

Mental health services in Australia 2000–01

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MENTAL HEALTH SERVICES

Number 4

Mental health services in Australia 2000–01

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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay
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
CSDA	Commonwealth/State Disability Agreement
CSDA MDS	Commonwealth/State Disability Agreement Minimum Data Set
DHA	Department of Health and Ageing
FTE	Full-time-equivalent
HIC	Health Insurance Commission
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICPC-2	International Classification of Primary Care, 2nd edition
LCL	Lower confidence limit
NCMHED	National Community Mental Health Establishments Database
NCMHCD	National Community Mental Health Care Database
NHDD	National Health Data Dictionary
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
UCL	Upper confidence limit
WHO	World Health Organization

1 Introduction

Mental Health Services in Australia 2000–01 is the fourth 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. A key role of these reports is to make publicly available the data collected as specified in the National Minimum Data Sets (NMDSs) for Mental Health Care, which cover public community mental health services and specialised psychiatric care for patients admitted to public and private hospitals (see Appendix 1 for descriptions). Alongside the NMDS data, these reports also include a range of other data to describe mental health-related service delivery in Australia.

A wide range of service types is involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and services outside the health sector, 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 provision of mental health-related care. This report gives an overview of this range of services. Most data relate to 2000–01, although data for 2001–02 have been included as available for some types of services.

This report and accompanying additional tables are available on the Internet at www.aihw.gov.au. Some of the national data on admitted patient care are also available in an interactive data cube format at that site. Users can access these data cubes to create customised tables based on the age group, sex, principal diagnosis, and mental health legal status of admitted patients who received specialised psychiatric care between 1998–99 and 2000–01.

Report structure

Chapter 1 presents information on this report's structure and background information on the prevalence of mental disorders in the community and on the objectives of the National Mental Health Strategy.

Chapter 2 presents overview information on mental health-related service activity over recent years and mental health-related service utilisation by selected population groups.

Chapter 3 summarises the available data on ambulatory care provided by specialised mental health care services and other service providers that are not specialised mental health care services but play a role in providing services for people with mental disorders. Reported specialised mental health care services include those provided by private psychiatrists and specialist psychiatric outpatient services. The non-specialised services reported include general practitioners, and ambulatory disability support services that were funded under the Commonwealth/State Disability Agreement (CSDA). Some specialist mental health care services provided by non-government organisations were reported with the non-specialised CSDA-funded services. There are other areas where there are few reliable national data for 2000–01. These include client characteristic and service activity data for public hospital outpatient and community mental health services (see Appendix 2).

Chapter 4 summarises the available data on community residential and admitted patient mental health care and CSDA-funded residential disability support services. The information presented on patients admitted to hospitals includes data on those who were treated by specialised psychiatric admitted patient services, and those who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care.

Chapter 5 presents information on the public and private psychiatrist and mental health nurse labour force, Medicare expenditure on private psychiatrists and Pharmaceutical Benefits Scheme (PBS) expenditure on mental health-related medications. This chapter also presents data on the staffing and expenditure of public community mental health care establishments and public and private hospitals that provide specialised psychiatric care.

The appendixes provide more detailed technical notes on the data and analyses that are included in the chapters. Appendix 1 outlines the data sources used for this report and their respective strengths and weaknesses, and details the data elements specified in the NMDs for Mental Health Care. Appendix 2 presents summary statistics for 2000–01 on public community mental health care ambulatory service contacts. This was the first year of collection for these data and the appendix presents information on the quality and provision of these data. Appendix 3 provides information on the codes used to define mental health-related care and medications. Appendix 4 provides State- and Territory-specific data on admitted patients. Appendix 5 includes the population estimates used for separation rate calculations. Appendix 6 provides a list of the public hospitals and community mental health establishments that contributed data to this report. Appendix 7 presents information on the National Survey of Mental Health Services (NSMHS) and how it compares with the establishment-level data collections used in this report.

Background

This publication focuses on the data collected about specialised mental health and related services. However, this section provides some background information, including those data recently released from the 2001 Australian Bureau of Statistics National Health Survey on the prevalence of mental disorders, psychological distress and the use of medications for mental wellbeing in Australia. It also presents background information on the National Mental Health Strategy and its objectives (Box 1.1).

Prevalence of mental disorders in adults

In 1997, the Australia Bureau of Statistics conducted the adult component of the National Survey of Mental Health and Wellbeing. Approximately 10,600 people aged 18 years and over participated in the survey; a range of major mental disorders were diagnosed using a computerised version of the Composite International Diagnostic Interview.

The survey found that an estimated 18% of Australian adults had experienced a mental disorder in the 12 months prior to interview (ABS 1998a) (Table 1.1). The prevalence of mental disorders decreased with age, with the highest prevalence reported for adults aged 18–24 years (27%), reflecting a relatively high rate of substance use disorders. The prevalence was lowest, at 6%, for those aged 65 and over.

Women were more likely than men to have had an anxiety or affective disorder and men were more than twice as likely as women to have had a substance use disorder. Anxiety

disorders were most common for women aged 45–54 years (16%). Affective disorders, which include depression, were most common for women aged 18–24 years (11%). Substance use disorders were most common for men aged 18–24 years (22%).

Box 1.1: National Mental Health Strategy

In 1992, the Commonwealth, State and Territory governments in Australia endorsed the National Mental Health Strategy as a framework to guide the reform agenda for mental health. A brief outline of the Strategy is given below. For more information on the National Mental Health Strategy, refer to the National Mental Health Report 2002 (DHA 2002). The stated aims of the Strategy are to:

- *promote the mental health of the Australian community and, where possible, prevent the development of mental disorders*
- *reduce the impact of mental disorders on individuals, families and the community*
- *assure the rights of people with mental disorder.*

The broad aims and objectives of the Strategy are described in the National Mental Health Policy. The Policy has 38 objectives including objectives relating to the shift from institutional to community care and the delivery of services in mainstream settings. The approach to be taken by the Commonwealth, State and Territory governments in implementing the aims and objectives of the Policy were described by the First National Mental Health Plan. The First Plan ran from 1992–93 to 1997–98. Near the end of the First Plan, an independent evaluation concluded that significant progress had been achieved but that the reform agenda had yet to be completed (AHMAC 1997).

In order to continue these reforms, the Second National Mental Health Plan (1998–99 to 2002–03) was endorsed by all governments in 1998. The aim of the Second Plan is to consolidate reforms of the First Plan and to extend into additional areas with a particular focus on three new themes. The three themes are promotion and prevention, partnerships in service reform and delivery, and service quality and effectiveness.

The promotion and prevention theme emphasises the importance of mental health promotion, community education, prevention of illness and early intervention. The partnerships in service reform and delivery theme emphasises the need to build strategic alliances with other services based on the recognition that specialised mental health services can meet only some of needs of people with mental disorders. The service quality and effectiveness theme intends to build on existing structural reforms with improvements in both the quality and effectiveness of services. This theme has a particular emphasis on improved outcomes for consumers across their lifespan.

More recently, almost 10% of adult respondents to the 2001 National Health Survey reported they had a long-term mental or behavioural problem (ABS 2002a). These data were based on self-report rather than any formal diagnostic assessment or health professional's diagnosis and are therefore not comparable with the results of the National Survey of Mental Health and Wellbeing.

A study coordinated by the University of Western Australia examined the prevalence of psychotic disorders among Australian adults aged 18–64 years (Jablensky et al. 1999). The survey was based on a census of 3,800 people with psychotic illness who attended a public or private mental health service within defined areas of Brisbane and surrounds, Melbourne, Perth and the Australian Capital Territory. The study estimated that between 3.9 and 6.9 persons per 1,000 adult residents in urban areas (a weighted mean of 4.7) were in contact with mental health services each month due to the symptoms of a psychotic disorder.

Table 1.1: Prevalence of mental disorders in adulthood, Australia, 1997 (per cent)

	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Males							
Anxiety disorders	8.6	7.1	8.3	8.0	6.1	3.5	7.1
Affective disorders	2.9	4.9	6.0	5.4	3.2	^(a) 0.8	4.2
Substance use disorders	21.5	15.6	12.0	7.4	5.2	2.1	11.1
<i>Total mental disorders</i>	<i>27.3</i>	<i>21.4</i>	<i>19.6</i>	<i>15.6</i>	<i>11.3</i>	<i>5.5</i>	<i>17.4</i>
Females							
Anxiety disorders	13.8	12.4	14.5	15.9	9.5	5.4	12.1
Affective disorders	10.7	8.4	8.5	7.3	6.9	2.4	7.4
Substance use disorders	10.6	7.0	4.5	3.2	^(a) 1.2	n.p.	4.5
<i>Total mental disorders</i>	<i>25.9</i>	<i>21.2</i>	<i>20.2</i>	<i>19.5</i>	<i>13.4</i>	<i>6.7</i>	<i>18.0</i>
Total							
Anxiety disorders	11.2	9.8	11.4	11.9	7.8	4.5	9.7
Affective disorders	6.7	6.6	7.2	6.4	5.0	1.7	5.8
Substance use disorders	16.1	11.3	8.2	5.3	3.2	1.1	7.7
Total mental disorders	26.6	21.3	19.9	17.5	12.3	6.1	17.7

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

n.p. Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

Source: ABS 1998a.

Table 1.2a: Estimated monthly treated prevalence of psychotic disorders in public and private treatment services, Australia, 1999 (rate per 1,000 population)

	18–24	25–34	35–44	45–54	55–64	Total (18–64)
Males						
Vic	4.09	6.11	8.67	5.44	5.63	6.03
Qld	3.98	5.81	5.24	5.50	3.48	4.99
WA	5.31	8.22	8.22	8.50	5.21	7.39
ACT	3.26	5.09	5.64	2.89	2.66	4.14
Females						
Vic	1.70	5.51	7.21	8.72	5.32	5.80
Qld	1.63	2.99	3.68	4.22	4.26	3.32
WA	3.05	4.80	7.09	9.99	7.98	6.33
ACT	2.50	2.36	5.31	3.67	4.90	3.68
Total						
Vic	n.a.	n.a.	n.a.	n.a.	n.a.	5.91
Qld	n.a.	n.a.	n.a.	n.a.	n.a.	4.15
WA	n.a.	n.a.	n.a.	n.a.	n.a.	6.87
ACT	n.a.	n.a.	n.a.	n.a.	n.a.	3.91

n.a. not available.

Source: Jablensky et al. 1999.

Table 1.2b: Estimated yearly treated prevalence of psychotic disorders in public and private treatment services, Australia, 1999 (rate per 1,000 population)

State or Territory of urban area	Males	Females	Total
Vic	5.53	3.52	4.49
Qld	4.08	2.55	3.31
WA	6.74	4.78	5.78
ACT	4.49	3.71	4.10

Source: Jablensky et al. 1999.

Table 1.2a shows the estimated monthly treated prevalence rate for each of the four catchment areas by sex and age group, and Table 1.2b the estimated yearly treated prevalence rate by sex. Male monthly rates were consistently higher than female rates in all age groups from 18 to 44 years. In each State or Territory urban area, the yearly prevalence rate for males was slightly higher than that for females.

Prevalence of mental disorders in children and adolescents

The child and adolescent component of the National Survey of Mental Health and Wellbeing was conducted by the University of Adelaide in 1998 (Sawyer et al. 2000). The study examined the prevalence of clinically significant depressive disorder, conduct disorder and attention-deficit hyperactivity disorders (ADHD) among Australians aged 6–17 years using the Diagnostic Interview Schedule for Children (Version IV).

Table 1.3: Prevalence of mental disorders in children and adolescents, Australia, 1998 (per cent)

Disorder	6–12 years		13–17 years		Total
	Males				
Depressive disorder	3.7		4.8		4.2
Conduct disorder	4.8		3.8		4.4
ADHD	19.3		10.0		15.4
	Females				
Depressive disorder	2.1		4.9		3.2
Conduct disorder	1.9		1.0		1.6
ADHD	8.8		3.8		6.8
	All children				
Depressive disorder	n.a.		n.a.		3.7
Conduct disorder	n.a.		n.a.		3.0
ADHD	n.a.		n.a.		11.2

n.a. not available.

Source: Sawyer et al. 2000.

The most frequently reported disorder for children and adolescents was ADHD, accounting for 11% (an estimated 355,000 children and adolescents) of those in the age group (Table 1.3). Less prevalent were conduct disorders (3% or 95,000) and depressive disorders (4% or 117,000).

Psychological distress

Both the National Survey of Mental Health and Wellbeing of Adults conducted in 1997 and National Health Survey conducted in 2001 collected information on the prevalence of current psychological distress using the 10-item Kessler 10 Scale (K10) measure (ABS 1998a, 2002a). The instrument is used to ask about negative emotional states in the 4 weeks prior to interview. For example, respondents are asked how often they felt nervous, hopeless and restless. They can respond: all of the time, most of the time, some of the time, a little of the time or none of the time.

The results from the K10 were grouped into four categories: low (score of 10–15 indicating little or no psychological distress); moderate (16–21); high (22–29); and very high levels of psychological distress (scores of 30–50). Studies have found that K10 scores in the very high psychological distress category can indicate a need for professional help (ABS 2002a).

In 1997, an estimated 2.2% of Australians aged 18 and over had very high levels of psychological distress. About 6% had high levels of psychological distress, 18.1% had medium levels and 73.8% low levels. In 2001 the estimated proportion of persons with very high levels of psychological stress was 3.6%. The proportion of persons 18 years and over with high psychological distress had also risen, to 9.0%, and 23.0% of people had medium levels and 64.3% low levels.

In both 1997 and 2001, males and females in the age group 45–54 years most frequently had very high levels of psychological distress (Table 1.4). Between 1997 and 2001, the proportion of people who had very high levels of distress increased for all age groups and both sexes except males 65 years and over. The increase was greatest for people aged 18–24 and females aged 35 and over.

Table 1.4: Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler 10 Scale, Australia, 1997 and 2001 (per cent)

	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Year	Males						
1997	^(a) 0.6	^(a) 1.3	2.2	3.0	2.7	^(a) 1.9	1.9
2001	2.7	2.1	2.5	3.7	3.6	1.9	2.7
	Females						
1997	^(a) 2.1	2.8	2.4	3.8	^(a) 1.5	^(a) 1.3	2.4
2001	5.4	4.6	4.2	5.5	3.6	3.2	4.4
	Total						
1997	1.3	2.1	2.3	3.4	2.1	1.6	2.2
2001	4.0	3.4	3.4	4.6	3.6	2.6	3.6

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: ABS 1998a, 2002a.

Use of medication for mental wellbeing

Additional information about mental health problems in the population is available as the proportion of people using medication for mental wellbeing. The 2001 National Health Survey asked adults whether they had used any medication for their mental wellbeing in the previous 2 weeks (ABS 2002a).

Of the respondents, 18% had taken some form of medication; 9.5% of respondents had taken a pharmaceutical medication, 7.8% had used vitamin or mineral supplements and 5.4% had used herbal or natural treatments (Table 1.5). More females than males reported using medication of all types. The most frequently taken pharmaceutical medications were anti-depressants and sleeping tablets. This predominance of anti-depressants and sleeping tablets is consistent with the fact that depression and sleeping disturbance are the leading mental health-related problems for which general practitioners prescribed medication in 2001-02 (see chapter 3).

Table 1.5: Medications used by adults for mental wellbeing in the 2 weeks prior to interview, Australia, 2001

Medication type	Males		Females		Total	
	('000)	Per cent	('000)	Per cent	('000)	Per cent
Pharmaceutical medications						
Sleeping tablets	222.8	3.2	356.3	4.9	579.1	4.1
Tablet/capsules for anxiety or nerves	99.0	1.4	174.7	2.4	273.7	1.9
Tranquillisers	46.2	0.7	52.6	0.7	98.8	0.7
Anti-depressants	232.8	3.4	430.4	5.9	663.2	4.7
Mood stabilisers	39.4	0.6	41.2	0.6	80.6	0.6
Other medications for mental health	20.5	0.3	31.1	0.4	51.6	0.4
Total ^(a)	491.6	7.1	864.2	11.9	1,355.8	9.5
Vitamin/ mineral supplements	425.4	6.1	685.8	9.5	1,111.2	7.8
Herbal/ natural medications	247.8	3.6	524.0	7.2	771.8	5.4
Total ^(b)	945.1	13.6	1,618.4	22.4	2,563.5	18.0
Did not use medication	6,001.3	86.4	5,619.9	77.6	11,621.2	82.0
Total	6,946.4	100.0	7,238.3	100.0	14,184.7	100.0

(a) Total includes all medications other than vitamin or mineral supplements, herbal or natural medications.

(b) Persons may have reported more than one type of medication and therefore components may not add to totals.

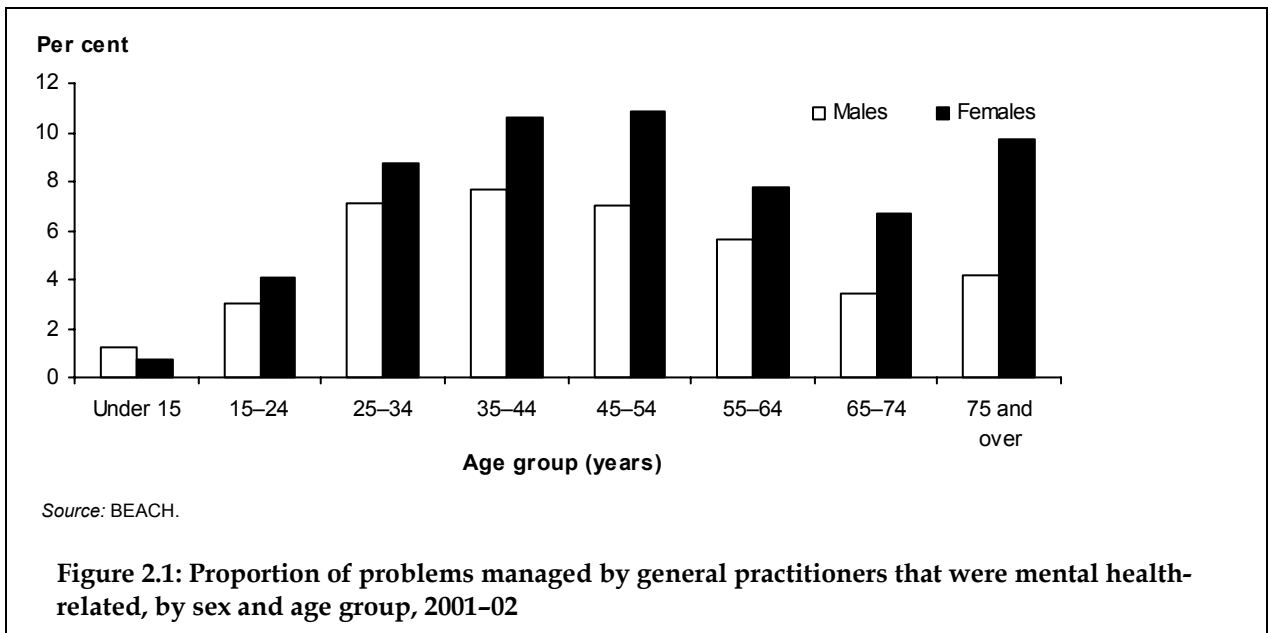
Source: ABS 2002a.

2 Overview

This chapter presents an overview of mental health-related service activity drawn from the more comprehensive data presented in Chapters 3, 4 and 5. The aim of this overview is to make key findings of this report accessible and to guide readers to the parts of the report relevant to their interests. Findings presented here do not represent performance indicators that relate to mental health services.

To obtain a more complete description of the data sources and their limitations, it is important to refer to relevant sections in later chapters, Appendix 1 and other documents as identified.

Mental health care in general practice



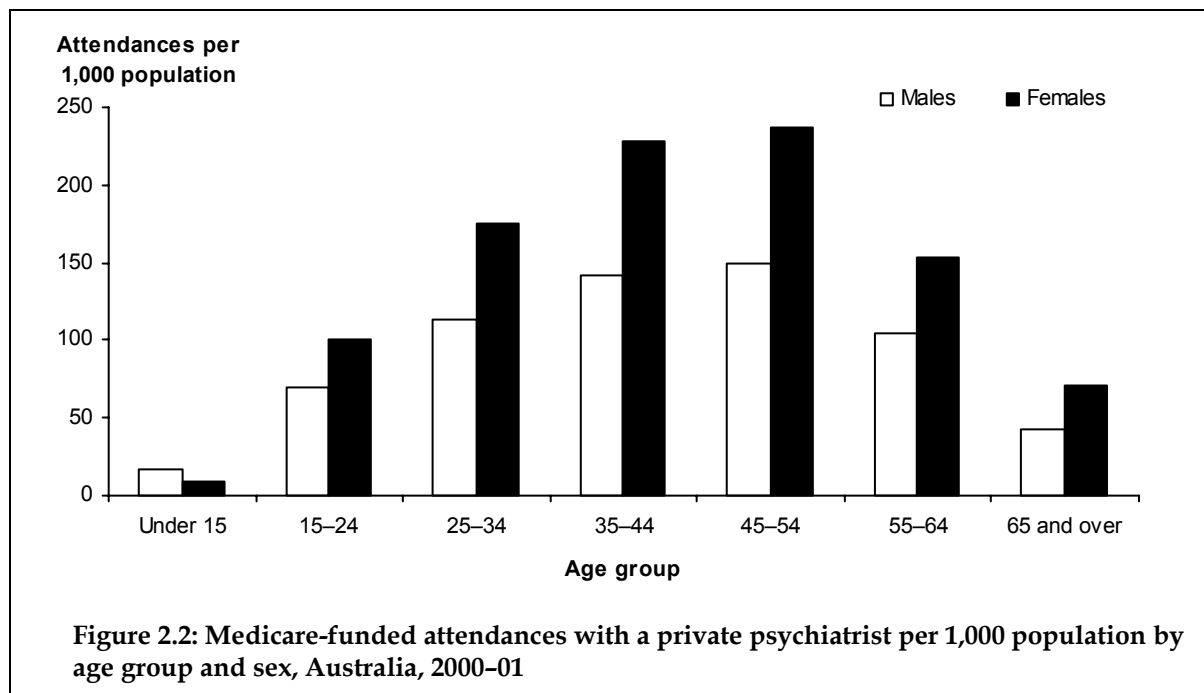
- The partnerships in service reform and service delivery theme of the Second Plan of the National Mental Health Strategy highlights the importance of building strategic alliances with services outside the specialised mental health care sector. General practitioners play an important role in the primary care and referral to specialist services of people with mental disorders.
- The Bettering the Evaluation and Care of Health (BEACH) program is an ongoing survey of general practitioners. Each year, 1,000 general practitioners report details on 100 consecutive encounters. More detail on the BEACH survey is presented in Appendix 1.
- During 2001-02, there were an estimated 10.2 million general practice encounters where mental health problems were managed. Mental health problems accounted for 7.4% of all problems managed by general practitioners.
- With the exception of the under 15 age group, a higher proportion of problems for female patients than for male patients (Figure 2.1) were mental health-related. The majority of patients with a mental health problem managed were aged 35-54 years.
- For both males and females, depression accounted for 32% of the mental health problems managed by general practitioners (Table 3.4).
- Between 1991 and 2000-01, the management rate for depression increased from 2.1 depression problems managed per 100 encounters to 3.4 (Britt et al. 1999, 2001).
- BEACH data from 1998-99 to 2000-01 indicate that prescriptions for Selective Serotonin Re-uptake Inhibitors (SSRIs) are gradually replacing prescriptions for older-style anti-depressants (Britt et al. 2001).

For more information, see:

Chapter 3 in this report (Tables 3.1-3.13).

Britt et al. 2002.

Medicare-funded attendances with a private psychiatrist



	Under 15	15-24	25-34	35-44	45-54	55-64	65 and over	Total
Sex	Attendances per 1,000 population							
Males	16.6	69.2	113	141.6	149.1	104.1	42.6	87.0
Females	9.5	100.9	175.3	227.6	236.7	153.2	70.8	132.3

Source: www.hic.gov.au.

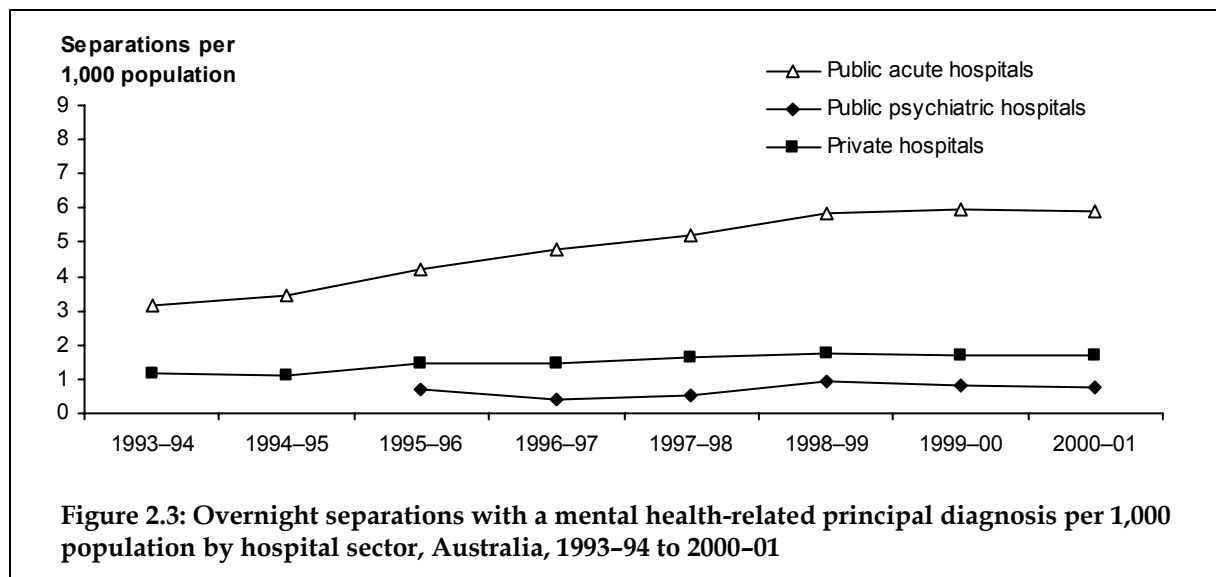
- The Health Insurance Commission (HIC) collects data on all psychiatrist services funded through Medicare. More detail on the Medicare data collection is presented in Appendix 1.
- During 2000-01, there were 2.1 million Medicare-funded attendances with private psychiatrists, 109.8 per 1,000 population. The number of these attendances per 1,000 population has been gradually falling since 1997-98 (Table 3.2).
- With the exception of the under 15 age group, there were more of these attendances reported for female patients than for male patients (Figure 2.2). The number of attendances per 1,000 population was largest for both male and female patients aged 35-54 years.
- According to the BEACH survey, most referrals for mental health-related problems from general practitioners were to a psychiatrist (2.2 referrals per 100 mental health-related problems) (Table 3.5).

For more information, see:

Chapter 3 in this report (Tables 3.2, 3.5, 3.14 and 3.15)

Chapter 5 in this report (Table 5.4).

Mental health-related hospital separations



Hospital type	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01
	Overnight separations per 1,000 population ^(a)							
Public acute hospitals	3.2	3.4	4.2	4.8	5.2	5.8	5.9	5.9
Public psychiatric hospitals	n.a.	n.a.	0.7 ^(b)	0.4	0.5	0.9	0.8	0.7
Private hospitals	1.2	1.1	1.4	1.5	1.7	1.7	1.7	1.7
Total^(b)	n.a.	n.a.	n.a.	6.7	7.3	8.5	8.4	8.3

(a) Rates are directly age-standardised to the Australian population at 30 June 1991.

(b) Totals for 1993-94 and 1994-95 do not include separations from public psychiatric hospitals and the total for 1995-96 does not include Queensland. They are therefore not comparable with total rates from 1996-97 onwards.

Source: AIHW National Hospital Morbidity Database.

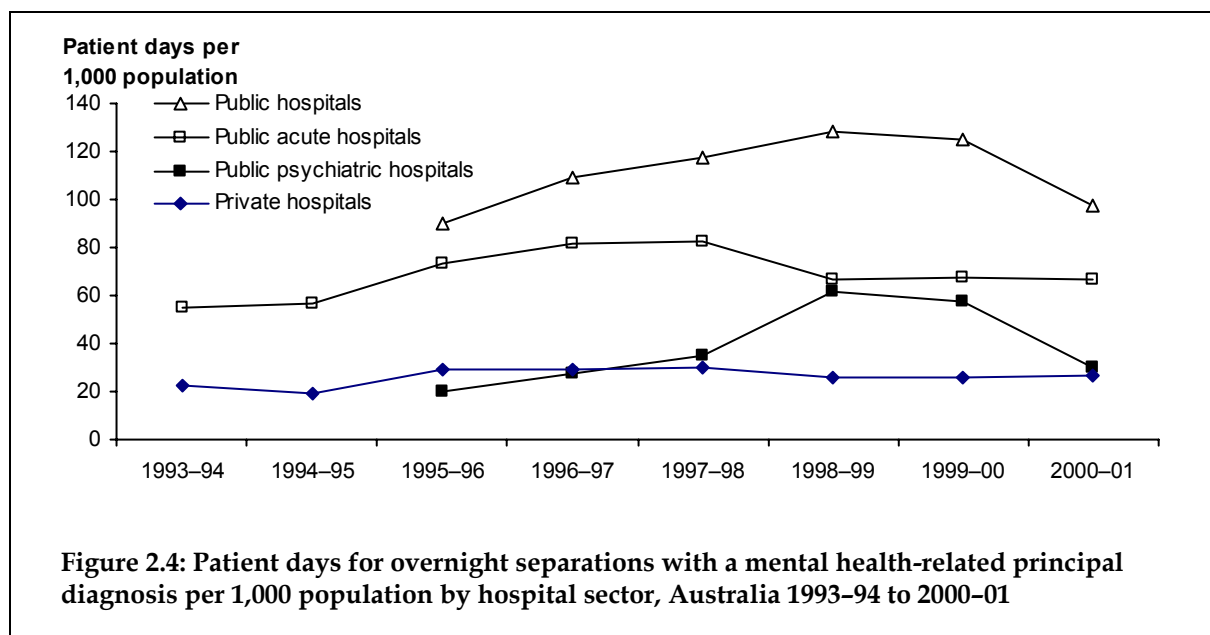
- An objective of the National Mental Health Strategy has been to reduce the size and number of stand-alone psychiatric hospitals and increase the activity of community-based services and general hospital psychiatric units.
- For mental health care, many same day separations can be regarded as being similar to ambulatory mental health care (e.g. group therapy). For this reason, only overnight separation data have been presented here.
- There were 166,279 overnight separations (i.e. a stay involving one or more nights) with a mental health-related principal diagnosis in 2000-01.
- The number of overnight separations with a mental health-related principal diagnosis per 1,000 population

increased between 1995-96 and 2000-01 for public acute hospitals (Figure 2.3). The number of these separations per 1,000 population remained comparatively stable for public psychiatric and private hospitals during this period.

- Separations from hospital are a commonly used measure of hospital activity. However, separation data can be a poor measure of hospital activity where patients stay for prolonged periods. For more detail on methods of measuring hospital activity refer to Box 4.2.

For more information, see:
Chapter 4 in this report (Tables 4.1 and 4.2).

Mental health-related patient days



Hospital type	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01
	Overnight patient days per 1,000 population ^(a)							
Public hospitals								
Public acute hospitals	55.0	56.7	73.4	81.9	82.7	66.7	67.9	67.0
Public psychiatric hospitals	n.a.	n.a.	20.2 ^(b)	27.1	34.7	61.6	57.4	30.3
<i>Total</i>	<i>n.a.</i>	<i>n.a.</i>	93.6	109.0	117.4	128.3	125.3	97.3
Private hospitals	22.6	19.0	28.9	28.9	29.7	25.6	25.4	26.3
Total^(b)	n.a.	n.a.	n.a.	137.7	146.9	153.7	150.5	123.4

(a) Rates are directly age-standardised to the Australian population at 30 June 1991.

(b) Totals for 1993-94 and 1994-95 do not include separations from public psychiatric hospitals and the total for 1995-96 does not include Queensland. They are therefore not comparable with total rates from 1996-97 onwards.

Source: AIHW National Hospital Morbidity Database.

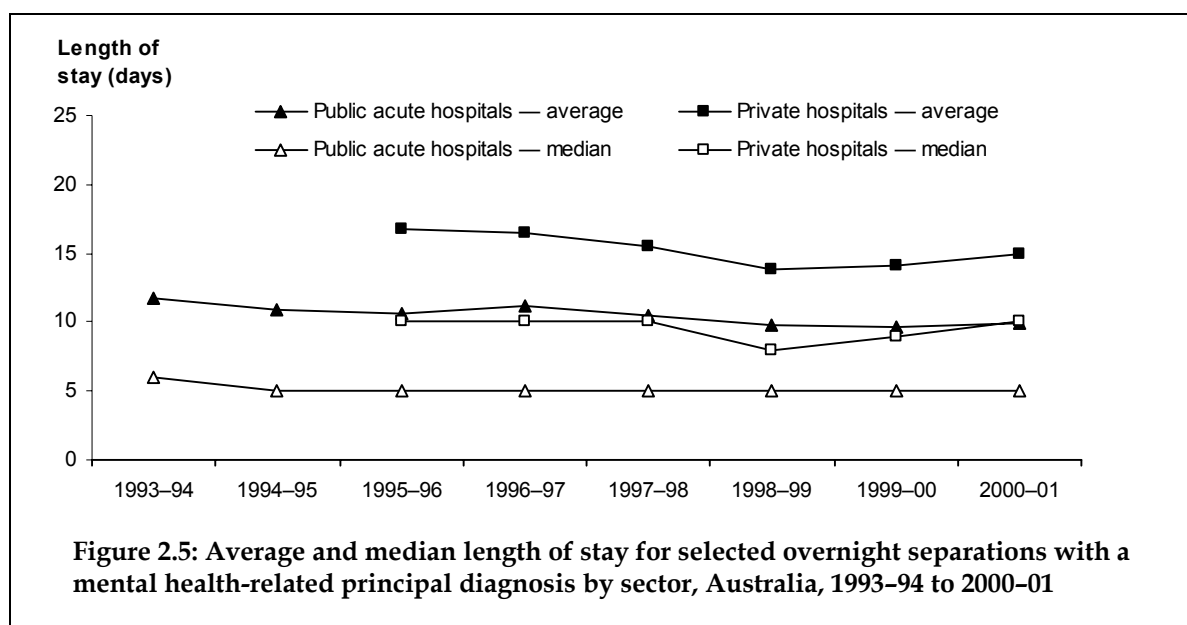
- Patient days are an alternative measure of hospital activity to separations. The patient day data presented includes all days of patient care received during the hospitalisation. Some of these may have occurred in previous years, particularly for public psychiatric hospitals, for which numbers of very extended stays were reported, particularly in 1998-99 and 1999-00.
- There were 2,482,811 patient days attributed to overnight separations with a mental health-related principal diagnosis in 2000-01. For public acute hospitals, the number of these patient days per 1,000 population increased from 55.0 in 1993-94 to 82.7 in 1997-98

(Figure 2.4). After that the rate decreased to 67.0 in 2000-01. These fluctuations were largely due to changes in the two largest States. In New South Wales before 1997-98 and Victoria before 1996-1997, beds were transferred from public psychiatric hospitals to public acute hospitals. The subsequent decrease was largely due to the transfer of beds for non-acute care from hospitals to community residential facilities.

- The rate for private hospitals remained stable throughout this period.

For more information, see:
Chapter 4 (Tables 4.1 and 4.3).

Average and median length of stay for hospital separations



	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01
Hospital type		Average length of stay (days)						
Public acute hospitals	11.8	10.9	10.6	11.2	10.5	9.8	9.7	9.9
Private hospitals ^(a)	n.a.	n.a.	16.8	16.5	15.5	13.9	14.0	15.0
Public acute and private hospitals^(a)	n.a.	n.a.	12.4	12.6	11.7	10.8	10.7	11.1
		Median length of stay (days)						
Public acute hospitals	6	5	5	5	5	5	5	5
Private hospitals ^(a)	n.a.	n.a.	10	10	10	8	9	10
Public acute and private hospitals^(a)	n.a.	n.a.	6	6	6	5	5	5

(a) Private hospital data for source of referral and referral to further care were unreliable for 1993-94 and 1994-95. Total figures for these years are therefore not available.

Source: AIHW National Hospital Morbidity Database.

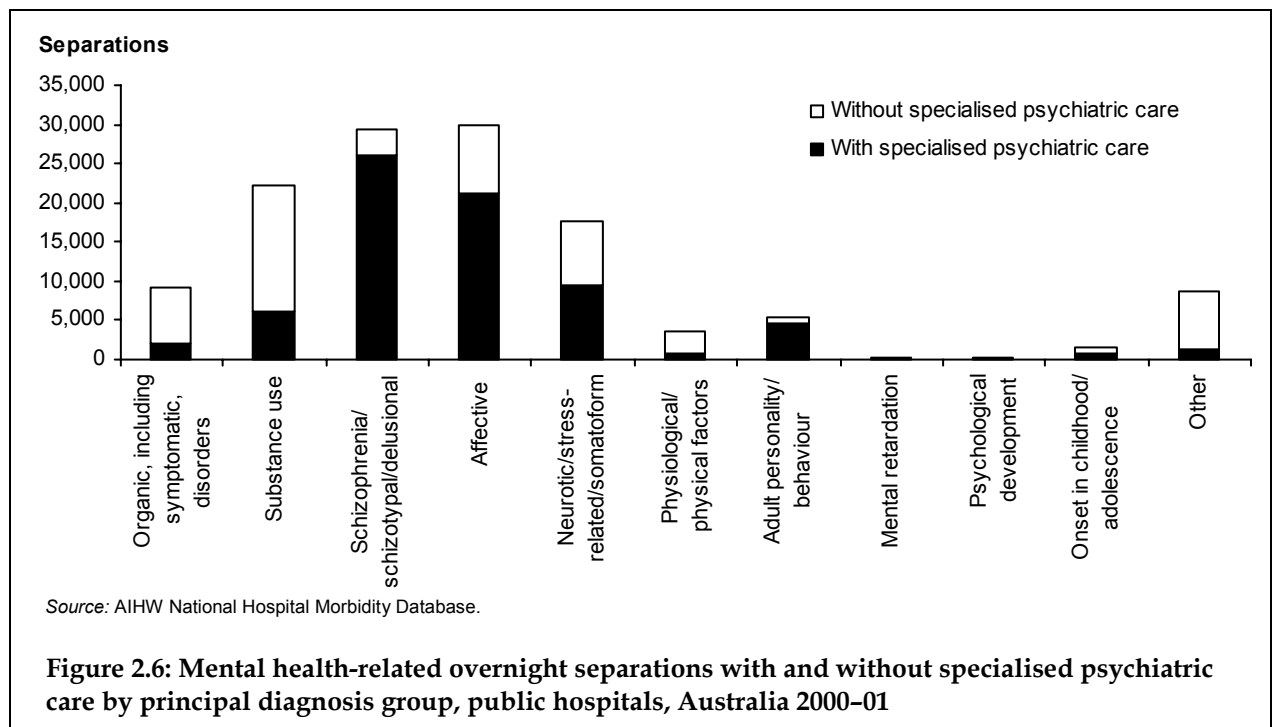
- Average length of stay (ALOS) data for this section excludes separations for patients who transferred from one hospital to another, who changed type of episode of care during their hospital stay, who died in hospital, who left against medical advice or who were transferred to a nursing home. It also excludes any separations admitted as a transfer from other hospitals or as the result of a change of care type. These exclusions were made because of changes in the reporting of modes of admission and separation between 1993-94 and 1999-00. These modes of admission and separation could have had the effect of artificially shortening

or lengthening the length of stay in hospital, and could reduce the comparability of ALOS data over time.

- For public acute hospitals, the ALOS for these selected separations decreased from 11.8 days in 1993-94 to 9.9 days in 2000-01 (Figure 2.5). Private hospital separations had longer average lengths than public acute hospital separations. In 2000-01, the median lengths of stay for public acute and private hospitals was 5 and 10 days, respectively.

For more information, see:
Chapter 4 in this report (Tables 4.35a, 4.35b, 4.36a and 4.36b).

Mental health-related hospital separations in public hospitals

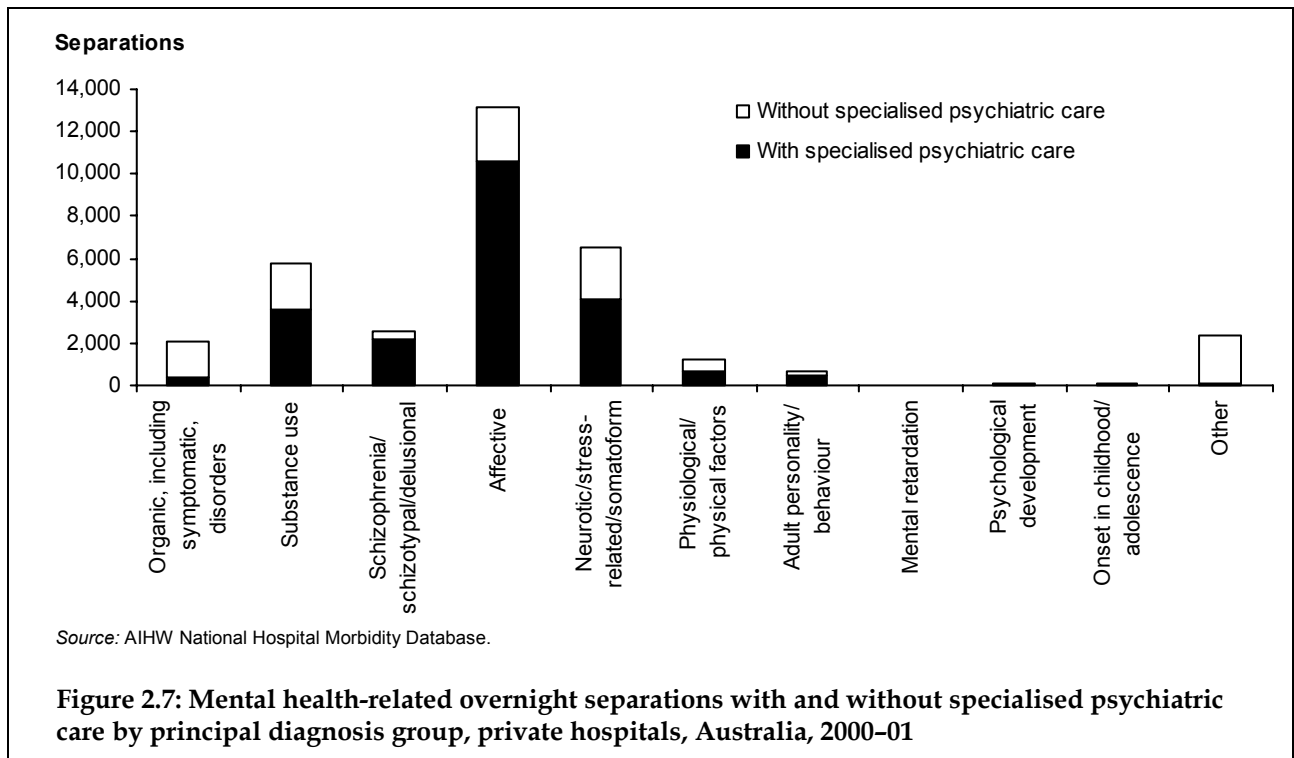


- Admitted patient care for patients with mental disorders can be either in a specialised psychiatric unit or hospital or in a unit or hospital not specialising in psychiatric care. Admission to a specialist psychiatric unit or hospital is not always the most appropriate treatment for all mental and behavioural disorders. For some disorders, treatment without specialised psychiatric care would be appropriate to the needs of the patient.
- There were 131,520 overnight mental health-related separations from public hospitals in 2000-01. Of these, 58.2% or 76,555 included a component of specialised psychiatric care, that is, care in a specialised psychiatric unit or hospital.
- Principal diagnoses of *Affective disorders* and *Schizophrenia, schizotypal and delusional disorders* were the most common for public hospital overnight separations (Figure 2.6).
- Overnight separations with specialised psychiatric care made up a small proportion of public hospital separations with principal diagnoses of *Organic mental disorders* and *Behavioural syndromes associated with physiological disturbances and physical factors*. A higher proportion of separations with principal diagnoses of *Affective disorders*, *Schizophrenia, schizotypal and delusional disorders* and *Disorders of adult personality and behaviour* had specialised psychiatric care.
- Overnight separations from hospital are a commonly used measure of hospital activity. For more detail on methods of measuring hospital activity refer to Box 4.2. The ICD-10-AM codes used to define these disorder groups are presented in Appendix 3.

For more information, see:

Chapter 4 in this report (Tables 4.10a, 4.10b and 4.11b).

Mental health-related hospital separations in private hospitals

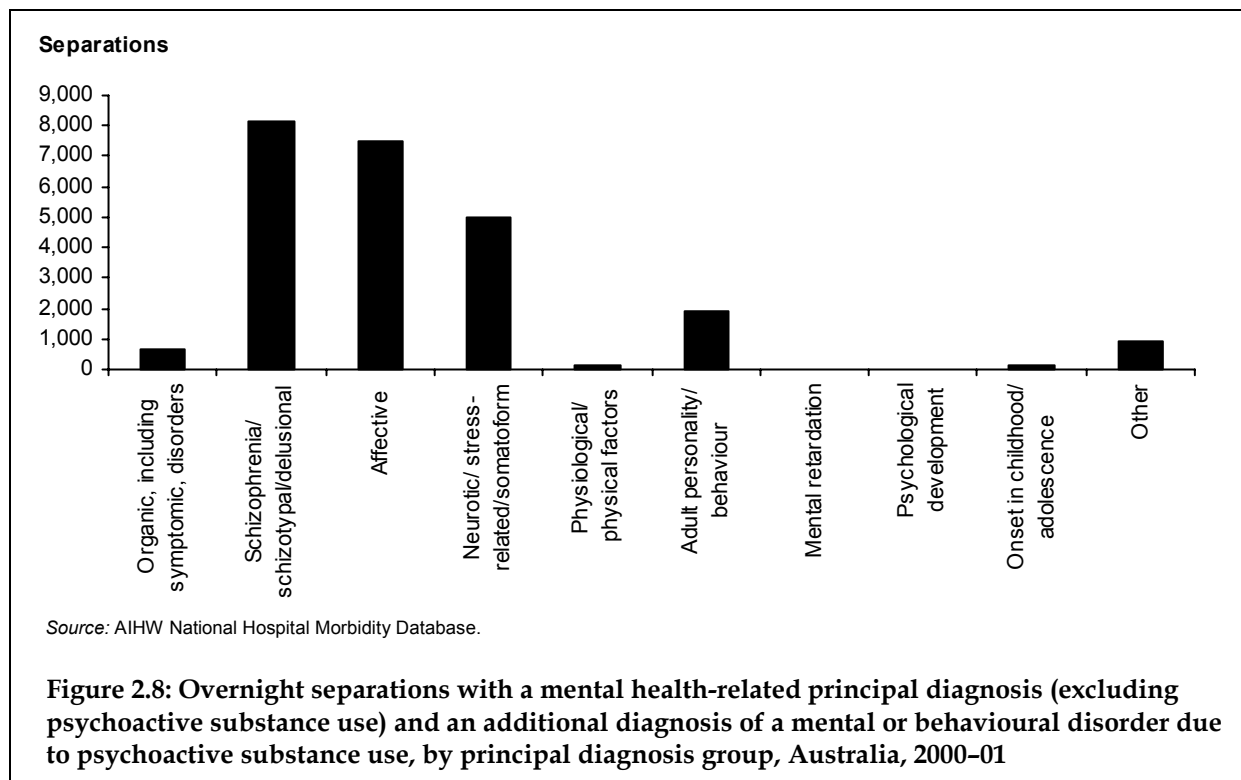


- Admitted patient care for patients with mental disorders can be either in a specialised psychiatric unit or hospital, or in a unit or hospital not specialising in psychiatric care.
- There were 34,759 overnight mental health-related separations from private hospitals in 2000-01. Of these, 64.6% or 22,461 included a component of specialised psychiatric care, that is care in a specialised psychiatric unit or hospital.
- Principal diagnoses of *Affective disorders* including depression, were the most common private hospital overnight separations, followed by *Neurotic, stress-related and somatoform disorders* (Figure 2.7).
- Private hospitals had a high proportion of separations for *Mental and behavioural disorders due to psychoactive substance use* that had specialised psychiatric care.
- Overnight separations with specialised psychiatric care made up a comparatively small proportion of private hospital separations with principal diagnoses of *Organic mental disorders* and *Disorders of psychological development*. A higher proportion of separations with principal diagnoses of *Affective disorders*, *Schizophrenia, schizotypal and delusional disorders* and *Disorders of adult personality and behaviour* had specialised psychiatric care.
- Overnight separations from hospital are a commonly used measure of hospital activity. For more detail on methods of measuring hospital activity refer to Box 4.2. The ICD-10-AM codes used to define these disorder groups are presented in Appendix 3.

For more information, see:

Chapter 4 in this report (Tables 4.10a, 4.10b, 4.11a and 4.11b).

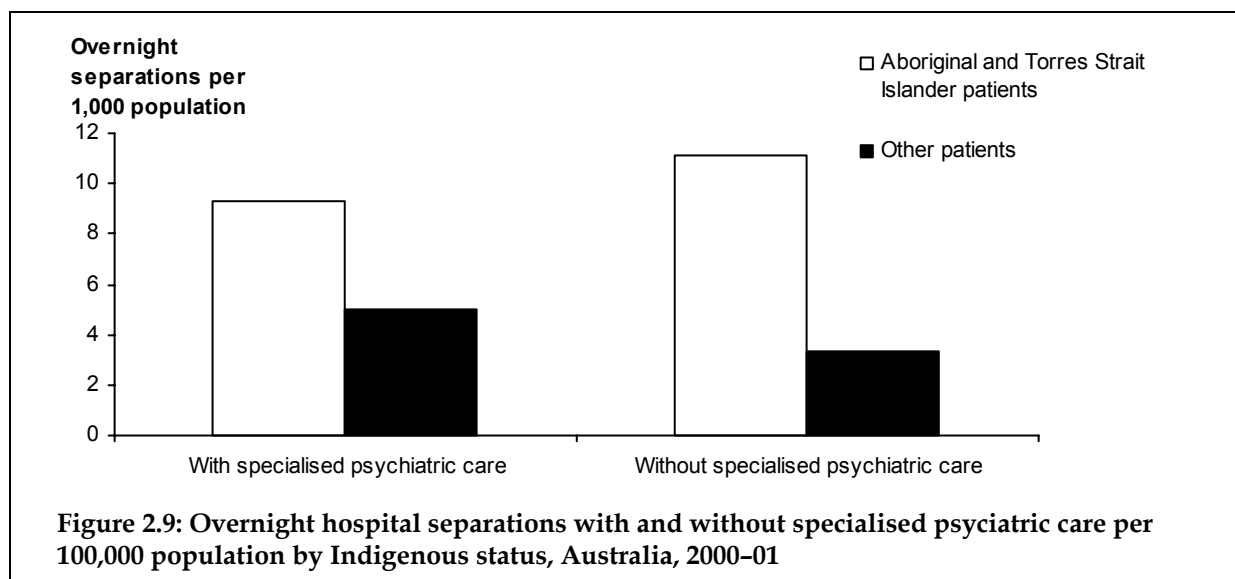
Hospital separations for mental and substance use disorders



- There is evidence that some people with mental disorders who also have a substance use disorder. The National Survey of Mental Health and Wellbeing of Adults found that about 30% of males and 19% of females with an anxiety and/or affective disorder also had a substance use disorder.
- Figure 2.8 presents data on the 24,424 overnight mental health-related hospital separations in 2000-01 where the principal diagnosis was a mental health disorder (excluding substance use disorders) and there was also an additional diagnosis of a substance use disorder. *Affective disorders* and *Schizophrenia, schizotypal and delusional disorders* were the most commonly reported principal diagnoses for these separations.
- There were also 6,788 overnight separations with principal diagnoses of substance use disorders and additional diagnoses of other mental health disorders (Table 4.21).
- Of general practitioner encounters involving the management of one or more mental health-related problems, 1.7% involved both a substance use problem and a mental health problem not involving substance use (0.1% of total problems managed).

For more information, see:
 Chapter 3 in this report (Tables 3.3 to 3.11)
 Chapter 4 in this report (Tables 4.21 to 4.22).

Hospital separations for Aboriginal and Torres Strait Islander people



Overnight separations per 1,000 population ^(a)	With specialised psychiatric care	Without specialised psychiatric care	Total
Aboriginal and Torres Strait Islander patients	9.3	11.1	20.3
Other patients	5.0	3.3	8.3
Total^(b)	5.1	3.5	8.7

(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) Totals include separations of patients for whom Indigenous status was unknown or not reported.

Source: AIHW National Hospital Morbidity Database.

- Figure 2.9 shows that the number of overnight separations with specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander people was higher than that for other Australians (9.3 compared with 5.0).
- However, the proportion of care that was specialised was lower for Indigenous persons (46.7%) compared with other patients (60.2%). This reflects the much higher usage of non-specialised care by Indigenous people compared with other patients (Table 4.8).
- The comparatively high hospitalisation rate could be explained by a greater prevalence of mental disorders for Aboriginal and Torres Strait Islander people or different patterns of access of different types of services (e.g. ambulatory and admitted patient services).
- The higher rate of non-specialised care of Indigenous people can be partially explained by the differing pattern of disorders between Indigenous and other Australians. However, after directly standardising by diagnosis groups (as presented in Figure 2.6) the proportion of overnight separations that included specialised psychiatric care remained lower for Indigenous persons (46.9%) than other Australians (59.2%).
- The accuracy of Indigenous identification in hospital separations data needs improvement and these data need to be used with caution (refer to Chapter 4 for further details).

For more information, see:

Chapter 4 in this report (Table 4.8).
ABS and AIHW 2002.

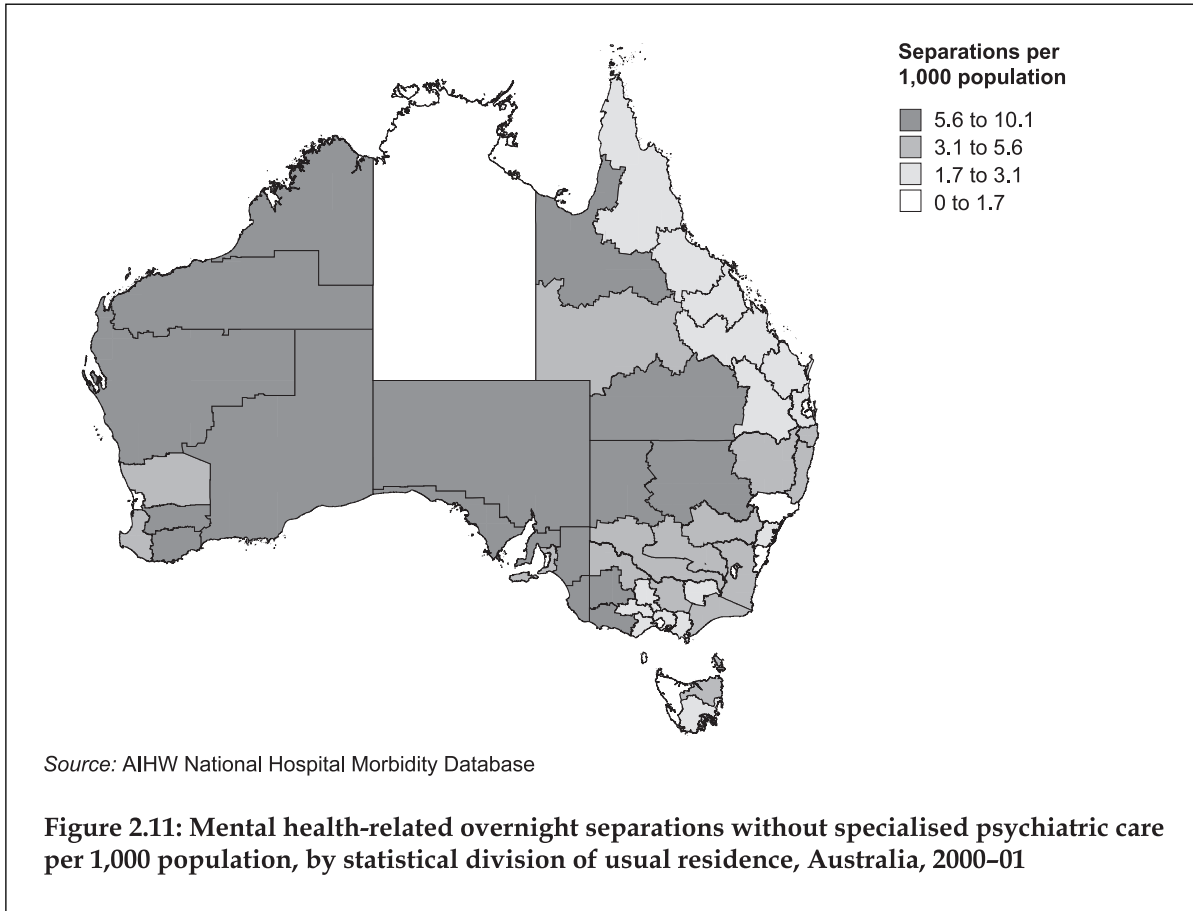
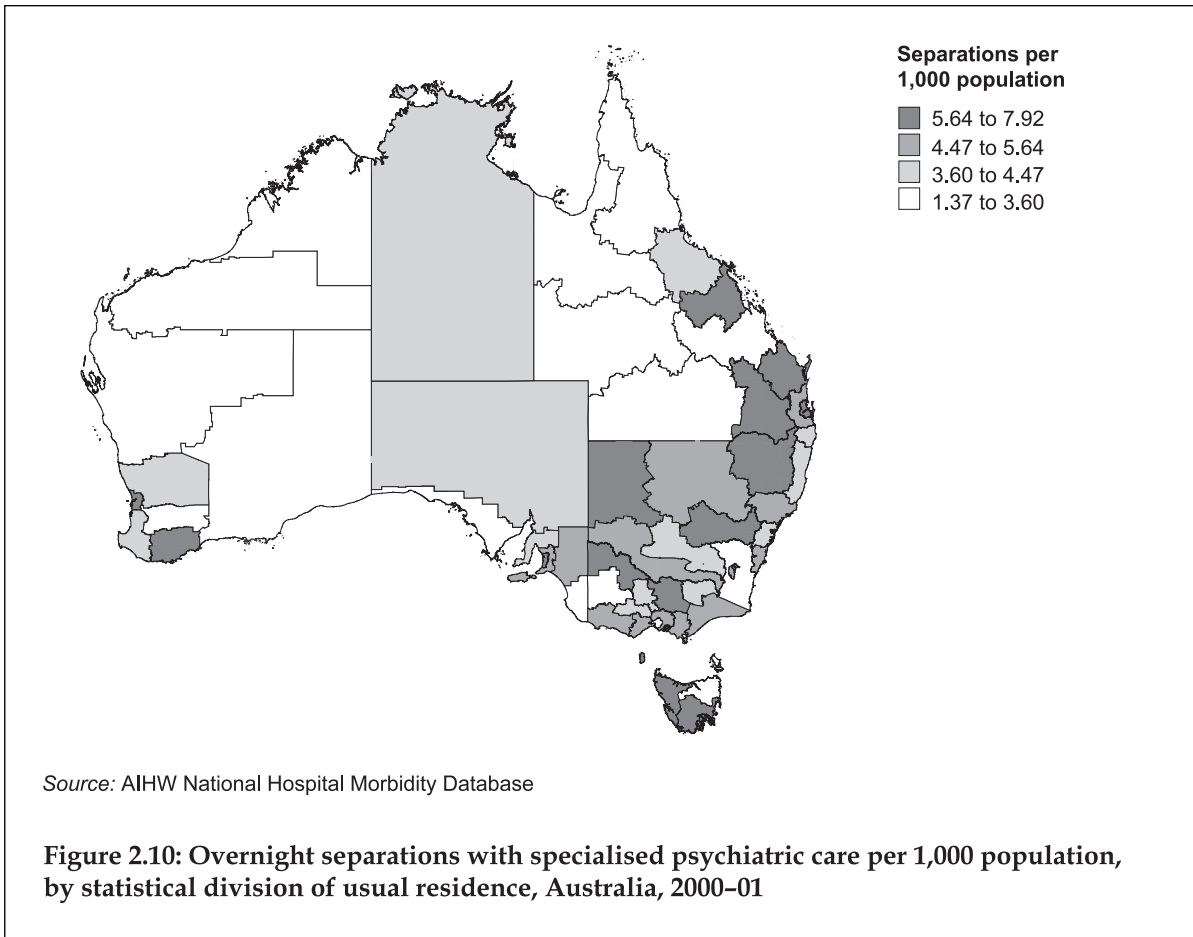
Mental health-related hospital separations in rural and remote areas

- People living in rural and remote areas have lower access to health care services than their metropolitan counterparts (AIHW 1998). Access can be restricted through the lack of health care facilities and professionals, distance, travelling time and transport accessibility.
- In 2000–01, the number of overnight mental health-related separations per 1,000 population with specialised psychiatric care was higher for people resident in metropolitan areas than for people resident in rural and remote areas (Figure 2.10). The opposite was true for separations without specialised psychiatric care (Figure 2.11).
- This reflects the concentration of psychiatric beds and psychiatrists in metropolitan areas (Tables 5.3 and 5.4).

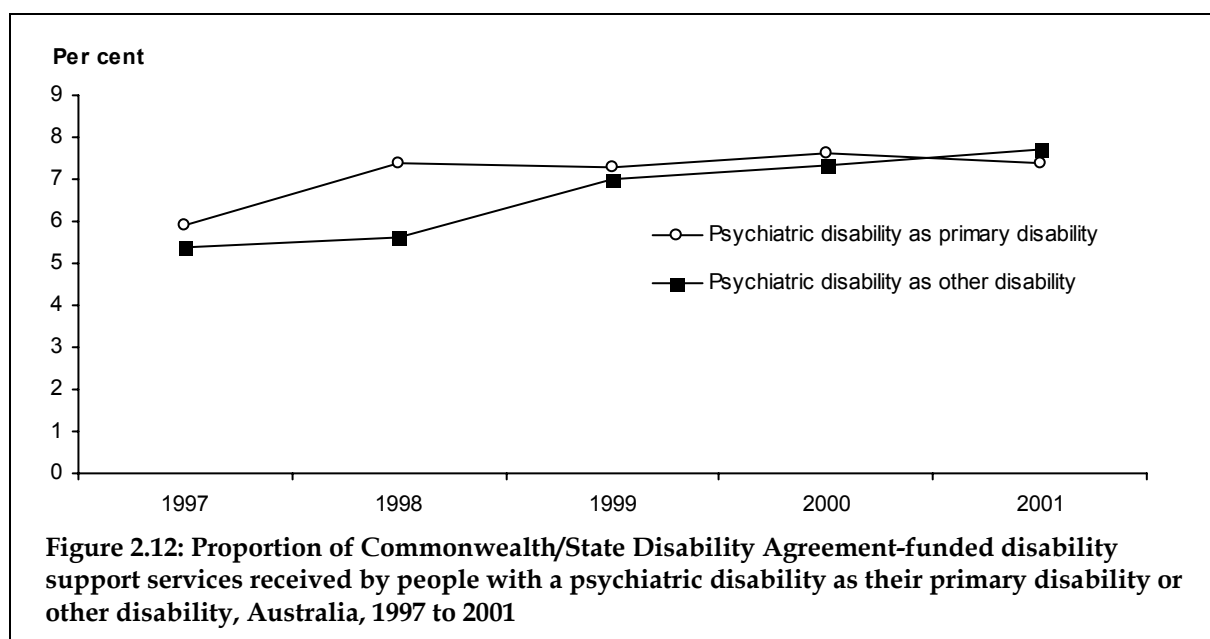
For more information, see:

Chapter 4 in this report (Tables 4.7a to 4.7b).

AIHW 1998.



Disability support services



Type of disability	1997	1998	1999	2000	2001
	Number of services received on snapshot day				
Psychiatric disability as primary disability	3,796	5,096	5,412	5,700	5,729
Psychiatric disability as other significant disability	3,465	3,877	5,207	5,489	5,973
Any psychiatric disability	7,261	8,973	10,619	11,189	11,702
	Proportion of all services received on snapshot day				
Psychiatric disability as primary disability	5.9%	7.4%	7.3%	7.6%	7.4%
Psychiatric disability as other significant disability	5.4%	5.6%	7.0%	7.3%	7.7%
Any psychiatric disability	11.3%	13.0%	14.3%	14.9%	15.1%

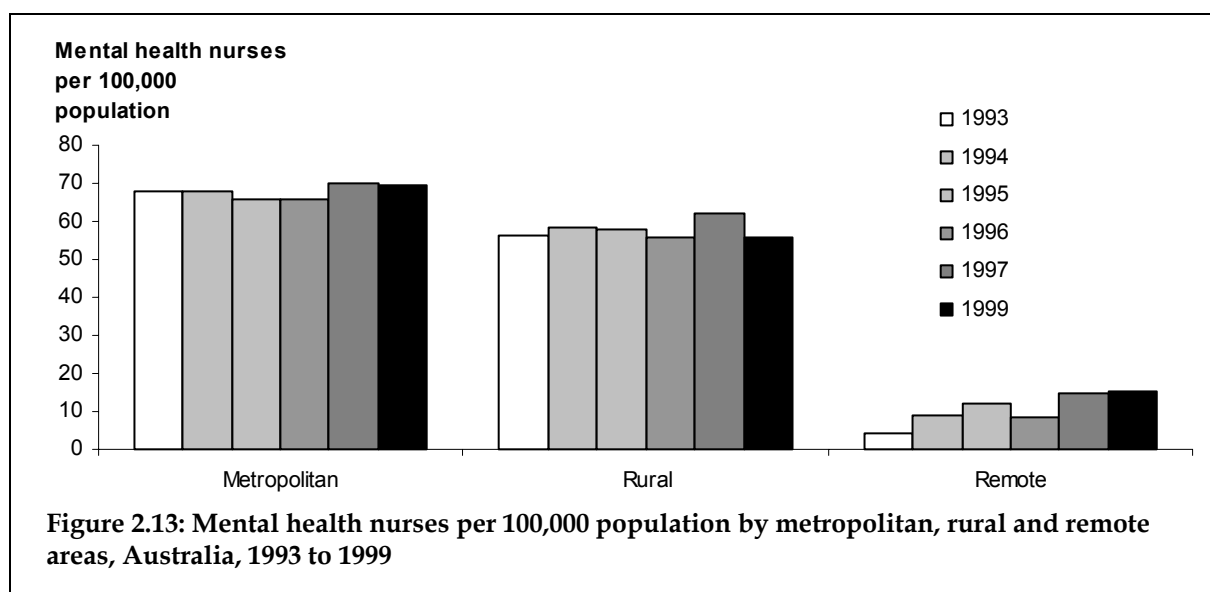
Source: CSDA MDS data collection.

- The Commonwealth/State Disability Agreement allocates responsibility and funding for disability support services between Commonwealth, State and Territory governments. CSDA-funded service types include accommodation support, residential care, employment support and community access support. Data have been collected on clients of these services on a 'snapshot day' each year since 1997. Many psychiatric disability services are not CSDA-funded and are not included in this collection.
- The proportion of CSDA-funded services (residential and ambulatory) received by people with a psychiatric

condition as their primary disability remained at about 7.5% between 1998 and 2001 (Figure 2.12). The proportion of services received by clients with a psychiatric disability that was not their primary disability increased from 5.4% to 7.7%.

For more information, see:
 Chapters 3 and 4 in this report
 (Figure 3.4 and 4.1).
 AIHW 2002a.

Mental health nurse workforce



	1993	1994	1995	1996	1997	1999
Mental health nurses per 100,000 population						
Metropolitan	68.0	67.8	66.0	65.9	70.2	69.3
Rural	56.4	58.6	57.9	55.6	62.0	55.9
Remote	4.3	8.7	12.3	8.5	14.9	15.1
Total	63.0	63.6	62.3	61.5	66.4	63.7

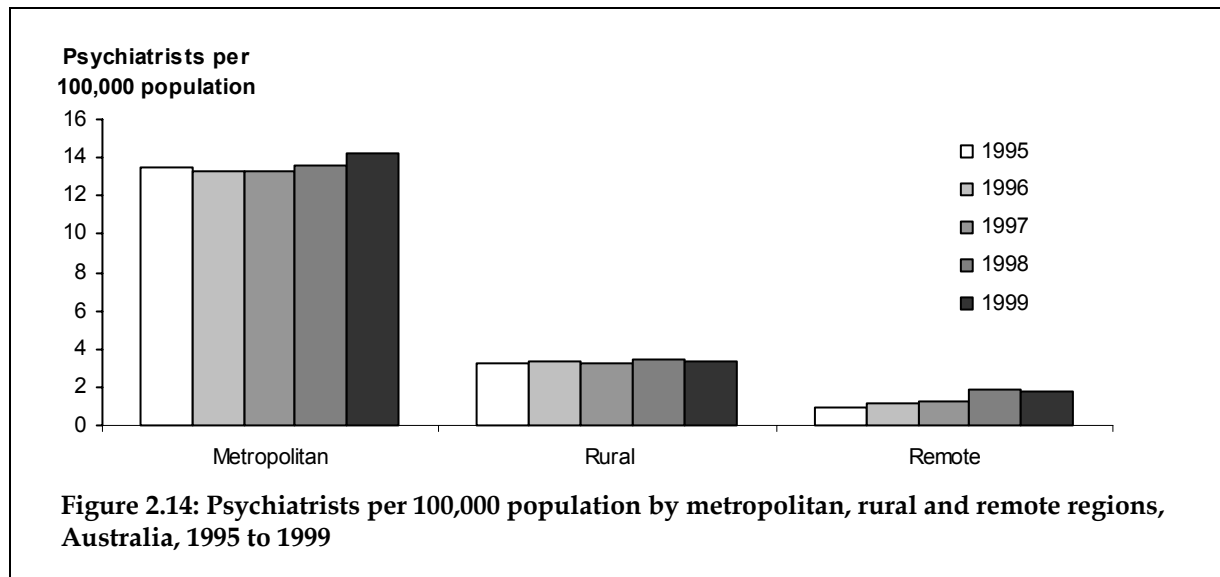
Source: AIHW 2001a.

- Nursing labour force data are collected in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each State and Territory. In this collection, mental health nurses are defined as nurses who reported that their main area of nursing is mental health.
- In 1999, there were 12,294 nurses with psychiatric and mental health nursing as their main area of nursing. They accounted for 6.2% of the total nurse workforce. There were 63.7 mental health nurses per 100,000 population in 1999, a slight increase over the level seen in previous years (Table 5.7).
- Figure 2.13 shows that metropolitan and rural areas had a relatively high number of mental health nurses per 100,000 population. Remote areas had fewer of these nurses per 100,000 population, but rates increased between 1993 and 1997.
- Comprehensive mental health nursing data for 1999 were not available at the time of this report. When these data are available (scheduled for release in 2003) they will be included in the Internet version of this publication at www.aihw.gov.au.

For more information, see:

Chapter 5 in this report (Table 5.7).
AIHW 2001a.

Psychiatrist workforce



	1995	1996	1997	1998	1999
Psychiatrists per 100,000 population					
Metropolitan	13.5	13.3	13.3	13.6	14.2
Rural	3.2	3.3	3.2	3.4	3.3
Remote	0.9	1.2	1.3	1.9	1.8
Total	10.5	10.4	10.4	10.6	11.1

Source: AIHW 2003.

- Psychiatrist labour force data are collected in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each State and Territory. A psychiatrist was defined as a medical practitioner who had been accepted as a member of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Psychiatrists working in both the public and private sectors are included.
- In 1999, Australia had 11.1 specialists practising psychiatry per 100,000 population. This rate is above the average for high-income countries of 9 psychiatrists per 100,000 population (WHO 2001).
- Figure 2.14 shows that the number of psychiatrists per 100,000 population is

higher in metropolitan areas than other areas and that this situation has existed over the last 5 years.

- There seems to have been some growth in the number of psychiatrists per 100,000 population in remote regions between 1995 and 1999.
- These data do not take into account arrangements where psychiatrists make regular visits to remote sites or use telepsychiatry consultations.

For more information, see:

Chapter 5 in this report (Tables 5.1 and 5.4).

AIHW 2003.

3 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 mental health and related care provided by:

- general practitioners (see page 28)
- private psychiatrists (see page 45)
- public and private hospital-based non-admitted patient mental health services (see page 50)
- Commonwealth/State Disability Agreement (CSDA)-funded non-residential disability support services (see page 50).

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 (which can be considered as ambulatory) is presented in Chapter 4 with information on community residential and admitted patient care.

This report presents more data on private medical practitioner services and the hospital care provided to admitted patients than on the ambulatory mental health care provided by hospitals and community-based mental health care services. This reflects data availability, with comparatively little data available on patients receiving public ambulatory mental health care services. This is not an indication of the relative importance or utilisation of this service type. In fact, ambulatory mental health care provided by hospitals and community-based mental health care services accounted for 37.1% of State and Territory expenditure on mental health services for 1999-00 (DHA 2002). The AIHW has collated the available data on ambulatory care service contacts with public community mental health services for 2000-01. Concerns with the quality and comparability of the data mean that these data have not been presented in this chapter. Information about this data set and some summary data are presented in Appendixes 1 and 2 respectively.

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 3.1 by State and Territory. National statistics on the number of general practice encounters for mental health problems and medicare-funded psychiatrist attendances are presented for the years 1997-98 to 2001-02 (Table 3.2).

Note that the data collections for different health service providers use different definitions of what constitutes a service contact or event. For the National Public Hospital Establishments Database (NPHED) data, jurisdictions use differing definitions of what constitutes a non-admitted patient occasion of service. For this reason, interpretation of these data must be undertaken with caution. Box 3.1 and Appendix 1 include more detailed presentation of the definitions used for each data source and notes on interpretation. Box 4.3

in Chapter 4 also provides relevant information relating to variations in admission practices that can affect reports of non-admitted patient services.

Box 3.1: 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 for NPHEd. 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. Jurisdiction organisational arrangements can also affect 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 provided for public psychiatric hospitals only by New South Wales, Queensland and Western Australia.

More detail on the data collection issues for the non-admitted patient occasions of service data for public acute care and public psychiatric hospitals can be found in Australian Hospital Statistics 2000–01 (AIHW 2002c). The implementation and refinement of the NMDS for 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 2).

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 used by people for mental health problems (29% of people with mental health problems) (ABS 1998a). According to the 2001–02 BEACH survey data, 10.6% of general practice encounters involved the management of at least one mental health-related problem. A simple extrapolation based on the 99.9 million non-specialist attendances claimed from Medicare for 2001–02 suggests that there were about 10.2 million attendances in which general practitioners managed mental health-related problems. This corresponds to 520 attendances per 1,000 population (Table 3.1). The estimated rate of attendances per population has been comparatively stable since 1998–99, when the BEACH survey began (Table 3.2). These attendances include encounters at the surgery and visits to the patient's residence, including service settings such as residential aged care services.

Specialised mental health care in ambulatory care settings is accessed through private psychiatrists (106.4 attendances per 1,000 population) and public acute care hospitals (106.8 occasions of service per 1,000 population) (Table 3.1). Table 3.2 demonstrates that there has been a gradual decline in the number of reported private psychiatrist attendances per 100,000 population since 1997–98. The role of private hospitals in the provision of ambulatory mental health care was relatively small at 3.5 occasions of service per 1,000 population (Table 3.1).

Mental health-related disability support services are increasingly regarded as an important and expanding component of the mental health service delivery system. CSDA-funded disability support services provide mental health-related ambulatory care in the form of support services for people with mental health-related disabilities. Disability support services funded under the CSDA can be specialist services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types. There are national snapshot data available from the Commonwealth/State Disability Agreement Minimum Data Set (CSDA MDS) collection on the characteristics of these services and their clients (Figure 3.4). Unfortunately, there is no agreed process for translating the snapshot data into information on annual service provision.

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health problems^(a)									
Estimated number of attendances	3,375,000	2,721,000	1,803,000	919,000	946,000	247,000	127,000	50,000	10,192,000
Lower 95% confidence limit	3,059,000	2,421,000	1,601,000	763,000	787,000	153,000	77,000	29,000	9,592,000
Upper 95% confidence limit	3,691,000	2,996,000	2,024,000	1,084,000	1,105,000	339,000	178,000	71,000	10,692,000
Estimated number or attendances per 1,000 population ^(b)	508.0	560.6	491.2	478.9	622.6	522.1	394.3	250.9	519.9
Lower 95% confidence limit	460.5	498.8	436.1	397.6	518.0	323.9	237.4	144.8	489.3
Upper 95% confidence limit	555.6	617.1	551.4	564.7	727.3	715.5	551.2	354.3	545.4
Medicare-funded psychiatrist attendances^(c)									
Attendances	689,223	669,684	345,028	114,159	200,157	42,941	19,463	4,553	2,085,208
Attendances per 1,000 population ^(b)	103.8	138.0	94.0	59.5	131.8	90.7	60.3	22.8	106.4
Hospital-based non-admitted patient mental health care									
Public acute hospitals ^(d)									
Individual occasions of service	933,335	824,972	86,352	137,628	16,343	1,474	5,472	..	2,005,576
Group sessions	29,291	n.a.	1,734	27,288	967	n.a.	2,379	..	61,659
Individual occasions of service per 1,000 population ^(b)	142.1	172.2	24.0	72.7	10.8	3.1	17.1	..	103.6
Group sessions per 1,000 population ^(b)	4.5	n.a.	0.5	14.4	0.6	n.a.	7.5	..	3.2
Public psychiatric hospitals ^(d)									
Individual occasions of service	297,834	n.a.	53,153	9,568	n.a.	n.a.	..	..	360,555
Group sessions	9,051	n.a.	5,003	27,592	n.a.	n.a.	..	..	41,646
Individual occasions of service per 1,000 population ^(b)	45.3	n.a.	14.8	5.05	n.a.	n.a.	..	..	18.6
Group sessions per 1,000 population ^(b)	1.4	n.a.	1.4	14.6	n.a.	n.a.	..	..	2.2

(continued)

Table 3.1 (continued): Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and hospital-based services, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private hospitals^(e)									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	67,883
Individual occasions of service/group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3.5
Public community mental health care^(f)									
Individual occasions of 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.

(a) Based on BEACH data 2001–02.

(b) Rates are crude rates based on 31 December 2001 estimated resident population.

(c) Medicare data 2001–02 from HIC (www.hic.gov.au).

(d) Data drawn from NPHED. These data are likely to be affected by variation among the States and Territories in the definition 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 Box 3.1 for further information.

(e) PHEC data provided by ABS. PHEC occasions of service data could not be broken down into individual occasions of service and group sessions.

(f) Data on public community-based mental health care are not included in this table. Summary data for 2000–01 (first year of data collection) are presented in Appendix 2.

n.a. not available.

. . . not applicable.

Sources: BEACH, HIC, NPHED, PHEC.

Table 3.2: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists, Australia, 1997–98 to 2001–02

	1997–98	1998–99	1999–00	2000–01	2001–02
General practice encounters for mental health problems^(a)					
Estimated number of attendances	n.a.	10,733,000	9,999,000	10,834,000	10,192,000
Lower 95% confidence limit	n.a.	10,339,000	9,431,000	10,433,000	9,592,000
Upper 95% confidence limit	n.a.	11,127,000	10,578,000	11,234,000	10,692,000
Estimated number or attendances per 1,000 population ^(b)	n.a.	569	528	560	520
Lower 95% confidence limit	n.a.	548	498	539	489
Upper 95% confidence limit	n.a.	589	559	580	545
Medicare-funded psychiatrist attendances^(c)					
Attendances	2,167,392	2,133,414	2,104,544	2,112,550	2,085,208
Attendances per 1,000 population ^(b)	116.3	113.0	112.0	109.8	106.4

(a) Based on BEACH data.

(b) Rates are crude rates based on the estimated resident population at 31 December of the reference year.

(c) Medicare data 2001–02 from HIC (www.hic.gov.au).

n.a. not available.

Sources: BEACH, HIC.

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 in the previous 12 months (ABS 1998a). This section presents data from the BEACH survey and the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (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 practitioner-patient encounters each year. The data for 2001-02, used in this report, included a total of 96,973 encounters weighted to reflect national general practice activity patterns.

For this report, mental health-related problems and mental health-related reasons for encounter (RFEs) were defined as those coded in the psychological chapter of International Classification of Primary Care (Version 2) (ICPC-2), which includes alcohol and other drug-related problems/RFEs. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 2001-02* (Britt et al. 2002).

Box 3.2 Data reported for depression as a problem managed in encounters with general practitioners

Figure 3.1 shows data on encounters where depression was managed and how this relates to other data collected for the encounter. Depression (ICPC-2 codes P03, P76) was managed at 3.4% of encounters and accounted for 2.4% of all problems managed. Depression was most common for patients of the middle age groups, with those between 25 and 64 years accounting for almost 75.0% of depression problems managed. The patients were predominantly female (66.5% compared with 57.4% female patients in the total sample).

The most commonly described patient reason for these encounters was depression, reported at a rate of 49.3 per 100 encounters for which depression was managed. A prescription request was also a common reason, recorded at 15.4 per 100 of these encounters. Hypertension was the most common other problem managed along with depression during an encounter, at a rate of 8.5 per 100 depression problems.

Medications were prescribed or supplied for depression at a rate of 78 per 100 depression problem contacts. Sertraline and citalopram were the medications most frequently prescribed for depression, at rates of 15.4 and 12.6 respectively. Other treatments were used at a much higher rate than in the total data set (56.3 per 100 depression problems managed, compared with 36.2 per 100 total problems). Psychological counselling was the most common, at 42.9 per 100 depression problems. The patient was referred to other health professionals at a rate of 7.8 per 100 depression problems managed, most commonly to a psychiatrist.

Reasons for encounter

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. For each encounter, the general practitioner could record up to three RFEs.

Overall, there were 144,654 RFEs reported at a rate of 149.2 per 100 encounters (Britt et al. 2002). Of these, 7,551 RFEs (5.2% of all RFEs) were mental health-related, reported at a rate of 7.8 per 100 encounters (Table 3.3). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.3% of all RFEs). Sleep disturbance (P06, 0.9% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

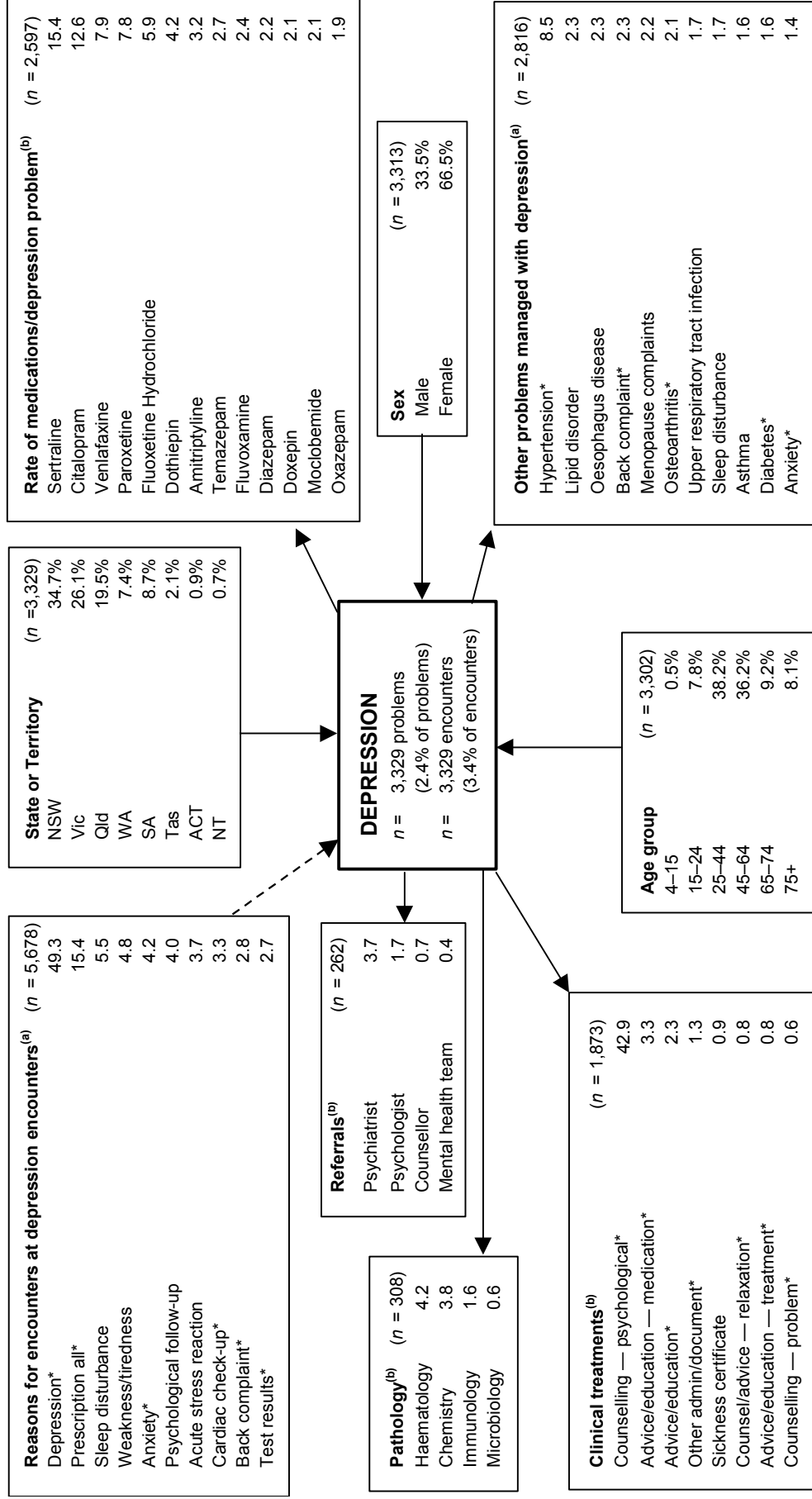
In 2001–02, there were fewer mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Figure 3.2). Patients aged 25–44 years accounted for 37.8% of mental health-related RFEs.

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 139,092 problems managed in the 2001–02 BEACH survey, at a rate of 143.4 per 100 encounters (Britt et al. 2002). General practitioners in the survey managed 10,316 mental health-related problems (7.4% of all problems managed) at a rate of 10.6 per 100 encounters (Table 3.4). Table 3.4 indicates that depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem, accounting for 32.3% of all mental health-related problems managed and 2.4% of all problems managed. Anxiety (P01, P74, 15.4% of all mental health-related problems managed) and sleep disturbance (P06, 15.3% of all mental health-related problems managed) were the next most frequently managed mental health-related problems.

There were more mental health-related problems for female patients for all age groups, except patients under the age of 15 years (Figure 2.1, page 9). These problems were most frequent for patients aged 35–44 years and 45–54 years.



(a) Expressed as rates per 100 encounters at which depression was managed (n = 3,329).

(b) Expressed as rates per 100 depression problems managed (n = 3,329).

* Includes multiple ICP-2 or ICP-2 PLUS codes.

Source : BEACH

Figure 3.1: Data reported for encounters at which depression was managed, BEACH, 2001-02

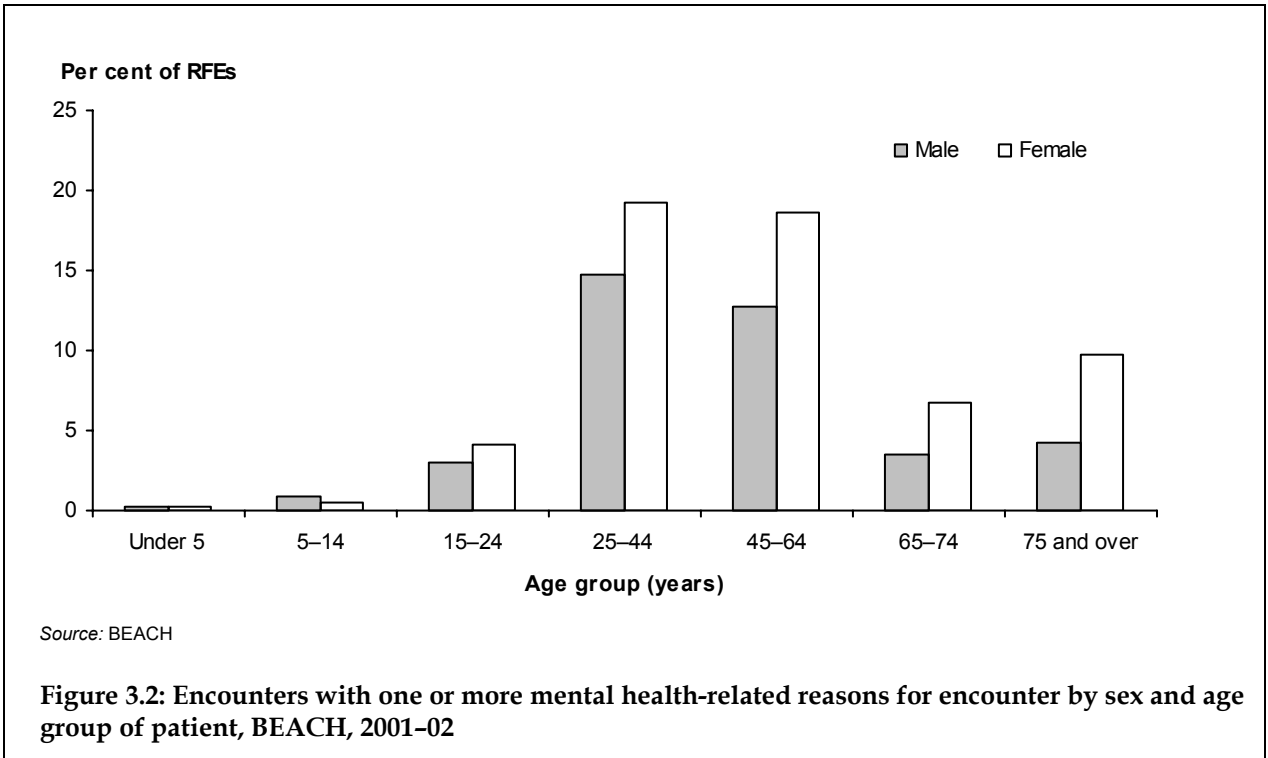


Table 3.3: Most frequently reported mental health-related patient reasons for encounter, by patient sex, BEACH, 2001–02

Reason for encounter		Number	% total RFEs (n = 144,654)	Rate per 100 encounters (n = 96,973)		
				95% LCL	95% UCL	
		Male				
P03, P76	Depression	624	1.0	1.6	1.4	1.7
P06	Sleep disturbance	535	0.9	1.3	1.2	1.5
P01, P74	Anxiety	391	0.7	1.0	0.9	1.1
P50	Prescription request/renewal	229	0.4	0.6	0.5	0.7
P19	Drug abuse	177	0.3	0.4	0.3	0.6
P02	Acute stress reaction	167	0.3	0.4	0.4	0.5
P17	Tobacco abuse	105	0.2	0.3	0.2	0.3
P15, P16	Alcohol abuse	98	0.2	0.2	0.2	0.3
	Other	701	1.2	1.8	1.5	2.0
	Total	3,028	5.1	7.6	7.2	8.0
		Female				
P03, P76	Depression	1,202	1.4	2.2	2.1	2.4
P06	Sleep disturbance	697	0.8	1.3	1.2	1.4
P01, P74	Anxiety	668	0.8	1.2	1.1	1.3
P02	Acute stress reaction	380	0.5	0.7	0.6	0.8
P50	Prescription request/renewal	333	0.4	0.6	0.5	0.7
P17	Tobacco abuse	118	0.1	0.2	0.2	0.2
P29	Unspecified psychological complaint	99	0.1	0.2	0.2	0.2
P19	Drug abuse	85	0.1	0.2	0.1	0.2
	Other	881	1.1	1.6	1.5	1.8
	Total	4,463	5.3	8.3	8.0	8.6
		Total^(a)				
P03, P76	Depression	1,836	1.3	1.9	1.8	2.0
P06	Sleep disturbance	1,243	0.9	1.3	1.2	1.4
P01, P74	Anxiety	1,067	0.7	1.1	1.0	1.2
P50	Prescription request/renewal	566	0.4	0.6	0.5	0.7
P02	Acute stress reaction	551	0.4	0.6	0.5	0.6
P19	Drug abuse	263	0.2	0.3	0.2	0.4
P17	Tobacco abuse	225	0.2	0.2	0.2	0.3
P30, P31	Screening & preventative procedures	165	0.1	0.2	0.0	0.3
	Other	1,634	1.1	1.7	1.6	1.8
	Total	7,551	5.2	7.8	7.5	8.1

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit.

Table 3.4: Most frequently reported mental health problems managed, by patient sex, BEACH, 2001–02

Mental health-related problem		Number	% total problems (n = 139,092)	Rate per 100	95% LCL	95% UCL
				encounters (n = 96,973)		
Male						
P03, P76	Depression	1,111	1.9	2.8	2.6	3.0
P06	Sleep disturbance	639	1.1	1.6	1.4	1.8
P01, P74	Anxiety	541	0.9	1.4	1.2	1.5
P19	Drug abuse	317	0.6	0.8	0.5	1.1
P72	Schizophrenia	205	0.4	0.5	0.4	0.6
P15, P16	Alcohol abuse	203	0.4	0.5	0.4	0.6
P17	Tobacco abuse	174	0.3	0.4	0.4	0.5
P02	Acute stress reaction	148	0.3	0.4	0.3	0.4
	Other	748	1.3	1.9	1.7	2.0
	Total	4,084	7.2	10.2	9.8	10.7
Female						
P03, P76	Depression	2,202	2.7	4.1	3.8	4.3
P01, P74	Anxiety	1,034	1.3	1.9	1.8	2.1
P06	Sleep disturbance	925	1.1	1.7	1.6	1.9
P02	Acute stress reaction	389	0.5	0.7	0.6	0.8
P70	Dementia	274	0.3	0.5	0.4	0.6
P17	Tobacco abuse	214	0.3	0.4	0.4	0.4
P19	Drug abuse	189	0.2	0.4	0.2	0.5
P72	Schizophrenia	189	0.2	0.4	0.3	0.4
	Other	730	0.9	1.4	1.3	1.4
	Total	6,146	7.6	11.4	11.0	11.8
Total^(a)						
P03, P76	Depression	3,329	2.4	3.4	3.2	3.6
P01, P74	Anxiety	1,587	1.1	1.6	1.5	1.8
P06	Sleep disturbance	1,579	1.1	1.6	1.5	1.8
P02	Acute stress reaction	542	0.4	0.6	0.5	0.6
P19	Drug abuse	507	0.4	0.5	0.3	0.7
P70	Dementia	420	0.3	0.4	0.4	0.5
P72	Schizophrenia	403	0.3	0.4	0.4	0.5
P17	Tobacco abuse	392	0.3	0.4	0.4	0.4
	Other	1,556	1.1	1.6	1.5	1.7
	Total	10,316	7.4	10.6	10.3	11.0

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL – lower confidence limit.

Referrals

In addition to providing primary health care for people with mental problems, general practice also plays a 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 11,047, or 11.4 per 100 encounters (Britt et al. 2002).

There were 804 referrals made for patients with a mental health-related problem, made at a rate of 7.8 per 100 mental health-related problems (Table 3.5). This represented 7.3% of all referrals recorded. Most of the referrals were to a psychiatrist (2.2 per 100 mental health-related problems), or a psychologist (1.3 per 100 mental health-related problems).

Table 3.6 presents the number of referrals by sex made for the most frequently managed mental health-related problems. Overall, problems relating to child/adolescent behaviour (P22, P23) had the highest rate of referral to other professionals (55.8 referrals per 100 child/adolescent behaviour problems), followed by hyperkinetic disorder (P81) (29.4 referrals per 100 hyperkinetic disorder problems).

Referrals to private psychiatrists

There were 221 mental health-related problems referred to psychiatrists, at a rate of 2.1 per 100 mental health-related problems (Table 3.7). Of these mental health-related problems referred, the majority had depression recorded as the problem managed (56.6% of all mental health-related problems referred to a psychiatrist). Anxiety was the mental health-related problem most frequently referred to a psychiatrist (7.4 referrals per 100 anxiety problems managed).

Clinical treatments for mental health-related problems

For each problem managed, general practitioners could record up to two non-pharmacological treatments that were 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 51,130 non-pharmacological treatments were recorded for all encounters. Of these, 36,938 or 72.2% were clinical treatments. Table 3.8 presents the number and type of clinical treatments administered by general practitioners for mental health-related problems. A total of 5,081 treatments, 13.8% of all clinical treatments, were reported as treatment for mental health-related problems (49.3 per 100 mental health-related problems).

Table 3.9 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 81.6 per 100 acute stress reaction problems managed. The clinical treatment of tobacco abuse (P17) was recorded at a rate of 74.9 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey, a total of 101,350 medications were prescribed, recommended or supplied by general practitioners at a rate of 104.5 per 100 encounters (Britt et al. 2002). There were 7,361 medications for mental health-related problems at a rate of 71.4 medications per 100 mental health-related problems (Table 3.10). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (Anatomical Therapeutic Chemical (ATC) code P4, 26.0 medications per 100 mental health-related problems), followed by sedative hypnotics (P1, 14.5) and anti-anxiety medications (P2, 14.3). Temazepam and diazepam were the most frequently reported generic medications for mental health-related problems, being prescribed at a rate of 10.2 and 6.8 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 (105.9 medications per 100 affective psychoses problems) (Table 3.11). Medication was next most frequently prescribed, recommended or supplied for schizophrenia (P72, at a rate of 102.8 medications per 100 schizophrenia problems).

Table 3.12 presents data from the Pharmaceutical Benefits Scheme (PBS) on the number of prescriptions for mental health-related medications by general practitioners. PBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications for the purpose of this report were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A).

According to the PBS data for 2001–02, general practitioners prescribed a total of 15.1 million mental health-related medications. The majority of the PBS-reimbursed scripts were for antidepressant medication (8.0 million or 53.0%). Tasmania (1,010.8) and South Australia (917.9) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 253.5 scripts per 1,000 population for 2000–01.

Table 3.5: Referrals for mental health-related problems, BEACH, 2001–02

Type of referral		Number	Referrals per 100 mental health- related problems (n = 10,316)	95% LCL	95% UCL
P67002	Referral to psychiatrist	225	2.2	2.0	2.4
P66003	Referral to psychologist	136	1.3	1.2	1.5
P66004	Referral to counsellor	52	0.5	0.4	0.6
A67004	Referral to paediatrician	44	0.4	0.4	0.5
P67006	Referral to sleep clinic	31	0.3	0.2	0.4
P66005	Referral to mental health team	29	0.3	0.2	0.3
A68011	Referral	29	0.3	0.2	0.3
A67006	Referral to geriatrician	29	0.3	0.2	0.4
A67012	Referral to clinic/centre	26	0.3	0.2	0.3
P66006	Referral to drug & alcohol treatment	22	0.2	0.2	0.3
A67010	Referral to hospital	19	0.2	0.1	0.2
K42002	Electrocardiogram	15	0.1	0.1	0.2
A68005	Referral; aged care assessment	15	0.1	0.1	0.2
R67002	Referral to respiratory physician	13	0.1	0.1	0.2
H67002	Referral to ENT	12	0.1	0.1	0.2
A68008	Referral; mutual support group	12	0.1	<0.1	0.2
	Other	95	0.9	0.8	1.0
Total		804	7.8	7.4	8.2

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit; ENT — ear, nose and throat.

Table 3.6: The most frequently referred mental health-related problems, by patient sex, BEACH, 2001–02

Problem		Number of referrals	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	89	8.0	7.1	8.9
P06	Sleep disturbance	52	8.1	6.7	9.5
P19	Drug abuse	26	8.3	6.1	10.6
P01, P74	Anxiety	22	4.0	3.0	5.1
P70	Dementia	20	3.7	2.6	4.7
P02	Acute stress reaction	15	10.1	6.9	13.4
P81	Hyperkinetic disorder	14	2.0	20.5	40.6
P22, P23	Child/adolescent behaviour complaint	13	42.1	26.3	58.0
P72	Schizophrenia	9	4.3	1.7	6.9
P15, P16	Alcohol abuse	9	4.3	2.7	5.8
	Other	66	1.6	8.4	10.5
	<i>Total</i>	334	8.2	7.7	8.7
Females					
P03, P76	Depression	171	7.8	7.0	8.6
P01, P74	Anxiety	74	7.1	5.1	9.1
P70	Dementia	32	11.6	8.7	14.5
P06	Sleep disturbance	29	3.2	2.5	3.9
P02	Acute stress reaction	25	6.4	4.8	7.9
P22, P23	Child/adolescent behaviour complaint	15	77.9	52.6	103.1
P72	Schizophrenia	14	7.5	5.0	9.9
P19	Drug abuse	13	6.8	4.2	9.3
P82	Post-traumatic stress disorder	10	24.2	3.0	45.4
P15, P16	Alcohol abuse	5	5.4	3.5	7.3
	Other	75	9.4	8.1	10.7
	<i>Total</i>	462	7.5	7.0	11.2
Total^(a)					
P03, P76	Depression	262	7.9	7.2	8.6
P01, P74	Anxiety	96	6.1	4.7	7.5
P06	Sleep disturbance	81	5.1	4.4	5.9
P70	Dementia	52	12.5	10.1	14.8
P02	Acute stress reaction	40	7.3	6.0	8.7
P19	Drug abuse	39	7.7	6.1	9.4
P22, P23	Child/adolescent behaviour complaint	27	55.8	42.8	68.7
P72	Schizophrenia	23	5.7	4.1	7.2
P82	Post-traumatic stress disorder	20	16.6	9.5	23.7
P81	Hyperkinetic disorder	17	29.4	20.6	38.1
	Other	146	8.5	7.8	9.3
	Total	804	7.8	7.4	8.2

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit.

Table 3.7: Mental health-related problems most frequently referred by general practitioners to psychiatrists, by patient sex, BEACH, 2001-02

Problem		Number of problems referred	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	49	4.4	3.7	5.1
P01, P74	Anxiety	6	3.5	0.5	6.6
P82	Post-traumatic stress disorder	4	1.2	0.9	1.5
P19	Drug abuse	5	18.6	0.3	37.0
P72	Schizophrenia	8	5.1	2.4	7.8
	Other	20	0.9	0.7	1.0
	<i>Total</i>	92	2.2	2.0	2.5
Females					
P03, P76	Depression	74	3.4	2.8	3.9
P01, P74	Anxiety	23	2.2	1.4	3.1
P79	Phobia, compulsive disorder	4	1.9	0.5	3.3
P80	Personality disorder	4	4.3	<0.1	18.8
P82	Post-traumatic stress disorder	5	1.3	0.3	2.3
	Other	17	0.7	0.5	1.0
	<i>Total</i>	126	2.1	1.8	2.3
Total^(a)					
P03, P76	Depression	125	3.7	3.2	4.3
P01, P74	Anxiety	29	7.4	5.0	9.8
P82	Post-traumatic stress disorder	11	0.7	0.4	0.9
P72	Schizophrenia	11	2.0	1.3	2.7
P19	Drug abuse	7	1.4	0.5	2.2
	Other	39	1.0	0.8	1.2
	Total	221	2.1	1.9	2.4

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit.

Table 3.8: Clinical treatments provided by general practitioners for mental health-related problems, BEACH, 2001-02

ICPC-2-PLUS code	Clinical treatment	Number	Per cent of total clinical treatments (n = 36,938)	Clinical treatments per 100 mental health-related problems (n = 10,316)	95% LCL	95% UCL
P58001, P58004, P58005, P58006, P58013, P58014, P58015, P58018	Counselling—psychological	2,713	7.3	26.3	24.3	28.3
P45006, P58010	Counselling/advice/education—drugs	152	0.4	1.5	0.9	2.0
P45004, P58008	Counselling/advice/education—smoking	279	0.8	2.7	2.4	3.1
P45001, P45002	Advice/education/observe/wait—psychological	175	0.5	1.7	1.4	2.0
P45007, P58011, P58017	Counselling/advice/education—relaxation	246	0.7	2.4	2.0	2.7
P45005, P58009	Counselling/advice/education—alcohol	164	0.4	1.6	1.4	1.8
A62	Administration	164	0.4	1.6	1.4	1.8
A45015	Advice/education—medication	174	0.5	1.7	1.5	1.9
A58010	Reassurance/support	103	0.3	1.0	0.8	1.2
A58003	Counselling-individual	86	0.2	0.8	0.7	0.9
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	92	0.2	0.9	0.8	1.0
P58002	Psychotherapy	52	0.1	0.5	0.3	0.7
A45002	Advice/education	85	0.2	0.8	0.7	0.9
P58007	Counselling—bereavement	42	0.1	0.4	0.3	0.5
	Other	555	1.5	5.4	5.0	5.8
	Total	5,081	13.8	49.3	46.7	51.8

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit.

Table 3.9: Mental health-related problems most frequently managed by general practitioners using clinical treatments, by patient sex, BEACH, 2001–02

Problem	Number of treatments	Per cent total clinical treatments (n = 36,938)	Clinical treatments per 100 of these problems			
			95% LCL	95% UCL		
			Male			
P03, P76	Depression	583	3.9	52.4	47.5	57.4
P01, P74	Anxiety	276	1.8	51.0	44.6	57.4
P19	Drug abuse	199	1.3	62.9	29.4	96.5
P06	Sleep disturbance	172	1.1	27.0	97.4	135.7
P02	Acute stress reaction	128	0.8	86.3	52.0	74.0
P17	Tobacco abuse	127	0.8	73.4	61.1	85.7
P15, P16	Alcohol abuse	125	0.8	61.7	16.5	22.7
P72	Schizophrenia	45	0.3	22.1	18.5	25.7
P82	Post-traumatic stress disorder	36	0.2	46.6	37.1	56.1
P70	Dementia	32	0.2	23.0	17.8	28.2
	Other	214	1.4	40.3	36.3	44.3
	<i>Total</i>	<i>1,937</i>	<i>12.8</i>	<i>47.4</i>	<i>44.1</i>	<i>50.8</i>
			Females			
P03, P76	Depression	1,248	5.8	56.7	52.0	61.4
P01, P74	Anxiety	607	2.8	58.7	53.5	64.0
P02	Acute stress reaction	310	1.4	79.6	70.6	88.5
P06	Sleep disturbance	208	1.0	22.4	19.6	25.3
P17	Tobacco abuse	166	0.8	77.6	74.2	101.8
P19	Drug abuse	121	0.6	63.8	24.3	88.3
P15, P16	Alcohol abuse	63	0.3	69.9	19.0	26.9
P70	Dementia	53	0.2	19.2	22.6	33.1
P72	Schizophrenia	49	0.2	25.8	44.5	64.0
P82	Post-traumatic stress disorder	27	0.1	64.9	42.9	86.9
	Other	266	1.2	44.5	41.2	47.7
	<i>Total</i>	<i>3,117</i>	<i>14.4</i>	<i>50.7</i>	<i>48.3</i>	<i>53.2</i>
			Total^(a)			
P03, P76	Depression	1,835	5.0	55.1	50.7	59.5
P01, P74	Anxiety	887	2.4	55.9	50.7	61.0
P02	Acute stress reaction	442	1.2	81.6	73.0	90.1
P06	Sleep disturbance	382	1.0	24.2	21.3	27.0
P19	Drug abuse	320	0.9	63.1	28.4	97.7
P17	Tobacco abuse	294	0.8	74.9	64.3	85.5
P15, P16	Alcohol abuse	193	0.5	64.5	55.2	73.8
P72	Schizophrenia	94	0.3	23.4	20.2	26.7
P70	Dementia	88	0.2	21.0	17.4	24.6
P82	Post-traumatic stress disorder	63	0.2	52.3	42.2	62.4
	Other	484	1.3	42.6	39.8	45.4
	Total	5,081	13.8	49.3	46.7	51.8

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit.

Table 3.10: 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, 2001–02

Drug group and generic drugs	Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems (n = 10,316)	95% LCL	95% UCL
			Male		
<i>P4 Antidepressants</i>	929	2.2	22.7	21.2	24.3
P418 Sertraline	182	0.4	4.5	4.0	4.9
P423 Citalopram	179	0.4	4.4	3.9	4.9
P420 Venlafaxine	123	0.3	3.0	2.7	3.4
P419 Paroxetine	104	0.2	2.6	2.3	2.8
P416 Fluoxetine HCl	77	0.2	1.9	1.5	2.2
P414 Dothiepin	53	0.1	1.3	1.0	1.5
<i>P1 Sedative hypnotics</i>	600	1.4	14.7	13.5	15.9
P116 Temazepam	410	1.0	10.0	9.1	11.0
P104 Nitrazepam	121	0.3	3.0	2.6	3.3
<i>P2 Anti-anxiety</i>	577	1.4	14.1	13.0	15.3
P201 Diazepam	351	0.8	8.6	7.1	8.6
P202 Oxazepam	197	0.5	4.8	4.2	5.4
P3 Antipsychotic	290	0.7	7.1	6.3	7.9
Other	564	1.3	13.8	10.8	16.8
N201 Methadone	141	0.3	3.5	0.7	6.3
<i>Total</i>	2,960	7.0	72.5	68.3	76.6
Female					
<i>P4 Antidepressants</i>	1,739	3.0	28.3	26.6	30.0
P418 Sertraline	398	0.7	6.5	5.9	7.1
P423 Citalopram	302	0.5	4.9	4.4	5.4
P419 Paroxetine	243	0.4	3.9	3.5	9.2
P420 Venlafaxine	175	0.3	2.9	2.5	3.2
P416 Fluoxetine HCl	136	0.2	2.2	1.9	2.5
P414 Dothiepin	128	0.2	2.1	1.9	2.3
<i>P2 Anti-anxiety</i>	889	1.5	14.5	13.5	15.4
P201 Diazepam	373	0.6	6.1	5.5	6.6
P202 Oxazepam	389	0.7	6.3	5.8	6.8
<i>P1 Sedative hypnotics</i>	884	1.5	14.4	13.3	15.4
P116 Temazepam	632	1.1	10.3	9.5	11.1
P104 Nitrazepam	164	0.3	2.7	2.4	3.0
P3 Antipsychotic	301	0.5	4.9	4.3	5.5
Other	536	0.9	8.7	7.5	10.0
N201 Methadone	89	0.2	1.5	0.4	2.5
<i>Total</i>	4,348	7.5	70.8	67.6	73.9

(continued)

Table 3.10 (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, 2001–02

Drug group and generic drugs	Number	Per cent of medications (n = 101,350)	Medications per 100 mental health-related problems		
			(n = 10,316)	95% LCL	95% UCL
			Total ^(a)		
<i>P4 Antidepressants</i>	2,683	2.6	26.0	24.5	27.5
P418 Sertraline	583	0.6	5.7	5.2	6.1
P423 Citalopram	481	0.5	4.7	4.2	5.1
P419 Paroxetine	352	0.3	3.4	3.1	3.7
P420 Venlafaxine	300	0.3	2.9	2.6	3.2
P416 Fluoxetine HCl	216	0.2	2.1	1.8	2.4
P414 Dothiepin	182	0.2	1.8	1.6	1.9
<i>P1 Sedative hypnotics</i>	1,494	1.5	14.5	13.4	15.5
P116 Temazepam	1,049	1.0	10.2	9.4	11.0
P104 Nitrazepam	287	0.3	2.8	2.5	3.0
<i>P2 Anti-anxiety</i>	1,476	1.5	14.3	13.4	15.2
P201 Diazepam	699	0.7	6.8	6.2	7.3
P202 Oxazepam	590	0.6	5.7	5.3	6.2
P3 Antipsychotic	602	0.6	5.8	5.2	6.4
Other	1,105	1.1	10.7	8.8	12.6
N201 Methadone	231	0.2	2.2	0.5	4.0
Total	7,361	7.3	71.4	68.1	74.6

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit.

Table 3.11: Number of medications provided for mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2001–02

Problem		Number of medications	Medications per 100 of these problems	95% LCL	95% UCL
			Male		
P03, P76	Depression	875	78.7	72.3	85.2
P06	Sleep disturbance	537	84.0	75.0	93.0
P01, P74	Anxiety	413	76.3	68.0	84.6
P19	Drug abuse	277	87.4	49.7	125.1
P72	Schizophrenia	224	109.5	92.5	126.5
P15, P16	Alcohol abuse	89	44.2	35.6	52.7
P17	Tobacco abuse	87	50.3	43.8	56.9
P73	Affective psychosis	46	102.5	61.4	143.7
P70	Dementia	45	31.9	24.8	39.1
P02	Acute stress reaction	44	29.7	20.4	39.0
	Other	322	57.4	<0.1	<0.1
	Total	2,960	72.5	68.3	76.6
Female					
P03, P76	Depression	1,707	77.5	71.7	83.4
P06	Sleep disturbance	877	94.8	86.5	103.2
P01, P74	Anxiety	687	66.4	60.6	72.3
P72	Schizophrenia	181	95.9	81.1	110.7
P19	Drug abuse	152	80.2	43.7	116.8
P17	Tobacco abuse	117	54.5	47.0	62.0
P70	Dementia	98	35.6	20.2	46.6
P73	Affective psychosis	92	109.5	89.1	129.8
P02	Acute stress reaction	90	23.0	15.0	31.0
P50	Medication, treatment procedure	58	95.4	66.9	123.9
	Other	290	49.6	<0.1	<0.1
	Total	4,348	70.8	67.6	73.9
Total^(a)					
P03, P76	Depression	2597	78.0	72.6	83.5
P06	Sleep disturbance	1427	90.4	82.2	98.5
P01, P74	Anxiety	1106	69.7	63.5	75.8
P19	Drug abuse	428	84.5	47.0	121.9
P72	Schizophrenia	414	102.8	89.4	116.2
P17	Tobacco abuse	207	52.8	46.6	58.9
P73	Affective psychosis	140	105.9	85.6	126.2
P70	Dementia	137	32.5	22.8	42.3
P02	Acute stress reaction	133	24.6	18.2	31.0
P15, P16	Alcohol abuse	133	44.6	36.1	53.1
	Other	638	56.7	<0.1	<0.1
	Total	7,361	71.4	68.1	74.6

(a) Includes sex not stated.

Abbreviations: UCL — upper confidence limit; LCL — lower confidence limit

Table 3.12: Pharmaceutical Benefits Scheme-funded mental health-related prescriptions by general practitioners by Anatomical Therapeutic Chemical (ATC) group, States and Territories,^(a) 2001–02

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
N05A	Antipsychotics	300,013	267,120	167,186	70,818	103,755	21,214	9,016	2,737	990,070
N05B	Anxiolytics	902,662	816,978	582,764	229,301	267,197	118,610	26,835	7,281	2,965,462
N05C	Hypnotics & sedatives	973,826	847,280	534,324	311,687	280,237	95,147	25,682	8,313	3,089,699
N06A	Antidepressants	2,452,755	1,935,783	1,636,023	821,453	715,785	239,028	121,192	30,950	8,013,927
	Total mental health-related prescriptions	4,641,584	3,874,789	2,937,638	1,441,318	1,374,725	475,461	183,306	49,547	15,117,195
	Per 1,000 population	718.1	813.0	823.7	765.1	917.9	1,010.8	589.7	253.5	789.3

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

(b) Includes State or Territory unknown.

Private psychiatrist services

During 2000–01, private psychiatrists provided over 2.1 million services that were funded through Medicare (Table 3.13). This represented 1.0% of total Medicare-funded services (213.9 million) and 11.0% of the specialist attendances (19.3 million). Of these services, 87.3% were routine attendance items specifying the location as the psychiatrist’s consulting room. 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 per 100,000 population was generally greater than that for male patients, particularly in the 35–44 and the 45–54 age groups (Table 3.14 and Figure 2.2). These data should be considered in the context of the data presented on Medicare expenditure and the estimated number of private psychiatrists in Chapter 5.

Table 3.15 presents data from the PBS on the number of prescriptions for medication provided by private psychiatrists. Private psychiatrists prescribed almost 1.7 million PBS-reimbursed medications during 2000–01. Most of these were for antidepressant (0.9 million or 53.1%) and antipsychotic (0.3 million or 17.7%) medication. South Australia (115.8 scripts) and Victoria (106.8 scripts) were the jurisdictions with the highest number of mental health-related scripts per 1,000 population. The Northern Territory had the lowest, with 18.6 scripts per 1,000 population.

Table 3.13: Private psychiatrist services funded through Medicare by schedule item, States and Territories, 2000-01

Type of patient attendances	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Consulting rooms									
300, 310 15 minutes or less	31,839	10,588	6,107	2,870	2,651	850	1,305	1,147	57,357
302, 312 16 to 30 minutes	107,080	83,571	63,119	19,425	24,700	8,839	4,180	1,332	312,246
304, 314 31 to 45 minutes	139,540	152,515	99,078	28,318	45,225	15,641	4,263	1,198	485,778
306, 316 46 to 75 minutes	294,951	303,681	115,182	40,737	97,388	9,262	7,040	1,493	869,734
308, 318 Over 75 minutes	14,485	12,018	7,819	3,377	5,567	1,190	648	82	45,186
319 Selected cases (> 45 mins)	31,669	32,568	9,711	1,079	9,095	785	451	43	85,401
<i>Total</i>	619,564	594,941	301,016	95,806	184,626	36,567	17,887	5,295	1,855,702
Hospital									
320 15 minutes or less	2,725	7,383	4,449	2,530	2,362	753	151	11	20,364
322 16 to 30 minutes	12,887	16,880	27,769	8,841	9,746	1,981	463	126	78,693
324 31 to 45 minutes	13,930	12,280	10,400	4,404	5,068	1,840	287	47	48,256
326 46 to 75 minutes	11,472	10,806	5,666	3,099	3,062	1,046	288	32	35,471
328 Over 75 minutes	2,272	1,089	900	522	409	159	66	4	5,421
<i>Total</i>	43,286	48,438	49,184	19,396	20,647	5,779	1,255	220	188,205
Other location									
330 15 minutes or less	553	75	12	88	8	0	0	0	736
332 16 to 30 minutes	756	680	68	273	55	12	10	0	1,854
334 31 to 45 minutes	869	1,423	90	18	165	23	12	0	2,600
336 46 to 75 minutes	1,172	1,393	88	78	304	25	8	0	3,068
338 Over 75 minutes	1,197	214	49	46	72	4	2	0	1,584
<i>Total</i>	4,547	3,785	307	503	604	64	32	0	9,842
Other services									
342, 344, 346 Group psychotherapy	14,058	30,674	4,001	1,220	2,304	826	123	15	53,221
348, 350, 352 Interview with non-patient	1,593	1,089	932	1,185	361	179	49	6	5,394
14224 Electroconvulsive therapy ^(a)	3,465	3,738	4,243	794	1,218	452	89	0	13,999
<i>Total</i>	19,116	35,501	9,176	3,199	3,883	1,457	261	21	72,614
Total services	686,513	682,665	359,683	118,904	209,760	43,867	19,435	5,536	2,126,363
Per 1,000 population ^(b)	104.5	142.5	99.8	62.8	138.8	92.9	60.9	27.9	109.8

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

(b) The rate per 1000 population is a crude rate based on the estimated resident population at December 2000.

Source: www.hic.gov.au.

Table 3.14: Private psychiatrist services funded through Medicare by schedule item, by patient sex and age group, Australia, 2000-01

Type of patient attendances	Males						Total	
	Under 15 years	15-24	25-34	35-44	45-54	55-64		65 and over
Consulting rooms								
300, 310	652	3,149	8,031	9,744	6,175	3,232	1,232	32,215
302, 312	4,546	15,985	30,222	36,557	33,549	19,179	9,239	149,277
304, 314	7,608	23,501	39,195	49,096	48,651	26,471	11,363	205,885
306, 316	15,987	36,080	65,591	86,205	79,599	32,248	10,502	326,212
308, 318	1,857	2,826	3,252	4,400	4,326	1,854	758	19,273
319	495	1,382	5,076	5,980	3,650	1,366	104	18,053
<i>Total/</i>	<i>31,145</i>	<i>82,923</i>	<i>151,367</i>	<i>191,982</i>	<i>175,950</i>	<i>84,350</i>	<i>33,198</i>	<i>750,915</i>
Hospital								
320	11	631	728	845	1,019	835	1,446	5,515
322	94	2,918	2,763	3,539	4,821	2,888	3,884	20,907
324	48	1,984	1,617	2,257	3,160	1,684	2,167	12,917
326	59	1,630	1,418	1,530	2,198	948	1,431	9,214
328	7	241	254	240	343	153	221	1,459
<i>Total/</i>	<i>219</i>	<i>7,404</i>	<i>6,780</i>	<i>8,411</i>	<i>11,541</i>	<i>6,508</i>	<i>9,149</i>	<i>50,012</i>
Other location								
330	0	2	17	55	97	93	117	381
332	0	26	61	82	102	137	324	732
334	10	55	120	183	248	151	310	1,077
336	41	149	152	139	205	132	241	1,059
338	23	80	77	103	184	84	109	660
<i>Total/</i>	<i>74</i>	<i>312</i>	<i>427</i>	<i>562</i>	<i>836</i>	<i>597</i>	<i>1,101</i>	<i>3,909</i>
Other services								
342, 344, 346	2,229	1,518	3,008	6,788	7,418	2,311	500	23,772
348, 350, 352	394	757	302	284	331	162	350	2,580
14224	1	181	411	938	791	620	1,003	3,945
<i>Total/</i>	<i>2,624</i>	<i>2,456</i>	<i>3,721</i>	<i>8,010</i>	<i>8,540</i>	<i>3,093</i>	<i>1,853</i>	<i>30,297</i>
Total services	34,062	93,095	162,295	208,965	196,867	94,548	45,301	835,133
Per 1,000 population	16.6	69.2	113.0	141.6	149.1	104.1	42.6	87.0

(continued)

Table 3.14 (continued): Private psychiatrist services funded through Medicare by schedule item, patient sex and age group, Australia, 2000-01

Type of patient attendances	Under 15 years						Total
	15-24	25-34	35-44	45-54	55-64	65 and over	
Females							
Consulting rooms							
300, 310	278	5,346	6,834	5,568	2,783	2,170	25,142
302, 312	2,022	28,475	39,215	39,127	22,214	18,679	162,969
304, 314	3,467	54,350	70,612	66,664	33,271	22,774	279,893
306, 316	8,815	117,807	154,183	135,269	50,493	19,992	543,522
308, 318	840	4,944	6,561	6,527	2,398	1,372	25,913
319	183	15,322	22,081	20,191	5,514	212	67,348
Total	15,605	226,244	299,486	273,346	116,673	65,199	1,104,787
Hospital							
320	70	1,906	2,482	3,183	2,347	3,391	14,849
322	363	8,275	10,711	11,787	7,005	11,508	57,786
324	173	6,264	7,579	7,464	3,925	5,341	35,339
326	209	5,134	6,319	4,969	2,633	3,288	26,257
328	29	775	916	757	291	454	3,962
Total	844	22,354	28,007	28,160	16,201	23,982	138,193
Other location							
330	0	11	28	66	75	175	355
332	2	71	141	98	200	589	1,122
334	12	144	156	208	149	814	1,523
336	15	204	345	492	231	639	2,009
338	22	116	197	192	115	243	924
Total	51	546	867	1,056	770	2,460	5,933
Other services							
342, 344, 346	1,784	4,497	10,373	7,511	2,032	731	29,449
348, 350, 352	205	339	371	398	197	596	2,814
14224	6	1,363	2,250	2,069	1,324	2,360	10,054
Total	1,995	6,199	12,994	9,978	3,553	3,687	42,317
Total services	18,495	255,343	341,354	312,540	137,197	95,328	1,291,230
Per 1,000 population ^(b)	9.5	175.3	227.6	236.7	153.2	70.8	132.3

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

(b) The rate per 1000 population is a crude rate based on the estimated resident population at December 2000.

Source: www.hic.gov.au

Table 3.15: Pharmaceutical Benefit Scheme-funded prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, States and Territories, (a) 2000-01

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
A	Alimentary tract & metabolism	7,702	7,595	5,026	1,179	2,117	465	167	31	24,949
B	Blood & blood-forming organs	745	720	477	131	251	64	n.p.	n.p.	2,529
C	Cardiovascular system	14,729	10,853	6,715	2,546	4,144	1,243	393	261	42,735
D	Dermatologicals	852	825	413	86	173	39	n.p.	n.p.	2,511
G	Genitourinary system & sex hormones	2,488	2,493	1,970	511	1,139	256	55	21	9,207
H	Systemic hormonal preparations, excl sex hormones	1,175	1,195	1,099	383	710	96	32	4	4,764
J	General anti-infectives for systematic use	2,772	2,495	1,799	410	748	127	97	47	8,821
L	Antineoplastic & immunomodulating agents	236	152	101	35	55	10	9	4	635
M	Musculoskeletal system	3,245	3,909	1,854	663	929	286	77	26	11,353
N	Central nervous system									
N05A	Antipsychotics	100,794	90,931	47,391	14,773	31,257	3,824	5,679	521	299,932
N05B	Anxiolytics	36,048	49,875	22,959	5,324	13,032	5,586	888	232	135,108
N05C	Hypnotics & sedatives	16,745	24,304	12,861	4,288	7,960	2,653	501	181	70,061
N06A	Antidepressants	270,639	270,700	161,546	65,030	91,941	18,182	12,903	1,534	899,761
	Other	45,717	37,536	23,811	30,635	16,945	5,322	2,003	746	164,557
	Total	469,943	473,346	268,568	120,050	161,135	35,567	21,974	3,214	1,569,419
P	Antiparasitic products	354	227	172	52	74	29	n.p.	n.p.	945
R	Respiratory system	3,560	3,388	2,302	501	946	201	79	22	11,301
S	Sensory organs	1,266	1,422	674	244	970	73	13	6	4,923
	Total prescriptions^(c)	509,373	508,888	291,339	126,820	173,439	38,463	22,939	3,641	1,694,934
	Per 1,000 population	78.8	106.8	81.7	67.3	115.8	81.8	73.8	18.6	88.5

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

(b) Includes State or Territory unknown.

(c) Includes ATC classified as unknown or various (Chapter V).

n.p. not published.

Source: DHA.

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 NPHED for public acute care and public psychiatric hospitals should be undertaken with care (see Box 3.1, page 24).

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 2000-01, public acute hospitals (and services managed by public acute hospitals) provided 2.0 million mental health-related individual occasions of service (Table 3.1, page 25). In addition to services provided to individuals, public acute hospitals provided 61,659 mental health-related group sessions. This accounted for 5.0% and 10.4% of all public acute hospital individual occasions of service and group sessions, respectively.

A total of 360,555 individual occasions of service and 41,646 group sessions were recorded for public psychiatric hospitals in New South Wales, Queensland and Western Australia. These were the only three jurisdictions for which these data were supplied to the NPHED for 2000-01. These data were not reported for the public psychiatric hospitals in Victoria, South Australia and Tasmania.

During 2000-01, 28 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 2002b). Data from the Private Health Establishments Collection (PHEC) indicates that these designated units in private acute care and psychiatric hospitals provided an estimated 67,883 occasions of service (Table 3.1). For 2000-01, the number of occasions of service reported could not be broken down into individual occasions of service and group sessions.

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 an alternative to 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, institutions and hostels but include accommodation support services that operate a drop-in style of 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 among the States and Territories.

Data are available from the CSDA MDS collection on the clients of these service types on a snapshot day each year. The data presented below are on services received by clients with a psychiatric disability. The psychiatric disability can be either the client's primary disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client or carer as the disability most affecting their everyday life. A number of other significant disabilities may also be identified by the client. Refer to Box 3.3 for further information on CSDA MDS collection disability groups.

Box 3.3: Disability groups

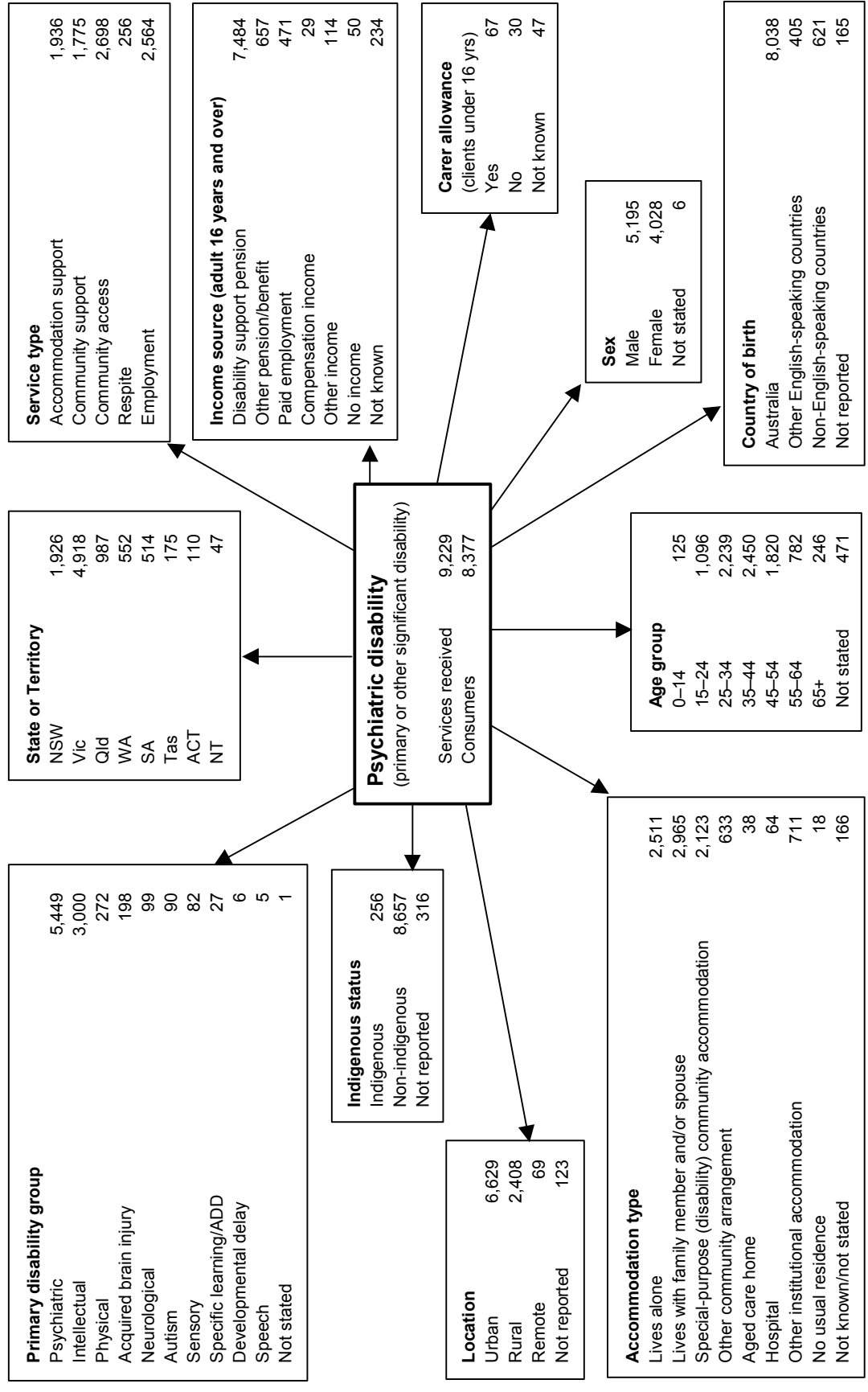
The disability support services data presented in this report relate to the CSDA MDS disability groups. The CSDA MDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation, and reflect those disabilities identified 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.

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 groupings used. Refer to the National Community Services Data Dictionary for additional detail on the CSDA MDS disability groups (AIHW 2000a).

Figure 3.3 presents the data on non-residential services provided and other CSDA MDS data elements for clients with a psychiatric disability. On the snapshot day in 2001 there were 9,229 non-residential care services provided to an estimated 8,377 clients with a psychiatric disability (a statistical linkage key collected by all jurisdictions permits estimates to be made of the number of people receiving services). The major primary disability groups were psychiatric disability (59.0%) and intellectual disability (32.5%). The majority of services were provided to male clients (56.3%) and those in the 35–44 years age group. The non-residential care service types most frequently received were Community access (29.2%) and Employment services (27.8%). Respite services to provide short-term breaks from caring activities to carers of people with a disability were the service type least often received (2.7%). Victorian disability support services reported the largest number of services for clients with psychiatric disability (53.3%).

The majority of services were for clients who were Australian-born (87.1%). Non-residential care services for clients born in other English-speaking and non-English-speaking countries made up 11.1% of the total services for clients with a psychiatric disability. On the snapshot day, 256 CSDA-funded non-residential services were delivered to clients identified as being of Aboriginal or Torres Strait Islander origin or both. This was 2.8% of all services for clients with a psychiatric disability.

The location of clients receiving services was classified as Urban, Rural, Remote or Not reported based on the client's postcode. Clients in Urban areas received 71.8% of services. The most common reported accommodation type was Lives with family member and/or spouse (32.1%), followed by Lives alone (27.2%) and Special-purpose community accommodation (23.0%).



Note: All figures (except 'consumers') are counts of services received.

Figure 3.3: Data reported for CSDA-funded ambulatory support services for persons with a psychiatric disability, 2001 snapshot day

4 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. The chapter contains a substantial amount of these data, with key data located on the following pages:

A national overview of admitted patient mental health care and community residential care can be found at page 54.

- Information on the demographics of admitted patient mental health-related separations follows from page 75.
- Principal diagnosis data are presented on page 82 and following pages.
- Information on Australian Refined Diagnosis Related Groups starts on page 120.
- Procedure data are found on page 137.
- Data on source of referral, modes of admission and separation and care type are featured from page 137.

As documented in Chapter 1, ambulatory care is the form of mental health care most frequently used 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 by 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 are, to some extent, an alternative to 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.

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 3).

The codes used to define a mental health-related principal diagnosis have changed slightly compared with the 1999–00 publication, and substantially compared with the 1998–99 report, in order to provide a more comprehensive description of mental health-related care. For this reason, caution must be used when comparing figures reported here with those reported in *Mental Health Services in Australia 1998–99* and *Mental Health Services in Australia 1999–00* (AIHW 2001b, 2002c). Those publications include details on the codes used to define mental health-related principal diagnoses for 1998–99 and 1999–00.

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

Box 4.1: Notes on data presentation

Rates were indirectly age-standardised using the total separations, patient days or psychiatric care days for 2000–01 and the estimated resident population as at 30 June 2000 to calculate the expected number of separations for each jurisdiction (see NHDD, v. 11.0, p. 38). Indirect age-standardisation has been used throughout this publication where indicated because this method is less sensitive than the direct standardisation method to fluctuations in rate calculation due to small cell sizes.

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 4.12a and 4.12b).

National overview

Table 4.1 summarises mental health-related hospital separations and patient days for 1998–99 to 2000–01. Tables 4.2 and 4.3 present information on the number of mental health-related separations and patient days by jurisdiction for 2000–01.

- There were 276,388 mental health-related community residential and admitted patient separations in 2000–01, of which 108,594 were same day separations and 167,794 were overnight (or longer).
- Public community mental health care establishments reported a relatively low number of separations in comparison to hospitals. In 2000–01, the number of community mental health residential care separations reported for Australia was 1,515 (Table 4.2).
- There were 274,873 mental health-related hospital separations during 2000–01, of which 108,594 were same day separations. Over 2 million (2,781,262) patient days and 2,128,042 psychiatric care days were associated with these separations. Mental health-related hospital separations accounted for 4.5% of total hospital separations during 2000–01 and 12.4% of total hospital patient days.
- Of the 274,873 mental health-related hospital separations, 178,487 or 64.9% reported some specialised psychiatric care (Table 4.2). The proportion of same day separations that included specialised psychiatric care was 73.2%, and for overnight separations, 59.5%.
- Separations with specialised psychiatric care accounted for 57.4% of mental health-related separations in public hospitals, and 78.1% of those in private hospitals.
- Of the 2,781,262 patient days for mental health-related separations, 2,128,042 or 76.5% were psychiatric care days (9.5% of total hospital patient days) (Table 4.1). The proportion of overnight patient days that were psychiatric care days was 77.5%.

- Of the separations with specialised psychiatric care in 2000–01, 173,279 or 97.1% were reported as having a mental health-related principal diagnosis. Over two-thirds of the remaining separations had principal diagnoses of *Injury, poisoning and certain other consequences of external causes* (S00–T98) or *Factors influencing health status and contact with health services* (Z00–Z99). The majority of those without a mental health-related principal diagnosis had a mental health-related additional diagnosis (71.1%).
- Just under two-thirds (63.5%) of mental health-related separations during 2000–01 occurred in public hospitals. Patient days for mental health-related separations in public hospitals accounted for 78.2% of all mental health-related patient days in 2000–01.
- In comparison with other hospital types, public psychiatric hospitals reported the smallest numbers of separations (6.5% of all mental health-related separations) and separations with specialised psychiatric care (9.7%) and public acute care hospitals reported the largest numbers (57.0% and 46.4%, respectively) (Table 4.2).
- Public psychiatric hospitals reported a large proportion of patient days (26.0% of the total), especially for separations with specialised psychiatric care (33.5%) (Table 4.3). However, it is estimated that a large proportion of these patient days occurred prior to the 2000–01 financial year. Of patient days for separations from public psychiatric hospitals, an estimated 47.5% occurred during 2000–01 compared with estimates of 89.3% for public acute care hospitals and 95.3% for private hospitals. For information on how these estimates were calculated, refer to *Mental Health Services in Australia 1999–00* (AIHW 2002b).

This next section presents data from Table 4.1 on the changes from 1998–99 to 2000–01. Figures 2.4, 2.5 and 2.6 also present time series information on the number of separations, patient days and average and median lengths of stay by hospital sector.

- The 274,873 mental health-related separations for 2000–01 was 3.8% more than the 264,912 reported for 1999–00. There was an increase of 9.6% for same day separations (99,070 to 108,594 separations) and an increase of 0.2% for overnight separations (165,842 to 166,279 separations).
- The 178,487 separations with specialised psychiatric care for 2000–01, represents a 4.0% increase from 1999–00 (171,548 separations) and a 5.8% increase from 1998–99 (168,579 separations).
- During 1998–99, 94.9% of the separations (160,004 separations) with specialised psychiatric care had a mental health principal diagnosis. In 1999–00 and 2000–01, it was 97.1%.
- In 1999–00 the proportion of mental health-related separations in public hospitals was 66.5% compared with 63.5% for 2000–01. Patient days for mental health-related separations in public hospitals accounted for 78.2% of all mental health-related patient days in 2000–01, compared with 81.8% in 1999–00.
- Patient days for mental health-related separations decreased over the period 1998–99 to 2000–01. There were 2,781,262 patient days attributable to mental health-related separations in 2000–01, a decrease of 12.4% from 1999–00 (3,174,097 patient days). The corresponding decrease between 1998–99 and 1999–00 was 2.3%. This larger decrease in patient days from 1999–00 to 2000–01 is attributable to public sector hospitals where patient days decreased from 2,595,861 in 1999–00 to 2,174,581 in 2000–01 (a decrease of 16.2%). This reduction in patient days was marked for Queensland and was largely the result of the statistical discharge and readmission of long-stay patients on 30 June 2000 in this state. This was done to cater for the change in the *National Health Data Dictionary* care

type definition, effective from 1 July 2000, and would have had the effect of inflating the number of patient days reported in 1999–00 and of reducing the number of patient days reported for 2000–01. In private hospitals, however the number of patient days for mental health-related separations increased from 578,236 to 606,681 over the same period.

- Between 1999–00 and 2000–01, the number of mental health-related same day separations in private hospitals increased 19.0%.
- Compared with 1999–00, the patient days reported for 2000–01 decreased by 13.8% for separations with specialised psychiatric care (2,494,675 to 2,151,441 days) and decreased 7.3% for separations without specialised psychiatric care (679,422 to 629,821 days).

Box 4.2: Measuring hospital activity

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

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

The patient day (and psychiatric care day) data measure hospital activity in a way that is not as affected by variation in length of stay, as short-stay activity is represented in the same way as long-stay activity. However, the patient day data presented in this report include days within hospital stays that occurred prior to 1 July 2000, provided that the separation from hospital occurred during 2000–01. 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 2000–01. Table 4.3 presents information on the estimated proportion of patient days that occurred within the 2000–01 financial year for 2000–01 separations. For public psychiatric hospitals the proportion of mental health-related patient days that occurred in the year was 47.2%. In comparison, the figures for public acute and private hospitals were 90.7% and 95.6%, respectively. Public psychiatric hospitals in New South Wales (34.7%) 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 2000–01 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 2000–01.

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

- the availability of admitted patient mental health care services in each State and Territory
- the availability of community-based residential mental health care facilities
- differing admission practices
- differences in the types of establishments that are categorised as hospitals (see Box 4.3).

There are also differences between jurisdictions in the spread of the population in rural, remote and metropolitan areas, and other demographic characteristics of the population. These differences may result in variation in the proportions of separations and patient days reported for the different provider types, in the proportions of separations that are for same day stays, and the proportion of separations for which specialised psychiatric care was reported. This report therefore presents information separately for each service provider type, for same day and overnight separations, and for separations with 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.

Admitted patient mental health care

States and Territories

Table 4.2 shows the number of same day, overnight and total mental health-related separations per 1,000 population by hospital type for each State and Territory. Western Australia had the highest rate for total mental health-related separations (17.1 separations per 1,000 population), followed by Tasmania (15.8) and Queensland (15.6). These rates were higher than the Australian rate of 14.4 mental health-related separations per 1,000 population. For overnight separations, South Australia had the highest rate at 11.0 per 1,000 population, followed by Western Australia (9.9) and Tasmania (9.9). For Australia as a whole, there were 8.7 overnight mental health-related separations per 1,000 population.

Table 4.3 presents a summary of the patient days, psychiatric care days and patient days per 1,000 population by hospital type and State and Territory for separations that occurred during 2000-01. Of the 2,781,262 patient days for mental health-related separations, 2,672,668 were for overnight separations.

South Australia reported the highest numbers of patient days and psychiatric care days for mental health-related separations per 1,000 population (173.9 patient days and 145.8 psychiatric care days). Western Australia had the second highest rates (162.2 patient days per 1,000 population and 127.3 psychiatric care days per 1,000 population). New South Wales, Queensland, Western Australia and South Australia had numbers of patient days per 1,000 population and psychiatric care days per 1,000 population that were higher than the national rate of 145.2 patient days for mental health-related separations per 1,000 population and 111.1 psychiatric care days.

Box 4.3: 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 done with care.

Some of the differences in service delivery practices are illustrated in Tables 4.2 and 4.3. These show, for example, the relatively high rates of separations for public community mental health care establishments for Tasmania compared with other jurisdictions, 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 of people attending hospital on a same day basis, for example for group therapy sessions or day programs. In jurisdictions such as Tasmania and the Territories, these attendances are recorded as non-admitted patient occasions of service. In other jurisdictions, 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 Table A4.8 which shows, for example, that psychotherapy (and other allied health psychology interventions) 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 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 Tasmania, the Australian Capital Territory and the Northern Territory, psycho-geriatric patients are cared for in community (non-hospital) settings. In Victoria, long-stay aged care mental health services have been transferred to community-based services, and acute psychogeriatric care occurs in specialised admitted patient facilities.

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 is relatively small. In the two Territories, this activity is undertaken outside admitted patient settings. In Victoria, a number of long-term rehabilitation beds have been transferred to community-based residential beds; however, Victoria still has long-term secure/extended care beds in admitted patient settings.

Some of this variation is illustrated in Tables 4.41a, 4.41b, 4.42a and 4.42b. These tables show, for example, that public hospitals in New South Wales, Queensland, Western Australia and South Australia reported markedly more separations and patient days for the care types of 'rehabilitation', 'psychogeriatric care' and 'maintenance care' than all the other jurisdictions.

The Australian Capital Territory was the jurisdiction with the largest proportion of separations with specialised psychiatric care, with 88.3% of mental health-related separations including specialised psychiatric care. South Australia had the lowest proportion of separations with specialised psychiatric care, with 59.7% of mental health-related separations including specialised psychiatric care. For Australia as a whole, 64.9% of mental health-related separations were separations with specialised psychiatric care.

Western Australia had the highest rate of mental health-related separations with specialised psychiatric care (12.0 separations per 1,000 population) and Queensland had the second highest rate, at 10.9 per 1,000 population (Table 4.2). The Australian rate was 9.3 separations per 1,000. When same day separations are removed (see rates in Table A4.2a), the Western Australian and Queensland rates are reduced to 6.1 and 6.0 separations per 1,000 population respectively, and the Australian rate is reduced to 5.2 per 1,000 population.

These State and Territory differences may be affected by differences in the provision of admitted patient mental health services. They may also reflect administrative practice differences between jurisdictions in the coding of statistical discharge, with variation in the proportion of separations ending in statistical discharge. Statistical discharge occurred for 1.6% of separations with specialised psychiatric care in Queensland compared with approximately 4% for Tasmania and 3.1% for Australia (Table 4.40a). Further, Queensland does not 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 4.2).

Mental health legal status

Table 4.4 summarises the mental health legal status reported for separations with specialised psychiatric care during 2000–01. The data on mental health legal status are 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 and Tasmania do not have beds gazetted for use by involuntary patients and the Northern Territory has reported no involuntary cases.

The mental health legal status recorded for mental health-related separations from public psychiatric hospitals was more often involuntary (51.2%) than separations from public acute (32.9%) and private hospitals (6.9%).

Box 4.4: Specialised psychiatric care and principal diagnoses

Table 4.2 shows that 64.9% of mental health-related separations for 2000–01 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 4.10a 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 (0.3%), Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium (5.1%), Other symptoms and signs involving general sensations and perceptions (10.4%), Other behavioural syndromes associated with physical disturbances and physical factors (15.0%) and Dementia (18.1%), were relatively low. In comparison, overnight separations with principal diagnoses of Schizoaffective disorders (92.9%) Schizophrenia (91.1%), Bipolar affective disorders (89.3%) and Specific personality disorders (87.5%) 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 (97.0%), Schizoaffective disorders (95.0%), and Bipolar affective disorders (93.3%) were psychiatric care days. The proportions of patient days for separations with principal diagnoses of Sleep disorders (0.9%), Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium (14.1%), Other symptoms and signs involving general sensations and perceptions (10.9%), Other behavioural syndromes associated with physical disturbances and physical factors (37.2%) and Dementia (33.4%), that were psychiatric care days were comparatively low.

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

Table 4.1: Mental health-related separations and patient days, by principal diagnosis category^(a) and hospital type, Australia, 1998–99 to 2000–01

	1998–99	1999–00	2000–01		
	Number	Number	Number	% of all hospital	% of all mental health-related
Separations					
Same day separations					
Public acute					
With specialised psychiatric care					
with mental health-related principal diagnosis	22,902	23,912	20,145	0.3	7.3
without mental health-related principal diagnosis	1,951	404	407	0.0	0.1
<i>Total</i>	24,853	24,316	20,552	0.3	7.5
Without specialised psychiatric care	16,527	17,347	19,428	0.3	7.1
<i>Total</i>	41,380	41,663	39,980	0.7	14.5
Private					
With specialised psychiatric care					
with mental health-related principal diagnosis	42,763	45,243	55,337	0.9	20.1
without mental health-related principal diagnosis	1,604	281	466	0.0	0.2
<i>Total</i>	44,367	45,524	55,803	0.9	20.3
Without specialised psychiatric care	10,464	9,504	9,656	0.2	3.5
<i>Total</i>	54,831	55,028	65,459	1.1	23.8
Public psychiatric					
With specialised psychiatric care					
with mental health-related principal diagnosis	2,273	2,325	2,932	0.0	1.1
without mental health-related principal diagnosis	21	54	184	0.0	0.1
<i>Total</i>	2,294	2,379	3,116	0.1	1.1
Without specialised psychiatric care	0	0	39	0.0	0.0
<i>Total</i>	2,294	2,379	3,155	0.1	1.1
<i>Total same day separations</i>	98,505	99,070	108,594	1.8	39.5
Overnight separations					
Public acute					
With specialised psychiatric care					
with mental health-related principal diagnosis	55,901	60,340	59,404	1.0	21.6
without mental health-related principal diagnosis	3,351	3,295	2,924	0.0	1.1
<i>Total</i>	59,252	63,635	62,328	1.0	22.7
Without specialised psychiatric care	54,894	53,036	54,372	0.9	19.8
<i>Total</i>	114,146	116,671	116,700	1.9	42.5
Private					
With specialised psychiatric care					
with mental health-related principal diagnosis	19,153	19,731	22,093	0.4	8.0
without mental health-related principal diagnosis	678	395	368	0.0	0.1
<i>Total</i>	19,831	20,126	22,461	0.4	8.2
Without specialised psychiatric care	14,843	13,474	12,298	0.2	4.5
<i>Total</i>	34,674	33,600	34,759	0.6	12.6
Public psychiatric					
With specialised psychiatric care					
with mental health-related principal diagnosis	17,012	15,064	13,368	0.2	4.9
without mental health-related principal diagnosis	970	504	859	0.0	0.3
<i>Total</i>	17,982	15,568	14,227	0.2	5.2
Without specialised psychiatric care	0	3	593	0.0	0.2
<i>Total</i>	17,982	15,571	14,820	0.2	5.4
<i>Total overnight separations</i>	166,802	165,842	166,279	2.7	60.5
Total mental health-related separations					
With specialised psychiatric care					
with mental health-related principal diagnosis	160,004	166,615	173,279	2.8	63.0
without mental health-related principal diagnosis	8,575	4,933	5,208	0.1	1.9
<i>Total</i>	168,579	171,548	178,487	2.9	64.9
Without specialised psychiatric care	96,728	93,364	96,386	1.6	35.1
Total	265,307	264,912	274,873	4.5	100.0

(continued)

Table 4.1 (continued): Mental health-related separations and patient days, by principal diagnosis category^(a) and hospital type, Australia, 1998-99 to 2000-01

	1998-99	1999-00	2000-01		
	Number	Number	Number	% of all hospital	% of all mental health-related
Patient days					
Overnight separations					
Public acute					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	828,664	876,386	892,660	4.0	32.1
without mental health-related principal diagnosis	45,178	50,946	63,294	0.3	2.3
<i>Total</i>	<i>873,842</i>	<i>927,332</i>	<i>955,954</i>	<i>4.3</i>	<i>34.4</i>
Without specialised psychiatric care	477,309	470,616	454,828	2.0	16.4
<i>Total</i>	<i>1,351,151</i>	<i>1,397,948</i>	<i>1,410,782</i>	<i>6.3</i>	<i>50.7</i>
Private					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	336,501	336,584	392,671	1.7	14.1
without mental health-related principal diagnosis	6,189	4,681	5,718	0.0	0.2
<i>Total</i>	<i>342,690</i>	<i>341,265</i>	<i>398,389</i>	<i>1.8</i>	<i>14.3</i>
Without specialised psychiatric care	172,364	181,943	142,833	0.6	5.1
<i>Total</i>	<i>515,054</i>	<i>523,208</i>	<i>541,222</i>	<i>2.4</i>	<i>19.5</i>
Public psychiatric ^(d)					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	1,187,046	1,118,359	596,785	2.7	21.5
without mental health-related principal diagnosis	96,062	35,500	120,842	0.5	4.3
<i>Total</i>	<i>1,283,108</i>	<i>1,153,859</i>	<i>717,627</i>	<i>3.2</i>	<i>25.8</i>
Without specialised psychiatric care	0	12	3,037	0.0	0.1
<i>Total^(e)</i>	<i>1,283,108</i>	<i>1,153,871</i>	<i>720,664</i>	<i>3.2</i>	<i>25.9</i>
<i>Total patient days for overnight separations^(d)</i>	<i>3,149,313</i>	<i>3,075,027</i>	<i>2,672,668</i>	<i>11.9</i>	<i>96.1</i>
Total patient days for all mental health-related separations					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	2,420,149	2,402,809	1,960,530	8.7	70.5
without mental health-related principal diagnosis	151,005	91,866	190,911	0.8	6.9
<i>Total</i>	<i>2,571,154</i>	<i>2,494,675</i>	<i>2,151,441</i>	<i>9.6</i>	<i>77.4</i>
Without specialised psychiatric care	676,664	679,422	629,821	2.8	22.6
Total^(d)	3,247,818	3,174,097	2,781,262	12.4	100.0
Psychiatric care days^(c)					
Overnight separations					
Public acute					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	n.a.	865,432	878,864	3.9	31.6
without mental health-related principal diagnosis	n.a.	47,167	59,028	0.3	2.1
<i>Total</i>	<i>n.a.</i>	<i>912,599</i>	<i>937,892</i>	<i>4.2</i>	<i>33.7</i>
Private					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	n.a.	334,194	390,649	1.7	14.0
without mental health-related principal diagnosis	n.a.	4,009	5,170	0.0	0.2
<i>Total</i>	<i>n.a.</i>	<i>338,203</i>	<i>395,819</i>	<i>1.8</i>	<i>14.2</i>
Public psychiatric ^(d)					
With specialised psychiatric care ^(b)					
with mental health-related principal diagnosis	n.a.	1,084,123	595,310	2.6	21.4
without mental health-related principal diagnosis	n.a.	33,330	119,550	0.5	4.3
<i>Total</i>	<i>n.a.</i>	<i>1,117,453</i>	<i>714,860</i>	<i>3.2</i>	<i>25.7</i>
<i>Total psychiatric care days for overnight separations^(d)</i>	<i>n.a.</i>	<i>2,368,255</i>	<i>2,048,571</i>	<i>9.1</i>	<i>73.7</i>

(continued)

Table 4.1 (continued): Mental health-related separations and patient days, by principal diagnosis category^(a) and hospital type Australia, 1998–99 to 2000–01

	1998–99	1999–00	2000–01	
	Number	Number	Number	% of all hospital % of all mental health-related
Psychiatric care days^(c)				
Total psychiatric care days for all mental health-related separations				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	n.a.	2,283,749	1,864,823	8.3 67.0
without mental health-related principal diagnosis	n.a.	84,506	183,748	0.8 6.6
Total^(d)	n.a.	2,368,255	2,048,571	9.1 73.7

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

(b) The number of patient days for separations with at least some specialised psychiatric care. This figure will not necessarily be equivalent to a count of psychiatric care days as some separations will include days for specialised psychiatric care and days for 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, Tasmanian private hospitals or national data and are not comparable with the national data for 1999–00 or 2000–01.

(d) Statistical discharge and readmission of long stay patients in public psychiatric hospitals in Queensland has resulted in relatively inflated numbers of patient days and psychiatric care days for 1999–00 and reduced patient days and psychiatric care days for 2000–01.

n.a. not available.

Table 4.2: Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 2000–01

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Same day separations									
Same day separations with specialised psychiatric care									
Public acute hospitals	7,687	1,884	5,239	3,977	1,223	371	121	50	20,552
Public psychiatric hospitals	2,797	4	10	62	236	7	..	..	3,116
Private hospitals	14,559	20,624	12,026	7,022	53	1,518	1	n.a.	55,803
All hospitals	25,043	22,512	17,275	11,061	1,512	1,896	122	50	79,471
Public hospitals	10,484	1,888	5,249	4,039	1,459	378	121	50	23,668
Same day separations without specialised psychiatric care									
Public acute hospitals	6,047	8,310	1,892	1,248	1,502	319	32	78	19,428
Public psychiatric hospitals ^(d)	39	0	0	0	0	0	..	..	39
Private hospitals	2,333	2,561	3,007	1,190	46	519	0	n.a.	9,656
All hospitals	8,419	10,871	4,899	2,438	1,548	838	32	78	29,123
Public hospitals	6,086	8,310	1,892	1,248	1,502	319	32	78	19,467
All mental health-related same day separations									
Public acute hospitals	13,734	10,194	7,131	5,225	2,725	690	153	128	39,980
Public psychiatric hospitals	2,836	4	10	62	236	7	..	..	3,155
Private hospitals	16,892	23,185	15,033	8,212	99	2,037	1	n.a.	65,459
All hospitals	33,462	33,383	22,174	13,499	3,060	2,734	154	128	108,594
Public hospitals	16,570	10,198	7,141	5,287	2,961	697	153	128	43,135
% of same day separations with specialised psychiatric care									
Public acute hospitals	56.0	18.5	73.5	76.1	44.9	53.8	79.1	39.1	51.4
Public psychiatric hospitals	98.6	100.0	100.0	100.0	100.0	100.0	..	..	98.8
Private hospitals	86.2	89.0	80.0	85.5	53.5	74.5	100.0	n.a.	85.2
All hospitals	74.8	67.4	77.9	81.9	49.4	69.3	79.2	39.1	73.2
Public hospitals	63.3	18.5	73.5	76.4	49.3	54.2	79.1	39.1	54.9
Same day separations per 1,000 population^(e)									
Public acute hospitals	2.12	2.13	2.02	2.80	1.80	1.48	0.50	0.68	2.09
Public psychiatric hospitals	0.44	0.00	0.00	0.03	0.16	0.01	..	..	0.17
Private hospitals	2.62	4.86	4.22	4.35	0.07	4.36	0.00	n.a.	3.45
All hospitals	5.18	6.99	6.23	7.17	2.03	5.85	0.49	0.67	5.67
Public hospitals	2.56	2.13	2.01	2.83	1.97	1.49	0.50	0.67	2.25
95% confidence intervals	5.1–5.2	6.9–7.1	6.1–6.3	7.1–7.3	2.0–2.1	5.6–6.1	0.4–0.6	0.6–0.8	5.6–5.7

(continued)

Table 4.2 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories, (a) 2000-01

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations									
Overnight separations with specialised psychiatric care									
Public acute hospitals	14,916	16,956	15,832	6,121	4,531	1,822	1,371	779	62,328
Public psychiatric hospitals	7,265	337	685	2,621	2,955	364	..	..	14,227
Private hospitals	6,045	5,243	4,916	2,798	2,748	406	305	n.a.	22,461
All hospitals	28,226	22,536	21,433	11,540	10,234	2,592	1,676	779	99,016
Public community mental health care establishments	333	739	0	131	n.a.	301	11	0	1,515
Public hospitals and public community mental health care establishments	22,181	18,032	16,517	8,873	7,486	2,487	1,382	779	78,070
All hospitals and public community mental health care establishments	28,226	23,275	21,433	11,671	10,234	2,893	1,687	779	100,531
Overnight separations without specialised psychiatric care									
Public acute hospitals	19,839	13,589	8,066	5,773	5,502	1,206	170	227	54,372
Public psychiatric hospitals ^(d)	593	0	0	0	0	0	..	..	593
Private hospitals	2,555	3,368	3,415	1,254	876	793	37	n.a.	12,298
All hospitals	22,987	16,957	11,481	7,027	6,378	1,999	207	227	67,263
Public community mental health care establishments	0	0	0	0	0	0	0	0	0
Public hospitals and public community mental health care establishments	20,432	13,589	8,066	5,773	5,502	1,206	170	227	54,965
All mental health-related overnight separations									
Public acute hospitals	34,755	30,545	23,898	11,894	10,033	3,028	1,541	1,006	116,700
Public psychiatric hospitals	7,858	337	685	2,621	2,955	364	..	..	14,820
Private hospitals	8,600	8,611	8,331	4,052	3,624	1,199	342	n.a.	34,759
All hospitals	51,213	39,493	32,914	18,567	16,612	4,591	1,883	1,006	166,279
Public community mental health care establishments	333	739	0	131	n.a.	301	11	0	1,515
Public hospitals and public community mental health care establishments	42,613	31,621	24,583	14,646	12,988	3,693	1,552	1,006	133,035
All hospitals and public community mental health care establishments	51,213	40,232	32,914	18,698	16,612	4,892	1,894	1,006	167,794
% of overnight separations with specialised psychiatric care									
Public acute hospitals	42.9	55.5	66.2	51.5	45.2	60.2	89.0	77.4	53.4
Public psychiatric hospitals	92.5	100.0	100.0	100.0	100.0	100.0	..	..	96.0
Private hospitals	70.3	60.9	59.0	69.1	75.8	33.9	89.2	n.a.	64.6
All hospitals	55.1	57.1	65.1	62.2	61.6	56.5	89.0	77.4	59.5
Public community mental health care establishments	100.0	100.0	n.a.	100.0	n.a.	100.0	100.0	n.a.	100.0
Public hospitals and public community mental health care establishments	52.1	57.0	67.2	60.6	57.6	67.3	89.0	77.4	58.7
All hospitals and public community mental health care establishments	55.1	57.9	65.1	62.4	61.6	59.1	89.1	77.4	59.9

(continued)

Table 4.2 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 2000–01

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations per 1,000 population^(c)									
Public acute hospitals	5.4	6.4	6.8	6.4	6.7	6.6	5.0	5.3	6.1
Public psychiatric hospitals	1.2	0.1	0.2	1.4	2.0	0.8	..	..	0.8
Public hospitals	6.6	6.4	7.0	7.7	8.6	7.4	4.9	5.2	6.9
Private hospitals	1.3	1.8	2.4	2.2	2.4	2.5	1.1	n.a.	1.8
All hospitals	7.9	8.2	9.3	9.9	11.0	9.9	6.1	5.3	8.7
95% confidence intervals	7.8–8.0	8.1–8.3	9.2–9.4	9.8–10.1	10.8–11.2	9.6–10.2	5.8–6.4	5.0–5.7	8.6–8.7
Public community mental health care establishments	0.1	0.2	0.0	0.1	n.a.	0.6	0.0	0.0	0.1
Public hospitals and public community mental health care establishments	6.6	6.6	7.0	7.8	n.a.	8.0	5.0	5.2	6.9
All hospitals and public community mental health care establishments	8.0	8.4	9.3	10.0	n.a.	10.6	6.1	5.3	8.8
Total separations									
Separations with specialised psychiatric care									
Public acute hospitals	22,603	18,840	21,071	10,098	5,754	2,193	1,492	829	82,880
Public psychiatric hospitals	10,082	341	695	2,683	3,191	371	..	..	17,343
Private hospitals	20,604	25,867	16,942	9,820	2,801	1,924	306	n.a.	78,264
All hospitals	53,269	45,048	38,708	22,601	11,746	4,488	1,798	829	178,487
Public community mental health care establishments	0	739	0	131	n.a.	301	11	0	1,515
Public hospitals and public community mental health care establishments	32,665	19,920	21,766	12,912	8,945	2,865	1,503	829	101,738
All hospitals and public community mental health care establishments	53,269	45,787	38,708	22,732	11,746	4,789	1,809	829	180,002
Separations with specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	3.5	3.9	5.9	5.4	3.9	4.8	4.7	4.2	4.3
Public psychiatric hospitals	1.6	0.1	0.2	1.4	2.2	0.8	..	..	0.9
Public hospitals	5.1	4.0	6.1	6.8	6.0	5.6	4.7	4.2	5.2
Private hospitals	3.2	5.4	4.8	5.2	1.9	4.1	1.0	n.a.	4.1
All hospitals	8.3	9.4	10.9	12.0	7.8	9.7	5.7	4.3	9.3
95% confidence intervals	8.2–8.3	9.3–9.5	10.8–11.0	11.8–12.1	7.7–8.0	9.4–10.0	5.4–5.9	4.0–4.6	9.3–9.4
Public community mental health care establishments	0.0	0.2	0.0	0.1	n.a.	0.6	0.0	0.0	0.1
Public hospitals and public community mental health care establishments	5.1	4.1	6.1	6.8	n.a.	6.2	4.7	4.2	5.3
All hospitals and public community mental health care establishments	8.3	9.6	10.9	12.1	n.a.	10.3	5.7	4.3	9.4
Separations without specialised psychiatric care									
Public acute hospitals	25,886	21,899	9,958	7,021	7,004	1,525	202	305	73,800
Public psychiatric hospitals	632	0	0	0	0	0	..	..	632
Private hospitals	4,888	5,929	6,422	2,444	922	1,312	37	n.a.	21,954
Public hospitals	26,518	21,899	9,958	7,021	7,004	1,525	202	305	74,432
All hospitals	31,406	27,828	16,380	9,465	7,926	2,837	239	305	96,386

(continued)

Table 4.2 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 2000–01

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Separations without specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	4.0	4.6	2.8	3.8	4.6	3.3	0.7	1.7	3.9
Private hospitals	0.8	1.2	1.8	1.3	0.6	2.8	0.1	n.a.	1.2
All hospitals	4.8	5.8	4.6	5.1	5.2	6.0	0.8	1.7	5.0
95% confidence intervals	4.8–4.9	5.7–5.9	4.6–4.7	5.0–5.2	5.1–5.3	5.8–6.3	0.7–0.9	1.5–1.9	5.0–5.1
% of separations with specialised psychiatric care									
Public acute hospitals	46.6	46.2	67.9	59.0	45.1	59.0	88.1	73.1	52.9
Public psychiatric hospitals	94.1	100.0	100.0	100.0	100.0	100.0	..	..	96.5
Private hospitals	80.8	81.4	72.5	80.1	75.2	59.5	89.2	n.a.	78.1
All hospitals	62.9	61.8	70.3	70.5	59.7	61.3	88.3	73.1	64.9
Public community mental health care establishments	n.a.	100.0	n.a.	100.0	n.a.	100.0	100.0	n.a.	100.0
Public hospitals and public community mental health care establishments	55.2	47.6	68.6	64.8	56.1	65.3	88.2	73.1	57.7
All hospitals and public community mental health care establishments	62.9	62.2	70.3	70.6	59.7	62.8	88.3	73.1	65.1
Total separations									
Public acute hospitals	48,489	40,739	31,029	17,119	12,758	3,718	1,694	1,134	156,680
Public psychiatric hospitals ^(d)	10,694	341	695	2,683	3,191	371	..	..	17,975
Private hospitals	25,492	31,796	23,364	12,264	3,723	3,236	343	n.a.	100,218
All hospitals	84,675	72,876	55,088	32,066	19,672	7,325	2,037	1,134	274,873
Public community mental health care establishments	0	739	0	131	0.0	301	11	0	1,515
Public hospitals and public community mental health care establishments	59,183	41,819	31,724	19,933	15,949	4,390	1,705	1,134	176,170
All hospitals and public community mental health care establishments	84,675	73,615	55,088	32,197	19,672	7,626	2,048	1,134	276,388
Total separations per 1,000 population^(e)									
Public acute hospitals	7.5	8.5	8.8	9.2	8.5	8.0	5.5	5.9	8.2
Public psychiatric hospitals	1.7	0.1	0.2	1.4	2.2	0.8	..	..	1.0
Public hospitals	9.1	8.6	9.0	10.6	10.6	8.9	5.5	5.9	9.1
Private hospitals	3.9	6.7	6.6	6.5	2.5	6.9	1.1	n.a.	5.3
All hospitals	13.1	15.2	15.6	17.1	13.0	15.8	6.5	6.0	14.4
95% confidence intervals	13.0–13.2	15.1–15.3	15.4–15.7	16.9–17.3	12.9–13.2	15.4–16.1	6.3–6.8	5.6–6.3	14.3–14.4
Public community mental health care establishments	0.0	0.2	0.0	0.1	0.0	0.6	0.0	0.0	0.1
Public hospitals and public community mental health care establishments	9.1	8.7	9.0	10.6	10.6	9.5	5.5	5.9	9.2
All hospitals and public community mental health care establishments	13.1	15.4	15.6	17.2	13.0	16.4	6.6	6.0	14.4

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

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

(c) All rates except those for public community mental health care establishments are indirectly age-standardised to the estimated resident population of Australia on 30 June 2000. Rates for public community mental health care establishments are crude rates based on the estimated resident population of 30 June 2000.

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

n.a. not available.

.. not applicable.

Table 4.3: Summary of patient days for mental health-related admitted patient care, (a) States and Territories, (b) 2000–01

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations									
Patient days for overnight separations with specialised psychiatric care									
Public acute hospitals	246,011	274,247	201,295	105,523	80,671	25,106	16,418	6,683	955,954
Public psychiatric hospitals	397,307	21,075	109,580	82,317	94,951	12,397	..	..	717,627
Public hospitals	643,318	295,322	310,875	187,840	175,622	37,503	16,418	6,683	1,673,581
Private hospitals	114,840	88,419	96,334	42,086	45,063	6,323	5,324	n.a.	398,389
All hospitals	758,158	383,741	407,209	229,926	220,685	43,826	21,742	6,683	2,071,970
Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring within 2000–01^(d)									
Public acute hospitals	89.5	93.0	94.5	84.7	84.6	79.8	95.5	96.2	90.5
Public psychiatric hospitals	34.3	71.3	45.3	68.7	74.8	71.6	..	..	47.0
Private hospitals	94.6	94.9	94.4	96.1	96.2	94.3	97.3	n.a.	95.0
All hospitals	61.4	92.2	81.2	81.1	82.8	79.6	95.9	96.2	76.3
Psychiatric care days for overnight separations with specialised psychiatric care									
Public acute hospitals	236,592	274,247	197,299	101,570	80,671	25,106	16,155	6,252	937,892
Public psychiatric hospitals	394,540	21,075	109,580	82,317	94,951	12,397	..	..	714,860
Public hospitals	631,132	295,322	306,879	183,887	175,622	37,503	16,155	6,252	1,652,752
Private hospitals	113,622	88,419	95,987	41,470	45,063	6,323	4,935	n.a.	395,819
All hospitals	744,754	383,741	402,866	225,357	220,685	43,826	21,090	6,252	2,048,571
% psychiatric care days per overnight mental health-related patient day									
Public acute hospitals	96.2	100.0	98.0	96.3	100.0	100.0	98.4	93.6	98.1
Public psychiatric hospitals	99.3	100.0	100.0	100.0	100.0	100.0	..	..	99.6
Private hospitals	98.9	100.0	99.6	98.5	100.0	100.0	92.7	n.a.	99.4
All hospitals	98.2	100.0	98.9	98.0	100.0	100.0	97.0	93.6	98.9
Patient days for overnight separations without specialised psychiatric care									
Public acute hospitals	191,980	111,527	53,933	43,320	38,902	12,593	1,440	1,133	454,828
Public psychiatric hospitals	3,037	0	0	0	0	0	..	..	3,037
Public hospitals	195,017	111,527	53,933	43,320	38,902	12,593	1,440	1,133	457,865
Private hospitals	36,178	32,589	46,819	10,372	7,318	8,938	619	n.a.	142,833
All hospitals	231,195	144,116	100,752	53,692	46,220	21,531	2,059	1,133	600,698

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care, (a) States and Territories, (b) 2000–01

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring within 2000–01^(d)									
Public acute hospitals	76.7	90.5	97.0	86.4	97.4	93.8	92.9	100.0	85.8
Private hospitals	96.3	95.1	90.3	97.3	96.1	95.2	91.1	n.a.	94.1
All hospitals	80.1	91.5	93.9	88.5	97.2	94.4	92.4	100.0	87.8
Total patient days for all mental health-related overnight separations									
Public acute hospitals	437,991	385,774	255,228	148,843	119,573	37,699	17,858	7,816	1,410,782
Public psychiatric hospitals	400,344	21,075	109,580	82,317	94,951	12,397	..	..	720,664
Public hospitals	838,335	406,849	364,808	231,160	214,524	50,096	17,858	7,816	2,131,446
Private hospitals	151,018	121,008	143,153	52,458	52,381	15,261	5,943	n.a.	541,222
All hospitals	989,353	527,857	507,961	283,618	266,905	65,357	23,801	7,816	2,672,668
Estimated proportion of patient days for all mental health-related overnight separations occurring within 2000–01^(d)									
Public acute hospitals	83.9	92.2	95.1	85.2	88.7	84.4	95.3	96.8	89.0
Public psychiatric hospitals	34.8	71.3	45.3	68.7	74.8	71.6	..	..	47.2
Private hospitals	95.1	95.0	93.1	96.3	96.2	94.8	96.7	n.a.	94.8
All hospitals	65.7	92.0	83.8	82.5	85.2	84.4	95.6	96.8	78.9
% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	54.0	71.1	77.3	68.2	67.5	66.6	90.5	80.0	66.5
Public psychiatric hospitals	98.6	100.0	100.0	100.0	100.0	100.0	..	..	99.2
Public hospitals	75.3	72.6	84.1	79.5	81.9	74.9	90.5	80.0	77.5
Private hospitals	75.2	73.1	67.1	79.1	86.0	41.4	83.0	n.a.	73.1
All hospitals	75.3	72.7	79.3	79.5	82.7	67.1	88.6	80.0	76.6
Patient days for all mental health-related overnight separations per 1,000 population^(b)									
Public acute hospitals	67.1	79.8	73.2	82.0	76.2	79.5	62.0	49.2	73.7
Public psychiatric hospitals	61.7	4.4	31.2	44.4	62.5	26.8	..	..	38.6
Public hospitals	128.9	84.3	104.5	126.5	138.4	106.6	60.9	47.0	111.5
Private hospitals	23.3	25.2	40.9	28.7	33.6	32.1	20.1	n.a.	28.5
All hospitals	151.9	109.3	145.2	155.0	171.7	138.5	81.0	47.3	139.5
95% confidence intervals	151.6–152.2	109.1–109.6	144.8–145.6	154.4–155.6	171.0–172.3	137.4–139.5	80.0–82.0	46.2–48.3	139.4–139.7

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care, (a) States and Territories, (b) 2000-01

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Total separations									
Patient days for separations with specialised psychiatric care									
Public acute hospitals	253,698	276,131	206,534	109,500	81,894	25,477	16,539	6,733	976,506
Public psychiatric hospitals	400,104	21,079	109,590	82,379	95,187	12,404	..	..	720,743
Public hospitals	653,802	297,210	316,124	191,879	177,081	37,881	16,539	6,733	1,697,249
Private hospitals	129,399	109,043	108,360	49,108	45,116	7,841	5,325	n.a.	454,192
All hospitals	783,201	406,253	424,484	240,987	222,197	45,722	21,864	6,733	2,151,441
Patient days for separations with specialised psychiatric care per 1,000 population^(d)									
Public acute hospitals	39.1	57.3	58.7	59.0	53.8	54.8	54.1	37.4	51.0
Public psychiatric hospitals	61.7	4.4	31.2	44.5	62.6	26.8	..	..	38.7
Public hospitals	100.8	61.7	89.9	103.5	116.4	81.7	54.2	37.3	88.7
Private hospitals	20.0	22.8	30.7	26.4	29.5	16.6	17.3	n.a.	24.0
All hospitals	120.7	84.4	120.5	129.8	145.7	98.2	71.5	37.5	112.3
95% confidence intervals	120.5-121.0	84.1-84.6	120.2-120.9	129.3-130.4	145.1-146.3	97.3-99.1	70.6-72.5	36.7-38.4	112.2-112.5
Estimated proportion of patient days for separations with specialised psychiatric care occurring within 2000-01^(e)									
Public acute hospitals	89.9	93.0	94.7	85.3	84.8	80.1	95.5	96.3	90.7
Public psychiatric hospitals	34.7	71.3	45.3	68.7	74.9	71.6	..	..	47.2
Private hospitals	95.2	95.9	95.0	96.6	96.2	95.4	97.3	n.a.	95.6
All hospitals	62.6	92.7	82.0	81.9	82.9	80.4	95.9	96.3	77.2
Psychiatric care days for all mental health-related separations									
Public acute hospitals	244,279	276,131	202,538	105,547	81,894	25,477	16,276	6,302	958,444
Public psychiatric hospitals	397,337	21,079	109,590	82,379	95,187	12,404	..	..	717,976
Public hospitals	641,616	297,210	312,128	187,926	177,081	37,881	16,276	6,302	1,676,420
Private hospitals	128,181	109,043	108,013	48,492	45,116	7,841	4,936	n.a.	451,622
All hospitals	769,797	406,253	420,141	236,418	222,197	45,722	21,212	6,302	2,128,042
Psychiatric care days for all mental health-related separations per 1,000 population^(f)									
Public acute hospitals	37.7	57.3	57.5	56.9	53.8	54.9	53.2	35.0	50.0
Public psychiatric hospitals	61.3	4.4	31.2	44.4	62.6	26.8	..	..	38.5
Public hospitals	98.9	61.7	88.7	101.3	116.3	81.6	53.3	34.9	87.5
Private hospitals	19.8	22.8	30.6	26.1	29.5	16.7	16.0	n.a.	23.8
All hospitals	118.7	84.4	119.3	127.3	145.8	98.2	69.3	35.1	111.1
95% confidence intervals	118.4-119.0	84.1-84.7	118.9-119.7	126.8-127.9	145.2-146.4	97.3-99.1	68.4-70.3	34.2-36.0	111.0-111.3

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care, (a) States and Territories, (b) 2000-01

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Patient days for all mental health-related separations without specialised psychiatric care									
Public acute hospitals	198,027	119,837	55,825	44,568	40,404	12,912	1,472	1,211	474,256
Private hospitals	38,511	35,150	49,826	11,562	7,364	9,457	619	n.a.	152,489
All hospitals ^(e)	239,614	154,987	105,651	56,130	47,768	22,369	2,091	1,211	629,821
Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population^(e)									
Public acute hospitals	30.0	24.6	16.3	25.6	24.4	26.1	5.8	10.3	24.8
Private hospitals	5.9	7.3	14.5	6.5	4.5	19.4	2.3	n.a.	8.0
All hospitals ^(e)	36.4	31.9	30.8	32.1	29.0	45.4	8.1	9.9	32.9
95% confidence intervals	36.2-36.5	31.7-32.0	30.6-31.0	31.8-32.4	28.7-29.2	44.8-46.0	7.8-8.5	9.4-10.5	32.8-33.0
Estimated proportion of patient days for separations without specialised psychiatric care occurring within 2000-01^(d)									
Public acute hospitals	77.4	91.1	97.1	86.8	97.5	93.9	93.1	100.0	86.3
Private hospitals	96.6	95.5	90.9	97.6	96.2	95.5	91.1	n.a.	94.4
All hospitals ^(e)	80.8	92.1	94.2	89.0	97.3	94.6	92.5	100.0	88.4
Patient days for all mental health-related separations									
Public acute hospitals	451,725	395,968	262,359	154,068	122,298	38,389	18,011	7,944	1,450,762
Public psychiatric hospitals	403,180	21,079	109,590	82,379	95,187	12,404	..	..	723,819
Public hospitals	854,905	417,047	371,949	236,447	217,485	50,793	18,011	7,944	2,174,581
Private hospitals	167,910	144,193	158,186	60,670	52,480	17,298	5,944	n.a.	606,681
All hospitals	1,022,815	561,240	530,135	297,117	269,965	68,091	23,955	7,944	2,781,262
% of patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	54.1	69.7	77.2	68.5	67.0	66.4	90.4	79.3	66.1
Public psychiatric hospitals	98.6	100.0	100.0	100.0	100.0	100.0	..	..	99.2
Public hospitals	75.1	71.3	83.9	79.5	81.4	74.6	90.4	79.3	77.1
Private hospitals	76.3	75.6	68.3	79.9	86.0	45.3	83.0	n.a.	74.4
All hospitals	75.3	72.4	79.3	79.6	82.3	67.1	88.5	79.3	76.5
Patient days per 1,000 population^(f)									
Public acute hospitals	69.2	81.9	75.2	84.8	78.0	81.0	62.4	49.8	75.7
Public psychiatric hospitals	62.2	4.4	31.2	44.4	62.6	26.8	..	..	38.8
Public hospitals	131.3	86.3	106.4	129.2	140.1	107.9	61.3	47.7	113.5
Private hospitals	25.9	30.0	45.1	33.0	33.8	36.4	20.0	n.a.	32.0
All hospitals	157.1	116.3	151.4	162.2	173.9	144.3	81.3	47.8	145.2
95% confidence intervals	156.8-157.4	116.0-116.6	151.0-151.8	161.6-162.8	173.2-174.5	143.2-145.4	80.3-82.3	46.7-48.8	145.0-145.4

(continued)

Table 4.3 (continued): Summary of patient days for mental health-related admitted patient care, (a) States and Territories, (b) 2000-01

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Estimated proportion of patient days for all mental health-related separations occurring within 2000-01^(d)									
Public acute hospitals	84.4	92.4	95.2	85.7	89.0	84.7	95.3	96.8	89.3
Public psychiatric hospitals	38.1	71.3	45.3	68.7	74.9	71.6	..	..	47.5
Private hospitals	88.5	95.8	93.7	96.8	96.2	95.4	96.7	n.a.	95.3
All hospitals	66.8	92.5	84.4	83.3	85.4	85.1	95.6	96.8	79.7

(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 data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.

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

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

(e) Includes 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 2000.

n.a. not available.

.. not applicable.

Table 4.4: Separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories, (a) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Mental health legal status^(b)									
Public acute hospitals									
Same day separations									
Involuntary	265	387	995	76	41	17	10	0	1,791
Voluntary	7,408	1,497	4,244	3,901	1,182	354	111	0	18,697
Not reported	14	0	0	0	0	0	0	50	64
Total same day	7,687	1,884	5,239	3,977	1,223	371	121	50	20,552
Overnight separations									
Involuntary	6,930	7,838	7,277	1,599	1,552	67	201	0	25,464
Voluntary	7,888	9,069	8,555	4,522	2,979	1,755	1,170	0	35,938
Not reported	98	49	0	0	0	0	0	779	926
Total overnight	14,916	16,956	15,832	6,121	4,531	1,822	1,371	779	62,328
All separations									
Involuntary	7,195	8,225	8,272	1,675	1,593	84	211	0	27,255
Voluntary	15,296	10,566	12,799	8,423	4,161	2,109	1,281	0	54,635
Not reported	112	49	0	0	0	0	0	829	990
Total	22,603	18,840	21,071	10,098	5,754	2,193	1,492	829	82,880
Private hospitals									
Same day separations									
Involuntary	3,056	0	238	1	0	0	0	n.a.	3,295
Voluntary	11,495	0	11,788	7,021	53	1,518	1	n.a.	31,876
Not reported	8	20,624	0	0	0	0	0	n.a.	20,632
Total same day	14,559	20,624	12,026	7,022	53	1,518	1	n.a.	55,803
Overnight separations									
Involuntary	1,656	0	293	168	0	0	0	n.a.	2,117
Voluntary	4,262	0	4,623	2,630	2,748	406	305	n.a.	14,974
Not reported	127	5,243	0	0	0	0	0	n.a.	5,370
Total overnight	6,045	5,243	4,916	2,798	2,748	406	305	n.a.	22,461
All separations									
Involuntary	4,712	0	531	169	0	0	0	n.a.	5,412
Voluntary	15,757	0	16,411	9,651	2,801	1,924	306	n.a.	46,850
Not reported	135	25,867	0	0	0	0	0	n.a.	26,002
Total	20,604	25,867	16,942	9,820	2,801	1,924	306	n.a.	78,264

(continued)

Table 4.4 (continued): Separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories, (a) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Mental health legal status^(b)									
Public psychiatric hospitals^(c)									
Same day separations									
Involuntary	215	3	3	49	49	0	..	..	319
Voluntary	2,582	1	7	13	187	7	..	..	2,797
Not reported	0	0	0	0	0	0	..	..	0
Total same day	2,797	4	10	62	236	7	..	..	3,116
Overnight separations									
Involuntary	4,215	194	465	1,697	1,992	2	..	..	8,565
Voluntary	3,048	143	220	924	963	362	..	..	5,660
Not reported	2	0	0	0	0	0	..	..	2
Total overnight	7,265	337	685	2,621	2,955	364	..	..	14,227
All separations									
Involuntary	4,430	197	468	1,746	2,041	2	..	..	8,884
Voluntary	5,630	144	227	937	1,150	369	..	..	8,457
Not reported	2	0	0	0	0	0	..	..	2
Total	10,062	341	695	2,683	3,191	371	..	..	17,343
All hospitals									
Same day separations									
Involuntary	3,536	390	1,236	126	90	17	10	0	5,405
Voluntary	21,485	1,498	16,039	10,935	1,422	1,879	112	0	53,370
Not reported	22	20,624	0	0	0	0	0	50	20,696
Total same day	25,043	22,512	17,275	11,061	1,512	1,896	122	50	79,471
Overnight separations									
Involuntary	12,801	8,032	8,035	3,464	3,544	69	201	0	36,146
Voluntary	15,198	9,212	13,398	8,076	6,690	2,523	1,475	0	56,572
Not reported	227	5,292	0	0	0	0	0	779	6,298
Total overnight	28,226	22,536	21,433	11,540	10,234	2,592	1,676	779	99,016
All separations									
Involuntary	16,337	8,422	9,271	3,590	3,634	86	211	0	41,551
Voluntary	36,683	10,710	29,437	19,011	8,112	4,402	1,587	0	109,942
Not reported	249	25,916	0	0	0	0	0	829	26,994
Total	53,269	45,048	38,708	22,601	11,746	4,488	1,798	829	178,487

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

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

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

.. not applicable.

Patient demographics

This section presents demographic data collected for mental health-related separations for 2000–01. These data reflect the level of utilisation of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at www.aihw.gov.au.

Age and sex

Table 4.5 presents the age and sex distribution of the mental health-related separations. There were 130,220 separations reported for male patients and 144,649 for female patients. Despite this, there were more patient days reported for separations involving male patients, 1,413,237 days compared with 1,368,013 days for female patients. Patients who received specialised psychiatric care were most likely to be in the 25–34 age group, which accounted for 21.9% of separations with specialised psychiatric care for both males and females. For separations without specialised psychiatric care, the 25–34 age group also had the highest representation for both males and females (17.4% of mental health-related separations without specialised psychiatric care for males and 19.8% 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, 28.3% of separations had an involuntary status reported, as had 18.8% of separations for female patients (Table 4.6). 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 4.7 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. Patients from remote or rural areas had fewer specialised separations per 1,000 population than patients from metropolitan areas. There were 10.5 mental health-related separations with specialised psychiatric care for patients from metropolitan areas per 1,000 population compared with 6.1 specialised separations per 1,000 population from rural areas and 3.4 specialised separations per 1,000 population for patients from remote areas. Overall, there were 9.3 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 6.4 per 1,000 population from rural areas and 9.2 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.

Figures 2.10 and 2.11 present the number of overnight separations with and without specialised psychiatric care per 1,000 population by Statistical Division.

Aboriginal and Torres Strait Islander patients

Table 4.8 presents the number of mental health-related separations, patient days and psychiatric care days by Indigenous status for 2000–01. Indigenous patients included Aboriginal, Torres Strait Islander and Aboriginal and Torres Strait Islander patients (see Glossary). The quality of data on Aboriginal and Torres Strait Islander status 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 2000–01* (AIHW 2002c).

There were 11.1 separations with specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander patients compared with 9.1 for other Australian patients. For mental health-related separations without specialised psychiatric care, the rate was 13.8 for Aboriginal and Torres Strait Islander patients and 4.8 for other Australian patients. The rates for overnight separations follow the same pattern and are presented in Figure 2.9. The higher rate of non-specialised care of Indigenous people can be partially explained by the differing pattern of disorders between Indigenous and other Australians. For example, there was a relatively large number of Indigenous people hospitalised for *Mental and behavioural disorders due to psychoactive substance use* (Table 4.16) and this disorder is often treated without specialised psychiatric care (Figure 2.6, page 14).

In metropolitan areas, Indigenous people received specialised psychiatric care at a rate comparable with other Australians (69.5% and 71.2% of mental health-related separations, respectively). However, in rural and remote areas Indigenous people received less specialised psychiatric care than other Australians. In rural areas, Indigenous people received specialised psychiatric care during 36.4% of mental health-related separations compared with 49.0% for other Australians. Similarly, Indigenous people residing in remote areas received less specialised psychiatric care (21.1%) than other Australians in remote areas (30.5%).

The average length of stay for overnight separation with specialised psychiatric care for patients identified as Aboriginal or Torres Strait Islander persons was 19.4 days. This compared with 20.9 patient days for all patients. The average length of stay for overnight mental health-related separations without specialised psychiatric care for patients identified as Aboriginal or Torres Strait Islander persons was 3.7 days. The comparable figure for all patients was 8.9 patient days.

Table 4.5: Mental health-related separations, by sex and age group, Australia, 2000-01

	With specialised psychiatric care			Without specialised psychiatric care			Total		
	Same day	Overnight	Total	Same day	Overnight	Total	Same day	Overnight	Total
Male									
Under 15 years	3,583	960	4,543	2,160	4,034	6,194	5,743	4,994	10,737
15-24 years	4,477	10,106	14,583	2,084	3,205	5,289	6,561	13,311	19,872
25-34 years	4,236	14,088	18,324	2,643	5,432	8,075	6,879	19,520	26,399
35-44 years	5,314	10,254	15,568	2,352	5,480	7,832	7,666	15,734	23,400
45-54 years	8,330	6,856	15,186	2,496	4,266	6,762	10,826	11,122	21,948
55-64 years	4,095	3,201	7,296	1,447	2,473	3,920	5,542	5,674	11,216
65 or older	4,331	4,028	8,359	1,228	7,061	8,289	5,559	11,089	16,648
Total males	34,366	49,493	83,859	14,470	31,951	46,361	48,776	81,444	130,220
Female									
Under 15 years	1,015	756	1,771	1,614	3,183	4,797	2,629	3,939	6,568
15-24 years	7,517	8,467	15,984	1,908	4,274	6,182	9,425	12,741	22,166
25-34 years	9,173	11,522	20,695	3,095	6,812	9,907	12,268	18,334	30,602
35-44 years	9,546	10,917	20,463	2,739	5,382	8,121	12,285	16,299	28,584
45-54 years	9,461	7,787	17,248	2,635	3,429	6,064	12,096	11,216	23,312
55-64 years	4,250	3,733	7,983	1,017	2,005	3,022	5,267	5,738	11,005
65 or older	4,143	6,340	10,483	1,704	10,225	11,929	5,847	16,565	22,412
Total females	45,105	49,522	94,627	14,772	35,310	50,022	59,817	84,832	144,649
Total^(a)									
Under 15 years	4,598	1,716	6,314	3,774	7,217	10,991	8,372	8,933	17,305
15-24 years	11,994	18,574	30,568	3,992	7,480	11,472	15,986	26,054	42,040
25-34 years	13,409	25,610	39,019	5,739	12,245	17,984	19,148	37,855	57,003
35-44 years	14,860	21,171	36,031	5,091	10,862	15,953	19,951	32,033	51,984
45-54 years	17,791	14,643	32,434	5,131	7,695	12,826	22,922	22,338	45,260
55-64 years	8,345	6,934	15,279	2,464	4,478	6,942	10,809	11,412	22,221
65 or older	8,474	10,368	18,842	2,932	17,286	20,218	11,406	27,654	39,060
Total	79,471	99,016	178,487	29,123	67,263	96,386	108,594	166,279	274,873
Total patient days									
Under 15 years									
15-24 years									
25-34 years									
35-44 years									
45-54 years									
55-64 years									
65 or older									
Total									

(a) Includes separations for which sex was not reported as male or female.

Table 4.6: Separations with specialised psychiatric care, by mental health legal status,^(a) sex and age group, Australia, 2000–01

	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
Males								
Under 15 years	8	79	3,305	874	270	7	3,583	960
15–24 years	341	5,067	2,539	4,625	1,597	414	4,477	10,106
25–34 years	517	6,891	3,146	6,713	573	484	4,236	14,088
35–44 years	413	4,383	3,968	5,445	933	426	5,314	10,254
45–54 years	1,135	2,344	5,504	4,106	1,691	406	8,330	6,856
55–64 years	398	1,031	2,794	2,001	903	169	4,095	3,201
65 or older	90	1,026	4,002	2,630	239	372	4,331	4,028
Total males	2,902	20,821	25,258	26,394	6,206	2,278	34,366	49,493
Females								
Under 15 years	7	99	910	645	98	12	1,015	756
15–24 years	430	2,777	5,437	5,219	1,650	471	7,517	8,467
25–34 years	444	3,942	5,827	6,727	2,902	853	9,173	11,522
35–44 years	629	3,528	5,505	6,476	3,412	913	9,546	10,917
45–54 years	539	2,312	5,407	4,727	3,515	748	9,461	7,787
55–64 years	130	1,149	2,550	2,214	1,570	370	4,250	3,733
65 or older	324	1,518	2,476	4,170	1,343	652	4,143	6,340
Total females	2,503	15,325	28,112	30,178	14,490	4,019	45,105	49,522
Total^(b)								
Under 15 years	15	178	4,215	1,519	368	19	4,598	1,716
15–24 years	771	7,844	7,976	9,844	3,247	886	11,994	18,574
25–34 years	961	10,833	8,973	13,440	3,475	1,337	13,409	25,610
35–44 years	1,042	7,911	9,473	11,921	4,345	1,339	14,860	21,171
45–54 years	1,674	4,656	10,911	8,833	5,206	1,154	17,791	14,643
55–64 years	528	2,180	5,344	4,215	2,473	539	8,345	6,934
65 or older	414	2,544	6,478	6,800	1,582	1,024	8,474	10,368
Total persons	5,405	36,146	53,370	56,572	20,696	6,298	79,471	99,016

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

(b) Includes separations for which sex was not reported as male or female.

Table 4.7a: Separations with specialised psychiatric care, by rural, remote and metropolitan region of usual residence of the patient, by hospital type and State or Territory of usual residence, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Area of usual residence^(a)	Public acute hospitals								
Metropolitan	17,931	13,971	14,330	8,763	5,258	1,059	1,387	416	63,115
Rural	4,205	4,569	5,688	1,030	422	1,138	n.p.	n.p.	17,095
Remote	92	37	322	215	47	5	..	317	1,035
Not reported	4	0	0	11	4	0	n.p.	n.p.	1,635
Total	22,232	18,577	20,340	10,019	5,731	2,202	1,398	791	82,880
	Private hospitals								
Metropolitan	18,190	24,350	13,307	9,080	2,428	1,696	301	11	69,363
Rural	2,704	1,242	3,336	458	339	274	n.p.	n.p.	8,353
Remote	17	3	213	231	6	1	..	3	474
Not reported	5	0	0	30	0	0	n.p.	n.p.	74
Total	20,916	25,595	16,856	9,799	2,773	1,971	301	14	78,264
	Public psychiatric hospitals								
Metropolitan	7,613	297	278	2,160	2,249	302	13	1	12,913
Rural	1,648	198	375	194	734	71	n.p.	n.p.	3,220
Remote	107	0	21	204	31	0	..	2	366
Not reported	7	1	0	11	0	0	n.p.	n.p.	844
Total	9,375	496	674	2,569	3,014	373	13	4	17,343
	All hospitals								
Metropolitan	43,734	38,618	27,915	20,003	9,935	3,057	1,701	428	145,391
Rural	8,557	6,009	9,399	1,682	1,495	1,483	n.p.	n.p.	28,668
Remote	216	40	556	650	84	6	..	322	1,875
Not reported	16	1	0	52	4	0	n.p.	n.p.	2,553
Total	52,523	44,668	37,870	22,387	11,518	4,546	2,696	762	178,487
	Age-standardised separation rate^(c)								
Same day separations per 1,000 population									
Metropolitan	4.6	5.8	6.4	7.4	1.3	8.1	0.5	0.3	5.2
Rural	1.6	0.9	2.6	1.1	0.2	1.3	n.p.	n.p.	1.5
Remote	0.2	0.1	0.8	1.6	5.7	0.4	..	0.2	0.9
Total	3.9	4.7	4.8	5.9	1.0	4.1	0.5	0.3	4.1
Overnight separations per 1,000 population									
Metropolitan	4.2	4.7	6.6	6.9	7.7	7.7	4.9	4.3	5.3
Rural	4.4	4.6	5.1	4.3	4.0	4.3	n.p.	n.p.	4.6
Remote	3.9	3.3	2.2	2.1	2.9	2.0	..	3.5	2.6
Total	4.2	4.7	5.9	6.0	6.7	5.7	4.9	3.8	5.2
All separations per 1,000 population									
Metropolitan	8.8	10.5	13.0	14.3	8.9	15.8	5.4	4.7	10.5
Rural	6.0	5.5	7.7	5.4	4.1	5.6	n.p.	n.p.	6.1
Remote	4.1	3.3	3.0	3.7	8.6	2.3	..	3.8	3.4
Total	8.1	9.3	10.7	11.9	7.7	9.8	5.4	4.2	9.3

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

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

(c) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2000.

n.p. not published.

.. not applicable.

Table 4.7b: Mental health-related separations without specialised psychiatric care, by rural, remote and metropolitan region of usual residence of the patient, by hospital type and State or Territory of usual residence, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Area of usual residence^(a)	Public acute hospitals								
Metropolitan	15,946	15,108	4,495	2,777	2,732	459	218	92	41,827
Rural	8,539	6,478	3,797	2,050	3,862	1,061	n.p.	n.p.	25,800
Remote	642	78	1,507	2,042	301	15	..	200	4,785
Not reported	3	0	0	20	0	0	n.p.	n.p.	1,387
Total	25,130	21,664	9,799	6,889	6,895	1,535	218	315	73,799
	Private hospitals								
Metropolitan	3,912	5,401	3,959	1,821	777	885	47	4	16,806
Rural	1,508	535	1,809	553	145	427	n.p.	n.p.	4,979
Remote	14	3	32	64	1	4	..	5	123
Not reported	2	0	0	5	0	0	n.p.	n.p.	46
Total	5,436	5,939	5,800	2,443	923	1,316	47	11	21,954
	All hospitals^(c)								
Metropolitan	20,367	20,509	8,455	4,598	3,509	1,344	265	96	59,143
Rural	10,058	7,013	5,606	2,603	4,007	1,488	n.p.	n.p.	30,790
Remote	656	81	1,539	2,106	302	19	..	205	4,908
Not reported	5	0	0	25	0	0	n.p.	n.p.	1,544
Total	31,086	27,603	15,600	9,332	7,818	2,851	590	384	96,385
	Age-standardised separation rate^(d)								
Same day separations per 1,000 population									
Metropolitan	1.3	2.5	1.5	1.2	0.8	2.1	0.1	0.2	1.6
Rural	1.4	1.3	0.8	1.1	1.7	1.6	n.p.	n.p.	1.2
Remote	2.5	0.7	1.5	1.8	1.6	2.2	..	0.6	1.6
Total	1.3	2.3	1.3	1.3	1.0	1.8	0.1	0.4	1.5
Overnight separations per 1,000 population									
Metropolitan	2.8	3.1	2.5	2.1	2.3	4.8	0.8	0.9	2.7
Rural	5.4	4.9	3.8	7.2	9.0	3.9	n.p.	n.p.	5.2
Remote	9.8	5.8	6.8	10.6	9.7	4.7	..	1.9	7.7
Total	3.8	3.8	3.5	3.8	4.9	4.7	0.9	1.5	3.8
All separations per 1,000 population									
Metropolitan	4.1	5.6	4.0	3.4	3.1	6.9	0.9	1.1	4.3
Rural	6.8	6.3	4.6	8.3	10.7	5.5	n.p.	n.p.	6.4
Remote	12.3	6.5	8.3	12.2	11.3	6.9	..	2.5	9.2
Total	4.8	5.8	4.4	4.7	5.5	6.1	1.0	1.7	5.0

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

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

(c) Includes 632 separations from NSW public psychiatric hospitals.

(d) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2000.

n.p. not published.

.. not applicable.

Table 4.8: Mental health-related separations by Indigenous status and rural, remote and metropolitan region of area of usual residence, Australia, 2000–01

RRMA category of area of usual residence	Separations			Patient days	Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per separation (overnight)	Median length of stay (overnight)
	Same day	Overnight	Total					
Aboriginal and/or Torres Strait Islander^(b)								
With specialised psychiatric care								
Metropolitan	409	1,667	2,076	36,271	35,702	21.5	21.2	7.0
Rural	135	1,110	1,245	15,952	15,864	14.2	14.2	6.0
Remote	20	462	482	10,711	10,559	23.1	22.8	7.0
Not reported	5	104	109	2,373	2,370	22.8	22.7	6.0
<i>Total</i>	<i>569</i>	<i>3,343</i>	<i>3,912</i>	<i>65,307</i>	<i>64,495</i>	<i>19.4</i>	<i>19.1</i>	<i>6.0</i>
<i>Per 1,000 population^(a)</i>	<i>1.7</i>	<i>9.3</i>	<i>11.1</i>	<i>209.1</i>	<i>206.1</i>	<i>..</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care								
Metropolitan	274	639	913	3,112	..	4.4	..	2.0
Rural	472	1,702	2,174	6,985	..	3.8	..	2.0
Remote	372	1,429	1,801	5,086	..	3.3	..	2.0
Not reported	28	48	76	191	..	3.4	..	3.0
<i>Total</i>	<i>1,146</i>	<i>3,818</i>	<i>4,964</i>	<i>15,374</i>	<i>..</i>	<i>3.7</i>	<i>..</i>	<i>2.0</i>
<i>Per 1,000 population^(a)</i>	<i>2.9</i>	<i>11.1</i>	<i>13.8</i>	<i>68.2</i>	<i>..</i>	<i>..</i>	<i>..</i>	<i>..</i>
Not Aboriginal and/or Torres Strait Islander^(c)								
With specialised psychiatric care								
Metropolitan	70,291	70,971	141,262	1,509,980	1,492,421	20.3	20.0	9.0
Rural	7,127	19,720	26,847	475,723	471,560	23.8	23.6	8.0
Remote	438	902	1,340	15,044	14,833	16.2	16.0	10.0
Not reported	315	2,064	2,379	41,600	41,344	20.0	19.9	6.0
<i>Total</i>	<i>78,171</i>	<i>93,657</i>	<i>171,828</i>	<i>2,042,347</i>	<i>2,020,158</i>	<i>21.0</i>	<i>20.7</i>	<i>9.0</i>
<i>Per 1,000 population^(a)</i>	<i>4.2</i>	<i>5.0</i>	<i>9.1</i>	<i>108.4</i>	<i>107.2</i>	<i>..</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care								
Metropolitan	21,270	35,795	57,065	339,274	..	8.9	..	4.0
Rural	5,208	22,720	27,928	236,142	..	10.2	..	4.0
Remote	494	2,558	3,052	22,119	..	8.5	..	3.0
Not reported	466	973	1,439	4,064	..	3.7	..	2.0
<i>Total</i>	<i>27,438</i>	<i>62,046</i>	<i>89,484</i>	<i>601,599</i>	<i>..</i>	<i>9.3</i>	<i>..</i>	<i>4.0</i>
<i>Per 1,000 population^(a)</i>	<i>1.5</i>	<i>3.3</i>	<i>4.8</i>	<i>31.8</i>	<i>..</i>	<i>..</i>	<i>..</i>	<i>..</i>
Total								
With specialised psychiatric care								
Metropolitan	71,341	74,050	145,391	1,578,032	1,559,617	20.3	20.1	9.0
Rural	7,340	21,328	28,668	502,272	497,917	23.2	23.0	8.0
Remote	461	1,414	1,875	26,337	25,971	18.3	18.0	9.0
Not reported	329	2,224	2,553	44,800	44,537	20.0	19.9	6.0
<i>Total</i>	<i>79,471</i>	<i>99,016</i>	<i>178,487</i>	<i>2,151,441</i>	<i>2,128,042</i>	<i>20.9</i>	<i>20.7</i>	<i>9.0</i>
<i>Per 1,000 population^(a)</i>	<i>4.1</i>	<i>5.2</i>	<i>9.3</i>	<i>112.3</i>	<i>111.1</i>	<i>..</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care								
Metropolitan	21,869	37,274	59,143	350,166	..	8.8	..	4.0
Rural	5,867	24,924	30,791	247,543	..	9.7	..	4.0
Remote	882	4,026	4,908	27,719	..	6.7	..	2.0
Not reported	505	1,039	1,544	4,393	..	3.7	..	2.0
<i>Total</i>	<i>29,123</i>	<i>67,263</i>	<i>96,386</i>	<i>629,821</i>	<i>..</i>	<i>8.9</i>	<i>..</i>	<i>4.0</i>
<i>Per 1,000 population^(a)</i>	<i>1.5</i>	<i>3.5</i>	<i>5.0</i>	<i>32.9</i>	<i>..</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 2000 and the estimated resident population for 30 June 2000.

(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.

Principal diagnoses

This section presents the principal diagnoses recorded for mental health-related separations using various groupings of ICD-10-AM diagnosis codes.

Overview

Table 4.9 describes the number of mental health-related separations in 2000–01 by principal diagnosis in ICD-10-AM chapter groupings. About 96% 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 19.7 days. These separations accounted for 99.5 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 86.3% of all mental health-related separations without specialised psychiatric care. The average length of stay for overnight separations in this category was 8.9 days.

Table 4.10a shows the distribution of mental health-related separations by principal diagnosis using selected lower level groupings of mental health-related diagnoses. In 2000–01, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of specialised care same day separations (17,639 or 22.2% of same day separations with specialised psychiatric care), and *Schizophrenia* (F20) accounted for the highest number of overnight separations (19,192, or 19.4% of overnight separations with specialised psychiatric care). The second largest grouping of principal diagnoses for specialised same day separations was *Reaction to severe stress and adjustment disorders* (F43), reported for 11,045 same day separations (13.9% of same day separations with specialised psychiatric care). Principal diagnoses of *Depressive episode* (F32) had the second largest number of overnight separations with specialised psychiatric care (13,915, or 14.1% 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 634,401 or 29.5% of patient days and 630,680 or 29.6% 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 episode* (F32) (250,787 patient days and 247,587 psychiatric care days).

Table 4.10a 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), *Schizoaffective disorders* (F25), *Bipolar affective disorders* (F31), *Persistent mood disorders* (F34), *Phobic anxiety disorders* (F40), *Obsessive-compulsive disorders* (F42), *Eating disorders* (F50), *Specific personality disorders* (F60) and *Hyperkinetic disorders* (F90) 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 relatively low (19.4%, 28.8% and 26.7% respectively).

For mental health-related separations without specialised psychiatric care, the largest numbers of same day separations and overnight separations were reported for principal diagnoses of *Mental and behavioural disorders due to the use of alcohol* (F10, 5,795 or 19.9% of same day separations and 11,610 or 17.3% of overnight separations) (Table 4.10b). Principal diagnoses of *Depressive episode* (F32) had the second largest number of same day separations (3,795) and overnight separations (7,927 or 11.8%) (Box 4.5). Principal diagnoses of *Dementia* (F00–F03) had the largest number of patient days (156,978 days or 24.9%).

Box 4.5: Data reported for depression as principal diagnoses

The information on principal diagnoses reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 4.1 demonstrates this using Depressive episode (F32–33) as an example.

There were 64,551 separations with a principal diagnosis of Depressive episode (F32–33), with 366,598 psychiatric care days and 459,005 patient days. The average length of stay was 7.11 days and the median length of stay was 1 day. Approximately 47% of separations with this principal diagnosis were in the public sector. The majority of patients (92.6%) had acute care. Over 55.7% of separations were for private patients in comparison to 37.0% overall (AIHW 2002c). Patients with this principal diagnosis who received specialised psychiatric care were mainly voluntary patients (66.5%). A large proportion of patients (88.8%) with this diagnosis had a separation mode of Other, suggesting that these patients went home after separation from the hospital. However, for 3.2% of patients, the separation mode was Discharge/transfer to an(other) acute hospital, in comparison to 3.8% in hospitals overall (AIHW 2002c). The most common diagnosis in addition to a principal diagnosis of depression was Personal history of self-harm (Z91.5), and the most common procedure performed was Electroconvulsive therapy (Block 1907). The most commonly reported AR-DRG was Mental health treatment, sameday, without electroconvulsive therapy (AR-DRG U60Z).

Hospital type

The distribution of mental health-related separations for 2000–01 by principal diagnosis for each hospital type is presented for separations with and without specialised psychiatric care (Tables 4.11a and 4.11b). Approximately 20% of all public acute hospital separations with specialised psychiatric care had a principal diagnosis in the *Schizophrenia* (F20) grouping, which also accounted for approximately 30% of reported public acute hospital patient days and psychiatric care days. Almost 16% of public acute hospital separations with specialised psychiatric care were separations with principal diagnoses of *Depressive episode* (F32), which accounted for 12.5% of public acute hospital patient days and psychiatric care days.

Separations with principal diagnoses of *Depressive episode* (F32) accounted for 21.6% of all private hospital separations with specialised psychiatric care and 22.7% of private hospital patient days and psychiatric care days. Separations with principal diagnoses of *Recurrent depressive disorders* (F33) were the next largest group, accounting for 16.2% of all private hospital specialised separations and 16.7% of private hospital psychiatric care days. Same day separations with principal diagnoses of *Depressive episode* (F32) made up 21.9% of private hospital same day separations with specialised psychiatric care. Same day separations with principal diagnoses of *Recurrent depressive disorders* (F33) and *Reaction to severe stress and adjustment disorders* (F43) made up 16.3% and 16.0% of private hospital same day separations with specialised psychiatric care respectively. For overnight separations with specialised psychiatric care, the corresponding figures were 20.8% for *Depressive episode*, 15.9% for *Recurrent depressive disorders* and 11.3% for *Reaction to severe stress and adjustment disorders*.

About 20% of all public psychiatric hospital separations with specialised psychiatric care and 43.6% 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 (23.8% and 43.5% respectively). Principal diagnoses of *Conduct disorders* (F91) accounted for the largest proportion of specialised same day separations in public psychiatric hospitals (21.2%).

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 (13,804 or 18.7%). The largest number of patient days was attributable to principal diagnoses of *Dementia* (F00–F03), which accounted for 28.6% of mental health-related patient days for separations without specialised psychiatric care in public acute hospitals. In private hospitals, separations with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) made up 15.5% of mental health-related separations without specialised psychiatric care, *Sleep disorders* (G47) made up 13.7%, *Reaction to severe stress and adjustment disorders* (F43) 11.5% and *Depressive episode* (F32) 10.8%. *Dementia* (F00–F03) accounted for the largest proportion of private hospital patient days for mental health-related separations without specialised psychiatric care (14% of all patient days), followed by *Depressive episode* (F32, 13.8% of patient days).

Figures 2.7 and 2.8 (pages 15 and 16) also present data on the mental health-related overnight separations with and without specialised psychiatric care by principal diagnosis for public and private hospitals, respectively.

Age and sex

Tables 4.12a to 4.16 describe the distribution of mental health-related separations by age group, sex and principal diagnosis.

Same day separations for male patients

For male patients, *Reaction to severe stress and adjustment disorders* (F43) was the most frequently recorded principal diagnosis group for separations with specialised psychiatric care, constituting 22.3% of these separations (7,654 separations) (Table 4.12a). The second most frequently recorded grouping for males was *Depressive episode* (F32), which accounted for 20.1% of these separations (6,909). Same day separations of male patients aged under 15 years were concentrated in the principal diagnosis group of *Conduct disorders* (F91, 1,429 separations or 39.9% of these separations for male patients under 15 years).

During 2000–01, there were 14,410 mental health-related same day separations without specialised psychiatric care for male patients (Tables 4.12b). Most separations had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10, 3,486 same day separations), *Reaction to severe stress and adjustment disorders* (F43, 1,674 separations) and *Depressive episode* (F32, 1,557) recorded. Of those separations in the under 15 age group, 1,534 or 71.0% had principal diagnoses of *Sleep disorders* (G47). Over one-third of patients with a principal diagnosis of *Reaction to severe stress and adjustment disorders* (F43) were in the 45–54 age group (653 separations or 39.0%).

Same day separations for female patients

For female patients, Table 4.13a shows that there was a larger proportion of separations with specialised psychiatric care (compared with male patients) with principal diagnoses of *Depressive episode* (F32) (23.8% or 10,730 separations). Principal diagnoses of *Recurrent depressive disorders* (F33) accounted for 7,547 female same day separations with specialised care (16.7%). The principal diagnoses of *Eating disorders* (F50), which were reported for 118 same day separations for male patients, were reported for the third largest number of same day separations for females (9.3% or 4,210 separations with specialised psychiatric care).

During 2000–01, there were 14,712 mental health-related same day separations without specialised psychiatric care for female patients (Table 4.13b). The greatest number of same day separations without specialised psychiatric care for female patients had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10, 2,309 separations) and *Depressive episode* (F32, 2,238 separations).

Overnight separations for male patients

For male patients, principal diagnoses of *Schizophrenia* (F20) constituted 26.4% of male overnight separations with specialised psychiatric care (13,085 separations) (Table 4.14a). The number of male overnight separations with specialised care with principal diagnoses of *Schizophrenia* (F20) was more than double that for female patients. Principal diagnoses of *Depressive episode* (F32) accounted for 11.4% or 5,652 of these separations and *Reaction to severe stress and adjustment disorders* (F43), 11.0% (5,433 separations).

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, 8,201 separations) and *Mental and behavioural disorder due to other psychoactive substances use* (F11–F19, 4,208 separations) (Table 4.14b). Separations with an alcohol use-related principal diagnosis for male patients were concentrated in the 35–44 and 45–54 age groups, but the number of drug use-related separations was largest in the 15–24 and 25–34 age groups.

Overnight separations for female patients

For female patients, principal diagnoses of *Depressive episode* (F32) contributed the largest number of overnight separations with specialised psychiatric care (8,263 or 16.7%), followed by *Schizophrenia* (F20) (6,106 or 12.3%) and *Bipolar affective disorders* (F31, 5,458 or 11.0%) (Table 4.15a). The number of female separations with specialised psychiatric care and principal diagnoses of *Depressive episode* (F32) was 1.5 times greater than the number for male patients. Overnight separations with principal diagnoses of *Depressive episode* (F32) accounted for 13.2% of specialised separations for female patients aged under 15 years. This proportion increased with age to 24.5% of separations for female patients in the age group 65 years and over.

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 (1.8%) to the same extent as it did the female same day separations with specialised psychiatric care (9.3%). The number of separations with principal diagnoses of *Eating disorders* (F50) was largest in the younger age groups. Over half (56.2%) of overnight separations in this category was reported in the 15–24 age group.

Overnight mental health-related separations without specialised psychiatric care were more frequent for female patients, with 35,310 separations, compared with 31,951 separations for male patients (Table 4.14b). Female patients were most likely to have overnight mental health-related separations without specialised psychiatric care for principal diagnoses of *Depressive episode* (F32, 4,956 separations) and *Other anxiety disorders* (F41, 3,771 separations). For these two principal diagnosis groupings, the number of separations was highest in the age group 65 years and over.

Aboriginal and Torres Strait Islander patients

Table 4.16 details the number of separations, patient days and psychiatric care days by principal diagnosis for Aboriginal and Torres Strait Islander people in 2000–01. 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 2000–01* (AIHW 2002c).

Principal diagnoses of *Reaction to severe stress and adjustment disorders* (F43) accounted for the largest proportion (27.9%) of same day specialised separations for Aboriginal and Torres Strait Islander patients. In comparison, separations for all patients with principal diagnoses of *Reaction to severe stress and adjustment disorders* (F43) accounted for 13.9% of same day specialised separations (behind *Depressive episodes* (F32) with 22.2%).

Schizophrenia (F20) accounted for the largest proportion of overnight specialised separations (27.0%), patient days (45.8%) and specialised psychiatric care days (46.1%) for Aboriginal and Torres Strait Islander patients. Separations for all patients with principal diagnoses of *Schizophrenia* (F20) accounted for 19.4% of overnight specialised separations, 29.4% of patient days and 29.6% of specialised psychiatric care days.

For Aboriginal and Torres Strait Islander patients, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 40.9% of mental health-related separations without specialised psychiatric care and 29.4% of patient days for those separations. In comparison, separations for all patients with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 18.1% of mental health-related separations without specialised psychiatric care and 10.4% of patient days.

Mental health legal status

Table 4.17 presents information on separations with specialised psychiatric care by mental health legal status and hospital type. In public acute hospitals, 63.6% of separations involving specialised psychiatric care and principal diagnoses of *Manic episode* (F30) were involuntary. More than half of public acute separations with principal diagnoses in the groups *Schizophrenia* (F20), *Persistent delusional disorders* (F22) and *Acute and transient psychotic disorders* (F23) were involuntary (53.1%, 50.7% and 54.8% respectively).

In private hospitals, principal diagnoses of *Disorders of psychological development* (F80–F89) and *Acute and transient psychotic disorders* (F23) had the highest rates of involuntary status, accounting for 38.1% and 22.0% of private hospital separations with specialised psychiatric care respectively. In public psychiatric hospitals, over half of the separations with specialised psychiatric care were involuntary for the majority of diagnosis groups.

Mental health-related diagnosis comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses (that is, those chiefly responsible for occasioning the episodes of care, see Glossary), or as additional diagnoses. Comorbidity of mental health-related diagnoses in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of a mental health-related disorder.

Table 4.18 summarises separations, patient days and psychiatric care days for separations with either specialised psychiatric care or a mental health-related diagnosis reported as any diagnosis, principal or additional. There were 529,043 separations with either specialised psychiatric care or a mental health-related diagnosis reported as any diagnosis during 2000–01, representing 8.6% of all hospital separations. The patient days for these separations accounted for 23.6% of all hospital patient days (5,293,776 patient days).

These separations comprised 178,487 separations with specialised psychiatric care, 96,388 separations without specialised psychiatric care but with a mental health-related principal diagnosis, and 254,168 separations with a mental health-related additional diagnosis but neither a mental health-related principal diagnosis nor specialised psychiatric care. These separations with a mental health-related additional diagnosis but neither a mental health-related principal diagnosis nor specialised psychiatric care were not included in the definition of a mental health-related separation in this report.

Separations, patient days and psychiatric care days for all separations with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings are reported in Table 4.19. About 94% of separations with a mental health-related additional diagnosis and specialised psychiatric care had a principal diagnosis in the *Mental and behavioural disorders* chapter of ICD-10-AM. The most common principal diagnoses for separations with a mental health-related additional diagnosis and no specialised psychiatric care were *Injury poisoning and certain other consequences of external causes* (S00–T98, 52,069 separations or 17.9%), followed by *Mental and behavioural disorders* (F00–F99, 31,152 or 10.7%), and *Factors influencing health status and contact with health services* (Z00–Z99, 29,607 or 10.2%).

Tables 4.20a and 4.20b show mental health-related separations by the presence of a mental health-related additional diagnosis. Of separations with specialised psychiatric care (Table 4.20a), those with a mental health-related principal diagnosis most likely to have a mental health-related additional diagnosis were *Somatoform and other neurotic disorders* (F45 and F48, 292 separations or 74.7%) and *Dissociative (conversion) disorders* (F44, 784 separations or 71%). Principal diagnoses of *Mental disorders & diseases of the nervous system complicating pregnancy, childbirth & puerperium* (O99.3), which require a mental health-related additional diagnosis, had 105 separations or 96.3% with a mental health-related additional diagnosis.

About 38% of separations with a mental health-related principal diagnosis but no specialised psychiatric care had an accompanying mental health-related additional diagnosis (Table 4.20b).

Psychoactive substances use

Table 4.21 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. Of the 15,677 separations with specialised psychiatric care that had principal diagnoses in the F10–F19 groups, 6,082 separations had one or more additional mental health-related diagnoses. Of these, 1,234 had additional diagnoses of

Depressive episode (F32), 1,204 had additional diagnoses of *Reaction to severe stress and adjustment disorders* (F43) and 1,714 had additional diagnoses of *Specific personality disorders* (F60).

Table 4.22 describes the principal diagnoses of separations with additional diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19). There were 30,198 mental health-related separations with additional but not principal diagnoses related to psychoactive substance use. Of these, 24,064 received specialised psychiatric care. The most common principal diagnosis groups for separations with specialised psychiatric care were *Schizophrenia* (F20, 5,586 separations), *Reaction to severe stress and adjustment disorders* (F43, 4,591 separations) and *Depressive episode* (F32, 3,504 separations). The most common principal diagnosis groups for separations without specialised psychiatric care were *Depressive episode* (F32, 1,333 separations) and *Reaction to severe stress and adjustment disorders* (F43, 1,087 separations).

Figure 2.8 (page 16) also presents the number of overnight separations with a mental health-related principal diagnosis (excluding *Mental and behavioural disorder due to psychoactive substance use* (F10–F19)) and an additional diagnosis of *Mental and behavioural disorder due to psychoactive substance use*, by diagnosis group.

Schizophrenia, schizotypal and delusional disorders

Table 4.23 describes separations with a principal diagnosis of a *Schizophrenia, schizotypal and delusional disorders* (F20–F29) and an additional diagnosis of another mental health-related condition. Of the 35,470 separations with specialised psychiatric care that had principal diagnoses in the F20–F29 group, 12,771 separations had one or more additional mental health-related diagnoses. Of these, 9,273 separations had additional diagnoses of either *Mental and behavioural disorders due to psychoactive substance use* (F10–F19). Of the 6,408 separations without specialised psychiatric care that had principal diagnoses in the F20–F29 group, 1,696 separations had one or more additional mental health-related diagnoses. Of these, 941 separations had additional diagnoses of either *Mental and behavioural disorders due to psychoactive substance use* (F10–F19) and 248 separations had additional diagnoses of *Depressive episode* (F32).

There were 4,253 mental health-related separations with additional but not principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29). Of these, 3,029 received specialised psychiatric care. The most common principal diagnosis groups for separations with specialised psychiatric care were *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19, 496 separations), *Reaction to severe stress and adjustment disorders* (F43, 481 separations) and *Depressive episode* (F32, 455 separations). The most common principal diagnosis groups for separations without specialised psychiatric care were *Mental and behavioural disorders due to use of alcohol* (F10, 213 separations), *Depressive episode* (F32, 201 separations) and *Dementia*, (F00–F03, 185 separations) (Table 4.24).

Mood (affective) disorders

Of the 65,968 separations with specialised psychiatric care and a principal diagnosis of *Mood (affective) disorders* (F30–F39), 29,009 separations had a mental health-related additional diagnosis (Table 4.25). The most common additional diagnoses for separations in this category were *Specific personality disorders* (F60, 3,935 separations), *Mental and behavioural disorders due to use of alcohol* (F10, 5,925 separations), and *Other anxiety disorders* (F41, 3,765

separations). Of the 18,733 separations with a principal diagnosis of *Mood (affective) disorders* (F30–F39) but without specialised psychiatric care, 5,294 had a mental health-related additional diagnosis. *Mental and behavioural disorders due to use of alcohol* (F10, 1,078 separations) was the most common additional diagnosis for these separations.

There were 12,290 separations with specialised psychiatric care and 6,148 separations without specialised psychiatric care that had an additional diagnosis of *Mood (affective) disorders* (F30–F39) and a mental health-related additional diagnosis (Table 4.26). The most common mental health-related principal diagnoses associated with an additional diagnosis of *Mood (affective) disorders* (F30–F39) for separations with specialised psychiatric care were *Reaction to severe stress and adjustment disorders* (F43, 3,518 separations), *Mental and behavioural disorders due to use of alcohol* (F10, 1,556 separations) and *Specific personality disorders* (F60, 1,422 separations). For separations without specialised psychiatric care, the most common mental health-related principal diagnoses associated with an additional diagnosis of *Mood (affective) disorders* (F30–F39) were *Mental and behavioural disorders due to use of alcohol* (F10, 1,654 separations) and *Reaction to severe stress and adjustment disorders* (F43, 1,013 separations).

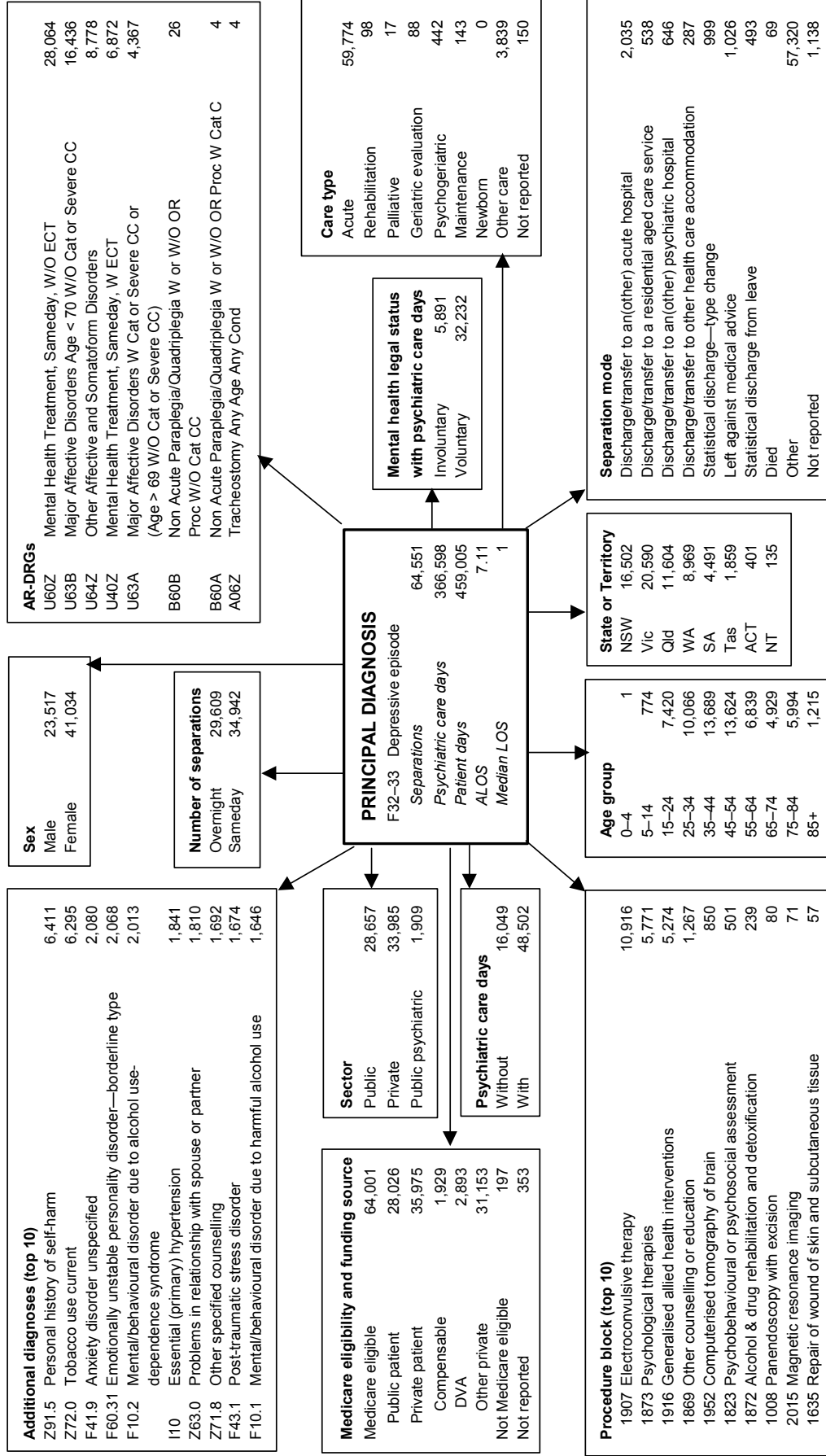
Neurotic, stress-related and somatoform disorders

Table 4.27 describes separations with a principal diagnosis of *Neurotic, stress-related and somatoform disorder* (F40–F49) and an additional diagnosis of another mental health-related condition. Of the 32,374 separations with specialised psychiatric care that had principal diagnoses in the F40 to F49 group, 13,211 separations had one or more additional mental health-related diagnoses. Of these, 5,223 had additional diagnoses of *Specific personality disorders* (F60), 4,300 had additional diagnoses of *Depressive episode* (F32) and 4,220 had additional diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10). Of the 15,615 separations without specialised psychiatric care that had principal diagnoses in the F40 to F49 group, 4,477 separations had one or more additional mental health-related diagnoses. Of these, 1,164 had additional diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10), 1,064 had additional diagnoses of *Depressive episode* (F32) and 615 had additional diagnoses of *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19).

There were 18,862 mental health-related separations with additional but not principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49) (Table 4.28). Of these, 13,968 received specialised psychiatric care. The most common principal diagnosis groups for separations with specialised psychiatric care were *Depressive episode* (F32, 5,203 separations), *Recurrent depressive episode* (F33, 2,131 separations) and *Mental and behavioural disorders due use of alcohol* (F10, 1,310 separations). The most common principal diagnosis groups for separations without specialised psychiatric care were *Depressive episode* (F32, 1,263 separations) and *Mental and behavioural disorders due to use of alcohol* (F10, 1,068 separations).

Separations with an external cause indicating self-harm

Table 4.29 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 5,096 mental health-related separations in this category. Of these, 4,167 or 81.8% received specialised psychiatric care, including 1,470 with principal diagnoses other than those used to define mental health-related principal diagnoses for this report. Just over 73% of these 1,470 separations (1,075 separations) had principal diagnoses of *Poisoning by drugs, medicaments and biological substances* (ICD-10-AM diagnosis codes T36–T50).



Abbreviations: ALOS—average length of stay, W—with, W/O—without, Cat—catastrophic, CC—complication or co-morbidity, OR—Operating room, ECT—Electroconvulsive therapy, Proc—procedures.

Figure 4.1: Data reported for separations with a principal diagnosis of Depressive episode (F32-F33), all hospitals, Australia, 2000-01

Table 4.9: Separations, patient days and psychiatric care days for mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2000-01

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)	Median length of stay (o'night)	Median psychiatric care days per sep (o'night)	
	Same day	Overnight	Total										
With specialised psychiatric care													
A00-B99	Certain infectious and parasitic diseases	0	19	19	<0.01	690	602	36.3	31.7	0.04	0.03	15.0	15.0
C00-D48	Neoplasms	0	26	26	<0.01	753	536	29.0	20.6	0.04	0.03	15.5	8.0
D50-D89	Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	1	8	9	<0.01	77	77	9.5	9.5	<0.01	<0.01	4.5	4.5
E00-E90	Endocrine nutritional and metabolic diseases	2	60	62	<0.01	1,112	891	18.5	14.8	0.06	0.05	12.0	9.5
F00-F99	Mental and behavioural disorders	77,770	93,444	171,214	8.94	1,921,801	1,905,450	19.7	19.6	100.34	99.48	9.0	9.0
G00-G99	Diseases of the nervous system	64	879	943	0.05	49,133	47,795	55.8	54.3	2.57	2.50	26.0	25.0
H00-H59	Diseases of the eye and adnexa	0	8	8	<0.01	162	160	20.3	20.0	<0.01	<0.01	9.5	9.5
H60-H95	Diseases of the ear and mastoid process	0	2	2	<0.01	28	25	14.0	12.5	<0.01	<0.01	14.0	12.5
I00-I99	Diseases of the circulatory system	0	76	76	<0.01	1,883	1,252	24.8	16.5	0.10	0.07	13.0	7.5
J00-J99	Diseases of the respiratory system	1	43	44	<0.01	814	633	18.9	14.7	0.04	0.03	12.0	9.0
K00-K93	Diseases of the digestive system	19	48	67	<0.01	652	475	13.2	9.5	0.03	0.02	11.0	7.0
L00-L99	Diseases of the skin and subcutaneous tissue	6	12	18	<0.01	197	131	15.9	10.4	0.01	<0.01	14.0	7.0
M00-M99	Diseases of the musculoskeletal system and connective tissue	280	65	345	0.02	1,358	1,190	16.6	14.0	0.07	0.06	11.0	8.0
N00-N99	Diseases of the genitourinary system	1	21	22	<0.01	448	298	21.3	14.1	0.02	0.02	17.0	3.0
O00-O99	Pregnancy childbirth and the puerperium	13	109	122	<0.01	1,484	1,396	13.5	12.7	0.08	0.07	8.0	7.0
P00-P96	Certain conditions originating in the perinatal period	0	1	1	<0.01	304	304	304.0	304.0	0.02	0.02	304.0	304.0
Q00-Q99	Congenital malformations deformations and chromosomal abnormalities	1	7	8	<0.01	3,126	3,121	446.4	445.7	0.16	0.16	13.0	13.0
R00-R99	Symptoms signs and abnormal clinical and laboratory findings not elsewhere classified	214	268	482	0.03	4,418	4,293	15.7	15.2	0.23	0.22	6.0	5.0
S00-T98	Injury poisoning and certain other consequences of external causes	201	1,939	2,140	0.11	16,436	14,503	8.4	7.4	0.86	0.76	4.0	3.0
Z00-Z99	Factors influencing health status and contact with health services	878	1,431	2,309	0.12	93,540	91,914					4.0	4.0
	Not reported	20	550	570	0.03	53,025	52,996	64.8	63.6	4.88	4.80	8.0	8.0
Total with specialised psychiatric care		79,471	99,016	178,487	9.32	2,151,441	2,128,042	20.9	20.7	112.32	111.10	9.0	9.0
Without specialised psychiatric care													
F00-F99	Mental and behavioural disorders	25,407	57,814	83,221	4.34	540,636	..	8.9	..	28.23	..	4.0	..
G00-G99	Diseases of the nervous system	2,950	6,761	9,711	0.51	75,010	..	10.7	..	3.92	..	4.0	..
O00-O99	Pregnancy childbirth and the puerperium	363	1,823	2,186	0.11	7,826	..	4.1	..	0.41	..	3.0	..
R00-R99	Symptoms signs and abnormal clinical and laboratory findings not elsewhere classified	203	412	615	0.03	2,499	..	5.6	..	0.13	..	3.0	..
Z00-Z99	Factors influencing health status and contact with health services	200	453	653	0.03	3,850	..	8.1	..	0.20	..	4.0	..
Total without specialised psychiatric care		29,123	67,263	96,386	5.03	629,821	..	8.9	..	32.88	..	4.0	..
Total		108,594	166,279	274,873	14.35	2,781,262	..	16.1	..	145.21	..	6.0	..

(a) Rates are crude rates based on the estimated resident population of Australia as at 30 June 2000

(b) These groupings include selected codes only. See Appendix 3 for a full list of codes included in the definition of a mental health-related diagnosis.

Table 4.10a: Separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2000-01

Principal diagnosis	Separations						Patient days	Psychiatric care days	% patient days ^(b)	Average length of stay (o'night)	Psychiatric care days per sep (o'night)	Median length of stay (o'night)	Median psychiatric care days (o'night)
	Same day	% total ^(a)	Overnight	% total ^(a)	Total	% total ^(a)							
F00-F03 Dementia	167	42.0	1,274	18.1	1,441	19.4	79,352	78,850	33.4	62.2	61.8	22.0	22.0
F04-F09 Other organic mental disorders	332	57.3	1,063	24.9	1,395	28.8	35,278	34,663	43.6	32.9	32.3	7.0	6.0
F10 Mental and behavioural disorders due to use of alcohol	4,523	43.8	4,069	26.0	8,592	33.0	80,122	79,682	54.7	18.6	18.5	1.0	1.0
F11-F19 Mental and behav disorders due to other psychoactive substances use	1,554	45.0	5,531	45.2	7,085	45.2	49,695	49,308	58.1	8.7	8.6	3.0	3.0
F20 Schizophrenia	4,207	75.2	19,192	91.1	23,399	87.8	634,401	630,680	97.0	32.8	32.6	9.0	9.0
F21, F24, Schizotypal and other delusional disorders	387	47.5	1,761	79.9	2,148	71.1	28,023	27,843	91.2	15.7	15.6	6.0	6.0
F28-F29													
F22 Persistent delusional disorders	209	56.2	1,147	76.4	1,356	72.4	20,374	20,241	85.6	17.6	17.5	8.0	8.0
F23 Acute and transient psychotic disorders	210	29.5	1,669	73.1	1,879	62.7	21,972	21,805	85.9	13.0	12.9	7.0	7.0
F25 Schizoaffective disorders	2,180	87.7	4,508	92.9	6,688	91.1	114,275	112,757	95.0	24.9	24.5	6.0	6.0
F30 Manic episode	101	45.5	772	80.2	873	73.7	13,376	13,273	90.6	17.2	17.1	10.0	9.0
F31 Bipolar affective disorders	3,647	81.7	9,469	89.3	13,116	87.0	193,018	191,575	93.3	20.0	19.8	8.0	7.0
F32 Depressive episode	17,639	82.3	13,915	63.7	31,554	72.9	250,787	247,587	78.5	16.8	16.5	1.0	1.0
F33 Recurrent depressive disorders	10,892	80.6	6,056	78.0	16,948	79.7	120,237	119,011	82.9	18.1	17.9	1.0	1.0
F34 Persistent mood (affective) disorders	1,535	91.4	1,440	87.4	2,975	89.4	16,829	16,691	86.9	10.6	10.5	1.0	1.0
F38, F39 Other and unspecified mood (affective) disorders	373	96.6	129	70.1	502	88.1	1,992	1,930	80.1	12.6	12.1	1.0	1.0
F40 Phobic anxiety disorders	1,142	97.5	168	73.0	1,310	93.5	3,488	3,438	86.8	14.0	13.7	1.0	1.0
F41 Other anxiety disorders	5,008	71.7	1,689	24.3	6,697	48.0	29,052	28,843	50.1	14.2	14.1	1.0	1.0
F42 Obsessive-compulsive disorders	763	94.4	356	85.0	1,119	91.2	7,153	7,062	91.2	17.9	17.7	1.0	1.0
F43 Reaction to severe stress and adjustment disorders	11,045	81.3	10,707	74.0	21,752	77.6	97,831	97,060	78.0	8.1	8.0	1.0	1.0
F44 Dissociative (conversion) disorders	590	69.7	515	36.8	1,105	49.2	7,827	7,762	58.7	14.1	13.9	1.0	1.0
F45, F48 Somatoform and other neurotic disorders	210	43.8	181	27.8	391	34.6	2,704	2,425	41.0	13.8	12.2	1.0	1.0
F50 Eating disorders	4,328	97.9	959	55.6	5,287	86.0	33,921	33,523	67.9	30.9	30.4	1.0	1.0
F51-F59 Other behav syndromes associated w phys dist & phys factors	681	54.2	441	15.0	1,122	26.7	7,258	7,212	37.2	14.9	14.8	1.0	1.0
F60 Specific personality disorders	2,342	86.4	4,822	87.5	7,164	87.2	41,808	41,368	88.7	8.2	8.1	2.0	2.0
F61-F69 Disorders of adult personality and behaviour	238	85.6	323	64.2	561	71.8	3,573	3,523	65.6	10.3	10.2	1.0	1.0
F70-F79 Mental retardation	23	25.8	230	72.3	253	62.2	11,151	11,127	90.3	48.4	48.3	6.0	6.0
F80-F89 Disorders of psychological development	233	35.4	165	47.1	398	39.4	3,310	3,283	69.5	18.6	18.5	1.0	1.0
F90 Hyperkinetic disorders	811	97.4	132	74.6	943	93.4	2,659	2,655	92.9	14.0	14.0	1.0	1.0
F91 Conduct disorders	1,876	93.5	513	59.9	2,389	83.4	6,771	6,715	80.4	9.5	9.4	1.0	1.0
F92-F98 Other & unspec disorders w onset childhood adolescence	505	88.4	194	36.9	699	63.7	2,678	2,672	65.5	11.2	11.2	1.0	1.0
F99 Mental disorder not otherwise specified	19	29.7	54	52.9	73	44.0	886	886	78.8	16.1	16.1	2.0	2.0
G30 Alzheimers disease	21	28.0	570	25.2	591	25.3	32,964	32,068	36.0	57.8	56.2	29.0	28.0
G47 Sleep disorders	4	0.1	14	0.3	18	0.2	167	167	0.9	11.6	11.6	1.0	1.0
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	12	3.2	97	5.1	109	4.7	1,332	1,293	14.1	13.6	13.2	6.0	5.0
R44 Other symptoms & signs involving general sensations and perceptions	12	12.5	26	10.4	38	11.0	182	181	10.9	6.5	6.5	1.0	1.0
R45 Symptoms & signs involving emotional state	16	12.0	45	20.1	61	17.1	186	182	17.9	3.8	3.7	1.0	1.0
Other factors related to mental and behavioural disorders ^(c)	577	74.8	683	67.9	1,260	70.9	4,026	4,024	67.7	5.0	5.0	1.0	1.0
Other factors related to substance use ^(d)	5	45.5	3	2.3	8	5.6	25	25	1.3	6.7	6.7	1.0	1.0
Other ^(e)	1,034	100.0	3,584	100.0	4,618	100.0	137,733	131,656	95.6	38.1	36.4	4.0	3.0
Not reported	20	100.0	550	100.0	570	100.0	53,025	52,996	99.9	96.4	96.3	7.0	7.0
Total	79,471	73.2	99,016	59.5	178,487	64.9	2,151,441	2,128,042	77.4	20.9	20.7	1.0	1.0

(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) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5

(e) All other codes not included in the mental health principal diagnosis as listed in Appendix 3

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

Table 4.10b: Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2000-01

Principal diagnosis	Separations							Patient days	% patient days ^(b)	Average length of stay (o'night)	Median length of stay (o'night)
	Same day	% of total ^(a)	Overnight	% of total ^(a)	Total	% of total ^(a)					
F00-F03 Dementia	231	58.0	5,763	81.9	5,994	80.6	156,978	66.4	27.2	12.0	
F04-F09 Other organic mental disorders	247	42.7	3,209	75.1	3,456	71.2	44,137	55.6	13.7	7.0	
F10 Mental and behavioural disorders due to use of alcohol	5795	56.2	11,610	74.0	17,405	67.0	65,475	45.0	5.1	1.0	
F11-F19 Mental and behav disorders due to other psychoactive substances use	1901	55.0	6,697	54.8	8,598	54.8	35,216	41.5	5.0	2.0	
F20 Schizophrenia	1386	24.8	1,865	8.9	3,251	12.2	15,757	2.4	7.7	1.0	
F21, F24, Schizotypal and other delusional disorders	428	52.5	443	20.1	871	28.9	2,514	8.2	4.7	1.0	
F28-F29 Persistent delusional disorders	163	43.8	355	23.6	518	27.6	3,273	13.8	8.8	1.0	
F22 Acute and transient psychotic disorders	501	70.5	615	26.9	1,116	37.3	3,411	13.4	4.7	1.0	
F23 Schizoaffective disorders	305	12.3	347	7.1	652	8.9	4,433	3.7	11.9	1.0	
F30 Manic episode	121	54.5	191	19.8	312	26.3	1,272	8.7	6.0	1.0	
F31 Bipolar affective disorders	815	18.3	1,138	10.7	1,953	13.0	12,386	6.0	10.2	1.0	
F32 Depressive episode	3795	17.7	7,927	36.3	11,722	27.1	64,646	20.5	7.7	2.0	
F33 Recurrent depressive disorders	2616	19.4	1,711	22.0	4,327	20.3	23,335	16.3	12.1	1.0	
F34 Persistent mood (affective) disorders	144	8.6	207	12.6	351	10.6	2,371	12.3	10.8	2.0	
F38, F39 Other and unspecified mood (affective) disorders	13	3.4	55	29.9	68	11.9	416	17.3	7.3	3.0	
F40 Phobic anxiety disorders	29	2.5	62	27.0	91	6.5	472	11.9	7.1	1.0	
F41 Other anxiety disorders	1978	28.3	5,268	75.7	7,246	52.0	28,539	49.6	5.0	2.0	
F42 Obsessive-compulsive disorders	45	5.6	63	15.0	108	8.8	589	7.6	8.6	1.0	
F43 Reaction to severe stress and adjustment disorders	2534	18.7	3,755	26.0	6,289	22.4	26,573	21.4	6.4	1.0	
F44 Dissociative (conversion) disorders	257	30.3	884	63.2	1,141	50.8	5,404	40.8	5.8	2.0	
F45, F48 Somatoform and other neurotic disorders	269	56.2	471	72.2	740	65.4	3,208	54.3	6.2	1.0	
F50 Eating disorders	94	2.1	767	44.4	861	14.0	15,461	31.3	20.0	8.0	
F51-F59 Other behav syndromes associated w phys dist & phys factors	575	45.8	2,503	85.0	3,078	73.3	12,133	62.6	4.6	4.0	
F60 Specific personality disorders	369	13.6	687	12.5	1,056	12.8	4,826	10.3	6.5	1.0	
F61-F69 Disorders of adult personality and behaviour	40	14.4	180	35.8	220	28.2	1,794	33.4	9.7	3.0	
F70-F79 Mental retardation	66	74.2	88	27.7	154	37.8	1,175	9.5	12.6	1.0	
F80-F89 Disorders of psychological development	426	64.6	185	52.9	611	60.6	1,415	29.9	5.3	1.0	
F90 Hyperkinetic disorders	22	2.6	45	25.4	67	6.6	200	7.0	4.0	1.0	
F91 Conduct disorders	131	6.5	343	40.1	474	16.6	1,586	19.0	4.2	1.0	
F92-F98 Other & unspec disorders w onset childhood adolescence	66	11.6	332	63.1	398	36.3	1,402	34.4	4.0	3.0	
F99 Mental disorder not otherwise specified	45	70.3	48	47.1	93	56.0	239	21.2	4.0	1.0	
G30 Alzheimers disease	54	72.0	1,694	74.8	1,748	74.7	56,000	62.9	33.0	12.0	
G47 Sleep disorders	2896	99.9	5,067	99.7	7,963	99.8	19,010	99.1	3.2	1.0	
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	363	96.8	1,823	94.9	2,186	95.3	7,826	85.5	4.1	2.0	
R44 Other symptoms & signs involving general sensations and perceptions	84	87.5	224	89.6	308	89.0	1,480	89.0	6.2	1.0	
R45 Symptoms & signs involving emotional state	117	88.0	179	79.9	296	82.9	832	81.7	4.0	1.0	
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	2	100.0	9	100.0	11	100.0	187	100.0	20.6	9.0	
Other factors related to mental and behavioural disorders ^(c)	194	97.5	323	99.1	517	98.5	1,918	98.7	5.3	1.0	
Other factors related to substance use ^(d)	6	0.6	130	3.5	136	2.9	1,932	1.4	14.8	4.0	
Total	29,123	26.8	67,263	40.5	96,386	35.1	629,821	22.6	8.9	2.0	

(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) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.11a: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia 2000-01

Principal diagnosis	Public acute hospitals						Private hospitals					
	Separations			Patient days			Separations			Patient days		
	Same day	Overnight	Total	Psychiatric care days	Same day	Overnight	Total	Psychiatric care days	Same day	Overnight	Total	
F00-F03	127	800	927	29,714	208	171	37	29,343	4,132	4,132	4,132	
F04-F09	65	676	741	14,283	450	192	258	13,741	3,601	3,601	3,529	
F10	691	1,440	2,131	12,734	5,870	2,116	3,754	12,521	34,122	34,122	33,929	
F11-F19	435	3,100	3,535	21,799	2,560	1,472	1,088	21,488	18,337	18,337	18,264	
F20	1,503	14,612	16,115	291,091	3,813	1,187	2,626	287,552	29,911	29,911	29,865	
F21	111	826	937	13,661	231	136	95	13,535	2,393	2,393	2,386	
F22	91	1,322	1,413	16,571	255	137	118	16,408	2,100	2,100	2,096	
F23	625	3,052	3,677	67,400	666	666	1,541	66,729	13,419	13,419	13,419	
F24, F25	167	1,276	1,443	16,966	188	83	105	16,808	1,588	1,588	1,566	
F28-F29												
F30	25	544	569	8,413	172	99	73	8,311	1,835	1,835	1,834	
F31	974	6,191	7,165	114,242	4,466	1,881	2,585	113,044	36,875	36,875	36,630	
F32	5,005	8,073	13,078	122,183	12,200	4,666	7,534	119,531	102,961	102,961	102,451	
F33	1,623	2,346	3,969	41,314	9,113	3,569	5,544	40,317	75,603	75,603	75,374	
F34	635	927	1,562	8,049	857	319	538	7,934	6,345	6,345	6,322	
F38, F39	31	85	116	906	379	94	342	845	1,024	1,024	1,023	
F40	157	54	211	778	97	34	926	768	2,390	2,390	2,350	
F41	853	676	1,529	7,606	4,083	936	5,019	7,412	20,313	20,313	20,298	
F42	182	176	358	2,791	524	158	682	2,734	3,626	3,626	3,592	
F43	2,006	6,597	8,603	40,690	8,917	2,534	11,451	40,166	46,355	46,355	46,112	
F44	56	212	268	2,440	787	256	1,043	2,389	4,855	4,855	4,841	
F45, F48	141	107	248	1,418	69	60	129	1,173	1,057	1,057	1,023	
F50	1,167	496	1,663	15,617	441	60	501	15,292	17,753	17,753	17,680	
F51-F59	57	217	274	2,436	623	203	826	2,395	4,475	4,475	4,470	
F60	1,154	3,559	4,713	24,120	1,137	418	1,555	23,732	7,143	7,143	7,092	
F61-F69	54	194	248	1,600	184	74	258	1,570	1,415	1,415	1,395	
F70-F79	13	140	153	1,811	6	7	13	1,787	80	80	80	
F80-F89	125	122	247	2,003	7	14	21	1,976	333	333	333	
F90	549	92	641	1,867	15	18	33	1,863	289	289	289	
F91	1,032	409	1,441	4,659	184	31	215	4,603	935	935	935	
F92-F98	278	150	428	1,908	115	16	131	1,902	277	277	277	
F99	9	52	61	841	8	1	9	841	40	40	40	
G30	1	389	390	17,150	20	73	93	16,601	2,044	2,044	2,041	
G47	0	5	5	130	4	9	13	130	37	37	37	
O99.3	3	88	91	1,249	8	7	15	1,210	77	77	77	
R44	5	22	27	135	0	3	3	134	35	35	35	
R45	11	39	50	142	4	5	9	138	42	42	42	
Other factors related to mental and behavioural disorders ^(a)	186	349	535	2,233	14	6	20	2,231	108	108	108	
Other factors related to substance use ^(b)	0	1	1	2	5	2	7	2	23	23	23	
Other ^(c)	390	2,813	3,203	60,191	466	356	822	55,952	6,086	6,086	5,538	
Not reported	15	99	114	3,363	0	8	8	3,336	94	94	94	
Total	20,552	62,328	82,880	976,506	55,803	22,461	78,264	958,444	451,192	451,192	451,622	

(continued)

Table 4.11a (continued): Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia 2000–01

Principal diagnosis	Public psychiatric hospitals						All hospitals					
	Separations			Patient days	Psychiatric care days	Total	Separations			Patient days	Psychiatric care days	Total
	Same day	Overnight	Total				Same day	Overnight	Total			
F00–F03	3	303	306	45,506	45,375	1,141	167	1,274	1,441	79,352	78,850	
F04–F09	9	195	204	17,394	17,393	1,063	332	1,063	1,395	35,278	34,663	
F10	78	513	591	33,232	33,232	4,069	8,592	4,069	8,592	80,122	79,682	
F11–F19	31	959	990	9,559	9,556	5,531	1,554	5,531	7,085	49,695	49,308	
F20	78	3,393	3,471	313,399	313,263	4,207	19,192	19,192	23,399	634,401	630,680	
F22	3	185	188	4,320	4,320	1,147	209	1,147	1,356	20,374	20,241	
F23	1	210	211	3,301	3,301	1,669	210	1,669	1,879	21,972	21,805	
F25	14	790	804	33,392	32,609	4,508	2,180	4,508	6,688	114,275	112,757	
F21, F24, F28–F29	115	402	517	9,469	9,469	387	1,761	387	2,148	28,023	27,843	
F30	3	129	132	3,128	3,128	772	101	772	873	13,376	13,273	
F31	88	1,397	1,485	41,901	41,901	3,647	9,469	3,647	13,116	193,018	191,575	
F32	434	1,176	1,610	25,643	25,605	17,639	13,915	13,915	31,554	250,787	247,587	
F33	156	141	297	3,320	3,320	10,892	6,056	6,056	16,948	120,237	119,011	
F34	43	194	237	2,435	2,435	1,440	1,535	1,440	2,975	16,829	16,691	
F38, F39	0	7	7	62	62	373	129	373	502	1,992	1,930	
F40	59	20	79	320	320	1,142	168	1,142	1,310	3,488	3,438	
F41	72	77	149	1,133	1,133	5,008	1,689	1,689	6,697	29,052	28,843	
F42	57	22	79	736	736	763	356	763	1,119	7,153	7,062	
F43	122	1,576	1,698	10,786	10,782	11,045	10,707	10,707	21,752	97,831	97,060	
F44	3	47	50	532	532	515	590	515	1,105	7,827	7,762	
F45, F48	0	14	14	229	229	210	181	210	391	2,704	2,425	
F50	0	22	22	551	551	4,328	959	4,328	5,287	33,921	33,523	
F51–F59	1	21	22	347	347	681	441	681	1,122	7,258	7,212	
F60	51	845	896	10,545	10,544	2,342	4,822	4,822	7,164	41,368	41,368	
F61–F69	0	55	55	558	558	238	323	238	561	3,573	3,523	
F70–F79	4	83	87	9,260	9,260	23	230	23	253	11,151	11,127	
F80–F89	101	29	130	974	974	165	398	165	398	3,310	3,283	
F90	247	22	269	503	503	132	811	132	943	2,659	2,655	
F91	660	73	733	1,177	1,177	1,876	513	1,876	2,389	6,771	6,715	
F92–F98	112	28	140	493	493	505	194	505	699	2,678	2,672	
F99	2	1	3	5	5	19	54	19	73	886	886	
G30	0	108	108	13,770	13,426	21	570	21	591	32,964	32,068	
G47	0	0	0	0	0	4	14	4	18	167	167	
O99.3	1	2	3	6	6	12	97	12	109	1,332	1,293	
R44	7	1	8	12	12	26	38	26	38	182	181	
R45	1	1	2	2	2	16	45	16	61	186	182	
	377	328	705	1,685	1,685	577	683	577	1,260	4,026	4,024	
Other factors related to mental and behavioural disorders ^(a)	0	0	0	0	0	5	3	5	8	25	25	
Other factors related to substance use ^(b)	178	415	593	71,456	70,166	1,034	3,584	1,034	4,618	137,733	131,656	
Other ^(c)	5	443	448	49,568	49,566	20	550	20	570	53,025	52,996	
Total	3,116	14,227	17,343	720,743	717,976	79,471	99,016	79,471	178,487	2,151,441	2,128,042	

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.11b: 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, 2000–01

Principal diagnosis	Public acute hospitals						Private hospitals						All hospitals					
	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days		
F00–F03	220	4,613	4,833	135,709	11	1,150	1,161	21,269	231	5,763	5,994	156,978						
F04–F09	236	2,653	2,889	37,418	11	556	567	6,719	247	3,209	3,456	44,137						
F10	3,783	10,021	13,804	47,022	2,006	1,386	3,392	17,104	5,795	11,610	17,405	65,475						
F11–F19	1,388	5,498	6,886	26,552	483	825	1,308	7,118	1,901	6,697	8,598	35,216						
F20	1,250	1,741	2,991	13,650	136	123	259	2,103	1,386	1,865	3,251	15,757						
F21, F24, F28–F29	419	423	842	2,399	9	20	29	115	428	443	871	2,514						
F22	163	302	465	2,511	0	53	53	762	163	355	518	3,273						
F23	498	573	1,071	3,001	3	42	45	410	501	615	1,116	3,411						
F25	255	262	517	2,929	50	83	133	1,394	305	347	652	4,433						
F30	116	165	281	994	5	26	31	278	121	191	312	1,272						
F31	600	924	1,524	8,517	214	214	428	3,868	815	1,138	1,953	12,386						
F32	3,003	6,347	9,350	43,676	791	1,580	2,371	20,969	3,795	7,927	11,722	64,646						
F33	1,179	1,081	2,260	9,858	1,436	630	2,066	13,476	2,616	1,711	4,327	23,335						
F34	45	103	148	707	99	104	203	1,664	144	207	351	2,371						
F38, F39	11	40	51	197	2	15	17	219	13	55	68	416						
F40	12	40	52	284	17	22	39	188	29	62	91	472						
F41	1,419	4,078	5,497	18,071	559	1,190	1,749	10,468	1,978	5,268	7,246	28,539						
F42	14	42	56	330	31	21	52	259	45	63	108	589						
F43	984	2,771	3,755	9,961	1,550	983	2,533	16,608	2,534	3,755	6,289	26,573						
F44	190	771	961	4,311	67	113	180	1,093	257	884	1,141	5,404						
F45, F48	180	352	532	2,191	89	119	208	1,017	269	471	740	3,208						
F50	87	644	731	12,821	7	122	129	2,622	94	767	861	15,461						
F51–F59	177	2,084	2,261	9,437	398	419	817	2,696	575	2,503	3,078	12,133						
F60	344	645	989	4,301	25	42	67	525	369	687	1,056	4,826						
F61–F69	35	95	130	868	5	85	90	926	40	180	220	1,794						
F70–F79	63	83	146	1,146	3	5	8	29	66	88	154	1,175						
F80–F89	314	103	417	830	112	82	194	585	426	185	611	1,415						
F90	21	41	62	174	1	4	5	26	22	45	67	200						
F91	125	315	440	1,478	6	28	34	108	131	343	474	1,586						
F92–F98	64	319	383	1,333	2	13	15	69	66	332	398	1,402						
F99	44	45	89	207	1	3	4	32	45	48	93	239						
G30	49	1,355	1,404	48,260	5	339	344	7,740	54	1,694	1,748	56,000						
G47	1,469	3,491	4,960	12,274	1,427	1,576	3,003	6,736	2,896	5,067	7,963	19,010						
O99.3	328	1,620	1,948	6,843	35	203	238	983	363	1,823	2,186	7,826						
R44	83	172	255	1,002	2	52	53	478	84	224	308	1,480						
R48	1	3	4	32	1	6	7	155	2	9	11	187						
	138	289	427	1,714	56	23	79	162	194	323	517	1,918						
	6	121	127	617	0	9	9	1,315	6	130	136	1,932						
Total	19,428	54,372	73,800	474,256	9,656	12,298	21,954	152,489	29,123	67,263	96,386	629,821						

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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 4.12a: Same day separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2000–01

Principal diagnosis	Under 15 years					65 and over	Total
	15–24	25–34	35–44	45–54	55–64		
F00–F03	0	1	0	0	0	0	158
F04–F09	16	3	22	18	44	4	135
F10	0	112	236	477	922	529	2,574
F11–F19	3	505	280	146	65	10	1,017
F20	1	357	503	406	428	145	1,950
F21, F24, F28–F29	17	140	54	19	23	0	254
F22	0	18	33	11	3	1	143
F23	1	46	45	25	2	0	120
F25	0	73	116	145	117	17	506
F30	0	0	19	2	2	4	33
F31	59	206	153	176	213	166	1,126
F32	236	858	746	1,585	1,313	888	6,909
F33	16	609	369	420	831	312	3,345
F34	40	74	164	86	74	17	563
F38, F39	0	2	20	19	37	7	98
F40	0	207	59	58	44	33	439
F41	95	298	211	316	367	191	2,019
F42	80	118	91	62	44	24	423
F43	17	301	708	959	3,615	1,695	7,654
F44	0	16	1	3	3	2	25
F45, F48	4	32	12	0	12	0	115
F50	13	39	9	55	1	1	118
F51–F59	0	1	1	1	4	2	30
F60	5	63	178	88	72	19	619
F61–F69	0	18	32	22	7	11	90
F70–F79	0	3	6	2	1	0	12
F80–F89	184	2	3	4	0	0	194
F90	600	15	0	1	0	0	616
F91	1,429	213	2	2	1	0	1,647
F92–F98	316	63	0	0	15	0	394
F99	0	0	1	3	2	2	10
G30	0	0	0	0	0	0	3
G47	1	0	0	0	0	0	1
R44	0	0	1	1	0	0	2
R45	0	2	7	3	0	0	12
Other factors related to mental and behavioural disorders ^(a)	447	20	25	14	17	3	529
Other ^(b)	3	62	128	185	49	12	468
Not reported	0	0	1	0	2	0	6
Total	3,583	4,477	4,236	5,314	8,330	4,095	4,331
							34,366

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.12b: 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, 2000-01

Principal diagnosis	Under 15 years					65 and over					Total	
	15-24	25-34	35-44	45-54	55-64	15-24	25-34	35-44	45-54	55-64		
F00-F03	0	0	1	2	9	0	0	1	2	9	107	119
F04-F09	7	24	14	4	12	7	25	14	4	12	51	137
F10	69	607	788	789	466	69	559	788	789	466	208	3,486
F11-F19	8	473	149	37	5	8	459	149	37	5	5	1,136
F20	0	201	234	133	31	0	322	234	133	31	31	952
F21, F24, F28-F29	1	77	42	15	7	1	96	42	15	7	5	243
F22	1	16	26	7	8	1	23	26	7	8	7	88
F23	0	75	57	22	8	0	123	57	22	8	6	291
F25	0	9	27	10	4	0	39	27	10	4	5	94
F30	0	12	17	6	9	0	12	17	6	9	8	64
F31	0	22	67	50	58	0	83	67	50	58	13	293
F32	4	202	290	320	166	4	292	290	320	166	283	1,557
F33	0	36	107	232	221	0	62	107	232	221	126	784
F34	4	1	16	6	2	4	14	16	6	2	0	43
F38, F39	0	1	2	2	0	0	0	2	2	0	0	5
F40	0	0	1	2	0	0	13	1	2	0	1	17
F41	5	57	139	126	65	5	117	139	126	65	145	654
F42	0	4	1	1	0	0	1	1	1	0	0	7
F43	7	91	214	653	351	7	213	214	653	351	145	1,674
F44	2	14	13	9	2	2	10	13	9	2	10	60
F45, F48	15	18	18	14	6	15	25	18	14	6	13	109
F50	1	2	2	0	0	1	4	2	0	0	1	10
F51-F59	38	6	4	5	5	38	9	4	5	5	5	72
F60	1	47	32	19	2	1	46	32	19	2	3	150
F61-F69	2	4	3	6	0	2	5	3	6	0	1	21
F70-F79	23	2	3	1	1	23	3	3	1	1	0	33
F80-F89	312	9	0	0	0	312	1	0	0	0	0	322
F90	18	1	0	1	0	18	0	0	1	0	0	20
F91	44	17	3	0	1	44	11	3	0	1	4	80
F92-F98	36	2	1	0	0	36	1	1	0	0	1	41
F99	0	4	9	7	1	0	6	9	7	1	1	28
G30	0	0	0	0	1	0	0	0	0	1	21	22
G47	1,534	6	39	1	2	1,534	13	39	1	2	4	1,599
R44	4	11	9	4	2	4	17	9	4	2	3	50
R45	11	15	13	5	0	11	15	13	5	0	11	70
R48	0	0	0	0	0	0	1	0	0	0	0	1
	13	18	10	7	2	13	22	10	7	2	3	75
	0	0	1	0	0	0	1	1	0	0	1	3
Total	2,160	2,084	2,352	2,496	1,447	2,160	2,643	2,352	2,496	1,447	1,228	14,410

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.13a: Same day separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2000-01

Principal diagnosis	Under 15 years					65 and over	Total
	15-24	25-34	35-44	45-54	55-64		
F00-F03	0	0	0	0	0	9	9
F04-F09	0	13	22	33	3	17	197
F10	1	88	479	719	322	170	1,949
F11-F19	2	157	129	35	35	0	537
F20	1	298	624	431	260	266	2,257
F21, F24, F28-F29	0	53	7	9	17	1	133
F22	0	2	7	12	5	6	66
F23	0	45	2	7	8	19	90
F25	0	96	327	350	334	173	1,674
F30	0	8	21	26	2	3	68
F31	0	253	436	607	298	371	2,521
F32	144	1,636	2,021	2,674	1,120	1,039	10,730
F33	58	579	1,878	1,777	983	1,389	7,547
F34	16	194	304	182	104	52	972
F38, F39	8	37	81	73	54	0	275
F40	114	71	189	67	10	71	703
F41	8	284	764	879	247	243	2,989
F42	25	63	58	60	17	0	340
F43	33	585	872	711	288	100	3,391
F44	0	34	161	132	34	1	565
F45, F48	1	1	1	1	0	83	95
F50	69	2,396	276	188	0	1	4,210
F51-F59	0	11	151	13	0	0	642
F60	21	327	518	367	44	4	1,723
F61-F69	0	37	9	17	24	14	148
F70-F79	0	2	1	1	1	0	11
F80-F89	37	2	0	0	0	0	39
F90	194	1	0	0	0	0	195
F91	173	56	0	0	0	0	229
F92-F98	81	18	0	11	0	0	111
F99	0	4	1	2	0	0	9
G30	0	0	0	0	0	18	18
G47	0	0	0	0	0	0	3
O99.3	0	1	1	0	0	0	12
R44	0	9	0	0	0	1	10
R45	2	0	2	0	0	0	4
	12	10	10	4	0	0	48
	0	0	5	0	0	0	5
	15	141	121	73	36	86	566
Other ^(c)	0	3	1	0	4	6	14
Not reported	0	0	1	0	0	0	1
Total	1,015	7,517	9,173	9,461	4,250	4,143	45,105

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.13b: 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, 2000-01

Principal diagnosis	Under 15 years					65 and over	Total
	15-24	25-34	35-44	45-54	55-64		
F00-F03	0	0	2	1	5	104	112
F04-F09	3	15	14	8	11	54	110
F10	69	507	475	516	226	167	2,309
F11-F19	4	287	107	45	13	5	765
F20	0	40	86	104	25	43	434
F21, F24, F28-F29	1	41	45	21	10	11	185
F22	0	5	14	8	10	15	75
F23	2	46	52	43	8	9	210
F25	0	9	33	37	36	25	211
F30	0	13	12	10	2	2	57
F31	0	25	107	118	79	101	522
F32	17	245	380	368	246	516	2,238
F33	0	44	200	746	108	308	1,832
F34	1	13	37	19	8	3	101
F38, F39	0	3	3	2	0	0	8
F40	0	1	2	2	0	1	12
F41	11	104	265	277	119	193	1,324
F42	1	1	3	1	0	6	38
F43	13	126	169	168	46	37	860
F44	6	32	43	62	4	13	197
F45, F48	4	17	36	31	29	26	160
F50	6	38	10	2	1	5	84
F51-F59	27	36	144	1	0	1	503
F60	4	67	49	17	17	8	219
F61-F69	2	2	3	5	0	0	18
F70-F79	10	2	7	3	2	0	33
F80-F89	100	3	1	0	0	0	104
F90	2	0	0	0	0	0	2
F91	30	9	3	3	0	3	51
F92-F98	21	4	0	0	0	0	25
F99	2	3	3	2	0	0	17
G30	0	0	0	0	2	30	32
G47	1,257	4	15	2	2	4	1,297
O99.3	0	125	192	46	0	0	363
R44	3	7	8	2	3	7	34
R45	8	8	12	5	4	4	47
R48	0	0	0	0	1	0	1
Other factors related to mental and behavioural disorders ^(a)	10	25	20	6	0	3	119
Other factors related to substance use ^(b)	0	1	2	0	0	0	3
Total	1,614	1,908	2,739	2,635	1,017	1,704	14,712

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.14a: Overnight separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2000–01

Principal diagnosis	Under 15 years					65 and over	Total
	15–24	25–34	35–44	45–54	55–64		
F00–F03	0	1	2	18	40	561	625
F04–F09	0	62	124	86	67	134	593
F10	1	184	453	705	369	233	2,625
F11–F19	8	1,559	1,451	115	16	12	3,719
F20	7	3,224	4,822	1,405	498	296	13,085
F21, F24, F28–F29	14	434	349	152	46	35	1,048
F22	0	103	175	136	77	70	598
F23	6	337	280	135	49	13	841
F25	1	338	713	526	271	59	2,021
F30	0	99	109	72	43	41	385
F31	8	660	1,070	915	621	351	4,011
F32	62	687	1,073	1,262	567	890	5,652
F33	1	128	223	315	413	429	1,762
F34	5	107	157	166	90	19	569
F38, F39	1	12	14	12	2	0	52
F40	0	16	15	10	5	5	53
F41	42	78	126	122	89	81	610
F42	14	36	45	38	17	0	160
F43	108	935	1,427	1,189	434	188	5,433
F44	8	17	12	12	9	8	75
F45, F48	4	13	7	16	14	6	63
F50	28	20	6	4	1	1	60
F51–F59	0	4	10	3	8	1	31
F60	5	354	654	320	120	25	1,498
F61–F69	1	54	76	41	21	5	209
F70–F79	2	26	30	26	28	7	124
F80–F89	43	64	14	12	4	1	139
F90	93	15	6	1	0	0	115
F91	220	86	18	8	3	7	343
F92–F98	95	20	7	2	4	0	128
F99	0	4	6	5	5	3	24
G30	0	0	0	0	10	20	282
G47	0	1	1	0	2	1	7
R44	1	6	4	2	2	1	16
R45	0	10	7	10	0	5	34
	152	31	50	65	22	3	329
	0	0	1	0	1	0	2
	29	289	464	408	235	267	1,830
	1	92	87	76	42	21	342
Total	960	10,106	14,088	10,254	6,856	4,028	49,493

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.14b: Overnight mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2000-01

Principal diagnosis	Under 15 years					65 and over					Total
	15-24	25-34	35-44	45-54	55-64	65 and over					
F00-F03	1	0	4	11	73	2,429	2,520				
F04-F09	22	57	68	68	93	1,028	1,396				
F10	96	475	2,326	2,127	1,093	788	8,201				
F11-F19	21	1,308	867	210	31	39	4,208				
F20	1	216	245	121	57	46	1,101				
F21, F24, F28-F29	5	62	30	18	13	27	216				
F22	1	20	20	16	11	53	151				
F23	5	90	66	24	8	36	315				
F25	0	17	48	17	5	6	135				
F30	1	21	11	11	10	17	80				
F31	1	40	88	88	48	64	401				
F32	38	291	629	457	289	767	2,971				
F33	4	39	127	113	53	129	537				
F34	1	7	15	10	7	12	62				
F38, F39	1	4	2	3	3	4	22				
F40	2	1	3	3	3	1	16				
F41	18	105	241	234	215	471	1,497				
F42	2	1	3	6	2	10	29				
F43	27	157	342	477	228	104	1,797				
F44	33	47	43	37	22	83	298				
F45, F48	26	22	23	13	18	30	154				
F50	6	16	5	7	5	4	58				
F51-F59	910	6	18	6	20	27	1,000				
F60	2	53	51	23	5	10	224				
F61-F69	6	8	24	7	7	11	86				
F70-F79	2	6	10	4	4	1	31				
F80-F89	119	9	1	1	1	2	133				
F90	34	3	0	1	0	0	38				
F91	131	19	17	5	9	15	205				
F92-F98	178	11	2	1	1	0	194				
F99	0	12	4	1	2	1	30				
G30	0	0	0	1	27	649	677				
G47	2,272	18	92	110	93	101	2,736				
R44	7	10	5	10	10	49	111				
R45	22	10	21	7	1	24	101				
R48	0	0	0	1	0	5	6				
Other factors related to mental and behavioural disorders ^(a)	39	29	14	3	2	12	131				
Other factors related to substance use ^(b)	0	15	20	14	4	6	83				
Total	4,034	3,205	5,480	4,266	2,473	7,061	31,951				

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.15a: Overnight separations with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2000–01

Principal diagnosis	Under 15 years					65 and over					Total	
	15–24	25–34	35–44	45–54	55–64	15–24	25–34	35–44	45–54	55–64		
F00–F03	0	0	2	12	39	0	2	1	12	39	595	649
F04–F09	5	27	55	62	42	5	27	71	62	42	208	470
F10	1	93	286	390	178	1	93	408	390	178	88	1,444
F11–F19	11	746	646	80	31	11	746	279	80	31	19	1,812
F20	6	1,069	1,529	1,049	540	6	1,069	1,378	1,049	540	535	6,106
F21, F24, F28–F29	7	212	220	85	20	7	212	128	85	20	41	713
F22	0	34	89	105	72	0	34	119	105	72	130	549
F23	13	175	274	95	35	13	175	197	95	35	39	828
F25	4	277	630	468	215	4	277	639	468	215	215	2,487
F30	1	72	88	69	31	1	72	80	69	31	46	387
F31	5	502	1,166	1,076	667	5	502	1,327	1,076	667	715	5,458
F32	100	1,143	1,641	1,406	659	100	1,143	1,763	1,406	659	1,551	8,263
F33	6	287	503	940	499	6	287	967	940	499	1,092	4,294
F34	14	207	241	155	42	14	207	176	155	42	36	871
F38, F39	1	10	12	18	7	1	10	15	18	7	14	77
F40	2	29	24	14	5	2	29	24	14	5	17	115
F41	25	103	167	214	132	25	103	212	214	132	226	1,079
F42	15	44	43	30	15	15	44	39	30	15	10	196
F43	159	1,282	1,518	674	208	159	1,282	1,293	674	208	140	5,274
F44	11	50	122	98	25	11	50	127	98	25	7	440
F45, F48	11	12	18	17	13	11	12	26	17	13	21	118
F50	64	505	210	25	6	64	505	83	25	6	6	899
F51–F59	3	54	258	6	2	3	54	87	6	2	0	410
F60	18	933	1,126	331	44	18	933	829	331	44	43	3,324
F61–F69	0	25	25	18	6	0	25	39	18	6	1	114
F70–F79	4	27	25	17	13	4	27	15	17	13	5	106
F80–F89	6	6	7	1	1	6	6	5	1	1	0	26
F90	8	8	0	0	1	8	8	0	0	1	0	17
F91	70	75	10	6	0	70	75	6	6	0	3	170
F92–F98	36	27	2	1	0	36	27	1	1	0	0	66
F99	1	8	10	2	2	1	8	3	2	2	4	30
G30	0	0	0	7	20	0	0	0	7	20	261	288
G47	1	0	3	1	0	1	0	2	1	0	0	7
O99.3	0	24	49	1	0	0	24	23	1	0	0	97
R44	0	4	1	0	0	0	4	2	0	0	3	10
R45	0	6	3	1	0	0	6	1	1	0	0	11
	113	34	80	25	5	113	34	95	25	5	2	354
	0	0	0	0	1	0	0	0	0	1	0	1
	34	309	382	267	101	34	309	414	267	101	247	1,754
Not reported	1	48	57	22	17	1	48	43	22	17	20	208
Total	756	8,467	11,522	7,787	3,733	756	8,467	10,917	7,787	3,733	6,340	49,522

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.15b: Overnight mental health-related separations without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2000-01

Principal diagnosis	Under 15 years					65 and over	Total
	15-24	25-34	35-44	45-54	55-64		
F00-F03	0	1	2	12	50	3,177	3,243
F04-F09	13	21	27	53	85	1,568	1,813
F10	106	383	594	755	353	263	3,408
F11-F19	20	825	873	156	58	74	2,489
F20	3	92	160	143	61	158	764
F21, F24, F28-F29	10	32	57	25	18	53	226
F22	1	6	21	16	11	133	204
F23	4	46	56	49	31	61	300
F25	0	14	45	49	40	18	212
F30	0	5	17	19	16	30	111
F31	3	59	129	129	98	161	737
F32	80	562	921	679	362	1,314	4,956
F33	9	74	180	244	113	234	1,174
F34	0	24	37	24	14	17	145
F38, F39	1	3	4	6	2	7	33
F40	4	4	10	7	2	12	46
F41	30	229	657	508	366	1,371	3,771
F42	2	7	8	3	4	3	34
F43	32	294	732	221	99	131	1,958
F44	48	118	110	72	46	96	586
F45, F48	30	36	36	51	40	74	317
F50	186	355	74	17	5	21	709
F51-F59	652	151	514	10	1	14	1,503
F60	8	120	142	45	16	23	463
F61-F69	2	8	24	16	14	8	94
F70-F79	6	5	18	4	2	8	57
F80-F89	36	1	1	2	1	7	52
F90	5	0	1	0	0	0	7
F91	93	9	7	5	1	21	138
F92-F98	130	5	2	0	0	0	138
F99	1	3	2	2	2	4	18
G30	0	0	0	7	30	979	1,017
G47	1,604	55	319	71	50	67	2,331
O99.3	1	626	961	2	0	0	1,823
R44	6	6	13	6	3	72	113
R45	15	8	6	7	9	25	78
R48	0	0	0	0	0	3	3
	42	73	47	14	4	10	192
	0	11	5	13	0	8	47
Total	3,183	4,274	6,812	3,429	2,005	10,225	35,310

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.16: Mental health-related separations reported for Aboriginal and Torres Strait Islander patients, by principal diagnosis in ICD-10-AM groupings, Australia, 2000–01

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	0	10	10	1,180	1,180	0	3	55	1,025	
F04–F09	2	42	44	3,983	3,966	6	45	51	312	
F10	51	194	245	1,929	1,906	546	1,486	2,032	4,521	
F11–F19	18	348	366	3,182	3,130	81	374	455	1,533	
F20	42	902	944	29,941	29,724	68	235	303	1,006	
F21, F24, F28–F29	2	114	116	1,422	1,397	29	38	67	112	
F22	3	28	31	335	334	9	15	24	52	
F23	2	81	83	880	878	52	85	137	293	
F25	16	151	167	4,085	3,812	5	16	21	71	
F30	0	19	19	354	354	4	5	9	14	
F31	14	218	232	3,697	3,672	9	40	49	181	
F32	89	287	376	3,335	3,304	104	496	600	2,351	
F33	25	46	71	755	755	10	56	66	282	
F34	5	29	34	151	151	1	5	6	43	
F38, F39	10	3	13	24	24	1	5	6	37	
F40	0	5	5	94	92	0	0	0	0	
F41	1	15	16	201	201	48	225	273	812	
F42	0	2	2	68	68	0	1	1	4	
F43	159	428	587	2,576	2,568	57	206	263	567	
F44	2	0	2	2	2	10	27	37	90	
F45, F48	0	4	4	65	65	6	13	19	32	
F50	0	0	0	0	0	3	6	9	28	
F51–F59	0	11	11	117	117	10	45	55	167	
F60	37	130	167	792	791	16	35	51	170	
F61–F69	0	12	12	146	145	4	4	8	63	
F70–F79	0	7	7	70	70	4	2	6	30	
F80–F89	69	2	71	77	77	4	3	7	12	
F90	0	3	3	12	12	1	3	4	16	
F91	2	21	23	187	187	3	13	16	46	
F92–F98	0	3	3	40	40	3	7	10	52	
F99	1	3	4	10	10	2	4	6	20	
G30	0	1	1	8	7	0	13	13	452	
G47	0	0	0	0	0	0	24	24	82	
O99.3	0	2	2	41	36	18	159	177	660	
R44	0	2	2	5	5	4	9	13	37	
R45	2	1	3	13	13	6	12	18	25	
	3	27	30	133	133	19	34	53	103	
	0	0	0	0	0	0	20	20	73	
	14	139	153	4,070	3,942	0	0	0	0	
Total	569	3,343	3,912	65,307	64,495	1,146	3,818	4,964	15,374	

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.17: Separations with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, and hospital type, Australia, 2000-01

Principal diagnosis	Public acute				Private				Public psychiatric				Total	
	Involuntary		Voluntary		Involuntary		Voluntary		Involuntary		Voluntary		Voluntary	Not reported
F00-F03	342	560	3	127	144	162	489	849	103					
F04-F09	323	412	23	309	137	67	483	788	124					
F10	682	1,406	533	4,066	412	179	1,627	5,651	1,314					
F11-F19	1,668	1,779	311	1,577	732	258	2,711	3,614	760					
F20	8,565	7,360	342	2,255	2,406	1,065	11,313	10,680	1,406					
F21, F24, F28-F29	708	700	27	97	304	213	1,039	1,010	99					
F22	475	449	16	145	143	45	634	639	83					
F23	774	620	15	150	179	32	968	802	109					
F25	1,730	1,881	135	1,159	561	243	2,426	3,283	979					
F30	362	200	11	102	105	26	478	328	67					
F31	3,413	3,660	367	2,204	1,025	460	4,805	6,324	1,987					
F32	2,089	10,873	1,565	10,215	535	1,075	4,189	22,163	5,202					
F33	681	3,272	335	5,400	59	238	1,075	8,910	6,963					
F34	239	1,305	51	826	78	159	368	2,290	317					
F38, F39	33	82	16	344	4	3	53	429	20					
F40	10	201	77	451	6	73	93	725	492					
F41	96	1,427	72	3,125	20	129	188	4,681	1,828					
F42	31	323	17	464	7	72	55	859	205					
F43	1,936	6,562	1,321	7,859	900	798	4,157	15,219	2,376					
F44	67	192	26	665	17	33	110	890	105					
F45, F48	23	222	3	64	5	9	31	295	65					
F50	65	1,597	75	2,537	13	9	153	4,143	991					
F51-F59	76	196	0	650	11	11	87	857	178					
F60	1,254	3,446	34	926	507	389	1,795	4,761	608					
F61-F69	66	178	0	149	34	21	100	348	113					
F70-F79	51	97	1	12	42	45	94	154	5					
F80-F89	40	207	4	17	16	113	60	337	1					
F90	7	632	2	27	6	263	15	922	6					
F91	117	1,324	6	43	28	705	151	2,072	166					
F92-F98	21	407	1	40	5	135	27	582	90					
F99	22	38	0	2	2	1	24	41	8					
G30	130	247	1	33	40	68	171	348	72					
G47	2	3	0	7	0	0	2	10	6					
O99.3	30	61	0	12	1	2	31	75	3					
R44	4	23	0	0	1	7	5	30	3					
R45	23	26	1	3	2	0	26	29	6					
	58	468	0	17	19	686	77	1,171	12					
	0	1	0	7	0	0	0	8	0					
Other ^(c)	1,016	2,120	21	764	147	446	1,184	3,330	104					
Not reported	26	78	0	0	231	217	257	295	18					
Total	27,255	54,635	5,412	46,850	8,884	8,457	41,551	109,942	26,994					

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.18: Separations, patient days and psychiatric care days for separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2000-01

	Same day	Overnight	Total	Patient days	ALOS (overnight)	Psychiatric care days
With specialised psychiatric care						
with mental health-related principal diagnosis	25,360	50,667	76,027	897,422	17.2	888,564
without mental health-related additional diagnosis	53,054	44,198	97,252	1,063,108	22.9	1,054,690
with mental health-related principal diagnosis	585	3,118	3,703	126,317	40.3	120,611
without mental health-related additional diagnosis	472	1,033	1,505	64,594	62.1	64,200
<i>Total with mental health-related additional diagnosis</i>	25,945	53,785	79,730	1,023,739	18.6	1,009,175
<i>Total with specialised care</i>	79,471	99,016	178,487	2,151,441	20.9	2,128,065
Without specialised psychiatric care						
with mental health-related principal diagnosis	8,348	28,292	36,640	262,487	9.0	..
without mental health-related additional diagnosis	20,776	38,972	59,748	367,338	8.9	..
with mental health-related principal diagnosis	41,562	212,606	254,168	2,512,510	11.6	..
<i>Total with mental health-related additional diagnosis</i>	49,910	240,898	290,808	2,774,997	11.3	..
<i>Total without specialised care</i>	70,686	279,870	350,556	3,142,335	29	..
Total	150,157	378,886	529,043	5,293,776	13.6	2,128,065

.. not applicable.

Table 4.19: Separations, patient days and psychiatric care days for separations with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2000-01

Principal diagnosis	With specialised psychiatric care					Without specialised psychiatric care				
	Separations			Patient psychiatric care days	Separations			Patient days		
	Same day	Overnight	Total		Same day	Overnight	Total			
A00-B99 Certain infectious and parasitic diseases	16	0	16	645	557	3,909	312	4,221	45,648	
C00-D48 Neoplasms	21	0	21	711	494	10,761	879	11,640	163,016	
D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	8	0	8	76	76	1,777	306	2,083	14,005	
E00-E90 Endocrine nutritional and metabolic diseases	52	1	53	959	769	6,811	557	7,368	75,749	
F00-F99 Mental and behavioural disorders	49,880	25,055	74,935	862,403	854,476	23,647	7,505	31,152	201,217	
G00-G99 Diseases of the nervous system	809	52	861	46,621	45,362	13,135	1,961	15,096	159,962	
H00-H59 Diseases of the eye and adnexa	4	0	4	94	92	501	484	985	4,450	
H60-H95 Diseases of the ear and mastoid process	2	0	2	28	25	407	181	588	2,242	
I00-I99 Diseases of the circulatory system	61	0	61	1,487	894	23,919	1,475	25,394	281,228	
J00-J99 Diseases of the respiratory system	35	1	36	739	570	22,801	1,188	23,989	216,576	
K00-K93 Diseases of the digestive system	39	3	42	534	369	18,656	3,912	22,568	152,988	
L00-L99 Diseases of the skin and subcutaneous tissue	10	0	10	161	95	4,692	435	5,127	50,994	
M00-M99 Diseases of the musculoskeletal system and connective tissue	53	107	160	1,038	891	8,240	928	9,168	93,849	
N00-N99 Diseases of the genitourinary system	19	1	20	402	261	8,136	1,018	9,154	79,445	
O00-O99 Pregnancy childbirth and the puerperium	104	12	116	1,445	1,358	8,619	4,619	13,238	46,895	
P00-P96 Certain conditions originating in the perinatal period	1	0	1	304	304	265	39	304	2,572	
Q00-Q99 Congenital malformations deformations and chromosomal abnormalities	6	1	7	539	534	567	131	698	4,778	
R00-R99 Symptoms signs and abnormal clinical and laboratory findings not elsewhere classified	157	66	223	2,917	2,800	20,251	6,108	26,359	135,410	
S00-T98 Injury poisoning and certain other consequences of external causes	1,775	156	1,931	15,517	13,698	40,058	12,011	52,069	321,877	
Z00-Z99 Factors influencing health status and contact with health services	733	490	1,223	87,119	85,550	23,746	5,861	29,607	722,096	
Total	53,785	25,945	79,730	1,023,739	1,009,175	240,898	49,910	290,808	2,774,997	

Table 4.20a: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2000-01

Principal diagnosis	With no other mental health related diagnosis				With a mental health-related additional diagnosis				Average length of stay (o'night)
	Sameday	Overnight	Total	Psychiatric care days	Sameday	Overnight	Total	Psychiatric care days	
F00-F03 Dementia	14	731	745	51,332	153	543	696	27,791	51.3
F04-F09 Other organic mental disorders	127	426	553	20,018	205	637	842	14,784	23.6
F10 Mental and behavioural disorders due to use of alcohol	2,777	1,196	3,973	40,839	1,746	2,873	4,619	38,997	13.1
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	767	1,758	2,525	15,257	787	3,773	4,560	34,158	8.9
F20 Schizophrenia	3,214	10,933	14,147	404,890	993	8,259	9,252	230,384	27.8
F21, F24, Schizotypal and other delusional disorders	275	834	1,109	15,359	112	927	1,039	12,542	13.54
F28-F29									
F22 Persistent delusional disorders	87	629	716	11,516	122	518	640	8,858	16.9
F23 Acute and transient psychotic disorders	135	799	934	9,726	75	870	945	12,158	14.0
F25 Schizoaffective disorders	1,690	2,522	4,212	67,966	490	1,986	2,476	46,309	23.1
F30 Manic episode	44	371	415	5,663	57	401	458	7,713	19.1
F31 Bipolar affective disorders	3,132	5,643	8,775	120,507	515	3,826	4,341	71,848	18.8
F32 Depressive episode	11,489	6,844	18,333	128,630	2,190	7,071	9,261	120,635	16.4
F33 Recurrent depressive disorders	8,702	3,346	12,048	66,403	2,100	2,710	4,810	53,240	19.1
F34 Persistent mood (affective) disorders	669	334	1,003	4,190	866	1,106	1,972	12,564	10.6
F38, F39 Other and unspecified mood (affective) disorders	339	63	402	1,069	34	66	100	861	12.9
F40 Phobic anxiety disorders	785	43	828	1,337	357	125	482	2,103	14.7
F41 Other anxiety disorders	3,456	667	4,123	12,449	1,552	1,022	2,574	16,603	14.4
F42 Obsessive-compulsive disorders	444	124	568	2,715	319	232	551	4,438	17.8
F43 Reaction to severe stress and adjustment disorders	7,353	3,151	10,504	29,537	3,692	7,556	11,248	67,826	8.5
F44 Dissociative (conversion) disorders	157	164	321	2,081	433	351	784	5,746	15.1
F45, F48 Somatoform and other neurotic disorders	43	56	99	599	167	125	292	1,827	15.5
F50 Eating disorders	3,214	406	3,620	16,600	1,114	553	1,667	17,321	29.3
F51-F59 Other behavioural syndromes associated with physical disorders and physical factors	542	260	802	4,109	139	181	320	3,149	16.6
F60 Specific personality disorders	1,375	1,680	3,055	13,857	967	3,142	4,109	27,511	8.6
F61-F69 Disorders of adult personality and behaviour	172	89	261	1,113	66	234	300	2,440	10.2
F70-F79 Mental retardation	16	103	119	5,986	7	127	134	5,165	40.6
F80-F89 Disorders of psychological development	88	71	159	1,299	145	94	239	2,011	19.9
F90 Hyperkinetic disorders	383	29	412	859	428	103	531	1,800	13.3
F91 Conduct disorders	844	174	1,018	2,535	1,032	339	1,371	4,236	9.5
F92-F98 Other & unspecified disorders with onset in childhood or adolescence	366	78	444	1,031	139	116	255	1,641	13.0
F99 Mental disorder not otherwise specified	16	40	56	674	3	14	17	212	14.9
G30 Alzheimers disease	0	10	10	261	21	560	581	32,703	58.4
G47 Sleep disorders	4	7	11	15	0	7	7	152	21.7
O99.3 Mental disorders & disorders of the nervous system complicating pregnancy, childbirth, and the puerperium	0	4	4	36	12	93	105	1,257	13.8
R44 Other symptoms & signs involving general sensations and perceptions	1	11	12	42	11	25	26	140	8.6
R45 Symptoms & signs involving emotional state	12	16	28	69	4	29	33	117	3.9
Other factors related to mental and behavioural disorders ^(a)	324	596	920	3,322	253	87	340	704	5.2
Other factors related to substance use ^(b)	0	0	0	0	5	3	8	25	6.7
Other ^(c)	450	473	923	11,534	584	3,111	3,695	120,487	40.4
Not reported	20	550	570	53,025	0	0	0	0	0
Total	53,526	45,231	98,757	1,127,702	25,945	53,785	79,730	1,023,739	18.6

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 4.20b: 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 presence of an additional mental health-related condition, Australia, 2000-01

Principal diagnosis	With no other mental health related diagnosis				With a mental health-related additional diagnosis				Average length of stay (o'night)
	Sameday	Overnight	Total	Patient days	Sameday	Overnight	Total	Patient days	
F00-F03	188	4,530	4,718	123,722	43	1,233	1,276	33,256	26.9
F04-F09	194	1,972	2,166	26,393	53	1,237	1,290	17,744	14.3
F10	3,851	5,248	9,099	28,687	1,944	6,362	8,306	36,788	5.5
F11-F19	1,133	2,972	4,105	14,647	768	3,725	4,493	20,569	5.3
F20	1,122	1,297	2,419	10,818	264	568	832	4,939	8.2
F21, F24, F28-F29	288	273	561	1,528	140	170	310	986	5.0
F22	107	183	290	1,729	56	172	228	1,544	8.7
F23	329	372	701	1,938	172	243	415	1,473	5.4
F25	236	237	473	2,894	69	110	179	1,539	13.4
F30	86	123	209	788	35	68	103	484	6.6
F31	683	855	1,538	9,477	132	283	415	2,909	9.8
F32	3,013	5,054	8,067	39,895	782	2,873	3,655	24,751	8.3
F33	2,087	1,060	3,147	14,818	529	1,180	1,709	8,517	12.3
F34	94	102	196	1,114	50	105	155	1,257	11.5
F38, F39	11	29	40	170	2	26	28	246	9.4
F40	25	35	60	260	4	27	31	212	7.7
F41	1,326	3,556	4,882	18,198	652	1,712	2,364	10,341	5.7
F42	6	23	29	201	39	40	79	388	8.7
F43	1,434	1,814	3,248	9,935	1,100	1,941	3,041	16,638	8.0
F44	191	548	739	3,050	66	336	402	2,354	6.8
F45, F48	214	294	508	1,645	55	177	232	1,563	8.5
F50	71	504	575	10,376	23	263	286	5,085	19.2
F51-F59	406	2,094	2,500	10,142	169	409	578	1,991	4.5
F60	181	301	482	2,638	188	386	574	2,188	5.2
F61-F69	28	123	151	1,119	12	57	69	675	11.6
F70-F79	61	60	121	847	5	28	33	328	11.5
F80-F89	376	98	474	764	50	87	137	651	6.9
F90	13	25	38	83	9	20	29	117	5.4
F91	80	170	250	609	51	173	224	977	5.4
F92-F98	30	185	215	787	36	147	183	615	3.9
F99	39	31	70	151	6	17	23	88	4.8
G30	5	97	102	7,492	49	1,597	1,646	48,508	30.3
G47	2,453	3,590	6,043	13,979	443	1,477	1,920	5,031	3.1
O99.3	148	569	717	2,066	215	1,254	1,469	5,760	4.4
R44	41	134	175	865	43	90	133	615	6.4
R45	73	103	176	665	44	76	120	359	4.1
R48	1	5	6	79	1	4	5	108	26.8
	148	242	390	1,406	46	81	127	512	5.8
	4	64	68	1,555	2	66	68	377	5.7
Total	20,776	38,972	59,748	367,338	8,347	28,291	36,638	262,483	9.0

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.21: 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, 2000–01

Additional diagnosis	Separations with specialised psychiatric care					Separations without specialised psychiatric care								
	Same day	Overnight	Total	Patient days	Average length of stay ^(a)	Average length of psych care ^(a)	Median length of stay ^(a)	Median length of psych care ^(a)	Same day	Overnight	Total	Patient days	Average length of stay ^(a)	Median length of stay ^(a)
F00–F03 Dementia	1	29	30	2,905	2,902	100.1	19.0	100.0	4	69	73	985	14.2	9.0
F04–F09 Other organic mental disorders	11	104	115	1,959	1,943	18.7	7.0	18.6	10	97	107	1,014	10.4	6.0
F20 Schizophrenia	36	409	445	4,486	4,472	10.9	5.0	10.8	64	224	288	1,150	4.8	2.0
F21, F24, Schizotypal and other delusional disorders	2	38	40	236	236	6.2	4.0	6.2	5	21	26	121	5.5	4.0
F28–F29 Persistent delusional disorders	0	65	65	802	799	12.3	7.0	12.3	13	32	45	244	7.2	3.5
F22 Acute and transient psychotic disorders	2	23	25	169	167	7.3	4.0	7.2	2	11	13	72	6.4	3.0
F25 Schizoaffective disorders	16	73	89	755	749	10.1	6.0	10.0	12	13	25	172	12.3	6.0
F30 Manic episode	3	29	32	226	223	7.7	5.0	7.6	4	14	18	133	9.2	6.0
F31 Bipolar affective disorders	51	199	250	2,078	2,032	10.2	7.0	10.0	34	125	159	779	6.0	4.0
F32 Depressive episode	377	857	1,234	11,003	10,851	12.4	8.0	12.2	361	1,521	1,882	9,977	6.3	4.0
F33 Recurrent depressive disorders	151	289	440	4,482	4,477	15.0	12.0	15.0	44	147	191	1,391	9.2	6.0
F34 Persistent mood (affective) disorders	192	196	388	2,052	2,027	9.5	6.0	9.4	20	74	94	457	5.9	4.0
F38, F39 Other and unspecified mood (affective) disorders	1	13	14	121	121	9.2	4.0	9.2	3	22	25	198	8.9	9.5
F40 Phobic anxiety disorders	41	65	106	1,039	1,034	15.4	9.0	15.3	9	42	51	341	7.9	6.0
F41 Other anxiety disorders	152	331	483	4,739	4,725	13.9	9.0	13.8	155	590	745	4,469	7.3	5.0
F42 Obsessive-compulsive disorders	13	36	49	507	506	13.7	7.0	13.7	7	22	29	209	9.2	5.0
F43 Reaction to severe stress and adjustment disorders	473	731	1,204	8,933	8,825	11.6	7.0	11.4	206	378	584	3,053	7.5	4.0
F44 Dissociative (conversion) disorders	27	14	41	266	264	17.1	8.0	16.9	5	18	23	51	2.6	1.0
F45, F48 Somatoform and other neurotic disorders	0	23	23	229	226	10.0	7.0	9.8	50	24	74	220	7.1	3.0
F50 Eating disorders	13	57	70	967	964	16.7	9.0	16.7	29	38	67	263	6.2	4.0
F51–F59 Other behav syndromes associated w phys dist & phys factors	17	73	90	1,040	1,035	14.0	6.0	13.9	16	56	72	263	4.4	2.0
F60 Specific personality disorders	437	1,277	1,714	11,961	11,888	9.0	4.0	9.0	135	370	505	2,332	5.9	3.0
F61–F69 Disorders of adult personality and behaviour	54	140	194	1,368	1,358	9.4	6.0	9.3	5	36	41	491	13.5	4.0
F70–F79 Mental retardation	12	52	64	788	788	14.9	4.0	14.9	9	29	38	139	4.5	2.0
F80–F89 Disorders of psychological development	2	11	13	223	222	20.1	7.0	20.0	1	8	9	27	3.3	1.0
F90 Hyperkinetic disorders	5	46	51	560	560	12.1	9.0	12.1	6	16	22	129	7.7	3.0
F91 Conduct disorders	17	59	76	348	341	5.6	2.0	5.5	5	19	24	236	12.2	2.0
F92–F98 Other & unspec disorders w onset childhood adolescence	6	35	41	264	260	7.4	4.0	7.3	7	13	20	63	4.3	3.0
F99 Unspecified mental disorder	1	1	2	5	5	4.0	4.0	4.0	2	2	4	7	2.5	2.5
G30 Alzheimers disease	0	1	1	19	19	19.0	19.0	19.0	2	6	8	115	18.8	14.0
G47 Sleep disorders	30	26	56	313	312	10.9	6.0	10.8	2	21	23	158	7.4	4.0
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	3	3	15	15	5.0	5.0	5.0	0	9	9	18	2.0	1.0
R44 Other symptoms & signs involving general sensations and perceptions	6	42	48	429	404	10.1	4.0	9.5	11	51	62	395	7.5	4.0
R45 Symptoms & signs involving emotional state	9	28	37	218	218	7.5	3.5	7.5	19	52	71	345	6.3	2.0
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	3	3	11	11	3.7	3.0	3.7	0	1	1	8	8.0	8.0
Other factors related to mental and behavioural disorders ^(b)	116	351	467	3,510	3,481	9.7	5.0	9.6	47	153	200	729	4.5	2.0
Other factors related to substance use ^(c)	38	85	123	1,181	1,171	13.4	8.0	13.3	123	241	364	2,207	8.6	6.0
Total	1,678	4,404	6,082	52,136	51,712	11.5	2.0	11.4	2.0	2,384	3,451	27,376	10.9	1.0

(a) Overnight separations only.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.22: Separations, patient days and psychiatric care days for separations with a mental health-related principal diagnosis (excluding mental and behavioural disorder due to psychoactive substance use) and an additional diagnosis of a mental or behavioural disorder due to psychoactive substances use, Australia, 2000–01

Principal diagnosis	Separations with specialised psychiatric care										Separations without specialised psychiatric care					
	Same day		Overnight		Total		Patient days		Psychiatric care days		Average length of stay ^(a)		Average length of psych care ^(a)		Average length of stay ^(a)	
	Separations	day	Overnight	Total	Patient days	Psychiatric care days	Average length of stay ^(a)	Median length of stay ^(a)	Average length of psych care ^(a)	Median length of psych care ^(a)	day	Overnight	Total	Patient days	Average length of stay ^(a)	Median length of stay ^(a)
F00–F03	49	74	123	2,533	2,506	33.6	23.0	33.2	23.0	4	138	142	2,998	21.7	14.0	
F04–F09	109	242	351	4,998	4,838	20.2	9.0	19.5	9.0	21	220	241	2,301	10.4	6.0	
F20	222	5,364	5,586	121,284	120,319	22.6	11.0	22.4	11.0	148	262	410	1,984	7.0	3.0	
F21, F24, Schizotypal and other delusional disorders	31	529	560	6,479	6,399	12.2	8.0	12.0	8.0	71	57	128	261	3.3	1.0	
F28–F29																
F22	12	241	253	3,178	3,156	13.1	8.0	13.0	8.0	26	51	77	302	5.4	2.0	
F23	22	468	490	6,035	6,013	12.8	8.0	12.8	8.0	66	75	141	443	5.0	2.0	
F25	90	1,062	1,152	22,255	22,159	20.9	13.0	20.8	12.0	32	47	79	635	12.8	7.0	
F30	37	235	272	3,487	3,475	14.7	11.5	14.6	11.5	13	22	35	114	4.6	2.5	
F31	126	2,117	2,243	36,900	36,702	17.4	12.0	17.3	12.0	49	107	156	978	8.7	4.0	
F32	1,040	2,464	3,504	33,271	32,821	13.1	8.0	12.9	8.0	334	999	1,333	6,941	6.6	3.0	
F33	362	799	1,161	12,091	11,967	14.7	11.0	14.5	10.0	43	199	242	2,078	10.2	5.0	
F34	241	483	724	4,349	4,320	8.5	5.5	8.4	5.0	21	44	65	597	13.1	7.0	
F38, F39	2	28	30	283	257	10.0	7.0	9.1	6.0	1	10	11	35	3.4	2.0	
F40	15	39	54	350	343	8.6	6.0	8.4	6.0	0	4	4	20	5.0	4.0	
F41	233	264	497	3,876	3,840	13.8	8.0	13.7	8.0	91	321	412	1,916	5.7	3.0	
F42	17	37	54	612	612	16.1	8.0	16.1	8.0	4	6	10	62	9.7	5.5	
F43	1,095	3,496	4,591	27,346	27,182	7.5	4.0	7.5	4.0	419	668	1,087	7,031	9.9	4.0	
F44	13	48	61	657	642	13.4	5.5	13.1	5.5	26	62	88	304	4.5	2.0	
F45, F48	4	25	29	258	200	10.2	6.0	7.8	6.0	23	29	52	448	14.7	3.0	
F50	8	62	70	1,551	1,540	24.9	14.0	24.7	14.0	7	27	34	268	9.7	5.0	
F51–F59	0	21	21	240	237	11.4	6.0	11.3	6.0	11	24	35	111	4.2	3.0	
F60	216	1,590	1,806	12,028	11,872	7.4	4.0	7.3	4.0	90	165	255	857	4.6	1.0	
F61–F69	51	114	165	836	832	6.9	3.0	6.9	3.0	4	12	16	72	5.7	2.5	
F70–F79	3	15	18	177	175	11.6	5.0	11.5	5.0	1	0	1	1	..	..
F80–F89	3	5	8	101	101	19.6	5.5	19.6	5.5	0	3	3	9	3.0	4.0	
F90	0	10	10	154	154	15.4	12.5	15.4	12.5	1	3	4	28	9.0	9.0	
F91	26	83	109	329	329	3.7	2.0	3.7	2.0	17	20	37	74	2.9	1.0	
F92–F98	18	18	36	172	166	8.6	4.0	8.2	4.0	1	4	5	13	3.0	2.0	
F99	1	8	9	68	68	8.4	2.5	8.4	2.5	2	8	10	26	3.0	1.5	
G30	0	8	8	578	578	72.3	59.5	72.3	59.5	0	33	33	600	18.2	15.5	
G47	0	1	1	24	24	24.0	24.0	24.0	24.0	2	23	25	44	1.8	1.0	
O99.3	2	14	16	136	135	9.6	6.5	9.5	6.5	131	660	791	3,215	4.7	4.0	
R44	8	3	11	26	26	6.0	5.0	6.0	5.0	19	22	41	79	2.7	2.0	
R45	1	6	7	16	16	2.5	2.0	2.5	2.0	14	25	39	83	2.8	1.0	
Other factors related to mental and behavioural disorders ^(b)	7	25	32	92	92	3.4	1.0	3.4	1.0	17	26	43	110	3.6	1.5	
Other factors related to substance use ^(c)	0	2	2	18	18	9.0	9.0	9.0	9.0	1	48	49	240	5.0	4.0	
Total	4,064	20,000	24,064	306,788	304,114	15.1	8.0	15.0	8.0	1,710	4,424	6,134	35,278	7.6	3.0	

(a) Overnight separations only.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
.. Not applicable.
Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating
preg—pregnancy, child—childbirth, puerp—puerperium.

Table 4.23: Separations, patient days and psychiatric care days for separations with a principal diagnosis of schizophrenia, schizotypal and delusional disorders and an additional diagnosis of another mental health-related condition, Australia, 2000–01

Additional diagnosis	Separations with specialised psychiatric care							Separations without specialised psychiatric care												
	Same day		Overnight		Total		Patient psychiatric care days		Average length of stay ^(a)		Median length of stay ^(a)		Average length of psych care ^(a)		Median length of psych care ^(a)		Average length of stay ^(a)		Median length of stay ^(a)	
	day	Overnight	Total	Patient days	Psychiatric care days	Average length of stay ^(a)	Median length of stay ^(a)	Average length of psych care ^(a)	Median length of psych care ^(a)	Median length of psych care ^(a)	Median length of psych care ^(a)	Same day	Overnight	Total	Patient days	Average length of stay ^(a)	Median length of stay ^(a)	Average length of psych care ^(a)	Median length of psych care ^(a)	Average length of stay ^(a)	Median length of stay^{(a)}
F00-F03 Dementia	86	164	250	8,032	7,987	48.5	29.0	48.2	29.0	29.0	5	116	121	1,859	16.0	9.0				
F04-F09 Other organic mental disorders	46	233	279	8,169	8,092	34.9	15.0	34.5	15.0	15.0	8	48	56	568	11.7	7.0				
F10 Mental and behavioural disorders due to use of alcohol	118	2,298	2,416	47,877	47,561	20.8	10.0	20.6	10.0	10.0	138	212	350	1,517	6.5	2.0				
F11-F19 Mental and behav disorders due to other psychoactive substances use	310	6,547	6,857	135,142	134,179	20.6	11.0	20.4	11.0	11.0	250	341	591	2,524	6.7	2.0				
F30 Manic episode	4	101	105	2,832	2,828	28.0	14.0	28.0	14.0	14.0	7	3	10	41	11.3	6.0				
F31 Bipolar affective disorders	29	288	317	6,293	6,226	21.8	12.0	21.5	12.0	12.0	24	34	58	296	8.0	3.0				
F32 Depressive episode	185	850	1,035	19,724	19,414	23.0	11.0	22.6	11.0	11.0	60	188	248	1,424	7.3	4.0				
F33 Recurrent depressive disorders	79	94	173	1,867	1,845	19.0	13.5	18.8	13.5	13.5	13	33	46	368	10.8	8.0				
F34 Persistent mood (affective) disorders	30	66	96	1,209	1,202	17.9	11.0	17.8	11.0	11.0	1	2	3	21	10.0	10.0				
F38, F39 Other and unspecified mood (affective) disorders	0	27	27	593	593	22.0	16.0	22.0	16.0	16.0	0	3	3	36	12.0	1.0				
F40 Phobic anxiety disorders	15	39	54	478	478	11.9	9.0	11.9	9.0	9.0	0	4	4	10	2.5	2.5				
F41 Other anxiety disorders	121	270	391	5,464	5,418	19.8	11.0	19.6	11.0	11.0	19	75	94	592	7.6	3.0				
F42 Obsessive-compulsive disorders	23	133	156	3,423	3,422	25.6	11.0	25.6	11.0	11.0	1	7	8	89	12.6	10.0				
F43 Reaction to severe stress and adjustment disorders	74	535	609	6,622	6,595	12.2	7.0	12.2	7.0	7.0	27	39	66	376	8.9	2.0				
F44 Dissociative (conversion) disorders	54	49	103	884	868	16.9	9.0	16.6	9.0	9.0	3	14	17	94	6.5	2.0				
F45, F48 Somatoform and other neurotic disorders	2	51	53	1,422	1,413	27.8	21.0	27.7	21.0	21.0	1	3	4	11	3.3	1.0				
F50 Eating disorders	4	73	77	1,690	1,686	23.1	10.0	23.0	10.0	10.0	1	7	8	192	27.3	10.0				
F51-F59 Other behav syndromes associated w phys dist & phys factors	6	188	194	3,840	3,837	20.4	10.0	20.4	10.0	10.0	9	9	18	109	11.1	1.0				
F60 Specific personality disorders	144	1,690	1,834	34,907	34,697	20.6	9.0	20.4	9.0	9.0	64	88	152	763	7.9	2.0				
F61-F69 Disorders of adult personality and behaviour	4	163	167	5,213	5,213	32.0	11.0	32.0	11.0	11.0	2	7	9	47	6.4	7.0				
F70-F79 Mental retardation	84	628	712	20,459	20,376	32.4	11.0	32.3	11.0	11.0	18	41	59	332	7.7	3.0				
F80-F89 Disorders of psychological development	17	162	179	30,055	30,008	185.4	11.5	185.1	11.5	11.5	3	18	21	200	10.9	7.0				
F90 Hyperkinetic disorders	14	20	34	197	196	9.2	6.5	9.1	6.5	6.5	3	1	4	5	2.0	2.0				
F91 Conduct disorders	32	152	184	3,653	3,653	23.8	13.0	23.8	13.0	13.0	7	11	18	56	4.5	4.0				
F92-F98 Other & unspc disorders w onset childhood adolescence	1	60	61	1,764	1,762	29.4	14.0	29.4	14.0	14.0	5	6	11	45	6.7	1.5				
F99 Mental disorder not otherwise specified	0	10	10	234	225	23.4	6.5	22.5	6.5	6.5	0	0	0	0	..	..		
G30 Alzheimers disease	0	16	16	1,281	1,281	80.1	37.5	80.1	37.5	37.5	1	20	21	248	12.4	8.5				
G47 Sleep disorders	2	26	28	356	356	13.6	8.5	13.6	8.5	8.5	4	3	7	22	6.0	6.0				
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	1	10	11	361	360	36.0	26.0	35.9	26.0	26.0	0	1	1	1	1.0	1.0				
R44 Other symptoms & signs involving general sensations and perceptions	19	329	348	7,228	7,154	21.9	12.0	21.7	12.0	12.0	25	83	108	578	6.7	3.0				
R45 Symptoms & signs involving emotional state	6	204	210	4,665	4,664	22.8	14.0	22.8	14.0	14.0	18	26	44	172	5.9	2.5				
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	4	4	75	75	18.8	13.0	18.8	13.0	13.0	0	0	0	0	..	..		
Other factors related to mental and behavioural disorders ^(b)	146	682	828	14,735	14,676	21.4	11.0	21.3	11.0	11.0	21	40	61	289	6.7	2.0				
Other factors related to substance use ^(c)	0	10	10	189	186	18.9	14.5	18.6	14.5	14.5	1	0	1	1	..	..		
Total	1,272	11,422	12,771	278,553	276,659	24.3	11.0	24.1	11.0	11.0	600	1,596	1,696	9,483	5.6	3.0				

(a) Overnight separations only.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

.. Not applicable.

Note: Abbreviations: behav—behavioural, unspc—unspecified, w—with, phys—physical, dis—disturbances, nerv sys—nervous system, complic—complicating,

preg—pregnancy, child—childbirth, puerp—puerperium.

Table 4.24: Separations, patient days and psychiatric care days for separations with a mental health-related principal diagnosis (excluding schizophrenia, schizotypal and delusional disorders) and an additional diagnosis of schizophrenia, schizotypal and delusional disorders, Australia, 2000-01

Principal diagnosis	Separations with specialised psychiatric care										Separations without specialised psychiatric care												
	Same day		Overnight		Total		Patient psychiatric care days		Average length of stay ^(a)		Median length of stay ^(a)		Average length of psych care ^(a)		Median length of psych care ^(a)		Patient days		Average length of stay ^(a)		Median length of stay ^(a)		
	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight	day	Overnight
F00-F03 Dementia	0	114	114	114	5,509	49.0	28.0	48.3	27.5	2	183	185	4,546	24.8	16.0								
F04-F09 Other organic mental disorders	2	85	87	1,670	1,643	19.6	11.0	19.3	11.0	7	131	138	1,787	13.6	9.0								
F10 Mental and behavioural disorders due to use of alcohol	19	134	153	1,558	1,552	11.5	4.0	11.4	4.0	52	161	213	815	4.7	3.0								
F11-F19 Mental and behavior disorders due to other psychoactive substances use	37	459	496	4,742	4,723	10.3	6.0	10.2	6.0	44	137	181	938	6.5	3.0								
F30 Manic episode	3	47	50	679	675	14.4	8.5	14.3	8.0	4	12	16	78	6.2	3.5								
F31 Bipolar affective disorders	35	356	391	6,827	6,792	19.1	14.0	19.0	14.0	14	23	37	134	5.2	3.0								
F32 Depressive episode	89	366	455	6,934	6,895	18.7	11.0	18.6	11.0	36	165	201	1,159	6.8	4.0								
F33 Recurrent depressive disorders	46	110	156	2,002	1,997	17.8	15.0	17.7	15.0	61	33	94	385	9.8	3.0								
F34 Persistent mood (affective) disorders	17	28	45	423	423	14.5	6.0	14.5	6.0	0	1	1	6	6.0	6.0								
F38, F39 Other and unspecified mood (affective) disorders	0	9	9	99	99	11.0	12.0	11.0	12.0	1	3	4	63	20.7	17.0								
F40 Phobic anxiety disorders	5	4	9	28	27	5.8	5.5	5.5	5.5	1	1	2	2	1.0	1.0								
F41 Other anxiety disorders	27	84	111	421	421	13.5	8.0	13.5	8.0	18	87	105	451	5.0	3.0								
F42 Obsessive-compulsive disorders	21	10	31	164	163	14.3	13.5	14.2	13.5	5	2	7	41	18.0	18.0								
F43 Reaction to severe stress and adjustment disorders	71	410	481	2,798	2,785	6.7	3.5	6.6	3.0	40	50	90	271	4.6	2.0								
F44 Dissociative (conversion) disorders	18	32	50	449	448	13.5	7.0	13.4	7.0	4	23	27	223	9.5	5.0								
F45, F48 Somatoform and other neurotic disorders	6	7	13	102	100	13.7	11.0	13.4	11.0	3	9	12	119	12.9	7.0								
F50 Eating disorders	0	21	21	447	432	21.3	15.0	20.6	15.0	3	8	11	118	14.4	6.5								
F51-F59 Other behavior syndromes associated w phys dist & phys factors	3	15	18	268	265	17.7	11.0	17.5	11.0	4	5	9	23	3.8	3.0								
F60 Specific personality disorders	23	182	205	2,054	2,034	11.2	4.0	11.0	4.0	12	37	49	170	4.3	2.0								
F61-F69 Disorders of adult personality and behaviour	1	12	13	101	101	8.3	3.0	8.3	3.0	0	2	2	4	2.0	2.0								
F70-F79 Mental retardation	2	32	34	1,040	1,040	32.4	11.5	32.4	11.5	0	3	3	125	41.7	16.0								
F80-F89 Disorders of psychological development	3	25	28	805	778	32.1	8.0	31.0	8.0	0	2	2	28	14.0	14.0								
F90 Hyperkinetic disorders	0	1	1	7	7	7.0	7.0	7.0	7.0	0	0	0	0	..	..						
F91 Conduct disorders	0	13	13	126	126	9.7	4.0	9.7	4.0	11	10	21	98	8.7	4.0								
F92-F98 Other & unspec disorders w onset childhood adolescence	0	2	2	56	56	28.0	28.0	28.0	28.0	0	0	0	0	..	..						
F99 Mental disorder not otherwise specified	1	1	2	6	6	5.0	5.0	5.0	5.0	0	1	1	12	12.0	12.0								
G30 Alzheimers disease	0	26	26	924	843	35.5	32.0	32.4	27.0	0	44	44	1,304	29.6	15.0								
G47 Sleep disorders	0	1	1	1	1	1.0	1.0	1.0	1.0	40	16	56	56	1.0	1.0								
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	21	21	457	444	21.8	8.0	21.1	8.0	6	52	58	275	5.2	4.0								
R44 Other symptoms & signs involving general sensations and perceptions	1	1	2	25	25	24.0	24.0	24.0	24.0	9	15	24	97	5.9	3.0								
R45 Symptoms & signs involving emotional state	0	3	3	12	12	4.0	1.0	4.0	1.0	7	5	12	36	5.8	4.0								
Other factors related to mental and behavioural disorders ^(b)	7	8	15	26	26	2.4	1.5	2.4	1.5	7	1	8	15	8.0	8.0								
Other factors related to substance use ^(c)	0	0	0	0	0	..	..	..	..	0	2	2	17	8.5	8.5				
Total	467	2,562	3,029	40,836	40,448	15.8	8.0	15.6	8.0	391	1,224	1,615	13,396	10.6	4.0								

(a) Overnight separations only.
 (b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0
 (c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
 .. Not applicable.

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

Table 4.25: Separations, patient days and psychiatric care days for separations with a principal diagnosis of mood (affective) disorders and an additional diagnosis of another mental health-related condition, Australia, 2000-01

Additional diagnosis	Separations with specialised psychiatric care					Separations without specialised psychiatric care					Average length of stay ^(a)				
	Same day	Overnight	Total	Patient days	Average length of stay ^(a)	Median length of stay ^(a)	Average length of stay ^(a)	Median length of stay ^(a)	Overnight	Total		Patient days			
F00-F03 Dementia	279	396	675	16,406	15,960	40.7	27.0	39.6	27.0	241	216	4,859	20.0	14.0	
F04-F09 Other organic mental disorders	66	386	452	12,345	11,959	31.8	24.0	30.8	23.0	101	110	1,829	17.8	10.0	
F10 Mental and behavioural disorders due to use of alcohol	1,277	3,117	4,394	45,383	44,904	14.2	9.0	14.0	9.0	930	1,078	7,075	7.3	4.0	
F11-F19 Mental and behav disorders due to other psychoactive substances use	711	3,893	4,604	57,026	56,564	14.5	10.0	14.3	10.0	584	529	4,532	7.5	4.0	
F20 Schizophrenia	75	310	385	5,257	5,219	16.7	10.0	16.6	10.0	121	179	703	5.1	3.0	
F21, F24, Schizotypal and other delusional disorders	79	97	176	1,943	1,941	19.2	13.0	19.2	13.0	23	29	178	7.4	4.0	
F28-F29 Persistent delusional disorders	9	169	178	3,350	3,338	19.8	14.0	19.7	14.0	60	66	647	10.6	6.0	
F23 Acute and transient psychotic disorders	3	43	46	667	659	15.4	11.0	15.3	11.0	9	8	78	8.6	5.0	
F25 Schizoaffective disorders	33	318	351	6,139	6,118	19.2	15.0	19.1	14.5	28	36	266	9.1	4.0	
F40 Phobic anxiety disorders	465	261	726	5,859	5,812	20.7	15.0	20.5	15.0	49	58	1,004	19.8	15.0	
F41 Other anxiety disorders	2,165	1,600	3,765	33,661	33,372	19.7	14.0	19.5	14.0	689	843	7,883	11.1	7.0	
F42 Obsessive-compulsive disorders	379	380	759	7,215	7,188	18.0	12.0	17.9	12.0	84	61	789	9.2	5.5	
F43 Reaction to severe stress and adjustment disorders	1,084	2,159	3,243	33,600	33,365	15.1	10.0	15.0	10.0	597	760	5,216	8.3	4.0	
F44 Dissociative (conversion) disorders	180	174	354	4,438	4,182	24.5	14.0	23.0	14.0	36	32	284	7.7	5.5	
F45, F48 Somatoform and other neurotic disorders	192	251	443	5,983	5,795	23.1	18.0	22.3	18.0	55	68	692	11.7	7.0	
F50 Eating disorders	309	402	711	8,078	7,986	19.3	13.0	19.1	13.0	80	112	966	11.4	6.0	
F51-F59 Other behav syndromes associated w phys dist & phys factors	94	219	313	3,818	3,793	17.0	12.0	16.9	12.0	22	55	44	591	8.0	
F60 Specific personality disorders	2,190	3,735	5,925	61,988	61,490	16.0	10.0	15.9	10.0	450	474	3,360	7.1	4.0	
F61-F69 Disorders of adult personality and behaviour	98	353	451	5,675	5,584	15.8	9.0	15.5	9.0	21	18	138	6.3	3.0	
F70-F79 Mental retardation	28	215	243	3,643	3,614	16.8	10.0	16.7	10.0	44	27	503	11.3	4.5	
F80-F89 Disorders of psychological development	127	64	191	1,040	1,039	14.3	10.5	14.3	9.5	24	21	251	10.2	7.0	
F90 Hyperkinetic disorders	29	49	78	604	604	11.7	6.0	11.7	6.0	7	16	90	11.4	8.0	
F91 Conduct disorders	5	101	106	1,910	1,898	18.9	8.0	18.7	8.0	24	19	281	11.5	4.5	
F92-F98 Other & unspec disorders w onset childhood adolescence	154	118	272	2,156	2,103	17.0	12.0	16.5	12.0	22	18	224	9.8	5.0	
F99 Mental disorder not otherwise specified	0	3	3	16	16	5.3	5.0	5.3	5.0	2	2	2	1.0	1.0	
G30 Alzheimers disease	89	61	150	2,874	2,824	45.7	33.0	44.8	33.0	37	31	720	19.3	13.0	
G47 Sleep disorders	12	100	112	2,265	2,231	22.5	16.0	22.2	16.0	53	46	512	9.6	6.0	
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	17	8	25	298	295	35.1	27.0	34.8	27.0	5	3	35	7.0	3.0	
R44 Other symptoms & signs involving general sensations and perceptions	6	140	146	2,329	2,223	16.6	11.0	15.8	10.5	10	48	39	480	9.8	5.0
R45 Symptoms & signs involving emotional state	42	146	188	3,741	3,733	25.3	14.0	25.3	13.5	13	56	743	13.8	6.0	
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	3	3	102	102	34.0	27.0	34.0	27.0	1	1	2	1.0	1.0	
Other factors related to mental and behavioural disorders ^(b)	670	1,224	1,894	18,464	18,272	14.5	9.0	14.4	8.5	70	228	1,641	5.4	3.0	
Other factors related to substance use ^(c)	14	24	38	378	374	15.2	9.5	15.0	8.5	0	7	99	6.2	4.5	
Total	8,490	20,519	29,009	253,075	250,354	11.9	11.0	11.8	11.0	3,864	5,294	36,685	9.1	5.0	

(a) Overnight separations only.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.26: Separations, patient days and psych care days for separations with a mental health-related principal diagnosis (excluding mood (affective) disorders) and an additional diagnosis of mood (affective) disorders, Australia, 2000–01

Principal diagnosis	Separations with specialised psychiatric care																																																														
	Same day					Overnight					Patient psychiatric care days				Average length of stay ^(a)				Average length of psych care ^(a)				Median length of stay ^(a)				Average length of psych care ^(a)				Median length of stay ^(a)				Average length of psych care ^(a)				Median length of stay ^(a)																								
	day	Overnight	Total	Patient days	Psychiatric care days	day	Overnight	Total	Patient days	Psychiatric care days	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)	length of stay ^(a)																							
F00–F03	51	141	192	8,314	8,299	58.6	29.0	58.5	29.0	28	417	445	12,438	29.8	18.0	F04–F09	110	156	266	3,056	2,889	18.9	11.0	17.8	11.0	7	263	270	4,348	16.5	10.0	F10	623	933	1,556	12,848	12,700	13.1	9.0	12.9	9.0	327	1,327	1,654	9,260	6.7	5.0	F11–F19	145	615	760	6,749	6,681	10.7	7.0	10.6	7.0	136	563	699	3,606	6.2	4.0
F20	129	792	921	19,138	18,775	24.0	13.0	23.5	12.0	42	122	164	952	7.5	4.0	F21, F24, Schizotypal and other delusional disorders	35	132	167	1,655	1,635	12.3	8.0	12.1	8.0	20	39	59	231	5.4	2.0	F28–F29	76	100	176	2,387	2,369	23.1	11.0	22.9	11.0	13	36	49	504	13.6	7.5																
F22	14	107	121	1,569	1,568	14.5	8.5	14.5	8.5	17	47	64	299	6.0	4.0	F23	72	282	354	7,402	7,393	26.0	16.0	26.0	16.0	13	18	31	170	8.7	5.0	F25	161	57	218	1,009	1,001	14.9	11.0	14.7	11.0	0	9	9	86	9.6	4.0																
F40	735	311	1,046	6,450	6,407	18.4	13.0	18.2	13.0	141	394	535	2,673	6.4	4.0	F41	155	105	260	2,305	2,299	20.5	13.0	20.4	13.0	29	15	44	166	9.1	3.0	F42	1,161	2,357	3,518	27,724	27,552	11.3	6.0	11.2	6.0	378	635	1,013	7,252	10.8	5.0																
F43	72	83	155	1,721	1,701	19.9	9.0	19.6	8.0	15	84	99	648	7.5	4.0	F44	74	41	115	976	759	22.0	8.0	16.7	8.0	12	53	65	351	6.4	3.0	F45, F48	192	285	477	8,716	8,628	29.9	21.0	29.6	20.0	10	114	124	2,812	24.6	14.0																
F50	14	41	55	919	919	22.1	17.0	22.1	17.0	2	24	26	90	3.7	2.0	F51–F59	481	941	1,422	10,044	9,876	10.2	5.0	10.0	5.0	52	131	183	984	7.1	3.0	F60	3	42	45	646	646	15.3	14.0	15.3	14.0	2	13	15	133	10.1	4.0																
F61–F69	0	23	23	1,637	1,637	71.2	12.0	71.2	12.0	0	0	0	0	F70–F79	2	7	9	333	333	47.3	7.0	47.3	7.0	0	1	1	1	1.0	1.0	F80–F89	0	6	6	54	54	9.0	9.0	9.0	9.0	1	3	4	19	6.0	4.0																
F90	226	30	256	488	488	8.7	4.0	8.7	4.0	3	17	20	86	4.9	1.0	F91	17	13	30	134	134	9.0	7.0	9.0	7.0	0	5	5	74	14.8	4.0	F92–F98	1	1	2	48	48	47.0	47.0	47.0	47.0	1	5	6	42	8.2	7.0																
F99	0	56	56	2,623	2,616	46.8	40.0	46.7	40.0	2	91	93	2,961	32.5	15.0	G30	0	2	2	31	31	15.5	15.5	15.5	15.5	34	35	69	136	2.9	1.0	G47	10	46	56	603	582	12.9	8.0	12.4	7.0	29	306	335	1,341	4.3	4.0																
O99.3	7	3	10	39	39	10.7	15.5	10.7	15.5	4	6	10	55	8.5	4.0	R44	0	6	6	25	21	4.2	4.0	3.5	4.0	5	17	22	93	5.2	3.0																																
R45	0	0	0	0	0	..	..	..	..	0	0	0	0	23.0	23.0	R48	3	6	9	36	36	5.5	2.5	5.5	2.5	5	19	24	177	9.1	4.0																												
	0	1	1	2	2	2.0	2.0	2.0	2.0	2	10	10	56	3.0	3.0		0	1	1	2	2	2.0	2.0	2.0	2.0	0	10	10	56	5.6	3.0																																
Total	4,569	7,721	12,290	129,681	128,118	16.2	8.0	16.0	8.0	1,328	4,820	6,148	52,067	10.5	5.0																																																

(a) Overnight separations only.
 (b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0
 (c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

.. Not applicable.
 Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating
 preg—pregnancy, child—childbirth, puerp—puerperium.

Table 4.27: Separations, patient days and psychiatric care days for separations with a principal diagnosis of neurotic, stress-related and somatoform disorders and an additional diagnosis of another mental health-related condition, Australia, 2000–01

Additional diagnosis	Separations with specialised psychiatric care				Separations without specialised psychiatric care										
	Same day	Overnight	Total	Patient psychiatric care days	Average length of stay ^(a)	Median length of stay ^(a)	Average length of psych care ^(a)	Median length of psych care ^(a)	Same day	Overnight	Total	Patient days	Average length of stay ^(a)	Median length of stay ^(a)	
F00-F03 Dementia	19	39	58	871	685	21.8	14.0	17.1	14.0	15	137	152	1,455	10.5	7.0
F04-F09 Other organic mental disorders	79	77	156	932	924	11.1	7.0	11.0	7.0	4	44	48	405	9.1	7.5
F10 Mental and behavioural disorders due to use of alcohol	2,055	2,165	4,220	21,498	21,377	9.0	4.0	8.9	4.0	430	734	1,164	7,362	9.4	4.0
F11-F19 Mental and behav disorders due to other psychoactive substances use	1,844	2,375	4,219	18,628	18,440	7.1	4.0	7.0	4.0	166	449	615	3,070	6.5	2.0
F20 Schizophrenia	179	266	445	1,657	1,642	5.6	3.0	5.5	3.0	42	95	137	407	3.8	2.0
F21, F24, F28-F29 Schizotypal and other delusional disorders	68	57	125	832	830	13.4	7.0	13.4	7.0	1	24	25	173	7.2	5.0
F22 Persistent delusional disorders	39	48	87	639	639	12.5	4.5	12.5	5.5	24	34	58	402	11.1	7.0
F23 Acute and transient psychotic disorders	14	24	38	216	215	8.4	5.0	8.4	5.5	3	11	14	60	5.2	3.0
F25 Schizoaffective disorders	124	98	222	874	874	7.7	4.0	7.7	4.0	2	15	17	122	8.0	5.0
F30 Manic episode	31	20	51	308	283	13.9	8.0	12.6	9.0	1	9	10	69	7.6	4.0
F31 Bipolar affective disorders	229	227	456	1,876	1,861	7.3	4.0	7.2	4.0	42	67	109	467	6.3	3.0
F32 Depressive episode	2,412	1,888	4,300	28,814	28,470	14.0	7.0	13.8	7.0	250	814	1,064	5,723	6.7	4.0
F33 Recurrent depressive disorders	770	348	1,118	6,683	6,663	17.0	10.0	16.9	10.0	232	268	500	4,483	15.9	11.0
F34 Persistent mood (affective) disorders	546	523	1,069	4,695	4,633	7.9	5.0	7.8	5.0	48	39	87	492	11.4	7.0
F38, F39 Other and unspecified mood (affective) disorders	61	24	85	255	255	8.1	4.0	8.1	5.0	3	4	7	73	17.5	6.5
F50 Eating disorders	129	112	241	1,433	1,425	11.6	5.0	11.6	5.0	45	47	92	430	8.2	5.0
F51-F59 Other behav syndromes associated w phys dist & phys factors	198	164	362	2,464	2,460	13.8	8.0	13.8	8.0	24	118	142	808	6.6	5.0
F60 Specific personality disorders	2,538	2,685	5,223	24,983	24,641	8.4	4.0	8.2	4.0	166	310	476	1,878	5.5	2.0
F61-F69 Disorders of adult personality and behaviour	293	255	548	2,442	2,420	8.4	4.0	8.3	4.0	6	42	48	343	8.0	3.0
F70-F79 Mental retardation	139	192	331	1,671	1,642	8.0	4.0	7.8	4.0	15	86	101	341	3.8	3.0
F80-F89 Disorders of psychological development	60	111	171	1,016	1,016	8.6	5.0	8.6	5.0	9	35	44	232	6.4	5.0
F90 Hyperkinetic disorders	90	50	140	717	717	12.5	5.5	12.5	6.0	4	14	18	67	4.5	1.5
F91 Conduct disorders	103	122	225	1,006	1,004	7.4	4.0	7.4	4.0	7	15	22	118	7.4	7.0
F92-F98 Other & unspec disorders w onset childhood adolescence	130	120	250	1,507	1,506	11.5	6.0	11.5	6.0	9	19	28	149	7.4	4.0
F99 Mental disorder not otherwise specified	1	3	4	7	7	2.0	2.0	2.0	2.0	1	3	4	17	5.3	4.0
G30 Alzheimers disease	3	11	14	174	174	15.5	5.0	15.5	5.0	1	26	27	197	7.5	5.0
G47 Sleep disorders	35	51	86	581	578	10.7	7.0	10.6	7.0	12	66	78	343	5.0	4.0
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	4	4	8	19	19	3.8	4.0	3.8	4.0	0	5	5	23	4.6	5.0
R44 Other symptoms & signs involving general sensations and perceptions	57	75	132	981	776	12.3	6.0	9.6	6.0	3	17	20	140	8.1	3.0
R45 Symptoms & signs involving emotional state	45	64	109	498	497	7.1	4.0	7.1	4.5	7	32	39	202	6.1	3.5
R48 Dyslexia and other symbolic dystunctions, not elsewhere classified	2	3	5	29	29	9.0	7.0	9.0	7.0	1	1	2	3	2.0	2.0
Other factors related to mental and behavioural disorders ^(b)	915	1,027	1,942	9,496	9,393	8.4	4.0	8.3	4.0	82	286	368	1,892	6.3	3.0
Other factors related to substance use ^(c)	2	5	7	46	46	8.8	11.0	8.8	11.0	0	4	4	60	15.0	6.5
Total	4,637	8,574	13,211	87,038	86,147	9.6	13.0	9.5	13.0	1,397	3,080	4,477	25,324	7.8	3.0

(a) Overnight separations only.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 4.28: Separations, patient days and psychiatric care days for separations with a mental health-related principal diagnosis (excluding neurotic, stress-related and somatoform disorders) and an additional diagnosis of neurotic, stress-related and somatoform disorders, Australia, 2000–01

Principal diagnosis	Separations with specialised psychiatric care				Average			Separations without specialised psychiatric care			Median length of stay ^(a)		
	Same day	Overnight	Total	Patient days	Average length of stay ^(a)	Median length of stay ^(a)	Average length of psych care ^(a)	Same day	Overnight	Total		Average length of stay ^(a)	
F00–F03 Dementia	99	40	139	2,319	2,300	55.5	34.5	34.5	3	123	2,912	23.7	
F04–F09 Other organic mental disorders	101	83	184	1,638	1,616	18.5	10.0	18.3	2	75	77	14.2	
F10 Mental and behavioural disorders due to use of alcohol	598	712	1,310	8,794	8,729	11.5	8.0	11.4	80	342	1,068	7.1	
F11–F19 Mental and behav disorders due to other psychoactive substances use	78	417	495	5,442	5,375	12.9	7.0	12.7	82	299	381	7.6	
F20 Schizophrenia	135	598	733	10,891	10,845	18.0	9.0	17.9	12	56	68	7.5	
F21, F24, Schizotypal and other delusional disorders	37	90	127	1,201	1,194	12.9	8.0	12.9	12	21	33	2.7	
F28–F29 Persistent delusional disorders	2	55	57	861	854	15.6	10.0	15.5	5	16	21	12.2	
F22 Acute and transient psychotic disorders	30	100	130	1,223	1,191	11.9	9.0	11.6	11	30	41	190	
F23 Schizoaffective disorders	69	180	249	3,322	3,315	18.1	10.0	18.0	10	13	23	165	
F30 Manic episode	2	37	39	493	482	13.3	9.0	13.0	2	9	11	7.9	
F31 Bipolar affective disorders	110	444	554	8,221	8,071	18.3	11.0	17.9	25	63	88	7.8	
F32 Depressive episode	2,727	2,476	5,203	44,939	44,408	17.0	12.0	16.8	235	1,028	1,263	8.7	
F33 Recurrent depressive disorders	992	1,139	2,131	23,827	23,610	20.0	15.0	19.9	319	275	594	15.0	
F34 Persistent mood (affective) disorders	235	280	515	3,628	3,607	12.1	7.0	12.0	6	38	44	9.3	
F38, F39 Other and unspecified mood (affective) disorders	4	10	14	111	111	10.7	7.0	10.7	0	5	5	10.4	
F50 Eating disorders	49	139	188	4,334	4,279	30.8	19.5	30.4	5	87	92	18.3	
F51–F59 Other behav syndromes associated w phys dist & phys factors	88	69	157	1,373	1,373	18.6	13.0	18.6	64	199	263	3.9	
F60 Specific personality disorders	293	806	1,099	6,775	6,717	8.0	4.0	8.0	41	86	127	562	
F61–F69 Disorders of adult personality and behaviour	20	56	76	610	610	10.5	5.0	10.5	1	14	15	122	
F70–F79 Mental retardation	1	15	16	493	489	32.8	8.0	32.5	0	6	6	35	
F80–F89 Disorders of psychological development	3	16	19	289	289	17.9	15.5	17.9	1	3	4	17	
F90 Hyperkinetic disorders	1	21	22	304	304	14.4	11.0	14.4	1	2	3	8	
F91 Conduct disorders	341	55	396	966	963	11.4	5.0	11.3	4	7	11	34	
F92–F98 Other & unspec disorders w onset childhood adolescence	10	29	39	275	275	9.1	6.0	9.1	1	7	8	19	
F99 Mental disorder not otherwise specified	0	1	1	99	99	99.0	99.0	99.0	1	1	2	4	
G30 Alzheimers disease	0	14	14	626	626	44.7	22.0	44.7	1	42	43	1,180	
G47 Sleep disorders	0	3	3	23	23	7.7	7.0	7.7	4	53	57	207	
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	22	22	250	250	11.4	5.5	11.4	54	273	327	1,141	
R44 Other symptoms & signs involving general sensations and perceptions	0	3	3	34	34	11.3	6.0	11.3	6	9	15	93	
R45 Symptoms & signs involving emotional state	1	1	2	3	3	2.0	2.0	2.0	4	15	19	60	
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	..	..	..	0	1	9	9
Other factors related to mental and behavioural disorders ^(b)	19	11	30	83	83	5.8	4.0	5.8	5	5	10	23	
Other factors related to substance use ^(c)	0	1	1	7	7	7.0	7.0	7.0	0	3	3	23	
Total	6,045	7,923	13,968	133,454	132,132	16.1	10.0	15.9	10.0	3,590	4,849	33,677	9.0

(a) Overnight separations only.
 (b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
 (c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
 .. Not applicable.
 /Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium.

Table 4.29: 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, 2000-01

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	0	1	1	76	76	1	14	15	308	
F04-F09	2	24	26	436	413	5	24	29	355	
F10	12	58	70	330	329	39	67	106	291	
F11-F19	7	82	89	768	742	4	30	34	184	
F20	9	193	202	4,017	3,979	10	20	30	99	
F22	0	10	10	162	146	0	2	2	6	
F23	0	18	18	255	248	5	5	10	12	
F25	1	67	68	1,283	1,273	2	9	11	81	
F21, F24, F28-F29	1	21	22	397	390	1	3	4	11	
F30	0	2	2	5	5	1	0	1	1	
F31	3	123	126	2,237	2,110	2	16	18	104	
F32	23	521	544	9,397	9,100	62	236	298	1,255	
F33	1	222	223	3,844	3,768	10	42	52	344	
F34	12	55	67	760	740	1	14	15	96	
F38, F39	0	4	4	30	30	0	1	1	6	
F40	1	5	6	78	78	0	0	0	0	
F41	0	28	28	249	241	4	16	20	138	
F42	2	8	10	95	95	0	3	3	20	
F43	79	583	662	4,340	4,174	39	127	166	628	
F44	0	21	21	571	568	0	3	3	4	
F45, F48	1	13	14	84	73	9	7	16	27	
F50	1	20	21	1,054	1,053	0	8	8	223	
F51-F59	0	6	6	104	104	1	4	5	16	
F60	41	372	413	3,775	3,660	10	43	53	302	
F61-F69	0	13	13	101	97	1	1	2	3	
F70-F79	0	2	2	11	11	1	0	1	1	
F90	0	1	1	3	3	0	0	0	0	
F91	4	11	15	152	152	1	2	3	35	
F92-F98	0	5	5	54	48	0	1	1	1	
F99	0	0	0	0	0	0	3	3	9	
G30	0	0	0	0	0	0	1	1	14	
O99.3	1	1	2	4	4	3	5	8	19	
R44	0	1	1	8	8	2	1	3	3	
R45	0	0	0	0	0	2	1	3	24	
	0	5	5	19	19	0	2	2	4	
	0	0	0	0	0	0	2	2	5	
Other ^(c)	141	1,329	1,470	11,482	10,202	0	0	0	0	
Total	342	3,825	4,167	46,181	43,939	216	713	929	4,629	

(a) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(b) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Australian Refined Diagnosis Related Groups

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 4.2 (DHAC 2000a, 2000b). Although the AR-DRGs are designed to be homogenous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogenous than most other AR-DRG types.

Overview

The 30 most frequently reported AR-DRGs for mental health-related separations are detailed in Table 4.30. 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* (58,589 separations or 83.2% 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 22.7% (21,165 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 (15,811 separations). The AR-DRG with the largest number of overnight mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 11,467 separations or 17.9% 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) were the next most frequent mental health-related separations without specialised psychiatric care.

Hospital type

Tables 4.31 to 4.34 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 care hospitals were reported for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) (Table 4.31a). *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 numbers of overnight separations with specialised psychiatric care in public acute hospitals (20.1%, 17.8% and 16.6%, 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, 217,026 patient days and 216,145 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, 9,512 separations), followed by *Alcohol intoxication and withdrawal* (V60Z, 9,117 separations) and *Anxiety disorders* (U65Z, 8,750 separations). The largest number of patient days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 77,255 patient days) (Table 4.31b).

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 numbers of overnight separations with specialised psychiatric care (6,718 and 2,686 respectively) (Table 4.32a). *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) again had the largest numbers of same day and total separations in this category (42,115 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, 119,702 patient days and 119,102 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, 6,296 separations), followed by *Anxiety disorders* (U65Z, 2,717 separations) and *Alcohol use disorder and dependence, same day* (V62B, 1,886 separations). The largest number of patient days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 26,397 patient days) (Table 4.32b).

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 (2,634 separations or 20.2% of overnight separations in this category, see Table 4.33). *Personality disorders and acute reactions* (U67Z) and *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B) constituted 19.2% and 17.2% of overnight separations with specialised psychiatric care in public psychiatric hospitals respectively. One-third of all patient days and psychiatric care days in public psychiatric hospitals were for separations classified in the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A).

Age and sex

The 15 most frequently reported AR-DRGs for overnight mental health-related separations for male and female patients are reported in Table 4.34.

Overnight separations with specialised psychiatric care for male patients

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 (8,566 separations, 18.4% of overnight acute and non-specified separations for male patients). This was followed by *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 8,419 separations) and *Personality disorders and acute reactions* (U67Z, 7,238 separations).

Just under two-thirds of overnight separations with *Schizophrenia disorders with involuntary mental health legal status* (U61A, 61.9%) were for male patients aged 15–34 years. Nearly half (47.9%) 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

For female patients, the largest groups of overnight acute care separations with specialised psychiatric care were *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 12,746 separations), *Personality disorders and acute reactions* (U67Z, 8,760 separations) and *Schizophrenia disorders with involuntary mental health legal status* (U61A, 4,214 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 35–44 age group (3,436 separations or 27.0%). More than half of separations classified as *Personality disorders and acute reactions* (U67Z, 56.7%) were for patients in the 15–34 age groups.

Overnight separations without specialised psychiatric care for male patients

For male patients, *Anxiety disorders* (U65Z, 5,129 separations), *Alcohol intoxication and withdrawal* (V60Z, 4,196 separations) and *Alcohol use disorder and dependence* (V62A, 3,791 separations) were reported for the largest number of overnight separations without specialised psychiatric care. Nearly two-thirds (62.8%) of mental health-related overnight acute and unspecified care separations for male patients in the *Anxiety disorders* (U65Z) group were younger than 15 years.

Overnight separations without specialised psychiatric care for female patients

For female patients, *Anxiety disorders* (U65Z, 6,338 separations), *Other affective and somatoform disorders* (U64Z, 4,533 separations) and *Dementia and other chronic disturbances of cerebral function* (B63Z, 3,507 separations) were reported for the largest number of overnight acute and unspecified care separations. The highest proportion of *Anxiety disorders* separations in this group were in the under 15 age group (2,330 separations or 36.8%). About 26% of separations in the *Other affective and somatoform disorders* (U64Z) group were from patients in the age group 65 years or older.

Length of stay

Measures of length of stay provide information on the resource use associated with various disorders and illustrate different care practices. In this section, both average and median length of stay data have been presented. Comparison of medians and means can give an indication of the amount of skew in the distribution of patient days; in skewed distributions the median is a more meaningful summary measure. In all tables, length of stay calculations include only acute and non-specified care 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. Averages and medians based on less than ten separations have not been published.

Tables 4.35 and 4.36 present the average and median length of stay for 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 41.0 days, median 19 days). *Schizophrenia disorders with involuntary mental health legal status* (U61A) also had a high average length of stay for all age groups (24.7 days average, 14 median) as did *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A, 24.5 days average, 18 days 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, 37.9 days average, 23 days median). This was followed by *Eating and obsessive-compulsive disorders* (U66Z, average 28.0 days, median 17 days) and *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A, average 26.1 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 15.7 days average length of stay for male patients with specialised psychiatric care and 16.1 days for female patients. The longest average length of stay for mental health-related separations without specialised psychiatric care for male patients was for *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A, 16.0 days average and 11 days median). For separations without specialised psychiatric care for female patients, the longest average length of stay was for *Eating and obsessive-compulsive disorders* (U66Z, 18.4 days average and 9 days median).

Table 4.30a: The 30 most frequently reported AR-DRGs for separations^(a) with specialised psychiatric care, Australia, 2000–01

AR-DRG description	Separations			Patient days per 1,000 population ^(b)	Psychiatric care days per 1,000 population ^(b)	
	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, Sameday, W/O ECT	58,589	0	58,589	3.06	58,589	3.06
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	21,165	21,165	1.11	344,169	17.97
U67Z Personality Disorders and Acute Reactions	0	15,998	15,998	0.84	123,935	6.47
U61A Schizophrenia Disorders W Mental Health Legal Status	0	12,780	12,780	0.67	383,602	20.03
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	10,466	10,466	0.55	218,358	11.40
U64Z Other Affective and Somatoform Disorders	0	5,657	5,657	0.30	66,988	3.50
U40Z Mental Health Treatment, Sameday, W ECT	4,744	0	4,744	0.25	4,744	0.25
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	3,878	3,878	0.20	108,390	5.66
V61B Drug Intoxication and Withdrawal W/O CC	291	2,445	2,736	0.14	19,347	1.01
V60Z Alcohol Intoxication and Withdrawal	1,144	1,579	2,723	0.14	25,872	1.35
U62B Alcohol Use Disorder and Dependence, Sameday	2,287	0	2,287	0.12	2,287	0.12
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	2,280	2,280	0.12	35,656	1.86
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	330	1,832	2,162	0.11	100,605	5.25
V62A Alcohol Use Disorder and Dependence	0	1,931	1,931	0.10	24,853	1.30
V64Z Other Drug Use Disorder and Dependence	631	1,300	1,931	0.10	11,829	0.62
U65Z Anxiety Disorders	0	1,825	1,825	0.10	24,329	1.27
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,722	1,722	0.09	21,093	1.10
Z64B Other Factors Influencing Health Status Age < 80	664	750	1,414	0.07	6,331	0.33
U66Z Eating and Obsessive–Compulsive Disorders	0	1,245	1,245	0.07	32,542	1.70
V63Z Opioid Use Disorder and Dependence	344	757	1,101	0.06	5,344	0.28
O61Z Postpartum and Post Abortion W/O OR Procedure	629	414	1,043	0.05	7,008	0.37
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	115	760	875	0.05	3,761	0.20
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	25	775	800	0.04	7,456	0.39
B64Z Delirium	173	547	720	0.04	11,686	0.61
V61A Drug Intoxication and Withdrawal W CC	25	616	641	0.03	6,121	0.32
960Z Ungroupable	9	527	536	0.03	51,221	2.67
U68Z Childhood Mental Disorders	0	351	351	0.02	4,727	0.25
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	39	226	265	0.01	10,192	0.53
X60C Injuries Age < 65	42	195	237	0.01	1,306	0.07
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	11	110	121	<0.01	5,346	0.28
All other AR-DRGs	252	1,050	1,302	0.07	22,256	1.16
Total	70,344	93,181	163,525	8.54	1,749,943	91.36
					1,732,855	90.47

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

(b) Rates are crude rates based on the estimated resident population of 30 June 2000.

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

Table 4.30b: The 30 most frequently reported AR-DRGs for mental health-related separations^(a) without specialised psychiatric care, Australia, 2000–01

AR-DRG description	Separations			Per 1,000 population ^(b)	Patient days	Patient days per 1,000 population ^(b)
	Same day	Overnight	Total			
U60Z Mental Health Treatment, Sameday, W/O ECT	15,811	0	15,811	0.83	15,811	0.83
U65Z Anxiety Disorders	0	11,467	11,467	0.60	45,634	2.38
V60Z Alcohol Intoxication and Withdrawal	3,543	5,971	9,514	0.50	21,200	1.11
U64Z Other Affective and Somatoform Disorders	0	6,925	6,925	0.36	43,922	2.29
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	320	6,246	6,566	0.34	103,652	5.41
V62A Alcohol Use Disorder and Dependence	0	5,355	5,355	0.28	35,072	1.83
U67Z Personality Disorders and Acute Reactions	0	5,210	5,210	0.27	30,686	1.60
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	4,547	4,547	0.24	35,810	1.87
V63Z Opioid Use Disorder and Dependence	786	3,423	4,209	0.22	15,977	0.83
U40Z Mental Health Treatment, Sameday, W ECT	3,743	0	3,743	0.20	3,743	0.20
B64Z Delirium	150	2,402	2,552	0.13	28,303	1.48
V62B Alcohol Use Disorder and Dependence, Sameday	2,241	0	2,241	0.12	2,241	0.12
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	2,223	2,223	0.12	15,434	0.81
V64Z Other Drug Use Disorder and Dependence	530	1,654	2,184	0.11	10,584	0.55
V61B Drug Intoxication and Withdrawal W/O CC	533	1,071	1,604	0.08	3,861	0.20
O61Z Postpartum and Post Abortion W/O OR Procedure	456	889	1,345	0.07	4,549	0.24
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	1,239	1,239	0.06	19,238	1.00
O65A Other Antenatal Admission W Severe Complicating Diagnosis	325	830	1,155	0.06	3,203	0.17
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,135	1,135	0.06	5,187	0.27
U66Z Eating and Obsessive–Compulsive Disorders	0	974	974	0.05	15,909	0.83
O60B Vaginal Delivery W Severe Complicating Diagnosis	18	444	462	0.02	1,595	0.08
Z64B Other Factors Influencing Health Status Age < 80	162	271	433	0.02	2,747	0.14
U68Z Childhood Mental Disorders	0	362	362	0.02	1,854	0.10
V61A Drug Intoxication and Withdrawal W CC	62	300	362	0.02	1,812	0.09
O60A Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	8	339	347	0.02	1,742	0.09
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	72	85	157	<0.01	461	0.02
B76B Seizure Age > 2 or W/O Catastrophic or Severe CC	47	95	142	<0.01	243	0.01
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	128	128	<0.01	1,443	0.08
P67D Neonate, AdmWt > 2499 g W/O Significant OR Procedure W/O Problem	37	40	77	<0.01	210	0.01
O01B Caesarean Delivery W Severe Complicating Diagnosis	0	65	65	<0.01	405	0.02
All other AR-DRGs	109	471	580	0.03	5,281	0.28
Total	28,953	64,161	93,114	4.86	477,809	24.95

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

(b) Rates are crude rates based on the estimated resident population of 30 June 2000.

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

Table 4.31a: Separations, patient days and psychiatric care days for separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2000–01

AR-DRG description	Separations			Total patient days population ^(b)	Total psychiatric care days population ^(b)	Psychiatric care days per 1,000 population ^(b)
	Same day	Overnight	Total population ^(b)			
U60Z Mental Health Treatment, Sameday, W/O ECT	14,122	0	14,122	14,122	14,122	0.74
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	12,210	12,210	181,483	179,493	9.48
U67Z Personality Disorders and Acute Reactions	0	10,814	10,814	66,147	65,139	3.45
U61A Schizophrenia Disorders W Mental Health Legal Status	0	10,039	10,039	217,026	216,145	11.33
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	7,729	7,729	120,634	119,376	6.30
U64Z Other Affective and Somatoform Disorders	0	3,617	3,617	34,803	34,006	1.82
U40Z Mental Health Treatment, Sameday, W ECT	3,313	0	3,313	3,313	3,313	0.17
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	2,207	2,207	57,211	55,090	2.99
V61B Drug Intoxication and Withdrawal W/O CC	157	1,795	1,952	12,766	12,620	0.67
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	1,669	1,669	22,728	22,570	1.19
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	173	1,166	1,339	37,078	36,450	1.94
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,310	1,310	15,050	14,843	0.79
V60Z Alcohol Intoxication and Withdrawal	291	873	1,164	5,908	5,814	0.30
V64Z Other Drug Use Disorder and Dependence	190	644	834	3,247	3,141	0.16
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	114	710	824	3,467	3,131	0.16
U65Z Anxiety Disorders	0	755	755	7,219	7,069	0.37
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	24	706	730	6,541	5,820	0.30
U66Z Eating and Obsessive-Compulsive Disorders	0	676	676	16,843	16,461	0.86
Z64B Other Factors Influencing Health Status Age < 80	230	383	613	4,187	4,176	0.22
V62A Alcohol Use Disorder and Dependence	0	515	515	3,953	3,843	0.20
V61A Drug Intoxication and Withdrawal W CC	24	485	509	4,596	4,553	0.24
V62B Alcohol Use Disorder and Dependence, Sameday	399	0	399	399	399	0.02
B64Z Delirium	23	349	372	5,921	5,724	0.30
U68Z Childhood Mental Disorders	0	270	270	3,451	3,420	0.18
V63Z Opioid Use Disorder and Dependence	67	184	251	931	915	0.05
O61Z Postpartum and Post Abortion W/O OR Procedure	20	215	235	2,524	2,490	0.13
X60C Injuries Age < 65	41	184	225	1,205	1,153	0.06
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	13	148	161	1,790	1,782	0.09
960Z Ungroupable	4	85	89	3,081	3,054	0.16
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	11	78	89	2,578	2,523	0.13
All other AR-DRGs	106	798	904	15,033	12,137	0.63
Total	19,322	60,614	79,936	875,235	860,772	45.70

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

(b) Rates are crude rates based on the estimated resident population as at 30 June 2000.

Abbreviations: W—With, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR —operating room, Psych—Psychotic.

Table 4.31b: 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, 2000–01

AR-DRG description	Separations				Patient days	Patient days per 1,000 population ^(b)
	Same day	Overnight	Total	Per 1,000 population ^(b)		
U60Z Mental Health Treatment, Sameday, W/O ECT	9,512	0	9,512	0.50	9,512	0.50
V60Z Alcohol Intoxication and Withdrawal	3,424	5,693	9,117	0.48	19,373	1.01
U65Z Anxiety Disorders	0	8,750	8,750	0.46	32,388	1.69
U64Z Other Affective and Somatoform Disorders	0	5,502	5,502	0.29	28,641	1.50
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	304	4,729	5,033	0.26	77,255	4.03
V62A Alcohol Use Disorder and Dependence	0	4,079	4,079	0.21	20,858	1.09
U67Z Personality Disorders and Acute Reactions	0	4,019	4,019	0.21	14,024	0.73
U60Z Mental Health Treatment, Sameday, W ECT	3,499	0	3,499	0.18	3,499	0.18
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	3,429	3,429	0.18	18,459	0.96
V63Z Opioid Use Disorder and Dependence	438	2,681	3,119	0.16	12,062	0.63
B64Z Delirium	144	1,997	2,141	0.11	23,404	1.22
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	2,009	2,009	0.10	11,918	0.62
V64Z Other Drug Use Disorder and Dependence	379	1,380	1,759	0.09	6,786	0.35
V61B Drug Intoxication and Withdrawal W/O CC	521	1,006	1,527	0.08	3,414	0.18
U65A Other Antenatal Admission W Severe Complicating Diagnosis	0	1,053	1,053	0.05	4,356	0.23
U66Z Eating and Obsessive–Compulsive Disorders	297	730	1,027	0.05	2,877	0.15
O61Z Postpartum and Post Abortion W/O OR Procedure	0	825	825	0.04	13,406	0.70
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	109	707	816	0.04	2,983	0.16
O60B Vaginal Delivery W Severe Complicating Diagnosis	0	801	801	0.04	10,463	0.55
Z64B Other Factors Influencing Health Status Age < 80	17	399	416	0.02	1,369	0.07
V62B Alcohol Use Disorder and Dependence, Sameday	110	240	350	0.02	1,426	0.07
O60A Vaginal Delivery W Multiple Complicating Diagnoses, At Least One Severe	349	0	349	0.02	349	0.02
V61A Drug Intoxication and Withdrawal W CC	8	334	342	0.02	1,703	0.09
U68Z Childhood Mental Disorders	59	272	331	0.02	1,595	0.08
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	0	266	266	0.01	1,197	0.06
B76B Seizure Age > 2 or W/O Catastrophic or Severe CC	68	80	148	<0.01	433	0.02
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	44	81	125	<0.01	214	0.01
P67D Neonate, AdmWt > 2499 g W/O Significant OR Procedure W/O Problem	0	111	111	<0.01	1,218	0.06
E75C Other Respiratory System Diagnosis Age < 65 W/O CC	11	42	53	<0.01	193	0.01
All other AR-DRGS	19	32	51	<0.01	67	<0.01
Total	19,374	51,620	70,994	3.71	329,469	17.20

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

(b) Rates are crude rates based on the estimated resident populations as at 30 June 2000.

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

Table 4.32a: Separations, patient days and psychiatric care days for separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2000–01

AR-DRG description	Separations				Patient days per 1,000 population ^(b)	Psychiatric care days per 1,000 population ^(b)
	Same day	Overnight	Total	Per 1,000 population ^(b)		
U60Z Mental Health Treatment, Sameday, W/O ECT	42,115	0	42,115	2.22	42,115	2.22
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	6,718	6,718	0.35	119,702	6.31
U67Z Personality Disorders and Acute Reactions	0	2,686	2,686	0.14	37,646	1.99
U62B Alcohol Use Disorder and Dependence, Sameday	1,878	0	1,878	0.10	1,878	0.10
U64Z Other Affective and Somatoform Disorders	0	1,612	1,612	0.09	26,737	1.41
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,535	1,535	0.08	27,381	1.44
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	1,390	1,390	0.07	31,990	1.69
U40Z Mental Health Treatment, Sameday, W ECT	1,382	0	1,382	0.07	1,382	0.07
V62A Alcohol Use Disorder and Dependence	0	1,285	1,285	0.07	18,887	1.00
V60Z Alcohol Intoxication and Withdrawal	786	357	1,143	0.06	5,120	0.27
U65Z Anxiety Disorders	0	942	942	0.05	15,633	0.82
V64Z Other Drug Use Disorder and Dependence	424	401	825	0.04	6,935	0.37
V63Z Opioid Use Disorder and Dependence	275	516	791	0.04	4,117	0.22
O61Z Postpartum and Post Abortion W/O OR Procedure	608	179	787	0.04	4,245	0.22
U66Z Eating and Obsessive–Compulsive Disorders	0	526	526	0.03	14,882	0.78
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	153	297	450	0.02	6,997	0.37
B64Z Delirium	144	126	270	0.01	2,049	0.11
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	262	262	0.01	3,922	0.21
V61B Drug Intoxication and Withdrawal W/O CC	122	130	252	0.01	1,702	0.09
U61A Schizophrenia Disorders W Mental Health Legal Status	0	107	107	<0.01	3,069	0.16
K62C Miscellaneous Metabolic Disorders W/O Catastrophic or Severe CC Age < 75	71	10	81	<0.01	261	0.01
Z61Z Signs and Symptoms	47	24	71	<0.01	469	0.02
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	1	69	70	<0.01	915	0.05
Z64B Other Factors Influencing Health Status Age < 80	43	15	58	<0.01	285	0.02
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	1	48	49	<0.01	286	0.02
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	22	15	37	<0.01	261	0.01
U68Z Childhood Mental Disorders	0	34	34	<0.01	512	0.03
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	26	26	<0.01	544	0.03
V61A Drug Intoxication and Withdrawal W CC	1	25	26	<0.01	371	0.02
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	0	20	20	<0.01	466	0.02
All other AR-DRGS	26	174	200	0.01	2,998	0.16
Total	48,099	19,529	67,628	3.57	383,757	20.24
						20.11

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

(b) Rates are crude rates based on the estimated resident population as at 30 June 2000.

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

Table 4.32b: 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, 2000–01

AR-DRG description	Separations				Patient days	Patient days per 1,000 population ^(b)
	Same day	Overnight	Total	Per 1,000 population ^(b)		
U60Z Mental Health Treatment, Sameday, W/O ECT	6,296	0	6,296	0.33	6,296	0.33
U65Z Anxiety Disorders	0	2,717	2,717	0.14	13,246	0.70
V62B Alcohol Use Disorder and Dependence, Sameday	1,886	0	1,886	0.10	1,886	0.10
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	16	1,517	1,533	0.08	26,397	1.39
U64Z Other Affective and Somatoform Disorders	0	1,423	1,423	0.08	15,281	0.81
U67Z Personality Disorders and Acute Reactions	0	1,190	1,190	0.06	16,658	0.88
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	1,118	1,118	0.06	17,351	0.92
V62A Alcohol Use Disorder and Dependence	0	1,092	1,092	0.06	13,129	0.69
V63Z Opioid Use Disorder and Dependence	319	422	741	0.04	2,715	0.14
O61Z Postpartum and Post Abortion W/O OR Procedure	347	182	529	0.03	1,566	0.08
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	438	438	0.02	8,775	0.46
B64Z Delirium	6	405	411	0.02	4,899	0.26
V60Z Alcohol Intoxication and Withdrawal	119	276	395	0.02	1,822	0.10
V64Z Other Drug Use Disorder and Dependence	151	237	388	0.02	3,574	0.19
U40Z Mental Health Treatment, Sameday, W ECT	244	0	244	0.01	244	0.01
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	212	212	0.01	3,406	0.18
U66Z Eating and Obsessive–Compulsive Disorders	0	149	149	<0.01	2,503	0.13
U65A Other Antenatal Admission W Severe Complicating Diagnosis	28	100	128	<0.01	326	0.02
U68Z Childhood Mental Disorders	0	96	96	<0.01	657	0.03
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	82	82	<0.01	831	0.04
V61B Drug Intoxication and Withdrawal W/O CC	12	64	76	<0.01	445	0.02
Z64B Other Factors Influencing Health Status Age < 80	52	20	72	<0.01	1,279	0.07
O60B Vaginal Delivery W Severe Complicating Diagnosis	1	45	46	<0.01	226	0.01
P67D Neonate, AdmWt > 2499 g W/O Significant OR Procedure W/O Problem	28	3	31	<0.01	46	<0.01
V61A Drug Intoxication and Withdrawal W CC	3	28	31	<0.01	217	0.01
O01B Caesarean Delivery W Severe Complicating Diagnosis	0	30	30	<0.01	212	0.01
B76B Seizure Age > 2 or W/O Catastrophic or Severe CC	3	14	17	<0.01	29	<0.01
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	17	17	<0.01	225	0.01
C63A Other Disorders of the Eye W CC	0	16	16	<0.01	153	<0.01
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	15	0	15	<0.01	15	<0.01
All other AR-DRGS	17	99	116	<0.01	1,289	0.07
Total	9,543	11,992	21,535	1.14	145,698	7.69

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

(b) Rates are crude rates based on the estimated resident population as at 30 June 2000.

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

Table 4.33: Separations, patient days and psychiatric care days for separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public psychiatric hospitals, Australia, 2000–01

AR-DRG description	Separations			Per 1,000 population ^(b)	Patient days	Patient days per 1,000 population ^(b)	Psychiatric care days per 1,000 population ^(b)
	Same day	Overnight	Total				
U61A Schizophrenia Disorders W Mental Health Legal Status	0	2,634	2,634	0.14	163,507	8.77	163,473
U67Z Personality Disorders and Acute Reactions	0	2,498	2,498	0.13	20,142	1.08	20,137
U60Z Mental Health Treatment, Sameday, W/O ECT	2,352	0	2,352	0.13	2,352	0.13	2,352
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	2,237	2,237	0.12	42,984	2.31	42,952
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,202	1,202	0.06	70,343	3.77	70,342
Z64B Other Factors Influencing Health Status Age < 80	391	352	743	0.04	1,859	0.10	1,859
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	585	585	0.03	12,384	0.66	12,384
V61B Drug Intoxication and Withdrawal W/O CC	12	520	532	0.03	4,879	0.26	4,879
960Z Ungroupable	5	434	439	0.02	48,046	2.58	48,044
U64Z Other Affective and Somatoform Disorders	0	428	428	0.02	5,448	0.29	5,442
U60Z Alcohol Intoxication and Withdrawal	67	349	416	0.02	14,844	0.80	14,844
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	4	369	373	0.02	56,530	3.03	56,528
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	281	281	0.02	19,189	1.03	19,189
V64Z Other Drug Use Disorder and Dependence	17	255	272	0.01	1,647	0.09	1,647
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	150	150	<0.01	2,121	0.11	2,121
U62A Alcohol Use Disorder and Dependence	0	131	131	<0.01	2,013	0.11	1,979
U65Z Anxiety Disorders	0	128	128	<0.01	1,477	0.08	1,477
V61A Drug Intoxication and Withdrawal W CC	0	106	106	<0.01	1,154	0.06	1,154
B64Z Delirium	6	72	78	<0.01	3,716	0.20	3,716
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	4	63	67	<0.01	8,141	0.44	8,141
V63Z Opioid Use Disorder and Dependence	2	57	59	<0.01	296	0.02	293
U40Z Mental Health Treatment, Sameday, W ECT	49	0	49	<0.01	49	<0.01	49
U68Z Childhood Mental Disorders	0	47	47	<0.01	764	0.04	764
U66Z Eating and Obsessive-Compulsive Disorders	0	43	43	<0.01	817	0.04	817
O61Z Postpartum and Post Abortion W/O OR Procedure	1	20	21	<0.01	239	0.01	239
961Z Unacceptable Principal Diagnosis	0	12	12	<0.01	105	<0.01	105
B67B Degenerative Nervous System Disorders W/O Catastrophic or Severe CC	0	12	12	<0.01	2,302	0.12	2,302
B76B Seizure Age > 2 or W/O Catastrophic or Severe CC	0	11	11	<0.01	402	0.02	402
V62B Alcohol Use Disorder and Dependence, Sameday	10	0	10	<0.01	10	<0.01	10
B60B Non Acute Paraplegia/Quadriplegia W or W/O OR Procedures W/O Catastr CC	1	7	8	<0.01	87	<0.01	87
All other AR-DRGS	2	35	37	<0.01	3,104	0.17	3,104
Total	2,923	13,038	15,961	0.86	490,951	26.33	490,832

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

(b) Rates are crude rates based on the estimated resident population as at 30 June 2000.

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

Table 4.34a: Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 2000–01

AR-DRG description	Under 15 years						Total
	15–24	25–34	35–44	45–54	55–64	65 or older	
	Males						
U61A Schizophrenia Disorders W Mental Health Legal Status	4	2,077	3,226	1,857	937	331	8,566
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	46	1,266	2,011	2,022	1,735	985	8,419
U67Z Personality Disorders and Acute Reactions	349	1,433	2,153	1,544	1,174	389	7,238
U61B Schizophrenia Disorders W/O Mental Health Legal Status	5	1,487	2,245	1,422	687	266	6,259
U64Z Other Affective and Somatoform Disorders	35	397	536	597	392	164	2,356
U61B Drug Intoxication and Withdrawal W/O CC	3	795	714	224	34	3	1,775
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	28	63	109	87	63	1,304
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	2	445	428	220	82	35	1,261
V62A Alcohol Use Disorder and Dependence	0	45	147	322	397	201	1,207
U60Z Alcohol Intoxication and Withdrawal	1	129	278	284	224	117	1,099
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	0	39	74	54	77	85	977
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	15	291	278	148	78	27	876
V64Z Other Drug Use Disorder and Dependence	5	311	330	140	32	6	830
U65Z Anxiety Disorders	47	88	125	105	83	61	556
V63Z Opioid Use Disorder and Dependence	0	181	170	87	21	2	461
All other AR-DRGs	367	727	840	671	362	190	3,418
All AR-DRGs	879	9,739	13,618	9,806	6,402	2,925	46,602
	Females						
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	61	1,463	2,796	3,436	2,883	1,546	12,746
U67Z Personality Disorders and Acute Reactions	266	2,314	2,652	2,139	994	246	8,760
U61A Schizophrenia Disorders W Mental Health Legal Status	3	663	1,096	1,026	753	376	4,214
U61B Schizophrenia Disorders W/O Mental Health Legal Status	10	678	1,082	953	747	392	4,206
U64Z Other Affective and Somatoform Disorders	65	655	737	669	542	200	3,301
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	5	42	98	134	116	110	2,069
U65Z Anxiety Disorders	33	149	263	324	239	113	1,269
U66Z Eating and Obsessive–Compulsive Disorders	72	504	243	124	53	21	1,036
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	5	188	320	219	141	63	83
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2	18	22	30	44	64	675
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12	189	199	186	123	52	855
V62A Alcohol Use Disorder and Dependence	0	30	137	196	222	98	846
V61B Drug Intoxication and Withdrawal W/O CC	5	296	264	76	14	6	724
V60Z Alcohol Intoxication and Withdrawal	1	44	117	152	104	37	670
V64Z Other Drug Use Disorder and Dependence	5	180	154	76	35	15	480
All other AR-DRGs	168	672	1,005	765	343	150	470
All AR-DRGs	713	8,085	11,185	10,505	7,353	3,489	46,578

(a) Separations with acute and non-specified care type only.
Abbreviations: W—With, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

Table 4.34b: Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex and age group, Australia, 2000–01

AR-DRG description	Under 15 years					Males					65 or older	Total
	15–24	25–34	35–44	45–54	55–64	15–24	25–34	35–44	45–54	55–64		
All AR-DRGs	4,028	3,125	5,318	4,190	2,406	6,114	3,389	4,190	2,406	1,948	8,820	33,589
Females												
U65Z Anxiety Disorders	2,330	356	933	498	367	1,164	690	53	498	367	1,164	6,338
U64Z Other Affective and Somatoform Disorders	64	506	840	639	371	1,189	924	202	639	371	1,189	4,533
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	6	4	15	31	81	3,355	15	192	31	81	3,355	3,507
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	34	302	641	622	331	2,927	862	192	622	331	135	2,927
U67Z Personality Disorders and Acute Reactions	163	446	913	293	135	196	590	202	293	135	196	2,736
V60Z Alcohol Intoxication and Withdrawal	104	314	323	326	151	1,775	402	432	326	151	155	1,775
V62A Alcohol Use Disorder and Dependence	1	66	259	418	188	87	544	101	418	188	87	1,563
B64Z Delirium	3	10	13	31	64	1,248	24	53	31	64	1,248	1,393
V63Z Opioid Use Disorder and Dependence	1	392	406	53	8	4	211	192	53	8	4	1,075
U61B Schizophrenia Disorders W/O Mental Health Legal Status	3	106	214	192	104	135	202	202	192	104	135	956
O61Z Postpartum and Post Abortion W/O OR Procedure	2	171	553	1	0	0	162	1	1	0	0	889
O65A Other Antenatal Admission W Severe Complicating Diagnosis	0	295	432	2	0	0	101	2	2	0	0	830
U66Z Eating and Obsessive–Compulsive Disorders	257	360	82	20	11	22	56	56	20	11	22	808
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	0	5	10	33	23	711	0	33	33	23	711	807
V64Z Other Drug Use Disorder and Dependence	9	202	239	67	26	20	132	239	67	26	20	695
All other AR-DRGs	189	677	867	156	88	399	381	156	156	88	399	2,757
All AR-DRGs	3,166	4,212	6,740	3,382	1,948	8,820	5,321	3,382	1,948	1,948	8,820	33,589

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

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

Table 4.35a: Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000–01

AR-DRG description	Under 15 years					35–44	45–54	55–64	65 or older	Total
	15–24	25–34	Male	Female	Total					
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	25.6	23.7	23.9	27.1	25.7	27.6	24.7		
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	12.9	13.6	13.4	14.1	17.1	18.7	19.2	15.2		
U67Z Personality Disorders and Acute Reactions	9.6	5.0	5.6	6.7	11.3	13.9	17.3	7.6		
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	16.0	15.4	15.2	17.1	17.7	38.1	16.3		
U64Z Other Affective and Somatoform Disorders	9.2	7.6	7.7	8.4	11.3	14.5	20.4	10.2		
U61B Drug Intoxication and Withdrawal W/O CC	n.p.	8.8	6.6	7.9	9.7	n.p.	n.p.	7.8		
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	20.6	14.8	16.4	27.9	24.5	25.9	24.5		
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	n.p.	13.9	12.0	12.3	15.9	15.7	27.3	13.7		
V62A Alcohol Use Disorder and Dependence	n.p.	10.4	9.3	11.3	12.7	15.5	20.5	12.9		
V60Z Alcohol Intoxication and Withdrawal	n.p.	4.6	3.9	5.6	11.8	12.6	53.2	10.0		
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	19.3	13.2	31.2	42.1	38.3	46.5	41.0		
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	19.1	10.6	9.8	9.5	12.2	15.4	33.6	11.6		
V64Z Other Drug Use Disorder and Dependence	n.p.	7.0	6.8	6.8	13.7	n.p.	n.p.	7.3		
V65Z Anxiety Disorders	9.0	7.8	9.4	9.7	16.2	12.0	17.8	11.2		
V63Z Opioid Use Disorder and Dependence	n.p.	6.7	4.4	5.1	6.9	n.p.	n.p.	5.6		
All AR-DRGs	9.8	14.0	13.6	14.0	17.3	18.9	30.0	15.7		
Females										
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	13.5	14.9	15.2	15.4	17.6	20.5	25.8	16.9		
U67Z Personality Disorders and Acute Reactions	8.5	7.2	6.9	8.2	8.2	10.7	18.8	7.8		
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	23.7	23.6	24.3	24.1	29.3	38.6	25.4		
U61B Schizophrenia Disorders W/O Mental Health Legal Status	27.5	17.0	15.6	17.9	19.1	20.2	26.4	18.3		
U64Z Other Affective and Somatoform Disorders	12.3	9.6	10.0	10.6	13.7	16.3	24.3	13.0		
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	21.3	20.2	19.2	27.4	30.2	26.7	26.1		
U65Z Anxiety Disorders	11.0	13.6	12.3	13.4	14.9	17.0	17.7	14.2		
U66Z Eating and Obsessive–Compulsive Disorders	22.0	30.3	28.5	24.0	28.1	17.1	21.2	28.0		
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	n.p.	16.3	13.0	12.9	14.8	14.5	25.3	14.9		
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	17.0	13.2	9.2	29.6	47.5	40.2	37.9		
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	20.9	14.6	10.2	9.9	11.6	13.0	22.9	12.9		
V62A Alcohol Use Disorder and Dependence	n.p.	12.6	11.2	11.3	12.9	13.9	18.9	12.6		
V61B Drug Intoxication and Withdrawal W/O CC	n.p.	7.4	7.1	9.1	8.4	n.p.	n.p.	7.6		
V60Z Alcohol Intoxication and Withdrawal	n.p.	5.2	6.5	6.5	7.4	23.8	20.6	8.6		
V64Z Other Drug Use Disorder and Dependence	n.p.	9.9	10.6	13.2	11.9	12.3	n.p.	10.9		
All AR-DRGs	11.0	13.2	13.1	14.2	16.4	20.8	28.1	16.1		

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

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

Abbreviations: W—With, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic.

Table 4.35b: Average length of stay (days) for overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000-01

AR-DRG description	Under 15 years						Total
	15-24	25-34	35-44	45-54	55-64	65 or older	
	Males						
U65Z Anxiety Disorders	3.8	2.3	2.6	2.6	3.2	5.2	3.7
V60Z Alcohol Intoxication and Withdrawal	1.1	2.1	2.7	3.0	3.9	6.1	3.1
V62A Alcohol Use Disorder and Dependence	n.p.	5.2	5.8	6.7	7.0	8.6	6.3
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	3.7	8.7	12.4	16.1	16.1	15.7
U67Z Personality Disorders and Acute Reactions	3.6	3.2	4.8	13.7	13.1	9.6	7.2
U64Z Other Affective and Somatoform Disorders	5.6	3.7	4.2	5.2	5.8	10.3	5.8
V63Z Opioid Use Disorder and Dependence	n.p.	4.4	4.8	5.5	6.0	n.p.	4.4
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	9.9	4.4	6.3	8.6	8.0	9.7	6.8
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	5.2	5.1	4.2	7.3	13.6	5.6
B64Z Delirium	n.p.	1.6	3.2	4.1	7.7	12.4	10.9
V64Z Other Drug Use Disorder and Dependence	2.4	5.4	6.5	6.9	17.9	n.p.	6.0
V61B Drug Intoxication and Withdrawal W/O CC	n.p.	2.7	2.2	3.6	n.p.	n.p.	3.0
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	4.2	2.0	3.2	2.5	5.0	10.2	3.7
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	n.p.	12.1	12.0	20.7	16.2	16.0
U68Z Childhood Mental Disorders	4.6	n.p.	n.p.	n.p.	n.p.	n.p.	5.4
All AR-DRGs	3.8	3.9	4.5	6.3	7.1	12.6	6.2
	Females						
U65Z Anxiety Disorders	3.9	3.8	3.8	4.1	4.0	5.7	4.2
U64Z Other Affective and Somatoform Disorders	5.8	4.2	5.2	6.2	6.8	10.6	6.6
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	6.5	11.2	19.8	14.8	16.0	15.9
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	6.3	7.4	7.7	9.4	10.0	14.1	8.4
U67Z Personality Disorders and Acute Reactions	3.8	3.5	4.6	7.7	5.6	8.8	4.7
V60Z Alcohol Intoxication and Withdrawal	1.0	2.1	2.7	2.7	3.9	5.9	2.6
V62A Alcohol Use Disorder and Dependence	n.p.	6.1	6.5	7.8	8.9	9.6	7.1
B64Z Delirium	n.p.	2.9	4.5	7.4	10.3	12.9	12.3
V63Z Opioid Use Disorder and Dependence	n.p.	4.4	5.9	6.3	n.p.	n.p.	4.5
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	6.5	7.5	7.6	10.5	13.2	8.5
O61Z Postpartum and Post Abortion W/O OR Procedure	n.p.	4.1	4.5	n.p.	n.p.	n.p.	4.6
O65A Other Antenatal Admission W Severe Complicating Diagnosis	n.p.	3.6	3.8	n.p.	n.p.	n.p.	3.5
U66Z Eating and Obsessive-Compulsive Disorders	17.8	21.8	10.8	16.9	11.9	17.9	18.4
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	16.6	13.7	17.5	15.8	15.1	15.2
V64Z Other Drug Use Disorder and Dependence	n.p.	4.9	7.6	7.6	11.8	9.7	6.3
All AR-DRGs	4.8	5.5	5.5	6.8	7.6	12.8	7.3

(a) Separations for which the care type was acute, or was not reported and the length of stay was less than 366 days. n.p. Not published: based on fewer than 10 separations.

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

Table 4.36a: Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000–01

AR-DRG description	Under 15 years					Males					65 or older	Total
	15–24	25–34	35–44	45–54	55–64							
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	14	13	14	15	16.5						
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	7	10	9	12	14	14						
U67Z Personality Disorders and Acute Reactions	5	3	3	7	9	11						
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	8	8	9	9	21						
U64Z Other Affective and Somatoform Disorders	5	5	5	7	11	14						
U61B Drug Intoxication and Withdrawal W/O CC	n.p.	5	4	4	n.p.	n.p.						
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	16	10	15	19	20						
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	n.p.	9	8	8	10	21						
V62A Alcohol Use Disorder and Dependence	n.p.	5	5	10	11	15						
V60Z Alcohol Intoxication and Withdrawal	n.p.	2	2	4	7	22.5						
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	11	8	14	20	23						
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9	7	7	8	10	18						
V64Z Other Drug Use Disorder and Dependence	n.p.	4	3	7	n.p.	n.p.						
U65Z Anxiety Disorders	6	5	5	9	7	15						
V63Z Opioid Use Disorder and Dependence	n.p.	3	2	4	n.p.	n.p.						
All AR-DRGs	5	7	7	10	12	18						
	Females											
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	10	11	11	13	16	19						
U67Z Personality Disorders and Acute Reactions	4	4	4	5	6	11						
U61A Schizophrenia Disorders W Mental Health Legal Status	n.p.	17	14	16	17	27						
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17	9	10	12	14	17.5						
U64Z Other Affective and Somatoform Disorders	5	6	6	8	12	18						
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	13	15	19.5	23.5	20						
U65Z Anxiety Disorders	5	7	8	10	13	14						
U66Z Eating and Obsessive–Compulsive Disorders	13	20	15	21	11	22						
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	n.p.	9.5	9	9	10	19						
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	6	10.5	12.5	22	26						
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	16	8	7	8	11	16						
V62A Alcohol Use Disorder and Dependence	n.p.	7	7	10	10	16						
V61B Drug Intoxication and Withdrawal W/O CC	n.p.	4	5	6	n.p.	n.p.						
V60Z Alcohol Intoxication and Withdrawal	n.p.	3	3	4	15	16						
V64Z Other Drug Use Disorder and Dependence	n.p.	4.5	5	7	8	n.p.						
All AR-DRGs	4	6	7	10	14	20						

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

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

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

Table 4.36b: Median length of stay (days) for overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000-01

AR-DRG description	Under 15 years						Total
	15-24	25-34	35-44	45-54	55-64	65 or older	
	Males						
U65Z Anxiety Disorders	4	1	1	1	1	1	3
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	2	2	2
V62A Alcohol Use Disorder and Dependence	n.p.	4	4	5	5	6	5
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	1	2	6.5	9	11	10
U67Z Personality Disorders and Acute Reactions	3	1	2	10	10	6	3
U64Z Other Affective and Somatoform Disorders	3.5	2	2	3	4	7	3
V63Z Opioid Use Disorder and Dependence	n.p.	2	3	4	5	n.p.	3
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	7	3	4	4	4	6	4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	2	2	2	5	7	2
B64Z Delirium	n.p.	1	2	3	4	9	7
V64Z Other Drug Use Disorder and Dependence	2	4	4	5	10.5	n.p.	4
V61B Drug Intoxication and Withdrawal W/O CC	n.p.	1	1	3	n.p.	n.p.	1
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	2.5	1	1	1	2	6	1
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	n.p.	3	9	15	11	11
U68Z Childhood Mental Disorders	2	4	n.p.	n.p.	n.p.	n.p.	3
All AR-DRGs	4	2	3	3	4	8	4
	Females						
U65Z Anxiety Disorders	4	2	2	2	2	3	4
U64Z Other Affective and Somatoform Disorders	3	3	3	4	5	7	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	n.p.	n.p.	6	10	7	11	11
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	5.5	3	4	5	7	8	5
U67Z Personality Disorders and Acute Reactions	3	2	2	3	3	5	2
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	2	2	1
V62A Alcohol Use Disorder and Dependence	n.p.	3.5	4	6	6	8	5
B64Z Delirium	n.p.	1	3	3	7.5	9	8
V63Z Opioid Use Disorder and Dependence	n.p.	2	4	5	n.p.	n.p.	3
U61B Schizophrenia Disorders W/O Mental Health Legal Status	n.p.	2	3	3	5	7	4
O61Z Postpartum and Post Abortion W/O OR Procedure	n.p.	3	4	n.p.	n.p.	n.p.	4
O65A Other Antenatal Admission W Severe Complicating Diagnosis	n.p.	2	3	n.p.	n.p.	n.p.	2
U66Z Eating and Obsessive-Compulsive Disorders	9	13	3.5	6.5	6	12	9
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	n.p.	n.p.	12.5	9	7	11	11
V64Z Other Drug Use Disorder and Dependence	n.p.	3	4	5	6	8	4
All AR-DRGs	4	2	3	4	4	8	4

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

n.p. Not published; based on fewer than 10 separations.

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

Procedures

Tables 4.37a and 4.37b detail the number of separations relating to the 30 procedures most frequently reported for mental health-related separations by hospital type. The most frequently reported procedures for separations with specialised psychiatric care in public acute hospitals were *Allied health intervention, social work* (9,717 separations), *Allied health intervention, occupational therapy* (7,024 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,521 separations)(Table 4.31a). For private hospitals, the most frequently reported procedures were *Electroconvulsive therapy, 8 treatments or less* (3,907 separations), *Psychological skills training* (3,776 separations) and *Other counselling or education* (3,248 separations). *Allied health intervention, social work* (5,278 separations), *Psychiatric assessment* (2,849 separations) and *Allied health intervention, occupational therapy* (2,161 separations) were the most frequently reported procedures for separations with specialised psychiatric care in public psychiatric hospitals.

For mental health-related separations without specialised psychiatric care, the most frequently reported procedures in public acute hospitals were *Allied health intervention, social work* (8,495 separations), *Allied health intervention, physiotherapy* (5,584 separations) and *Electroconvulsive therapy, 8 treatments or less* (3,812 separations)(Table 4.37b). *Other psychological therapies* (2,544 separations), *Psychological skills training* (1,772 separations) and *Psychotherapy* (1,741 separations) were the three most frequently reported procedures for separations without specialised psychiatric care in private hospitals.

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. Note that where tables in this section include average length of stay data, there are equivalent median length of stay data available at www.aihw.gov.au.

Source of referral to public psychiatric hospitals

For public psychiatric hospitals, the majority of separations had not reported source of referral (34.7% or 6,025 separations) (Table 4.38). The most frequently reported source of referral was 'Other health care establishment' (24.6% or 4,263 separations). 'Other health care establishment' includes emergency departments, community health services, other hospitals, nursing homes and crisis team services. This category was the most frequently reported source of referral for New South Wales, Queensland, Western Australia and South Australia.

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, 89.7% of separations with specialised psychiatric care and 94.7% of separations without specialised psychiatric care were 'Other admissions', that is, planned and unplanned admissions excluding transfers from other hospitals and statistical admissions (Tables 4.39a and 4.39b).

Of all mental health-related separations from private hospitals, the corresponding percentages were 98.1% and 97.5% respectively. In public psychiatric hospitals, 60.2% of separations with specialised psychiatric care were 'Other admissions'.

Mode of separation

Approximately 87% of separations (72,226 separations) with specialised psychiatric care from public acute hospitals and 94.9% (74,239) from private hospitals ended with a discharge either to the patient's usual residence or own accommodation, or to a welfare institution (Table 4.40a). For public psychiatric hospitals, the equivalent figure was 66.4% (11,510), with 11.2% (1,939) ending in statistical discharges from leave and 8.3% (1,440) ending in discharge or transfer to an acute hospital. Statistical discharges from leave are a statistical separation that occurs while a patient is on leave from the hospital. About 77% of mental health-related separations (56,769) without specialised psychiatric care in public acute hospitals ended with a discharge either to the patient's usual residence or own accommodation, or to a welfare institution. In private hospitals, 92.6% of mental health-related separations (20,319) without specialised psychiatric care ended this way (Table 4.40b).

Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care, maintenance care or other admitted patient care (Tables 4.41a, 4.41b, 4.42a, 4.42b and 4.43). See the Glossary for further detail on care type.

Acute care was the most frequently recorded type of episode of care for mental health-related separations in all jurisdictions and hospital sectors (163,522 or 91.6% of separations with specialised psychiatric care, and 92,827 or 96.3% of separations without specialised psychiatric care). It also accounted for the majority of patient days reported for mental health-related separations with (81.3%) and without (75.6%) specialised psychiatric care, and the majority of psychiatric care days (81.4%).

The variation among the jurisdictions reflects differences in the types of services provided as admitted patient services among the States and Territories.

Table 4.37a: The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2000-01

Procedure	Separations for which the procedure was reported			Patient		ALOS (days)	Total	Median LOS
	Same day	Overnight	Total	days	Psychiatric care days	excluding same day	procedures reported	excluding same day
Public acute hospitals								
95550-01 Allied health intervention, social work	131	9,586	9,717	249,151	243,416	26.0	9,729	17.0
95550-02 Allied health intervention, occupational therapy	26	6,997	7,023	209,076	204,475	29.9	7,025	20.0
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	3,307	2,211	5,518	53,727	52,510	22.8	5,601	1.0
96099-00 Psychotherapy	3,440	26	3,466	3,871	3,865	16.6	3,466	1.0
56001-00 Computerised tomography of brain	10	3,338	3,348	86,500	83,074	25.9	3,357	17.0
92502-02 Intravenous and inhalational general anaesthesia	1,326	1,495	2,821	47,519	45,651	30.9	8,123	28.0
92502-00 Intravenous general anaesthesia	1,289	998	2,287	33,509	32,482	32.3	6,037	26.0
95550-00 Allied health intervention, dietetics	111	1,772	1,883	67,489	64,226	38.0	1,883	24.0
95550-03 Allied health intervention, physiotherapy	4	1,810	1,814	72,119	66,929	39.8	1,818	27.0
95550-10 Allied health intervention, psychology	73	1,713	1,786	49,477	48,521	28.8	1,786	18.0
93340-01 Electroconvulsive therapy [ECT] > 8 treatments	118	754	872	43,126	42,092	57.0	910	38.5
56007-00 Computerised tomography of brain with intravenous contrast medium	0	539	539	15,237	14,311	28.3	541	18.0
92503-00 Intravenous sedation, anaesthetist controlled	93	324	417	11,345	10,357	34.7	668	27.0
95550-04 Allied health intervention, podiatry	0	394	394	34,999	34,416	88.8	394	43.0
90901-00 Magnetic resonance imaging of brain	1	302	303	10,300	9,817	34.1	303	23.0
95550-05 Allied health intervention, speech pathology	0	284	284	14,209	12,557	50.0	285	31.0
93300-00 Psychiatric assessment	6	255	261	5,383	5,121	21.1	261	14.0
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	11	245	256	4,491	4,316	18.3	284	7.0
11000-00 Electroencephalography	0	228	228	6,048	5,727	26.5	229	19.0
95550-09 Allied health intervention, pharmacy	0	201	201	4,337	4,206	21.6	201	14.0
95550-11 Allied health intervention, other	0	151	151	5,437	5,204	36.0	152	25.0
96027-00 Prescribed medication assessment	1	134	135	2,951	2,903	22.0	135	12.0
92003-00 Alcohol detoxification	0	130	130	1,253	1,159	9.6	130	6.0
13882-00 Management of continuous ventilatory support, <= 24 hours	0	109	109	1,351	998	12.4	109	7.0
13857-00 Continuous ventilatory support, initiation outside of intensive care unit	0	106	106	1,665	1,146	15.7	106	9.0
30473-01 Panendoscopy to duodenum with biopsy	0	105	105	4,020	3,693	38.3	108	28.5
39000-00 Lumbar puncture	1	96	97	3,240	2,770	33.7	98	18.5
92191-00 Enteral infusion of nutritional substances	0	92	92	4,563	3,927	49.6	92	37.0
30473-00 Panendoscopy to duodenum	0	79	79	2,887	2,684	36.5	81	25.0
92006-00 Drug detoxification	0	71	71	455	398	6.4	71	5.0
Other	59	2,891	2,950	102,101	89,826	35.3	3,060	23.0
No procedure or not reported	13,335	41,540	54,875	470,623	464,693	11.0	..	..
Total^(a)	20,552	54,372	74,924	976,506	958,444	17.6	57,043	8.0

(continued)

Table 4.37a (continued): The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2000-01

Procedure	Separations for which the procedure was reported			Patient days	Psychiatric care days	(days) excluding same day	Total procedures reported	(days) excluding same day
	Same day	Overnight	Total					
Private hospitals								
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	2,028	1,879	3,907	33,215	33,019	16.6	3,922	1.0
96001-00 Psychological skills training	2,860	916	3,776	21,733	21,443	20.6	3,778	1.0
96090-00 Other counselling or education	2,302	946	3,248	30,942	30,925	30.3	3,248	1.0
92502-00 Intravenous general anaesthesia	1,483	1,491	2,974	31,604	31,556	20.2	5,584	18.0
96174-00 Other psychological therapies	2,078	867	2,945	20,649	20,633	21.4	2,945	1.0
96099-00 Psychotherapy	1,563	839	2,402	17,585	17,533	19.1	2,403	1.0
96101-00 Cognitive behaviour therapy	1,315	217	1,532	6,288	6,261	22.9	1,532	1.0
95550-01 Allied health intervention, social work	1	1,256	1,257	36,178	35,773	28.8	1,258	23.0
95550-02 Allied health intervention, occupational therapy	139	1,094	1,233	33,500	33,279	30.5	1,234	21.0
92502-02 Intravenous and inhalational general anaesthesia	474	683	1,157	18,225	17,908	26.0	4,368	27.0
95550-10 Allied health intervention, psychology	41	1,025	1,066	27,913	27,600	27.2	1,066	20.0
92004-00 Alcohol rehabilitation and detoxification	229	683	912	11,504	11,494	16.5	912	10.0
92003-00 Alcohol detoxification	21	831	852	10,922	10,889	13.1	852	9.0
96073-00 Substance addiction counselling or education	460	288	748	4,894	4,894	15.4	748	1.0
95550-00 Allied health intervention, dietetics	5	653	658	20,438	20,167	31.3	658	25.0
92006-00 Drug detoxification	4	608	612	4,913	4,880	8.1	612	4.0
93340-01 Electroconvulsive therapy [ECT] > 8 treatments	45	501	546	21,653	21,590	43.1	552	33.0
95550-03 Allied health intervention, physiotherapy	12	505	517	14,275	13,944	28.2	517	22.0
95550-11 Allied health intervention, other	12	476	488	8,035	8,006	16.9	488	14.0
92002-00 Alcohol rehabilitation	360	118	478	2,541	2,541	18.5	478	1.0
92007-00 Drug rehabilitation and detoxification	26	246	272	4,129	4,102	16.7	272	13.0
95550-09 Allied health intervention, pharmacy	169	76	245	1,857	1,854	22.2	245	1.0
56001-00 Computerised tomography of brain	0	241	241	6,161	5,932	25.6	241	21.0
92505-01 Application of fitted facemask	80	133	213	1,713	1,713	12.3	213	1.0
96027-00 Prescribed medication assessment	25	153	178	3,787	3,767	24.6	179	15.0
92503-00 Intravenous sedation, anaesthetist controlled	7	136	143	3,975	3,845	29.2	206	24.0
92010-00 Combined alcohol and drug rehabilitation and detoxification	14	120	134	2,291	2,290	19.0	134	17.0
93300-00 Psychiatric assessment	8	94	102	1,772	1,769	18.8	102	12.0
92009-00 Combined alcohol and drug detoxification	0	90	90	1,127	1,122	12.5	90	7.5
96105-00 Relaxation therapy, not elsewhere classified	0	84	84	2,112	2,109	25.1	84	21.5
Other	66	1,029	1,095	35,514	34,020	34.4	1,129	28.0
No procedure or not reported	42,410	11,801	54,211	221,036	220,210	15.1	..	..
Total^(a)	55,803	22,461	78,264	454,192	451,622	17.7	40,050	13.0

(continued)

Table 4.37a (continued): The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia, 2000–01

Procedure	Separations for which the procedure was reported			Patient days		ALOS (days) excluding same day	Total procedures reported	Median LOS (days) excluding same day
	Same day	Overnight	Total	Psychiatric care days	Psychiatric care days			
Public psychiatric hospitals								
95550–01 Allied health intervention, social work	25	5,253	5,278	262,797	260,292	50.0	5,287	17.0
93300–00 Psychiatric assessment	223	2,626	2,849	88,146	88,146	33.5	2,849	8.0
95550–02 Allied health intervention, occupational therapy	1	2,160	2,161	222,219	219,739	102.9	2,162	29.0
95550–10 Allied health intervention, psychology	180	1,180	1,360	61,800	61,730	52.2	1,360	17.0
95550–00 Allied health intervention, dietetics	0	442	442	49,269	49,269	111.5	442	37.0
93340–00 Electroconvulsive therapy [ECT] <=8 treatments	204	215	419	11,144	11,143	50.9	514	13.0
95550–03 Allied health intervention, physiotherapy	0	383	383	33,327	33,327	87.0	383	48.0
56001–00 Computerised tomography of brain	1	336	337	16,076	16,076	47.8	337	32.0
92502–02 Intravenous and inhalational general anaesthesia	154	116	270	5,763	5,763	48.4	801	36.0
92502–00 Intravenous general anaesthesia	45	182	227	14,146	14,113	77.5	1,423	37.0
96073–00 Substance addiction counselling or education	0	188	188	5,770	5,770	30.7	190	18.0
95550–04 Allied health intervention, podiatry	0	182	182	22,352	22,352	122.8	182	73.5
93340–01 Electroconvulsive therapy [ECT] > 8 treatments	3	142	145	12,259	12,227	86.3	327	51.0
95550–11 Allied health intervention, other	1	98	99	27,079	27,079	276.3	99	53.0
95550–05 Allied health intervention, speech pathology	0	92	92	18,588	17,451	202.0	92	64.0
95550–09 Allied health intervention, pharmacy	0	58	58	2,713	2,713	46.8	58	28.0
96000–01 General psychological assessment	0	52	52	2,018	2,018	38.8	52	20.5
97511–00 Metallic restoration of tooth, 1 surface	1	41	42	6,039	6,039	147.3	46	99.5
95550–07 Allied health intervention, orthoptics	0	37	37	4,632	4,632	125.2	37	71.0
96104–00 Music therapy	0	31	31	1,409	1,409	45.5	31	28.0
97011–00 Comprehensive oral examination	0	29	29	2,587	2,587	89.2	29	72.0
97012–00 Periodic oral examination	0	27	27	4,037	4,037	149.5	27	93.0
97311–00 Removal of tooth or part(s) thereof	0	21	21	2,395	2,395	114.0	22	97.5
90901–00 Magnetic resonance imaging of brain	0	18	18	1,296	1,296	72.0	18	45.0
96171–00 Accompanying or transportation of client	0	15	15	1,050	1,050	70.0	15	20.0
30026–00 Repair of wound of skin and subcutaneous tissue of other site, superficial	0	14	14	2,187	2,187	156.2	16	36.5
61405–00 Brain study with blood brain barrier agent	0	12	12	882	882	73.5	12	54.0
92003–00 Alcohol detoxification	0	8	8	152	124	19.0	8	9.5
92006–00 Drug detoxification	0	8	8	86	83	10.8	8	3.0
58500–00 Radiography of chest	1	7	8	491	491	70.0	8	7.0
Other	3	150	153	19,905	19,874.0	132.7	155	38.0
No procedure or not reported	2,638	6,396	9,034	305,000	304,785	47.3	..	..
Total^(a)	3,116	14,227	17,343	720,743	717,976	50.4	16,990	9.0

(Continued)

Table 4.37a (continued): The 30 most frequently reported procedures for separations with specialised psychiatric care, by hospital type, Australia,

Procedure	Separations for which the			Patient days	Psychiatric care days	ALOS (days)	Total procedures	Median LOS (days)
	Same day	Overnight	Total					
All hospitals								
95550-01 Allied health intervention, social work	157	16,095	16,252	548,126	539,481	34.0	16,274	17.0
95550-02 Allied health intervention, occupational therapy	166	10,251	10,417	464,795	457,493	45.3	10,421	22.0
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	5,539	4,305	9,844	98,086	96,672	21.5	10,037	1.0
96099-00 Psychotherapy	5,003	866	5,869	21,468	21,410	19.0	5,870	1.0
92502-00 Intravenous general anaesthesia	2,817	2,671	5,488	79,259	78,151	28.6	13,044	23.0
92502-02 Intravenous and inhalational general anaesthesia	1,954	2,294	4,248	71,507	69,322	30.3	13,292	28.0
95550-10 Allied health intervention, psychology	294	3,918	4,212	139,190	137,851	35.5	4,212	18.0
56001-00 Computerised tomography of brain	11	3,915	3,926	108,737	105,082	27.8	3,935	18.0
96001-00 Psychological skills training	2,860	921	3,781	21,892	21,557	20.7	3,783	1.0
96090-00 Other counselling or education	2,302	955	3,257	31,074	31,046	30.1	3,257	1.0
93300-00 Psychiatric assessment	237	2,975	3,212	95,301	95,036	32.0	3,212	8.0
95550-00 Allied health intervention, dietetics	116	2,867	2,983	137,196	133,662	47.8	2,983	26.0
96174-00 Other psychological therapies	2,078	868	2,946	20,656	20,640	21.4	2,946	1.0
95550-03 Allied health intervention, physiotherapy	16	2,698	2,714	119,721	114,200	44.4	2,718	28.0
93340-01 Electroconvulsive therapy [ECT] > 8 treatments	166	1,397	1,563	77,038	75,909	55.0	1,789	39.0
96101-00 Cognitive behaviour therapy	1,315	221	1,536	6,314	6,287	22.6	1,536	1.0
92003-00 Alcohol detoxification	21	969	990	12,327	12,172	12.7	990	8.0
96073-00 Substance addiction counselling or education	461	485	946	10,779	10,773	21.3	948	3.0
92004-00 Alcohol rehabilitation and detoxification	229	716	945	12,065	12,055	16.5	945	11.0
95550-11 Allied health intervention, other	13	725	738	40,551	40,289	55.9	739	17.0
92006-00 Drug detoxification	4	687	691	5,454	5,361	7.9	691	4.0
95550-04 Allied health intervention, podiatry	0	635	635	60,620	60,009	95.5	635	48.0
56007-00 Computerised tomography of brain with intravenous contrast medium	0	621	621	18,196	17,155	29.3	623	19.0
92503-00 Intravenous sedation, anaesthetist controlled	100	461	561	15,336	14,218	33.0	875	27.0
95550-09 Allied health intervention, pharmacy	169	335	504	8,907	8,773	26.1	504	7.0
92002-00 Alcohol rehabilitation	360	121	481	2,563	2,548	18.2	481	1.0
95550-05 Allied health intervention, speech pathology	0	409	409	34,548	31,759	84.5	410	35.0
90901-00 Magnetic resonance imaging of brain	1	358	359	12,996	12,465	36.3	359	25.0
96027-00 Prescribed medication assessment	26	287	313	6,738	6,670	23.4	314	14.0
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	12	280	292	7,295	7,119	26.0	323	9.0
Other	249	5531	5,780	207,160	190,764	37.4	5,937	22.0
No procedure or not reported	58,383	59,737	118,120	996,659	989,688	15.7	..	..
Total^(a)	3,116	14,227	17,343	720,743	717,976	50.4	114,083	9.0

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

Table 4.37b: The 30 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2000-01

Procedure	Separations for which the procedure was reported				Patient days	ALOS (days) excluding same day	Total procedures reported	Median LOS (days) excluding same day
	Same day	Overnight	Total					
Public acute hospitals								
95550-01 Allied health intervention, social work	465	8,030	8,495	137,104	17.0	8,506	8.0	
95550-03 Allied health intervention, physiotherapy	27	5,559	5,586	118,843	21.4	5,594	12.0	
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	3,475	340	3,815	6,035	7.5	3,818	1.0	
95550-02 Allied health intervention, occupational therapy	11	3,704	3,715	88,501	23.9	3,726	14.0	
56001-00 Computerised tomography of brain	382	3,310	3,692	46,823	14.0	3,700	7.0	
92006-00 Drug detoxification	356	3,092	3,448	14,118	4.5	3,448	3.0	
92003-00 Alcohol detoxification	58	3,045	3,103	16,265	5.3	3,106	4.0	
95550-00 Allied health intervention, dietetics	18	2,675	2,693	63,739	23.8	2,699	14.0	
92502-02 Intravenous and inhalational general anaesthesia	1,928	397	2,325	6,766	12.2	2,539	1.0	
95550-05 Allied health intervention, speech pathology	4	1,355	1,359	35,764	26.4	1,363	16.0	
95550-10 Allied health intervention, psychology	90	1,242	1,332	16,412	13.1	1,334	5.0	
92502-00 Intravenous general anaesthesia	1,095	104	1,199	2,786	16.3	1,310	1.0	
95550-09 Allied health intervention, pharmacy	21	1,171	1,192	12,174	10.4	1,194	5.0	
95550-11 Allied health intervention, other	25	805	830	11,895	14.7	830	7.0	
56007-00 Computerised tomography of brain with intravenous contrast medium	91	579	670	7,605	13.0	672	6.0	
93300-00 Psychiatric assessment	215	453	668	3,822	8.0	668	1.0	
92503-00 Intravenous sedation, anaesthetist controlled	203	350	553	6,582	18.2	578	4.0	
92009-00 Combined alcohol and drug detoxification	9	516	525	2,936	5.7	525	5.0	
90901-00 Magnetic resonance imaging of brain	185	303	488	4,675	14.8	489	4.0	
39000-00 Lumbar puncture	38	355	393	4,518	12.6	401	7.0	
95550-04 Allied health intervention, podiatry	0	284	284	16,711	58.8	284	35.0	
96034-00 Alcohol and other drug assessment	8	239	247	1,270	5.3	247	5.0	
92502-01 Inhalational general anaesthesia	198	31	229	509	10.0	232	1.0	
30473-01 Panendoscopy to duodenum with biopsy	32	148	180	2,908	19.4	181	8.0	
13706-02 Transfusion of packed cells	1	178	179	3,930	22.1	179	15.0	
90466-01 Surgical augmentation of labour	5	157	162	544	3.4	162	3.0	
11000-00 Electroencephalography	45	109	154	1,286	11.4	154	4.5	
96073-00 Substance addiction counselling or education	3	145	148	836	5.7	148	5.0	
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	47	99	146	893	8.5	149	1.0	
92191-00 Enteral infusion of nutritional substances	5	139	144	4,537	32.6	144	20.0	
Other	521	5,152	5,673	81,036	15.6	5,727	7.0	
No procedure or not reported	13,560	31,214	44,774	210,651	6.3	..	..
Total^(a)	19,428	54,372	73,800	454,828	8.0	45,601	4.0	

(continued)

Table 4.37b (continued): The 15 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2000-01

Procedure	Separations for which the procedure was reported				Patient days	ALOS (days) excluding same day	Total procedures reported	Median LOS (days) excluding same day
	Same day	Overnight	Total					
	Private hospitals							
96174-00 Other psychological therapies	1,905	639	2,544	17,405	24.3	2,544	1.0	
96001-00 Psychological skills training	1,357	415	1,772	9,472	19.6	1,772	1.0	
96099-00 Psychotherapy	950	791	1,741	20,088	24.2	1,741	1.0	
96101-00 Cognitive behaviour therapy	1,129	413	1,542	10,607	22.9	1,544	1.0	
92002-00 Alcohol rehabilitation	1,289	136	1,425	2,827	11.3	1,425	1.0	
96075-00 Self care/self maintenance counselling or education	958	308	1,266	2,568	5.2	1,266	1.0	
96067-00 Nutritional/dietary counselling or education	863	344	1,207	4,003	9.1	1,207	1.0	
95550-03 Allied health intervention, physiotherapy	17	1,090	1,107	21,066	19.3	1,110	13.0	
95550-01 Allied health intervention, social work	12	704	716	12,764	18.1	716	12.0	
92004-00 Alcohol rehabilitation and detoxification	172	541	713	8,578	15.5	713	9.0	
93300-00 Psychiatric assessment	129	571	700	10,419	18.0	700	11.0	
56001-00 Computerised tomography of brain	17	569	586	9,101	16.0	593	11.0	
12203-00 Polysomnography	1	541	542	614	1.1	543	1.0	
92006-00 Drug detoxification	138	397	535	1,224	2.7	535	1.0	
92502-00 Intravenous general anaesthesia	264	174	438	3,109	16.4	889	17.0	
96073-00 Substance addiction counselling or education	191	236	427	5,069	20.7	427	5.0	
95550-00 Allied health intervention, dietetics	1	377	378	8,443	22.4	378	14.0	
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	245	128	373	2,632	18.6	383	1.0	
95550-02 Allied health intervention, occupational therapy	19	335	354	7,146	21.3	354	13.0	
92503-00 Intravenous sedation, anaesthetist controlled	71	239	310	4,028	16.6	336	9.0	
92502-02 Intravenous and inhalational general anaesthesia	78	210	288	3,404	15.8	480	13.0	
96080-00 Counselling or education on preparing for parenthood, parenting skills or fan	156	101	257	637	4.8	257	1.0	
92005-00 Drug rehabilitation	198	45	243	874	15.0	243	1.0	
95550-10 Allied health intervention, psychology	108	132	240	1,830	13.0	240	5.0	
92007-00 Drug rehabilitation and detoxification	5	180	185	3,193	17.7	185	16.0	
92003-00 Alcohol detoxification	4	180	184	1,306	7.2	184	5.0	
96032-00 Psychosocial assessment	2	177	179	4,045	22.8	179	22.0	
96089-00 Resource education	109	61	170	390	4.6	170	1.0	
56007-00 Computerised tomography of brain with intravenous contrast medium	1	156	157	2,207	14.1	159	11.0	
96081-00 Relationship counselling	43	110	153	2,291	20.4	153	10.0	
Other	339	3,069	3,408	55,880	18.1	3,441	12.0	
No procedure or not reported	2,041	5,783	7,824	54,871	9.1	..	..
Total^(a)	9,656	12,298	21,954	142,833	10.8	24,867	7.0	

(continued)

Table 4.37b (continued): The 15 most frequently reported procedures for mental health-related separations without specialised psychiatric care, by hospital type, Australia, 2000-01

Procedure	Separations for which the			Patient days	ALOS (days) excluding	Total procedures	Median LOS (days) excluding
	Same day		Total				
	Overnight	Overnight	Total				
All hospitals							
95550-01 Allied health intervention, social work	477	8,752	9,229	150,264	17.1	9,240	8.0
95550-03 Allied health intervention, physiotherapy	44	6,649	6,693	139,909	21.0	6,704	13.0
92006-00 Drug detoxification	521	3,852	4,373	16,762	4.2	4,373	3.0
56001-00 Computerised tomography of brain	399	3,879	4,278	55,924	14.3	4,293	8.0
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	3,720	468	4,188	8,667	10.6	4,201	1.0
95550-02 Allied health intervention, occupational therapy	30	4,050	4,080	95,978	23.7	4,091	14.0
92003-00 Alcohol detoxification	65	3,398	3,463	18,500	5.4	3,466	5.0
95550-00 Allied health intervention, dietetics	19	3,052	3,071	72,182	23.6	3,077	14.0
92502-02 Intravenous and inhalational general anaesthesia	2,006	607	2,613	10,170	13.4	3,019	1.0
96174-00 Other psychological therapies	1,905	639	2,544	17,405	24.3	2,544	1.0
96001-00 Psychological skills training	1,357	515	1,872	9,898	16.6	1,872	1.0
96099-00 Psychotherapy	952	813	1,765	20,387	23.9	1,765	1.0
92502-00 Intravenous general anaesthesia	1,359	278	1,637	5,895	16.3	2,199	1.0
95550-10 Allied health intervention, psychology	198	1,379	1,577	18,341	13.2	1,579	5.0
96101-00 Cognitive behaviour therapy	1,129	414	1,543	10,629	22.9	1,545	1.0
92002-00 Alcohol rehabilitation	1,290	200	1,490	3,741	12.3	1,490	1.0
95550-05 Allied health intervention, speech pathology	4	1,460	1,464	39,757	27.2	1,469	17.0
93300-00 Psychiatric assessment	344	1,024	1,368	14,241	13.6	1,368	4.0
96075-00 Self care/self maintenance counselling or education	958	308	1,266	2,568	5.2	1,266	1.0
95550-09 Allied health intervention, pharmacy	21	1,237	1,258	13,634	11.0	1,260	5.0
96067-00 Nutritional/dietary counselling or education	863	362	1,225	4,602	10.3	1,225	1.0
95550-11 Allied health intervention, other	25	925	950	14,960	16.1	951	7.0
92503-00 Intravenous sedation, anaesthetist controlled	274	589	863	10,610	17.5	914	5.5
56007-00 Computerised tomography of brain with intravenous contrast medium	92	735	827	9,812	13.2	831	7.0
92004-00 Alcohol rehabilitation and detoxification	173	638	811	9,196	14.1	811	8.0
12203-00 Polysomnography	15	639	654	796	1.2	655	1.0
96073-00 Substance addiction counselling or education	194	381	575	5,905	15.0	575	5.0
90901-00 Magnetic resonance imaging of brain	197	374	571	5,826	15.1	572	5.0
92009-00 Combined alcohol and drug detoxification	9	533	542	3,077	5.8	542	5.0
39000-00 Lumbar puncture	40	396	436	5,096	12.8	444	6.5
Other	1,684	9,478	11,162	167,672	17.5	11,254	10.0
No procedure or not reported	15,608	37,031	52,639	265,723	6.8	..	..
Total^(a)	29,123	67,263	96,386	629,821	8.9	79,595	4.0

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

Table 4.38: Separations with specialised psychiatric care by source of referral to public psychiatric hospital, States and Territories,^(a) 2000-01

Source of referral	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private psychiatric practice	98	0	5	5	0	1	..	..	109
Other private medical practice	522	0	14	13	7	3	..	..	559
Other public psychiatric hospital	0	0	2	243	0	2	..	..	247
Other health care establishment ^(b)	3,248	0	226	480	308	1	..	..	4,263
Other private hospital	0	0	3	6	13	0	..	..	22
Law enforcement agency	1,053	0	46	90	0	0	..	..	1,189
Other agency	333	0	30	6	111	127	..	..	607
Outpatient department	1,587	0	39	5	3	9	..	..	1,643
Other	1,953	0	330	261	132	3	..	..	2,679
Not reported	1,268	341	0	1,574	2,617	225	..	..	6,025
Total	10,062	341	695	2,683	3,191	371	..	..	17,343

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

(b) Includes emergency departments, community health services, other hospitals, nursing homes and crisis team services.
 .. not applicable.

Table 4.39a: Separations with specialised psychiatric care by mode of admission and hospital type, States and Territories, (a) 2000–01

Mode of admission	NSW						Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	NSW	Vic	Qld	WA	SA	Tas								
Public acute hospitals														
Admitted patient transferred from another hospital	2,181	986	1,060	1,109	1,010	173						66	8	6,593
Statistical admission—episode type change	130	1,411	110	93	14	79						5	14	1,856
Other	20,292	16,443	19,901	8,896	4,663	1,941						1,421	807	74,364
Not reported	0	0	0	0	67	0						0	0	67
Total	22,603	18,840	21,071	10,098	5,754	2,193						1,492	829	82,880
Private hospitals														
Admitted patient transferred from another hospital	272	287	296	214	216	13						22	n.a.	1,320
Statistical admission—episode type change	8	15	153	13	0	0						1	n.a.	190
Other	20,324	25,565	16,493	9,593	2,585	1,911						283	n.a.	76,754
Total	20,604	25,867	16,942	9,820	2,801	1,924						306	n.a.	78,264
Public psychiatric hospitals														
Admitted patient transferred from another hospital	2,336	68	161	1,035	308	207						..	..	4,115
Statistical admission—episode type change	36	23	4	0	244	2						..	..	309
Other	7,690	250	530	1,648	166	162						..	..	10,446
Not reported	0	0	0	0	2,473	0						..	..	2,473
Total	10,062	341	695	2,683	3,191	371						..	..	17,343
All hospitals														
Admitted patient transferred from another hospital	4,789	1,341	1,517	2,358	1,534	393						88	8	12,028
Statistical admission—episode type change	174	1,449	267	106	258	81						6	14	2,355
Other	48,306	42,258	36,924	20,137	7,414	4,014						1,704	807	161,564
Not reported	0	0	0	0	2,540	0						0	0	2,540
Total	53,269	45,048	38,708	22,601	11,746	4,488						1,798	829	178,487

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.3 for information.

(b) Includes separations without specialised psychiatric care from NSW public psychiatric hospitals.
 .. not applicable.
 n.a. not available.

Table 4.39b: Mental health-related separations without specialised psychiatric care by mode of admission and hospital type, States and Territories,^(a) 2000–01

Mode of admission	Public acute hospitals							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
Admitted patient transferred from another hospital	1,022	726	164	269	213	33	10	3	2,440
Statistical admission—episode type change	440	699	202	49	22	33	2	6	1,453
Other	24,424	20,474	9,592	6,703	6,757	1,459	190	296	69,895
Not reported	0	0	0	0	12	0	0	0	12
Total	25,886	21,899	9,958	7,021	7,004	1,525	202	305	73,800
Private hospitals									
Admitted patient transferred from another hospital	106	143	105	37	60	6	4	n.a.	461
Statistical admission—episode type change	29	10	21	29	1	3	0	n.a.	93
Other	4,753	5,776	6,296	2,378	860	1,303	33	n.a.	21,399
Not reported	0	0	0	0	1	0	0	n.a.	1
Total	4,888	5,929	6,422	2,444	922	1,312	37	n.a.	21,954
All hospitals^(b)									
Admitted patient transferred from another hospital	1,183	869	269	306	273	39	14	3	2,956
Statistical admission—episode type change	470	709	223	78	23	36	2	6	1,547
Other	29,753	26,250	15,888	9,081	7,617	2,762	223	296	91,870
Not reported	0	0	0	0	13	0	0	0	13
Total	31,406	27,828	16,380	9,465	7,926	2,837	239	305	96,386

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

(b) Includes separations without specialised psychiatric care from NSW public psychiatric hospitals.
 . . not applicable.
 n.a. not available.

Table 4.40a: Separations with specialised psychiatric care by mode of separation and hospital type, States and Territories, (a) 2000-01

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public acute hospitals								
Discharge/transfer to an(other) acute hospital	487	1,081	458	163	236	46	48	3	2,522
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	100	429	256	122	76	69	12	0	1,064
Discharge/transfer to an(other) psychiatric hospital	414	0	134	284	323	0	14	0	1,169
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	88	76	318	75	120	128	32	41	878
Statistical discharge type change	94	774	150	82	30	285	4	13	1,432
Left against medical advice/discharge at own risk	409	584	483	142	115	32	15	22	1,802
Statistical discharge from leave	618	0	226	707	70	0	0	0	1,621
Died	19	22	17	23	13	3	1	2	100
Other (includes discharge to usual residence/own accommodation/ welfare institution)	20,374	15,874	19,029	8,500	4,705	1,630	1,366	748	72,226
Not reported	0	0	0	0	66	0	0	0	66
Total	22,603	18,840	21,071	10,098	5,754	2,193	1,492	829	82,880
Private hospitals									
Discharge/transfer to an(other) acute hospital	138	182	84	48	45	0	10	n.a.	507
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	7	23	27	5	0	0	0	0	62
Discharge/transfer to an(other) psychiatric hospital	42	0	2	34	0	0	3	n.a.	81
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	4	0	23	1	0	0	1	n.a.	29
Statistical discharge type change	11	7	171	5	0	0	0	n.a.	194
Left against medical advice/discharge at own risk	250	29	39	52	0	0	1	n.a.	371
Statistical discharge from leave	31	0	4	2	0	0	0	n.a.	37
Died	7	6	10	1	21	1	0	n.a.	46
Other (includes discharge to usual residence/own accommodation/ welfare institution)	20,114	25,620	16,582	9,672	37	1,923	291	n.a.	74,239
Not reported	0	0	0	0	2,698	0	0	n.a.	2,698
Total	20,604	25,867	16,942	9,820	2,801	1,924	306	n.a.	78,264

(continued)

Table 4.40a (continued): Separations with specialised psychiatric care by mode of separation and hospital type, States and Territories, (a) 2000-01

Mode of separation	Public psychiatric hospitals							Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT
Discharge/transfer to an(other) acute hospital	370	75	179	94	708	14	..	..	1,440
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	110	7	44	45	254	0	..	..	460
Discharge/transfer to an(other) psychiatric hospital	315	0	10	102	70	0	..	..	497
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	53	0	53	23	5	17	..	..	151
Statistical discharge type change	39	38	0	0	128	26	..	..	231
Left against medical advice/discharge at own risk	906	0	10	1	50	7	..	..	974
Statistical discharge from leave	1,326	13	67	467	66	0	..	..	1,939
Died	33	0	25	16	14	2	..	..	90
Other (includes discharge to usual residence/own accommodation/ welfare institution)	6,910	208	307	1,935	1,845	305	..	..	11,510
Not reported	0	0	0	0	51	0	..	..	51
Total	10,062	341	695	2,663	3,791	371	..	..	17,343
All hospitals									
Discharge/transfer to an(other) acute hospital	995	1,338	721	305	989	60	58	3	4,469
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	217	459	327	172	330	69	12	0	1,566
Discharge/transfer to an(other) psychiatric hospital	771	0	146	420	393	0	17	0	1,747
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	145	76	394	99	125	145	33	41	1,058
Statistical discharge type change	144	819	321	87	158	311	4	13	1,857
Left against medical advice/discharge at own risk	1,565	613	532	195	165	39	16	22	3,147
Statistical discharge from leave	1,975	13	297	1,176	136	0	0	0	3,597
Died	59	28	52	40	48	6	1	2	236
Other (includes discharge to usual residence/own accommodation/welfare institution)	47,398	41,702	35,918	20,107	6,587	3,858	1,657	748	157,975
Not reported	0	0	0	0	2,815	0	0	0	2,815
Total	53,269	45,048	38,708	22,601	11,746	4,488	1,798	829	178,487

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.2 for information.

.. not applicable.

n.a. not available.

Table 4.40b: Mental health-related separations without specialised psychiatric care by mode of separation and hospital type, States and Territories, (a) 2000-01

	Public acute hospitals							NT	Total
	NSW	Vic	Qld	WA	SA	Tas	ACT		
Mode of separation									
Discharge/transfer to an(other) acute hospital	1,585	1,492	786	276	536	45	16	27	4,763
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	1,034	892	337	134	322	39	13	4	2,775
Discharge/transfer to an(other) psychiatric hospital	797	0	36	396	471	0	1	3	1,704
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	178	94	172	52	72	31	6	16	621
Statistical discharge type change	693	1,043	412	135	122	135	2	6	2,548
Left against medical advice/discharge at own risk	1,730	376	846	599	364	22	5	32	3,974
Statistical discharge from leave	87	0	20	7	7	0	0	0	134
Died	160	160	74	30	49	12	0	1	486
Other (includes discharge to usual residence/own accommodation/ welfare institution)	19,622	17,842	7,275	5,379	5,035	1,241	159	216	56,769
Not reported	0	0	0	0	26	0	0	0	26
Total	25,886	21,899	9,958	7,021	7,004	1,525	202	305	73,800
Private hospitals									
Discharge/transfer to an(other) acute hospital	90	129	151	44	63	5	0	n.a.	482
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	104	102	143	41	93	4	1	n.a.	488
Discharge/transfer to an(other) psychiatric hospital	31	0	5	35	49	0	0	n.a.	120
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	8	0	17	15	2	42	0	n.a.	84
Statistical discharge type change	26	15	109	37	1	68	0	n.a.	256
Left against medical advice/discharge at own risk	28	20	28	10	4	4	0	n.a.	94
Statistical discharge from leave	1	0	0	1	0	0	0	n.a.	2
Died	18	23	38	17	9	1	1	n.a.	107
Other (includes discharge to usual residence/own accommodation/ welfare institution)	4,582	5,640	5,931	2,244	699	1,188	35	n.a.	20,319
Not reported	0	0	0	0	2	0	0	n.a.	2
Total	4,888	5,929	6,422	2,444	922	1,312	37	n.a.	21,954
All hospitals^(b)									
Discharge/transfer to an(other) acute hospital	1,682	1,621	937	320	599	50	16	27	5,252
Discharge/transfer to a Residential Aged Care Service, unless usual place of residence	1,139	994	480	175	415	43	14	4	3,264
Discharge/transfer to an(other) psychiatric hospital	829	0	41	431	520	0	1	3	1,825
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	227	94	189	67	74	73	6	16	746
Statistical discharge type change	740	1,058	521	172	123	203	2	6	2,825
Left against medical advice/discharge at own risk	2,019	396	874	609	368	26	5	32	4,329
Statistical discharge from leave	91	0	20	21	7	0	0	0	139
Died	178	183	112	47	58	13	1	1	593
Other (includes discharge to usual residence/own accommodation/welfare institution)	24,501	23,482	13,206	7,623	5,734	2,429	194	216	77,385
Not reported	0	0	0	0	28	0	0	0	28
Total	31,406	27,828	16,380	9,465	7,926	2,837	239	305	96,386

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

(b) Includes separations without specialised psychiatric care from NSW public psychiatric hospitals.
 . . . not applicable.
 n.a. not available.

Table 4.41a: Separations with specialised psychiatric care by care type and hospital type, States and Territories,^(a) 2000–01

Care type	Public acute hospitals							NT	Total
	NSW	Vic	Qld	WA	SA	Tas	ACT		
Acute care	20,611	18,840	20,831	9,479	5,692	2,193	1,486	801	79,933
Rehabilitation care	15	0	74	3	0	0	0	0	94
Palliative care	1	0	0	0	1	0	0	0	2
Geriatric evaluation and management	0	0	4	0	0	0	0	0	4
Psychogeriatric care	421	0	60	573	48	0	1	0	1,103
Maintenance care	295	0	95	43	13	0	4	24	474
Not reported	1	0	0	0	0	0	0	2	3
Other admitted patient care	1,259	0	7	0	0	0	1	0	1,267
Total	22,603	18,840	21,071	10,098	5,754	2,193	1,492	829	82,880
	Private hospitals^(b)								
Acute care	12,446	25,867	14,469	9,818	2,800	1,924	304	n.a.	67,628
Rehabilitation care	4	0	533	0	0	0	0	0	537
Palliative care	0	0	1	0	0	0	0	0	1
Psychogeriatric care	0	0	74	0	0	0	0	0	74
Maintenance care	0	0	0	2	0	0	0	0	2
Other admitted patient care	8,154	0	1,865	0	1	0	2	0	10,022
Total	20,604	25,867	16,942	9,820	2,801	1,924	306	n.a.	78,264
	Public psychiatric hospitals^(b)								
Acute care	9,755	313	153	2,552	2,817	371	..	..	15,961
Rehabilitation care	93	0	61	5	350	0	..	..	509
Geriatric evaluation and management	14	0	0	0	0	0	..	..	14
Psychogeriatric care	173	0	4	111	0	0	..	..	288
Maintenance care	7	0	476	15	24	0	..	..	522
Other admitted patient care	20	28	1	0	0	0	..	..	49
Total	10,062	341	695	2,683	3,191	371	..	..	17,343
	All hospitals								
Acute care	42,812	45,020	35,453	21,849	11,309	4,488	1,790	801	163,522
Rehabilitation care	112	0	668	8	350	0	0	2	1,140
Palliative care	1	0	1	0	1	0	0	0	3
Geriatric evaluation and management	14	0	4	0	0	0	0	0	18
Psychogeriatric care	594	0	138	684	48	0	1	0	1,465
Maintenance care	302	0	571	60	37	0	4	24	998
Not reported	1	0	0	0	0	0	0	2	3
Other admitted patient care	9,433	28	1,873	0	1	0	3	0	11,338
Total	53,269	45,048	38,708	22,601	11,746	4,488	1,798	829	178,487

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

(b) Private hospitals reported no separations with a geriatric evaluation and management care type and public psychiatric hospitals reported no separations with a palliative care type.

.. not applicable.

n.a. not available.

Table 4.41b: Mental health-related separations without specialised psychiatric care by care type and hospital type, States and Territories, (a) 2000–01

Care type	NSW						Vic	Qld	WA	SA	Tas	ACT	NT	Total
	NSW	Vic	Qld	WA	SA	Tas								
	Public acute hospitals													
Acute care	24,602	20,925	9,544	6,946	6,976	1,498						198	292	70,981
Rehabilitation care	133	4	11	4	1	0						0	1	154
Palliative care	25	26	12	0	6	4						2	0	76
Geriatric evaluation and management	124	770	84	0	8	4						0	0	990
Psychogeriatric care	287	0	129	3	8	2						0	0	429
Maintenance care	415	0	159	66	2	16						1	10	669
Other admitted patient care	294	173	15	0	3	0						1	2	488
Not reported	6	1	4	1	0	1						0	0	13
Total	25,886	21,899	9,958	7,021	7,004	1,525						202	305	73,800
	Private hospitals													
Acute care	4,715	5,838	6,369	2,393	922	976						37	n.a.	21,250
Rehabilitation care	3	80	7	2	0	0						0	n.a.	92
Palliative care	1	4	20	27	0	0						0	n.a.	52
Geriatric evaluation and management	0	0	0	0	0	1						0	n.a.	1
Psychogeriatric care	0	0	3	0	0	46						0	n.a.	49
Maintenance care	24	0	20	22	0	6						0	n.a.	72
Other admitted patient care	145	6	2	0	0	0						0	n.a.	153
Not reported	0	1	1	0	0	283						0	n.a.	285
Total	4,888	5,929	6,422	2,444	922	1,312						37	n.a.	21,954
	All hospitals													
Acute care	29,913	26,763	15,913	9,339	7,898	2,474						235	292	92,827
Rehabilitation care	165	84	18	6	1	0						0	1	275
Palliative care	26	30	32	28	6	4						2	0	128
Geriatric evaluation and management	125	770	84	0	8	5						0	0	992
Psychogeriatric care	288	0	132	3	8	48						0	0	479
Maintenance care	439	0	179	88	2	22						1	10	741
Other admitted patient care	444	179	17	0	3	0						1	2	646
Not reported	6	2	5	1	0	284						0	0	298
Total	31,406	27,828	16,380	9,465	7,926	2,837						239	305	96,386

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
n.a. not available.

Table 4.42a: Patient days for separations with specialised psychiatric care by care type and hospital type, States and Territories,^(a) 2000–01

Care type	NSW		Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals										
Acute care	211,672	197,866	276,131	197,866	74,598	67,084	25,477	16,033	6,314	875,175
Rehabilitation care	234	3,149	0	3,149	310	0	0	0	4	3,697
Palliative care	14	0	0	0	0	4	0	0	0	18
Geriatric evaluation and management	0	479	0	479	0	0	0	0	0	479
Psychogeriatric care	10,788	1,804	0	1,804	26,824	11,683	0	6	0	51,105
Maintenance care	28,542	3,190	0	3,190	7,768	3,123	0	491	411	43,525
Not reported	56	0	0	0	0	0	0	0	4	60
Other admitted patient care	2,392	46	0	46	0	0	0	9	0	2,447
Total	253,698	206,534	276,131	206,534	109,500	81,894	25,477	16,539	6,733	976,506
Private hospitals^(b)										
Acute care	73,639	93,838	109,043	93,838	49,064	45,079	7,841	5,253	n.a.	383,757
Rehabilitation care	37	4,762	0	4,762	0	0	0	0	n.a.	4,799
Palliative care	0	60	0	60	0	0	0	0	n.a.	60
Psychogeriatric care	0	2,899	0	2,899	0	0	0	0	n.a.	2,899
Maintenance care	0	0	0	0	44	0	0	0	n.a.	44
Other admitted patient care	55,723	6,801	0	6,801	0	37	0	72	n.a.	62,633
Total	129,399	108,360	109,043	108,360	49,108	45,116	7,841	5,325	n.a.	454,192
Public psychiatric hospitals^(b)										
Acute care	295,418	50,027	15,251	50,027	64,893	52,958	12,404	..	..	490,951
Rehabilitation care	69,497	4,716	0	4,716	1,704	35,408	0	..	..	111,325
Geriatric evaluation and management	983	0	0	0	0	0	0	..	..	983
Psychogeriatric care	28,138	140	0	140	15,105	0	0	..	..	43,383
Maintenance care	327	39,491	0	39,491	677	6,821	0	..	..	47,316
Other admitted patient care	5,741	15,216	5,828	15,216	0	0	0	..	..	26,785
Total	400,104	109,590	21,079	109,590	82,379	95,187	12,404	..	..	720,743
All hospitals										
Acute care	580,729	341,731	400,425	341,731	188,555	165,121	45,722	21,286	6,314	1,749,883
Rehabilitation care	69,768	12,627	0	12,627	2,014	35,408	0	0	4	119,821
Palliative care	14	60	0	60	0	4	0	0	0	78
Geriatric evaluation and management	983	479	0	479	0	0	0	0	0	1,462
Psychogeriatric care	38,926	4,843	0	4,843	41,929	11,683	0	6	0	97,387
Maintenance care	28,869	42,681	0	42,681	8,489	9,944	0	491	411	90,885
Not reported	56	0	0	0	0	0	0	0	4	60
Other admitted patient care	63,856	22,063	5,828	22,063	0	37	0	81	0	91,865
Total	783,201	424,484	406,253	424,484	240,987	222,197	45,722	21,864	6,733	2,151,441

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

(b) Private hospitals reported no separations with a geriatric evaluation and management care type and public psychiatric hospitals reported no separations with a palliative care type.

.. not applicable.

n.a. not available.

Table 4.42b: Patient days for mental health-related separations without specialised psychiatric care by care type and hospital type, States and Territories, (a) 2000–01

Care type	NSW						Vic	Qld	WA	SA	Tas	ACT	NT	Total	
	Acute care	Rehabilitation care	Palliative care	Geriatric evaluation and management	Psychogeriatric care	Maintenance care									
Acute care	123,440	73,037	41,875	36,950	39,794	11,856					1,390		1,067	329,409	
Rehabilitation care	795	55	120	25	21	0					0		1	1,017	
Palliative care	290	309	276	16	77	55					79		0	1,102	
Geriatric evaluation and management	2,867	34,285	1,690	0	187	57					0		0	39,086	
Psychogeriatric care	11,847	0	4,348	141	88	173					0		0	16,597	
Maintenance care	50,139	0	7,370	7,435	231	768					1		141	66,085	
Other admitted patient care	8,618	12,146	126	0	6	0					2		2	20,900	
Not reported	31	5	20	1	0	3					0		0	60	
Total	198,027	119,837	55,825	44,568	40,404	12,912					1,472		1,211	474,256	
				Public acute hospitals											
				Private hospitals											
Acute care	36,863	33,339	48,260	10,497	7,364	6,887					619		n.a.	143,829	
Rehabilitation care	35	585	87	6	0	0					0		n.a.	713	
Palliative care	2	34	233	412	0	0					0		n.a.	681	
Geriatric evaluation and management	0	0	0	0	0	7					0		n.a.	7	
Psychogeriatric care	0	0	50	0	0	605					0		n.a.	655	
Maintenance care	557	0	1,135	647	0	91					0		n.a.	2,430	
Other admitted patient care	1,054	1,191	60	0	0	0					0		n.a.	2,305	
Not reported	0	1	1	0	0	1,867					0		n.a.	1,869	
Total	38,511	35,150	49,826	11,562	7,364	9,457					619		n.a.	152,489	
				All hospitals^(b)											
Acute care	162,984	106,376	90,135	47,447	47,158	18,743					2,009		1,067	475,919	
Rehabilitation care	1,176	640	207	31	21	0					0		1	2,076	
Palliative care	292	343	509	428	77	55					79		0	1,783	
Geriatric evaluation and management	2,875	34,285	1,690	0	187	64					0		0	39,101	
Psychogeriatric care	11,874	0	4,398	141	88	778					0		0	17,279	
Maintenance care	50,696	0	8,505	8,082	231	859					1		141	68,515	
Other admitted patient care	9,686	13,337	186	0	6	0					2		2	23,219	
Not reported	31	6	21	1	0	1,870					0		0	1,929	
Total	239,614	154,987	105,651	56,130	47,768	22,369					2,091		1,211	629,821	

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

(b) Includes patient days for NSW public psychiatric hospital separations without specialised psychiatric care.
n.a. not available.

Table 4.43: Psychiatric care days for separations with specialised psychiatric care by care type and hospital type, States and Territories, (a) 2000–01

Care type	NSW		Vic	Qld	WA	Public acute hospital		Tas	ACT	NT	Total
						SA					
Acute care	204,633	276,131	194,156	71,554	67,084	25,477	15,770	5,907	860,712		
Rehabilitation care	131	0	3,081	310	0	0	0	0	3,526		
Palliative care	3	0	0	0	4	0	0	0	7		
Geriatric evaluation and management	0	0	474	0	0	0	0	0	474		
Psychogeriatric care	10,703	0	1,776	26,022	11,683	0	6	0	50,190		
Maintenance care	26,370	0	3,005	7,661	3,123	0	491	387	41,037		
Other admitted patient care	2,383	0	46	0	0	0	9	0	2,438		
Unknown	56	0	0	0	0	0	0	4	60		
Total	244,279	276,131	202,538	105,547	81,894	25,477	16,276	6,302	958,444		
Private hospital^(b)											
Acute care	72,454	109,043	93,494	48,457	45,079	7,841	4,883	n.a.	381,251		
Rehabilitation care	37	0	4,762	0	0	0	0	n.a.	4,799		
Palliative care	0	0	60	0	0	0	0	n.a.	60		
Psychogeriatric care	0	0	2,899	0	0	0	0	n.a.	2,899		
Maintenance care	0	0	0	35	0	0	0	n.a.	35		
Other admitted patient care	55,690	0	6,798	0	37	0	53	n.a.	62,578		
Total	128,181	109,043	108,013	48,492	45,116	7,841	4,936	n.a.	451,622		
Public psychiatric hospital^(b)											
Acute care	295,299	15,251	50,027	64,893	52,958	12,404	..	..	490,832
Rehabilitation care	68,207	0	4,716	1,704	35,408	0	..	..	110,035
Geriatric evaluation and management	915	0	0	0	0	0	..	..	915
Psychogeriatric care	26,848	0	140	15,105	0	0	..	..	42,093
Maintenance care	327	0	39,491	677	6,821	0	..	..	47,316
Other admitted patient care	5,741	5,828	15,216	0	0	0	..	..	26,785
Total	397,337	21,079	109,590	82,379	95,187	12,404	..	..	717,976
All hospitals											
Acute care	572,386	400,425	337,677	184,904	165,121	45,722	20,653	5,907	1,732,795		
Rehabilitation care	68,375	0	12,559	2,014	35,408	0	0	4	118,360		
Palliative care	3	0	60	0	4	0	0	0	67		
Geriatric evaluation and management	915	0	474	0	0	0	0	0	1,389		
Psychogeriatric care	37,551	0	4,815	41,127	11,683	0	6	0	95,182		
Maintenance care	26,697	0	42,496	8,373	9,944	0	491	387	88,388		
Other admitted patient care	63,814	5,828	22,060	0	37	0	62	0	91,801		
Not reported	56	0	0	0	0	0	0	4	60		
Total	769,797	406,253	420,141	236,418	222,197	45,722	21,212	6,302	2,128,042		

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

(b) Private hospitals reported no separations with a geriatric evaluation and management care type and public psychiatric hospitals reported no separations with a palliative care type.

.. not applicable.

n.a. not available.

Residential care provided by public community mental health establishments

In 2000–01 the number of community mental health residential care separations reported for Australia was 1,515 (Table 4.2, page 65). This is a 1.9% increase from the 1,545 separations reported for 1999–00, largely attributable to an increase in separations reported for New South Wales and Western Australia. Victoria (0.2) and Tasmania (0.6) 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.

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

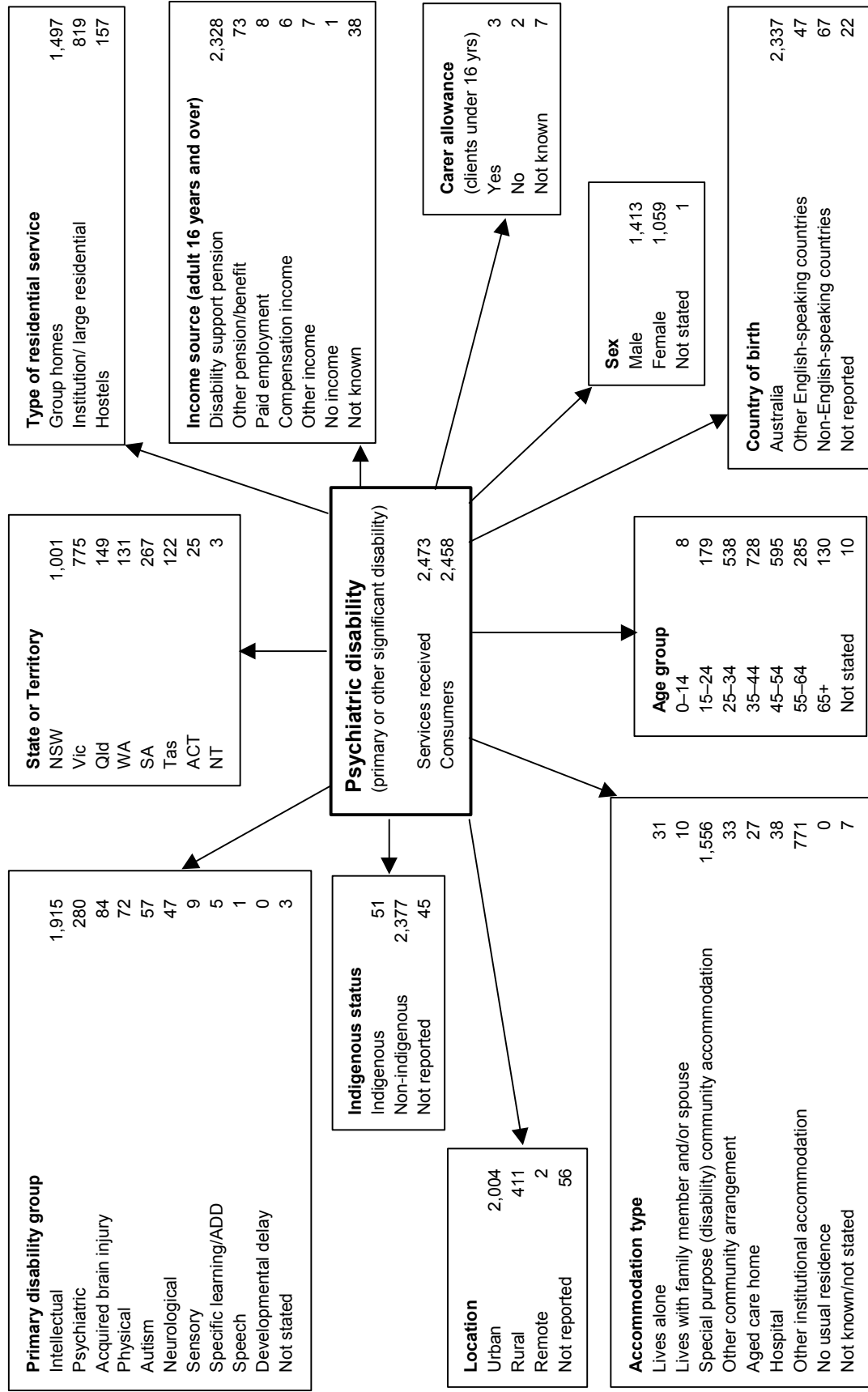
The disability support service data presented in this section was taken from the CSDA MDS data collection. This data collection includes data on characteristics of persons receiving a CSDA-funded disability support service on a snapshot day in mid-2001. The data presented below are on services received by clients with a psychiatric disability. The psychiatric disability can be either the client's primary disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service outlet as the disability most affecting their everyday life. More than one other significant disabilities may be identified. See Box 3.3 (page 51) for further information on disability groups. Figure 2.12 (page 20) also presents some time series information on CSDA-funded disability support services received by clients with psychiatric disability.

Figure 4.2 illustrates the relationship between residential services provided and other CSDA MDS data elements. On the snapshot day, there were 2,473 residential care services delivered by CSDA-funded disability support services to 2,458 clients with a psychiatric disability (a statistical linkage key collected by all jurisdictions permits estimates to be made of the number of people receiving services). The most common primary disability was intellectual disability (77.4%), with primary psychiatric disability reported for 11.3% of services received. The number of services received by male residents (57.1%) with psychiatric disability was greater than the number of services received by female residents. The number of services received by these residents was greatest in the 35–44 age group. New South Wales had the largest number of residential care services received by residents with psychiatric disability.

The majority of services were for Australian-born residents (94.5%). Residents born in English-speaking countries other than Australia and non-English-speaking countries received 4.6% of these services. Of the residential services received, 2.1% were identified as being received by residents who were of Aboriginal or Torres Strait Islander origin.

The majority of services (94.1%) were for clients aged over 16 years whose main income source was the disability support pension. For clients aged less than 16 years, 25% of the consumers' parents or guardians received the carer allowance.

The most common type of residential service received was for Group homes (60.5%). The most commonly reported accommodation type was Special-purpose community accommodation (62.9%) followed by Other institutional accommodation (31.2%). The location of clients receiving services was classified as Urban, Rural, Remote or Not reported based on the client's postcode – 81.0% of services were received by residents in *Urban* areas.



Note: All figures (except 'consumers') are counts of services received. ADD — Attention deficit disorder.

Figure 4.2: Data reported for CSDA-funded residential disability support services for persons with a psychiatric disability, 2000-01 snapshot day

5 Specialised mental health care resources

This chapter presents an overview of available data on the characteristics of psychiatrist and mental health nursing labour forces and PBS expenditure on mental health-related medications. It also describes the characteristics of establishments delivering specialised mental health care in Australia. 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.

Specialised mental health care labour force

This section presents information on the characteristics of psychiatrists and mental health nurses, using data from the National Medical Labour Force Survey and the National Nursing Labour Force Survey. Expenditure on private psychiatrist services is sourced from the Medicare data collection.

State and Territory health authority expenditure on psychiatrists is composed mainly 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 cannot be isolated from the expenditure on other types of medical practitioners.

Psychiatrists

The information presented in this section is based on data collated in the National Medical Labour Force Survey conducted in 1999. The survey includes data on psychiatrists and trainee psychiatrists practising in both the public and private sectors. The expenditure on private psychiatrist services is sourced from the DHA and HIC Medicare data collections. Background information on *Medical Labour Force 1999* (AIHW 2003) and the Medicare data collections is presented in Appendix 1.

National medical labour force survey data on the number of specialists practising as psychiatrists and psychiatry trainees are presented in Tables 5.1, 5.2 and 5.3. 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.

Table 5.1: Psychiatrists and psychiatrists-in-training, and per 100,000 population, States and Territories, 1999

	NSW	NSW	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatrists^(a)									
Male	493	457	211	117	119	37	21	15	1,470
Female	183	216	93	41	63	12	8	2	617
<i>Total</i>	<i>676</i>	<i>673</i>	<i>304</i>	<i>158</i>	<i>182</i>	<i>49</i>	<i>29</i>	<i>16</i>	<i>2,088</i>
Per 100,000 population ^(c)	10.6	14.4	8.7	8.6	12.2	10.3	9.3	8.5	11.1
Psychiatrists-in-training^(b)									
Male	120	51	46	29	29	0	3	5	284
Female	87	66	49	34	23	0	7	2	269
<i>Total</i>	<i>207</i>	<i>117</i>	<i>96</i>	<i>64</i>	<i>52</i>	<i>0</i>	<i>11</i>	<i>7</i>	<i>553</i>
Per 100,000 population ^(c)	3.2	2.5	2.8	3.5	3.5	0.0	3.4	3.5	2.9
Total psychiatrists and psychiatrists in training									
Male	613	508	257	146	148	37	24	20	1,754
Female	270	282	142	75	86	12	15	4	886
Total	883	790	400	222	234	49	40	23	2,641
Per 100,000 population ^(c)	13.6	16.7	11.3	11.9	15.6	10.4	12.7	11.7	13.8

(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 1999 estimated resident population.

Source: AIHW 2003.

Table 5.2: Psychiatrists and psychiatrists-in-training, and per 100,000 population, Australia, 1995 to 1999

	1995	1996	1997	1998	1999
Psychiatrists^(a)					
Male	1,462	1,400	1401	1,473	1,470
Female	454	496	519	512	617
<i>Total</i>	<i>1,916</i>	<i>1,896</i>	<i>1,921</i>	<i>1,985</i>	<i>2,088</i>
Per 100,000 population ^(c)	10.5	10.3	10.3	10.5	11.1
Psychiatrists-in-training^(b)					
Male	324	319	326	285	284
Female	221	233	242	238	269
<i>Total</i>	<i>545</i>	<i>552</i>	<i>568</i>	<i>523</i>	<i>553</i>
Per 100,000 population ^(c)	3.0	3.0	3.0	2.7	2.9
Total psychiatrists and psychiatrists in training					
Male	1,786	1,719	1,739	1,762	1,755
Female	675	729	763	754	886
Total	2,461	2,448	2,502	2,517	2,641
Per 100,000 population ^(c)	13.5	13.3	13.4	13.2	14.0

(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 1995, 1996, 1997, 1998, 1999 estimated resident population.

Source: AIHW 2003.

Table 5.3: Psychiatrists and psychiatrists per 100,000 population by metropolitan, rural and remote region of main place of work, Australia, 1995 to 1999

	1995	1996	1997	1998	1999
Psychiatrists^{(a), (b)}					
Metropolitan	1,756	1,732	1,760	1,182	1,918
Rural	155	157	153	163	159
Remote	4	6	7	10	10
Total all regions	1,916	1,896	1,921	1,985	2,088
Psychiatrists per 100,000 population^(c)					
Metropolitan	13.5	13.3	13.3	13.6	14.2
Rural	3.2	3.3	3.2	3.4	3.3
Remote	0.9	1.2	1.3	1.9	1.8
Total all regions	10.5	10.4	10.4	10.6	11.1

(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 1995, 1996, 1997, 1998, 1999 estimated resident population.

Source: AIHW 2003.

In 1999, it was estimated that there were 2,088 specialists practising psychiatry in Australia (11.1 psychiatrists per 100,000 population) (Table 5.1). The estimated number of psychiatrists-in-training in Australia was 553 (2.9 psychiatrists-in-training per 100,000 population).

The States or Territories with the largest number of psychiatrists per 100,000 population were Victoria (14.4) and South Australia (12.2). The Northern Territory had the lowest number of psychiatrists, with 8.5 per 100,000 population (Table 5.1).

There was a 35.9% increase in the number of female psychiatrists in contrast with the 0.5% increase in the number of male psychiatrists from 1995 to 1999 (Table 5.2). From 1995 to 1998, the number of psychiatrists and psychiatrists-in-training increased by 7.3%, from 2,461 to 2,641. Although there was an increase (8.9%) in the number of psychiatrists from 1995 to 1999, there has been little variation in the number of the psychiatrists-in-training.

For the majority of psychiatrists (91.9%), their main place of work was in a capital city (Table 5.3 and Figure 2.14). There has been little or no variation in this pattern since 1995.

Based on the number of Medicare-funded items, the estimated number of full-time-equivalent private psychiatrists for 2000–01 was 2,116 (Table 5.4). The majority of these full-time-equivalent private psychiatrists were located in metropolitan regions (1,980 or 92.8%). Victoria (14.8) and South Australia (15.2) were the jurisdictions with the largest number of full-time-equivalent private psychiatrists per 100,000 population.

In 2000–01, a total of \$196.5 million of Medicare funds were used to reimburse attendances with private psychiatrists (Table 5.5). The benefits paid to private psychiatrists represented 2.7% of total Medicare expenditure (\$7,326.8 million) and 19.5% of expenditure on specialist attendances (\$1,005.3 million) for 2000–01. A total of \$10,149 per 100,000 population was paid during 2000–01. 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 private psychiatrists (Table 5.4) and the number of private psychiatry services provided in each jurisdiction (Table 3.14). Similarly the per capita benefits paid to private psychiatrists in Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory were well below the national average.

Following a period of growth, the total Medicare funds (current prices) paid to private psychiatrists have remained largely unchanged since the mid-1990s. This probably corresponds with initiatives undertaken by State and Territory health authorities to balance the distribution of psychiatrists across private and public sectors (DHA 2002).

Mental health nurses

Mental health nurses are defined as nurses who indicate that their main area of nursing is mental health. Information on the number of mental health nurses by State and Territory is presented in Table 5.7. This information is based on the AIHW national nursing labour force collection from 1993 to 1999. Comprehensive mental health nursing data for 1999 will be released in early 2003. At that time, these data will be included in the Internet version of this publication at www.aihw.gov.au. Additional information on this collection is presented in Appendix 1.

Table 5.4: Medicare-funded full-time-equivalent private psychiatrists, and per 100,000 population, by metropolitan, rural and remote region, States and Territories, 2000–01

Full-time-equivalent psychiatrists	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Metropolitan	317.2	338.6	141.6	54.2	112.1	13.4	10.8	2.2	990.0
Rural and remote	23.5	13.4	21.4	2.5	2.1	5.3	-	0.1	68.2
Total all regions	340.7	351.9	163.1	56.6	114.2	18.7	10.8	2.3	1,058.3
Per 100,000 population^(a)									
Metropolitan	6.5	9.3	6.7	3.9	10.2	6.9	3.5	2.4	7.2
Rural and remote	1.5	1.2	1.5	0.5	0.5	1.9	-	0.1	1.3
Total all regions	5.3	7.4	4.6	3.0	7.6	4.0	3.5	1.2	5.5

(a) Rates are crude rates based on estimated resident population at 30 June 2000.

Source: DHA.

Table 5.5: Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item, States and Territories, 2000-01

Code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances										
Consulting rooms										
300, 310	15 minutes or less	908.7	302.0	174.4	82.0	75.7	24.3	37.3	32.7	1,637.1
302, 312	16 to 30 minutes	6,109.7	4,769.2	3,603.5	1,109.0	1,407.8	504.6	238.7	76.0	17,818.5
304, 314	31 to 45 minutes	11,696.7	12,795.3	8,327.4	2,379.1	3,792.3	1,312.0	361.7	100.5	40,764.9
306, 316	46 to 75 minutes	34,606.4	35,703.0	13,465.5	4,782.7	11,306.6	1,081.1	824.3	173.2	101,942.8
308, 318	Over 75 minutes	2,055.0	1,706.5	1,105.4	476.9	783.2	174.4	91.1	11.5	6,404.0
319	Selected cases (> 45 mins)	4,131.3	4,217.6	1,254.3	135.5	1,168.5	103.6	55.1	5.6	11,071.5
	<i>Total</i>	<i>59,507.7</i>	<i>59,493.7</i>	<i>27,930.5</i>	<i>8,965.2</i>	<i>18,534.2</i>	<i>3,199.9</i>	<i>1,608.1</i>	<i>399.5</i>	<i>179,638.9</i>
Hospital										
320	15 minutes or less	68.8	186.6	112.3	63.7	59.5	19.5	3.8	0.3	514.6
322	16 to 30 minutes	652.6	850.6	1,397.4	445.9	490.5	99.7	23.3	6.4	3,966.2
324	31 to 45 minutes	1,032.9	907.0	767.1	326.0	373.8	136.2	21.1	3.5	3,567.6
326	46 to 75 minutes	1,180.8	1,103.8	577.7	317.3	311.9	106.9	29.2	3.3	3,630.9
328	Over 75 minutes	284.5	136.2	112.1	65.0	50.8	18.8	8.2	0.5	676.1
	<i>Total</i>	<i>3,219.5</i>	<i>3,184.4</i>	<i>2,966.6</i>	<i>1,217.9</i>	<i>1,286.5</i>	<i>381.1</i>	<i>85.5</i>	<i>13.9</i>	<i>12,355.3</i>
Other location										
330	15 minutes or less	29.0	3.9	0.6	4.6	0.4	0.0	0.0	0.0	38.6
332	16 to 30 minutes	62.1	56.1	5.6	22.4	4.5	1.0	0.8	0.0	152.5
334	31 to 45 minutes	99.2	162.0	10.2	2.1	18.8	2.6	1.5	0.0	296.4
336	46 to 75 minutes	162.1	195.7	12.1	10.8	42.0	3.4	1.2	0.0	427.4
338	Over 75 minutes	199.4	35.6	8.1	7.6	11.8	0.7	0.3	0.0	263.4
	<i>Total</i>	<i>551.7</i>	<i>453.2</i>	<i>36.6</i>	<i>47.5</i>	<i>77.6</i>	<i>7.7</i>	<i>3.8</i>	<i>0.0</i>	<i>1,178.2</i>
Other services										
342, 344, 346	Group psychotherapy	686.3	1,410.5	183.6	58.4	123.1	27.7	5.2	0.6	2,495.4
348, 350, 352	Interview with non-patient	76.9	48.7	39.9	55.9	18.3	7.5	2.3	0.3	249.8
14224	Electroconvulsive therapy ^(a)	142.7	153.8	173.8	32.5	49.8	19.1	3.6	0.0	575.4
	<i>Total</i>	<i>905.9</i>	<i>1,613.0</i>	<i>397.3</i>	<i>146.8</i>	<i>191.2</i>	<i>54.3</i>	<i>11.2</i>	<i>0.9</i>	<i>3,320.6</i>
	Total expenditure (\$'000)	64,184.8	64,744.3	31,331.1	10,377.4	20,089.5	3,643.0	1,708.6	414.3	196,493.0
	Per 1,000 population ^(b)	9,771.0	13,513.0	8,695.7	5,480.5	13,293.9	7,713.5	5,351.1	2,087.4	10,149.1

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

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2000.

Source: HIC.

Table 5.6: Medicare expenditure (\$'000) on services provided by private psychiatrists (current prices), 1990-91 to 2000-01^(a)

	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01
Total expenditure ^(b)	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	196,493.0
Per 1,000 population ^(b)	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	10,149.1

(a) The year in which the Medicare claim was processed. This is not necessarily the year in which the service was provided.

(b) Does not include non-psychiatrist services for electroconvulsive therapy.

Source: DHA.

Table 5.7: Mental health nurses, and per 100,000 population, States and Territories, 1993 to 1999

Year ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
									Number	Per 100,000 population
1999 ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,174	63.7
1997	4,254	3,060	2,222	1,123	1,134	299	127	75	12,294	66.0
1996	3,649	3,083	2,013	1,103	1,010	214	115	68	11,255	61.1
1995	3,532	3,183	1,900	1,091	1,149	216	121	58	11,250	61.8
1994	3,516	3,201	2,019	873	1,311	222	122	88	11,352	63.2
1993	3,520	3,191	1,822	826	1,344	231	126	75	11,135	62.7

(a) Data are unavailable for 1998 as the survey has been conducted biennially since 1997.

(b) State and Territory mental health nurse data unavailable at time of publication. Due to be released later in 2003.

n.a. not available.

Source: AIHW 2001a.

The number of mental health nurses remained fairly stable between 1993 and 1996 (Table 5.7 and Figure 2.13). However, in 1997, there was an increase of 9.2% in the mental health nursing workforce, from 11,255 to 12,294. In 1999, there were 12,294 mental health nurses, of whom 4,170 were male and 8,123 were female.

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 for mental health-related medications, and all prescriptions by private psychiatrists. 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 3 for more information on the ATC codes used to define mental health-related medications.

PBS expenditure data for all prescriptions from private psychiatrists and mental health-related medications prescribed by general practitioners are presented in Tables 5.8 and 5.9. There was more PBS expenditure on mental health-related medications prescribed by general practitioners (\$321.2 million) than on those prescribed by private psychiatrists (\$88.0 million). Almost 62.8% of PBS funds relating to general practitioner mental health-related prescriptions were for antidepressant medication. For private psychiatrist prescriptions, antipsychotic medications accounted for the majority of PBS funds paid (50.5%), with antidepressants a close second (38.4%).

The Northern Territory had the lowest rate of PBS expenditure for mental health-related medication prescribed by these medical practitioners, at \$6,000 per 1,000 population. Victoria (\$22,700 per 1,000 population) and South Australia (\$25,100 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 5.1).

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 National Community Mental Health Establishment Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community mental health care establishment in Australia, from routine administrative collections. Further information on the NCMHED can be found in Appendix 1.

Table 5.8: Pharmaceutical Benefits Scheme expenditure (\$'000) on pharmaceuticals prescribed by private psychiatrists by pharmaceutical group, States and Territories, (a) 2000–01

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
A	Alimentary tract & metabolism	198	169	125	27	53	10	4	1	604
B	Blood & blood-forming organs	12	6	6	1	3	1	0	0	31
C	Cardiovascular system	353	250	162	58	93	27	9	2	1,000
D	Dermatologicals	15	10	6	1	2	1	1	0	38
G	Genitourinary system & sex hormones	68	55	63	9	20	8	1	0	230
H	Systemic hormonal preparations, excl sex hormones	13	15	12	5	7	0	0	0	52
J	General anti-infectives for systematic use	55	52	41	11	13	2	4	2	185
L	Antineoplastic & immunomodulating agents	59	39	22	3	5	7	1	0	142
M	Musculoskeletal system	91	122	51	17	26	8	2	1	327
N	Central nervous system									
N05A	Antipsychotics	15,288	13,310	7,137	2,205	4,303	498	903	69	44,490
N05B	Anxiolytics	259	445	188	41	103	39	7	1	1,090
N05C	Hypnotics & sedatives	63	91	48	16	29	10	2	1	261
N06A	Antidepressants	9,466	10,075	6,215	3,008	3,498	785	486	51	33,829
	Other	1,476	1,519	871	709	561	146	60	25	5,420
	<i>Total</i>	26,552	25,440	14,460	5,979	8,494	1,477	1,458	147	85,090
P	Antiparasitic products	2	2	1	0	1	0	0	0	6
R	Respiratory system	79	70	50	11	20	5	2	0	244
S	Sensory organs	14	17	9	2	13	1	0	0	61
	Total^(c)	27,524	26,254	15,014	6,127	8,754	1,549	1,482	154	88,044
	<i>Per 1,000 population (\$)</i>	4.3	5.5	4.2	3.3	5.8	3.3	4.8	0.8	4.6

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

(c) Includes State or Territory unknown.

(d) Includes ATC unknown or various (Chapter V).

Source: DHA.

Table 5.9: Pharmaceutical Benefits Scheme expenditure (\$'000) on pharmaceuticals prescribed by general practitioners by mental health-related pharmaceutical group, States and Territories, (a) 2000-01

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
General practitioners										
N05A	Antipsychotics	26,786	23,636	14,730	5,445	8,098	1,543	955	240	89,931
N05B	Anxiolytics	4,034	3,937	2,650	996	1,231	580	117	34	13,635
N05C	Hypnotics & sedatives	3,825	3,264	2,090	1,202	1,083	380	98	30	12,020
N06A	Antidepressants	58,869	50,069	41,185	21,899	17,911	6,170	3,110	699	201,718
	<i>Total (\$'000)</i>	94,719	81,717	61,379	29,980	28,830	8,738	4,327	1,009	321,195
	Per 1,000 population (\$)	14.7	17.1	17.2	15.9	19.3	18.6	13.9	5.2	16.8
General practitioners and private psychiatrists										
	Total (\$'000)	122,243	107,972	76,392	36,106	37,584	0,287	5,809	1,163	409,239
	Per 1,000 population (\$)	18.9	22.7	21.4	19.2	25.1	21.9	18.7	6.0	21.4

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

(b) Includes State or Territory unknown.

Source: DHA.

Table 5.10: Summary of public and private psychiatric hospitals^(a) and public community mental health establishments^(b), Australia, 1997–98 to 2000–01

	1997–98	1998–99	1999–00	2000–01
Public psychiatric hospitals				
Number of establishments	24	21	22	23
Available beds ^(c)	3,112	2,943	2,759	2,478
Full-time-equivalent staff	6,128	6,395	6,274	5,601
Total salaries and wages expenditure (\$'000)	276,877	318,056	303,812	281,494
Total non-salary expenditure (\$'000) ^(d)	100,962	119,284	133,078	135,194
Total recurrent expenditure (\$'000) ^(d)	377,839	437,340	423,827	416,688
Revenue (\$'000) ^(d)	22,406	22,131	19,769	21,978
Private psychiatric hospitals^(e)				
Number of establishments	23	26	24	24
Available beds ^(b)	1,344	1,471	1,369	1,369
Full-time-equivalent staff	1,514	1,660	1,572	1,566
Recurrent expenditure (\$'000) ^(d)	111,141	123,601	122,498	133,491
Public community mental health establishments^(f)				
Number of establishments ^(b)	n.a.	208	232	233
Available beds ^(c)	n.a.	1,301	1,171	1,306
Full-time-equivalent staff	n.a.	8,679	8,570	8,878
Total salaries and wages expenditure (\$'000) ^(d)	n.a.	421,192	453,492	505,310
Total non-salary expenditure (\$'000) ^(d)	n.a.	166,409	177,865	187,029
Total recurrent expenditure (\$'000) ^(d)	n.a.	588,006	631,358	692,340

(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.

(b) The count of public community mental health establishments can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(c) Average beds for the year.

(d) Expenditure and revenue data are based on current prices

(e) 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.

(f) No data available for 1997–98 from the National Community Mental Health Establishments Database.

n.a. not available.

Source: NPHEd, PHEC, NCMHED.

Table 5.11: Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Establishments ^(a)	19	38	90	20	30	28	2	6	233
Establishments with residential care services	7	30	0	2	1	8	1	0	49
Available beds ^(b)	206	906	0	18	24	132	20	0	1,306
Available beds per 100,000 population ^(c)	3.1	18.9	0	1.0	1.6	27.9	6.3	0.0	6.7

(a) The number of establishments reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets. For details on the establishments reporting to NCMHED, refer to Appendix 6.

(b) Average available beds where possible; otherwise available beds at 30 June 2001.

(c) Rates are crude rates based on 31 December 2000 estimated resident population.

Source: NCMHED.

Table 5.10 presents a summary of establishments, number of available beds, staffing and expenditure from NCMHED since 1998. Information from the NCMHED on the number of establishments by State and Territory in 2000–01 is presented in Table 5.11. A list of the establishments that report to NCMHED is presented in Table A6.2. Note 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 these reasons, the number of establishments reported does not necessarily reflect the number of physical buildings or service outlets from which community mental health care was provided.

There were 1,306 available beds reported to the NCMHED for 2000–01. The 11.5% increase from the 1,171 reported for 1999–00 was largely attributable to a rise in available beds in New South Wales, South Australia and Tasmania. Queensland and Northern Territory public community mental health establishments did not provide residential care.

Data on the number of FTE staff employed in community mental health establishments by State and Territory are presented in Table 5.12. 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. A total of 8,933 FTE staff were employed in Australian community mental health establishments for 2000–01. This is an increase from the 8,548 FTE staff reported in 1999–00.

FTE staffing data by staff category were able to be supplied to the NCMHED by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For these six jurisdictions, the majority of the FTE staff were *Nurses* (37.4% or 1,855 FTE staff) and *Diagnostic & allied health professionals* (32.4% or 1,607 FTE staff). The community mental health care workforce of these five jurisdictions also included numbers of *Administrative & clerical staff* (16.3% or 809 FTE staff) and *Salaried medical officers* (7.9% or 393 FTE staff).

The recurrent expenditure on community mental health establishments in 2000–01 was \$702.1 million (Tables 5.13 and 5.14). The salary category made up 73.2% (\$514.2 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 36.8% (\$83.0 million) and 14.3% (\$32.4 million) respectively. *Diagnostic and allied health professionals* wage and salary payments accounted for 30.7% (\$69.3 million) of the salary expenditure.

Table 5.12: Full-time-equivalent staff,^(a) public community mental health establishments,^(b) States and Territories, 2000-01

Full-time-equivalent staff	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	183	n.a.	116	n.a.	59	17	9	9	393
Nurses									
Registered nurses	n.a.	n.a.	394	n.a.	n.a.	82	57	29	562
Enrolled nurses	n.a.	n.a.	7	n.a.	n.a.	28	7	0	42
<i>Total nurses^(c)</i>	<i>1,021</i>	<i>n.a.</i>	<i>401</i>	<i>n.a.</i>	<i>229</i>	<i>111</i>	<i>65</i>	<i>29</i>	<i>1,856</i>
Other personal care staff	n.a.	n.a.	18	n.a.	7	23	7	0	55
Diagnostic & allied health professionals	723	n.a.	490	n.a.	253	52	68	21	1,607
Administrative & clerical staff	448	n.a.	184	n.a.	100	22	32	22	808
Domestic & other staff	218	n.a.	12	n.a.	4	14	0	0	248
Total staff	2,593	2,982	1,221	985	652	239	181	80	8933

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2001 were used.

(b) For details on the services reporting to NCMHED, refer to Appendix 6.

(c) Total nurses includes trainee/pupil nurses.

n.a. not available.

Source: NCMHED.

Table 5.13: Salaries and wages expenditure (\$'000), public community mental health establishments,^(a) States and Territories, 2000-01

Recurrent expenditure category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	16,745	n.a.	11,725	n.a.	n.a.	1,859	1,013	1,035	32,377
Nurses									
Registered nurses	n.a.	n.a.	19,848	n.a.	n.a.	4234	3,514	1,725	29,321
Enrolled nurses	n.a.	n.a.	282	n.a.	n.a.	985	294	0	1,561
<i>Total nurses^(b)</i>	<i>52,078</i>	<i>n.a.</i>	<i>20,130</i>	<i>n.a.</i>	<i>n.a.</i>	<i>5,354</i>	<i>3,808</i>	<i>1,725</i>	<i>81,095</i>
Other personal care staff	n.a.	n.a.	664	n.a.	n.a.	700	236	0	1,600
Diagnostic & allied health professionals	36,952	n.a.	24,435	n.a.	n.a.	2,727	3,793	1,410	69,317
Administrative & clerical staff	21,234	n.a.	6,881	n.a.	n.a.	803	866	1,050	30,834
Domestic & other staff	7,930	n.a.	358	n.a.	n.a.	416	0	41	8,745
Total salaries and wages	134,938	194,448	64,194	52,913	34,490	11,859	9,716	5,262	507,821

(a) For details on the establishments reporting to NCMHED, refer to Appendix 6.

(b) Total nurses includes trainee/pupil nurses.

n.a. not available.

Source: NCMHED.

Table 5.14: Non-salary and total recurrent expenditure (\$'000), public community mental health establishments,^(a) States and Territories, 2000-01

Recurrent expenditure category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Payments to visiting medical officers	3,418	n.a.	4,387	n.a.	n.a.	119	692	0	8,615
Superannuation	10,019	n.a.	6,172	n.a.	n.a.	1,162	1,279	0	18,632
Drug supplies	3,225	n.a.	2,218	n.a.	n.a.	358	22	38	5,860
Medical & surgical supplies	511	n.a.	78	n.a.	n.a.	23	9	1	621
Food supplies	854	n.a.	71	n.a.	n.a.	344	90	9	1,367
Domestic services	2,067	n.a.	862	n.a.	n.a.	385	107	117	3,538
Repairs & maintenance	6,453	n.a.	710	n.a.	n.a.	80	35	64	7,341
Patient transport	3,008	n.a.	276	n.a.	n.a.	11	20	44	3,358
Administrative expenses	24,224	n.a.	8,042	n.a.	n.a.	278	501.67	1,008	34,054
Interest payments	3,713	n.a.	28	n.a.	n.a.	0	0.00	0.3	3,741
Depreciation	3,576	n.a.	977	n.a.	n.a.	0	3.74	0.0	4,557
Other recurrent expenditure	4,573	n.a.	2,750	n.a.	n.a.	3,710	3,012	1,286.6	15,332
Total non-salary expenditure^(b)	66,497	50,607	26,569	21,458	7,950	6,469	5,770	2,567	187,887
Total recurrent expenditure	201,436	245,055	90,764	74,371	42,440	18,328	15,487	7,829	695,709

(a) For details on the services reporting to NCMHED, refer to Appendix 6.

(b) Includes total for establishments which were not able to provide data by recurrent expenditure category.
n.a. not available.

Source: NCMHED.

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 Appendix 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 National Public Hospital Establishment Database (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 as public psychiatric hospitals.

In 2000–01, there were 23 public psychiatric hospitals in Australia providing 9.7% of the separations with specialised psychiatric care and 33.7% of the total psychiatric care days (Tables 4.2 and 4.3). The number of separate establishments reported was similar to that reported in the previous 2 years (Table 5.10). The increase of one public psychiatric hospital over 1999–00 was due to the recategorisation of an existing establishment in Western Australia

When comparing between jurisdictions, note 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 Table A6.1 on the AIHW's web site, see page 239.

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 2000–01 year was 2,749 compared with 2,759 available beds for the 1999–00 year (Table 5.10), representing a 0.4% decline. The decline in public psychiatric hospital bed numbers indicates the continuation of the integration of mental health care into acute hospital and community settings.

The majority of public psychiatric hospital beds were located in capital cities and other metropolitan areas (82.6%). There were no public psychiatric hospital beds in remote areas (Table 5.15).

Data on the number of staff employed in public psychiatric hospitals by State and Territory are presented in Table 5.16. 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 5,601 FTE staff were employed in Australian public psychiatric hospitals in 2000–01 compared with 6,274 FTE staff reported for 1999–00 (10.7% decrease).

The majority of the FTE staff were *Nursing staff* (52.9% or 2,962 FTE staff), followed by *Domestic & other staff* (21.4% or 1,199 FTE staff). *Salaried medical officers* and *Diagnostic & allied health professionals* made up 5.3% (295 FTE staff) and 8.7% (485 FTE staff) of the public psychiatric hospital workforce respectively.

Box 5.1 Expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients

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.

Table A6.1 (available on the AIHW's web site, see page 239) 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).

Tables 5.17 and 5.18 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.

The recurrent expenditure on public psychiatric hospitals in 2000–01 was \$416.7 million. The equivalent figure for the 1999–00 collection period was \$434.9 million, hence there was a decrease of 4.2% between 1999–00 and 2000–01.

The total recurrent expenditure reported to NPHEd for 2000–01 is higher than that reported to the National Survey of Mental Health Services (NSMHS) for 1999–00 (DHA 2002). 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 7.

The salary category made up 70.9% (\$281.5 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 53.1% (\$149.6 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic & other staff* and *Salaried medical officers* made up 14.5% (\$40.8 million) and 10.2% (\$28.7 million) respectively.

Data on public psychiatric hospital revenue, excluding general revenue payments received from State or Territory governments, are presented in Table 5.19. The revenue received by Australian public psychiatric hospitals (other than in Tasmania) was \$22.0 million for 2000–01 compared with \$19.8 million for 1999–00. This amount is equivalent to 5.5% of the total recurrent expenditure. A relatively large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (73.4% or \$16.1 million). In comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 49.9% (AIHW 2002c). The recoveries, which include income from the use of hospital facilities by salaried medical officers or private practitioners, was 6.8% (\$1.5 million) of the collected revenue.

Table 5.15: Public psychiatric hospitals, ^(a) available beds and available beds per 1,000 population by metropolitan, rural and remote region, States and Territories, 2000–01

Region	NSW	Vic	Qld	WA	SA	Tas	Total
Public psychiatric hospitals							
Metropolitan	7	1	4	2	1	4	19
Rural	2	0	2	0	0	0	4
Remote	0	0	0	0	0	0	0
Total all regions	9	1	6	2	1	4	23
Available beds ^(b)							
Metropolitan	862	95	228	273	488	27	1,973
Rural	185	..	321	..	..	..	506
Remote	..	..	..	..	..	..	..
Total all regions	1,046	95	549	273	488	27	2,479
Available beds per 100,000 population ^(c)							
Metropolitan	17.6	2.6	10.8	19.8	44.5	13.9	14.4
Rural	12.3	..	25.6	..	..	..	10.4
Remote	..	..	..	..	..	..	..
Total all regions	16.2	2.0	15.4	14.5	32.6	5.7	12.9

(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 Table A6.1.

(b) Average available beds where possible; otherwise available beds at 30 June 2001.

(c) Rates are crude rates based on 31 December 2000 estimated resident population.

.. not applicable.

Source: NPHED.

Table 5.16: Full-time-equivalent staff,^(a) Public psychiatric hospitals,^(b) States, 2000–01

Full-time-equivalent staff	NSW ^(c)	Vic ^(d)	Qld	WA	SA ^(e)	Tas	Total
Salaries medical officers	127	25	35	41	66	3	295
Nurses							
Registered nurses	n.a.	126	510	292	402	53	1,383
Enrolled nurses	n.a.	0	123	84	79	10	296
<i>Total nurses</i>	<i>1,283</i>	<i>126</i>	<i>633</i>	<i>376</i>	<i>482</i>	<i>63</i>	<i>2,962</i>
Other personal care staff	..	6	59	0	..	n.a.	65
Diagnostic & allied health professionals	219	22	106	77	56	5	485
Administrative & clerical staff	311	5	108	76	85	9	594
Domestic & other staff	528	2	267	140	170	93	1,199
Total staff	2,468	186	1,207	710	859	173	5,601

(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 Table A6.1.

(b) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2001 were used.

(c) New South Wales *Other personal care staff* are included in *Diagnostic & allied health professionals*.

(d) For Victoria, FTEs may be slightly understated.

(e) 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 5.17: Salaries and wages expenditure (\$'000), public psychiatric hospitals,^(a) States, 2000–01

	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(d)	Tas	Total
Salaries medical officers	15,319	n.a.	3,466	5,107	4,571	205	28,668
Nurses							
Registered nurses	n.a.	n.a.	28,932	15,366	21,395	3,084	68,778
Enrolled nurses	n.a.	n.a.	5,713	3,030	4,052	424	13,220
Total nurses	67,568	n.a.	34,645	18,396	25,447	3,509	149,560
Other personal care staff	n.a.	n.a.	2,387	0	n.a.	n.a.	2,387
Diagnostic & allied health professionals	10,993	n.a.	5,397	3,372	5,021	294	25,077
Administrative & clerical staff	11,854	n.a.	4,637	2,986	3,434	360	23,271
Domestic & other staff	18,028	n.a.	9,823	4,750	4,667	0	40,768
Total salaries & wages^(e)	123,762	11,757	60,355	34,610	43,142	7,867	281,494

(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 Table A6.1.

(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*.

(e) Includes recurrent expenditure not allocatable to salary expenditure category.
n.a. not available.

Source: NPHED.

Table 5.18: Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals,^(a) States, 2000–01

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(f)	Tas	Total
Payments to visiting medical officers	1,291	0	1,194	0	1,340	0	3,825
Superannuation	11,885	0	5,555	3,217	3,551	815	25,023
Drug supplies	4,423	0	2,436	1,206	1,205	141	9,411
Medical & surgical supplies	1,603	0	309	129	170	25	2,237
Food supplies	4,312	0	1,602	1,036	1,119	281	8,351
Domestic services	3,502	0	3,656	1,001	1,663	451	10,273
Repairs & maintenance	4,156	0	1,318	688	2,674	189	9,024
Patient transport	62	0	2	78	672	12	826
Administrative expenses	15,157	0	6,061	2,224	5,225	75	28,742
Interest payments	15	0	0	0	0	0	15
Depreciation	8,458	0	10,347	1094	0	0	19,899
Other recurrent expenditure	2,919	0	4,148	3168	739	694	11,668
Total non-salary expenditure^(g)	57,782	5,901	36,628	13,842	18,358	2,683	135,194
Total recurrent expenditure	181,545	17,658	96,983	48,452	61,500	10,550	416,688

(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 Table A6.1.

(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) Includes recurrent expenditure not allocatable to salary expenditure category.

Source: NPHEd.

Public acute hospitals

In 2000–01, public acute hospitals provided 46.4% of the separations with specialised psychiatric care and 45.0% of the total psychiatric care days (Tables 4.2 and 4.3). In 2000–01, there were 111 public acute hospitals with specialised psychiatric units or wards in Australia (Table 5.20).

New South Wales and Victoria (35 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 (71.1%).

Private psychiatric hospitals

In 2000–01, private hospitals provided 43.8% of the separations with specialised psychiatric care and 21.2% of the total psychiatric care days (Tables 4.2 and 4.3). 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 for which 50% or more of the patient days were for psychiatric patients. There were 24 private hospitals designated as psychiatric during 2000–01 (Table 5.21), compared with 24 in 1999–00 and 26 in 1998–99 (Table 5.10). The average number of available private psychiatric hospital beds for 2000–01 (1,369) remained the same as in the previous year (Table 5.10).

There was a decline in the number of FTE staff compared with the previous year. In 2000–01, the average number of FTE staff employed by private sector psychiatric hospitals was 1,566 (Table 5.22). This was a 0.4% decrease on the 1999–00 figure of 1,572.

There were increases for both expenditure and revenue. In 2000–01, the recurrent expenditure for private psychiatric hospitals in Australia was \$133.5 million, an increase of 9.0% from \$122.5 million in 1999–00 (Tables 5.10 and 5.24). Private psychiatric hospital expenditure was 25.2% of the total psychiatric hospital expenditure in Australia. The total revenue for private psychiatric hospitals for 2000–01 exceeded total expenditure at \$156.6 million (Table 5.25).

Table 5.19: Revenue (\$'000), public psychiatric hospitals,^(a) States, 2000–01

Revenue	NSW	Vic	Qld	WA	SA	Tas ^(b)	Total
Patient revenue ^(c)	9,893	0	3,069	609	1,928	638	16,137
Recoveries	1,295	163	22	6	1	0	1,487
Other revenue	2,512	287	698	195	548	115	4,355
Total revenue	13,699	450	3,789	810	2,477	753	21,978

(a) For details on the hospitals reporting to NPHED, refer to Table A6.1 (on AIHW's web site, see page 239).

(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.

Source: NPHED.

Table 5.20: Public acute care hospitals with psychiatric units or wards,^(a) by metropolitan, rural and remote region, States and Territories, 2000–01

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Metropolitan	23	26	10	8	8	1	2	1	79
Rural	12	9	6	2	0	2	0	0	31
Remote	0	0	0	0	0	0	..	1	1
Total	35	35	16	10	8	3	2	2	111

(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.

.. not applicable.

Source: NPHED.

Table 5.21: Private psychiatric hospitals, available beds and available beds per 1,000 population, States and Territories, 2000-01

	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Private psychiatric hospitals	9	5	4	6	0	24
Available beds ^(a)	471	304	289	305	..	1,369
Available beds per 100,000 population ^(b)	6.8	6.3	8.0	7.9	..	7.1

(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 5.22: Full-time-equivalent staff,^(a) private psychiatric hospitals, States and Territories, 2000-01

	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Full-time-equivalent staff						
Salaries medical officers	n.a.	3	n.a.	n.a.	..	24
Total nurses ^(b)	258	208	191	178	..	836
Diagnostic & allied health professionals	n.a.	35	n.a.	n.a.	..	151
Administrative & clerical staff	111	63	57	46	..	277
Domestic & other staff ^(c)	105	54	55	64	..	279
Total full-time-equivalent staff	555	363	331	317	..	1,566

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2001 were used.

(b) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled 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 5.23: Salaries and wages expenditure (\$'000), private psychiatric hospitals, States and Territories, 2000-01

Recurrent expenditure category	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Salaries medical officers	n.a.	224	n.a.	n.a.	..	2,033
Total nurses ^(a)	14,320	11,565	9,760	8,592	..	44,237
Diagnostic & allied health professionals	n.a.	1,663	n.a.	n.a.	..	6,989
Administrative & clerical staff	4,536	2,821	2,626	1,996	..	11,979
Domestic & other staff ^(b)	3,050	1,805	1,613	2,148	..	8,616
Total salaries and wages	26,245	18,077	15,371	14,141	..	73,834

(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 5.24: Non-salary expenditure (\$'000), private psychiatric hospitals and total recurrent expenditure, States and Territories, 2000-01

Recurrent expenditure category	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Superannuation	2,124	1,348	945	1,142	..	5,559
Payroll tax	721	1,056	n.a.	n.a.	..	3,097
On-costs excluding superannuation and payroll tax ^(a)	2,433	909	553	694	..	4,589
Drug supplies	n.a.	313	126	n.a.	..	1,863
Medical & surgical supplies	n.a.	160	n.a.	67	..	1,906
Food supplies	1,797	1,103	808	913	..	4,621
Domestic services	762	580	351	470	..	2,163
Repairs & maintenance	768	856	333	354	..	2,311
Patient transport	n.a.	n.a.	n.a.	n.a.	..	73
Administrative expenses	10,761	3,895	1,619	3,348	..	19,623
Interest payments	1,139	170	n.a.	n.a.	..	1,336
Depreciation	1,318	n.a.	859	n.p.	..	n.a.
Contract services (excluding medical practitioners)	3,297	739	2,164	831	..	7,031
Other recruitment expenditure	n.a.	n.a.	n.a.	n.a.	..	n.a.
Total non-salary expenditure	29,069	12,225	8,758	9,605	..	59,657
Total recurrent expenditure	55,314	30,302	24,129	23,746	..	133,491

(a) Includes workers compensation premiums, uniforms and personal costs.

.. not applicable.

n.a. not available.

Source: PHEC.

Table 5.25: Revenue (\$'000), private psychiatric hospitals, States and Territories, 2000-01

Revenue	NSW & ACT	Vic	Qld	WA, SA & Tas	NT	Total
Patient revenue ^(a)	n.a.	35,772	27,920	29,048	..	147,324
Recoveries	2,808	n.a.	n.a.	935	..	6,944
Other ^(b)	n.a.	2,705	821	132	..	2,358
Total revenue	59,294	38,476	28,741	30,115	..	156,626

(a) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

(b) Other revenue includes investment income, income from charities, bequests, visitor's meals and accommodation and kiosk sales.

.. not applicable.

n.a. not available.

Source: PHEC.

Appendix 1: Data sources

Introduction

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 include AIHW databases such as the National Hospital Morbidity Database (NHMD) and the National Community Mental Health Establishments Database (NCMHED) which were supplied data under the National Health Information Agreement and specified as the NMDSs for Mental Health Care in the *National Health Data Dictionary* Version 9.0. For a description of the component data sets of the NMDSs for Mental Health Care, refer to the next section in this appendix.

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 NMDSs for Mental Health Care. Therefore, this report presents data from other AIHW data collections such as the National Public Hospital Establishments Database (NPHEd), the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, and the Commonwealth/ State Disability Agreement (CSDA) Minimum Data Set collection. Data from collections external to the AIHW were also used, including the Australian Bureau of Statistics (ABS) Private Hospital Establishments Collection (PHEC), and the Department of Health and Ageing (DHA) and Health Insurance Commission (HIC) Medicare and Pharmaceutical Benefits Scheme (PBS) data collections. Each of these data sources has 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 NMDSs 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 NMDS 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 text and footnotes.

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 persons can have a substantial effect on the delivery of health care.

Data collections

National Hospital Morbidity Database (NHMD)

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 2000–01 are for hospital separations in the period from 1 July 2000 to 30 June 2001. Data on patients who were admitted on any date before 1 July 2000 are included, provided that they separated between 1 July 2000 and 30 June 2001. 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 2000–01* (AIHW 2002c).

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 2000–01, 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.

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. Some jurisdictions, or sectors within jurisdictions, were unable to provide data for all of these data elements. Table A1.2 provides a summary of the data provision by jurisdiction for each data element in the NMDS for Admitted Patient Mental Health Care for 2000–01. 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 2000–01* (AIHW 2002c). Lists of the public psychiatric hospitals and public acute hospitals with specialised psychiatric units contributing to this report are presented in Appendix 6.

National Community Mental Health Establishments Database (NCMHED)

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 for Community Mental Health Establishments. Additional information on this NMDS is presented on page 196.

For this NMDS, community mental health care refers to all specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients (except for non-24-hour residential care). The scope is both residential and ambulatory public community mental health care establishments, including adult, aged 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 hours per day were included.

A list of the public community mental health establishments contributing to this report is presented in Appendix 6.

National Community Mental Health Care Database (NCMHCD)

The NCMHCD includes data on ambulatory service contacts provided by public community mental health establishments. The data collated in the NCMHCD are specified by the NMDS for Community Mental Health Care. Additional information on this NMDS is presented on page 196. NCMHCD contains data on the date of service contact and on the characteristics of the patient ranging from basic demographic information such as the date of birth and sex to clinically relevant information such as principle diagnosis and mental health legal status.

The scope for this collection is all ambulatory service contacts provided by the public community mental health establishments that are in-scope for the NMDS for Community Mental Health Establishments (see page 196). A list of the public community mental health establishments contributing this patient-level data to NCMHCD is presented in Appendix 6.

A service contact for the purposes of this collection was defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which result in a dated entry being made in the individual's record. An overview of the data quality issues and some summary NCMHCD data are presented in Appendix 2.

National Public Hospital Establishments Database (NPHEd)

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 2000–01* for further detail on the data quality for the NPHEd (AIHW 2002c).

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 2000–01* (AIHW 2002c).

A list of the public psychiatric hospitals contributing to this report is presented in Appendix 6.

Private Health Establishments Collection (PHEC)

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 2002b).

The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000), 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 2002a).

Bettering the Evaluation and Care of Health (BEACH)

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
- to assess patient risk factors and health states and the relationship between these factors and health service activity (Britt et al. 2002).

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 2001–02 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 2000–01* (Britt et al. 2001).

Commonwealth/State Disability Agreement (CSDA) 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 2001, 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 2001. 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, specialist psychiatric and other disability support 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 2001: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2002a).

National Medical and Nursing Labour Force Survey data

The AIHW conducts the National Medical Labour Force Survey and the National Nursing Labour Force Survey, in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each State and Territory. The AIHW has conducted the medical practitioner survey annually since 1993 and the nursing survey since 1995.

Coverage in some jurisdictions may exclude some 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 latest information on these surveys is provided in *Medical Labour Force 1999* (AIHW 2003) and the *Nursing Labour Force 1999* (AIHW 2001a) reports.

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 Veterans' Affairs National Treatment Account.

The State or Territory is determined according to the address of the patient who received the service at the time the patient made the claim. 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.

Pharmaceutical Benefits Scheme (PBS) 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 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, i.e. 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 is 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 Benefits Scheme (RPBS).

The NMDSs for Mental Health Care

This section provides background information on the three component data sets that constitute the NMDSs for 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 for Admitted Patient Mental Health Care, the NMDS for Community Mental Health Establishments and the NMDS for Community Mental Health Care. Data specified by these data sets are collated annually in the NHMD, the NCMHED and the NCMHCD respectively (see above).

NMDS for Admitted Patient Mental Health Care

The NMDS for 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 statistical unit for this data set is the hospital separation. The hospital separations covered in the NMDS for Admitted Patient Mental Health Care are, in effect, a subset of those covered by the NMDS for 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.

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 2000–01, a total of 31 elements were specified (Table A1.1). Table A1.2 presents information on the extent to which data elements were reported by the different jurisdictions and sectors for 2000–01. *Type of usual accommodation*, *Employment status* and *Referral to further care (psychiatric patient)* data elements were reported for less than 50% of separations.

NMDS for Community Mental Health Establishments

The data elements for the NMDS for Community Mental Health Establishments were agreed for collection from July 1998 and are presented in Table A1.3. The statistical unit for this data set is the establishment. 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 for 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 for Community Mental Health Establishments are collated at the AIHW as the NCMHED.

Included in the scope of the NMDS are all specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients (except for non-24-hour residential care services). The scope includes:

- both residential and ambulatory public community mental health care establishments
- adult, aged, and adolescent and child community mental health services
- 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.

Note that there is an overlap in the scope of the NMDS for Community Mental Health Establishments and the NMDS for Public Health Establishments. The hospital establishments in the scope of the NMDS for 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 for 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.

NMDS for 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 has included *Marital status*, *Area of usual residence* and *Country of birth* data elements.

The statistical unit for this data set is the service contact. Included in the scope of the NMDS are all ambulatory service contacts provided by the specialised mental health services described above for the NMDS for Community Mental Health Establishments. A service contact for the purposes of this collection was defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which result in a dated entry being made in the individual's record.

Thus the scope of this NMDS is the service contacts provided in non-residential establishments that are included in the NMDS for Community Mental Health Establishments. Discussion of the provision and consistency of the data for this NMDS is presented in Appendix 2 along with some summary data.

Table A1.1: Data elements^(a) that constitute the NMDs for Admitted Patient Mental Health Care for 2000–01

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 <i>Type of episode of care</i>)		000168
Previous specialised treatment		000139
Admission date		000008
Separation date		000043
Total leave days		000163
Mode of admission (previously <i>Source of referral to acute hospital or private psychiatric hospital</i>)	✓	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 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.

(c) Collected for all patients but relevant only to specialised psychiatric care.

Table A1.2: Reporting of data elements^(a) that constitute the NMDS for Admitted Patient Mental Health Care for 2000-01

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	1.97
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.09
Aboriginal and Torres Strait Islander status	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	4.87
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2.2
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.6
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	2.6
Sex	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1 Unknown	0.0
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.0
Public psychiatric	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.0
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	0.0
Marital status	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8.2
Private	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5.9
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7.0
	Public acute	No	No	Yes	Yes	Yes	Yes	Yes	Yes	53.1
Employment status	Private	No	No	Yes	Yes	No	Yes	No	n.a.	64.5
	Public psychiatric	No	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	67.6
Type of usual accommodation	Public acute	219 records only	No	Yes	No	Yes	No	Yes	No	66.6
	Private	3 records only	No	Yes	No	No	No	No	n.a.	78.3
	Public psychiatric	8 records only	Yes	Yes	Yes	Yes	No	n.a.	n.a.	80.3

(continued)

Table A1.2 (continued): Reporting of data elements^(a) that constitute the NMDS for Admitted Patient Mental Health Care for 2000–01

Data element	Hospital type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	% not reported
Care type	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	..	0
Mode of admission	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	..	..	0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.1
	Private	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.0
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	14.3
Source of referral to public psychiatric hospital	Yes	No	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	19.7
Psych admission status	Public acute	Old codes	No	Yes	Yes	No	No	Yes	No	43.6
	Private	Old codes	No	Yes	Yes	No	No	Yes	n.a.	39.4
	Public psychiatric	Old codes	No	Yes	Yes	No	No	n.a.	n.a.	48.2
Referral to further care	Public acute	yes	no	yes	no	yes	no	yes	no	41.3
	Private	no	no	yes	no	no	no	no	n.a.	78.3
Mode of separation	Public psychiatric	yes	yes	yes	yes	yes	no	n.a.	n.a.	14.0
	Public acute	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.1
	Private	Yes	Yes	Yes	Yes	103 records only	No	Yes	n.a.	3.4
	Public psychiatric	Yes	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.3
Missing principal diagnosis	Public acute	104 missing	1 missing	Yes	Yes	Yes	Yes	Yes	10 missing	n.a.
	Private	Yes	8 missing	Yes	Yes	Yes	Yes	Yes	Yes	n.a.
Mental health legal status	Public psychiatric	421 missing	27 missing	Yes	Yes	Yes	Yes	n.a.	n.a.	n.a.
	Public acute	112 missing	49 missing	Yes	Yes	Yes	Yes	n.a.	n.a.	n.a.
	Private	135 missing	No	Yes	Yes	Yes	Yes	Yes	No	1.2
Public psychiatric	Public psychiatric	2 missing	Yes	Yes	Yes	Yes	Yes	All voluntary	All voluntary	33.2
	Public psychiatric	2 missing	Yes	Yes	Yes	Yes	Yes	n.a.	n.a.	0.0

(a) All data elements are defined in the *National Health Data Dictionary*, Version 9.0 (NHDC 2000).

.. not applicable.

n.a. not available.

Table A1.3: Data elements^(a) that constitute the NMDS for Community Mental Health Establishments 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
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 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.

(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 for 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: Community mental health care service contacts

Background

This report presents a considerable amount of data on the hospital care provided to admitted patients with mental health-related diagnoses. In comparison, there are much fewer data presented on ambulatory mental health care provided by hospitals and community-based mental health care services.

The imbalance in this report reflects the availability of data, with comprehensive national data available on admitted patients and little data available on patients of ambulatory mental health care services. However, results from the National Survey of Mental Health and Wellbeing 1997 indicated that this imbalance does not reflect the relative use of these types of services; most people with mental illness receive mental health care through ambulatory care services (e.g. 77.4% of those who used services saw general practitioners) rather than through admission to hospital (less than 1%) (ABS 1998a). The National Mental Health Policy also emphasises the promotion of a community-based system of treatment and support.

In an attempt to fill this important gap in mental health services information, the development of the NMDSs for Mental Health Care included the introduction of the NMDS for Community Mental Health Establishments and the NMDS for Community Mental Health Care (for details see Appendix 1). The data specified in these NMDSs are collated at the AIHW as the National Community Mental Health Establishments Database (NCMHED), which has been collected since 1998–99 and has been reported in this publication (see Chapter 5), and the National Community Mental Health Care Database (NCMHCD), which was agreed for collection from 1 July 2000 and collated for the first year during 2002. Both these databases cover specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients, including residential and ambulatory public community mental health care establishments and non-admitted services in hospitals such as specialised psychiatric outpatient services.

The statistical unit for which the NCMHCD data is collected is the service contact, defined as a contact between a patient/client and an ambulatory care health unit (including outpatient and community health units) which results in a dated entry being made in the patient/client record (NHDC 2000). The data set is therefore a collection of data about the characteristics of these service contacts. It is not a collection of data about patients.

The NCMHCD data for 2000–01 have been reviewed to assess the extent to which they were reported using the agreed NHDD Version 9 definitions, the extent to which they covered all the service contacts and establishments in scope and comparability between jurisdictions. The review revealed that the data were not of sufficient quality to be included in the body of this report. However, given the relative lack of data on ambulatory care otherwise available, summary data are presented here. They should be interpreted in the light of the notes below on interpretation of these data; however, they do provide an indication of the level of this activity in Australia's mental health services. An AIHW Working Paper released in early 2003 provides information on these data and recommendations on future developments to improve them.

Service contacts data for 2000–01

Table A2.1 presents the reported community mental health care service contacts and the community mental health care service contacts per 1,000 population by sex and age group for 2000–01. There were 3,635,873 service contacts reported by ambulatory mental health care services in Australia in 2000–01, representing a rate of 187.8 service contacts per 1,000 population. There were slightly more service contacts reported for male clients (1,839,436 or 191.6 contacts per 1,000 population) than for female clients (1,712,251 or 175.4 contacts per 1,000). The number of service contacts per 1,000 population peaked in the 25–44 age group. This is similar to the pattern found with the general practice and hospital morbidity data (see Chapters 3 and 4). Unlike hospital separations and general practice utilisation, there were more service contacts per population recorded for males than for females. This was the case for all jurisdictions except Western Australia and Tasmania.

Notes on interpretation

Coverage

The NMDS for Community Mental Health Care was designed to include all specialised public mental health services provided to non-admitted patients, incorporating both community-based and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Review of data provided by the States and Territories for the NCMHED data indicated that the actual coverage of the collection was not complete for 2000–01. In the first month of the data collection period, 190 establishments contributed data to the NCMHCD. The number of establishments rose to a maximum of 203 in April and totalled 27 for the entire collection year. There were 29 ambulatory mental health care establishments that contributed data to the NCMHED but did not contribute any data to the NCMHCD. These included one area health service in New South Wales, three services in Queensland, all rural health services in South Australia (21 establishments), three services in Tasmania and one in the Australian Capital Territory. This suggests that the implementation of this collection was incomplete during the first year of collection.

The collection was also affected by under-reporting of service contacts for those establishments that did report. There were 987,569 service contacts reported in the last and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 3.95 million service contacts reported compared with the 3.64 million actually reported. Although the last quarter had the highest number of service contacts for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. When the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 3.99 million. When the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of service contacts increases to 4.27 million. This estimate does not include an estimate of non-reporting establishments.

Definition of service contacts

Review of the 2000–01 data identified inconsistencies in the definition of a service contact actually used across jurisdictions. Variation between States' and Territories' reporting practices have been identified with respect to:

- whether a service contact can be reported if the patient has not provided personal details. For example, in Victoria, contacts with no personal details are registered whereas, in Queensland clients who could not be uniquely identified were not registered from October of the collection year.
- how many service contacts are to be reported when there are multiple service providers and/or multiple patients present at the service contact (e.g. group sessions). For example, in Victoria, Queensland, Western Australia, South Australia (Adult Services) and Tasmania a service contact was recorded for each patient in the group, whereas in South Australian Child and Adolescent Mental Health Services (CAMHS) a service contact was reported for each clinician/patient combination.
- whether a patient receiving numerous services during one day should be recorded as one or more service contacts. For example, while Victoria allows any number of service contacts can be assigned to the one client in one day, in South Australia service contacts in one day are reported separately only if not consecutive and if provided by different service providers.
- what extent telephone and written correspondence are included as service contacts. Any telephone contacts are considered service contacts in Victoria, Queensland, South Australia (Adult Services) and the Northern Territory if notes are made in the client's record, but South Australia Child and Adolescent Mental Health Services (CAMHS) further specify that the telephone conversation must exceed 15 minutes duration. New South Wales did not report any of these indirect contacts for the 2000-01 collection.
- whether indirect contacts such as contacts between service providers should be included. For example, indirect contacts were not reported as service contacts in New South Wales, Western Australia and South Australia CAMHS, whereas in Victoria, Queensland and South Australia (Adult Services), these contacts are reported if a note is made on the clinical record of the patient.
- whether consultation-liaison activities (i.e. specialist mental health providers who liaise with general hospital units when they treat patients with mental disorders) are included as service contacts. In New South Wales and Western Australia, consultation and liaison services are reported as service contacts, in Victoria services of these types are reported only for registered clients of mental health services, and in Queensland while most services reported consultation-liaison activities, there was some variability across the State.

These issues are expanded on in the AIHW Working Paper mentioned above.

Although it is anticipated that the data collected will allow records for service contacts within individual establishments to be linked for individual patients so that estimates of number of patients treated can be made, this has not been undertaken for this report. A discussion of the extent to which this may be possible is included in the Working Paper.

Principal diagnosis

The principal diagnosis of patients seen by community mental health care service providers is of obvious interest. However, there is uncertainty about how these data are being collected, in terms of whether the principal diagnosis relates to the service contact, or to a longer period of the patient's care that may encompass a series of service contacts and possibly hospital admissions. In addition, the use of different classifications for coding principal diagnosis, the use of invalid codes and the relatively large number of missing values have meant that the data on principal diagnosis were not suitable for inclusion in this

report. More information on the principal diagnosis reporting in this collection for 2000–01 is included in the AIHW Working Paper.

Comparison with National Survey of Mental Health Services

The National Survey of Mental Health Services (NSMHS) collects service contact data for community mental health services. The estimate of 4.27 million service contacts from NCMHCD in 2000–01 is lower than the 5.67 million service contacts reported to the National Survey of Mental Health Services in 1999–00. The NSMHS counts of service contacts were greater than NCMHCD for all jurisdictions except Tasmania and the Australian Capital Territory.

Variation between the two collections can be expected because of differences in their scope and coverage, and definitional differences. Information in the *National Mental Health Report 2002* indicated that there were data quality concerns for 1999–00 (DHA 2002). The concept of a service contact in the NCMHCD collection differs from the service contact definition in the NSMHS in that only same day services that are non-admitted are considered part of the scope of NCMHCD. The NSMHS includes same day admitted services as service contacts. It is likely that there were 23,668 same day admissions with specialised psychiatric care included in the NSMHS collection that were not in the NCMHCD (from Table 4.1). There may be other differences reflecting the variation in the definition used in the NCMHCD and between 1999–00 and 2000–01.

NCMHCD coverage for New South Wales, Queensland, South Australia, Tasmania and the Australian Capital Territory is incomplete as evidenced by the 29 establishments listed as contributing to NCMHED but not reporting service contacts to the NCMHCD collection. Under-reporting is also in evidence since monthly service contact numbers for establishments fluctuated, particularly in New South Wales and Queensland. Definitional differences such as those outlined for service contacts may also be reflected in the higher counts in the NCMHCD in 2000–01 than in the NSMHS for 1999–00 for Tasmania and the Australian Capital Territory.

Table A2.1: Public community mental health service contacts and service contacts per 1,000 population, by sex and age group, Australia, 2000-01

	Age groups								Total ^(a)
	Less than 1	1-14	15-24	25-34	35-44	45-54	55-64	65 and over	
Males									
Service contacts	1,152	230,165	310,962	439,267	366,084	234,104	107,350	146,395	1,839,436
Service contacts per 1,000 population ^(b)	8.7	120.1	231.0	305.8	248.0	177.3	118.2	137.7	194.4
Females									
Service contacts	1,092	121,572	257,771	317,154	335,454	255,204	146,607	272,626	1,712,251
Service contacts per 1,000 population ^(b)	8.7	66.8	198.6	217.7	223.7	193.3	163.7	202.5	179.2
Total^(a)									
Service contacts	7,250	356,505	580,793	772,325	715,522	497,158	257,592	421,748	3,635,873
Service contacts per 1,000 population ^(b)	28.1	95.4	219.7	267.0	240.4	188.3	142.8	175.1	191.2

(a) Includes service contacts for patients for which sex and/or age group was not reported. Rates have been indirectly age-standardised to the estimated resident population as at 30 December 2000.

(b) Rates based on estimated resident population as at 30 December 2000.

Appendix 3: 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). Medicare and National Medical Labour Force Survey data were defined as mental health-related based on the profession of the medical practitioner (e.g. psychiatrist).

For other data collections, it was necessary to use the classifications 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 reasons for encounters (RFEs) and problems, and the CSDA Minimum Data Set collection uses a simple customised classification to code disabilities. Details are provided below for each classification for 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 disability.

The definition of a mental health-related medication was based on the ATC classification for PBS data. Details are provided in Table A3.3.

National Hospital Morbidity Database data

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. This definition was revised for this edition of the report, to increase the accuracy of the data, and to accommodate any changes to ICD-10-AM second edition and AR-DRG Version 4.2 codes.

A diagnosis was considered clinically relevant if:

- it is included as a principal diagnosis defining AR-DRG Version 4.2 Major Diagnostic Categories 19 (*Mental diseases and disorders*) and 20 (*Alcohol/drug use and alcohol/drug induced organic mental disorders*)
- it otherwise appears to be specific for a mental health-related condition.

A diagnosis was defined as being statistically relevant if:

- during 2000-01 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
- over 50% of separations with the principal diagnosis included specialised psychiatric care.

Certain codes that were statistically relevant during 1999–00 but not in 2000–01 were examined over both years and included if over 50% of total separations over the 2 years included specialised psychiatric care.

This list was developed in consultation with the National Mental Health Working Group Information Strategy Committee and the Clinical Casemix Committee of Australia. The agreed list of codes is in Table A3.1.

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 A3.2 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 2001–02* (Britt et al. 2002).

Commonwealth/State Disability Agreement Minimum Data Set

The CSDA Minimum Data Set questionnaire has an item that asks the user of a service or their carer 'what is your (the consumer's) primary disability group'. The survey form also asks respondents to tick all applicable other significant disability groups. For both questions, the twelve disability categories are listed in tick-a-box format. These disability categories are as follows:

- Deafblind (dual sensory)
- Vision
- Hearing
- Physical
- Speech
- Acquired brain injury
- Neurological
- Psychiatric
- Developmental delay (only for a child under 6 years of age)
- Intellectual
- Autism (including Asperger's syndrome)
- Specific learning disability/ Attention Deficit Disorder (other than Intellectual).

Data are presented in this report on those consumers with a psychiatric primary disability or a psychiatric disability as one of their other significant disabilities. Additional information on the data from the CSDA Minimum Data Set collection can be obtained from the publication *Disability Support Services 2001: National Data on Services Provided under the Commonwealth/State Disability Agreement* (AIHW 2002a).

Pharmaceutical Benefits Scheme

Prescription data from the PBS are coded using the ATC classification. The codes used to define mental health-related medications are presented in Table A3.3.

Table A3.1: ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Diagnosis	MDC 19	MDC 20	Statistically relevant	Apparently otherwise relevant
F00	Dementia in Alzheimer's disease				✓
F01	Vascular dementia				✓
F02	Dementia in other diseases classified elsewhere			✓	
F03	Unspecified dementia				✓
F04	Organic amnesic syndrome, not induced by alcohol and other psychoactive substances				✓
F05	Delirium, not induced by alcohol and other psychoactive substances				✓
F06	Other mental disorders due to brain damage and dysfunction and to physical disease			✓	✓
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction			✓	✓
F09	Unspecified organic or symptomatic mental disorder			✓	
F10	Mental and behavioural disorders due to use of alcohol		✓		
F11	Mental and behavioural disorders due to use of opioids		✓		
F12	Mental and behavioural disorders due to use of cannabinoids		✓	✓	
F13	Mental and behavioural disorders due to use of sedatives or hypnotics		✓		
F14	Mental and behavioural disorders due to use of cocaine		✓		
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine		✓	✓	
F16	Mental and behavioural disorders due to use of hallucinogens		✓		
F17	Mental and behavioural disorders due to use of tobacco		✓		
F18	Mental and behavioural disorders due to use of volatile solvents		✓		
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances		✓	✓	
F20	Schizophrenia	✓		✓	
F21	Schizotypal disorder	✓		✓	
F22	Persistent delusional disorders	✓		✓	
F24	Induced delusional disorder	✓		✓	
F25	Schizoaffective disorders	✓		✓	
F28	Other non-organic psychotic disorders	✓		✓	
F29	Unspecified non-organic psychosis	✓		✓	
F30	Manic episode	✓		✓	
F31	Bipolar affective disorder	✓		✓	
F32	Depressive episode	✓		✓	
F33	Recurrent depressive disorder	✓		✓	
F34	Persistent mood [affective] disorders	✓		✓	
F38	Other mood [affective] disorders	✓		✓	
F39	Unspecified mood [affective] disorder	✓		✓	
F40	Phobic anxiety disorders	✓		✓	
F41	Other anxiety disorders	✓			
F42	Obsessive–Compulsive disorder	✓		✓	
F43	Reaction to severe stress, and adjustment disorders	✓		✓	
F44	Dissociative [conversion] disorders	✓			
F45	Somatoform disorders	✓			
F48	Other neurotic disorders	✓			
F50	Eating disorders	✓		✓	
F51	Non-organic sleep disorders	✓			

(continued)

Table A3.1 (continued): ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Diagnosis	MDC 19	MDC 20	Statistically relevant	Apparently otherwise relevant
F52	Sexual dysfunction, not caused by organic disorder or disease	✓ ^(a)		✓	✓
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified				✓
F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere	✓			
F55	Harmful use of non-dependence-producing substances		✓		✓
F59	Unspecified behavioural syndromes associated with physiological disturbances and physical factors	✓			
F60	Specific personality disorders	✓		✓	
F61	Mixed and other personality disorders	✓		✓	
F62	Enduring personality changes, not attributable to brain damage and disease	✓		✓	
F63	Habit and impulse disorders	✓		✓	
F64	Gender identity disorders	✓			
F65	Disorders of sexual preference	✓		✓	
F66	Psychological and behavioural disorders associated with sexual development and orientation	✓		✓	
F68	Other disorders of adult personality and behaviour	✓		✓	
F69	Unspecified disorder of adult personality and behaviour	✓			
F70	Mild mental retardation			✓	
F71	Moderate mental retardation				✓
F72	Severe mental retardation				✓
F73	Profound mental retardation				✓
F78	Other mental retardation				✓
F79	Unspecified mental retardation			✓	
F80	Specific developmental disorders of speech and language	✓			
F81	Specific developmental disorders of scholastic skills	✓			
F82	Specific developmental disorder of motor function	✓			
F83	Mixed specific developmental disorders	✓			
F84	Pervasive developmental disorders	✓ ^(b)		✓	
F88	Other disorders of psychological development	✓			
F89	Unspecified disorder of psychological development	✓			
F90	Hyperkinetic disorders	✓		✓	
F91	Conduct disorders	✓		✓	
F92	Mixed disorders of conduct and emotions	✓		✓	
F93	Emotional disorders with onset specific to childhood	✓		✓	
F94	Disorders of social functioning with onset specific to childhood and adolescence	✓			
F95	Tic disorders	✓		✓	
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	✓ ^(c)		✓	
F99	Mental disorder, not otherwise specified	✓			
G30.0	Alzheimer's disease with early onset			✓	
G30.1	Alzheimer's disease with late onset			✓	
G30.8	Other Alzheimer's disease				✓
G30.9	Alzheimer's disease, unspecified				✓
G47.0	Disorders initiating and maintaining sleep	✓			
G47.1	Disorders excessive somnolence	✓			
G47.2	Disorders of the sleep-wake schedule	✓			

(continued)

Table A3.1 (continued): ICD-10-AM diagnosis codes used to define mental health-related hospital separations

ICD-10-AM codes	Diagnosis	MDC 19	MDC 20	Statistically relevant	Apparently otherwise relevant
G47.8	Other sleep disorders	✓			
G47.9	Sleep disorder, unspecified	✓			
O99.3	Mental disorder nervous system pregnancy and birth				✓
R44.0	Auditory hallucinations	✓			
R44.1	Visual hallucinations				✓
R44.2	Other hallucination	✓			
R44.3	Hallucinations, unspecified	✓			
R44.8	Other/not otherwise specified symptom involving general sensation perception	✓			
R45.0	Nervousness	✓			
R45.1	Restlessness and agitation	✓			
R45.4	Irritability and anger	✓			
R48.0	Dyslexia and alexia	✓			
R48.1	Agnosia	✓			
R48.2	Apraxia	✓			
R48.8	Other and unspecified symbolic dysfunctions	✓			
Z00.4	General psychiatric examination, not elsewhere classified			✓	
Z03.2	Observation for suspected mental and behavioural disorder	✓		✓	
Z04.6	General psychiatric examination, requested by authority			✓	
Z09.3	Follow-up examination after psychotherapy				✓
Z13.3	Special screening examination for mental and behavioural disorders				✓
Z50.2	Alcohol rehabilitation				✓
Z50.3	Drug rehabilitation				✓
Z54.3	Convalescence following psychotherapy				✓
Z61.9	Negative life event in childhood, unspecified			✓	
Z63.1	Problems relationship w parents & in-laws			✓	
Z63.8	Other spec problems related to prim support group			✓	
Z63.9	Problem related to primary support group, unspecified			✓	
Z65.8	Other specified problems related to psychosocial circumstances			✓	
Z65.9	Problem related to unspecified psychosocial circumstances				✓
Z71.4	Counselling and surveillance for alcohol use disorder				✓
Z71.5	Counselling and surveillance for drug use disorder				✓
Z76.0	Issue of repeat prescription			✓	

(a) Excluding F52.5

(b) Excluding F84.2

(c) Excluding F98.5 and F98.6

Table A3.2: 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 A3.3: Anatomical Therapeutic Chemical codes used to define mental health-related medication prescribed by general practitioners in PBS data

ATC code	Description
N05	Psycholeptics
N05A	Antipsychotics
N05B	Anxiolytics
N05C	Hypnotics & sedatives
N06	Psychoanaleptics
N06A	Antidepressants

Appendix 4: State and Territory admitted patient data

This appendix provides State and Territory information on admitted patient mental health care. As noted in Chapter 4, 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. Tables 4.2 and 4.3 (pages 64 and 68) show, for example, the relatively high rates of separations for public community mental health care establishments for Victoria and Tasmania compared with other jurisdictions. In Victoria, the relatively low rates for patient days for public psychiatric hospitals cannot be directly compared with rates in other jurisdictions since the one Victorian public psychiatric hospital is a forensic hospital.

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
- 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. Comparison between jurisdictions therefore needs to be undertaken with care. Information on the differences between States and Territories in the scope of services provided for admitted patients is presented in Box 4.3 (page 58).

Table A4.1a: Same day separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, (a) 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03 Dementia	122	33	6	0	3	3	0	0	167
F04-F09 Other organic mental disorders	35	56	86	143	10	1	0	1	332
F10 Mental and behavioural disorders due to use of alcohol	1,998	905	1,083	361	14	150	5	7	4,523
F11-F19 Mental and behav disorders due to other psychoactive substances use	636	293	372	217	12	18	2	4	1,554
F20 Schizophrenia	1,077	1,173	1,348	260	303	37	6	3	4,207
F21, F24, F28-F29 Schizotypal and other delusional disorders	188	69	50	54	8	16	0	2	387
F22 Persistent delusional disorders	80	54	48	22	3	1	1	0	209
F23 Acute and transient psychotic disorders	26	62	41	35	8	38	0	0	210
F25 Schizoaffective disorders	650	762	563	62	105	33	3	2	2,180
F30 Manic episode	32	38	11	3	6	11	0	0	101
F31 Bipolar affective disorders	695	1,432	706	500	159	150	5	0	3,647
F32 Depressive episode	4,755	4,320	4,018	3,792	278	435	38	3	17,639
F33 Recurrent depressive disorders	2,253	5,877	1,174	1,256	99	229	4	0	10,892
F34 Persistent mood (affective) disorders	275	256	464	454	22	61	0	3	1,535
F38, F39 Other and unspecified mood (affective) disorders	38	11	297	26	0	0	1	0	373
F40 Phobic anxiety disorders	404	469	60	186	1	22	0	0	1,142
F41 Other anxiety disorders	1,442	1,596	1,018	812	30	107	2	1	5,008
F42 Obsessive-compulsive disorders	195	148	94	247	34	43	1	1	763
F43 Reaction to severe stress and adjustment disorders	3,331	1,956	3,769	1,500	109	356	11	13	11,045
F44 Dissociative (conversion) disorders	5	71	470	18	20	4	1	1	590
F45, F48 Somatoform and other neurotic disorders	125	53	24	3	1	4	0	0	210
F50 Eating disorders	1,987	1,754	311	241	22	13	0	0	4,328
F51-F59 Other behav syndromes associated w phys dist & phys factors	42	132	467	34	2	2	2	0	681
F60 Specific personality disorders	757	554	321	503	83	99	24	1	2,342
F61-F69 Disorders of adult personality and behaviour	77	100	18	39	1	2	0	1	238
F70-F79 Mental retardation	11	2	9	1	0	0	0	0	23
F80-F89 Disorders of psychological development	209	1	12	8	0	2	1	0	233
F90 Hyperkinetic disorders	774	2	7	27	1	0	0	0	811
F91 Conduct disorders	1,513	167	33	161	2	0	0	0	1,876
F92-F98 Other & unspec disorders w onset childhood adolescence	336	89	21	56	2	0	1	0	505
G30 Alzheimers disease	3	13	1	1	0	1	0	0	19
G47 Sleep disorders	1	20	0	0	0	0	0	0	21
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	4	0	0	0	0	0	0	4
R44 Other symptoms & signs involving general sensations and perceptions	1	0	8	1	0	1	1	0	12
Symptoms & signs involving emotional state	7	2	3	0	0	0	0	0	12
Other factors related to mental and behavioural disorders ^(b)	0	5	8	1	2	0	0	0	16
Other factors related to substance use ^(c)	469	3	92	6	1	3	1	2	577
Other ^(d)	5	0	0	0	0	0	0	0	5
Not reported	470	30	262	31	171	54	12	4	1,034
Total	25,043	22,512	17,275	11,061	1,512	1,896	122	50	79,471
Age-standardised same day separation rate^(e)	3.88	4.71	4.86	5.88	1.00	4.04	0.39	0.27	4.15
95% confidence interval	3.93-3.83	4.77-4.65	4.93-4.78	5.99-5.77	1.05-0.95	4.23-3.86	0.46-0.32	0.34-0.19	4.18-4.12

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.1b: Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT Australia
F00–F03 Dementia	86	92	31	9	8	4	1	0
F04–F09 Other organic mental disorders	69	95	34	20	21	7	0	1
F10 Mental and behavioural disorders due to use of alcohol	1,518	1,554	1,778	494	316	99	13	23
F11–F19 Mental and behav disorders due to other psychoactive substances use	858	342	436	162	84	15	1	3
F20 Schizophrenia	488	620	108	56	90	17	3	4
F21, F24, F28–F29 Schizotypal and other delusional disorders	142	164	52	23	41	5	0	1
F22 Persistent delusional disorders	64	54	20	10	13	1	0	1
F23 Acute and transient psychotic disorders	208	113	75	21	76	2	0	6
F25 Schizoaffective disorders	78	165	24	6	19	13	0	0
F30 Manic episode	44	43	15	6	13	0	0	0
F31 Bipolar affective disorders	194	343	83	22	58	114	1	0
F32 Depressive episode	718	1,915	497	137	179	343	3	3
F33 Recurrent depressive disorders	931	1,292	187	28	123	54	1	0
F34 Persistent mood (affective) disorders	54	9	46	5	2	27	0	1
F38, F39 Other and unspecified mood (affective) disorders	3	3	3	0	3	1	0	0
F40 Phobic anxiety disorders	16	3	5	3	2	0	0	0
F41 Other anxiety disorders	644	773	337	99	106	17	2	0
F42 Obsessive–Compulsive disorders	34	3	7	0	0	1	0	0
F43 Reaction to severe stress and adjustment disorders	1,142	518	523	165	113	67	0	6
F44 Dissociative (conversion) disorders	110	42	49	28	23	3	1	1
F45, F48 Somatoform and other neurotic disorders	95	42	60	22	41	6	1	2
F50 Eating disorders	26	43	18	0	4	1	1	1
F51–F59 Other behav syndromes associated w phys dist & phys factors	68	151	250	99	7	0	0	0
F60 Specific personality disorders	125	122	47	26	33	14	1	1
F61–F69 Disorders of adult personality and behaviour	15	6	6	6	6	0	0	1
F70–F79 Mental retardation	28	23	7	2	5	0	0	1
F80–F89 Disorders of psychological development	234	54	64	14	45	8	1	6
F90 Hyperkinetic disorders	9	2	5	2	1	2	0	1
F91 Conduct disorders	41	40	19	13	12	5	1	0
F92–F98 Other & unspec disorders w onset childhood adolescence	14	37	9	2	2	2	0	0
F99 Mental disorder not otherwise specified	14	16	10	2	3	0	0	0
G30 Alzheimers disease	26	10	9	3	5	1	0	0
G47 Sleep disorders	17	1,956	15	851	57	0	0	0
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	185	81	36	24	28	4	0	5
R44 Other symptoms & signs involving general sensations and perceptions	22	49	7	4	2	0	0	0
R45 Symptoms & signs involving emotional state	32	48	13	15	6	1	1	2
Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	1	0	1	0	0	0	0
Other factors related to mental and behavioural disorders ^(b)	62	47	13	58	1	4	1	8
Other factors related to substance use ^(c)	5	0	1	0	0	0	0	0
Total	8,419	10,871	4,899	2,438	1,548	838	32	78
Age-standardised same day separation rate^(d)	1.30	2.28	1.38	1.29	1.04	1.81	0.10	0.39
95% confidence interval	1.33–1.27	2.32–2.23	1.42–1.34	1.34–1.24	1.09–0.99	1.93–1.69	0.14–0.07	0.48–0.3

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.2a: Overnight separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03	246	437	174	161	216	31	6	3	1,274
F04-F09	253	235	172	275	103	13	8	4	1,063
F10	1,660	704	617	435	461	124	35	33	4,069
F11-F19	2,005	1,069	1,021	796	405	101	53	81	5,531
F20	5,212	5,238	4,604	1,690	1,483	591	215	159	19,192
F21, F24, F28-F29	544	475	229	225	190	35	30	33	1,761
F22	295	310	230	146	104	22	28	12	1,147
F23	654	297	348	143	163	21	27	16	1,669
F25	1,444	1,163	864	278	540	100	72	47	4,508
F30	241	204	126	91	64	28	13	5	772
F31	2,819	2,138	1,785	1,043	1,174	225	208	77	9,469
F32	3,565	3,709	3,352	1,454	1,213	286	243	93	13,915
F33	1,402	1,613	857	850	1,139	99	87	9	6,056
F34	420	187	428	161	138	45	48	13	1,440
F38, F39	27	25	25	19	15	5	12	1	129
F40	49	40	31	27	17	2	2	0	168
F41	402	383	442	208	157	62	31	4	1,689
F42	93	98	75	30	32	18	7	3	356
F43	2,441	1,748	2,493	1,936	1,450	363	187	89	10,707
F44	83	65	263	35	28	30	4	7	515
F45, F48	40	34	67	9	7	7	2	3	181
F50	293	228	233	86	106	5	8	0	959
F51-F59	128	131	98	36	27	3	16	2	441
F60	1,262	1,121	987	681	374	216	172	9	4,822
F61-F69	101	36	41	85	41	10	6	3	323
F70-F79	65	20	75	39	7	18	3	3	230
F80-F89	45	26	61	13	11	4	5	0	165
F90	41	31	38	9	11	0	0	2	132
F91	150	97	146	73	29	7	11	0	513
F92-F98	37	41	53	37	17	4	5	0	194
F99	14	25	7	5	1	0	1	1	54
G30	92	194	48	150	71	11	3	1	570
G47	4	3	6	1	0	0	0	0	14
O99.3	35	25	15	11	6	4	1	0	97
R44	3	11	9	2	0	0	1	0	26
R45	11	9	12	3	2	2	6	0	45
	551	54	42	18	6	4	1	7	683
	3	0	0	0	0	0	0	0	3
	991	276	1,359	279	414	96	119	50	3,584
Other ^(c)	505	36	0	0	0	0	0	9	550
Not reported									
Total	28,226	22,536	21,433	11,540	10,234	2,592	1,676	779	99,016
Age-standardised overnight separation rate^(e)	4.4	4.7	6.0	6.1	6.9	5.7	5.2	3.9	5.2
95% confidence interval	4.43-4.32	4.75-4.63	6.12-5.96	6.22-6	7.01-6.74	5.89-5.45	5.5-5.0	4.21-3.66	5.2-5.14

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.2b: Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	1,904	1,457	1,104	485	608	148	37	20	5,763
F04–F09	1,167	1,105	361	192	279	82	16	7	3,209
F10	4,612	2,156	2,604	1,242	739	131	44	82	11,610
F11–F19	3,709	853	1,111	700	255	55	7	7	6,697
F20	685	279	238	263	241	151	1	7	1,865
F21, F24, F28–F29	136	113	59	42	72	14	2	5	443
F22	123	79	50	36	43	20	2	2	355
F23	221	99	88	81	114	5	3	4	615
F25	137	64	40	15	51	39	0	1	347
F30	61	52	23	22	22	9	2	0	191
F31	358	199	155	151	173	100	1	1	1,138
F32	2,233	1,592	1,271	1,237	1,185	362	24	23	7,927
F33	645	272	248	215	275	51	1	4	1,711
F34	68	18	58	21	10	31	1	0	207
F38, F39	14	8	14	6	6	6	1	0	55
F40	19	13	12	5	5	8	0	0	62
F41	1,393	1,398	949	628	745	141	7	7	5,268
F42	14	18	13	10	5	3	0	0	63
F43	833	1,238	676	429	358	209	1	11	3,755
F44	243	192	212	86	112	30	6	3	884
F45, F48	139	75	120	54	60	19	2	2	471
F50	257	222	115	41	74	47	9	2	767
F51–F59	1,562	485	143	154	119	36	2	2	2,503
F60	236	101	112	85	66	84	1	2	687
F61–F69	57	75	21	12	11	2	1	1	180
F70–F79	24	38	15	3	4	4	0	0	88
F80–F89	113	30	16	5	12	6	2	1	185
F90	19	5	14	2	0	5	0	0	45
F91	117	107	58	27	21	12	1	0	343
F92–F98	82	138	83	8	17	4	0	0	332
F99	27	8	3	6	3	1	0	0	48
G30	601	348	315	198	201	29	1	1	1,694
G47	218	3,431	770	249	299	100	0	0	5,067
O99.3	643	428	293	218	148	44	30	19	1,823
R44	66	63	37	31	15	9	1	2	224
R45	63	37	31	21	23	1	1	2	179
R48	1	3	0	2	3	0	0	0	9
Other factors related to mental and behavioural disorders ^(b)	77	153	41	39	4	1	0	8	323
Other factors related to substance use ^(c)	110	5	8	6	0	0	0	1	130
Total	22,987	16,957	11,481	7,027	6,378	1,999	207	227	67,263
Age-standardised overnight separation rate^(d)	3.53	3.52	3.27	3.83	4.13	4.24	0.70	1.31	3.51
95% confidence interval	3.58–3.48	3.58–3.47	3.33–3.21	3.91–3.74	4.23–4.03	4.43–4.05	0.8–0.61	1.48–1.14	3.54–3.49

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.3a: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	20,408	14,804	15,718	15,943	9,330	2,824	136	22	79,185
F04–F09 Other organic mental disorders	8,815	4,427	7,546	11,390	2,148	501	93	26	34,946
F10 Mental and behavioural disorders due to use of alcohol	37,359	8,823	13,328	6,315	6,095	3,170	390	119	75,599
F11–F19 Mental and behav disorders due to other psychoactive substances use	18,866	7,796	8,960	7,549	3,432	683	331	524	48,141
F20 Schizophrenia	286,246	113,361	129,062	51,020	31,036	14,284	3,393	1,792	630,194
F21 Persistent delusional disorders	6,179	5,361	3,855	2,909	1,189	321	292	59	20,165
F22 Acute and transient psychotic disorders	9,119	3,421	4,035	2,442	2,120	261	275	89	21,762
F25 Schizoaffective disorders	49,491	25,051	16,200	7,308	10,454	1,694	1,338	559	112,095
F21, F24, F28–F29 Schizotypal and other delusional disorders	6,593	7,427	6,245	3,991	2,220	315	345	500	27,636
F30 Manic episode	4,065	3,225	1,820	1,649	1,328	947	197	44	13,275
F31 Bipolar affective disorders	59,868	39,677	40,138	21,651	21,284	2,802	2,975	976	189,371
F32 Depressive episode	67,525	60,825	52,131	24,215	21,060	2,782	3,902	708	233,148
F33 Recurrent depressive disorders	28,581	27,769	13,340	13,972	22,179	1,457	2,003	44	109,345
F34 Persistent mood (affective) disorders	4,256	2,037	4,361	2,049	1,698	364	462	67	15,294
F38, F39 Other and unspecified mood (affective) disorders	346	372	296	242	217	58	76	12	1,619
F40 Phobic anxiety disorders	608	529	409	380	388	27	5	0	2,346
F41 Other anxiety disorders	6,441	5,449	6,084	2,899	2,245	755	160	11	24,044
F42 Obsessive–compulsive disorders	1,634	1,636	1,416	491	632	283	281	17	6,390
F43 Reaction to severe stress and adjustment disorders	20,421	14,314	21,443	14,982	11,234	2,229	1,861	302	86,786
F44 Dissociative (conversion) disorders	1,235	715	3,775	643	297	367	44	161	7,237
F45, F48 Somatoform and other neurotic disorders	462	381	1,042	155	264	66	113	11	2,494
F50 Eating disorders	9,824	7,645	7,279	2,538	2,067	122	118	0	29,593
F51–F59 Other behav syndromes associated w phys dist & phys factors	2,234	1,894	1,514	379	224	41	263	28	6,577
F60 Specific personality disorders	10,766	8,969	6,426	7,494	2,995	1,890	874	52	39,466
F61–F69 Disorders of adult personality and behaviour	987	525	252	702	784	23	38	24	3,335
F70–F79 Mental retardation	1,135	211	7,651	823	245	1,033	12	18	11,128
F80–F89 Disorders of psychological development	834	437	940	263	129	103	371	0	3,077
F90 Hyperkinetic disorders	465	589	530	132	130	0	0	2	1,848
F91 Conduct disorders	1,131	1,127	1,173	1,217	153	58	36	0	4,895
F92–F98 Other & unspec disorders w onset childhood adolescence	446	643	507	409	114	37	17	0	2,173
F99 Mental disorder not otherwise specified	97	576	64	119	1	0	5	5	867
G30 Alzheimers disease	10,263	5,870	3,432	9,017	3,102	1,149	105	5	32,943
G47 Sleep disorders	22	111	29	1	0	0	0	0	163
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	604	352	204	49	65	24	22	0	1,320
R44 Other symptoms & signs involving general sensations and perceptions	20	88	30	31	0	0	1	0	170
R45 Symptoms & signs involving emotional state	22	25	77	8	14	7	17	0	170
Other factors related to mental and behavioural disorders ^(b)	2,541	515	187	123	13	42	2	26	3,449
Other factors related to substance use ^(c)	20	0	0	0	0	0	0	0	20
Other ^(d)	26,583	5,492	25,710	14,426	59,799	3,107	1,189	393	136,699
Not reported	51,646	1,272	0	0	0	0	0	87	53,005
Total	758,158	383,741	407,209	229,926	220,685	43,826	21,742	6,683	2,071,970
Age-standardised overnight patient day rate^(e)	116.86	79.69	115.69	123.95	144.67	94.11	71.19	37.34	108.18
Upper 95% confidence limit	117.1–116.6	79.9–79.4	116.04–115.3	124.5–123.4	145.3–144.1	94.99–93.2	72.1–70.2	38.2–36.4	108.3–108

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals.
(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.
(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.
(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.
(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.3b: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	61,876	43,248	24,607	11,428	10,635	3,954	653	346	156,747
F04–F09	13,791	15,996	4,057	4,971	3,949	883	163	80	43,890
F10	22,916	13,007	14,261	5,153	3,213	666	144	320	59,680
F11–F19	17,584	4,876	6,421	3,048	1,023	300	42	21	33,315
F20	7,204	1,596	1,499	1,215	1,015	1,825	1	16	14,371
F21, F24, F28–F29	750	440	252	137	376	111	10	10	2,086
F22	1,184	717	533	218	179	267	10	2	3,110
F23	1,099	411	377	546	399	56	15	7	2,910
F25	2,136	674	395	70	259	593	0	1	4,128
F30	347	257	118	155	120	117	37	0	1,151
F31	4,731	2,093	1,579	969	937	1,240	2	20	11,571
F32	17,262	11,036	11,693	7,785	8,161	4,594	249	71	60,851
F33	11,163	1,994	3,435	1,353	1,958	803	7	6	20,719
F34	941	79	694	141	60	298	14	0	2,227
F38, F39	128	40	115	25	19	70	6	0	403
F40	210	40	106	23	21	43	0	0	443
F41	6,206	7,062	5,366	3,033	3,702	1,087	87	18	26,561
F42	84	193	175	52	15	25	0	0	544
F43	9,737	3,793	6,366	1,504	1,593	1,011	6	29	24,039
F44	1,573	1,049	1,244	444	640	128	54	15	5,147
F45, F48	802	500	712	486	241	190	5	3	2,939
F50	5,842	3,702	1,878	731	1,607	1,239	361	7	15,367
F51–F59	7,363	2,043	750	748	430	210	2	12	11,558
F60	2,428	388	499	405	236	482	14	5	4,457
F60–F69	253	1,190	91	149	59	8	3	1	1,754
F70–F79	488	422	92	39	14	54	0	0	1,109
F80–F89	678	155	31	14	48	39	23	1	989
F90	62	18	69	11	0	18	0	0	178
F91	530	382	212	148	145	37	1	0	1,455
F92–F98	307	505	356	28	130	10	0	0	1,336
F99	92	9	13	30	35	15	0	0	194
G30	26,779	11,221	7,569	6,097	3,545	683	7	45	55,946
G47	387	11,330	2,438	1,091	650	218	0	0	16,114
O99.3	2,702	1,963	947	938	529	194	121	69	7,463
R44	480	313	214	222	97	58	9	3	1,396
R45	223	161	164	39	108	4	13	3	715
R48	10	17	0	107	51	0	0	0	185
	284	1,177	112	108	21	1	0	21	1,724
	563	19	1,312	31	0	0	0	1	1,926
Total	231,195	144,116	100,752	53,692	46,220	21,531	2,059	1,133	600,698
Age-standardised overnight patient day rate^(d)	35.05	29.61	29.41	30.81	27.91	43.59	8.10	9.59	31.36
Upper 95% confidence limit	35.19	29.76	29.60	31.07	28.16	44.17	8.45	10.15	31.44
Lower 95% confidence limit	34.91	29.46	29.23	30.55	27.65	43.00	7.75	9.03	31.28

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.4: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 2000–01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	20,182	14,804	15,552	15,838	9,330	2,824	136	17	78,683
F04–F09	8,449	4,427	7,456	11,235	2,148	501	93	22	34,331
F10	37,069	8,823	13,265	6,260	6,095	3,170	375	102	75,159
F11–F19	18,678	7,796	8,891	7,469	3,432	683	327	478	47,754
F20	283,738	113,361	128,810	50,321	31,036	14,284	3,269	1,654	626,473
F21, F24, F28–F29	6,535	7,427	6,230	3,945	2,220	315	308	476	27,456
F22	6,092	5,361	3,835	2,884	1,189	321	291	59	20,032
F23	9,050	3,421	4,016	2,367	2,120	261	272	88	21,595
F25	48,185	25,051	16,168	7,185	10,454	1,694	1,295	545	110,577
F30	3,973	3,225	1,819	1,639	1,328	947	197	44	13,172
F31	59,204	39,677	39,918	21,188	21,284	2,802	2,908	947	187,928
F32	65,602	60,825	51,634	23,516	21,060	2,782	3,826	703	229,948
F33	27,886	27,769	13,192	13,672	22,179	1,457	1,920	44	108,119
F34	4,169	2,037	4,339	2,026	1,698	364	457	66	15,156
F38, F39	344	372	278	208	217	58	75	5	1,557
F40	587	529	409	351	388	27	5	0	2,296
F41	6,378	5,449	6,017	2,823	2,245	755	159	9	23,835
F42	1,550	1,636	1,415	490	632	283	276	17	6,299
F43	20,160	14,314	21,286	14,688	11,234	2,229	1,805	299	86,015
F44	1,210	715	3,753	625	297	367	44	161	7,172
F45, F48	426	381	848	106	264	66	113	11	2,215
F50	9,635	7,645	7,126	2,482	2,067	122	118	0	29,195
F51–F59	2,210	1,894	1,496	377	224	41	261	28	6,531
F60	10,536	8,969	6,378	7,355	2,995	1,890	851	52	39,026
F60–F69	960	525	247	685	784	23	38	23	3,285
F70–F79	1,118	211	7,651	816	245	1,033	12	18	11,104
F80–F89	807	437	940	263	129	103	371	0	3,050
F90	464	589	530	129	130	0	0	2	1,844
F91	1,117	1,127	1,170	1,181	153	58	33	0	4,839
F92–F98	440	643	507	409	114	37	17	0	2,167
F99	97	576	64	119	1	0	5	5	867
G30	9,841	5,870	3,381	8,594	3,102	1,149	105	5	32,047
G47	22	111	29	1	0	0	0	0	163
O99.3	580	352	197	41	65	24	22	0	1,281
R44	19	88	30	31	0	0	1	0	169
R45	22	25	77	8	14	7	13	0	166
	2,539	515	187	123	13	42	2	26	3,447
	20	0	0	0	0	0	0	0	20
	23,243	5,492	23,725	13,907	59,799	3,107	1,090	259	130,622
	51,617	1,272	0	0	0	0	0	87	52,976
Total	744,754	383,741	402,866	225,357	220,685	43,826	21,090	6,252	2,048,571
Age-standardised overnight psychiatric care day rate^(e)	114.80	79.69	114.44	121.45	144.73	94.14	69.00	34.87	106.95
Upper 95% confidence limit	115.06	79.94	114.79	121.95	145.33	95.02	69.93	35.73	107.10
Lower 95% confidence limit	114.54	79.44	114.08	120.94	144.13	93.25	68.07	34.01	106.81

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 2000.

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

Table A4.5a: Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public acute hospitals								
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	2,958	3,380	2,835	1,165	1,124	269	321	158	12,210
U67Z Personality Disorders and Acute Reactions	1,918	2,439	2,881	1,714	1,012	439	307	104	10,814
U61A Schizophrenia Disorders W Mental Health Legal Status	2,389	3,590	2,999	405	530	29	97	0	10,039
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,883	2,223	1,740	599	433	467	181	203	7,729
U64Z Other Affective and Somatoform Disorders	736	1,076	971	378	215	121	84	36	3,617
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	506	724	468	105	231	117	52	4	2,207
V61B Drug Intoxication and Withdrawal W/O CC	470	388	510	196	110	34	31	56	1,795
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	529	563	346	118	95	4	13	1	1,669
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	332	365	230	150	76	50	60	47	1,310
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	126	615	178	94	91	46	12	4	1,166
V60Z Alcohol Intoxication and Withdrawal	281	187	223	66	46	32	9	29	873
U65Z Anxiety Disorders	139	176	217	76	62	46	26	13	755
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	229	37	311	23	21	38	44	7	710
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	223	39	333	25	29	15	28	14	706
U66Z Eating and Obsessive–Compulsive Disorders	130	192	173	45	107	15	11	3	676
Private hospitals									
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	997	1,890	1,450	1,060	1,140	85	96	n.a.	6,718
U67Z Personality Disorders and Acute Reactions	430	546	742	489	293	111	75	n.a.	2,686
U64Z Other Affective and Somatoform Disorders	187	454	516	207	155	51	42	n.a.	1,612
U61B Schizophrenia Disorders W/O Mental Health Legal Status	355	428	374	102	255	9	12	n.a.	1,535
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	214	491	330	113	207	14	21	n.a.	1,390
V62A Alcohol Use Disorder and Dependence	395	333	111	156	221	52	17	n.a.	1,285
U65Z Anxiety Disorders	165	205	365	112	68	21	6	n.a.	942
U66Z Eating and Obsessive–Compulsive Disorders	148	143	128	69	26	7	5	n.a.	526
V63Z Opioid Use Disorder and Dependence	121	299	17	52	23	3	1	n.a.	516
V64Z Other Drug Use Disorder and Dependence	157	58	36	72	68	10	0	n.a.	401
V60Z Alcohol Intoxication and Withdrawal	127	40	49	66	56	17	2	n.a.	357
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	24	103	39	19	106	3	3	n.a.	297
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	41	78	54	25	52	6	6	n.a.	262
O61Z Postpartum and Post Abortion W/O OR Procedure	55	48	52	13	9	0	2	n.a.	179
V61B Drug Intoxication and Withdrawal W/O CC	14	22	32	47	12	0	3	n.a.	130

(continued)

Table A4.5a (continued): Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public psychiatric hospitals								
U61A Schizophrenia Disorders W Mental Health Legal Status	1,250	116	32	561	674	1	..	..	2,634
U67Z Personality Disorders and Acute Reactions	1,270	36	9	562	571	50	..	..	2,498
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	1,192	33	34	388	563	27	..	..	2,237
U61B Schizophrenia Disorders W/O Mental Health Legal Status	512	71	11	253	162	193	..	..	1,202
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	288	7	4	117	169	0	..	..	585
V61B Drug Intoxication and Withdrawal W/O CC	269	7	2	176	57	9	..	..	520
960Z Ungroupable	407	27	0	0	0	0	..	..	434
U64Z Other Affective and Somatoform Disorders	290	9	11	49	57	12	..	..	428
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	164	0	17	43	143	2	..	..	369
Z64B Other Factors Influencing Health Status Age < 80	338	0	1	7	6	0	..	..	352
V60Z Alcohol Intoxication and Withdrawal	226	0	2	70	47	4	..	..	349
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	135	0	12	17	112	5	..	..	281
V64Z Other Drug Use Disorder and Dependence	110	3	0	103	31	8	..	..	255
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	91	0	2	23	26	8	..	..	150
V62A Alcohol Use Disorder and Dependence	88	0	2	15	22	4	..	..	131
All hospitals									
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	5,147	5,303	4,319	2,613	2,827	381	417	158	21,165
U67Z Personality Disorders and Acute Reactions	3,618	3,021	3,632	2,765	1,876	600	382	104	15,998
U61A Schizophrenia Disorders W Mental Health Legal Status	3,639	3,706	3,102	1,002	1,204	30	97	0	12,780
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2,750	2,722	2,125	954	850	669	193	203	10,466
U64Z Other Affective and Somatoform Disorders	1,213	1,539	1,498	634	427	184	126	36	5,657
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	855	1,215	810	235	550	136	73	4	3,878
V61B Drug Intoxication and Withdrawal W/O CC	753	417	544	419	179	43	34	56	2,445
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	817	571	359	250	264	4	14	1	2,280
V62A Alcohol Use Disorder and Dependence	599	468	246	216	306	71	22	3	1,931
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	314	718	234	156	340	51	15	4	1,832
U65Z Anxiety Disorders	371	383	583	201	152	90	32	13	1,825
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	464	443	286	198	154	64	66	47	1,722
V60Z Alcohol Intoxication and Withdrawal	634	227	274	202	149	53	11	29	1,579
V64Z Other Drug Use Disorder and Dependence	476	217	191	236	121	35	9	15	1,300
U66Z Eating and Obsessive–Compulsive Disorders	301	335	301	117	147	25	16	3	1,245

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

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

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

.. not applicable.

n.a. not available.

Table A4.5b: 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) 2000–01

AR-DRG description	NSW		Vic	Qld	Public acute hospitals					ACT	NT	Australia
	WA	SA			Tas	SA	WA	SA	Tas			
U65Z Anxiety Disorders	2,691	3,492	1,252	475	736	87	9	8	8,750			
V60Z Alcohol Intoxication and Withdrawal	2,245	1,057	920	784	504	68	41	74	5,693			
U64Z Other Affective and Somatoform Disorders	1,754	1,157	688	846	896	124	18	19	5,502			
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	1,803	952	675	481	662	103	31	22	4,729			
V62A Alcohol Use Disorder and Dependence	1,839	570	1,087	372	178	30	0	3	4,079			
U67Z Personality Disorders and Acute Reactions	857	1,413	541	511	453	226	3	15	4,019			
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	963	704	349	621	658	113	9	12	3,429			
V63Z Opioid Use Disorder and Dependence	1,715	202	453	273	31	5	0	2	2,681			
U61B Schizophrenia Disorders W/O Mental Health Legal Status	741	287	234	279	283	174	2	9	2,009			
B64Z Delirium	830	651	179	134	138	53	6	6	1,997			
V64Z Other Drug Use Disorder and Dependence	618	189	281	204	70	14	3	1	1,380			
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	371	232	137	119	156	24	4	10	1,053			
V61B Drug Intoxication and Withdrawal W/O CC	450	171	130	154	77	19	2	3	1,006			
U66Z Eating and Obsessive–Compulsive Disorders	271	298	98	42	66	40	8	2	825			
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	276	186	83	76	141	37	0	2	801			
Private hospitals												
U65Z Anxiety Disorders	260	1,312	449	324	195	176	1	n.a.	2,717			
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	249	340	489	153	217	59	10	n.a.	1,517			
U64Z Other Affective and Somatoform Disorders	243	298	394	207	142	134	5	n.a.	1,423			
U67Z Personality Disorders and Acute Reactions	470	147	386	72	29	84	2	n.a.	1,190			
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	337	110	377	78	68	148	0	n.a.	1,118			
V62A Alcohol Use Disorder and Dependence	115	451	472	20	17	16	1	n.a.	1,092			
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	103	67	168	29	37	32	2	n.a.	438			
V63Z Opioid Use Disorder and Dependence	210	88	73	22	27	2	0	n.a.	422			
B64Z Delirium	105	152	65	19	45	15	4	n.a.	405			
V60Z Alcohol Intoxication and Withdrawal	55	44	84	56	22	14	1	n.a.	276			
V64Z Other Drug Use Disorder and Dependence	37	72	106	15	4	2	1	n.a.	237			
U61B Schizophrenia Disorders W/O Mental Health Legal Status	81	48	53	11	4	15	0	n.a.	212			
O61Z Postpartum and Post Abortion W/O OR Procedure	19	43	29	79	8	4	0	n.a.	182			
U66Z Eating and Obsessive–Compulsive Disorders	23	24	62	10	21	8	1	n.a.	149			
O65A Other Antenatal Admission W Severe Complicating Diagnosis	22	18	23	23	4	8	2	n.a.	100			

(continued)

Table A4.5b (continued): 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) 2000–01

AR-DRG description	All hospitals								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
U65Z Anxiety Disorders	2,951	4,804	1,701	799	931	263	10	8	11,467
U64Z Other Affective and Somatoform Disorders	1,997	1,455	1,082	1,053	1,038	258	23	19	6,925
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,052	1,292	1,164	634	879	162	41	22	6,246
V60Z Alcohol Intoxication and Withdrawal	2,302	1,101	1,004	840	526	82	42	74	5,971
V62A Alcohol Use Disorder and Dependence	2,138	1,021	1,559	392	195	46	1	3	5,355
U67Z Personality Disorders and Acute Reactions	1,328	1,560	927	583	482	310	5	15	5,210
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	1,300	814	726	699	726	261	9	12	4,547
V63Z Opioid Use Disorder and Dependence	2,245	290	526	295	58	7	0	2	3,423
B64Z Delirium	935	803	244	153	183	68	10	6	2,402
U61B Schizophrenia Disorders W/O Mental Health Legal Status	824	335	287	290	287	189	2	9	2,223
V64Z Other Drug Use Disorder and Dependence	692	261	387	219	74	16	4	1	1,654
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	379	253	251	105	178	69	2	2	1,239
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	386	245	161	132	166	30	5	10	1,135
V61B Drug Intoxication and Withdrawal W/O CC	465	175	154	170	81	21	2	3	1,071
U66Z Eating and Obsessive–Compulsive Disorders	294	322	160	52	87	48	9	2	974

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

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

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

.. not applicable.

n.a. not available.

Table A4.6a: Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, ^(b) 2000–01

AR-DRG	description	Public acute							NT	Australia
		NSW	Vic	Qld	WA	SA	Tas	ACT		
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	15.9	15.0	13.7	15.0	15.6	11.2	15.8	10.2	14.9
U67Z	Personality Disorders and Acute Reactions	6.2	6.7	5.1	6.7	7.5	3.8	5.6	3.7	6.1
U61A	Schizophrenia Disorders W Mental Health Legal Status	21.7	20.9	20.5	27.9	18.5	22.6	22.8	n.p.	21.1
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	17.6	17.0	11.3	15.3	15.5	11.9	12.8	11.5	15.1
U64Z	Other Affective and Somatoform Disorders	8.8	11.8	8.6	9.1	10.4	7.6	6.6	5.0	9.6
U63A	Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	26.1	26.4	25.5	28.0	29.8	10.5	17.4	n.p.	25.5
V61B	Drug Intoxication and Withdrawal W/O CC	7.0	7.9	6.6	7.4	6.1	5.8	6.3	7.0	7.0
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.1	15.5	12.1	17.1	12.5	n.p.	12.4	n.p.	13.6
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	13.1	13.1	8.2	11.8	12.4	10.1	8.5	5.9	11.5
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	20.5	32.3	21.4	26.7	42.1	78.7	18.9	n.p.	31.3
V60Z	Alcohol Intoxication and Withdrawal	4.5	11.6	3.3	7.0	12.2	8.4	n.p.	3.7	6.4
U65Z	Anxiety Disorders	9.7	8.7	8.3	11.3	13.8	9.0	9.0	13.8	9.6
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	4.5	4.4	4.7	2.8	6.6	5.3	6.1	n.p.	4.7
X62A	Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	8.4	9.7	8.8	8.9	16.9	7.6	13.6	8.5	9.2
U66Z	Eating and Obsessive–Compulsive Disorders	30.4	27.1	23.8	22.1	19.9	12.3	22.7	n.p.	24.9
All AR-DRGs		14.4	15.9	12.3	12.7	14.7	10.7	11.7	8.3	13.9
Private										
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	19.6	18.2	18.6	15.3	17.1	16.3	18.5	n.a.	17.8
U67Z	Personality Disorders and Acute Reactions	14.2	13.8	16.4	11.9	12.3	12.5	14.4	n.a.	14.0
U64Z	Other Affective and Somatoform Disorders	19.0	17.3	15.8	14.7	16.9	15.0	17.3	n.a.	16.6
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	18.7	16.5	22.0	14.4	14.6	n.p.	14.9	n.a.	17.8
U63A	Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	30.2	20.1	22.0	21.5	24.4	24.6	27.2	n.a.	23.0
V62A	Alcohol Use Disorder and Dependence	16.5	14.3	13.8	12.3	14.4	13.9	13.9	n.a.	14.7
U65Z	Anxiety Disorders	18.8	15.7	16.4	16.8	15.1	18.0	n.p.	n.a.	16.6
U66Z	Eating and Obsessive–Compulsive Disorders	24.8	31.0	32.5	26.7	20.5	n.p.	n.p.	n.a.	28.3
V63Z	Opioid Use Disorder and Dependence	9.0	4.3	13.1	18.0	9.4	n.p.	n.p.	n.a.	7.4
V64Z	Other Drug Use Disorder and Dependence	17.3	11.7	19.6	17.6	14.9	13.3	n.p.	n.a.	16.2
V60Z	Alcohol Intoxication and Withdrawal	12.7	10.3	12.0	10.6	12.0	17.7	n.p.	n.a.	12.1
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	20.8	25.5	21.6	23.0	21.4	n.p.	n.p.	n.a.	23.0
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	13.6	15.6	19.2	12.6	9.4	n.p.	n.p.	n.a.	15.0
O61Z	Postpartum and Post Abortion W/O OR Procedure	27.9	18.1	19.8	8.6	n.p.	n.p.	n.p.	n.a.	20.3
V61B	Drug Intoxication and Withdrawal W/O CC	13.9	16.8	13.8	8.9	11.3	n.p.	n.p.	n.a.	12.2
All AR-DRGs		18.5	16.9	18.5	15.0	16.4	15.6	17.3	n.a.	17.2

(continued)

Table A4.6a (continued): Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	Public psychiatric							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U61A Schizophrenia Disorders W Mental Health Legal Status	30.2	73.7	25.8	38.0	22.3	n.p.	..	..	31.7
U67Z Personality Disorders and Acute Reactions	5.7	27.5	n.p.	10.1	6.7	11.6	..	..	7.4
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	16.5	35.0	21.9	23.2	16.5	6.3	..	..	17.9
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17.8	23.6	14.2	25.2	24.3	26.6	..	..	22.0
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	13.5	n.p.	n.p.	20.5	11.9	n.p.	..	..	15.1
V61B Drug Intoxication and Withdrawal W/O CC	7.7	n.p.	n.p.	9.3	7.5	n.p.	..	..	9.4
960Z Ungroupable	22.4	26.0	n.p.	n.p.	n.p.	n.p.	..	..	22.7
U64Z Other Affective and Somatoform Disorders	9.6	n.p.	35.9	13.1	10.8	19.2	..	..	11.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	76.2	n.p.	76.0	30.9	51.5	n.p.	..	..	61.6
Z64B Other Factors Influencing Health Status Age < 80	4.2	n.p.	n.p.	n.p.	n.p.	n.p.	..	..	4.2
V60Z Alcohol Intoxication and Withdrawal	7.5	n.p.	n.p.	14.1	12.6	n.p.	..	..	10.8
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	23.5	n.p.	27.3	29.7	39.7	n.p.	..	..	30.2
V64Z Other Drug Use Disorder and Dependence	5.8	n.p.	n.p.	6.6	6.7	n.p.	..	..	6.4
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9.5	n.p.	n.p.	22.7	10.7	n.p.	..	..	14.1
V62A Alcohol Use Disorder and Dependence	13.0	n.p.	n.p.	6.6	8.2	n.p.	..	..	11.8
All AR-DRGs	17.0	45.9	30.2	21.4	18.1	25.0	..	..	19.1
All hospitals									
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	16.8	16.3	15.4	16.4	16.4	12.0	16.4	10.2	16.1
U67Z Personality Disorders and Acute Reactions	7.0	8.2	7.4	8.3	8.0	6.0	7.4	3.7	7.6
U61A Schizophrenia Disorders W Mental Health Legal Status	24.6	22.5	20.7	33.6	20.7	25.8	22.8	n.p.	23.4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17.8	17.1	13.2	17.8	16.9	16.2	12.9	11.5	16.3
U64Z Other Affective and Somatoform Disorders	10.5	13.5	11.3	11.3	12.8	10.4	10.1	5.0	11.8
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	26.7	23.9	24.1	25.0	29.7	11.8	20.2	n.p.	25.0
V61B Drug Intoxication and Withdrawal W/O CC	7.4	8.9	7.6	8.4	6.9	6.7	6.4	7.0	7.8
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.6	16.2	12.3	18.9	12.1	n.p.	11.9	n.p.	14.1
V62A Alcohol Use Disorder and Dependence	13.8	12.8	8.8	11.2	13.4	16.8	12.1	n.p.	12.6
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	49.0	31.3	23.4	27.3	39.6	80.7	21.5	n.p.	35.8
U65Z Anxiety Disorders	14.0	12.5	13.4	14.2	14.4	11.4	8.9	13.8	13.3
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12.5	13.5	11.4	13.2	11.1	12.2	10.4	5.9	12.2
V60Z Alcohol Intoxication and Withdrawal	7.2	11.3	4.9	10.7	12.3	19.2	9.4	3.7	8.7
V64Z Other Drug Use Disorder and Dependence	9.3	6.9	7.3	9.4	10.8	6.4	n.p.	4.2	8.6
U66Z Eating and Obsessive–Compulsive Disorders	27.0	28.8	27.5	25.0	19.1	17.0	19.5	n.p.	26.1
All AR-DRGs	15.7	16.5	13.8	15.3	16.1	13.5	12.7	8.3	15.3

(a) Separations for which the 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 data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

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

.. 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 A4.6b: Average length of stay (days) for 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) 2000–01

AR-DRG description	Public acute							NT Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT	
U65Z Anxiety Disorders	4.3	3.1	3.5	4.4	3.8	5.3	n.p.	n.p.
V60Z Alcohol Intoxication and Withdrawal	2.9	2.2	2.7	3.0	3.4	2.9	3.1	2.7
U64Z Other Affective and Somatoform Disorders	5.2	4.7	4.8	5.3	5.6	8.3	9.6	3.1
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13.5	15.0	13.8	20.6	18.4	22.1	14.6	19.9
V62A Alcohol Use Disorder and Dependence	4.9	5.1	4.7	5.9	5.8	6.4	n.p.	n.p.
U67Z Personality Disorders and Acute Reactions	6.0	2.9	3.1	3.8	4.3	4.1	n.p.	3.5
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	4.0	4.1	4.2	5.2	5.8	11.1	n.p.	5.4
V63Z Opioid Use Disorder and Dependence	4.3	4.9	4.2	4.7	4.4	n.p.	n.p.	4.3
U61B Schizophrenia Disorders W/O Mental Health Legal Status	7.0	3.0	3.8	4.9	4.4	13.2	n.p.	5.9
B64Z Delirium	11.8	11.0	10.5	12.5	15.8	9.8	n.p.	11.6
V64Z Other Drug Use Disorder and Dependence	4.9	4.2	4.5	4.8	4.3	3.8	n.p.	4.6
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	4.8	3.2	4.5	3.5	3.1	10.6	n.p.	4.1
V61B Drug Intoxication and Withdrawal W/O CC	3.1	2.4	2.8	2.6	3.0	4.8	n.p.	2.9
U66Z Eating and Obsessive–Compulsive Disorders	21.0	11.2	12.6	17.4	15.9	26.9	n.p.	16.2
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	14.9	9.2	14.0	12.2	14.0	15.2	n.p.	13.1
All AR-DRGs	6.1	5.1	5.1	6.3	7.0	9.8	8.2	4.6
	Private							
U65Z Anxiety Disorders	5.2	4.8	5.7	4.8	3.5	4.5	n.p.	n.a.
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	18.9	15.2	15.3	16.8	11.8	23.2	24.1	n.a.
U64Z Other Affective and Somatoform Disorders	12.8	11.5	10.7	8.8	8.1	11.0	n.p.	n.a.
U67Z Personality Disorders and Acute Reactions	17.9	9.6	14.8	4.9	5.7	7.4	n.p.	14.0
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	21.5	13.7	14.5	6.6	7.9	14.3	n.p.	15.5
V62A Alcohol Use Disorder and Dependence	14.8	12.4	11.5	7.6	4.1	10.5	n.p.	12.0
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	20.2	16.6	22.0	16.2	14.0	26.9	n.p.	20.0
V63Z Opioid Use Disorder and Dependence	2.5	9.9	10.2	4.7	4.2	n.p.	n.p.	5.7
B64Z Delirium	12.1	12.4	10.5	15.8	10.6	16.0	n.p.	12.1
V60Z Alcohol Intoxication and Withdrawal	9.5	4.8	6.9	3.8	3.7	6.3	n.p.	6.2
V64Z Other Drug Use Disorder and Dependence	16.3	16.0	15.0	3.3	n.p.	n.p.	n.p.	n.a.
U61B Schizophrenia Disorders W/O Mental Health Legal Status	17.1	17.5	18.0	4.2	n.p.	8.6	n.p.	16.1
O61Z Postpartum and Post Abortion W/O OR Procedure	8.3	6.7	9.9	5.5	n.p.	n.p.	n.p.	6.7
U66Z Eating and Obsessive–Compulsive Disorders	11.9	15.9	16.1	5.5	29.8	n.p.	n.p.	16.8
O65A Other Antenatal Admission W Severe Complicating Diagnosis	3.9	2.6	2.7	2.9	n.p.	n.p.	n.p.	3.0
All AR-DRGs	13.9	9.4	12.4	7.7	8.4	11.1	16.7	n.a.

(continued)

Table A4.6b (continued): 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) 2000–01

AR-DRG description	All hospitals							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U65Z Anxiety Disorders	4.4	3.6	4.1	4.5	3.8	4.8	7.2	n.p.	4.0
U64Z Other Affective and Somatoform Disorders	6.1	6.1	6.9	6.0	5.9	9.7	11.0	3.1	6.3
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.1	15.0	14.4	19.7	16.8	22.5	16.9	19.9	15.6
V60Z Alcohol Intoxication and Withdrawal	3.1	2.3	3.0	3.0	3.4	3.4	3.1	2.7	3.0
V62A Alcohol Use Disorder and Dependence	5.5	8.3	6.8	6.0	5.7	7.8	n.p.	n.p.	6.5
U67Z Personality Disorders and Acute Reactions	8.9	3.5	8.0	3.9	4.4	5.0	n.p.	2.5	5.9
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	10.0	5.4	9.5	5.3	6.0	12.9	n.p.	3.7	7.9
V63Z Opioid Use Disorder and Dependence	4.0	6.4	5.1	4.7	4.3	n.p.	n.p.	n.p.	4.4
B64Z Delirium	11.8	11.3	10.5	12.9	14.5	11.1	8.8	n.p.	11.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8.1	5.1	6.5	4.9	4.5	12.8	n.p.	n.p.	6.9
V64Z Other Drug Use Disorder and Dependence	5.5	7.4	7.4	4.7	4.2	4.1	n.p.	n.p.	6.1
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	16.4	11.1	19.3	13.3	14.0	20.6	n.p.	n.p.	15.5
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	5.1	3.7	5.9	3.8	3.2	10.1	n.p.	1.8	4.6
V61B Drug Intoxication and Withdrawal W/O CC	3.1	2.5	4.0	2.6	3.0	4.7	n.p.	n.p.	3.1
U66Z Eating and Obsessive–Compulsive Disorders	20.3	11.6	13.9	15.1	19.3	24.0	n.p.	n.p.	16.3
All AR-DRGs	7.0	6.0	7.3	6.5	7.2	10.3	9.7	4.6	6.9

(a) Separations for which the care type 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 data may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 4.3 for information.

Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, OR—operating room, Psych—Psychotic, 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 A4.7a: Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, ^(b) 2000–01

AR-DRG description	Public acute							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	11		10	9	11	12	8	10	7
U67Z Personality Disorders and Acute Reactions	3		3	3	4	5	2	3	2
U61A Schizophrenia Disorders W Mental Health Legal Status	15		13	13	17	14	7	14	n.p.
U61B Schizophrenia Disorders W/O Mental Health Legal Status	10		10	6	10	11	7	8	7
U64Z Other Affective and Somatoform Disorders	5		6	5	6	6	4	5	4
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	20		20	18	22	22	6	15	n.p.
V61B Drug Intoxication and Withdrawal W/O CC	4		5	4	5	4	4	6	6
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8		9	8	12	10	n.p.	10	n.p.
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9		9	6	9	9	5	6	5
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13		22	13	14	32	28	15	n.p.
V60Z Alcohol Intoxication and Withdrawal	2		4	1	3	7	3	n.p.	2
U65Z Anxiety Disorders	4		6	4	8	10	5	3	5
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age < 60 W/O CC	2		3	3	2	6	2	4	n.p.
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age > 59 or W CC	5		5	5	5	11	4	10	8
U66Z Eating and Obsessive–Compulsive Disorders	15		14	10	11	14	8	12	n.p.
All AR-DRGs	8		9	6	7	9	4	7	5
	Private								
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	16		14	13	12	14	13	14	n.a.
U67Z Personality Disorders and Acute Reactions	9		9	10	8	8	9	11	n.a.
U64Z Other Affective and Somatoform Disorders	15		14	11	12	14	13	14	n.a.
U61B Schizophrenia Disorders W/O Mental Health Legal Status	14		12	14	10	11	n.p.	10	n.a.
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	25		17	15	16	24	23	19	n.a.
V62A Alcohol Use Disorder and Dependence	14		11	9	11	12	9	13	n.a.
U65Z Anxiety Disorders	16		13	9	9	13	14	n.p.	n.a.
U66Z Eating and Obsessive–Compulsive Disorders	22		23	24	21	16	n.p.	n.p.	n.a.
V63Z Opioid Use Disorder and Dependence	6		2	11	11	7	n.p.	n.p.	n.a.
V64Z Other Drug Use Disorder and Dependence	14		9	11	10	10	15	n.p.	n.a.
V60Z Alcohol Intoxication and Withdrawal	12		7	7	8	8	11	n.p.	n.a.
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14		20	17	15	22	n.p.	n.p.	n.a.
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	10		13	7	7	6	n.p.	n.p.	n.a.
O61Z Postpartum and Post Abortion W/O OR Procedure	29		14	17	8	n.p.	n.p.	n.p.	n.a.
V61B Drug Intoxication and Withdrawal W/O CC	11		8	11	5	9	n.p.	n.p.	n.a.
All AR-DRGs	14		12	12	11	14	13	13	n.a.

(continued)

Table A4.7a (continued): Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories,^(b) 2000–01

AR-DRG description	NSW						Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public psychiatric													
U61A Schizophrenia Disorders W Mental Health Legal Status	18	49	20	24	14	n.p.	14	n.p.	19					
U67Z Personality Disorders and Acute Reactions	3	17	n.p.	6	3	4	3	5	4					
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	11	23	7	17	12	2	12	2	13					
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	16	12	12	14	7	14	7	9					
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	n.p.	n.p.	15	6	n.p.	6	n.p.	8					
V61B Drug Intoxication and Withdrawal W/O CC	4	n.p.	n.p.	6	4	n.p.	4	n.p.	5					
960Z Ungroupable	7	12	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	8					
U64Z Other Affective and Somatoform Disorders	5	n.p.	7	11	5	16	5	16	7					
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	47	n.p.	419	23	33	n.p.	33	n.p.	36					
Z64B Other Factors Influencing Health Status Age < 80	4	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	4					
V60Z Alcohol Intoxication and Withdrawal	2	n.p.	n.p.	5	3	n.p.	3	n.p.	2					
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	21	n.p.	31	20	27	n.p.	27	n.p.	23					
U62B Paranoia & Acute Psych Disorder and Dependence	3	n.p.	n.p.	5	4	n.p.	4	n.p.	4					
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	6	n.p.	n.p.	15	6	n.p.	6	n.p.	8					
V62A Alcohol Use Disorder and Dependence	4	n.p.	n.p.	6	3	n.p.	3	n.p.	4					
All AR-DRGs	6	26	16	11	8	7	11	8	8	7	7	8	5	8
All hospitals														
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	12	12	10	12	13	9	12	9	11					
U67Z Personality Disorders and Acute Reactions	4	4	4	5	4	3	3	3	4					
U61A Schizophrenia Disorders W Mental Health Legal Status	16	13	13	21	14	8	14	8	14					
U61B Schizophrenia Disorders W/O Mental Health Legal Status	10	11	7	10	11	7	8	7	9					
U64Z Other Affective and Somatoform Disorders	6	7	6	8	8	7	7	7	7					
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	21	18	16	18	24	8	16	8	19					
V61B Drug Intoxication and Withdrawal W/O CC	4	6	4	6	4	4	6	4	5					
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	8	10	8	14	7	n.p.	10	n.p.	9					
V62A Alcohol Use Disorder and Dependence	8	9	5	9	10	7	11	7	8					
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	20	21	15	16	28	28	20	28	21					
U65Z Anxiety Disorders	9	8	7	8	11	7	4	7	8					
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9	9	6	9	7	7	7	7	8					
V60Z Alcohol Intoxication and Withdrawal	3	4	2	5	6	4	4	4	3					
V64Z Other Drug Use Disorder and Dependence	4	4	3	5	7	3	n.p.	3	2					
U66Z Eating and Obsessive–Compulsive Disorders	18	18	15	17	14	13	10	13	15					
All AR-DRGs	8	10	7	9	10	6	8	6	8	5	8	5	8	8

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

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

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

.. 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 A4.7b: 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) 2000–01

AR-DRG description	Public acute						NT Australia		
	NSW	Vic	Qld	WA	SA	Tas		ACT	
U65Z Anxiety Disorders	4	3	3	2	3	3	n.p.	n.p.	3
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	1	1	1	2
U64Z Other Affective and Somatoform Disorders	3	3	3	3	4	5	9	9	2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10	10	9	13	12	12	11	11	9
V62A Alcohol Use Disorder and Dependence	4	4	4	6	4	5	n.p.	n.p.	4
U67Z Personality Disorders and Acute Reactions	2	2	2	2	2	3	n.p.	n.p.	2
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	3	2	3	4	4	4	8	n.p.	2
V63Z Opioid Use Disorder and Dependence	3	4	4	4	4	n.p.	n.p.	n.p.	3
B64Z Delirium	2	1	2	2	2	7	n.p.	n.p.	2
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	7	6	8	10	7	n.p.	n.p.	8
Z61Z Signs and Symptoms	4	4	4	3	3	3	n.p.	n.p.	4
V64Z Other Drug Use Disorder and Dependence	2	1	1	2	2	9	n.p.	n.p.	1
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	1	1	2	1	2	4	n.p.	n.p.	1
V61B Drug Intoxication and Withdrawal W/O CC	9	5	4	10	3	18	n.p.	n.p.	6
U66Z Eating and Obsessive–Compulsive Disorders	9	5	9	10	10	11	n.p.	n.p.	8
All AR-DRGs	4	3	3	3	3	5	4	4	2
	Private								
U65Z Anxiety Disorders	1	5	3	4	1	2	n.p.	n.p.	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14	10	11	12	10	17	20	20	11
U64Z Other Affective and Somatoform Disorders	8	8	7	7	6	7	n.p.	n.p.	7
U67Z Personality Disorders and Acute Reactions	16	7	11	4	3	5	n.p.	n.p.	10
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	18	9	10	6	7	10	n.p.	n.p.	11
V62A Alcohol Use Disorder and Dependence	18	9	9	6	3	9	n.p.	n.p.	9
U63A Major Affective Disorders W Cat or Sev CC or (Age > 69 W/O Cat or Sev CC)	16	13	16	11	11	20	n.p.	n.p.	15
V63Z Opioid Use Disorder and Dependence	1	6	7	5	4	n.p.	n.p.	n.p.	1
B64Z Delirium	9	9	8	10	10	12	n.p.	n.p.	9
Z61Z Signs and Symptoms	5	3	4	1	2	3	n.p.	n.p.	3
V60Z Alcohol Intoxication and Withdrawal	17	13	14	1	n.p.	n.p.	n.p.	n.p.	12
V64Z Other Drug Use Disorder and Dependence	14	12	12	2	n.p.	7	n.p.	n.p.	12
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8	5	4	4	n.p.	n.p.	n.p.	n.p.	5
O61Z Postpartum and Post Abortion W/O OR Procedure	5	7	6	5	31	n.p.	n.p.	n.p.	7
U66Z Eating and Obsessive–Compulsive Disorders	2	2	2	2	n.p.	n.p.	n.p.	n.p.	2
All AR-DRGs	9	5	8	4	6	7	10	10	7

(continued)

Table A4.7b (continued): 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) 2000–01

AR-DRG Description	All hospitals							NT	Australia
	NSW	Vic	Qld	WA	SA	Tas	ACT		
U65Z Anxiety Disorders	4	4	3	3	3	2	4	n.p.	4
U64Z Other Affective and Somatoform Disorders	4	4	4	4	4	6	12	2	4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10	10	10	13	11	14	12	9	10
V60Z Alcohol Intoxication and Withdrawal	1	1	1	1	1	2	2	2	1
V62A Alcohol Use Disorder and Dependence	4	6	5	6	4	5	n.p.	n.p.	5
U67Z Personality Disorders and Acute Reactions	4	2	3	2	2	3	n.p.	2	3
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	5	3	5	4	4	9	n.p.	2	4
V63Z Opioid Use Disorder and Dependence	2	4	4	4	4	n.p.	n.p.	n.p.	3
B64Z Delirium	8	7	7	8	10	8	7	n.p.	8
U61B Schizophrenia Disorders W/O Mental Health Legal Status	3	1	2	2	2	7	n.p.	n.p.	3
V64Z Other Drug Use Disorder and Dependence	4	4	4	3	3	3	n.p.	n.p.	4
U63A Major Affective Disorders W Cat/Sev CC or (Age > 69 W/O Cat/Sev CC)	11	6	14	10	10	14	n.p.	n.p.	11
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	2	1	2	2	2	8	n.p.	1	2
V61B Drug Intoxication and Withdrawal W/O CC	1	1	2	1	2	4	n.p.	n.p.	2
U66Z Eating and Obsessive–Compulsive Disorders	8	6	5	9	8	14	n.p.	n.p.	6
All AR-DRGs	4	4	4	4	4	5	5	2	4

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

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

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

. . . 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 A4.8a: The 15 most frequently reported procedures for same day separations with specialised psychiatric care, States and Territories, (a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy [ECT] ≤ 8 treatments	1,260	915	2,537	206	331	253	38	0	5,540
96099–00 Psychotherapy	1,528	0	23	3,375	77	0	0	0	5,003
96001–00 Psychological skills training	2,839	0	0	21	0	0	0	0	2,860
92502–00 Intravenous general anaesthesia	649	388	1,430	120	84	152	0	0	2,823
96090–00 Other counselling or education	2,302	0	0	0	0	0	0	0	2,302
96174–00 Other psychological therapies	2,073	0	5	0	0	0	0	0	2,078
92502–02 Intravenous and inhalational general anaesthesia	400	409	721	100	235	53	38	0	1,956
96101–00 Cognitive behaviour therapy	0	0	1,315	0	0	0	0	0	1,315
96073–00 Substance addiction counselling or education	460	0	0	1	0	0	0	0	461
92002–00 Alcohol rehabilitation	205	0	155	0	0	0	0	0	360
95550–10 Allied health intervention, psychology	224	36	34	0	0	0	0	0	294
93300–00 Psychiatric assessment	9	0	2	2	224	0	0	0	237
92004–00 Alcohol rehabilitation and detoxification	53	3	173	0	0	0	0	0	229
95550–09 Allied health intervention, pharmacy	169	0	0	0	0	0	0	0	169
95550–02 Allied health intervention, occupational therapy	14	18	131	0	4	0	0	0	167

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

Table A4.8b: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, States and Territories, (a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy [ECT] ≤ 8 treatments	369	2,909	22	15	128	278	0	0	3,721
92502–02 Intravenous and inhalational general anaesthesia	281	1,459	52	8	86	117	2	1	2,006
96174–00 Other psychological therapies	1,905	0	0	0	0	0	0	0	1,905
92502–00 Intravenous general anaesthesia	180	983	6	19	32	139	0	0	1,359
96001–00 Psychological skills training	0	0	1,333	24	0	0	0	0	1,357
92002–00 Alcohol rehabilitation	2	321	967	0	0	0	0	0	1,290
96101–00 Cognitive behaviour therapy	0	0	1,129	0	0	0	0	0	1,129
96075–00 Self-care/self-maintenance counselling or education	0	0	0	958	0	0	0	0	958
96099–00 Psychotherapy	0	917	34	0	1	0	0	0	952
96067–00 Nutritional/dietary counselling or education	0	0	8	855	0	0	0	0	863
92006–00 Drug detoxification	412	67	28	12	2	0	0	0	521
95550–01 Allied health intervention, social work	227	70	59	107	12	1	1	0	477
56001–00 Computerised tomography of brain	154	121	67	26	29	0	0	2	399
93300–00 Psychiatric assessment	10	3	143	56	132	0	0	0	344
92503–00 Intravenous sedation, anaesthetist controlled	64	123	36	25	18	6	0	2	274

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

Table A4.9a: The 15 most frequently reported procedures for overnight separations with specialised psychiatric care, States and Territories,^(a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	5,333	3,124	1,680	2,831	2,792	61	293	3	16,117
92502–02 Intravenous and inhalational general anaesthesia	2,592	4,180	1,166	999	1,959	64	374	2	11,336
95550–02 Allied health intervention, occupational therapy	3,201	2,908	841	2,185	920	3	196	0	10,254
92502–00 Intravenous general anaesthesia	3,246	2,232	3,395	630	442	274	1	1	10,221
93340–00 Electroconvulsive therapy [ECT] ≤ 8 treatments	1,036	1,428	1,106	317	367	156	80	7	4,497
56001–00 Computerised tomography of brain	1,081	584	879	552	609	58	86	75	3,924
95550–10 Allied health intervention, psychology	1,400	780	825	685	50	3	175	0	3,918
93300–00 Psychiatric assessment	200	0	38	15	2,722	0	0	0	2,975
95550–00 Allied health intervention, dietetics	705	414	628	540	364	2	209	5	2,867
95550–03 Allied health intervention, physiotherapy	583	501	519	511	505	10	68	5	2,702
93340–01 Electroconvulsive therapy [ECT] > 8 treatments	472	325	354	93	355	12	11	1	1,623
92003–00 Alcohol detoxification	375	104	95	107	278	1	9	0	969
96090–00 Other counselling or education	942	0	1	12	0	0	0	0	955
96001–00 Psychological skills training	894	0	0	27	2	0	0	0	923
96174–00 Other psychological therapies	845	0	0	23	0	0	0	0	868

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

Table A4.9b: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, States and Territories,^(a) 2000–01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	2,981	2,277	1,312	965	1,016	131	63	18	8,763
95550–03 Allied health intervention, physiotherapy	2,132	2,146	856	671	652	143	47	13	6,660
95550–02 Allied health intervention, occupational therapy	1,430	1,386	410	416	309	73	24	13	4,061
56001–00 Computerised tomography of brain	1,243	1,117	547	324	510	92	42	19	3,894
92006–00 Drug detoxification	2,363	375	666	367	78	1	0	2	3,852
92003–00 Alcohol detoxification	1,419	496	927	370	160	28	1	0	3,401
95550–00 Allied health intervention, dietetics	998	1,192	377	186	200	60	30	15	3,058
95550–05 Allied health intervention, speech pathology	483	536	243	75	99	16	12	1	1,465
95550–10 Allied health intervention, psychology	580	277	277	92	100	30	23	2	1,381
95550–09 Allied health intervention, pharmacy	649	235	45	65	180	59	6	0	1,239
93300–00 Psychiatric assessment	65	18	575	131	235	0	0	0	1,024
92502–02 Intravenous and inhalational general anaesthesia	299	372	141	26	43	129	2	1	1,013
95550–11 Allied health intervention, other	621	80	105	41	75	2	1	1	926
92502–00 Intravenous general anaesthesia	463	74	99	6	13	185	0	0	840
96099–00 Psychotherapy	441	12	338	10	10	2	0	0	813

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

Appendix 5: Population estimates

Table A5.1: Estimated resident population by age group and metropolitan, rural and remote region, States and Territories, 30 June 2000

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Metropolitan								
0-4	327,536	227,069	138,624	87,602	65,400	11,914	20,768	7,503	886,416
5-9	325,456	236,283	144,888	91,523	68,188	13,199	21,498	6,999	908,034
10-14	317,796	231,331	142,458	96,970	69,650	14,198	21,731	6,526	900,660
15-19	333,276	243,925	157,926	104,759	75,489	14,971	24,250	6,723	961,319
20-24	365,044	283,445	168,283	109,339	78,346	13,423	27,399	7,482	1,052,761
25-29	410,694	307,115	174,498	109,044	80,881	12,968	26,111	9,410	1,130,721
30-34	383,002	292,205	158,222	101,388	78,512	12,765	23,998	8,636	1,058,728
35-39	392,208	287,621	162,843	107,534	83,220	14,553	24,426	8,146	1,080,551
40-44	368,722	270,816	156,876	106,944	82,223	15,081	24,036	6,967	1,031,665
45-49	338,753	248,314	149,277	102,359	78,273	14,261	23,435	6,522	961,194
50-54	315,966	232,115	140,507	92,583	74,219	12,853	21,916	5,559	895,718
55-59	240,866	176,739	104,138	67,589	56,045	9,855	14,685	3,751	673,668
60-64	192,464	144,835	79,156	52,971	46,259	7,901	10,429	2,195	536,210
65-69	166,483	126,017	66,049	44,298	41,862	7,243	8,115	1,447	461,514
70-74	156,429	116,308	62,316	39,623	41,982	6,802	6,797	1,020	431,277
75-79	130,438	94,899	52,264	31,510	36,025	5,757	5,584	593	357,070
80-84	78,834	56,325	32,409	18,594	21,509	3,615	3,089	271	214,646
85+	63,863	48,593	26,093	16,497	18,019	2,869	2,254	261	178,449
Total	4,907,830	3,623,955	2,116,827	1,381,127	1,096,102	194,228	310,521	90,011	13,720,601
	Rural								
0-4	99,280	74,918	85,389	22,873	24,805	18,523	17	1,383	327,188
5-9	114,900	86,808	95,313	25,366	27,960	20,316	34	1,436	372,133
10-14	118,385	88,202	97,190	27,038	28,478	20,004	19	1,245	380,561
15-19	108,337	82,006	92,487	22,745	25,002	19,615	12	1,173	351,377
20-24	79,261	61,971	74,222	17,482	18,499	15,968	21	1,269	268,693
25-29	84,178	65,865	84,039	19,934	21,715	17,409	35	1,406	294,581
30-34	89,597	71,817	86,480	22,271	25,005	18,217	22	1,560	314,969
35-39	109,610	83,210	97,769	25,354	28,889	20,675	31	1,759	367,297
40-44	112,793	85,281	95,775	25,360	28,866	20,526	18	1,671	370,290
45-49	105,450	80,958	88,079	22,747	26,480	19,134	28	1,375	344,251
50-54	96,995	73,440	81,900	20,001	24,895	18,285	22	1,196	316,734
55-59	81,806	58,809	67,213	16,522	20,523	14,712	14	731	260,330
60-64	73,539	51,298	55,762	14,784	17,730	12,745	8	286	226,152
65-69	66,536	46,787	47,107	12,848	15,683	11,051	22	177	200,211
70-74	61,409	44,300	41,261	10,981	14,664	9,798	9	132	182,554
75-79	47,394	35,020	31,286	7,992	11,432	7,733	1	63	140,921
80-84	28,399	20,762	18,453	4,660	7,119	4,806	4	32	84,235
85+	22,606	17,741	15,145	3,851	6,106	3,912	1	31	69,393
Total	1,500,475	1,129,193	1,254,870	322,809	373,851	273,429	318	16,925	4,871,870

(continued)

Table A5.1 (continued): Estimated resident population by age group and metropolitan, rural and remote area, States and Territories, 30 June 2000

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Remote								
0-4	4,376	744	16,892	16,114	2,297	207	..	8,688	49,318
5-9	4,742	856	17,455	16,092	2,515	221	..	9,019	50,900
10-14	4,240	1,013	15,225	14,253	2,171	198	..	8,058	45,158
15-19	3,306	869	12,165	10,920	1,604	104	..	6,805	35,773
20-24	3,060	458	12,266	13,816	1,771	146	..	8,006	39,523
25-29	3,798	602	15,949	17,831	2,271	133	..	8,949	49,533
30-34	3,962	688	15,629	17,301	2,474	211	..	8,211	48,476
35-39	4,413	921	16,347	16,693	2,323	206	..	7,217	48,120
40-44	4,113	1,080	14,818	14,209	2,197	208	..	6,400	43,025
45-49	3,643	989	13,304	11,621	1,855	209	..	5,304	36,925
50-54	3,480	913	12,172	9,715	1,574	192	..	4,366	32,412
55-59	3,010	797	9,457	6,713	1,350	165	..	2,866	24,358
60-64	2,591	725	6,965	4,669	968	157	..	1,890	17,965
65-69	2,147	658	5,304	3,206	711	83	..	1,092	13,201
70-74	1,768	572	4,221	2,492	594	85	..	761	10,493
75-79	1,118	399	2,890	1,692	447	94	..	403	7,043
80-84	762	232	1,970	1,227	241	56	..	282	4,770
85+	621	192	1,631	1,360	318	44	..	210	4,376
Total	55,150	12,708	194,660	179,924	27,681	2,719	..	88,527	561,369
Total									
0-4	431,192	302,731	240,905	126,589	92,502	30,644	20,785	17,574	1,262,922
5-9	445,098	323,947	257,656	132,981	98,663	33,736	21,532	17,454	1,331,067
10-14	440,421	320,546	254,873	138,261	100,299	34,400	21,750	15,829	1,326,379
15-19	444,919	326,800	262,578	138,424	102,095	34,690	24,262	14,701	1,348,469
20-24	447,365	345,874	254,771	140,637	98,616	29,537	27,420	16,757	1,360,977
25-29	498,670	373,582	274,486	146,809	104,867	30,510	26,146	19,765	1,474,835
30-34	476,561	364,710	260,331	140,960	105,991	31,193	24,020	18,407	1,422,173
35-39	506,231	371,752	276,959	149,581	114,432	35,434	24,457	17,122	1,495,968
40-44	485,628	357,177	267,469	146,513	113,286	35,815	24,054	15,038	1,444,980
45-49	447,846	330,261	250,660	136,727	106,608	33,604	23,463	13,201	1,342,370
50-54	416,441	306,468	234,579	122,299	100,688	31,330	21,938	11,121	1,244,864
55-59	325,682	236,345	180,808	90,824	77,918	24,732	14,699	7,348	958,356
60-64	268,594	196,858	141,883	72,424	64,957	20,803	10,437	4,371	780,327
65-69	235,166	173,462	118,460	60,352	58,256	18,377	8,137	2,716	674,926
70-74	219,606	161,180	107,798	53,096	57,240	16,685	6,806	1,913	624,324
75-79	178,950	130,318	86,440	41,194	47,904	13,584	5,585	1,059	505,034
80-84	107,995	77,319	52,832	24,481	28,869	8,477	3,093	585	303,651
85+	87,090	66,526	42,869	21,708	24,443	6,825	2,255	502	252,218
Total	6,463,455	4,765,856	3,566,357	1,883,860	1,497,634	470,376	310,839	195,463	19,153,840

.. not applicable.

Source: ABS 2000.

Table A5.2: Projected Aboriginal and Torres Strait Islander population by age group, States and Territories, 30 June 2000

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
0-4	16,705	3,370	16,386	7,780	3,093	2,211	487	7,034	57,074
5-9	16,046	3,164	15,785	7,687	3,153	2,023	404	6,959	55,245
10-14	14,528	2,767	14,061	7,821	2,931	2,009	391	6,332	50,852
15-19	12,748	2,402	12,254	6,374	2,603	1,937	403	5,815	44,561
20-24	9,859	1,986	10,187	5,321	2,004	1,513	339	5,411	36,640
25-29	9,773	2,041	9,920	5,206	2,094	1,226	372	5,310	35,962
30-34	8,433	1,929	8,736	4,756	1,875	1,084	279	4,619	31,728
35-39	7,689	1,719	7,394	4,128	1,624	1,093	271	3,515	27,442
40-44	6,356	1,400	6,044	3,397	1,272	984	240	2,975	22,686
45-49	5,170	1,017	4,807	2,452	982	775	126	2,221	17,560
50-54	3,933	779	3,494	1,829	728	586	84	1,742	13,192
55-59	2,762	531	2,301	1,207	533	326	37	1,169	8,874
60-64	1,911	370	1,648	862	373	243	13	972	6,396
65-69	1,342	277	1,257	670	235	161	14	580	4,540
70-74	810	211	746	449	173	90	12	404	2,897
75+	830	232	899	502	184	112	8	422	3,192
Total	118,895	24,195	115,919	60,441	23,857	16,373	3,480	55,480	418,841

Source: ABS 1998b.

Appendix 6: Establishments contributing to this report

Tables accompanying this report on the Internet at www.aihw.gov.au list the establishments that contributed data to this report.

Table A6.1 lists the public psychiatric hospitals that contributed establishment-level data to NPHED, reported in Chapter 5. Table A6.2 lists the public community mental health establishments that contributed establishment-level data to NCMHED, also reported in Chapter 5.

Table A6.3 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 4. Private hospitals also contributed this form of data to the NHMD and Chapter 4, but cannot be identified in the data supplied to the AIHW. For this reason, private hospitals were not included in Table A6.3. A full list of the public and private hospitals contributing to the NHMD for 2000–01 is available at www.aihw.gov.au. Table A6.4 lists the public community mental health establishments that contributed patient-level data to NCMHCD, also reported in Appendix 2.

Appendix 7: National Survey of Mental Health Services (NSMHS)

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 collected 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 Policy. 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 (DHA 2002). Data from the NSMHS for 2000–01 have yet to be published.

A number of basic differences exist between data from NSMHS and data from NPHED, NMHD and NCMHED. An overview of the reasons for these differences is presented below.

Comparison with NCMHED data

There is alignment 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 had 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. A list of public community mental health establishments that report to NCMHED is available on the AIHW's web site (see page 239).

Comparison with NPHED data

The fundamental difference between the hospital data reported to the NSMHS and that reported to NPHED is the different manner in which hospital establishments are classified to the different data definitions used in the two collections. This makes comparison problematic.

In previous years, the difference in the number of hospitals reported as public psychiatric hospitals to the NPHED and NSMHS (DHA 2002) was greatest for Victoria. For the NSMHS collection, six Victorian hospital establishments were classified as public psychiatric hospitals (reflecting actual locations). For NPHED, one of these establishments was classified as a public psychiatric hospital and the rest were classified as campuses of acute care hospitals (reflecting hospital management arrangements). A list of public community mental

health establishments that report to NCMHED is available on the AIHW's web site (see page 239).

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.

Glossary

For further information on the terms used in this report, refer to the definitions in use in 2000–01 in the *National Health Data Dictionary*, Version 9.0.

<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 or attendance at a health care facility. 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 (including workers compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission to receive treatment and/or care.
<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 and Statistical Divisions 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> . 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>	A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital. Diagnosis Related Groups provide a summary of the varied reasons for hospitalisation and the complexity of cases a hospital treats. Moreover, as a framework for describing the products of a hospital (that is, patients receiving services), they allow meaningful comparisons of hospitals' efficiency and effectiveness under alternative systems of health care provision.
<i>Available beds</i>	Beds immediately available for use by admitted patients or residents as required. This term includes occupied and unoccupied beds.
<i>Average length of stay</i>	The average number of patient days for admitted patient overnight separations.
<i>Care type</i>	<p>The care type defines the overall nature of the clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous (other 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> is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multidisciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.</p> <p><i>Psychogeriatric care</i> is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames.</p>

Maintenance care is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. Following assessment or treatment the patient does not require further complex assessment or stabilisation, and requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, e.g. at home or in a nursing home by a relative or carer, that is unavailable in the short term.

Other care types include *Palliative care, Geriatric evaluation and management, Newborn care, Organ procurement posthumous and Hospital boarders*. Further detail on these care types is presented in the *National Health Data Dictionary*.

<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, 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 in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.
<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 or treatment of a patient/client by a community-based service during a reporting period.
<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 3.
<i>Mode of separation</i>	The status of the person at separation (discharge, transfer or death) and, where applicable, the place to which the person is released.
<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 NMDS for Admitted Patient Health Care and the NMDS for 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 for 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 for Community Mental Health Establishments.
<i>Non-admitted patients</i>	Patients who do not undergo a hospital's formal admission process and 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 health service establishment for the purpose of receiving services such as examination, consultation and treatment, 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 an honorary, 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 specialty area within which treatment is now being provided. For this report, the specialty 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 (or attendance at ambulatory care service).
<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>Private psychiatric hospital</i>	These are devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These hospitals are licensed/approved by each State or Territory health authority and cater primarily for patients with psychiatric or behavioural disorders.
<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>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>	Establishments devoted primarily to the treatment and care of in-patients with psychiatric, mental or behavioural disorders.
<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 provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors) • 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 • other recoveries such as those relating to inter-hospital service 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>	Admitted patients who are admitted and separate on the same date.

<i>Separation</i>	The term represents the completed 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>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>Visiting medical officer</i>	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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