Private hospital-based ambulatory psychiatric services

Some people’s mental health support needs are best met by a stay in a specialised mental health facility; for others support can be met in an ambulatory, ‘outpatient’ like setting. In a private hospital context, this type of care is referred to as hospital-based ‘ambulatory’ psychiatric care. These hospitalisations do not involve an overnight stay, but rather are provided on an admitted ‘same day’ basis. Compared to the public hospital ambulatory psychiatric care data presented on this website, the private sector data may include some same-day procedures, such as ECT, which are excluded from the public sector data. Private hospital-based ambulatory psychiatric care is provided in either private hospitals with psychiatric beds or private psychiatric day hospitals (PMHA 2014a) (see mental health care facilities key concepts section for hospital types).

Key points

- In 2012–13, there were 16,174 private hospital-based ambulatory psychiatric episodes in either private hospitals with psychiatric beds or private psychiatric day hospitals.
- There were 15,688 private ambulatory care psychiatric patients who received 204,490 care days in 2012–13. The average number of care days per patient was 13.0 days.
- The rate of private hospital-based ambulatory psychiatric patients was highest for patients aged 35–44 and 45–54 (both 10.7 per 10,000 population).
- Major affective and other mood disorders (35.5%) and Alcohol and other substance use disorders (13.3%) were the most common principal diagnostic groups recorded for private hospital-based ambulatory psychiatric episodes.

The hospital-based ‘ambulatory’ psychiatric care data presented in this chapter are sourced from the Private Mental Health Alliance’s Centralised Data Management Service (CDMS) and relate to private hospital ambulatory care only. The CDMS fulfils two main objectives. Firstly, it assists participating private hospitals with implementation of the National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures. Secondly, the CDMS provides hospitals and private health funds with a data management service with standard reports to assist in monitoring and evaluation of health care quality (PMHA 2014b). More detailed information on both public and private hospital data sources is available in the data source section of each chapter.

Reference


Private hospital-based ambulatory psychiatric services by state and territory

In 2012–13, there were 3.8 million separations reported from Australian private hospitals (AIHW 2014). Of these, there were 16,174 private hospital-based ambulatory psychiatric episodes. There were 15,688 private ambulatory care psychiatric patients and 204,490 care days in 2012–13. The average number of care days per patient was 13.0. The population rates were 6.8, 7.1 and 89.2 per 10,000 population for private ambulatory care patients, patient episodes and care days respectively.

Some state and territory data from the Private Mental Health Alliance’s CDMS is aggregated to maintain privacy for participating hospitals. New South Wales and the Australian Capital Territory are reported together as are Western Australia, South Australia, Northern Territory and Tasmania. Victoria and Queensland are reported separately.

The number of private ambulatory care patients in 2012–13 ranged from 4,567 in New South Wales/Australian Capital Territory to 3,092 in Queensland. The rate of patients per 10,000 population ranged from 7.9 in Victoria to 5.9 in New South Wales/Australian Capital Territory (Figure PMHA.1).

The number of private ambulatory care patient episodes ranged from 4,660 in Victoria to 3,578 in Queensland. The rate of episodes per 10,000 population in Victoria ranged from 8.2 to 5.6 in New South Wales/Australian Capital Territory.

The number of private ambulatory care days was 67,112 in Victoria and 38,470 in Western Australia/South Australia/Northern Territory and Tasmania combined. The rate of ambulatory care days per 10,000 population was 118.1 in Victoria and 69.9 in New South Wales/Australian Capital Territory. The average number of care days per patient was 15.0 in Victoria and 10.8 in Western Australia/South Australia/Northern Territory and Tasmania.

Around 9 out of 10 patients, episodes and care days occurred in urban areas (88.0%, 89.5% and 90.1% respectively).

Reference

Private hospital-based ambulatory psychiatric patient characteristics

Demographics

In 2012–13, the rate of private hospital-based ambulatory psychiatric patients was highest for patients aged 35–44 and 45–54 (both 10.7 per 10,000 population) (Figure PMHA.2). Overall, those aged under 15 were least likely to be private ambulatory psychiatric patients, with the rate increasing gradually until the age of 35–54 and then dropping again.

Females accounted for 65.0% of private ambulatory psychiatric patients. The highest rate of private ambulatory psychiatric patients was for females aged 35–44 (13.9 per 10,000 population) and the highest rate for males was for those aged 55–64 (7.9 per 10,000 population).
Figure PMHA.2: Private hospital-based ambulatory psychiatric patients, by sex and age group, 2012–13

Source: PMHA CDMS, 2014. Source data Private hospital-based ambulatory psychiatric services Table PMHA.3 (206 KB XLS).
**Mental health-related principal diagnosis**

In 2012–13, major affective and other mood disorders was the principal diagnosis of the largest number of private hospital-based ambulatory psychiatric episodes (5,737 or 35.5%). It was followed by alcohol and other substance use disorders (13.3%) (Figure PMHA.3).

Private hospital-based ambulatory psychiatric episodes in non-urban areas were more likely to have an associated diagnosis of major affective and other mood disorders (44.5% of non-urban episodes compared to 34.4% of urban episodes). Episodes where the patient was from a non-urban area were twice as likely to have an associated diagnosis of post traumatic and other stress-related disorders (10.3% of non-urban episodes) than those from urban areas (4.6% of urban episodes).

**Figure PMHA.3: Private hospital-based ambulatory psychiatric episodes, for the 5 most commonly reported diagnostic groups, 2012–13**

![Bar chart showing the percentages of different diagnostic groups.](source)

*Source: PMHA CDMS, 2014. Source data Private hospital-based ambulatory psychiatric services Table PMHA.4 (206 KB XLS).*
Data sources

Private Mental Health Alliance Centralised Data Management Service (PMHA CDMS)

The CDMS was launched in 2001 to support private hospitals with psychiatric beds in Australia to routinely collect and report on a nationally agreed suite of clinical measures and related data for the purposes of monitoring, evaluating and improving the quality of and effectiveness of care. It is operated by the Australian Medical Association under an Agreement for Services, with funding from participating private hospitals, private health insurance funds and the Australian Government. The CDMS is managed by the PMHA and in 2012–13 accounted for about 97% of all private psychiatric beds in Australia.

The CDMS works closely with private hospitals, health insurers and other funders (e.g. Department of Veterans’ Affairs) to provide a detailed quarterly statistical reporting service on participating hospitals’ service provision and patient outcomes. Hospitals and health insurers use the information to monitor and evaluate service provision. The CDMS also produces an annual statistical report.

To support private hospitals in maintaining these reporting requirements, the CDMS maintains training resources for hospitals and a database application which enables hospitals to submit de-identified data to the CDMS.

The classification of patients into urban versus non-urban groups was based on the ASGC Remoteness classification of the Postcode of their Area of usual residence. Patients, whose Area of usual residence was in ASGC group Major cities were classified as “Urban”, whilst those in the remaining groups (Inner regional, Outer regional, Remote and Very remote) were classified as “Non-urban”.

Statistics for States and Territories were aggregated in accordance with CDMS policy which, in order to ensure the privacy and confidentiality of both patients and providers, prohibits individual State or Territory statistics being reported in cases where the number of Hospitals is less than five. As a consequence, statistics for the Australian Capital Territory are aggregated with those for New South Wales; whilst those for South Australia, Western Australia and Tasmania are also aggregated.
## Key Concepts

### Ambulatory-equivalent mental health-related admitted patient care

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Ambulatory</strong></td>
<td>An episode is classified as <strong>ambulatory</strong> for this report if the episode was a same day separation (that is, admission and separation occurred on the same day).</td>
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<tr>
<td><strong>Diagnostic group</strong></td>
<td>The classification of <strong>diagnostic groups</strong> is based on the ICD-10 principal diagnosis assigned to the episode of care at discharge. There are eight clinical groupings of the ICD-10 diagnoses relating to mental and behavioural disorders. For further details of these diagnostic groups, see the PMHA-CDMS Annual Statistical Report 2012-13 <a href="http://www.pmha.com.au/Portals/4/PublicDocuments/Statistics/PMHA-ASR-2012-2013.pdf">link</a></td>
</tr>
<tr>
<td><strong>Episode</strong></td>
<td>An <strong>episode</strong> of care involves a period of care from admission to separation. Counts of episodes include only clinically substantive episodes of care. Episodes that are of brief duration (1 or 2 contacts only) and episodes during which contacts were sparse (average interval between contacts 6 weeks or greater) are excluded from the count. Consequently, the count of episodes can in some cases be less than the count of unique patients.</td>
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