# Mental health services in Australia 2000–01

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and wellbeing of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

MENTAL HEALTH SERVICES Number 4

# Mental health services in Australia 2000–01

Australian Institute of Health and Welfare Canberra

AIHW cat. no. HSE 24

© Australian Institute of Health and Welfare 2003

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Mental Health Series. A complete list of the Institute's publications is available from the Media and Publishing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (www.aihw.gov.au).

ISSN 1443-6795

ISBN 1 74024 249 1

#### **Suggested citation**

Australian Institute of Health and Welfare (AIHW) 2003. Mental health services in Australia 2000–01. Canberra: AIHW (Mental Health Series no. 4).

#### Australian Institute of Health and Welfare

Board Chair Dr Sandra Hacker

Director Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

David Braddock Australian Institute of Health and Welfare GPO Box 570 Canberra ACT 2601

Phone: (02) 6244 1136

Published by Australian Institute of Health and Welfare Printed by Pirion

# Contents

Lis	st of tables	vii
Lis	st of figures	xvii
Acl	knowledgments	xix
Ab	breviations	xx
1	Introduction	1
	Report structure	1
	Background	2
2	Overview	8
3	Ambulatory mental health care	23
	Overview	
	Mental health care in general practice	
	Private psychiatrist services	45
	Hospital-based mental health care for non-admitted patients	50
	Commonwealth/State Disability Agreement-funded mental health-related non-residential care provided by disability support services	50
4	Community residential and admitted patient mental health care	53
	Definition of mental health-related separations	53
	National overview	54
	Admitted patient mental health care	57
	Patient demographics	75
	Principal diagnoses	
	Australian Refined Diagnosis Related Groups	
	Procedures	137
	Source of referral to public psychiatric hospitals	
	Mode of admission	
	Mode of separation	138
	Care type	
	Residential care provided by public community mental health establishments.	156

	Commonwealth/State Disability Agreement-funded mental health-related residential care provided by disability support services	
5	Specialised mental health care resources	160
	Specialised mental health care labour force	160
	Expenditure on mental health-related medications	168
	Public community mental health establishments	168
	Psychiatric and acute care hospitals	176
Apj	pendix 1: Data sources	189
Ap	pendix 2: Community mental health care service contacts	202
Apj	pendix 3: Codes used to define mental health-related care and medications	207
Apj	pendix 4: State and Territory admitted patient data	214
Apj	pendix 5: Population estimates	236
Apj	pendix 6: Establishments contributing to this report	239
Ap	pendix 7: National Survey of Mental Health Services	240
Glo	ssary	242
Ref	erences	250

# List of tables

## 1 Introduction

Table 1.1:	Prevalence of mental disorders in adulthood, Australia, 19974
Table 1.2a:	Estimated monthly treated prevalence of psychotic disorders in public and private treatment services, Australia, 1999 (rate per 1,000 population)4
Table 1.2b:	Estimated yearly treated prevalence of psychotic disorders in public and private treatment services, Australia, 1999 (rate per 1,000 population)5
Table 1.3:	Prevalence of mental disorders in children and adolescents, Australia, 1998 $\dots 5$
Table 1.4:	Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler 10 Scale, Australia, 1997 and 2001
Table 1.5:	Medications used by adults for mental wellbeing in the 2 weeks prior to interview, Australia, 2001

## 3 Ambulatory mental health care

## Overview of ambulatory mental health care

Table 3.1:	Summary of ambulatory mental health care provided by general	
	practitioners, private psychiatrists and hospital-based services, States and	
	Territories, 2000–01	25

## Mental health care in general practice

Table 3.2:	Summary of ambulatory mental health care provided by general practitioners and private psychiatrists, Australia, 1997–98 to 2001–02	.27
Table 3.3:	Most frequently reported mental health-related patient reasons for encounter, by patient sex, BEACH, 2001–02	.32
Table 3.4:	Most frequently reported mental health problems managed, by patient sex, BEACH, 2001–02	.33
Table 3.5:	Referrals for mental health-related problems, BEACH, 2001-02	.36
Table 3.6:	The most frequently referred mental health-related problems, by patient sex, BEACH, 2001–02	.37
Table 3.7:	Mental health-related problems most frequently referred by general practitioners to psychiatrists, by patient sex, BEACH, 2001–02	.38
Table 3.8:	Clinical treatments provided by general practitioners for mental health- related problems, BEACH, 2001–02	.39
Table 3.9:	Mental health-related problems most frequently managed by general practitioners using clinical treatments, by patient sex, BEACH, 2001–02	.40

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, 2001-0241
Table 3.11:	Number of medications provided for mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2001–02
Table 3.12:	Pharmaceutical Benefits Scheme-funded mental health-related prescriptions by general practitioners by Anatomical Therapeutic Chemical group, States and Territories, 2001–02

## Private psychiatrist services

Table 3.13:	Private psychiatrist services funded through Medicare by schedule item, States and Territories, 2000–01	6
Table 3.14:	Private psychiatrist services funded through Medicare by schedule item, by patient sex and age group, Australia, 2000–01	7
Table 3.15:	Pharmaceutical Benefit Scheme-funded prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, States and Territories, 2000–01	9

## 4 Community residential and admitted patient mental health care

## Overview of community residential and admitted patient mental health care

Table 4.1:	Mental health-related separations and patient days, by principal diagnosis category and hospital type, Australia, 1998–99 to 2000–01	61
Table 4.2:	Summary of separations for mental health-related residential and admitted patient care, States and Territories, 2000–01	64
Table 4.3:	Summary of patient days for mental health-related admitted patient care, States and Territories, 2000–01	68
Table 4.4:	Separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories, 2000–01	73

### **Patient demographics**

Table 4.5:	Mental health-related separations, by sex and age group, Australia, 2000–01	.77
Table 4.6:	Separations with specialised psychiatric care, by mental health legal status, sex and age group, Australia, 2000–01	78
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	.79
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	.80
Table 4.8:	Mental health-related separations by Indigenous status and rural, remote and metropolitan region of usual residence, Australia, 2000–01	81

## Principal diagnosis

### National overview

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
Table 4.10a:	Separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2000–01
Table 4.10b:	Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2000–01
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
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, 2000–0196
Sex and age	group
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
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
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
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
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
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
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
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

Aboriginal a	and Torres Strait Islander patients
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
Mental heal	th legal status
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
Additional of	liagnosis
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
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
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
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
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
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 substance use, Australia, 2000–01
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
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, 2000–01 114
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, 2000–01115

Table 4.26:	Separations, patient days and psychiatric 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
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
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
Self-harm	
Table 4.29:	Separations, patient days and psychiatric care days for mental health-

### Australian Refined Diagnosis Related Groups

#### National overview

Table 4.30a:	The 30 most frequently reported AR-DRGs for separations with specialised psychiatric care, Australia, 2000–01
Table 4.30b:	The 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care, Australia, 2000–01
Table 4.31a:	Separations, patient days and psychiatric care days for separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2000–01
Table 4.31b:	Separations, patient days and psychiatric care days for mental health- related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2000–01127
Table 4.32a:	Separations, patient days and psychiatric care days for separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2000–01
Table 4.32b:	Separations, patient days and psychiatric care days for mental health- related separations without specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2000–01
Table 4.33:	Separations, patient days and psychiatric care days for separations with specialised psychiatric care for the 30 most frequently reported AR-DRGs, public psychiatric hospitals, Australia, 2000–01

### Sex and age group

Table 4.34a:	Overnight separations with specialised psychiatric care for the 15 most
	frequently reported AR-DRGs, by sex and age group, Australia, 2000-01 131

Table 4.34b:	Overnight mental health-related separations without specialised	
	psychiatric care for the 15 most frequently reported AR-DRGs, by sex and	
	age group, Australia, 2000–01	.132

## Length of stay

Table 4.35a:	Average length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000–01	133
Table 4.35b:	Average length of stay (days) for overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000–01	134
Table 4.36a:	Median length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000–01	135
Table 4.36b:	Median length of stay (days) for overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by sex, Australia, 2000–01	136

## Procedures

Table 4.37a:	The 30 most frequently reported procedures for separations with	
	specialised psychiatric care, by hospital type, Australia, 2000-01	139
Table 4.37b:	The 30 most frequently reported procedures for mental health-related	
	separations without specialised psychiatric care, by hospital type,	
	Australia, 2000–01	143

## Mode of admission and separation

Table 4.38:	Separations with specialised psychiatric care by source of referral to public psychiatric hospital, States and Territories, 2000–01	
Table 4.39a:	Separations with specialised psychiatric care by mode of admission and hospital type, States and Territories, 2000–01	.147
Table 4.39b:	Mental health-related separations without specialised psychiatric care by mode of admission and hospital type, States and Territories, 2000–01	.148
Table 4.40a:	Separations with specialised psychiatric care by mode of separation and hospital type, States and Territories, 2000–01	.149
Table 4.40b:	Mental health-related separations without specialised psychiatric care by mode of separation and hospital type, States and Territories, 2000–01	. 151

## Care type

Table 4.41a:	Separations with specialised psychiatric care by care type and hospital type, States and Territories, 2000–01	.152
Table 4.41b:	Mental health-related separations without specialised psychiatric care by care type and hospital type, States and Territories, 2000–01	.153
Table 4.42a:	Patient days for separations with specialised psychiatric care by care type and hospital type, States and Territories, 2000–01	.154

Table 4.42b:	Patient days for mental health-related separations without specialised psychiatric care by care type and hospital type, States and Territories,	
	2000–01	.155
Table 4.43:	Psychiatric care days for separations with specialised psychiatric care by care type and hospital type, States and Territories, 2000–01	.156

## 5 Specialised mental health care labour force establishments

## Psychiatric labour force and expenditure

Table 5.1:	Psychiatrists and psychiatrists-in-training, and per 100,000 population, States and Territories, 1999
Table 5.2:	Psychiatrists and psychiatrists-in-training, and per 100,000 population, Australia, 1995 to 1999
Table 5.3:	Psychiatrists and psychiatrists per 100,000 population by metropolitan, rural and remote region of main place of work, Australia, 1995 to 1999162
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
Table 5.5:	Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item, States and Territories, 2000–01
Table 5.6:	Medicare expenditure (\$'000) on services provided by private psychiatrists (current prices), 1990–91 to 2000–01
Table 5.7:	Mental health nurses, and per 100,000 population, States and Territories, 1993 to 1999
Table 5.8:	Pharmaceutical Benefits Scheme expenditure (\$'000) on pharmaceuticals prescribed by private psychiatrists by pharmaceutical group, States and Territories, 2000–01
Table 5.9:	Pharmaceutical Benefits Scheme expenditure (\$'000) on pharmaceuticals prescribed by general practitioners by mental health-related pharmaceutical group, States and Territories, 2000–01

### Public community mental health establishments

Table 5.10:	Summary of public and private psychiatric hospitals and public community mental health establishments, Australia, 1997–98 to 2000–01 17	71
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	72
Table 5.12:	Full-time-equivalent staff, public community mental health establishments, States and Territories, 2000–01	74
Table 5.13:	Salaries and wages expenditure (\$'000), public community mental health establishments, States and Territories, 2000–01	75
Table 5.14:	Non-salary and total recurrent expenditure (\$'000), public community mental health establishments, States and Territories, 2000–0117	76

### Psychiatric and acute care hospitals

Table 5.15:	Public psychiatric hospitals, available beds and available beds per 1,000 population by metropolitan, rural and remote region, States and Territories, 2000–011	179
Table 5.16:	Full-time-equivalent staff, public psychiatric hospitals, States, 2000-011	180
Table 5.17:	Salaries and wages expenditure (\$'000), public psychiatric hospitals, States, 2000–01	181
Table 5.18:	Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals, States, 2000–011	182
Table 5.19:	Revenue (\$'000), public psychiatric hospitals, States, 2000–011	184
Table 5.20:	Public acute care hospitals with psychiatric units or wards, by metropolitan, rural and remote region, States and Territories, 2000–01	184
Table 5.21:	Private psychiatric hospitals, available beds and available beds per 1,000 population, States and Territories, 2000–01	185
Table 5.22:	Full-time-equivalent staff, private psychiatric hospitals, States and Territories, 2000–011	185
Table 5.23:	Salaries and wages expenditure (\$'000), private psychiatric hospitals, States and Territories, 2000–01	186
Table 5.24:	Non-salary expenditure (\$'000), private psychiatric hospitals and total recurrent expenditure, States and Territories, 2000–01	187
Table 5.25:	Revenue (\$'000), private psychiatric hospitals, States and Territories, 2000–01	188

### Appendix 1: Data sources

Table A1.1:	Data elements that constitute the NMDS for Admitted Patient Mental Health Care for 2000–01	198
Table A1.2:	Reporting of data elements that constitute the NMDS for Admitted Patient Mental Health Care for 2000–01	
Table A1.3:	Data elements that constitute the NMDS for Community Mental Health Establishments for 2000–01	201
Table A1.4:	Data elements that constitute the NMDS for Community Mental Health Care for 2000–01	201

## Appendix 2: Community Mental Health Care service contacts

Table A2.1:	Public community mental health service contacts and service contacts per	
	1,000 population, by sex and age group, Australia, 2000–01	6

### Appendix 3: Codes used to define mental health-related care and medications

Table A3.1:	ICD-10-AM diagnosis codes used to define mental health-related hospital	
	separations	. 209
Table A3.2:	ICPC-2 codes used to define mental health-related reasons for encounter	
	and problems managed by general practitioners for BEACH data	. 212

Table A3.3:	Anatomical Therapeutic Chemical codes used to define mental health-	
	related medication prescribed by general practitioners in PBS data	213

## Appendix 4: State and Territory admitted patient data

Table A4.1a:	Same day separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 2000–01215
Table A4.1b:	Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 2000–01
Table A4.2a:	Overnight separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 2000–01
Table A4.2b:	Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, 2000–01
Table A4.3a:	Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, 2000–01
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, 2000–01
Table A4.4:	Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, 2000–01
Table A4.5a:	Overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 2000–01
Table A4.5b:	Overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 2000–01
Table A4.6a:	Average length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 2000–01
Table A4.6b:	Average length of stay (days) for overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 2000–01
Table A4.7a:	Median length of stay (days) for overnight separations with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 2000–01
Table A4.7b:	Median length of stay (days) of overnight mental health-related separations without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, States and Territories, 2000–01
Table A4.8a:	The 15 most frequently reported procedures for same day separations with specialised psychiatric care, States and Territories, 2000–01

ons with 235
nealth- 235
ons wit

### **Appendix 5: Population estimates**

Table A5.1:	Estimated resident population by age group and metropolitan, rural and remote area, States and Territories, 30 June 2000	. 236
Table A5.2:	Projected Aboriginal and Torres Strait Islander population by age group, States and Territories, 30 June 2000	. 238

#### Appendix 6: Establishments contributing to this report

(Tables available on the Internet at www.aihw.gov.au)

- Table A6.1:
   Public psychiatric hospitals reporting to NPHED for 2000-01
- Table A6.2:Public community mental health establishments reporting to NCMHED for<br/>2000–01
- Table A6.3:Public hospitals reporting separations with psychiatric care days to NHMD<br/>for 2000-01
- Table A6.4:Public community mental health establishments reporting service contracts to<br/>NCMHCD for 2000-01

# List of figures

## 2 Overview

Figure 2.1:	Proportion of problems managed by general practitioners that were mental health-related, by sex and age group, 2001–02
Figure 2.2:	Medicare-funded attendances with a private psychiatrist per 1,000 population by age group and sex, Australia, 2000–0110
Figure 2.3:	Overnight separations with a mental health-related principal diagnosis per 1,000 population by hospital sector, Australia, 1993–94 to 2000–01
Figure 2.4:	Patient days for overnight separations with a mental health-related principal diagnosis per 1,000 population by hospital sector, Australia, 1993–94 to 2000–01
Figure 2.5:	Average and median length of stay for selected overnight separations with a mental health-related principal diagnosis by sector, Australia, 1993–94 to 2000–01
Figure 2.6:	Mental health-related overnight separations with and without specialised psychiatric care by principal diagnosis group, public hospitals, Australia, 2000–01
Figure 2.7:	Mental health-related overnight separations with and without specialised psychiatric care by principal diagnosis group, private hospitals, Australia, 2000–01
Figure 2.8:	Overnight separations with a mental health-related principal diagnosis (excluding F10–F19) and an additional diagnosis of a mental or behavioural disorder due to psychoactive substance use, by principal diagnosis group, Australia, 2000–01
Figure 2.9:	Overnight hospital separations with and without specialised psychiatric care per 100,000 population by Indigenous status, Australia, 2000–01
Figure 2.10:	Overnight separations with specialised psychiatric care per 1,000 population, by statistical division of usual residence, Australia, 2000–01 19
Figure 2.11:	Mental health-related overnight separations without specialised psychiatric care per 1,000 population, by statistical division of usual residence, Australia, 2000–01
Figure 2.12:	Proportion of Commonwealth/State Disability Agreement-funded disability support services received by people with a psychiatric disability as their primary disability or other disability, Australia, 1997 to 2001
Figure 2.13:	Mental health nurses per 100,000 population by metropolitan, rural and remote areas, Australia, 1993 to 1999
Figure 2.14:	Psychiatrists per 100,000 population by metropolitan, rural and remote areas, Australia, 1995 to 1999

## 3 Ambulatory mental health care

Figure 3.1:	Data reported for encounters at which depression was managed, BEACH, 2001–02.	. 30
Figure 3.2:	Encounters with one or more mental health-related reasons for encounter by sex and age group of patient, BEACH, 2001–02	.31
Figure 3.3:	Data reported for CSDA-funded ambulatory disability support services for persons with a psychiatric disability, 2001 snapshot day	. 52

## 4 Community residential and admitted patient mental health care

Figure 4.1:	Data reported for separations with a principal diagnosis of Depressive	
	episode (F32-F33), all hospitals, Australia, 2000-01	. 90
Figure 4.2:	Data reported for CSDA-funded residential disability support services for	
	persons with a psychiatric disability, 2000-01 snapshot day	159

# Acknowledgments

This report would not have been possible without the valued cooperation and effort of the data providers in the health authorities of the States and Territories. The Australian Institute of Health and Welfare (AIHW) would like to express its appreciation for their timely supply of the data and their assistance with data validation. The AIHW also wishes to thank the members of the Australian Health Ministers' Advisory Council National Mental Health Working Group Information Strategy Committee and its National Minimum Data Set Subcommittee who assisted in the planning of this report and provided advice on its content. The AIHW would also like to acknowledge the funding, assistance and data provided by the Commonwealth Department of Health and Ageing for this project.

Within the AIHW, the report was prepared by David Braddock, Maryellen Moore, Jenny Kok and Jenny Hargreaves, with assistance from Katrina Burgess, Davis Lemke, Ruth Penm, Alannah Smith and Ian Titulaer. Comments were provided by Phil Andersen, Helena Britt, and Ros Madden. Amanda Nobbs coordinated the publication process.

## **Abbreviations**

AHMACAustralian Health Ministers' Advisory CouncilAIHWAustralian Institute of Health and WelfareALOSAverage length of stayAR-DRGAustralian Refined Diagnosis Related GroupATCAnatomical Therapeutic Chemical classificationBEACHBettering the Evaluation and Care of HealthCADEConfused and disturbed elderlyCSDACommonwealth/State Disability AgreementCSDADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICP-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICP-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Care DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Health Distoing GroupNHHSNational Minimum Data SetNMHWGNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments DatabaseRKMACPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limitWHOWorld Health Organization	ABS	Australian Bureau of Statistics
ALOSAverage length of stayAR-DRGAustralian Refined Diagnosis Related GroupATCAnatomical Therapeutic Chemical classificationBEACHBettering the Evaluation and Care of HealthCADEConfused and disturbed elderlyCSDACommowealth/State Disability AgreementCSDA MDSCommowealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICP-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICP-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNHDDNational Morbidity DatabaseNHDSNational Minimum Data SetNHMDNational Mental Health Working GroupNHHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPReason for encounterUCLUpper confidence limit	AHMAC	Australian Health Ministers' Advisory Council
AR-DRGAustralian Refined Diagnosis Related GroupATCAnatomical Therapeutic Chemical classificationBEACHBettering the Evaluation and Care of HealthCADEConfused and disturbed elderlyCSDACommonwealth/State Disability AgreementCSDACommonwealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICP-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICP-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNTHDDNational Community Mental Health Care DatabaseNHMDNational Morbidity DatabaseNHMDNational Mental Health Working GroupNHHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	AIHW	Australian Institute of Health and Welfare
ATCAnatomical Therapeutic Chemical classificationBEACHBettering the Evaluation and Care of HealthCADEConfused and disturbed elderlyCSDACommonwealth/State Disability AgreementCSDACommonwealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Morbidity DatabaseNHMDNational Minimum Data SetNMINSNational Mental Health Working GroupNHHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	ALOS	Average length of stay
BEACHBettering the Evaluation and Care of HealthCADEConfused and disturbed elderlyCSDACommonwealth/State Disability AgreementCSDACommonwealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMMSNational Mental Health Working GroupNPHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	AR-DRG	Australian Refined Diagnosis Related Group
CADEConfused and disturbed elderlyCSDACommonwealth/State Disability AgreementCSDA MDSCommonwealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Minimum Data SetNMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	ATC	Anatomical Therapeutic Chemical classification
CSDACommonwealth/State Disability AgreementCSDACommonwealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMMSNational Mental Health Working GroupNPHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	BEACH	Bettering the Evaluation and Care of Health
CSDA MDSCommonwealth/State Disability Agreement Minimum Data SetDHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDSNational Minimum Data SetNMMSNational Mental Health Working GroupNPHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	CADE	Confused and disturbed elderly
DHADepartment of Health and AgeingFTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNHDDNational Community Mental Health Care DatabaseNHMDNational Health Data DictionaryNHMDNational Morbidity DatabaseNMPSNational Mental Health Working GroupNHHEDNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	CSDA	Commonwealth/State Disability Agreement
FTEFull-time-equivalentHICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Community Mental Health Care DatabaseNHMDNational Health Data DictionaryNHMDNational Morbidity DatabaseNMPSNational Mental Health Working GroupNPHEDNational Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPReason for encounterUCLUpper confidence limit	CSDA MDS	Commonwealth/State Disability Agreement Minimum Data Set
HICHealth Insurance CommissionICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMMSNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	DHA	Department of Health and Ageing
ICD-10-AMInternational Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Minimum Data SetNMHVGNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	FTE	Full-time-equivalent
Problems, 10th Revision, Australian ModificationICPC-2International Classification of Primary Care, 2nd editionLCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Mental Health Working GroupNHHVGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	HIC	Health Insurance Commission
LCLLower confidence limitNCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Morbidity DatabaseNMHWGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	ICD-10-AM	
NCMHEDNational Community Mental Health Establishments DatabaseNCMHCDNational Community Mental Health Care DatabaseNHDDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Morbidity DatabaseNMHWGNational Mental Health Working GroupNPHEDNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	ICPC-2	International Classification of Primary Care, 2nd edition
NCMHCDNational Community Mental Health Care DatabaseNHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Minimum Data SetNMHWGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	LCL	Lower confidence limit
NHDDNational Health Data DictionaryNHMDNational Hospital Morbidity DatabaseNMDSNational Minimum Data SetNMHWGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NCMHED	National Community Mental Health Establishments Database
NHMDNational Hospital Morbidity DatabaseNMDSNational Minimum Data SetNMHWGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NCMHCD	National Community Mental Health Care Database
NMDSNational Minimum Data SetNMHWGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NHDD	National Health Data Dictionary
NMHWGNational Mental Health Working GroupNPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NHMD	National Hospital Morbidity Database
NPHEDNational Public Hospital Establishments DatabaseNSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NMDS	National Minimum Data Set
NSMHSNational Survey of Mental Health ServicesPBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NMHWG	National Mental Health Working Group
PBSPharmaceutical Benefits SchemePHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NPHED	National Public Hospital Establishments Database
PHECPrivate Health Establishments CollectionRANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	NSMHS	National Survey of Mental Health Services
RANZCPRoyal Australian and New Zealand College of PsychiatristsRFEReason for encounterUCLUpper confidence limit	PBS	Pharmaceutical Benefits Scheme
RFEReason for encounterUCLUpper confidence limit	PHEC	Private Health Establishments Collection
UCL Upper confidence limit	RANZCP	Royal Australian and New Zealand College of Psychiatrists
11	RFE	Reason for encounter
WHO World Health Organization	UCL	Upper confidence limit
	WHO	World Health Organization