

5 Ambulatory-equivalent mental health-related admitted patient care

5.1 Introduction

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

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

Key concepts

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

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

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

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

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

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

5.2 States and territories and hospital type

In 2006–07, a total of 7,602,917 separations were reported from public and private acute and psychiatric hospitals (AIHW 2008a). Of these, 4.3% (329,958) were mental health-related comprising ambulatory-equivalent and admitted patient separations. Admitted patient separations are presented in Chapter 7.

There were 120,602 ambulatory-equivalent mental health-related separations reported in 2006–07, accounting for 1.6% of all separations and 36.6% of all mental health-related separations. Table 5.1 shows the number of separations for each state and territory by hospital type. The number of separations per 1,000 population is provided to account for differences in population size between jurisdictions.

Table 5.1: Ambulatory-equivalent mental health-related separations^(a) with and without specialised psychiatric care, by hospital type, states and territories, 2006–07

Hospital type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
With specialised psychiatric care									
Public acute hospitals	3,318	253	946	87	203	73	35	22	4,937
Public psychiatric hospitals	1,517	0	1	18	6	5	..	..	1,547
Private hospitals	24,017	30,110	20,674	7,217	10	n.p.	n.p.	n.p.	85,820
<i>Subtotal</i>	<i>28,852</i>	<i>30,363</i>	<i>21,621</i>	<i>7,322</i>	<i>219</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>92,304</i>
Without specialised psychiatric care									
Public acute hospitals	7,025	5,202	2,309	1,329	1,126	375	185	188	17,739
Public psychiatric hospitals	56	0	0	0	0	0	..	..	56
Private hospitals	2,186	2,903	3,345	511	12	n.p.	n.p.	n.p.	10,503
<i>Subtotal</i>	<i>9,267</i>	<i>8,105</i>	<i>5,654</i>	<i>1,840</i>	<i>1,138</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>28,298</i>
All hospitals									
Public acute hospitals	10,343	5,455	3,255	1,416	1,329	448	220	210	22,676
Public psychiatric hospitals	1,573	0	1	18	6	5	..	..	1,603
Private hospitals	26,203	33,013	24,019	7,728	22	n.p.	n.p.	n.p.	96,323
Total	38,119	38,468	27,275	9,162	1,357	n.p.	n.p.	n.p.	120,602
Rate (per 1,000 population)^(b)									
Public acute hospitals	1.5	1.1	0.8	0.7	0.9	1.0	0.6	1.0	1.1
Public psychiatric hospitals	0.2	0.0	0.0	0.0	0.0	0.0	..	..	0.1
Private hospitals	3.7	6.2	5.6	3.7	0.0	n.p.	n.p.	n.p.	4.5
All hospitals	5.5	7.3	6.4	4.4	0.9	n.p.	n.p.	n.p.	5.7

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

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

n.p. Not published. Private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory are not published due to confidentiality reasons. However, the figures are included in the national totals.

.. Not applicable. The Australian Capital Territory and the Northern Territory do not have any public psychiatric hospitals.

Source: National Hospital Morbidity Database.

The data show that private hospitals were the predominant providers (79.9%, 96,323 out of 120,602) of ambulatory-equivalent mental health-related admitted patient care. The number of separations reported by public psychiatric hospitals constituted 1.3% (1,603 out of 120,602) with New South Wales being the major provider (98.1%).

Specialised psychiatric care was provided in 76.5% of all separations (92,304 out of 120,602) primarily by private hospitals (93.0%). This was particularly the case in Victoria where private hospital separations constituted 99.2% of all separations (30,110 out of 30,363).

Public acute hospitals played a greater role in separations without specialised psychiatric care (17,739 out of 28,298 or 62.7%).

Victoria reported the highest number of separations per 1,000 population (7.3) while South Australia had the lowest (0.9). Public acute hospitals in South Australia provided more than 97% of ambulatory-equivalent admitted patient care.

5.3 Mental health legal status

Table 5.2 shows the number of ambulatory-equivalent mental health-related separations with specialised psychiatric care by hospital type and the patient's mental health legal status. The mental health legal status of about one-third of the separations was not reported, and the majority of these separations were from private hospitals. Among the separations for which mental health legal status was reported, 0.9% were involuntary and 84.6% of those (463 out of 547) were public acute hospital separations.

Table 5.2: Ambulatory-equivalent mental health-related separations^(a) with specialised psychiatric care, by mental health legal status and hospital type, 2006–07

Mental health legal status	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total
Involuntary	463	56	28	547
Voluntary	4,441	1,491	55,125	61,057
Not reported	33	0	30,667	30,700
Total	4,937	1,547	85,820	92,304

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

Source: National Hospital Morbidity Database.

5.4 Patient demographics

Table 5.3 presents information on the number of ambulatory-equivalent mental health-related separations and the corresponding percentage of these separations for a number of demographic groups. A rate (per 1,000 population) has been provided to compare numbers of separations relative to the size of the respective population. As the data report on the number of separations rather than the number of patients, it is not possible to determine how many separations an individual patient had.

The highest proportions of ambulatory-equivalent mental health-related separations were for patients aged 45–54 years and 55–64 years (19.5% and 18.8%, respectively). However, the highest number of separations per 1,000 population was for patients aged 55–64 years (9.9).

Table 5.3: Ambulatory-equivalent mental health-related separations^(a), by patient demographic characteristics, 2006–07

Patient demographics	Number of separations ^(b)	Per cent of separations ^(c)	Rate (per 1,000 population) ^(d)
Age (years)			
Less than 15	5,792	4.8	1.4
15–24	15,328	12.7	5.3
25–34	16,960	14.1	5.8
35–44	22,252	18.5	7.2
45–54	23,570	19.5	8.2
55–64	22,666	18.8	9.9
65+	14,033	11.6	5.1
Sex			
Male	48,849	40.5	4.6
Female	71,741	59.5	6.8
Indigenous status^(e)			
Indigenous Australians	1,679	1.5	3.9
Other Australians ^(f)	112,912	98.5	5.6
Country of birth			
Australia	95,108	83.8	6.3
Overseas	18,371	16.2	3.0
Remoteness area of usual residence			
Major cities	100,028	85.0	6.9
Inner regional	13,660	11.6	3.3
Outer regional	3,262	2.8	1.7
Remote	468	0.4	1.5
Very remote	230	0.2	1.3
Marital status^(g)			
Never married	36,164	37.9	..
Widowed	4,913	5.1	..
Divorced	6,958	7.3	..
Separated	4,515	4.7	..
Married	42,877	44.9	..
Total	120,602	100.0	5.7

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

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

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

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

(e) Only Indigenous status data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory have been included in this table as they are the only jurisdictions for which the data are considered to be of sufficient quality for analysis. However, caution should be used in the interpretation of these data due to jurisdictional data quality differences. The data does not necessarily represent the national trend (see AIHW 2005).

(f) Includes separations where Indigenous status was missing or not reported.

(g) Information on this data element was missing or not reported for more than 20% of separations.

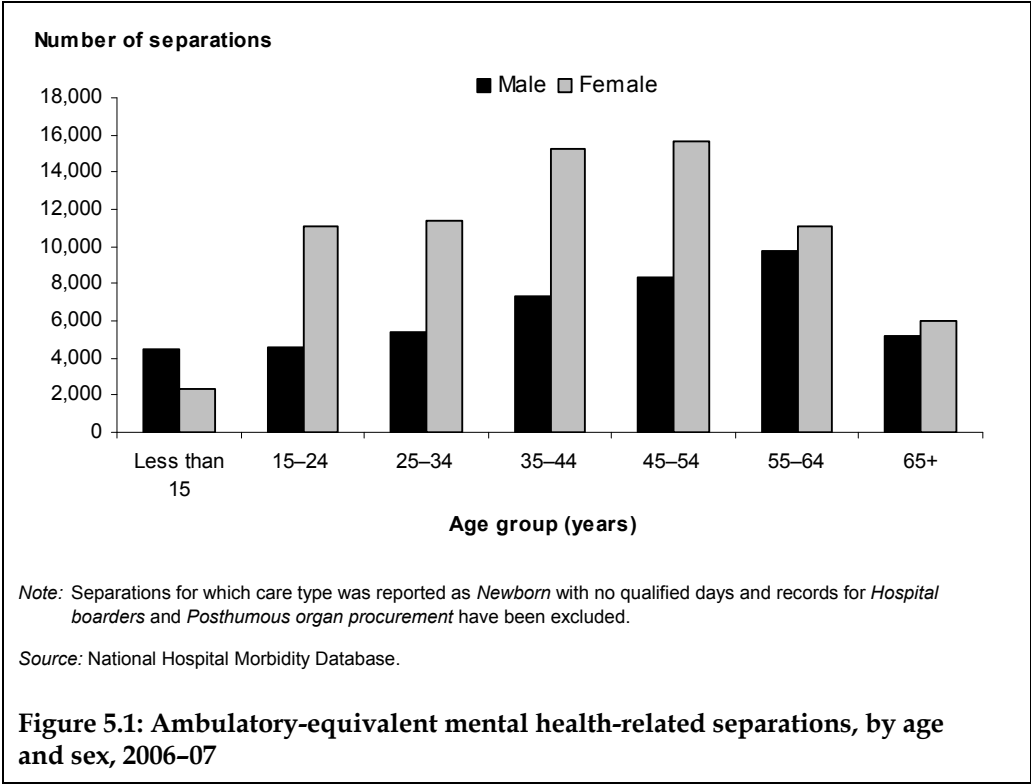
.. Not applicable.

Source: National Hospital Morbidity Database.

The separation rate for females (6.8 per 1,000 population) was nearly 50% higher than that of males (4.6). Likewise, the rate of separations of Australian-born patients (6.3) was more than twice that of those born overseas (3.0).

The data show that the typical separation involves a patient who is an Australian-born non-Indigenous female, aged 35–54 years, who is or was married at some stage of her life and lives in a major city.

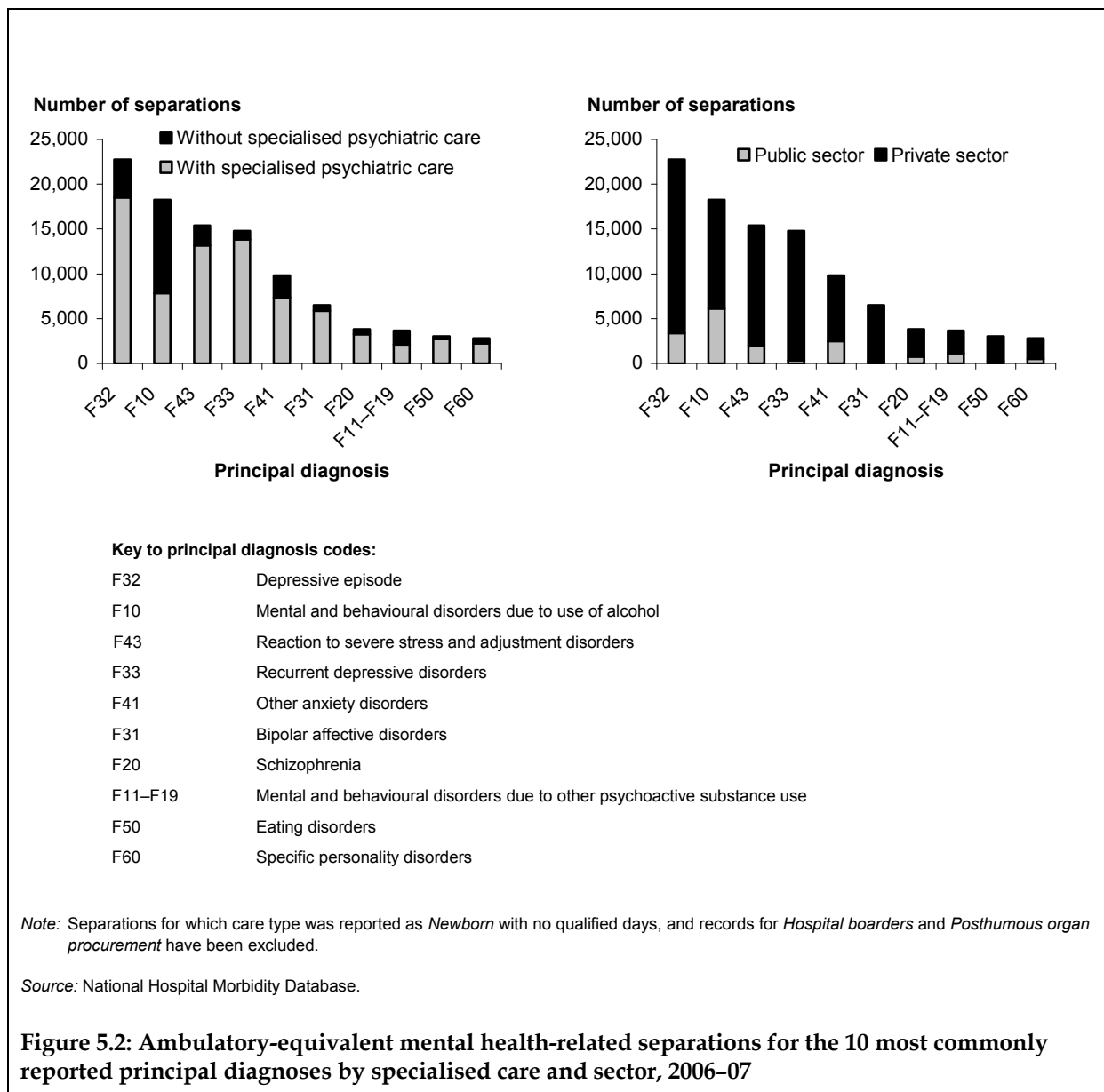
Figure 5.1 shows the number of ambulatory-equivalent mental health-related separations by age and sex. The dominance of female separations was noticeable in those aged 15–54 years. The differences evened out in separations involving people aged 55 years and older but with male separations in greater numbers. This situation was also seen in the less than 15 years age group, where male separations were dominant.



5.5 Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for the patient’s episode of admitted patient care. Tables 5.4, 5.5 and 5.6 show the distribution of ambulatory-equivalent mental health-related separations by principal diagnosis, broken down by hospital type and whether they involved specialised psychiatric care. Diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM)*. Further information on this classification is included in Appendix 3.

In 2006–07, the principal diagnosis of *Depressive episode (F32)* accounted for the largest number of separations (22,764 or 18.9%) across all hospitals and all separations with and without specialised psychiatric care (Table 5.6). However, for separations that did not involve specialised care, *Mental and behavioural disorders due to use of alcohol (F10)* was the leading principal diagnosis (Table 5.5).



The majority of separations reported by public psychiatric hospitals involved the diagnoses of *Behavioural and emotional disorders with onset usually occurring in childhood and adolescence* (F90-F98) and *Other anxiety disorders* (F41).

Figure 5.2 shows the 10 most commonly reported principal diagnoses by specialised care and sector. *Recurrent depressive disorders* (F33) was the principal diagnosis with the highest proportion of separations with specialised psychiatric care (93.7%). *Mental and behavioural disorders due to use of alcohol or other psychoactive substance use* (F10 and F11-F19) were the only commonly reported principal diagnoses having a markedly higher proportion of separations that did not involve specialised psychiatric care (57.1% and 42.4%, respectively). These were also the two principal diagnoses with higher proportions of separations reported by the public sector (more than 30%). The private sector accounted for the majority of separations for all the commonly reported diagnoses.

Table 5.4: Ambulatory-equivalent mental health-related separations^(a) with specialised psychiatric care, by principal diagnosis and hospital type, 2006–07

ICD-10-AM code	Principal diagnosis description	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Per cent of separations
F00–F03	Dementia	0	1	115	116	0.1
F04–F09	Other organic mental disorders	6	1	112	119	0.1
F10	Mental and behavioural disorders due to use of alcohol	199	28	7,605	7,832	8.5
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	88	9	2,011	2,108	2.3
F20	Schizophrenia	240	18	2,982	3,240	3.5
F21, F24, F28, F29	Schizotypal and other delusional disorders	11	0	204	215	0.2
F22	Persistent delusional disorders	4	1	167	172	0.2
F23	Acute and transient psychotic disorders	11	1	231	243	0.3
F25	Schizoaffective disorders	76	3	2,376	2,455	2.7
F30	Manic episode	13	0	82	95	0.1
F31	Bipolar affective disorders	53	4	5,826	5,883	6.4
F32	Depressive episode	864	6	17,647	18,517	20.1
F33	Recurrent depressive disorders	93	1	13,764	13,858	15.0
F34	Persistent mood (affective) disorders	83	0	1,556	1,639	1.8
F38–F39	Other and unspecified mood (affective) disorders	49	0	314	363	0.4
F40	Phobic anxiety disorders	156	0	407	563	0.6
F41	Other anxiety disorders	244	336	6,790	7,370	8.0
F42	Obsessive-compulsive disorders	9	0	637	646	0.7
F43	Reaction to severe stress and adjustment disorders	629	25	12,524	13,178	14.3
F44	Dissociative (conversion) disorders	1	0	663	664	0.7
F45, F48	Somatiform and other neurotic disorders	25	0	56	81	0.1
F50	Eating disorders	4	0	2,714	2,718	2.9
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	1	0	322	323	0.3
F60	Specific personality disorders	149	4	2,106	2,259	2.4
F61–F69	Disorders of adult personality and behaviour	5	0	258	263	0.3
F70–F79	Mental retardation	3	0	0	3	0.0
F80–F89	Disorders of psychological development	69	94	61	224	0.2
F90	Hyperkinetic disorders	369	346	51	766	0.8
F91	Conduct disorders	965	186	2	1,153	1.2
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	179	282	13	474	0.5
F99	Mental disorder not otherwise specified	9	0	4	13	0.0
G30	Alzheimer's disease	0	0	591	591	0.6
	Other factors related to mental and behavioural disorders and substance use ^(b)	51	78	44	173	0.2
	Other specified mental health-related principal diagnosis ^(c)	15	0	0	15	0.0
	Other ^(d)	264	123	3,585	3,972	4.3
Total		4,937	1,547	85,820	92,304	100

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

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

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

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

Source: National Hospital Morbidity Database.

Table 5.5: Ambulatory-equivalent mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis and hospital type, 2006–07

ICD-10-AM code	Principal diagnosis description	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total separations	Per cent of
F00–F03	Dementia	94	0	2	96	0.3
F04–F09	Other organic mental disorders	91	0	3	94	0.3
F10	Mental and behavioural disorders due to use of alcohol	5,901	15	4,505	10,421	36.8
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	1,015	11	523	1,549	5.5
F20	Schizophrenia	503	3	89	595	2.1
F21, F24, F28, F29	Schizotypal and other delusional disorders	123	0	15	138	0.5
F22	Persistent delusional disorders	65	0	0	65	0.2
F23	Acute and transient psychotic disorders	127	0	6	133	0.5
F25	Schizoaffective disorders	193	1	96	290	1.0
F30	Manic episode	35	0	0	35	0.1
F31	Bipolar affective disorders	191	1	441	633	2.2
F32	Depressive episode	2,523	0	1,724	4,247	15.0
F33	Recurrent depressive disorders	245	0	687	932	3.3
F34	Persistent mood (affective) disorders	123	3	111	237	0.8
F38–F39	Other and unspecified mood (affective) disorders	34	1	21	56	0.2
F40	Phobic anxiety disorders	12	0	32	44	0.2
F41	Other anxiety disorders	1,924	0	533	2,457	8.7
F42	Obsessive-compulsive disorders	11	1	11	23	0.1
F43	Reaction to severe stress and adjustment disorders	1,337	12	861	2,210	7.8
F44	Dissociative (conversion) disorders	153	1	7	161	0.6
F45, F48	Somatiform and other neurotic disorders	135	0	2	137	0.5
F50	Eating disorders	251	0	60	311	1.1
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	52	0	54	106	0.4
F60	Specific personality disorders	344	5	220	569	2.0
F61–F69	Disorders of adult personality and behaviour	35	0	9	44	0.2
F70–F79	Mental retardation	24	2	0	26	0.1
F80–F89	Disorders of psychological development	40	0	0	40	0.1
F90	Hyperkinetic disorders	13	0	0	13	0.0
F91	Conduct disorders	90	0	0	90	0.3
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	50	0	1	51	0.2
F99	Mental disorder not otherwise specified	46	0	1	47	0.2
G30	Alzheimer's disease	36	0	2	38	0.1
	Other factors related to mental and behavioural disorders and substance use ^(b)	182	0	1	183	0.6
	Other specified mental health-related principal diagnosis ^(c)	1,741	0	486	2,227	7.9
Total		17,739	56	10,503	28,298	100

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

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

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

Source: National Hospital Morbidity Database.

Table 5.6: Ambulatory-equivalent mental health-related separations^(a) with and without specialised psychiatric care, by principal diagnosis and hospital type, 2006–07

ICD-10-AM code	Principal diagnosis description	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Per cent of separations
F00–F03	Dementia	94	1	117	212	0.2
F04–F09	Other organic mental disorders	97	1	115	213	0.2
F10	Mental and behavioural disorders due to use of alcohol	6,100	43	12,110	18,253	15.1
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	1,103	20	2,534	3,657	3.0
F20	Schizophrenia	743	21	3,071	3,835	3.2
F21, F24, F28, F29	Schizotypal and other delusional disorders	134	0	219	353	0.3
F22	Persistent delusional disorders	69	1	167	237	0.2
F23	Acute and transient psychotic disorders	138	1	237	376	0.3
F25	Schizoaffective disorders	269	4	2,472	2,745	2.3
F30	Manic episode	48	0	82	130	0.1
F31	Bipolar affective disorders	244	5	6,267	6,516	5.4
F32	Depressive episode	3,387	6	19,371	22,764	18.9
F33	Recurrent depressive disorders	338	1	14,451	14,790	12.3
F34	Persistent mood (affective) disorders	206	3	1,667	1,876	1.6
F38–F39	Other and unspecified mood (affective) disorders	83	1	335	419	0.3
F40	Phobic anxiety disorders	168	0	439	607	0.5
F41	Other anxiety disorders	2,168	336	7,323	9,827	8.1
F42	Obsessive-compulsive disorders	20	1	648	669	0.6
F43	Reaction to severe stress and adjustment disorders	1,966	37	13,385	15,388	12.8
F44	Dissociative (conversion) disorders	154	1	670	825	0.7
F45, F48	Somatiform and other neurotic disorders	160	0	58	218	0.2
F50	Eating disorders	255	0	2,774	3,029	2.5
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	53	0	376	429	0.4
F60	Specific personality disorders	493	9	2,326	2,828	2.3
F61–F69	Disorders of adult personality and behaviour	40	0	267	307	0.3
F70–F79	Mental retardation	27	2	0	29	0.0
F80–F89	Disorders of psychological development	109	94	61	264	0.2
F90	Hyperkinetic disorders	382	346	51	779	0.6
F91	Conduct disorders	1,055	186	2	1,243	1.0
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	229	282	14	525	0.4
F99	Mental disorder not otherwise specified	55	0	5	60	0.0
G30	Alzheimer's disease	36	0	593	629	0.5
	Other factors related to mental and behavioural disorders and substance use ^(b)	233	78	45	356	0.3
	Other specified mental health-related principal diagnosis ^(c)	1,756	0	486	2,242	1.9
	Other ^(d)	264	123	3,585	3,972	3.3
Total		22,676	1,603	96,323	120,602	100

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

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

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

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

Source: National Hospital Morbidity Database.

5.6 Procedures

Table 5.7 details the number of separations relating to the 10 procedures (or interventions) most frequently reported for ambulatory-equivalent mental health-related hospital separations. The procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on the classification is included in Appendix 3.

A total of 60,032 procedures were reported in relation to 51,216 separations. This reflects the fact that more than one procedure can be reported for each separation, with an average of 1.2 procedures being reported. No procedures were reported for 57.5% (69,386 out of 120,602) of the separations. The most frequently reported procedure was *Cognitive behaviour therapy* (16,462 procedures for 16,461 separations).

Table 5.7: The 10 most frequently reported procedures for ambulatory-equivalent mental health-related separations^(a), 2006–07

Procedure	Procedures ^(b)		Separations ^{(b) (c)}	
	Number	Per cent	Number	Per cent
96101–00 Cognitive behaviour therapy	16,462	27.4	16,461	13.6
96180–00 Other psychotherapies or psychosocial therapies	7,876	13.1	7,871	6.5
96185–00 Supportive psychotherapy, not elsewhere classified	5,258	8.8	5,253	4.4
96001–00 Psychological skills training	4,763	7.9	4,763	3.9
92002–00 Alcohol rehabilitation	3,565	5.9	3,564	3.0
96090–00 Other counselling or education	3,545	5.9	3,545	2.9
95550–10 Allied health intervention, psychology	3,387	5.6	3,387	2.8
96073–00 Substance addiction counselling or education	2,824	4.7	2,824	2.3
96175–00 Mental/behavioural assessment	2,230	3.7	2,230	1.8
96177–00 Interpersonal psychotherapy	2,061	3.4	2,060	1.7
Other reported procedures	8,061	13.4	8,052	6.7
Totals				
Number of separations with at least one procedure	..	..	51,216	42.5
Number of procedures with no procedure reported	..	..	69,386	57.5
Total	60,032	100.0	120,602	100.0

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

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

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

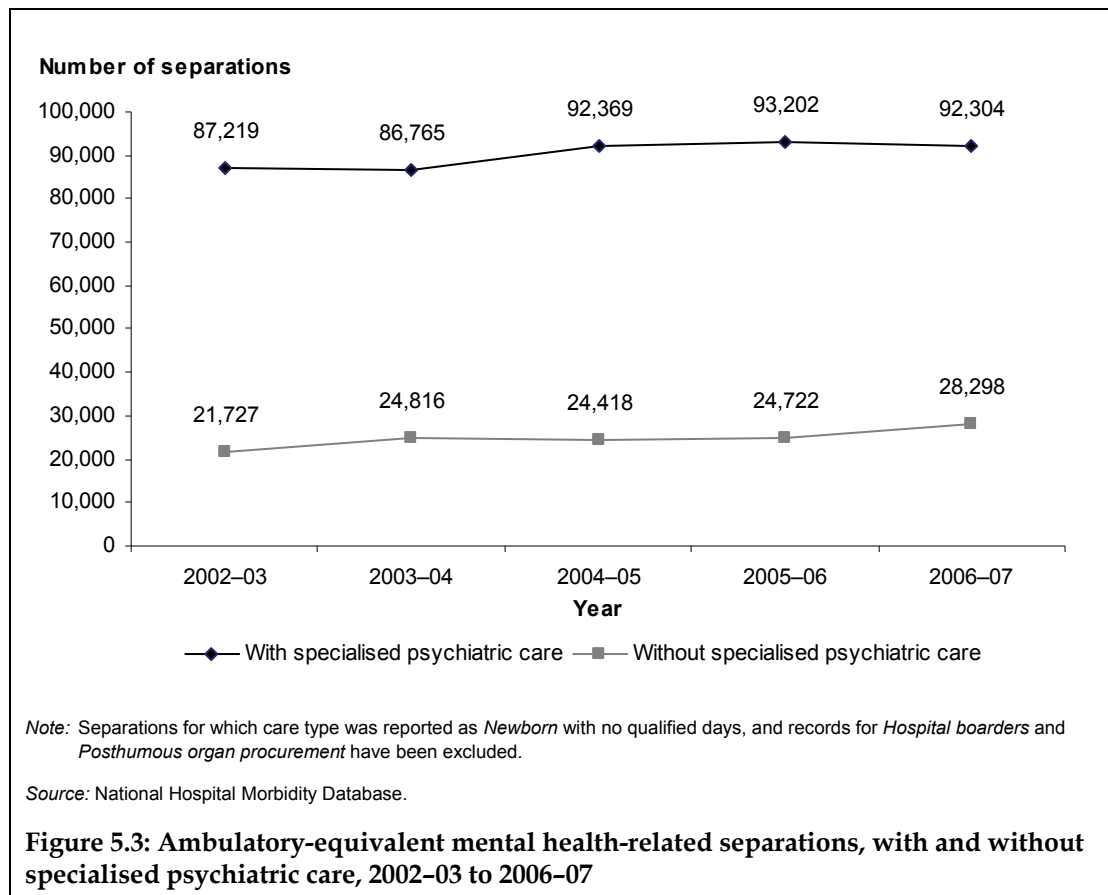
.. Not applicable.

Source: National Hospital Morbidity Database.

5.7 Change over time, 2002–03 to 2006–07

Figure 5.3 depicts the number of ambulatory-equivalent mental health-related separations, with and without specialised care from 2002–03 to 2006–07. It should be noted that the scope of the data collection and the actual definitions used by the data providers may vary from year to year. Consequently, caution should be exercised when making comparisons between reporting years.

The total number of ambulatory-equivalent mental health-related separations increased by 10.7% between 2002–03 (108,946) and 2006–07 (120,602). Separations involving specialised psychiatric care increased by 5.8% during the same period. A marked increase (30.2%) was observed for separations without specialised psychiatric care.



5.8 Additional data

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