.	n.a.	..	3,549
Other revenue	853	n.a.	n.a.	n.a.	..	1,553
Total revenue	53,609	36,224	26,942	27,723	..	144,048

(a) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

n.a. Not available, but included in the total.

.. Not applicable.

Source: PHEC.

Appendix 1: National Minimum Data Sets for Mental Health Care

Background

This section provides background information on the three component data sets that comprise the National Minimum Data Sets – Mental Health Care as defined under the National Health Information Agreement for collection by States and Territories and collation by the AIHW. This report contains data specified under the NMDS – Admitted Patient Mental Health Care and the NMDS – Community Mental Establishments. The third data set, specified as the NMDS – Community Mental Health Care, will be collated for the first time in 2002.

The Commonwealth Department of Health and Ageing provides National Mental Health Strategy funds to the AIHW to manage NMDS definitional development and collection strategies for mental health care. The AHMAC National Mental Health Working Group (NMHWG) oversees the NMDSs – Mental Health Care work program. Detailed advice on NMDS development is provided to the NMHWG by the Group's Information Strategy Committee and its NMDS subcommittee.

NMDS—Admitted Patient Mental Health Care

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

In acute care hospitals, a 'specialised' episode of care or separation may comprise some psychiatric care days (care in a specialised psychiatric ward) and some days in general care, or psychiatric care days only. An episode of care in a public psychiatric hospital is deemed to comprise psychiatric care days only and to be 'specialised', unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

The NMDS for admitted patient mental health care effectively began in July 1996, with the collection of data on *Mental health legal status* and *Total psychiatric care days*. Since 1997, a wider range of data elements has been collected. In 1999–00, a total of 31 were specified (Table A1.1).

National Minimum Data Set—Community Mental Health Establishments

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

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

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

Included in the scope of the NMDS are all specialised mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients. The scope includes:

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

The scope excludes:

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

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

Table A1.2 presents information on the extent to which data elements were reported by the different jurisdictions and sectors for 1999–00. *Type of usual accommodation, Employment status* and *Referral to further care (psychiatric patient)* data elements were reported for less than 50% of separations.

National Minimum Data Set—Community Mental Health Care

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

Included in the scope of the NMDS are all specialised mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients. The scope includes service contacts for non-admitted patients in public community mental health care establishments, including adult, adolescent and child community mental health services and non-admitted services in hospitals such as specialised psychiatric outpatient services.

The scope excludes:

- admitted patient mental health care services;
- support services that are not specialised mental health care services (e.g. accommodation support services); and
- services provided by non-government organisations and residential care services.

Thus the scope of this NMDS is the service contacts provided in non-residential establishments that are included in the NMDS—Community Mental Health Establishments. Subject to quality and consistency of the data provided, some summary data from this NMDS will be presented in *Mental Health Services in Australia 2000–01*.

Table A1.1: Data elements^(a) that constitute the NMDS – Admitted Patient Mental Health Care for 1999–00

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

(a) All data elements are defined in the *National Health Data Dictionary*, Version 8.0 (NHDC 1999).

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

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

Table A1.2: Reporting of data elements^(a) that constitute the NMDS – Admitted Patient Mental Health Care for 1999–00

Data element	Hospital type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	% not reported
Area of usual residence	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	3.4
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	..	0.6
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	5.5
	<i>Total</i>									2.5
Aboriginal and Torres Strait Islander status	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1.9
	Private	Yes	Yes	Yes	Yes	Yes	Yes	No	..	0.9
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	2.1
	<i>Total</i>									1.5
Country of birth	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5.3
	Private	Yes	Yes	Yes	Yes	Yes	No	Yes	..	9.8
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	3.2
	<i>Total</i>									6.8
Marital status	Public acute	40% reported	Yes	Yes	Yes	Yes	Yes	Yes	Yes	20.7
	Private	No	Yes	Yes	Yes	Yes	No	Yes	..	28.9
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	9.8
	<i>Total</i>									22.7
Employment status	Public acute	No	No	Yes	Yes	Yes	Yes	Yes	Yes	53.5
	Private	No	No	Yes	Yes	No	Yes	No	..	65.6
	Public psychiatric	No	Yes	Yes	Yes	Yes	Yes	..	..	63.0
	<i>Total</i>									59.1
Type of usual accommodation	Public acute	No	No	Yes	No	Yes	No	Yes	No	68.0
	Private	No	No	Yes	No	No	No	No	..	80.0
	Public psychiatric	No	Yes	Yes	No	Yes	No	..	..	74.7
	<i>Total</i>									73.2

(continued)

Table A1.2: (continued) Reporting of data elements^(a) that constitute the NMDS – Admitted Patient Mental Health Care for 1999–00

Data element	Hospital Type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	% not reported
Type of episode	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	..	0
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	0
Mode of admission	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	41% reported	Yes	3.1
Source of referral	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	0
Previous specialised treatment	Public acute	Yes	No	Yes	No	No	No	Yes	No	48.2
	Private	Yes	No	Yes	No	No	No	No	..	54.3
	Public psychiatric	Yes	Yes	Yes	Yes	No	No	..	..	28.0
	<i>Total</i>									<i>48.4</i>
Referral to further care	Public acute	42% reported	No	Yes	No	Yes	No	No	No	57.3
	Private	No	No	Yes	No	No	No	No	..	79.6
	Public psychiatric	Yes	Yes	Yes	No	Yes	No	..	..	21.5
	<i>Total</i>									<i>62.1</i>
Mode of separation	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.1
	Private	Yes	Yes	Yes	Yes	6% reported	No	Yes	..	3.2
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	0.1
	<i>Total</i>									<i>1.3</i>
Principal diagnosis	Public acute	Yes	471 missing	Yes	Yes	Yes	57 missing	Yes	Yes	0.6
	Private	Yes	5 missing	Yes	Yes	Yes	Yes	Yes	..	0.0
	Public psychiatric	Yes	61 missing	Yes	Yes	Yes	132 missing	..	..	1.1
	<i>Total</i>									<i>0.4</i>
Mental health legal status	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	18.0
	Private	Yes	No	Yes	Yes	No	No	Yes	..	47.8
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	12.2
	<i>Total</i>									<i>28.8</i>

(a) All data elements are defined in the *National Health Data Dictionary*, Version 8.0 (NHDC 1999).

.. Not applicable.

Table A1.3: Data elements^(a) that constitute the NMDS – Community Mental Health Establishments for 1999–00

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

(a) All data elements are defined in the *National Health Data Dictionary*, Version 8.0 (NHDC 1999).

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

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

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

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

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

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

Appendix 2: Codes used to define mental health-related care and medications

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

For other data collections, it was necessary to employ the classifications used in the collections for diagnoses, problems or disabilities to define mental health-related care. The principal and additional diagnosis data in the NHMD are coded using the ICD-10-AM classification, the BEACH data set uses ICPC-2 for coding RFEs and problems, and Details are provided below for each classification on which codes were used to define a mental health-related principal or additional diagnosis, a mental health-related problem or RFE, or mental health-related primary disability.

The definition of a mental health-related medication was based on the ATC classification for PBS data. Details are provided in Table A2.3.

National Hospital Morbidity Database

During the preparation of *Mental Health Services in Australia 1999–00*, attention was given to ensuring that the definition of a mental health-related diagnosis included all codes which were either clinically or statistically relevant to mental health.

A diagnosis was considered clinically relevant if:

- it is included in the *Mental and Behavioural Disorders* chapter of ICD-10-AM;
- it is included as a principal diagnosis defining AR-DRG version 4.1 Major Diagnostic Categories 19 (*Mental Diseases and Disorders*) and 20 (*Alcohol/drug use and alcohol/drug induced organic mental disorders*); or
- it otherwise appears to be specific for a mental health-related condition.

A diagnosis was defined as being statistically relevant if:

- during 1999–00 there were more than 20 separations with specialised psychiatric care for the principal diagnosis at the 3-character level of ICD-10-AM or more than 10 at the 4-character level; and
- over 50% of separations with the principal diagnosis included specialised psychiatric care.

This list was developed in consultation with the National Mental Health Working Group Information Strategy Committee. The agreed list of codes is in Table A2.1.

Bettering the Evaluation And Care of Health

For the purposes of this report, mental health-related RFEs and problems managed were defined as those included in the ICPC-2 *Psychological* chapter. Table A2.2 presents a list of the codes included in the ICPC-2 *Psychological* chapter and their description. The same set of codes was used for both RFEs and problems. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 1999-00* (Britt et al. 2000).

Medicare and Pharmaceutical Benefits Scheme data

The codes used to define private psychiatrist services in the Medicare data are presented Table A2.3. Prescription data from the PBS are coded using the ATC classification. The codes used to define mental health-related medications are presented in Table A2.4.

Table A2.1: ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Description	Mental and behavioural disorders chapter	MDC 19 and 20	Other apparent clinical relevance	Statistical relevance ^(a)
F00–F03	Dementia	v			
F04–F09	Other organic mental disorders	v			
F10	Mental and behavioural disorders due to use of alcohol	v	v		
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	v	v		
F20–29	Schizophrenia, schizotypal and delusional disorders	v	v		
F30–F39	Mood (affective) disorders	v	v		
F40–F48	Neurotic, stress-related and somatoform disorders	v	v		
F50	Eating disorders	v	v		
F51–F52	Non-organic sleep disorders, sexual dysfunction, not caused by organic disorder or disease	v	v		
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	v			
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere	v	v		
F55	Harmful use of non-dependence-producing substances	v	v		
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors	v	v		
F60–F69	Disorders of adult personality and behaviour	v	v		
F70–F79	Mental retardation	v			
F80–F89	Disorders of psychological development	v	v		
F90–F98 (excluding F95)	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	v	v		
F95	Tic disorders	v			
F99	Mental disorder not otherwise specified	v	v		
G30.0	Alzheimer's disease with early onset				v
G30.1	Alzheimer's disease with late onset				v
G30.8	Other Alzheimer's disease				v
G47.0	Disorders initiating and maintaining sleep		v		
G47.1	Disorders excessive somnolence		v		
G47.2	Disorders of the sleep-wake schedule		v		
G47.8	Other sleep disorders		v		
G47.9	Sleep disorder, unspecified		v		
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium			v	

(continued)

Table A2.1 (continued): ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Description	Mental and behavioural disorders chapter	MDC 19 and 20	Other apparent clinical relevance	Statistical relevance ^(a)
R44.0	Auditory hallucinations		v		
R44.1	Visual hallucinations			v	
R44.2	Other hallucination		v		
R44.3	Hallucinations, unspecified		v		
R44.8	Other and unspecified symptoms and signs involving general sensations and perception		v		
R45.0	Nervousness		v		
R45.1	Restlessness and agitation		v		
R45.4	Irritability and anger		v		
R48.0	Dyslexia and alexia		v		
R48.1	Agnosia		v		
R48.2	Apraxia		v		
R48.8	Other and unspecified symbolic dysfunctions		v		
R68.1	Non-specific symptoms peculiar to infancy		v		
Z00.4	General psychiatric examination, not elsewhere classified			v	v
Z03.2	Observation for suspected mental and behavioural disorder			v	v
Z04.6	General psychiatric examination, requested by authority			v	v
Z09.3	Follow-up examination after psychotherapy			v	
Z13.3	Special screening examination for mental and behavioural disorders			v	
Z50.2	Alcohol rehabilitation			v	
Z50.3	Drug rehabilitation			v	
Z54.3	Convalescence following psychotherapy			v	
Z63.1	Problems relationship with parents & in-laws				v
Z63.8	Other specified problems related to primary support group				v
Z65.8	Other specified problems related to psychosocial circumstances			v	v
Z65.9	Problem related to unspecified psychosocial circumstances			v	
Z71.4	Counselling and surveillance for alcohol use disorder			v	v
Z71.5	Counselling and surveillance for drug use disorder			v	
Z73.4	Inadequate social skills, not elsewhere classified				v

(a) Diagnosis codes with more than 20 separations with specialised psychiatric care at the 3-character level of ICD-10-AM or more than 10 at the 4-character level and over 50% of separations included specialised psychiatric care.

Note: Abbreviation: MDC - Major Diagnostic Category.

Table A2.2: ICPC-2 codes used to define mental health-related reasons for encounter and problems managed by general practitioners for BEACH data

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

Table A2.3: Medicare Benefit Schedule codes used to define private psychiatrist services

Code	Description
300	An attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
302	An attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year
304	An attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
306	An attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
308	An attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306 or 308 apply have not exceeded the sum of 50 attendances in a calendar year.
310	An attendance of not more than 15 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
312	An attendance of more than 15 minutes duration but not more than 30 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
314	An attendance of more than 30 minutes duration but not more than 45 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
316	An attendance of more than 45 minutes duration but not more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
318	An attendance of more than 75 minutes duration at consulting rooms, where that attendance and any other attendance to which item 300, 302, 304, 306, 308, 310, 312, 314, 316 or 318 apply exceed 50 attendances in a calendar year.
319	An attendance of more than 45 minutes duration at consulting rooms, where the patient has: (a) been diagnosed as suffering severe personality disorder, anorexia nervosa, bulimia nervosa, dysthymic disorder, substance-related disorder, somatoform disorder or a pervasive development disorder; and (b) for persons 18 years and over, been rated with a level of functional impairment within the range 1 to 50 according to the Global Assessment of Functioning Scale - where that attendance and any other attendance to which items 300 to 308 apply do not exceed 160 attendances in a calendar year.
320	An attendance of not more than 15 minutes duration at hospital.
322	An attendance of more than 15 minutes duration but not more than 30 minutes duration at hospital.
324	An attendance of more than 30 minutes duration but not more than 45 minutes duration at hospital.
326	An attendance of more than 45 minutes duration but not more than 75 minutes duration at hospital.
328	An attendance of more than 75 minutes duration at hospital.
330	An attendance of not more than 15 minutes duration where that attendance is at a place other than consulting rooms or hospital.
332	An attendance of more than 15 minutes duration but not more than 30 minutes duration where that attendance is at a place other than consulting rooms or hospital.
334	An attendance of more than 30 minutes duration but not more than 45 minutes duration where that attendance is at a place other than consulting rooms or hospital.

(continued)

Table A2.3 (continued): Medicare Benefit Schedule codes used to define private psychiatrist services

Code	Description
336	An attendance of more than 45 minutes duration but not more than 75 minutes duration where that attendance is at a place other than consulting rooms or hospital.
338	An attendance of more than 75 minutes duration where that attendance is at a place other than consulting rooms or hospital.
342	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a group of 2 to 9 unrelated patients or a family group of more than 3 patients, each of whom is referred to the consultant physician by a medical practitioner each patient.
344	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 3 patients, each of whom is referred to the consultant physician by a medical practitioner each patient.
346	Group psychotherapy (including any associated consultations with a patient taking place on the same occasion and relating to the condition for which group therapy is conducted) of not less than 1 hours duration given under the continuous direct supervision of a consultant physician in the practice of his or her specialty of psychiatry, involving a family group of 2 patients, each of whom is referred to the consultant physician by a medical practitioner each patient.
348	An interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient.
350	An interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient.
352	An interview of a person other than the patient of not less than 20 minutes duration, in the course of continuing management of a patient - payable not more than 4 times in any 12 month period.
14224	Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation.

Table A2.4: Anatomical Therapeutic Chemical codes used to define mental health-related medication in PBS data

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

Appendix 3: AR-DRG descriptions

Table A3.1: Detailed descriptions of AR-DRGs reported in Chapter 3

AR-DRG	Description
B60B	Non-acute paraplegia/quadruplegia, with or without operating room procedures, without catastrophic complication or comorbidity
B63Z	Dementia and other chronic disturbances of cerebral function
B64Z	Delirium
B67B	Degenerative nervous system disorders without catastrophic or severe complication or comorbidity
B76B	Seizure age > 2 or without catastrophic or severe complication or comorbidity
B81B	Other disorders of the nervous system without catastrophic or severe complication or comorbidity
C63A	Other disorders of the eye with complication or comorbidity
E63Z	Sleep apnoea
E75C	Other respiratory system diagnosis age < 65 without complication or comorbidity
G69Z	Oesophagitis and miscellaneous digestive system disorders age < 10
K62C	Miscellaneous metabolic disorders without catastrophic or severe complication or comorbidity age < 75
O01B	Caesarean delivery with severe complicating diagnosis
O60A	Vaginal delivery with multiple complicating diagnoses, at least one severe
O60B	Vaginal delivery with severe complicating diagnosis
O61Z	Postpartum and post-abortion without operating room procedure
O65A	Other antenatal admission with severe complicating diagnosis
P67D	Neonate, admission weight > 2,499 grams without significant operating room procedure without problem
T60B	Septicaemia without catastrophic or severe complication or comorbidity
U40Z	Mental health treatment, same day, with electroconvulsive therapy
U60Z	Mental health treatment, same day, without electroconvulsive therapy
U61A	Schizophrenia disorders with involuntary mental health legal status
U61B	Schizophrenia disorders without involuntary mental health legal status
U62A	Paranoia & acute psychiatric disorder with catastrophic or severe complication or comorbidity or with involuntary mental health legal status
U62B	Paranoia & acute psychiatric disorder without catastrophic or severe complication or comorbidity without involuntary mental health legal status
U63A	Major affective disorders with catastrophic or severe complication or comorbidity or (age > 69 without catastrophic or severe complication or comorbidity)
901Z	Extensive operating room procedure unrelated to principal diagnosis
960Z	Ungroupable
961Z	Unacceptable principal diagnosis

(continued)

Table A3.1 (continued): Detailed descriptions of AR-DRGs reported in Chapter 3

AR-DRG	Description
U63B	Major affective disorders age < 70 without catastrophic or severe complication or comorbidity
U64Z	Other affective and somatoform disorders
U65Z	Anxiety disorders
U66Z	Eating and obsessive–compulsive disorders
U67Z	Personality disorders and acute reactions
U68Z	Childhood mental disorders
V60Z	Alcohol intoxication and withdrawal
V61A	Drug intoxication and withdrawal with complication or comorbidity
V61B	Drug intoxication and withdrawal without complication or comorbidity
V62A	Alcohol use disorder and dependence
V62B	Alcohol use disorder and dependence, same day
V63Z	Opioid use disorder and dependence
V64Z	Other drug use disorder and dependence
X60C	Injuries age < 65
X62A	Poisoning/toxic effects of drugs & other substances age > 59 or with complication or comorbidity
X62B	Poisoning/toxic effects of drugs & other substances age < 60 without complication or comorbidity
Z60B	Rehabilitation without catastrophic or severe complication or comorbidity
Z60C	Rehabilitation, same day
Z61Z	Signs and symptoms
Z62Z	Follow-up after completed treatment without endoscopy
Z64B	Other factors influencing health status age < 80

Appendix 4: Calculations for 1999–00 patient day estimates and trimming procedure for length of stay

This appendix details the calculations used to estimate the number of days spent in hospitals during 1999–00 by patients who separated in that year and the trimming procedure used in calculating the length of stay.

1999–00 patient day estimates

This section outlines the method used to calculate estimates of the number of patient days occurring within 1999–00 for patients who separated in 1999–00 in Table 3.2.

Separations with an admission date of 1 July 1999 or later had all patient days within the financial year. For separations with an admission date before 1 July 1999, the number of days falling between 1 July 1999 and the separation date were calculated. The number of days would include both patient days and leave days, so a leave fraction was then applied to this figure to estimate the number of patient days within 1999–00.

Patient days + leave days within year = Date of separation - 1 July 1999

Leave fraction = $1 - \frac{\text{total leave days for separation}}{\text{(total days between admission and separation)}}$

Patient days within year = leave fraction × (patient days + leave days within year)

As information on when the leave days occurred was not available, the calculated number of patient days occurring in 1999–00 for 1999–00 separations is only an estimate of the actual number of patient days.

Accurate admission and separation dates for Queensland were not available, so estimates for Queensland may be less accurate than for other States and Territories.

Trimming procedure for length of stay

The data on length of stay for separations in the NHMD is affected by outliers relating to the separation of long-term patients. Because of the resulting skew of the distribution, both means and medians were supplied as summary measures of length of stay. While the mean averages all items in the distribution and is therefore increased by outliers, the median represents the point of the distribution at which half the records fall above and half below. The median is therefore affected less by outliers and can be a more robust measurement.

Averages and medians were calculated using AR-DRGs as categories, since AR-DRGs are designed to group together patients with similar resource requirements and lengths of stay. Episodes for which the type of care was reported as acute, or was not reported, were

included in all calculations. Overnight mental health-related separations only were used in the calculations.

For Tables 3.42 and 3.44, a trimming approach was adopted in order to counter the effect of extreme outliers. Any separation with a length of stay greater than 365 days was excluded from the calculations.

Table A4.1 outlines the number of overnight mental health-related acute care separations with more than 365 patient days by AR-DRG, hospital type and State or Territory. Table A4.2 presents the number of overnight mental health-related acute care separations with more than 365 patient days by age and sex.

Table A4.1a: Acute care overnight separations with specialised psychiatric care removed by 365 day cutoff, by hospital type, States and Territories, 1999-00

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	Total
Public acute hospitals								
B07A	Peripheral and Cranial Nerve & Other Nervous System Procedures W CC	0	0	0	1	0	0	1
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	1	0	0	0	0	0	1
B67A	Degenerative Nervous System Disorders W Catastrophic or Severe CC	1	1	0	0	0	0	2
B76A	Seizure Age<3 or W Catastrophic or Severe CC	0	0	1	0	0	0	1
U61A	Schizophrenia Disorders W Mental Health Legal Status	0	11	0	0	0	0	11
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	2	4	0	0	0	0	6
U63A	Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	0	0	1	0	0	0	1
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	2	0	0	0	0	2
U64Z	Other Affective and Somatoform Disorders	0	1	0	0	0	0	1
U65Z	Anxiety Disorders	0	1	0	0	0	0	1
V60Z	Alcohol Intoxication and Withdrawal	0	0	0	1	0	0	1
Private hospitals								
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	0	2	0	0	0	2
Public psychiatric hospitals								
960Z	Ungroupable	0	1	0	0	0	6	7
B60B	Non Acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastr	0	0	0	0	1	0	1
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	24	0	5	3	1	0	33
B64Z	Delirium	0	0	0	1	0	0	1
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	1	0	2	0	0	0	3
U61A	Schizophrenia Disorders W Mental Health Legal Status	34	1	11	11	2	0	59
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	21	0	3	2	3	0	29
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal	3	0	0	1	0	0	4
U63A	Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	3	0	2	0	0	0	5
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	1	0	3	0	0	0	4
U67Z	Personality Disorders and Acute Reactions	1	0	0	1	0	0	2
U68Z	Childhood Mental Disorders	1	0	0	0	0	0	1
V60Z	Alcohol Intoxication and Withdrawal	3	0	1	0	0	0	4

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

Table A4.1b: Acute care overnight separations without specialised psychiatric care removed by 365 day cutoff, by hospital type, States and Territories, 1999–00

AR-DRG	Description	NSW	Qld	Total
Public acute hospitals				
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	3	0	3
Private hospitals				
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	0	5	5
U65Z	Anxiety Disorders	0	1	1

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

Table A4.2a: Acute care overnight separations with specialised psychiatric care removed by 365 day cutoff by sex and age group, Australia, 1999–00

AR-DRG	Description	15–24	25–34	35–44	45–54	55–64	65–74	75–84	85 or older	Total
Males										
960Z	Ungroupable	0	0	0	0	1	3	0	1	5
B07A	Peripheral and Cranial Nerve & Other Nervous System Procedures W CC	0	0	0	0	0	0	1	0	1
B60B	Non Acute Paraplegia/Quadriplegia W or W/O O.R. Procedures W/O Catastr CC	0	0	1	0	0	0	0	0	1
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	0	1	0	4	4	6	8	0	23
B64Z	Delirium	0	0	0	0	0	0	0	1	1
B67A	Degenerative Nervous System Disorders W Catastrophic or Severe CC	0	0	2	0	0	0	0	0	2
B76A	Seizure Age<3 or W Catastrophic or Severe CC	0	0	1	0	0	0	0	0	1
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	0	1	0	1	0	0	0	0	2
U61A	Schizophrenia Disorders W Mental Health Legal Status	10	13	13	5	2	3	0	0	46
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	5	3	4	8	3	1	2	0	26
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal	0	1	1	0	1	1	0	0	4
U63A	Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	0	0	0	0	0	1	1	0	2
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	1	1	1	1	0	0	0	4
U65Z	Anxiety Disorders	0	1	0	0	0	0	0	0	1
V60Z	Alcohol Intoxication and Withdrawal	0	0	0	0	1	3	1	0	5
Females										
960Z	Ungroupable	0	0	1	0	0	0	1	0	2
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	0	0	1	0	1	6	2	1	11
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	0	1	0	0	0	0	0	0	1
U61A	Schizophrenia Disorders W Mental Health Legal Status	2	4	6	6	3	2	1	0	24
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	2	4	3	1	0	1	0	11
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat or Sev CC)	0	0	0	1	1	1	1	0	4
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe CC	0	0	0	1	1	0	0	0	2
U64Z	Other Affective and Somatoform Disorders	0	0	0	0	0	1	0	0	1
U67Z	Personality Disorders and Acute Reactions	1	0	0	0	0	1	0	0	2
U68Z	Childhood Mental Disorders	0	0	1	0	0	0	0	0	1

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

Table A4.2b: Acute care overnight separations without specialised psychiatric care removed by 365 day cutoff by sex and age group, Australia, 1999-00

AR-DRG	Description	65-74	75-84	85 or older	Total
Males					
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	2	0	0	2
U65Z	Anxiety Disorders	0	0	1	1
Females					
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	0	2	4	6

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

Appendix 5: Population estimates and indirect age-standardisation

Indirect age-standardisation is the process of applying a set of age-specific rates from a standard population to the population being studied. This publication uses indirect age-standardisation throughout (except where crude rates are indicated) in order to make rates comparable within the publication and to provide a measure that is robust with small cell sizes.

The standard population used for calculation of age-specific rates in this publication was the estimated resident population of Australia for June 1999. Standard rates were derived using the separations, patient days or psychiatric care days for the 1999-00 financial year. Sex was not used as a contributing factor, and the age groups were defined as set out in Table A5.1.

The example below outlines the calculation of the indirectly age-standardised overnight separation rates per 1,000 population for each jurisdiction:

Calculations for indirectly age-standardised rate for overnight separations per 1,000 population

Age-specific separation rates for the standard population are calculated by dividing the number of overnight separations for each age group for Australia by the Australian population for that age category and multiplying by 1,000 (see Table A5.4),

e.g. for 15-19 age category the age-specific standard separation rate would be $(7,168/1,330,972) \times 1,000 = 5.39$ overnight separations per 1,000 population

These rates are then applied to the specific population (e.g. NSW 15-19 years age group) to give the expected number of separations for that age and jurisdiction category (see Table A5.5).

These expected numbers of separations are summed over age categories to give an expected number of separations for each jurisdiction.

Finally, the indirectly age-standardised rate for each jurisdiction is given by dividing the actual number of separations for the jurisdiction (see Table A5.4) by the expected number of separations for the jurisdiction (Table A5.5) and multiplying by the separation rate of the standard population (Table 5.4),

e.g. for NSW rate = $(28,392/33,582.69) \times 5.25$
= 4.44 per 1,000 population (See Table A5.6)

Table A5.1: Estimated resident population by age group, States and Territories, 30 June 1999

Age group (yrs)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia^(a)
0-4	432,457	307,498	241,753	127,176	94,167	31,582	21,159	17,565	1,273,589
5-9	445,762	323,526	255,400	133,223	99,276	34,151	21,797	17,412	1,330,883
10-14	437,248	317,100	251,154	137,028	100,627	34,791	21,918	15,495	1,315,727
15-19	439,958	322,372	258,370	135,854	100,700	34,517	24,396	14,582	1,330,972
20-24	444,561	342,394	254,096	139,690	99,714	29,913	27,308	16,760	1,354,582
25-29	495,711	372,696	274,289	146,196	106,770	31,425	26,161	20,095	1,473,616
30-34	472,718	359,122	256,357	139,992	106,704	31,417	23,939	17,836	1,408,398
35-39	510,109	372,024	276,598	150,338	116,358	36,487	24,905	17,080	1,504,210
40-44	477,010	350,625	260,893	143,826	111,552	35,568	23,941	14,678	1,418,368
45-49	443,135	326,012	247,075	134,272	106,384	33,470	23,747	13,003	1,327,381
50-54	404,560	296,094	226,441	116,886	97,746	30,366	21,142	10,629	1,204,027
55-59	313,003	227,705	169,969	86,859	74,382	23,971	13,908	7,004	916,926
60-64	262,196	191,688	135,599	69,993	63,697	20,137	10,038	4,081	757,490
65-69	238,079	175,120	117,795	60,016	59,414	18,477	7,886	2,628	679,446
70-74	218,905	159,753	106,553	51,929	57,398	16,556	6,759	1,801	619,665
75-79	175,579	127,316	84,177	40,517	46,884	13,410	5,378	1,061	494,330
80-84	103,406	73,625	50,270	23,237	27,605	8,196	2,856	545	289,752
85+	82,306	62,920	40,092	20,554	23,030	6,369	2,057	469	237,804
Total	6,396,703	4,707,590	3,506,881	1,857,586	1,492,408	470,803	309,295	192,724	18,937,166

(a) Includes other Australian territories.

Source: ABS 1999.

Table A5.2: Projected Aboriginal and Torres Strait Islander population by age group, States and Territories, 30 June 1999

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
0-4	16,669	3,366	16,248	7,765	3,092	2,181	476	7,022	56,828
5-9	15,850	3,126	15,572	7,808	3,140	2,022	392	6,976	54,911
10-14	14,090	2,688	13,437	7,494	2,846	2,020	403	6,096	49,087
15-19	12,300	2,306	11,867	6,164	2,450	1,913	377	5,836	43,239
20-24	9,680	1,992	10,075	5,275	1,987	1,451	324	5,376	36,178
25-29	9,796	2,063	9,811	5,192	2,112	1,207	372	5,276	35,848
30-34	8,261	1,902	8,407	4,659	1,849	1,062	261	4,367	30,785
35-39	7,622	1,658	7,226	4,075	1,603	1,106	268	3,470	27,037
40-44	6,187	1,346	5,808	3,218	1,232	945	217	2,847	21,818
45-49	5,017	995	4,604	2,351	946	763	128	2,153	16,969
50-54	3,715	752	3,360	1,725	682	536	76	1,679	12,539
55-59	2,730	526	2,201	1,202	522	315	37	1,156	8,697
60-64	1,821	360	1,615	827	356	228	11	943	6,163
65-69	1,320	292	1,241	714	242	166	12	568	4,559
70-74	775	187	727	404	153	83	12	385	2,727
75+	819	242	912	509	193	108	6	437	3,230
Total	116,652	23,801	113,111	59,382	23,405	16,106	3,372	54,587	410,615

Source: ABS 1998c.

Table A5.3: Estimated resident population by age group and metropolitan, rural and remote area, States and Territories, 30 June 1999

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Metropolitan									
0-4	325,554	229,248	138,126	87,976	66,535	12,216	21,138	7,490	888,283
5-9	324,465	235,287	142,670	91,414	68,491	13,505	21,764	6,825	904,421
10-14	314,998	227,962	139,730	96,494	69,875	14,332	21,903	6,455	891,749
15-19	329,377	240,555	155,242	103,056	74,562	14,835	24,378	6,532	948,537
20-24	362,565	279,795	167,173	108,259	79,365	13,603	27,290	7,420	1,045,470
25-29	405,903	304,924	173,178	107,965	82,041	13,338	26,116	9,516	1,122,981
30-34	377,817	286,326	154,665	100,637	78,957	12,832	23,916	8,299	1,043,449
35-39	392,743	286,199	161,507	108,061	84,464	15,023	24,878	8,050	1,080,925
40-44	360,886	264,619	152,470	105,052	81,098	14,981	23,919	6,790	1,009,815
45-49	335,185	244,776	147,456	100,832	78,149	14,161	23,723	6,494	950,776
50-54	306,656	224,560	135,226	88,546	71,900	12,360	21,120	5,270	865,638
55-59	230,892	170,139	97,342	64,407	53,460	9,474	13,896	3,520	643,130
60-64	187,493	140,799	75,375	51,255	45,406	7,712	10,027	2,027	520,094
65-69	169,059	127,214	65,894	44,170	42,750	7,364	7,867	1,355	465,673
70-74	156,402	115,284	61,735	38,857	42,315	6,764	6,753	954	429,064
75-79	128,403	92,913	50,958	31,208	35,411	5,703	5,377	556	350,529
80-84	75,442	53,450	30,649	17,719	20,540	3,485	2,851	266	204,402
85+	60,384	45,834	24,354	15,767	17,050	2,701	2,057	233	168,380
<i>Total</i>	<i>4,844,224</i>	<i>3,569,884</i>	<i>2,073,750</i>	<i>1,361,675</i>	<i>1,092,369</i>	<i>194,389</i>	<i>308,973</i>	<i>88,052</i>	<i>13,533,316</i>
Rural									
0-4	102,282	77,467	86,360	22,781	25,225	19,159	21	1,436	334,731
5-9	116,473	87,304	95,057	25,496	28,297	20,416	33	1,434	374,510
10-14	118,009	88,111	96,217	26,521	28,580	20,261	15	1,228	378,942
15-19	107,228	80,934	90,978	22,057	24,530	19,571	18	1,154	346,470
20-24	78,870	62,134	74,205	17,204	18,564	16,153	18	1,232	268,380
25-29	85,745	67,091	84,810	20,079	22,407	17,945	45	1,405	299,527
30-34	90,840	72,085	86,043	21,986	25,275	18,369	23	1,544	316,165
35-39	112,796	84,833	98,397	25,447	29,531	21,261	27	1,786	374,078
40-44	112,039	84,907	93,748	24,819	28,299	20,359	22	1,607	365,800
45-49	104,252	80,273	86,387	22,007	26,385	19,098	24	1,327	339,753
50-54	94,459	70,612	79,309	18,973	24,275	17,815	22	1,160	306,625
55-59	79,144	56,804	63,482	15,924	19,636	14,331	12	690	250,023
60-64	72,113	50,164	53,571	14,221	17,377	12,279	11	276	220,012
65-69	66,861	47,249	46,621	12,656	15,959	11,037	19	191	200,593
70-74	60,781	43,893	40,698	10,654	14,506	9,706	6	130	180,374
75-79	46,100	34,019	30,428	7,682	11,060	7,613	1	76	136,979
80-84	27,246	19,968	17,745	4,387	6,834	4,663	5	29	80,877
85+	21,322	16,895	14,294	3,556	5,682	3,628	0	27	65,404
<i>Total</i>	<i>1,496,560</i>	<i>1,124,743</i>	<i>1,238,350</i>	<i>316,450</i>	<i>372,422</i>	<i>273,664</i>	<i>322</i>	<i>16,732</i>	<i>4,839,243</i>

(continued)

Table A5.3 (continued): Estimated resident population by age group and metropolitan, rural and remote area, States and Territories, 30 June 1999

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Remote								
0-4	4,621	783	17,267	16,419	2,407	207	0	8,639	50,343
5-9	4,824	935	17,673	16,313	2,488	230	0	9,153	51,616
10-14	4,241	1,027	15,207	14,013	2,172	198	0	7,812	44,670
15-19	3,353	883	12,150	10,741	1,608	111	0	6,896	35,742
20-24	3,126	465	12,718	14,227	1,785	157	0	8,108	40,586
25-29	4,063	681	16,301	18,152	2,322	142	0	9,174	50,835
30-34	4,061	711	15,649	17,369	2,472	216	0	7,993	48,471
35-39	4,570	992	16,694	16,830	2,363	203	0	7,244	48,896
40-44	4,085	1,099	14,675	13,955	2,155	228	0	6,281	42,478
45-49	3,698	963	13,232	11,433	1,850	211	0	5,182	36,569
50-54	3,445	922	11,906	9,367	1,571	191	0	4,199	31,601
55-59	2,967	762	9,145	6,528	1,286	166	0	2,794	23,648
60-64	2,590	725	6,653	4,517	914	146	0	1,778	17,323
65-69	2,159	657	5,280	3,190	705	76	0	1,082	13,149
70-74	1,722	576	4,120	2,418	577	86	0	717	10,216
75-79	1,076	384	2,791	1,627	413	94	0	429	6,814
80-84	718	207	1,876	1,131	231	48	0	250	4,461
85+	600	191	1,444	1,231	298	40	0	209	4,013
<i>Total</i>	<i>55,919</i>	<i>12,963</i>	<i>194,781</i>	<i>179,461</i>	<i>27,617</i>	<i>2,750</i>	<i>0</i>	<i>87,940</i>	<i>561,431</i>

Source: ABS 1999.

Table A5.4: Overnight separations by age group, Australia, 1999–00

Age group	Overnight separations									Australian population	Age-specific separation rate
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total		
0–4	58	14	28	1	0	0	0	3	104	1,273,589	0.08
5–9	128	45	49	39	19	0	0	1	281	1,330,883	0.21
10–14	334	309	367	157	120	10	10	2	1,309	1,315,727	0.99
15–19	1,893	1,603	1,658	807	801	106	235	65	7,168	1,330,972	5.39
20–24	3,374	2,761	2,523	1,342	1,145	252	341	131	11,869	1,354,582	8.76
25–29	3,924	3,145	2,857	1,470	1,235	385	400	132	13,548	1,473,616	9.19
30–34	3,500	2,697	2,414	1,362	1,258	271	279	116	11,897	1,408,398	8.45
35–39	3,403	2,577	2,448	1,341	1,100	295	320	89	11,573	1,504,210	7.69
40–44	2,654	2,030	2,048	1,066	998	254	282	79	9,411	1,418,368	6.64
45–49	2,215	1,855	1,618	900	823	217	298	39	7,965	1,327,381	6.00
50–54	1,936	1,508	1,471	622	726	195	266	36	6,760	1,204,027	5.61
55–59	1,196	869	803	375	420	147	101	14	3,925	916,926	4.28
60–64	834	733	564	256	254	51	79	11	2,782	757,490	3.67
65–69	670	772	458	261	248	68	54	3	2,534	679,446	3.73
70–74	773	724	456	293	270	87	45	2	2,650	619,665	4.28
75–79	632	813	505	291	305	51	36	6	2,639	494,330	5.34
80–84	392	538	249	198	209	41	42	1	1,670	289,752	5.76
85+	256	356	155	219	177	75	4	0	1,242	237,804	5.22
Not specified	0	2	0	0	0	0	0	0	2		
Total	28,392	23,014	20,105	10,885	9,830	2,528	2,554	734	99,329	18,937,166	5.25

Table A5.5: Expected number of separations

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
0–4	34.60	24.60	19.34	10.17	7.53	2.53	1.69	1.41	101.89
5–9	93.61	67.94	53.63	27.98	20.85	7.17	4.58	3.66	279.49
10–14	432.88	313.93	248.64	135.66	99.62	34.44	21.70	15.34	1,302.57
15–19	2,371.37	1,737.59	1,392.61	732.25	542.77	186.05	131.49	78.60	7,173.94
20–24	3,894.35	2,999.37	2,225.88	1,223.68	873.49	262.04	239.22	146.82	11,866.14
25–29	4,555.58	3,425.08	2,520.72	1,343.54	981.22	288.80	240.42	184.67	13,542.53
30–34	3,994.47	3,034.58	2,166.22	1,182.93	901.65	265.47	202.28	150.71	11,900.96
35–39	3,922.74	2,860.86	2,127.04	1,156.10	894.79	280.59	191.52	131.35	11,567.37
40–44	3,167.35	2,328.15	1,732.33	955.00	740.71	236.17	158.97	97.46	9,417.96
45–49	2,658.81	1,956.07	1,482.45	805.63	638.30	200.82	142.48	78.02	7,964.29
50–54	2,269.58	1,661.09	1,270.33	655.73	548.36	170.35	118.61	59.63	6,754.59
55–59	1,339.65	974.58	727.47	371.76	318.35	102.60	59.53	29.98	3,924.44
60–64	962.26	703.49	497.65	256.87	233.77	73.90	36.84	14.98	2,779.99
65–69	888.03	653.20	439.38	223.86	221.61	68.92	29.41	9.80	2,534.33
70–74	936.91	683.74	456.05	222.26	245.66	70.86	28.93	7.71	2,652.17
75–79	937.59	679.87	449.51	216.36	250.36	71.61	28.72	5.67	2,639.72
80–84	595.62	424.08	289.56	133.85	159.00	47.21	16.45	3.14	1,668.97
85+	429.64	328.44	209.28	107.29	120.22	33.25	10.74	2.45	1,241.34
Total	33,582.69	24,714.85	18,411.13	9,752.33	7,835.14	2,471.72	1,623.80	1,011.80	99,420.12

Table A5.6: Indirectly age-standardised rates for overnight separations per 1,000 population

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
4.44	4.89	5.73	5.86	6.59	5.37	8.26	3.81	5.25

Appendix 6: National Survey of Mental Health Services

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

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

Summary data from the NSMHS are reported in the National Mental Health Report series (DHAC 2000). Data from the NSMHS for 1999–00 have yet to be published. Personal communication from DHA regarding preliminary unvalidated NSMHS data for 1999–00 indicates that there are a number of differences between data from NSMHS and data from NPHED, NMHD and NCMHED for 1999–00. An overview of the reasons for these differences is presented below.

NCMHED data

There is concordance in the scope of the NCMHED and the NSMHS data collection, with the exception of New South Wales. In New South Wales, the NSMHS data collection includes all services described by Area Health Services as providing specialist mental health services. For NCMHED only those specialist mental health services, which are part of the Mental Health financial program are included. For one Area this has the effect of excluding most non-admitted child and adolescent services. NCMHED data provided by New South Wales also exclude all Confused and Disturbed Elderly (CADE) services, with the exception of the New England CADE (New South Wales' only mental health program-financed CADE). For the NSMHS, however, New South Wales reports data for all CADEs. This difference in scope affects the comparability of New South Wales FTE staffing and recurrent expenditure data between the NCMHED and the NSMHS. The public community mental health establishments that report to NCMHED are listed in Appendix 7.

For 1999–00, recurrent expenditure data from Victoria, Queensland, Western Australia and South Australia tend to closely match preliminary data from the NSMHS on the total direct expenditure. The NCMHED data for Tasmania and the two Territories more closely match the preliminary NSMHS data for recurrent expenditure including apportioned organisational and regional indirect expenditure.

NPHED data

The difference between the hospital data reported to the NSMHS and that reported to NPHED stems from the different manner in which hospital establishments are classified. The public psychiatric hospitals that report to NPHED are listed in Appendix 7.

For 1999–00, the difference in the number of hospitals reported as public psychiatric hospitals to the NPHED and NSMHS is greatest for Victoria. For the NSMHS collection, six Victorian hospital establishments are classified as public psychiatric hospitals (reflecting physical locations). For NPHED, one of these establishments is classified as a public psychiatric hospital and the rest are classified as campuses of acute care hospitals (reflecting hospital management arrangements). For this reason, FTE staffing and expenditure for 1999–00 reported to NPHED for Victoria were lower than that for the NSMHS.

Hospitals reported to NPHED can also include community-based, non-admitted patient services that are managed by the hospital, but are located elsewhere. Within the NSMHS these services are classified as distinct service units and data on them are reported as for community-based services only. For this reason, the 1999–00 FTE staffing and expenditure data reported for public psychiatric hospitals to NPHED for most States and Territories (except for Victoria as noted above) was higher than the preliminary NSMHS totals for public psychiatric hospitals for 1999–00.

Appendix 7: Establishments contributing to this report

Tables accompanying this report on the Internet at <http://www.aihw.gov.au/publications/hse/mhsa99-00/index.html> list the establishments that contributed data to this report.

Table A7.1 lists the public psychiatric hospitals that contributed establishment-level data to NPHEd, reported in Chapter 4. Table A7.2 lists the public community mental health establishments that contributed establishment-level data to NCMHEd, also reported in Chapter 4.

Table A7.3 lists the public psychiatric and acute care hospitals that contributed hospital morbidity data for one or more psychiatric units or wards to the NHMD, reported in Chapter 3. Private hospitals also contributed this form of data to the NHMD and Chapter 3, but cannot be identified in the data supplied to the AIHW. For this reason, private hospitals were not included in Table A7.3. A full list of the public and private hospitals contributing to the NHMD for 1999–00 is available at <http://www.aihw.gov.au/publications/hse/ahs99-00/index.html>.

Glossary

For further information on the terms used in this report, refer to the definitions in use in 1999–00 in the *National Health Data Dictionary* Version 8.0.

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

<i>Australian Bureau of Statistics Private Health Establishments Collection (ABS PHEC)</i>	This collection includes data from all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing. The data items and definitions are based on the <i>National Health Data Dictionary</i> published by AIHW. Information is collected for items such as bed supply, usage, length of stay, type of patients, staff and expenditure.
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs are a means of classifying hospital patients to provide a common basis for comparing factors such as cost-effectiveness and quality of care across hospitals. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required.
<i>Average length of stay</i>	The average number of patient days for admitted patient overnight separations, after trimming outliers (Appendix 3). Averages were calculated using AR-DRGs as categories.
<i>Country of birth</i>	The country in which the patient was born. The category 'Other English-speaking country' includes United Kingdom, Ireland, New Zealand, United States of America and Canada. All other countries, apart from Australia, were included in the 'Non-English-speaking' category.
<i>Diagnostic and allied health professionals</i>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>Encounter</i>	Any professional interchange between a patient and a general practitioner.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all States and Territories except Victoria where they are registered by the State registration board to practise in this capacity. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).

<i>Episode of care</i>	An episode of care is a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See <i>Separation</i> .
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.
<i>Food supplies expenditure</i>	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
<i>Full-time-equivalent staff</i>	Full-time-equivalent units are on-job hours worked and hours of paid leave (sick, recreation, long-service, workers compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
<i>Involuntary mental health legal status</i>	Involuntary patients are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.
<i>Marital status</i>	The current marital status of the patient.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Mental health legal status</i>	Whether a person is treated on an involuntary basis under the relevant State or Territory mental health legislation, at any time during an episode of care for an admitted patient.
<i>Mental health-related principal diagnosis</i>	A separation is defined as having a mental health-related principal diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 2.
<i>Mode of separation</i>	The status of the person at separation (discharge, transfer or death) and, if applicable, the place to which the person is discharged.
<i>National Hospital Morbidity Database (NHMD)</i>	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. The data supplied for the database are based on the patient-level data items of the National Minimum Data Set – Admitted Patient Health Care and the National Minimum Data Set – Admitted Patient Mental Health Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patient, the procedures the patient underwent in hospital, and external causes of injury and poisoning.

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

<i>Patient days</i>	The number of full or partial days' stay for patients who were admitted for an episode of care and who underwent separation. A patient who is admitted and separated on the same day is allocated one patient day.
<i>Patient transport expenditure</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis.
<i>Previous specialised treatment</i>	Whether the patient has had a previous admission or service contact for treatment in the speciality area within which treatment is now being provided. For this report, the speciality area referred to in the definition is specialised psychiatric care.
<i>Primary disability</i>	The disability category identified by the consumer or carer in the CSDA MDS as the disability most affecting their everyday life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.
<i>Private hospital</i>	Privately owned and operated hospital, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.
<i>Psychiatric care days</i>	Psychiatric care days are the number of days or part-days a patient spent in a specialised psychiatric unit or ward. All leave days, including the day the patient went on leave, are excluded.
<i>Psychiatric hospitals</i>	Institutions which provide treatment and care for patients with psychiatric, mental or behavioural disorders.
<i>Public community mental health establishments</i>	Establishments operated by State or Territory health authorities that provide specialised ambulatory and/or residential mental health care to non-admitted patients and clients. In addition to community-based services (e.g. Child and Adolescent Community Mental Health Services), these establishments also include hospital-based services such as specialist outpatient services and services managed by hospitals such as community outreach services.
<i>Reason for encounter</i>	The subjective reasons given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.

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

<i>Separation</i>	The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing the type of care (statistical separation). When the term is used in the context of the community residential mental health care, the term refers to periods of non-admitted patient mental health care.
<i>Source of referral to public psychiatric hospital</i>	Source from which the person was transferred/referred to the public psychiatric hospital.
<i>Specialised psychiatric service</i>	A facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Statistical separation</i>	The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay.
<i>Student nurses</i>	Nurses employed by the establishment currently studying in years 1 to 3 of a 3-year certificate course. This includes any person commencing or undertaking a 3-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurses and specialist student nurses, such as mental deficiency nurses, but excludes practising nurses enrolled in post-basic training courses.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Trainee/pupil nurses</i>	Nurses who are commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State or Territory registration board (includes all trainee nurses).
<i>Type of episode of care</i>	<p>The care type defines the overall nature of the clinical service provided to an admitted patient during an episode of care.</p> <p><i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures.</p> <p><i>Rehabilitation care</i> occurs when a person with a disability is participating in a multidisciplinary program aimed at an improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation.</p>

*Type of episode of care
(cont)*

Palliative care occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a person. Interventions such as radiotherapy, chemotherapy and surgery are considered to be part of the palliative episode if they are undertaken specifically to provide symptomatic relief.

Non-acute care includes care provided to persons who are nursing home type patients; to patients who would normally not require hospital treatment but where there are factors in the home environment which make it inappropriate for the person to be discharged in the short term; to patients in receipt of respite care; and to patients in psychiatric units for whom the principal function is provision of care over an indefinite period.

Newborn care is initiated when the patient is 9 days old or less at the time of admission. Newborn episodes of care comprise qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Separations comprising only qualified days are considered to be the equivalent of episodes of acute care.

Other care is where the principal clinical intent does not meet the criteria for any of the above.

Visiting medical officer

A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

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