

Mental health services in Australia 1998–99

National Minimum Data Sets—Mental Health Care

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

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National Minimum Data Sets—Mental Health Care

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Australian Institute of Health and Welfare

Board Chair
Professor Janice Reid

Director
Dr Richard Madden

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

Maryellen Moore
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1076

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Foreword

The Australian Institute of Health and Welfare is pleased to present *Mental Health Services in Australia 1998–99*, the second in the Institute's mental health care series releasing data collected through the National Minimum Data Sets – Mental Health Care. It presents data on Australia's specialised mental health care services for admitted patients, based on data collected as components of the mainstream hospital data collections such as the National Hospital Morbidity Database and the National Public Hospital Establishments Database.

For the first time, this publication also includes expenditure, staffing and resource data on community mental health care services from the newly established National Community Mental Health Establishments Database. The collection of data on the client activity of community mental health care services is currently under way in States and Territories. Data from this component of the National Minimum Data Sets – Mental Health Care will be available for reporting in two years time and will provide valuable data on those receiving mental health care services in a community setting.

The development, collection and reporting of the National Minimum Data Sets – Mental Health Care represent a major effort by data providers in State and Territory health authorities and by Institute staff. This work is funded by the Commonwealth Department of Health and Aged Care under the National Mental Health Strategy and developed under the guidance of the National Mental Health Information Strategy Committee.

Ongoing work will be required to improve standards for more consistent reporting on specialised mental health care data by all jurisdictions and to ensure that the particular needs of data users in the field are met.

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

Richard Madden
Director
June 2001

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Lynelle Moon, David Braddock and Jenny Hargreaves managed the project.

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AN-DRGs	Australian National Diagnosis Related Groups
AR-DRGs	Australian Refined Diagnosis Related Groups
DALY	Disability-adjusted life year
DHAC	Department of Health and Aged Care
DRG	Diagnosis Related Group
ECT	Electroconvulsive therapy
FTE	Full-time-equivalent
HoNOS	Health of the Nation Outcome Scales
HUCS	Hospital Utilisation and Costs Study
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification, Australian version
ISC	National Mental Health Information Strategy Committee
LSP	Life skills profile
MBS	Medicare Benefits Schedule
MDC	Major Diagnostic Category
NCCH	National Centre for Classification in Health
NCMHED	National Community Mental Health Establishments Database
NHDC	National Health Data Committee
NHDD	<i>National Health Data Dictionary</i>
NHIMG	National Health Information Management Group
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
PHEC	Private Health Establishments Collection
PTSD	Post-traumatic stress disorder
RRMA	Rural, Remote and Metropolitan Areas
WHO	World Health Organization
YLD	Years lost due to disability
YLL	Years of life lost

Highlights

Mental Health Services in Australia 1998–99 is the second in the Australian Institute of Health and Welfare's (AIHW) series of annual reports describing the characteristics and activity of Australia's mental health care services. The report presents the first year of reporting for the National Minimum Data Set – Community Mental Health Establishments and the second year of reporting for the National Minimum Data Set – Admitted Patient Mental Health Care.

The report uses data from the NMDS – Admitted Patient Mental Health Care to describe the characteristics and hospital care of admitted patients who were treated in and separated from specialised psychiatric admitted patient services. In addition to this, the report also includes contextual data on all patients who had a mental health principal diagnosis and/or received specialised psychiatric care.

From the NMDS – Community Mental Health Establishments, the report details the staffing, expenditure and activity characteristics of the public community mental health services. The report also presents mental health care establishment-level data from the National Public Hospital Establishments Database (NPHEd) and the Australian Bureau of Statistics (ABS) Private Health Establishments Collection (PHEC).

Characteristics of admitted patients who received specialised psychiatric care

- In 1998–99, separations with specialised psychiatric care accounted for 2.9% of total hospital separations (168,579 separations) and 11.5% of all patient days (2,571,154 days). Approximately 85% of these patient days (2,174,551 days) were specialised psychiatric care days.
- Over 58% of separations with specialised psychiatric care were overnight separations (97,065 separations), with an average of 21.7 psychiatric care days per overnight separation. The remaining 42% of separations with specialised psychiatric care were same day separations.

Principal diagnoses

- Over half the same day separations with specialised psychiatric care were for principal diagnoses of *Depressive disorders* (33.6%) and *Neurotic, stress-related and somatoform disorders* (18.8%).
- *Depressive disorders* and *Schizophrenia* were the mostly commonly recorded principal diagnoses for overnight separations with specialised psychiatric care (19.7% and 18.9% respectively).
- In separations with specialised psychiatric care, principal diagnoses of *Schizophrenia* accounted for the largest proportion of patient days and psychiatric care days with 871,557 or 33.9% of patient days and 692,839 or 31.9% of total psychiatric care days.
- In private hospitals, principal diagnoses of *Depressive disorders* were reported for 38% of separations with specialised psychiatric care and 42% of psychiatric care days. The principal diagnoses of *Neurotic, stress-related and somatoform disorders* were reported for

19% of separations with specialised psychiatric care and 14% of specialised psychiatric care days.

- In public acute hospitals, 20% of separations with psychiatric care were attributable to principal diagnoses of *Depressive disorders*. The principal diagnosis for which the largest proportion of specialised psychiatric care days was recorded was *Schizophrenia disorders* (32% of psychiatric care days).
- In public psychiatric hospitals, principal diagnoses of *Schizophrenia disorders* accounted for the largest proportion of separations with psychiatric care (22%) and the largest proportion of psychiatric care days (41%).

Demographic profile

Age and sex

- There were 31,049 same day separations with specialised psychiatric care recorded for male patients compared with 40,465 for female patients. There were 48,754 overnight separations with specialised psychiatric care recorded for male patients compared with 48,311 for female patients.
- Males aged 25–34 years and females aged 35–44 years had the highest number of separations with specialised psychiatric care per 1,000 population. Females had a higher separation rate than males for all age groups from 18 to 64 years.
- *Schizophrenia disorders* was the principal diagnosis for 25.6% (12,463 separations) of male overnight separations with specialised psychiatric care. *Depressive disorders* accounted for 14.2% (6,942 separations) and *Neurotic, stress-related and somatoform disorders*, 11.4% (5,557 separations).
- For female patients, *Depressive disorders* were reported for the highest number of overnight separations (12,239 or 25.3% of female separations with specialised psychiatric care), followed by *Neurotic, stress-related and somatoform disorders* (6,273 or 13%) and *Schizophrenia* (5,848 or 12.1%).

Area of usual residence

- The rate of separations with specialised psychiatric care per 1,000 population for patients from metropolitan areas (10.0) was higher than the rate for patients from rural (1.7) and remote areas (2.6).

Aboriginal and Torres Strait Islander status

- Aboriginal and Torres Strait Islander patients are underidentified in the admitted patient data set and these figures should be used with caution. Approximately 9 separations with specialised psychiatric care recorded per 1,000 population were reported for Aboriginal and Torres Strait Islander patients compared with 8.9 per 1,000 population for all patients.

Country of birth

- Patients from non-English-speaking countries had a higher number of specialised separations per 1,000 population (10.6) than those born in Australia (8.7) and those born in other English-speaking countries (8.4).

Admitted patient care characteristics

- Public acute hospitals accounted for 62% of overnight separations with specialised psychiatric care. Private hospitals accounted for 62% of same day separations with specialised psychiatric care. Public psychiatric hospitals accounted for 50% of patient days and 45% of psychiatric care days for separations with specialised psychiatric care.
- In public acute and private hospitals, the Australian Refined Diagnosis Related Group (AR-DRG) with longest average length of stay was for *Major affective disorders with catastrophic or severe complications and comorbidities or age > 69* (24.8 days for public acute hospitals and 22.1 days for private). The shortest average length of stay across all hospital sectors was consistently reported for *Opioid use disorder and dependence*.
- Involuntary separations accounted for 3.1% of total same day separations and 34.9% of total overnight separations. Over 25% of separations with specialised psychiatric care for male patients were involuntary, compared with 17.5% for female patients.
- For 53,759 separations with specialised psychiatric care, it was reported that a procedure took place during the admission. *Group therapy, Electroconvulsive therapy (ECT) (8 or less treatments)* and *Specialist psychological therapy* were the most frequently recorded procedures for same day separations, and *Allied health intervention, social work, ECT (8 or less treatments)* and *Computerised tomography of the brain* were the most frequent for overnight separations.
- Patients discharged to either their place of usual residence, their own accommodation or to a welfare institution constituted over 95% of public and private hospital separations with specialised psychiatric care.
- The majority (87%) of separations with specialised psychiatric care in all hospital sectors combined were categorised as acute care.

Mental health care establishments, beds, staff and expenditure

Public psychiatric hospitals

- There were 21 public psychiatric hospitals identified in Australia in 1998–99 compared with 24 in 1997–98. There were 2,943 available beds in public psychiatric hospitals, a 5% decrease from 1997–98 (3,112 available beds) and an estimated 65% decrease from 1989–90 (8,513 available beds).
- There was an average of 6,395 full-time-equivalent (FTE) staff in public psychiatric hospitals during 1998–99, an increase of 4% from 1997–98 (6,128 FTE staff). Salaried medical staff and nurses were 5% and 53% respectively of the public psychiatric hospital workforce.
- There was a total of \$437.3 million recurrent expenditure by public psychiatric hospitals during 1998–99, an increase of 16% from a recurrent expenditure of \$377.9 million in 1997–98.
- The salary and wages expenditure made up 73% (\$318.1 million) of the recurrent expenditure of public psychiatric hospitals. Wages for medical staff and nurses constituted approximately 10% and 55% respectively of that expenditure. There was a total of \$119.3 million non-salary expenditure for public psychiatric hospitals. Superannuation and administrative expenses constituted 22% and 20% respectively of that expenditure.

Private psychiatric hospitals

- There were 26 private psychiatric hospitals operating in Australia in 1998–99 compared with 23 in 1997–98. There were 1,471 available beds in private psychiatric hospitals, a 9.4% increase from the 1,344 available beds in private psychiatric hospitals in 1997–98.
- There was an average of 1,660 full-time-equivalent staff in private psychiatric hospitals during 1998–99, an increase of 9.6% on the 1,514 full-time-equivalent staff identified in 1997–98.
- There was a total of \$123.6 million recurrent expenditure by private psychiatric hospitals during 1998–99, an increase of 11.3% from a recurrent expenditure of \$111.1 million in 1998–99.

Public acute care hospitals

- There were 115 specialised psychiatric units or wards in public acute hospitals in 1998–99 compared with 104 in 1997–98, an increase of 10.6% from the previous year.

Community mental health care establishments

- There were 1,301 available beds in public community residential mental health care services that were staffed for 24 hours a day.
- There was a total of \$588 million recurrent expenditure by public community mental health care services during 1998–99.
- There was an average of 8,679 full-time-equivalent staff in public community mental health care during 1998–99, for which there was a total of \$421.2 million spent on salaries and wages and \$166.4 million on non-salary expenditure.

1 Introduction

Purpose

The *Mental Health Services in Australia 1998–99* publication is the second in the Australian Institute of Health and Welfare's (AIHW) series of annual reports describing the characteristics and activity of Australia's mental health care services. The annual report series constitutes the data-reporting component of the Institute's National Minimum Data Sets (NMDSs) for mental health care development and data reporting project. The project provides detailed data on the characteristics and activity of mental health care services nationwide. The Mental Health Series describes the data supplied to the AIHW's National Hospital Morbidity Database (NHMD) and National Community Mental Health Establishment Database (NCMHED) by the State and Territory health authorities for the NMDSs – Mental Health Care. The report also presents data on public psychiatric hospitals and specialised psychiatric units in public acute hospitals from the National Public Hospital Establishments Database (NPHEd) and the Private Health Establishments Collection (PHEC).

The AIHW's first annual report in this series, *Institutional Mental Health Services in Australia 1997–98* (AIHW: Moore et al. 2000) released data reported for the first year by States and Territories to the NHMD for the NMDS – Admitted Patient Mental Health Care. This report presents the second year of data for the NMDS – Admitted Patient Mental Health Care. The data describes the characteristics and hospital care of admitted patients who were treated in, and separated from, specialised psychiatric admitted patient services. The first report in this series presented data on all admitted patients who had a mental health diagnosis. This report focuses on admitted patients receiving specialised psychiatric care. This change in emphasis reflects the actual scope of the NMDS – Admitted Patient Mental Health Care, that is, those patients receiving specialised psychiatric care. Nevertheless, some data are presented on separations with mental health-related principal diagnoses but with no specialised psychiatric care.

This report also extends the scope of the mental health services series with the inclusion of the first year of reporting to the NCMHED for the NMDS – Community Mental Health Establishments. Data included are the staffing, expenditure and activity characteristics of the public community mental health services.

Report structure

Chapter 1 describes the background to this report, including the first and second plans of the National Mental Health Strategy. It also outlines the data sources used for this report, both those based on the NMDSs and others.

Chapter 2 summarises the available NMDS – Admitted Patient Mental Health Care data on principal diagnosis and admitted patient characteristics such as sex, age, and Aboriginal and Torres Strait Islander status.

Chapter 3 summarises the available NMDs – Admitted Patient Mental Health Care data on mental health legal status and length of stay, source of referral and mode of separation. Procedures reported to the NHMD for these episodes are also summarised.

Chapter 4 presents data on the characteristics and activity of the admitted patient and community mental health care establishments that provide specialised psychiatric care. The data are drawn from the NPHEd, the PHEC, and the NCMHED.

Chapter 5 details the anticipated developments for the existing NMDs – Mental Health Care and highlights potential areas for further development.

The appendixes provide more detailed technical notes on the data and analyses than are included in the chapters. Appendix 1 provides detailed information on the groupings of principal diagnoses for the admitted patient statistics. Appendix 2 details the Australian Refined Diagnosis Related Groups (AR-DRG) classification used in the publication. Appendix 3 provides details on the data trimming process used for the admitted patient data. Appendix 4 includes the population estimates used for population rate calculations and a summary of the indirect age-standardisation procedure used throughout the publication. Appendix 5 provides information on the introduction of International Classification of Diseases, 10th Revision, Australian Modification (ICD-10-AM) to replace the International Classification of Diseases, 9th Revision, Clinical Modification, Australian version (ICD-9-CM) used for classifying diagnoses and procedures for admitted patients. Appendix 6 provides information on the data collected for the National Survey of Mental Health Services (NSMHS) and how it compares with the data collected for the NPHEd and NCMHED.

Background

Impact of mental disorders

Recent investigations into the prevalence and impact of mental disorders have found that these disorders are a significant life issue for many Australians. The 1997 National Survey of Mental Health and Wellbeing of Adults conducted by the Australian Bureau of Statistics (ABS) found that 18% of survey respondents reported that they had experienced the symptoms of a mental disorder at some time during the 12-month period before interview (ABS 1998b). Almost 10% of respondents reported experiencing symptoms of anxiety disorder. The percentage reported for affective disorders and substance use disorders were 6% and 8%, respectively.

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

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

with 34% of the calculated burden, anxiety disorders with 23%, and substance use disorders with 13%.

Mental health care reform

The provision of mental health care has been reformed over the last few decades, with substantial changes in the way people with a mental disorder are treated. In particular, there has been a move away from segregated and custodial admitted patient care to a more balanced system that integrates hospital services with continuing care in community settings (Richmond 1983; Australian Health Ministers 1992).

Only a small proportion of people with mental disorders now spend extended periods in psychiatric hospitals; most are cared for in the community. Many of those requiring hospital admission are now short-stay patients in specialised psychiatric units of acute care hospitals.

National Mental Health Strategy

In recent years, the policy framework for enhancing mental health care nationwide has been the National Mental Health Strategy. The Strategy was endorsed by Australian Health Ministers in 1992 and commenced in 1993. The first 5 years of the Strategy built on the reforms described above that had changed the setting of care, with emphases on deinstitutionalisation and mainstreaming of mental health care. The second phase of the Strategy (1998–2003) focuses on improving the quality of care, increasing consumer participation and developing models of best practice in service delivery (DHAC 1999).

Mental health services information development

A key priority throughout the life of the first and second phases of the Strategy has been the development of consistent national data collection to ensure the availability of quality information on mental health care, for example to support and monitor the Strategy's broader objectives.

In the first 5 years, initiatives included the development of establishment surveys to monitor the reforms in mental health service delivery, surveys of the Australian population to assess the prevalence of mental disorders, and the establishment of ongoing national mental health data collections. The latter initiative has resulted in a suite of three NMDSs – Mental Health Care which are integrated into the mainstream health data collection activities undertaken under the National Health Information Agreement.

The AIHW has been responsible for the development of the three NMDSs – Mental Health Care and associated data collection strategies, as part of the National Health Information Work Program. The work is funded under the National Mental Health Strategy and undertaken under the auspices of the Australian Health Ministers' Advisory Council's (AHMAC) National Mental Health Working Group (NMHWG). The National Mental Health Information Strategy Committee (ISC) of the NMHWG provides expert subject matter advice on data development and collection. The ISC refers detailed data collection issues to its NMDS subcommittee for in-depth consideration and advice. Based on advice from the ISC, additions and revisions of the NMDSs – Mental Health Care are approved each year by the National Health Information Management Group (NHIMG) and included in the AIHW National Health Data Dictionary (NHDD) and Knowledgebase.

Information-related issues remain a priority in the second 5 years of the Strategy and have been formally documented in *Mental Health Information Development: National Information Priorities and Strategies under the Second National Mental Health Plan 1998–2003* (DHAC 1999).

Data sources

This report used data drawn from a number of different data sources. These data sources included the NHMD and the NCMHED (which include data reported for the NMDSs – Mental Health Care), the NHPED and the PHEC. The characteristics of each data source are outlined below with a description of their relative strengths and weaknesses.

National Hospital Morbidity Database (NHMD)

The NMDS – Admitted Patient Mental Health Care represents an agreement between States and Territories to collect and report information on patients in hospital who receive specialised psychiatric care. This includes patients who receive treatment and/or care in psychiatric hospitals or in specialised psychiatric units of public acute hospitals (also referred to as designated units). The care received is thus referred to as ‘specialised’. The separations covered in the NMDS – Admitted Patient Mental Health Care are, in effect, a subset of those covered by the NMDS – Admitted Patient Health Care, which is compiled by the AIHW as the NHMD and covers all admitted patients in all hospitals.

An NMDS for admitted patient mental health care was first proposed by the ISC in 1995 and was originally based on the NMDS – Institutional Health Care (now the NMDS – Admitted Patient Care). Initially two new data elements, *Mental health legal status* and *Total psychiatric care days* were agreed for collection from 1 July 1996, alongside the existing NMDS. A separate data set for admitted patient mental health care was endorsed for collection from 1 July 1997.

The NHMD is a compilation of electronic summary records collected in admitted patient morbidity data collections in Australian hospitals. Data relating to admitted patients in almost all hospitals are included. Records for 1998–99 are for hospital separations (discharges, transfers, deaths or changes in type of episode of care) in the period from 1 July 1998 to 30 June 1999. Data on patients who were admitted on any date before 1 July 1999 are included, provided that they separated between 1 July 1998 and 30 June 1999. 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.

Patients in specialised mental health care are identified through recording the number of psychiatric care days, i.e. the number of days or part days where care was received in a specialised psychiatric unit or ward. When a separation has been reported as including psychiatric care day(s), it is identified for inclusion in the specialised mental health subset. Thus the extent to which full and accurate coverage of the NMDS is achieved depends on the accurate reporting for each admitted patient episode of the data element *Total psychiatric care days*.

In acute care hospitals, a ‘specialised’ episode of care or separation may comprise some psychiatric care days (care in a specialised psychiatric ward) and some days in general care, or psychiatric care days only. An episode of care 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. There are several other data elements that are collected only for patients who have received specialised psychiatric care, and these are shown in Table 1.1.

Table 1.1: Data elements^(a) that constitute the NMDS – Admitted Patient Mental Health Care for 1998–99

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		
Type of episode of care		000168
First admission for psychiatric treatment	✓	000139
Admission date		000008
Separation date		000043
Total leave days		000163
Mode of separation		000096
Source of referral to 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 7.0 (NHDC 1998).

(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.

Quality of admitted patient data

This section presents some general notes from *Australian Hospital Statistics 1998–99* (AIHW 2000) and other comments specific to the NMDS—Admitted Patient Mental Health Care that should be used to guide interpretation of the hospital morbidity data presented in this report. 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 1998–99*.

Separation data from the NHMD 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 are treated in hospital and the number and pattern of hospitalisations can reflect admission practices, regional differences in service provision, and multiple admissions for some chronic conditions.

The quality of reporting by States and Territories to the NHMD may be affected by variations from the *National Health Data Dictionary* (NHDD) 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 from one jurisdiction to another. Comparisons between States and Territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

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

Jurisdictions also differ in admission practices and this can affect comparability across States and Territories. For example, in New South Wales, Queensland, Western Australia, South Australia and Tasmania specialised psycho-geriatric units are included within the admitted patient setting, while in the Territories these patients are cared for in a community setting and are only enumerated as admitted patients if they spend some time in a psychiatric ward. Another example of jurisdictional differences is the practice in Western Australia of admitting patients for same day group therapy sessions. This is not common in other jurisdictions.

The staggered implementation of ICD-10-AM resulted in the provision of 1998–99 data to AIHW's NHMD in ICD-9-CM by four jurisdictions and in ICD-10-AM by the remaining four jurisdictions. For *Australian Hospital Statistics 1998–99* and other uses of the database including this report, AIHW mapped the data reported in ICD-9-CM to ICD-10-AM so that national data could be presented in a single classification. For detail on this mapping, refer to Appendix 5.

Western Australia was unable to report *Total psychiatric care days* for the 1998–99 period and instead supplied a flag indicating separations that had one or more days in specialised psychiatric care. For this reason, the number of days spent in specialised psychiatric care for each separation in Western Australia was allocated a value of zero for public acute and private hospitals, and was made equivalent to the number of patient days for public psychiatric hospitals. This means that, while the number of separations with specialised psychiatric care is accurate, the count of psychiatric care days for Western Australia and nationally are underestimated in this respect.

The proportion of separations with a mental health principal diagnosis that were reported as receiving specialised psychiatric care rose from 55.3% to 65.5% between 1997–98 and

1998–99. It is unlikely that this increase has occurred due to changes in hospital admission practices. A more likely explanation is that there have been improvements in the recording of the data element *Total psychiatric care days*. Improved recording of these data, such as the reporting of *Total psychiatric care days* for Western Australian public acute hospitals, should reduce the proportion of separations with a mental health principal diagnosis but no specialised psychiatric care and would increase the proportion of separations with a mental health principal diagnosis and specialised psychiatric care.

Table 1.2: Summary of data provided to the NHMD for the NMDS – Admitted Patient Mental Health Care for 1998–99

Data element	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Missing or not stated(%)
Total psychiatric care days	✓	✓	✓	✓ ^(a)	✓	p.h.o.	✓	p.h.o.	..
Aboriginal and Torres Strait Islander status	✓	✓	✓	✓	✓	✓	✓	✓	7.2
Age and sex	✓	✓	✓	✓	✓	✓	✓	✓	< 0.01
Area of usual residence	✓	✓	✓	✓	✓	✓	✓	✓	< 2.0
Country of birth	✓	✓	✓	✓	✓	✓	✓	✓	< 0.01
Employment status	✗	p.p.o.	✓	✗	p.h.o.	✓	p.h.o.	✓	74.2
First admission to psychiatric care	✓	p.p.o.	✓	p.p.o.	p.h.o.	✗	p.h.o.	✗	43.2
Marital status	p.h.o.	✓ ^(b)	✓	✓	p.h.o.	✓	✓	✓	17.8
Mental health legal status	p.h.o.	p.h.o.	✓	✓	✓	✓	p.h.o.	✗	19.2
Mode of separation	✓	✓	✓	✓	✓	✓	✓	✓	1.1
Pension status	p.h.o.	p.h.o.	✓	✗	p.h.o.	✓	p.h.o.	✗	78.3
Principal & additional diagnoses	✓	✓	✓	✓	✓	✓	✓	✓	0.5
Referral to further care (psychiatric patients)	p.h.o.	p.p.o.	✓	p.p.o.	p.h.o.	✗	✓	✗	53.0
Source of referral to public psychiatric hospital	✓	✓	✓	✓	✓	✓	✓	✓	2.2
Type of episode	✓	✓	✓	a.h.o.	✓	✓	✓	✓	1.9
Type of usual accommodation	✗	p.p.o.	✓	✗	p.h.o.	✗	✓	✗	75.4

Abbreviations:

✗ not supplied
 ✓ supplied

a.h.o. supplied for acute care hospitals only
 p.h.o. supplied for public hospitals only
 p.p.o. supplied for public psychiatric hospitals only

(a) Flag supplied for all hospital types; number of psychiatric care days supplied for public psychiatric hospitals only.

(b) Poor data quality.

States and Territories have confirmed that all public hospitals (except public acute hospitals in Western Australia) with specialised psychiatric facilities have reported psychiatric care days to the NHMD for 1998–99. The private hospital coverage for 1998–99 has improved upon last year's coverage, with the proportion of separations with a mental health principal diagnosis receiving specialised psychiatric care rising from 67.8% in 1997–98 to 72.0% in 1998–99 (these figures exclude Western Australian separations). There remains a small proportion of private hospitals that do not report to the NHMD, which means that the number of specialised psychiatric private hospital separations presented in this report may be an underestimate. This discrepancy is described in detail in *Australian Hospital Statistics 1998–99*.

Some jurisdictions, or sectors within jurisdictions, were unable to provide data for all the required data elements. Table 1.2 provides a summary of the data provision by jurisdiction for each data element in the NMDS—Admitted Patient Mental Health Care for 1998–99. Data quality was deemed too poor for publication if the total number of separations with either missing data or 'not stated' in a data element exceeded 50%. Using this criterion, data for the *Type of usual accommodation*, *Employment status*, *Pension status* and *Referral to further care (psychiatric patient)* data elements were not included in this report.

National Community Mental Health Establishments Database

The data elements for the NMDS—Community Mental Health Establishments were agreed for collection from July 1998 and are presented in Table 1.3. Data are collected on the number of establishments, expenditure and staffing. For 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 data collected through the NMDS—Community Mental Health Establishments is collated in the National Community Mental Health Establishments Database (NCMHED). Community mental health care refers to all specialised mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients. The scope is both residential and ambulatory public community mental health care establishments, both adult and adolescent and child community mental health services and non-admitted services in hospitals such as specialised psychiatric outpatient services. The scope excludes admitted patient mental health care services, support services that are not specialised mental health care services (e.g. accommodation support services), services provided by non-government organisations and residential care services that are not staffed 24 hours per day.

The *Total full-time-equivalent staff* and the *Total salaries and wages* data elements do not include the identification of expenditure in the nine staffing subcategories included in the NMDS—Public Hospital Establishments (e.g. *Registered nurses*, *Diagnostic and health professionals*, *Administrative and clerical staff*). Similarly, the *Non-salary operating costs* data element does not include the identification of expenditure in the subcategories included in that NMDS (e.g. *Superannuation employer contributions*, *Medical and surgical supplies*). The one exception is the *Payments to visiting medical officers* data element which has been agreed for inclusion, but not yet fully implemented for the NCMHED. Where available, jurisdictions are encouraged to supply data for the absent subcategories, but it is not an agreed component of the NMDS.

Table 1.3: Data elements^(a) that constitute the NMDS – Community Mental Health Establishments for 1998–99

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 7.0 (NHDC 1998).

(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 for community residential mental health care establishments.

Other data sources

In addition to the databases including data specified as the NMDSs—Mental Health Care, a number of other data sources provide national data on mental health service delivery. Data from the PHEC and the NPHEd have been used in this report to provide more complete coverage. The characteristics of each of these data sources are reviewed below with a brief comparison with the databases based on the NMDSs – Mental Health Care.

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. It is collated 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 patient 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 1998–99* for further detail on the data quality for the NPHEd (AIHW 2000).

Unlike the NCMHED, the NPHEd does include the data for *Total full-time-equivalent staff*, *Total Salaries and wages* and the *Total non-salary operating costs* subcategory data elements for public psychiatric hospitals. No financial or staffing data are available for specialised psychiatric wards in acute hospitals, as these are not separately identified. Refer to Chapter 5 for a presentation of the potential developments to improve the amount of information available for admitted patient mental health care services.

Private Health Establishments Collection (PHEC)

The ABS conducts an annual census of all private acute hospitals and private psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the DHAC. 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 2000).

The data from PHEC have been used in this report to complete coverage and provide a point of comparison for the public hospital data obtained from the NPHEd. The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary*, Version 7.0 (NHDC 1998), which makes the comparisons between the collections 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 2000).

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 across all States and Territories. Information is included on hospital and community mental health care resources (beds, staff and specialised services), recurrent expenditure and summary information on services provided. The NSMHS is conducted under the auspice of the NMHWG and has provided data for annual performance monitoring for the National Mental Health Strategy over the last 6 years. Summary data from the NSMHS is reported annually in the *National Mental Health Report* series (DHAC 2000). The development and implementation of establishment-level NMDSs for mental health care will essentially overtake the role of the NSMHS. The NSMHS will remain an important source of data on the mental health services in earlier years. Information on the similarities and differences in the data from the NSMHS and data from the NPHEd and NCMHED is presented in Appendix 6.

This report and data on the Internet

This report is available on the Internet in PDF format at www.aihw.gov.au. Some of the national data on admitted patients are also available in an interactive data cube format at that site. Users can access this database to create customised tables based on the age group,

sex, principal diagnosis, and mental health legal status of patients with specialised psychiatric care.

2 Admitted patient characteristics

The focus (for admitted patients) of this report is the data reported to the NHMD for the NMDS—Admitted Patient Mental Health Care, i.e. admitted patient separations that included a component of specialised psychiatric care. This first section reports these data within the context of ‘mental health-related separations’, i.e. all separations either with a mental health principal diagnosis or that included a component of specialised psychiatric care.

A mental health principal diagnosis in this publication is defined as any separation whose principal diagnosis falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99), and some other diagnoses (Appendix 1). When comparing the 1998–99 figures with the previous year, note that codes for post-partum depression which were included in *Disorders of Pregnancy, childbirth and the puerperium* in ICD-9-CM have been moved to the mental disorders chapter in ICD-10-AM and are therefore included in the definition of a mental health principal diagnosis for 1998–99 data (see Appendix 2).

Data are also presented on separations with specialised psychiatric care in the Major Diagnostic Category (MDC of the AR-DRG 4.0/4.1 classification) related to mental diseases and disorders. This section also includes some comparisons between the mental health-related and the specialised psychiatric care separations.

Overview

Mental health-related separations

Table 2.1 summarises the general and specialised psychiatric care in 1998–99 in terms of same day separations and overnight separations and patient days (see Glossary for definition of overnight separations). In 1998–99, mental health-related separations accounted for 4.4% of total hospital separations (251,428 separations) and 14.2% of all patient days (3,177,971 days). In 1997–98, mental health-related separations (which were defined to exclude post-partum depression) accounted for 4.4% of total hospital separations (245,583 separations) and 14.6% of all patient days (3,303,205 days) (AIHW: Moore et al. 2000).

During 1998–99, 37.9% of mental health-related separations (95,222 separations) were same day separations compared with 36.6% (89,866) for the 1997–98 collection period. Overnight separations in 1998–99 accounted for 97% of the mental health-related patient days (3,082,749 days). The proportion of overnight separation patient days for 1997–98 was also 97% (3,059,756).

Figure 2.1 illustrates the relationship between separations with specialised psychiatric care and separations with a mental health principal diagnosis within the context of all hospital separations for 1998–99. Of the 251,428 mental health-related separations reported for 1998–99, there were 168,579 separations or 67.1% with at least some specialised psychiatric care. In comparison, of the 245,583 mental health-related separations reported for 1997–98, there were 133,887 separations or 54.5% with at least some specialised psychiatric care.

Of the 235,487 separations with a mental health principal diagnosis reported for 1997–98, there were 130,222 separations or 55.3% with at least some specialised psychiatric care. In comparison, of the 239,930 separations with a mental health principal diagnosis reported for

1998–99, there were 157,081 separations or 65.5% with at least some specialised psychiatric care. There were 82,849 separations with a mental health principal diagnosis that did not record a component of specialised psychiatric care for 1998–99. The equivalent figure for 1997–98 was 111,696 separations.

Of the separations with specialised psychiatric care, 157,081 or 93.2% were reported as having a mental health principal diagnosis in 1998–99. In 1997–98, a majority of specialised psychiatric care separations (123,791 separations or 92.5%) were also reported as having a mental health principal diagnosis. Thus, there was little change over the year in the proportion of separations that have a mental health principal diagnosis within the specialised separations group.

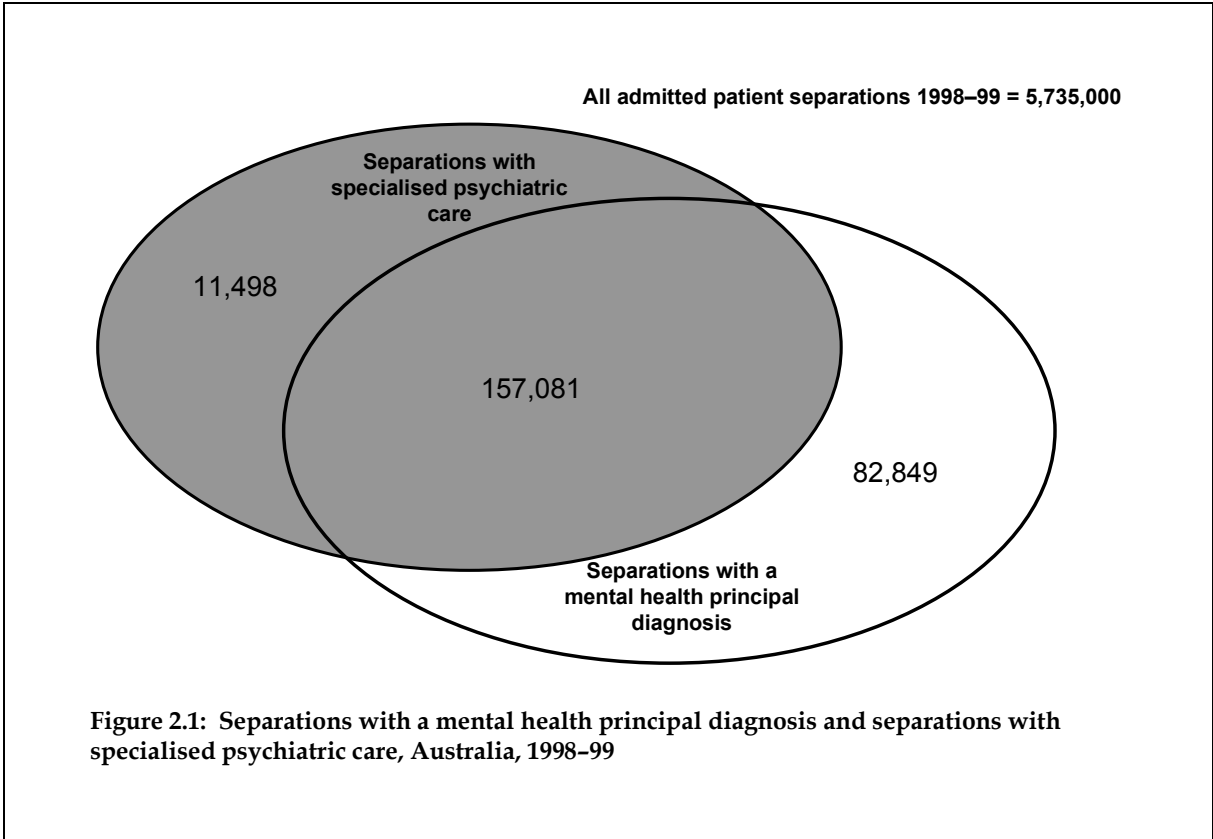


Figure 2.2 outlines the relationship between patient days relating to separations with specialised psychiatric care and those with a mental health principal diagnosis. It shows that patient days of separations with some specialised psychiatric care accounted for nearly 80% of all patient days of separations with a mental health principal diagnosis (2,392,599 days with some specialised psychiatric care of a total 2,999,416 patient days).

In 1998–99 the total number of mental health-related patient days was 3,177,971 (see Table 2.1). Of these, 97% or 3,082,749 days were in overnight separations. Approximately 73% of total mental health-related patient days were from overnight separations with both a mental health principal diagnosis and specialised psychiatric care; 5.5% were attributable to overnight separations with specialised psychiatric care but no mental health principal diagnosis. Overnight separations with a mental health principal diagnosis but no specialised psychiatric care accounted for 18.4% of all mental health-related patient days.

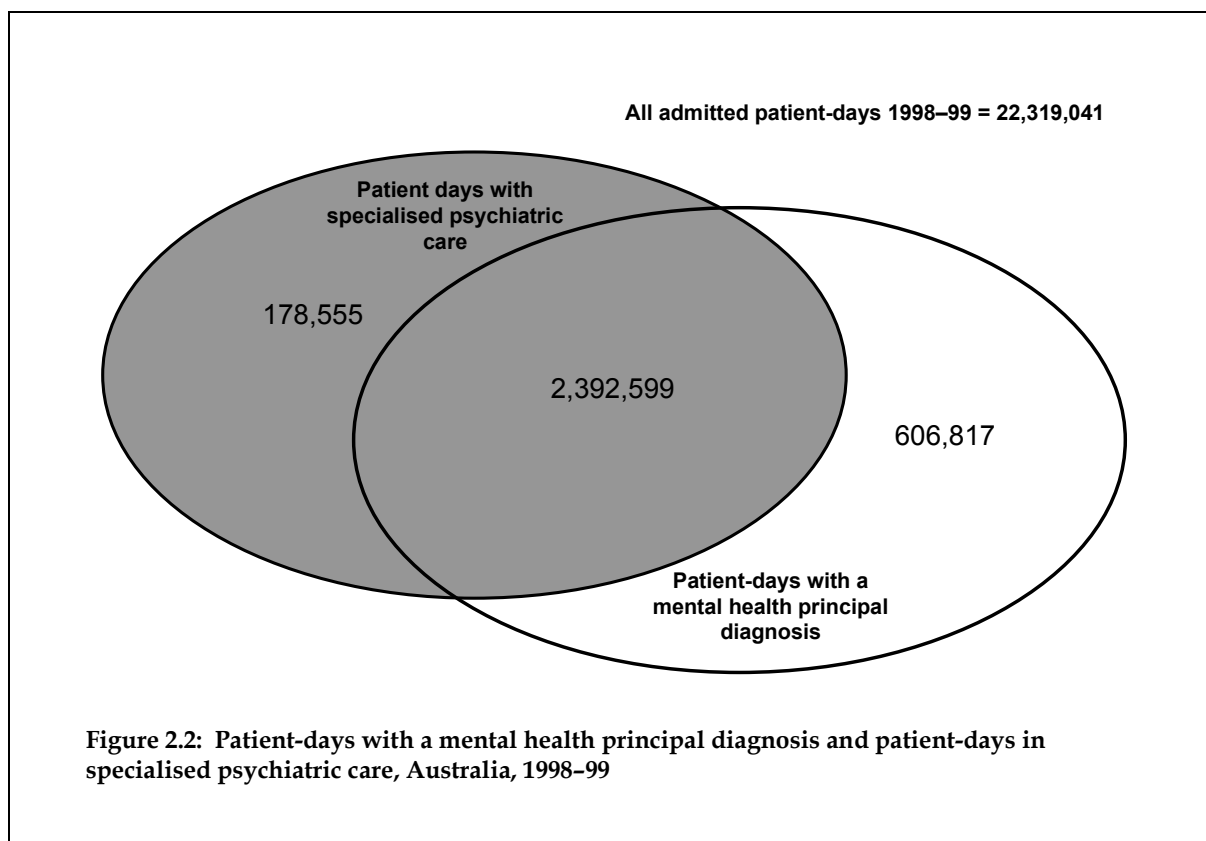


Table 2.2 provides the number of mental health-related separations and patient days for each State and Territory.

Table 2.3 divides mental health-related separations into those with and without specialised psychiatric care and outlines the principal diagnosis of each separation. It provides the summary information illustrated in Figures 2.1 and 2.2. A more detailed discussion of principal diagnoses for separations with specialised psychiatric care can be found in Section 2.2.

Major Diagnostic Category—mental diseases and disorders

This section examines the relationship between separations with specialised psychiatric care and those in the MDC relating to mental diseases and disorders (MDC 19).

AR-DRGs categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements (see Appendix 2 for further information on AR-DRG Version 4). These categories were designed to provide clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix), to the resources required by the hospital. AR-DRG categories can be grouped into MDCs and used to compare aspects of hospitalisation such as length of stay. Note that the data presented by AR-DRGs and MDCs include non-acute admitted patient episode data.

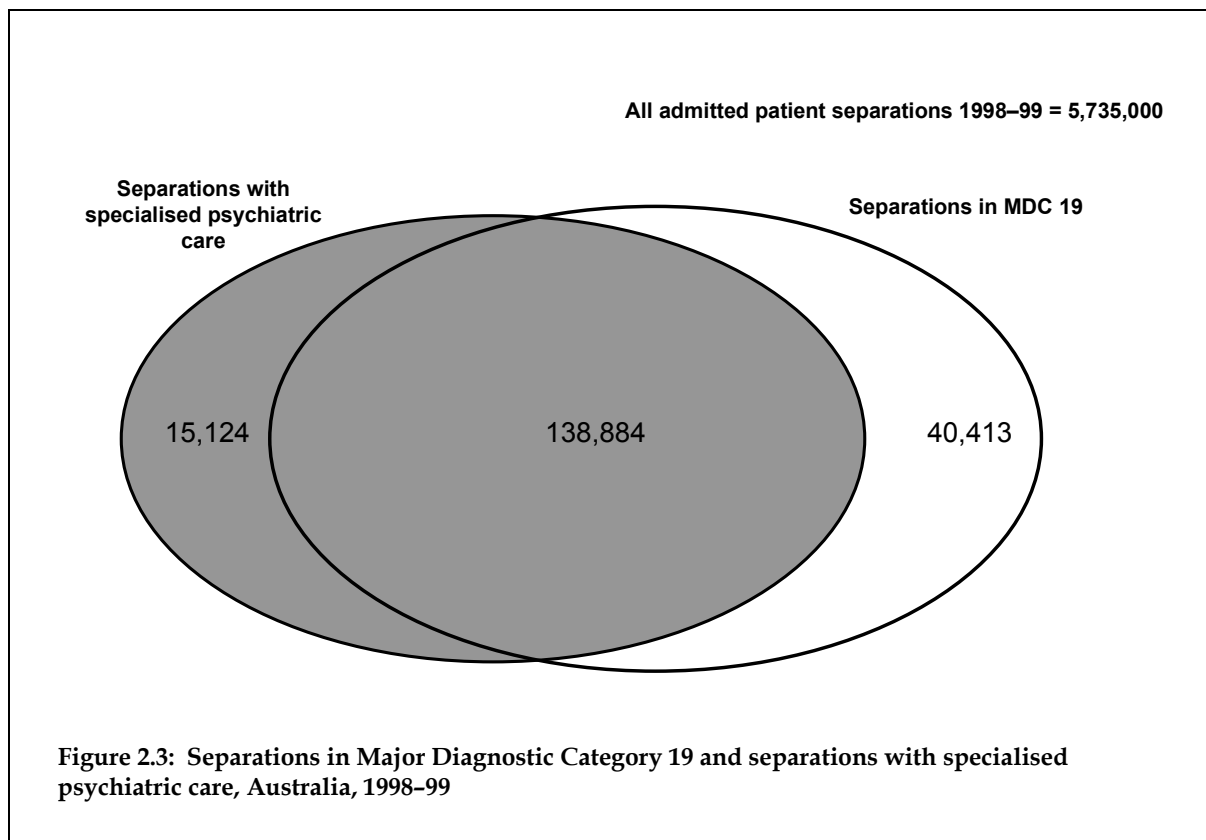


Figure 2.3 shows that of all separations with specialised psychiatric care, 90.2% were in MDC 19. Table 2.4 outlines all separations which fall into MDC 19 (Mental diseases and disorders) and MDC 20 (Alcohol & drug-related disorders) or have specialised psychiatric care. Of the 179,297 separations in MDC 19, 138,884 or 77.5% received some specialised psychiatric care. MDC 19 separations accounted for a total of 2,149,506 patient days, of which 76.5% were spent in specialised psychiatric care. In comparison, in the MDC related to alcohol and other drugs (MDC 20), 49.3% of all separations received some specialised psychiatric care and 56% of patient days were psychiatric care days.

One third of total separations with specialised psychiatric care were classified in AR-DRG U60Z; *Mental health treatment, same day, without electroconvulsive therapy*. This group accounted for 78.6% of all same day separations in the NMDS – Admitted Patient Mental Health Care data collection.

Of the 97,065 overnight separations, 23,623 (24.3%) were classified as belonging to the two AR-DRGs associated with principal diagnoses of *Schizophrenia disorders* (12,441 with involuntary legal status and 11,182 without involuntary legal status). The next largest group of overnight separations was *Major affective disorders age < 70 without catastrophic or severe complications and comorbidities* (U63B) with 21,367 separations.

Major affective disorders age < 70 without catastrophic or severe complications and comorbidities (U63B) was the AR-DRG with the highest number of separations of those in the admitted patient mental health collection (24,651 separations, 21,367 with specialised psychiatric care), but *Schizophrenia disorders with involuntary mental health legal status* (U61A) contributed the highest number of patient days and psychiatric care days (619,334 and 486,296 days respectively).

Separations with specialised psychiatric care

In 1998–99, separations with specialised psychiatric care accounted for 2.9% of total hospital separations (168,579 separations) and 11.5% of all patient days (2,571,154 days). In 1997–98, separations with specialised psychiatric care accounted for 2.4% of total hospital separations (133,887 separations) and 10.7% of all patient days (2,421,460 days) (AIHW: Moore et al. 2000).

In 1998–99, 42.2% of separations with specialised psychiatric care (71,514 separations) were same day separations compared with 41.6% (55,807 separations) for 1997–98. Overnight separations in 1998–99 accounted for 97.2% of the patient days (2,499,640 days).

Table 2.5 summarises the separations, patient days and psychiatric care days in 1998–99 of all separations with specialised psychiatric care by hospital type and jurisdiction. Public acute hospitals accounted for 62.0% of the total number of overnight specialised separations among the three hospital types. Over 70% of specialised separations from public acute hospitals were overnight separations. Private hospitals dominated the same day specialised separations with 62.0% of the total number of same day separations. Approximately 69% of specialised psychiatric care separations in private hospitals were same day. Public psychiatric hospitals had the greatest number of reported patient days and psychiatric care days for specialised psychiatric care separations, with 49.0% of the total number of patient days and 44.1% of the total number of psychiatric care days.

Principal diagnoses for admitted patients

This section outlines the principal diagnoses of separations with specialised psychiatric care collected from State and Territory governments under the NMDS – Admitted Patient Mental Health Care. The data presented in this section detail hospital separations in which specialised psychiatric care was reported.

Principal diagnosis is presented in this report in ICD-10-AM, but note that Queensland, Western Australia, South Australia and Tasmania provided data for 1998–99 using the ICD-9-CM classification. Data provided in ICD-9-CM were mapped to ICD-10-AM by AIHW (see Appendix 5).

This section presents data on the principal diagnoses using groupings within the ICD-10-AM chapter on mental disorders, but it also presents data in subsets of these groupings in a way similar to the reporting of mental disorders for National Health Priority Areas (AIHW 2000). This finer level of detail will affect the relative ranking of disorders.

Table 2.6 shows the distribution of separations with specialised psychiatric care principal diagnosis. In 1998–99, *Depressive disorders* (F32–F33) accounted for the highest number of same day separations (24,041) and overnight separations (19,181), and the highest per capita rate of hospitalisation at 2.3 hospital separations per 1,000 population. Almost 34% of all same day separations and 20% of all overnight separations had principal diagnoses in the *Depressive disorders* (F32–F33) category. The second largest grouping of principal diagnoses for same-day separations was *Neurotic, stress-related and somatoform disorders* (F40–48), reported for 13,436 same day separations (18.8%). *Schizophrenia* (F20) had the second highest number of overnight separations (18,311) and was reported for 18.9% of all overnight separations.

Schizophrenia (F20) accounted for the greatest number of patient days and psychiatric care days with 871,557 or 33.9% of patient days and 692,839 or 31.9% of total psychiatric care days. The number of psychiatric care days for *Schizophrenia* (F20) was approximately double

the number of days attributable to *Depressive disorders* (F32–F33) (369,308 patient days and 328,939 psychiatric care days). This was reflected in the figures for average length of stay (overnight) where *Schizophrenia* (F20) had 47.4 patient days per specialised separation and 37.6 psychiatric care days per separation, whereas *Depressive disorders* (F32–F33) had 18 and 16 days respectively. The principal diagnosis categories of *Mental retardation* (F70–79) and *Disorders of psychological development* (F80–89) had relatively small numbers of separations but much higher rates of patient days per separation, i.e. length of stay, than *Schizophrenia* (F20) and *Depressive disorders* (F32–F33) (see Table 2.6).

Table 2.7 shows the number of separations with specialised psychiatric care by principal diagnosis in ICD-10-AM chapter groupings. Almost 93% of the separations with specialised psychiatric care had a principal diagnosis from the ICD-10-AM mental and behavioural disorders chapter, and they accounted for 107.4 psychiatric care days per 1,000 population. Specialised psychiatric care separations with a principal diagnosis outside the ICD-10-AM mental health chapter accounted for 7.2% of specialised separations and 6.9% of psychiatric care days.

Hospital type

The distribution of specialised separations by principal diagnosis for each hospital type is presented in Table 2.8. Separations in the principal diagnosis group of *Depressive disorders* (F32–F33) accounted for approximately 38% of all private hospital separations and 41% of private hospital psychiatric care days. Separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) accounted for 18.8% of all private hospital separations and 13.9% of private hospital psychiatric care days. Same day separations with principal diagnoses of *Depressive disorders* (F32–F33) made up 38.6% of private same day separations, and same day separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) made up 20.5% of private same day separations. For overnight separations, the corresponding figures were 37.6% and 15.0% respectively.

Approximately 20% of all public acute hospital separations had a principal diagnosis in the group *Depressive disorders* (F32–F33), which accounted for 18.1% of reported public acute hospital psychiatric care days. Almost 18% of public acute hospital separations were separations with a principal diagnosis of *Schizophrenia* (F20), which accounted for 31.5% of reported public acute psychiatric care days. Separations with a principal diagnosis of *Schizophrenia* (F20) accounted for 22.5% of public acute hospital specialised overnight separations, and *Depressive disorders* (F32–F33) had the second highest proportion with 17.0%.

Over 22% of all public psychiatric hospital separations and 41.0% of all psychiatric care days in public psychiatric hospitals were attributed to a principal diagnosis of *Schizophrenia* (F20). *Schizophrenia* (F20) also accounted for the highest proportion of overnight separations and patient days in public psychiatric hospitals (22.4% and 41.0% respectively). The principal diagnosis group *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) accounted for the highest proportion of same day separations in public psychiatric hospitals (21.4%).

States and Territories

Tables 2.9 to 2.12 outline the number of separations, patient days and psychiatric care days in each principal diagnosis group for each jurisdiction for the 1998–99 financial year. State and Territory data relate to the State and Territory of the hospital, not the State or Territory

of the patient's usual residence. These figures can be influenced by a number of factors such as:

- the availability of admitted patient specialised psychiatric care in the jurisdiction;
- the spread of the population in rural, remote and metropolitan areas;
- differing admission practices; and
- the availability of community-based psychiatric facilities.

Some differences may also be attributed to the mapping of diagnosis codes from ICD-9-CM to ICD-10-AM for Queensland, Western Australia, South Australia and Tasmania (see Appendix 5).

Rates were indirectly age-standardised using the total separations, patient days or psychiatric care days for 1998–99 and the estimated resident population as at December 1998 to calculate the expected number of separations for each jurisdiction (see Appendix 4). Indirect age-standardisation has been used throughout this publication where indicated because this method is less sensitive to small cell sizes than the direct standardisation method.

Table 2.9 presents same day separations with specialised psychiatric care for all States and Territories. Over half the same day separations for Australia as a whole were for principal diagnoses in either *Depressive disorders* (F32–F33) (33.6% of total same day separations) or *Neurotic, stress-related and somatoform disorders* (F40–48) (18.8% of total same-day separations). *Depressive disorders* (F32–F33) accounted for the highest number of same day separations for each jurisdiction except South Australia and the two Territories. The principal diagnosis group *Neurotic, stress-related and somatoform disorders* (F40–48) was the second largest category of same day separations after *Depressive disorders* (F32–F33) in New South Wales, Queensland and Western Australia. Conversely, *Neurotic, stress-related and somatoform disorders* (F40–48) was the largest category of same day separations in South Australia (26.0%), with *Schizophrenia* (F20) being the second largest category (20.8%) followed closely by *Depressive disorders* (F32–F33) (19.9%). In Victoria the second largest category of same day separations was *Eating disorders* (F50), and in Tasmania it was *Bipolar affective disorders* (F31). Western Australia had the highest age-standardised rate of same day separations (7.4 separations per 1,000 population), nearly twice the rates of New South Wales (3.75) and Victoria (4.1). This compares with an age-standardised rate for Australia overall of 3.8 separations per 1,000 population.

Overnight separations with specialised psychiatric care are presented in Table 2.10. For Australia as a whole, *Depressive disorders* (F32–F33) and *Schizophrenia* (F20) were the principal diagnoses contributing the greatest number of overnight separations (19.7% and 18.9% respectively). *Depressive disorders* (F32–F33) contributed the highest number of overnight separations in Victoria, Queensland, Western Australia and South Australia. In Western Australia the number of overnight separations reported for *Depressive disorders* (F32–F33) was almost matched by *Neurotic, stress-related and somatoform disorders* (F40–48) and *Schizophrenia* (F20). A principal diagnosis of *Schizophrenia* (F20) contributed the highest number of overnight separations in New South Wales, Tasmania, the Australian Capital Territory and Northern Territory. Queensland had the highest age-standardised rate of overnight separations per 1,000 population at 6.7, compared with an Australian rate of 5.2.

Separations with a principal diagnosis of *Schizophrenia* (F20) accounted for the highest number of patient days as well as the highest number of specialised psychiatric care days for all jurisdictions (Tables 2.11 and 2.12). Separations in the principal diagnosis group *Depressive disorders* (F32–F33) accounted for the next highest number of patient days and psychiatric care days for New South Wales, Victoria, Queensland, South Australia and

Western Australia (patient days only), and *Bipolar affective disorders* (F31) had the second highest number of patient days and psychiatric care days for Tasmania and the Australian Capital Territory. In the Northern Territory *Other schizophrenic, schizotypal, delusional disorders* (F21–29) had the second highest number of patient days and psychiatric care days, and in the Australian Capital Territory numbers in this category were the third highest following closely behind *Bipolar affective disorders* (F31).

The indirectly age-standardised rate for patient days per 1,000 population and psychiatric care days per 1,000 population were comparatively high in Queensland (223.9 patient days and 221.7 psychiatric care days per 1,000 population), almost twice the national rate (132.7 patient days and 106.8 psychiatric care days per 1,000 population). The Australian Capital Territory and the Northern Territory had the lowest rates at 31.5 and 46.4 patient days per 1,000 population respectively and 31.5 and 42.7 psychiatric care days per 1,000 population. This is possibly because these Territories have no public psychiatric hospitals, and this could affect the type of diagnoses treated in admitted patient settings in these Territories, as well as the amount of specialised psychiatric care provided.

Demographic profile of admitted patients with specialised psychiatric care

This section presents the socio-demographic data collected from State and Territory governments under the NMDS – Admitted Patient Mental Health Care. The section includes data for 6 of the 9 socio-demographic data elements in the NMDS; *Age, Sex, Marital status, Area of usual residence, Aboriginal and Torres Strait Islander status and Country of birth*. The data that were assessed to be of poor quality or inconsistently applied among jurisdictions were for *Employment status, Pension status and Type of usual accommodation* and these were excluded. Chapter 5 provides details on the data developments anticipated for these excluded data elements.

The data presented in this section detail separations in which specialised psychiatric care was reported and reflects the level of utilisation of hospital services by specific population groups. It does not necessarily reflect the prevalence of mental disorders in the broader community or the utilisation of community-based services by specific population groups.

Age and sex

Figure 2.4 presents the rates of separations per 1,000 population for each age and sex category. Males aged 25–34 years and females aged 35–44 years had the highest number of separations with specialised psychiatric care per 1,000 population. Females had higher separation rates than males for all age groups from age 18 to 64 years.

Tables 2.13a and b and 2.14a and b detail the distribution of separations with specialised psychiatric care by age group, sex and principal diagnosis. Male patients accounted for 43.4% of same day separations with specialised psychiatric care. *Depressive disorders* (F32–F33) was the largest principal diagnosis category for male patients, constituting 27.2% of male same day separations (8,435 separations). The second largest category was *Neurotic, stress-related and somatoform disorders* (F40–F48), which accounted for 23.9% of male same day separations (7,425). Relative to male patients, female patients had a higher proportion of same day separations with principal diagnoses of *Depressive disorders* (F32–F33) (38.6% or 15,606 separations). *Neurotic, stress-related and somatoform disorders* (F40–F48) accounted for 6,011 female separations (14.9%). The principal diagnosis of *Eating disorders* (F50), which was

reported for 111 same day separations for males, was the third highest number of reported same day separations for females (11.6% or 4,697 separations).

Male patients accounted for 50.2% of overnight separations (48,754) with specialised psychiatric care during 1998–99. *Schizophrenia* (F20) constituted 25.6% of male overnight separations, *Depressive disorders* (F32–F33) accounted for 14.2% and *Neurotic, stress-related and somatoform disorders*, 11.4%. For female patients, *Depressive disorders* (F32–F33) contributed the highest number of overnight separations (12,239 or 25.3%), followed by *Neurotic, stress-related and somatoform disorders* (F40–F48) (6,273 or 13%) and *Schizophrenia* (F20) (5,848 or 12.1%). A greater proportion of overnight separations in the principal diagnosis group of *Depressive disorders* (F32–F33) were reported for female patients, with 25.3% of overnight female separations in this category compared with 14.2% for male patients.

The number of male overnight separations with principal diagnoses of *Mental and behavioural disorders due to psychoactive substance use* (F10–F19) was more than double that for females. This difference was largest in the 18–34 years age groups for psychoactive substances and in the 25–54 years age groups for alcohol.

The proportion of male overnight separations with a principal diagnosis of *Schizophrenia* (F20) disorders (25.5%) was more than double the proportion and numbers for female patients (12.1%). For males, the number of these separations peaked in the 25–34 years age group with elevated levels also reported for the 18–24 years and 35–44 years age groups. For females the pattern was slightly different with the number of these separations also peaking in the 25–34 year age group but with elevated levels reported for the 35–44 years and 45–54 years age groups.

There were greater proportions of separations for principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–48) for females (13.0%) than for males (11.4%), with greater proportions reported for females in all age groups except the 45–64 years age group. The largest numbers of female and male overnight separations in the *Neurotic, stress-related and somatoform disorders* (F40–F48) category were in the 25–34 years age groups.

Overnight separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for 13.2% of separations of females aged 17 years and under. This proportion increased over age groups to 39.8% of separations of females in the 65 years and over category. Approximately 8% of male overnight separations aged 17 years and under had a principal diagnosis in the *Depressive disorders* (F32–F33) category, and this proportion increased to 29.8% for those aged 65 years and over.

Overnight separations with a principal diagnosis of *Eating disorders* (F50) predominantly involved female patients. However, *Eating disorders* (F50) did not dominate the female overnight separations (2.1%) to the same extent as the female same day separations (11.6%). The number of separations with a principal diagnosis of *Eating disorders* (F50) was greatest in the younger age groups and decreased with age. The highest number of overnight separations in this category was reported in the 18–24 years age group.

Tables 2.15a and b and 2.16a and b show that the principal diagnosis of *Schizophrenia* (F20) was reported for the highest number of overnight patient days and psychiatric care days for both male and female patients. Principal diagnoses in the *Depressive disorders* (F32–F33) category had the second highest number of overnight patient days and psychiatric care days for both male and female patients.

Figure 2.5 shows the number of psychiatric care days per overnight separation for males and females for selected disorders. Although males had the highest proportion of overnight separations for the principal diagnosis of *Schizophrenia* (F20), the number of psychiatric care days per overnight separation was higher for females than for males. Female patients

received more than twice the number of psychiatric care days per overnight separation for *Manic episode* (F30) than male patients.

Marital status

Table 2.17 outlines separations with specialised psychiatric care by marital status, sex and jurisdiction. Marital status data for 1998–99 were assessed as unreliable for Victoria during the NMDS—Admitted Patient Mental Health Care validation process. Marital status data were unavailable for private hospitals in New South Wales and South Australia. Figure 2.6 presents the proportion of separations for male and female patients by marital status category after removing Victorian and private hospital data. With unreliable data removed, almost half (48.0%) of separations with specialised psychiatric care for males were for patients who had never been married, compared with just under one-third of female patients (31.5%). A further 21.3% of specialised psychiatric care separations were for male patients who were married or living in a de facto relationship, compared with 25.9% of female patients.

Area of usual residence

Table 2.18 demonstrates that, Australia-wide, patients from areas classified as remote or rural had fewer specialised separations per 1,000 population than patients from areas classified as metropolitan. In 1998–99 there were 10 separations of patients from metropolitan areas per 1,000 population compared with 1.7 separations per 1,000 population from rural areas and 2.6 separations per 1,000 population for patients from remote areas. In Western Australia and Northern Territory, the separation rates for patients from remote areas (13.1 and 3.5 respectively) were higher than separation rates for patients from metropolitan areas (9.4 and 2.1 respectively). In Tasmania the separation rate for rural areas (8.4 separations per 1,000 population) was higher than the metropolitan rate of 7.2 separations per 1,000 population. Queensland had the highest rate of specialised separations for patients from metropolitan areas (11.6 separations per 1,000 population), Tasmania for patients from rural areas (8.4 separations per 1,000 population), and Western Australia for remote areas (13.1 separations per 1,000 population).

Figures 2.7 and 2.8 show the number of psychiatric care days per overnight separation in each Rural, Remote and Metropolitan Area (RRMA) category of the patient's area of usual residence for public acute/private hospitals and public psychiatric hospitals respectively. Whereas private hospitals had higher numbers of psychiatric care days for metropolitan and rural areas, the length of psychiatric care in private hospitals for patients from remote areas was shorter than the length of psychiatric care for similar patients in public acute hospitals. In the private sector the highest overall average number of psychiatric care days per separation was for metropolitan areas other than capital cities.

Public psychiatric hospitals had higher numbers of psychiatric care days per overnight separation than either public acute or private separations. In public psychiatric hospitals the highest number of psychiatric care days per separation was for patients usually residing in rural areas, with an average of approximately 112 days for large rural centres and 96.7 days for other rural areas. Patients received an average of about 40 psychiatric care days per separation if they usually resided in a remote centre and an average of about 26 if they usually resided in another remote area.

Aboriginal and Torres Strait Islander status

Table 2.19 details the number of separations, patient days and psychiatric care days for Aboriginal and Torres Strait Islander peoples in 1998–99. The quality of Aboriginal and Torres Strait Islander status data varies, and so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 1998–99*.

During 1998–99, 383 same day and 2,678 overnight specialised separations were reported for Aboriginal and Torres Strait Islander peoples nationwide. Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–48) accounted for 42.6% of same day separations, and *Schizophrenia, schizotypal and delusional disorders* (F20–F29) accounted for the highest number of overnight separations (33.7%), patient days (60.7%) and specialised psychiatric care days (61.4%). Principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29) accounted for 2.7 separations per 1,000 Aboriginal and Torres Strait Islander population (age-standardised). *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) accounted for 17.7% of total separations at an age-standardised rate of 1.6 specialised separations per 1,000 Aboriginal and Torres Strait Islander population.

The specialised separation rate per 1,000 population for Aboriginal and Torres Strait Islander peoples (9.0 per 1,000 population) and the rate for all patients (8.9 per 1,000 population) were similar. The rate for Aboriginal and Torres Strait Islander peoples was notably higher than the total Australian specialised separation rate for principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29) and *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) (Figure 2.9). The rate for Aboriginal and Torres Strait Islander patients was much lower than the Australian specialised separation rate for *Mood (affective) disorders* (F30–F39).

There were, on average, 23 psychiatric care days per overnight separation for identified Aboriginal and Torres Strait Islander patients. There were, on average, 20.7 psychiatric care days per overnight separation reported for all patients. Figure 2.10 compares the rates of psychiatric care days per overnight separation for all patients and patients identified as Aboriginal and Torres Strait Islanders for selected principal diagnosis groups.

Table 2.20 presents the distribution of Aboriginal and Torres Strait Islander patients separations, patient days and psychiatric care days by area of usual residence, categorised using RRMA categories. Over half (56%) of the specialised separations reported for Aboriginal and Torres Strait Islander patients were for patients usually residing in metropolitan areas, compared with 83% for all patients.

Country of birth

Tables 2.21 and 2.22 detail the number of specialised separations, patient days and psychiatric care days for admitted patients according to their country of birth, grouped into Australia, Other English-speaking country and Non-English-speaking country (see Glossary).

Nationally, 6,141 same day and 7,556 overnight separations were reported for patients born in English-speaking countries other than Australia, and 11,583 same day and 17,378 overnight separations were reported for patients born in non-English-speaking countries. Principal diagnoses of *Mood (affective) disorders* (F30–F39) accounted for the highest number of specialised separations for all birth country groups. *Neurotic, stress-related and somatoform disorders* (F40–48) accounted for the second highest number of same day separations for all three groups and *Schizophrenia, schizotypal and delusional disorders* (F20–F29) accounted for

the second highest number of overnight separations and the highest number of patient days for all birth-country groups.

The number of patient days, specialised psychiatric care days and the crude rate of psychiatric care days per 1,000 population for the three country of birth categories are given in Table 2.22. Figure 2.11 illustrates the number of psychiatric care days per overnight separation for selected disorder categories by country of birth. *Schizophrenia* (F20) and *Manic episode* (F30) had the highest average number of specialised psychiatric care days per separation, but in both of these categories patients born in other English-speaking countries received fewer days in specialised psychiatric care on average. *Eating disorders* (F50) also had high levels of psychiatric care days per overnight separation for each country of birth category.

Table 2.1: Specialised and general care of all mental health-related separations^(a), Australia, 1998–99

	Number	Per cent of all hospital separations	Per cent of all mental health-related
Separations			
Same day separations			
All same day separations ^(b)	2,747,617	47.91	
With specialised psychiatric care			
with mental health principal diagnosis	66,235	1.15	26.34
without mental health principal diagnosis	5,279	0.09	2.10
Other mental health principal diagnosis without specialised care	23,708	0.41	9.43
<i>Total mental health-related same day separations</i>	<i>95,222</i>	<i>1.66</i>	<i>37.87</i>
Overnight separations			
All overnight separations ^(b)	2,987,432	52.09	
With specialised psychiatric care			
with mental health principal diagnosis	90,846	1.58	36.13
without mental health principal diagnosis	6,219	0.11	2.47
Other mental health principal diagnosis without specialised care	59,141	1.03	23.52
<i>Total mental health-related overnight separations</i>	<i>156,206</i>	<i>2.72</i>	<i>62.13</i>
Total mental health-related separations	251,428	4.38	100.00
Patient days			
All patient days			
All patient days due to same day separations ^(b)	2,747,617	12.31	
Patient days for same day separations			
With specialised psychiatric care			
with mental health principal diagnosis	66,235	0.30	2.08
without mental health principal diagnosis	5,279	0.02	0.17
Other mental health principal diagnosis without specialised care	23,708	0.11	0.75
<i>Total mental health-related same day patient days</i>	<i>95,222</i>	<i>0.43</i>	<i>3.00</i>
Patient days for overnight separations			
All patient days due to overnight separations ^(b)	19,571,424	87.69	
With specialised psychiatric care ^(c)			
with mental health principal diagnosis	2,326,364	10.42	73.20
without mental health principal diagnosis	173,276	0.78	5.45
Other mental health principal diagnosis without specialised care	583,109	2.61	18.35
<i>Total overnight patient days with a mental health principal</i>	<i>3,082,749</i>	<i>13.81</i>	<i>97.00</i>
Total mental health-related patient days	3,177,971	14.24	100.00

(a) Includes all separations with a mental health principal diagnosis as defined in Appendix 1 and all separations for which specialised psychiatric care was reported.

(b) From *Australian Hospital Statistics 1998–99*.

(c) Count of patient days for separations with some specialised psychiatric care.

Table 2.2: Specialised and general care of all mental health-related separations^(a), States and Territories, 1998–99

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Separations									
Same day separations									
With specialised psychiatric care									
with mental health principal diagnosis	22,054	18,450	10,749	12,036	2,137	745	30	34	66,235
without mental health principal diagnosis	1,848	660	1,174	1,509	12	66	6	4	5,279
Other mental health principal diagnosis without specialised care	7,981	6,282	4,165	1,422	1,358	2,325	110	65	23,708
<i>Total mental health-related same day separations</i>	31,883	25,392	16,088	14,967	3,507	3,136	146	103	95,222
Overnight separations									
With specialised psychiatric care									
with mental health principal diagnosis	27,640	21,702	18,895	9,484	9,740	1,954	739	692	90,846
without mental health principal diagnosis	1,786	1,370	1,485	818	261	415	52	32	6,219
Other mental health principal diagnosis without specialised care	18,739	13,384	11,759	6,827	5,556	1,817	855	204	59,141
<i>Total mental health-related overnight separations</i>	48,165	36,456	32,139	17,129	15,557	4,186	1,646	928	156,281
Total mental health-related separations	80,048	61,848	48,227	32,096	19,064	7,322	1,792	1,031	251,503
Patient days									
Patient days for same day separations									
With specialised psychiatric care									
with mental health principal diagnosis	22,054	18,450	10,749	12,036	2,137	745	30	34	66,235
without mental health principal diagnosis	1,848	660	1,174	1,509	12	66	6	4	5,279
Other mental health principal diagnosis without specialised care	7,981	6,282	4,165	1,422	1,358	2,325	110	65	23,708
<i>Total mental health-related same day patient days</i>	31,883	25,392	16,088	14,967	3,507	3,136	146	103	95,222
Patient days for overnight separations									
With specialised psychiatric care ^(b)									
with mental health principal diagnosis	766,444	354,566	718,014	237,667	189,868	43,003	9,091	7,711	2,326,364
without mental health principal diagnosis	63,894	25,763	51,434	8,228	4,005	19,250	418	284	173,276
Other mental health principal diagnosis without specialised care	200,193	117,173	135,510	50,424	43,417	21,553	13,526	1,313	583,109
<i>Total overnight patient days with a mental health principal diagnosis</i>	1,030,531	497,502	904,958	296,319	237,290	83,806	23,035	9,308	3,082,749
Total mental health-related patient days	1,062,414	522,894	921,046	311,286	240,797	86,942	23,181	9,411	3,177,971

(a) Includes all separations with a mental health principal diagnosis as defined in Appendix 1 and all separations for which specialised psychiatric care was reported.

(b) Count of patient days for separations with some specialised psychiatric care.

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

Table 2.3: Summary of mental health-related separations, by principal diagnosis in ICD-10-AM groupings^(a) and type of care, Australia, 1998–99

Principal diagnosis	Separations with specialised psychiatric care				Other mental health-related separations			
	Same day separations	Overnight separations	Total separations	Total psychiatric patient days care days ^(b)	Same day separations	Overnight separations	Total separations	Total patient days
F00–F09								
Organic, including symptomatic, mental disorders								
F00–F03	113	1,663	1,776	108,996	208	4,871	5,079	159,463
Dementia	242	1,301	1,543	95,732	549	6,158	6,707	87,648
F04–F09	355	2,964	3,319	204,728	757	11,029	11,786	247,111
Other organic mental disorders								
Total								
F10–F19								
Mental and behavioral disorders due to psychoactive substance use								
F10	2,862	4,359	7,221	126,703	4,993	11,276	16,269	70,482
F11–F19								
Mental and behavioural disorders due to use of alcohol								
Mental and behavioural disorders due to other psychoactive substances use	1,662	5,621	7,283	48,430	1,296	6,323	7,619	33,352
Total	4,524	9,980	14,504	175,133	6,289	17,599	23,888	103,834
F20–F29								
Schizophrenia, schizotypal and delusional disorders								
F20	4,182	18,311	22,493	871,557	1,190	1,777	2,967	20,148
Schizophrenia								
Other schizophrenic, schizotypal, delusional disorders	2,869	9,021	11,890	186,012	1,177	1,469	2,646	14,484
Total	7,051	27,332	34,383	1,057,569	2,367	3,246	5,613	34,632
F30–F39								
Mood (affective) disorders								
F30	41	797	838	29,141	110	234	344	2,393
Manic episode								
F31	3,403	9,030	12,433	211,069	822	1,208	2,030	13,553
Bipolar affective disorders								
F32–F33	24,041	19,181	43,222	369,308	5,957	9,503	15,460	91,382
Depressive disorders								
F34–F39	2,785	1,922	4,707	26,430	457	1,456	1,913	11,642
Other mood (affective) disorders								
Total	30,270	30,930	61,200	635,948	7,346	12,401	19,747	118,970
F40–F48								
Neurotic, stress-related and somatoform disorders	13,436	11,830	25,266	124,212	5,140	9,531	14,671	60,586
F50–F59								
Behavioural syndromes associated with physiological disturbances and physical factors								
F50	4,808	1,047	5,855	34,828	295	757	1,052	14,916
Eating disorders								
Other behavioural syndromes associated with physiological disturbances, physical factors	159	399	558	5,523	266	2,633	2,899	11,231
Total	4,967	1,446	6,413	40,351	561	3,390	3,951	26,147
F60–F69								
Disorders of adult personality and behaviour								
F70–F79	2,521	4,913	7,434	48,677	319	872	1,191	5,810
Mental retardation	25	161	186	44,084	73	84	157	1,985
F80–F89	221	164	385	41,405	532	182	714	3,671
Disorders of psychological development								
Disorders onset usually occurring in childhood, adolescence	2,422	804	3,226	12,839	232	661	893	3,427
F90–F98	14	104	118	894	29	19	48	85
Mental disorder not otherwise specified								
F99	15	110	125	866	12	36	48	89
Observation for suspected mental and behavioural disorder								
Z03.2	414	108	522	5,893	51	91	142	471
Other reasons for encounter associated with mental disorders ^(c)								
Disorders not related to mental health ^(a)	5,257	5,433	10,690	147,835	0	0	0	0
Not reported	22	786	808	30,720				
Total	71,514	97,065	168,579	2,571,154	23,708	59,141	82,849	606,818

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Disorders not related to mental health'.

(b) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

(c) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Table 2.4: All separations in Major Diagnostic Categories 19 and 20 or with specialised psychiatric care, by AR-DRG and type of care, Australia, 1998–99

AR-DRG Description ^(a)	Separations with specialised psychiatric care				Separations with no specialised psychiatric care				Total patient days	
	Same day separations	Overnight separations	Total separations	Total patient days	Same day separations	Overnight separations	Total separations	Total psychiatric care days ^(b)		
U40Z Mental health treatment, same day with Ect	5,185	0	5,185	5,185	2,177	0	2,177	5,102	2,177	2,177
U60Z Mental health treatment, same day without Ect	56,240	0	56,240	56,240	13,159	0	13,159	44,042	13,159	13,159
U61A Schizophrenia disorders with involuntary Mhls	0	12,441	12,441	619,238	0	13	13	486,296	13	96
U61B Schizophrenia disorders without involuntary Mhls	0	11,182	11,182	377,520	0	1,618	1,618	315,744	1,618	18,551
U62A Paranoid & acute psych disorder with Csccl/involuntary Mhls	0	2,100	2,100	31,758	0	122	122	28,128	122	2,092
U62B Paranoid & acute psych disorder without Csccl/involuntary Mhls	0	1,591	1,591	21,599	0	615	615	18,594	615	4,752
U63A Major affective disorder with Csccl or Age > 69 without Csccl	0	4,674	4,674	145,774	0	970	970	128,202	970	15,466
U63B Major affective disorder Age < 70 without Csccl	0	21,367	21,367	397,976	0	3,284	3,284	364,366	3,284	29,426
U64Z Other affective & somatoform disorders	0	5,688	5,688	69,349	0	4,814	4,814	60,816	4,814	34,010
U65Z Anxiety disorders	0	1,918	1,918	25,653	0	8,443	8,443	21,226	8,443	31,991
U66Z Eating & obsessive–compulsive disorders	0	1,471	1,471	36,275	0	620	620	33,212	620	10,734
U67Z Personality disorders & acute reactions	0	14,594	14,594	126,112	0	4,033	4,033	109,724	4,033	25,726
U68Z Childhood mental disorders	0	433	433	45,238	0	545	545	29,508	545	3,409
Total MDC 19	61,425	77,459	138,884	1,957,917	15,336	25,077	40,413	1,644,960	40,413	191,589
V60Z Alcohol intoxication and withdrawal	914	1,879	2,793	46,613	2,059	3,674	5,733	31,844	5,733	18,455
V61A Drug intoxication and withdrawal with CC	343	488	831	6,345	44	245	289	5,954	289	1,579
V61B Drug intoxication and withdrawal without CC	270	1,994	2,264	17,302	272	676	948	15,516	948	3,102
V62A Alcohol use disorder & dependence	0	2,390	2,390	31,730	0	3,201	3,201	30,120	3,201	25,523
V62B Alcohol use disorder & dependence, same day	1,946	0	1,946	1,946	1,051	0	1,051	1,749	1,051	1,051
V63Z Opioid use disorder & dependence	410	1,850	2,260	11,334	259	2,491	2,750	10,436	2,750	10,826
V64Z Other drug use disorder & dependence	715	1,446	2,161	15,006	211	860	1,071	14,397	1,071	5,727
Total MDC 20	4,598	10,047	14,645	130,276	3,896	11,147	15,043	110,016	15,043	66,263
All other MDCs	5,491	9,559	15,050	482,961	19,232	36,224	55,456	419,575	55,456	257,852
Total	71,514	97,065	168,579	2,571,154	19,232	36,224	55,456	2,174,551	55,456	257,852

(a) Refer to Appendix 2 for full AR-DRG category names.

(b) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

Abbreviations

- Ect Electroconvulsive therapy
- Mhls Mental health legal status
- Csccl Catastrophic/severe complications and comorbidities
- psych Psychotic
- CC Complications and comorbidities

Table 2.5: Separations, patient days and psychiatric care days for separations with specialised psychiatric care, by hospital type, States and Territories, 1998–99

	NSW	Vic	QLD	WA ^(a)	SA	Tas	ACT	NT	Total ^(b)
Public acute									
Same day separations	10,070	3,258	4,947	3,761	1,970	803	36	38	24,883
Overnight separations	15,293	17,082	15,398	5,146	3,943	1,845	741	724	60,172
<i>Total separations</i>	<i>25,363</i>	<i>20,340</i>	<i>20,345</i>	<i>8,907</i>	<i>5,913</i>	<i>2,648</i>	<i>777</i>	<i>762</i>	<i>85,055</i>
Total patient days	265,109	278,523	189,437	103,283	55,120	16,404	8,677	8,033	924,586
Total psychiatric care days	251,974	278,523	182,888	n.a.	55,120	16,404	8,677	7,419	801,007
Private									
Same day separations	11,821	15,850	6,953	9,731	12	n.a.	0	n.a.	44,367
Overnight separations	5,909	5,422	3,519	2,444	2,487	n.a.	50	n.a.	19,831
<i>Total separations</i>	<i>17,730</i>	<i>21,272</i>	<i>10,472</i>	<i>12,175</i>	<i>2,499</i>	<i>n.a.</i>	<i>50</i>	<i>n.a.</i>	<i>64,198</i>
Total patient days	117,892	105,493	79,056	41,501	42,247	n.a.	868	n.a.	387,057
Total psychiatric care days	115,399	105,493	78,107	n.a.	42,247	n.a.	868	n.a.	342,114
Public psychiatric									
Same day separations	2,011	2	23	53	167	8	..	..	2,264
Overnight separations	8,224	568	1,463	2,712	3,571	524	..	..	17,062
<i>Total separations</i>	<i>10,235</i>	<i>570</i>	<i>1,486</i>	<i>2,765</i>	<i>3,738</i>	<i>532</i>	<i>..</i>	<i>..</i>	<i>19,326</i>
Total patient days	471,239	15,423	512,878	114,656	98,655	46,660	..	..	1,259,511
Total psychiatric care days	243,160	15,423	512,878	114,656	98,655	46,660	..	..	1,031,432
All hospitals									
Same day separations	23,902	19,110	11,923	13,545	2,149	811	36	38	71,514
Overnight separations	29,426	23,072	20,380	10,302	10,001	2,369	791	724	97,065
<i>Total separations</i>	<i>53,328</i>	<i>42,182</i>	<i>32,303</i>	<i>23,847</i>	<i>12,150</i>	<i>3,180</i>	<i>827</i>	<i>762</i>	<i>168,579</i>
Total patient days	854,240	399,439	781,371	259,440	196,022	63,064	9,545	8,033	2,571,154
Total psychiatric care days	610,533	399,439	773,873	114,656	196,022	63,064	9,545	7,419	2,174,551

(a) Psychiatric care days from WA were not available for public acute and private hospitals.

(b) Australian total does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

.. Not applicable

n.a. Not available

Table 2.6: Separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings,^(a) Australia, 1998–99

Principal diagnosis	Separations			Total patient days	Total psychiatric care days ^(c)	Average length of stay (overnight)	Psychiatric separation (overnight)	Patient days per 1,000 pop ⁿ (^b)	Psych days per 1,000 pop ⁿ (^b)
	Same day	Overnight	Total						
F00–F09									
Organic, including symptomatic, mental disorders									
F00–F03	113	1,663	1,776	108,996	88,273	65.5	53.0	5.8	4.7
Dementia	242	1,301	1,543	95,732	89,377	73.4	68.5	5.1	4.7
F04–F09	355	2,964	3,319	204,728	177,650	69.0	59.8	10.9	9.4
Total									
F10–F19									
Mental and behavioral disorders due to psychoactive substances									
F10	2,862	4,359	7,221	126,703	107,680	28.4	24.0	6.7	5.7
F11–F19									
Mental and behavioural disorders due to use of alcohol									
F11	1,662	5,621	7,283	48,430	44,822	8.3	7.7	2.6	2.4
F12	4,524	9,980	14,504	175,133	152,502	17.1	14.8	9.3	8.1
Total									
F20–F29									
Schizophrenia, schizotypal and delusional disorders									
F20	4,182	18,311	22,493	871,557	692,839	47.4	37.6	46.3	36.8
F21	2,869	9,021	11,890	186,012	162,800	20.3	17.7	9.9	8.6
F21–F29	7,051	27,332	34,383	1,057,569	855,639	1.8	31.0	56.1	45.4
Total									
F30–F39									
Mood (affective) disorders									
F30	41	797	838	29,141	27,957	36.5	35.0	1.5	1.5
F31	3,403	9,030	12,433	211,069	191,980	23.0	20.9	11.2	10.2
F32–F33	24,041	19,181	43,222	369,308	328,939	18.0	15.9	19.6	17.5
F34–F39	2,785	1,922	4,707	26,430	21,910	12.3	10.0	1.4	1.2
Total	30,270	30,930	61,200	635,948	570,786	19.6	17.5	33.8	30.3
F40–F48	13,436	11,830	25,266	124,212	104,562	9.4	7.7	6.6	5.5
Neurotic, stress-related and somatoform disorders									
F40–F48	4,808	1,047	5,855	34,828	31,647	28.7	25.6	1.8	1.7
F50–F59									
Behavioural syndromes associated with physiological eating disorders									
F50	159	399	558	5,523	5,381	13.4	13.1	0.3	0.3
F51–F59	4,967	1,446	6,413	40,351	37,028	24.5	22.2	2.1	2.0
Total									
F60–F69	2,521	4,913	7,434	48,677	44,563	9.4	8.6	2.6	2.4
Disorders of adult personality and behaviour									
F70–F79	25	161	186	44,084	43,807	273.7	271.9	2.3	2.3
Mental retardation									
F80–F89	221	164	385	41,405	27,292	251.1	165.1	2.2	1.4
Disorders onset usually occurring in childhood, adolescence									
F90–F98	2,422	804	3,226	12,839	9,574	13.0	8.9	0.7	0.5
Mental disorder not otherwise specified	14	104	118	894	892	8.5	8.4	0.0	0.0
Z03.2	15	110	125	866	793	7.7	7.1	0.0	0.0
Observation for suspected mental and behavioural disorders ^(d)									
Other Z codes associated with mental disorders ^(d)	414	108	522	5,893	5,746	50.7	49.4	0.3	0.3
Other principal diagnoses not related to mental health ^(e)	5,257	5,433	10,690	147,835	112,997	26.2	19.8	7.8	6.0
Not reported	22	786	808	30,720	30,720	39.1	39.1	1.6	1.6
Total	71,514	97,065	168,579	8,925,714	2,174,551	25.8	21.7	136.5	115.4

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Population rates are crude rates based on 31 December 1998 estimated resident population data.

(c) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

(d) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Table 2.7: Separations with specialised psychiatric care by principal diagnosis in ICD-10-AM chapter groupings, Australia, 1998–99

Principal diagnosis	Same day separations		Overnight separations		Separations per 1,000 population ^(a)		Total patient days	Total psychiatric care days ^(b)	Average length of stay (overnight) (overnight) population ^(a)	Psychiatric		Total psychiatric care days per 1,000 population ^(a)
	separations	separations	separations	separations	per 1,000 patient days	per 1,000 population ^(a)				patient days per 1,000 population ^(a)	care days per 1,000 population ^(a)	
A00–B99 Certain infectious and parasitic diseases	2	30	32	< 0.01	761	450	25.3	14.9	0.0	0.0	0.0	
C00–D48 Neoplasms	10	49	59	< 0.01	1,020	721	20.6	14.5	0.1	0.0	0.0	
D50–D89 Diseases of the blood and blood-forming organs	3	9	12	< 0.01	175	155	19.1	16.9	< 0.01	< 0.01	0.0	
E00–E90 Endocrine, nutritional and metabolic diseases	8	59	67	< 0.01	1,200	879	20.2	14.8	0.1	0.0	0.0	
F00–F99 Mental and behavioural disorders	65,806	90,628	156,434	8.3	2,385,840	2,024,295	25.6	21.6	126.6	107.4	107.4	
G00–G99 Diseases of the nervous system	789	818	1,607	0.1	50,831	43,133	61.2	51.8	2.7	2.3	2.3	
H00–H59 Diseases of the eye and adnexa	18	13	31	< 0.01	172	71	11.8	4.1	0.0	< 0.01	< 0.01	
H60–H95 Diseases of the ear and mastoid process	52	1	53	< 0.01	61	61	9.0	9.0	< 0.01	< 0.01	< 0.01	
I00–I99 Diseases of the circulatory system	3	74	77	< 0.01	8,805	8,220	118.9	111.0	0.5	0.4	0.4	
J00–J99 Diseases of the respiratory system	26	43	69	< 0.01	859	575	19.4	12.8	0.0	0.0	0.0	
K00–K93 Diseases of the digestive system	28	72	100	< 0.01	990	605	13.4	8.0	0.1	0.0	0.0	
L00–L99 Diseases of the skin and subcutaneous tissue	9	19	28	< 0.01	307	244	15.7	12.4	0.0	0.0	0.0	
M00–M99 Diseases of the musculoskeletal system and connective tissue	477	94	571	0.0	1,626	1,293	12.2	8.7	0.1	0.1	0.1	
N00–N99 Diseases of the genito-urinary system	48	42	90	< 0.01	702	429	15.6	9.1	0.0	0.0	0.0	
O00–O99 Pregnancy, childbirth and the puerperium	488	410	898	0.0	5,404	4,111	12.0	8.8	0.3	0.2	0.2	
P00–P96 Certain conditions originating in the perinatal period	2	1	3	< 0.01	26	22	24.0	20.0	< 0.01	< 0.01	< 0.01	
Q00–Q99 Congenital malformations, deformations, and chromosomal abnormalities	1	14	15	< 0.01	5,945	2,361	424.6	168.6	0.3	0.1	0.1	
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	701	379	1,080	0.1	4,350	2,525	9.6	4.8	0.2	0.1	0.1	
S00–T98 Injury, poisoning and certain other consequences of external causes	337	2,160	2,497	0.1	17,755	14,423	8.1	6.5	0.9	0.8	0.8	
Z00–Z99 Factors influencing health status and contact with health services	2,684	1,364	4,048	0.2	53,605	39,258	37.3	26.8	2.8	2.1	2.1	
Not reported	22	786	808	0.0	30,720	30,720	39.1	39.1	1.6	1.6	1.6	
Total	71,514	97,065	168,579	9.0	2,571,154	2,174,551	25.8	21.7	136.5	115.4	115.4	

(a) Population rates are crude rates based on the 31 December 1998 estimated resident population data.

(b) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

Table 2.8: Separations, patient days and psychiatric care days of separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings^(a) and hospital type, Australia, 1998–99

Principal diagnosis	Public acute hospitals						Private hospitals					
	Separations			Total			Separations			Total		
	Same day	Overnight	Total	patient days	psychiatric care days ^(b)	Total	Same day	Overnight	Total	patient days	psychiatric care days ^(b)	Total
F00–F09 Organic, including symptomatic, mental disorders												
F00–F03 Dementia	105	974	1,079	38,406	18,004		7	160	167	3,824	3,687	
F04–F09 Other organic mental disorders	174	812	986	20,417	14,632		62	193	255	3,672	3,165	
<i>Total</i>	279	1,786	2,065	58,823	32,636		69	353	422	7,496	6,852	
F10–F19 Mental and behavioural disorders due to psychoactive substances												
F10 Mental and behavioural disorders due to use of alcohol	535	1,490	2,025	11,496	9,471		2,223	1,602	3,825	24,044	21,966	
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	310	2,487	2,797	18,380	16,678		867	1,238	2,105	14,674	13,110	
<i>Total</i>	845	3,977	4,822	29,876	26,149		3,090	2,840	5,930	38,718	35,076	
F20–F29 Schizophrenia, schizotypal and delusional disorders												
F20 Schizophrenia	1,589	13,523	15,112	271,150	252,049		2,128	962	3,090	19,536	17,718	
F21–F29 Other schizophrenic, schizotypal, delusional	1,183	6,507	7,690	106,564	95,886		1,526	904	2,430	17,730	16,101	
<i>Total</i>	2,772	20,030	22,802	377,714	347,935		3,654	1,866	5,520	37,266	33,819	
F30–F39 Mood (affective) disorders												
F30 Manic episode	33	559	592	7,665	6,676		7	86	93	1,465	1,270	
F31 Bipolar affective disorders	1,102	5,879	6,981	101,191	91,018		2,095	1,531	3,626	29,730	26,783	
F32–F33 Depressive disorders	6,626	10,234	16,860	164,966	144,379		17,141	7,452	24,593	158,387	141,583	
F34–F39 Other mood (affective) disorders	1,031	1,228	2,259	11,851	8,674		1,745	507	2,252	11,493	10,182	
<i>Total</i>	8,792	17,900	26,692	285,673	250,747		20,988	9,576	30,564	201,075	179,818	
F40–F48 Neurotic, stress-related and somatoform disorders	3,954	7,238	11,192	53,736	42,945		9,115	2,977	12,092	55,627	47,638	
F50–F59 Behavioural syndromes associated with physiological												
F50 Eating disorders	1,719	581	2,300	15,799	14,288		3,089	438	3,527	18,139	16,621	
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	44	191	235	2,455	2,342		110	105	215	1,976	1,947	
<i>Total</i>	1,763	772	2,535	18,254	16,630		3,199	543	3,742	20,115	18,568	
F60–F69 Disorders of adult personality and behaviour	1,377	3,310	4,687	24,356	21,558		1,060	467	1,527	8,329	7,205	
F70–F79 Mental retardation	19	91	110	1,026	942		0	7	7	101	101	
F80–F89 Disorders of psychological development	201	104	305	2,228	1,061		16	13	29	296	296	
F90–F98 Disorders onset usually occurring in childhood, Mental disorder not otherwise specified	2,303	676	2,979	10,825	8,249		57	63	120	770	572	
F99 Mental disorder not otherwise specified	13	101	114	872	870		1	3	4	22	22	
Z03.2 Observation for suspected mental and behavioural	13	73	86	540	467		0	3	3	16	16	
Other Z codes associated with mental disorders ^(c)	16	74	90	1,138	1,016		394	11	405	4,686	4,661	
Other principal diagnoses not related to mental health ^(a)	2,525	3,814	6,339	54,137	44,412		2,715	1,102	3,817	12,329	7,259	
Not reported	11	226	237	5,388	5,388		9	7	16	211	211	
Total	24,883	60,172	85,055	924,586	801,005		44,367	19,831	64,198	387,057	342,114	

(continued)

Table 2.8 (continued): Separations, patient days and psychiatric care days of separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings^(a) and hospital type, Australia, 1998–99

Principal diagnosis	Public psychiatric hospitals			
	Separations		Total	Total psychiatric patient days care days ^(b)
	Same day	Overnight		
F00–F09 Organic, including symptomatic, mental disorders				
F00–F03 Dementia	1	529	530	66,766
F04–F09 Other organic mental disorders	6	296	302	71,643
<i>Total</i>	7	825	832	138,409
F10–F19 Mental and behavioural disorders due to psychoactive substance use				
F10 Mental and behavioural disorders due to use of	104	1,267	1,371	91,163
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	485	1,896	2,381	15,376
<i>Total</i>	589	3,163	3,752	106,539
F20–F29 Schizophrenia, schizotypal and delusional disorders				
F20 Schizophrenia	465	3,826	4,291	580,871
F21–F29 Other schizophrenic, schizotypal, delusional disorders	160	1,610	1,770	61,718
<i>Total</i>	625	5,436	6,061	642,589
F30–F39 Mood (affective) disorders				
F30 Manic episode	1	152	153	20,011
F31 Bipolar affective disorders	206	1,620	1,826	80,148
F32–F33 Depressive disorders	274	1,495	1,769	45,955
F34–F39 Other mood (affective) disorders	9	187	196	3,086
<i>Total</i>	490	3,454	3,944	149,200
F40–F48 Neurotic, stress-related and somatoform disorders	367	1,615	1,982	14,849
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors				
F50 Eating disorders	0	28	28	890
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	5	103	108	1,092
<i>Total</i>	5	131	136	1,982
F60–F69 Disorders of adult personality and behaviour	84	1,136	1,220	15,992
F70–F79 Mental retardation	6	63	69	42,957
F80–F89 Disorders of psychological development	4	47	51	38,881
F90–F98 Disorders onset usually occurring in childhood, Mental disorder not otherwise specified	62	65	127	1,244
F99 Mental disorder for suspected mental and behavioural disorders	0	0	0	0
Z032 Observation for suspected mental and behavioural disorders ^(c)	2	34	36	310
Other Z codes associated with mental disorders ^(a)	4	23	27	69
Other principal diagnoses not related to mental health ^(a)	17	517	534	81,369
Not reported	2	553	555	25,121
Total	2,264	17,062	19,326	1,259,511
				1,031,432

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Does not include psychiatric care days from WA public acute or private hospitals. The totals for these hospital types are therefore underestimates of total psychiatric care days.

(c) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4, Z91.5.

Table 2.9: Same day separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings,^(a) States and Territories, 1998–99

Principal diagnosis	NSW	Vic	Qld	WA ^(b)	SA	Tas	ACT	NT	Total
F00–F09 Organic, including symptomatic, mental disorders									
F00–F03 Dementia	90	21	1	0	1	0	0	0	113
F04–F09 Other organic mental disorders	163	25	41	8	2	3	0	0	242
<i>Total</i>	253	46	42	8	3	3	0	0	355
F10–F19 Mental and behavioural disorders due to psychoactive substance use									
F10 Mental and behavioural disorders due to use of alcohol	1,759	527	260	276	22	13	2	3	2,862
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	1,169	240	168	62	13	4	5	1	1,662
<i>Total</i>	2,928	767	428	338	35	17	7	4	4,524
F20–F29 Schizophrenia, schizotypal and delusional disorders									
F20 Schizophrenia	1,472	1,158	877	133	447	85	4	6	4,182
F21–F29 Other schizophrenic, schizotypal, delusional disorders	1,019	702	553	420	122	46	4	3	2,869
<i>Total</i>	2,491	1,860	1,430	553	569	131	8	9	7,051
F30–F39 Mood (affective) disorders									
F30 Manic episode	15	9	16	1	0	0	0	0	41
F31 Bipolar affective disorders	922	1,170	425	551	173	161	1	0	3,403
F32–F33 Depressive disorders	6,342	8,525	3,915	4,465	427	360	4	3	24,041
F34–F39 Other mood (affective) disorders	365	589	642	1,154	14	20	1	0	2,785
<i>Total</i>	7,644	10,293	4,998	6,171	614	541	6	3	30,270
F40–F48 Neurotic, stress-related and somatoform disorders	4,449	2,153	2,426	3,798	559	34	6	11	13,436
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors									
F50 Eating disorders	1,043	2,687	590	447	41	0	0	0	4,808
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	64	84	7	4	0	0	0	0	159
<i>Total</i>	1,107	2,771	597	451	41	0	0	0	4,967
F60–F69 Disorders of adult personality and behaviour									
F70–F79 Mental retardation	776	486	257	673	308	15	3	3	2,521
F80–F89 Disorders of psychological development	5	3	16	1	0	0	0	0	25
F90–F98 Disorders onset usually occurring in childhood, adolescence	119	15	87	0	0	0	0	0	221
F99 Mental disorder not otherwise specified	2,271	42	59	40	8	0	0	2	2,422
Z03.2 Observation for suspected mental and behavioural disorder	2	12	0	0	0	0	0	0	14
Other Z codes associated with mental disorders ^(c)	2	1	6	3	0	1	0	2	15
Other Z codes associated with mental disorders ^(e)	7	1	403	0	0	3	0	0	414
Other principal diagnoses not related to mental health ^(d)	1,848	648	1,174	1,509	12	56	6	4	5,257
Not reported	0	12	0	0	0	10	0	0	22
Total	23,902	19,110	11,923	13,545	2,149	811	36	38	71,514
Age-standardised rate^(e)	3.75	4.06	3.44	7.38	1.43	1.73	0.12	0.21	3.80

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) WA figures include same day group therapy sessions at some units.

(c) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

(d) Indirect age-standardisation on the estimated resident population as at 31 December 1998.

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

Table 2.10: Overnight separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings,^(a) States and Territories, 1998–99

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
F00–F09 Organic, including symptomatic, mental disorders									
F00–F03 Dementia	242	422	173	475	338	10	1	2	1,663
F04–F09 Other organic mental disorders	302	298	289	269	113	10	11	9	1,301
<i>Total</i>	<i>544</i>	<i>720</i>	<i>462</i>	<i>744</i>	<i>451</i>	<i>20</i>	<i>12</i>	<i>11</i>	<i>2,964</i>
F10–F19 Mental and behavioural disorders due to psychoactive substance use									
F10 Mental and behavioural disorders due to use of alcohol	2,361	593	551	368	382	46	19	39	4,359
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	2,891	934	895	390	337	59	47	68	5,621
<i>Total</i>	<i>5,252</i>	<i>1,527</i>	<i>1,446</i>	<i>758</i>	<i>719</i>	<i>105</i>	<i>66</i>	<i>107</i>	<i>9,980</i>
F20–F29 Schizophrenia, schizotypal and delusional disorders									
F20 Schizophrenia	5,686	5,035	3,999	1,439	1,434	365	161	192	18,311
F21–F29 Other schizophrenic, schizotypal, delusional disorders	2,749	2,143	1,843	804	1,110	195	94	83	9,021
<i>Total</i>	<i>8,435</i>	<i>7,178</i>	<i>5,842</i>	<i>2,243</i>	<i>2,544</i>	<i>560</i>	<i>255</i>	<i>275</i>	<i>27,332</i>
F30–F39 Mood (affective) disorders									
F30 Manic episode	239	180	153	114	73	26	7	5	797
F31 Bipolar affective disorders	2,535	2,081	1,879	879	1,192	296	109	59	9,030
F32–F33 Depressive disorders	5,131	5,568	4,030	1,783	2,161	330	92	86	19,181
F34–F39 Other mood (affective) disorders	381	300	560	258	302	101	16	4	1,922
<i>Total</i>	<i>8,286</i>	<i>8,129</i>	<i>6,622</i>	<i>3,034</i>	<i>3,728</i>	<i>753</i>	<i>224</i>	<i>154</i>	<i>30,930</i>
F40–F48 Neurotic, stress-related and somatoform disorders	2,953	2,222	2,915	1,778	1,506	273	76	107	11,830
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors									
F50 Eating disorders	308	252	291	66	116	8	4	2	1,047
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	118	123	36	75	19	23	2	3	399
<i>Total</i>	<i>426</i>	<i>375</i>	<i>327</i>	<i>141</i>	<i>135</i>	<i>31</i>	<i>6</i>	<i>5</i>	<i>1,446</i>
F60–F69 Disorders of adult personality and behaviour	1,317	1,242	937	569	557	182	91	18	4,913
F70–F79 Mental retardation	47	13	57	14	15	5	4	6	161
F80–F89 Disorders of psychological development	74	24	32	19	12	1	2	0	164
F90–F98 Disorders onset usually occurring in childhood, adolescence	171	173	226	144	69	18	1	2	804
F99 Mental disorder not otherwise specified	15	88	0	0	0	0	1	0	104
Z03.2 Observation for suspected mental and behavioural disorder	30	10	21	38	3	3	1	4	110
Other Z codes associated with mental disorders ^(b)	90	1	8	2	1	3	0	3	108
Other principal diagnoses not related to mental health ^(a)	1,786	762	1,485	818	261	238	52	32	5,434
Not reported	0	608	0	0	0	177	0	0	785
Total	29,426	23,072	20,380	10,302	10,001	2,369	791	724	97,065
Age-standardised rate^(c)	4.63	4.89	5.89	5.58	6.73	5.16	2.51	3.75	5.15

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

(c) Indirect age-standardisation on the estimated resident population as at 31 December 1998.

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

Table 2.11: Patient days for overnight separations with specialised care by principal diagnosis in ICD-10-AM groupings, (a) States and Territories, 1998–99

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
F00–F09 Organic, including symptomatic, mental disorders									
F00–F03 Dementia	12,914	13,084	22,376	38,406	21,886	157	13	47	108,883
F04–F09 Other organic mental disorders	9,986	8,061	62,052	11,274	3,279	92	149	597	95,490
<i>Total</i>	<i>22,900</i>	<i>21,145</i>	<i>84,428</i>	<i>49,680</i>	<i>25,165</i>	<i>249</i>	<i>162</i>	<i>644</i>	<i>204,373</i>
F10–F19 Mental and behavioural disorders due to psychoactive substance use									
F10 Mental and behavioural disorders due to use of alcohol	55,529	5,614	51,589	4,704	5,955	201	91	158	123,841
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	23,288	6,763	7,466	4,770	3,178	492	279	532	46,768
<i>Total</i>	<i>78,817</i>	<i>12,377</i>	<i>59,055</i>	<i>9,474</i>	<i>9,133</i>	<i>693</i>	<i>370</i>	<i>690</i>	<i>170,609</i>
F20–F29 Schizophrenia, schizotypal and delusional disorders									
F20 Schizophrenia	354,191	104,266	274,617	63,168	44,166	21,936	2,736	2,295	867,375
F21–F29 Other schizophrenic, schizotypal, delusional disorders	67,018	35,533	32,617	21,037	21,068	2,871	1,521	1,478	183,143
<i>Total</i>	<i>421,209</i>	<i>139,799</i>	<i>307,234</i>	<i>84,205</i>	<i>65,234</i>	<i>24,807</i>	<i>4,257</i>	<i>3,773</i>	<i>1,050,518</i>
F30–F39 Mood (affective) disorders									
F30 Manic episode	3,758	2,366	15,572	5,417	1,535	314	93	45	29,100
F31 Bipolar affective disorders	58,924	36,185	61,732	18,822	21,582	7,953	1,607	861	207,666
F32–F33 Depressive disorders	101,198	92,234	70,666	34,038	42,067	2,889	1,213	962	345,267
F34–F39 Other mood (affective) disorders	3,858	4,277	6,705	3,877	3,516	1,225	171	16	23,645
<i>Total</i>	<i>167,738</i>	<i>135,062</i>	<i>154,675</i>	<i>62,154</i>	<i>68,700</i>	<i>12,381</i>	<i>3,084</i>	<i>1,884</i>	<i>605,678</i>
F40–F48 Neurotic, stress-related and somatoform disorders	29,730	22,088	27,106	16,624	12,882	1,483	482	381	110,776
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors									
F50 Eating disorders	10,604	7,703	6,677	1,691	3,003	164	147	31	30,020
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors									
<i>Total</i>	<i>1,820</i>	<i>1,982</i>	<i>303</i>	<i>743</i>	<i>119</i>	<i>339</i>	<i>4</i>	<i>54</i>	<i>5,364</i>
F60–F69 Disorders of adult personality and behaviour	12,424	9,685	6,980	2,434	3,122	503	151	85	35,384
F70–F79 Mental retardation	12,003	9,867	9,287	7,429	4,935	1,907	514	214	46,156
F80–F89 Disorders of psychological development	2,706	90	38,807	1,420	120	876	18	22	44,059
F90–F98 Disorders onset usually occurring in childhood, adolescence	15,514	337	24,024	1,167	95	1	46	0	41,184
F99 Mental disorder not otherwise specified	1,869	3,188	2,052	2,748	469	85	1	5	10,417
Z03.2 Observation for suspected mental and behavioural disorder	73	804	0	0	0	0	3	0	880
Other Z codes associated with mental disorders ^(b)	257	114	147	308	9	5	3	8	851
Other principal diagnoses not related to mental health ^(a)	1,204	10	4,219	24	4	13	0	5	5,479
Not reported	63,894	12,527	51,434	8,228	4,005	1,789	418	284	142,579
Total	830,338	380,329	769,448	245,895	193,873	62,253	9,509	7,995	2,499,640
Age-standardised rate^(c)	129.81	80.39	223.91	135.61	127.55	133.10	31.50	46.37	132.66

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

(c) Indirect age-standardisation on the estimated resident population as at 31 December 1998.

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

Table 2.12: Total psychiatric care days for overnight separations with specialised care by principal diagnosis in ICD-10-AM groupings,^(a) States and Territories, 1998–99

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
F00–F09 Organic, including symptomatic, mental disorders									
F00–F03 Dementia	12,574	13,084	21,380	n.a.	21,886	157	13	47	69,141
F04–F09 Other organic mental disorders	9,473	8,061	61,370	n.a.	3,279	92	149	591	83,015
<i>Total</i>	<i>22,047</i>	<i>21,145</i>	<i>82,750</i>	<i>n.a.</i>	<i>25,165</i>	<i>249</i>	<i>162</i>	<i>638</i>	<i>152,156</i>
F10–F19 Mental and behavioural disorders due to psychoactive substance use									
F10 Mental and behavioural disorders due to use of alcohol	40,029	5,614	51,403	n.a.	5,955	201	91	149	103,442
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	22,559	6,763	7,339	n.a.	3,178	492	279	517	41,127
<i>Total</i>	<i>62,588</i>	<i>12,377</i>	<i>58,742</i>	<i>n.a.</i>	<i>9,133</i>	<i>693</i>	<i>370</i>	<i>666</i>	<i>144,569</i>
F20–F29 Schizophrenia, schizotypal and delusional disorders									
F20 Schizophrenia	192,469	104,266	274,476	n.a.	44,166	21,936	2,736	2,213	642,262
F21–F29 Other schizophrenic, schizotypal, delusional disorders	55,131	35,533	32,543	n.a.	21,068	2,871	1,521	1,079	149,746
<i>Total</i>	<i>247,600</i>	<i>139,799</i>	<i>307,019</i>	<i>n.a.</i>	<i>65,234</i>	<i>24,807</i>	<i>4,257</i>	<i>3,292</i>	<i>792,008</i>
F30–F39 Mood (affective) disorders									
F30 Manic episode	3,710	2,366	15,553	n.a.	1,535	314	93	45	23,616
F31 Bipolar affective disorders	52,381	36,185	61,430	n.a.	21,582	7,953	1,607	852	181,990
F32–F33 Depressive disorders	95,271	92,234	69,756	n.a.	42,067	2,889	1,213	943	304,373
F34–F39 Other mood (affective) disorders	3,759	4,277	6,638	n.a.	3,516	1,225	171	16	19,602
<i>Total</i>	<i>155,121</i>	<i>135,062</i>	<i>153,377</i>	<i>n.a.</i>	<i>68,700</i>	<i>12,381</i>	<i>3,084</i>	<i>1,856</i>	<i>529,581</i>
F40–F48 Neurotic, stress-related and somatoform disorders	27,766	22,088	26,926	n.a.	12,882	1,483	482	370	91,997
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors	9,724	7,703	6,474	n.a.	3,003	164	147	31	27,246
F50 Eating disorders	1,812	1,982	303	n.a.	119	339	4	53	4,612
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	11,536	9,685	6,777	n.a.	3,122	503	151	84	31,858
<i>Total</i>	<i>11,493</i>	<i>9,867</i>	<i>9,225</i>	<i>n.a.</i>	<i>4,935</i>	<i>1,907</i>	<i>514</i>	<i>214</i>	<i>38,155</i>
F60–F69 Disorders of adult personality and behaviour	2,507	90	38,807	n.a.	120	876	18	22	42,440
F70–F79 Mental retardation	2,555	337	24,024	n.a.	95	1	46	0	27,058
F80–F89 Disorders of psychological development	1,374	3,188	2,051	n.a.	469	85	1	5	7,173
F90–F98 Disorders onset usually occurring in childhood, adolescence	71	804	0	n.a.	0	0	3	0	878
F99 Mental disorder not otherwise specified	249	114	147	n.a.	9	5	3	8	535
Z03.2 Observation for suspected mental and behavioural disorder	1,081	10	4,219	n.a.	4	13	0	5	5,332
Other Z codes associated with mental health ^(a)	40,645	12,527	47,886	n.a.	4,005	1,789	418	221	107,491
Other principal diagnoses not related to mental health ^(a)	0	13,236	0	n.a.	0	17,461	0	0	30,697
Not reported									
Total	586,633	380,329	761,950	n.a.	193,873	62,253	9,509	7,381	2,001,928
Age-standardised rate^(c)	91.7	80.4	221.7	n.a.	127.6	133.2	31.5	42.7	106.2

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

(c) Indirect age-standardisation on the estimated resident population as at 31 December 1998.

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

Table 2.13a: Same day separations for male patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia	0	0	0	0	0	0	94	94
F04–F09 Other organic mental disorders	8	3	5	31	2	63	86	198
<i>Total</i>	8	3	5	31	2	63	180	292
F10–F19 Mental and behavioural disorders due to psychoactive substance use								
F10 Mental and behavioural disorders due to use of alcohol	7	76	142	321	493	201	478	1,718
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	164	312	266	64	55	32	32	925
<i>Total</i>	171	388	408	385	548	233	510	2,643
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	489	413	441	454	364	128	50	2,339
F21–F29 Other schizophrenic, schizotypal, delusional disorders	144	166	151	244	184	11	356	1,256
<i>Total</i>	633	579	592	698	548	139	406	3,595
F30–F39 Mood (affective) disorders								
F30 Manic episode	0	4	6	9	3	3	0	25
F31 Bipolar affective disorders	192	82	134	97	299	111	140	1,055
F32–F33 Depressive disorders	368	458	907	1,681	1,799	857	2,365	8,435
F34–F39 Other mood (affective) disorders	75	68	299	272	169	108	432	1,423
<i>Total</i>	635	612	1,346	2,059	2,270	1,079	2,937	10,938
F40–F48 Neurotic, stress-related and somatoform disorders	833	342	842	901	1,966	681	1,860	7,425
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	5	69	15	8	0	14	0	111
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	11	7	2	0	1	34	55
<i>Total</i>	5	80	22	10	0	15	34	166
F60–F69 Disorders of adult personality and behaviour								
F70–F79 Mental retardation	10	77	227	74	245	49	218	900
F80–F89 Disorders of psychological development	1	2	6	3	1	0	0	13
F90–F98 Disorders onset usually occurring in childhood, adolescence	116	99	3	1	0	0	0	219
F99 Mental disorder not otherwise specified	2,179	5	1	0	2	0	0	2,187
Z03.2 Observation for suspected mental and behavioural disorder	2	4	2	2	0	0	0	10
Other Z codes associated with mental disorders ^(b)	1	4	2	4	1	0	0	12
Other Z codes associated with mental health ^(a)	1	4	10	10	21	3	1	50
Other principal diagnoses not related to mental health	524	149	694	711	228	176	104	2,586
Not reported	0	4	4	2	2	1	0	13
Total	5,119	2,352	4,164	4,891	5,834	2,439	6,250	31,049

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.13b: Same day separations for female patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia	0	0	0	0	0	2	17	19
F04–F09 Other organic mental disorders	0	0	3	2	3	2	34	44
<i>Total</i>	0	0	3	2	3	4	51	63
F10–F19 Mental and behavioural disorders due to psychoactive substance use								
F10 Mental and behavioural disorders due to use of alcohol	8	53	135	196	502	138	112	1,144
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	308	122	111	97	90	4	5	737
<i>Total</i>	316	175	246	293	592	142	117	1,881
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	83	159	276	422	456	266	181	1,843
F21–F29 Other schizophrenic, schizotypal, delusional disorders	62	126	281	451	418	178	97	1,613
<i>Total</i>	145	285	557	873	874	444	278	3,456
F30–F39 Mood (affective) disorders								
F30 Manic episode	1	0	2	8	1	1	3	16
F31 Bipolar affective disorders	34	183	344	508	686	294	299	2,348
F32–F33 Depressive disorders	723	1,265	2,235	3,806	3,942	1,708	1,927	15,606
F34–F39 Other mood (affective) disorders	106	86	312	435	319	80	24	1,362
<i>Total</i>	864	1,534	2,893	4,757	4,948	2,083	2,253	19,332
F40–F48 Neurotic, stress-related and somatoform disorders	424	502	1,298	1,352	1,147	504	784	6,011
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	441	2,346	1,107	495	300	8	0	4,697
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	5	2	42	13	42	0	0	104
<i>Total</i>	446	2,348	1,149	508	342	8	0	4,801
F60–F69 Disorders of adult personality and behaviour	35	182	446	414	303	150	91	1,621
F70–F79 Mental retardation	1	0	1	5	5	0	0	12
F80–F89 Disorders of psychological development	0	0	1	1	0	0	0	2
F90–F98 Disorders onset usually occurring in childhood, adolescence	206	5	1	17	5	0	1	235
F99 Mental disorder not otherwise specified	2	0	0	0	1	1	0	4
Z032 Observation for suspected mental and behavioural disorder	0	0	2	1	0	0	0	3
Other Z codes associated with mental disorders ^(b)	1	13	31	56	147	70	46	364
Other principal diagnoses not related to mental health ^(a)	413	258	1,044	583	176	105	92	2,671
Not reported	0	0	0	4	2	1	2	9
Total	2,853	5,302	7,672	8,866	8,545	3,512	3,715	40,465

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.14a: Overnight separations for male patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and age group, Australia, 1998–99

Principal diagnosis	17 and under						Total
	18–24	25–34	35–44	45–54	55–64	65 and over	
F00–F09 Organic, including symptomatic, mental disorders							
F00–F03 Dementia	0	2	9	11	64	755	842
F04–F09 Other organic mental disorders	11	50	118	84	88	264	767
Total	11	52	127	95	152	1,019	1,609
F10–F19 Mental and behavioural disorders due to psychoactive substance use							
F10 Mental and behavioural disorders due to use of alcohol	17	223	796	774	340	244	3,023
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	224	1,433	549	119	22	20	3,824
Total	241	1,656	1,345	893	362	264	6,847
F20–F29 Schizophrenia, schizotypal and delusional disorders							
F20 Schizophrenia	268	2,917	2,810	1,288	504	314	12,463
F21–F29 Other schizophrenic, schizotypal, delusional disorders	234	1,206	870	457	166	179	4,591
Total	502	4,123	3,680	1,745	670	493	17,054
F30–F39 Mood (affective) disorders							
F30 Manic episode	5	112	82	39	29	43	409
F31 Bipolar affective disorders	48	528	863	621	415	330	3,845
F32–F33 Depressive disorders	197	649	1,420	1,466	735	1,247	6,942
F34–F39 Other mood (affective) disorders	37	96	175	127	53	60	710
Total	287	1,385	2,529	2,253	1,232	1,680	11,906
F40–F48 Neurotic, stress-related and somatoform disorders	431	769	1,142	1,228	352	205	5,557
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors							
F50 Eating disorders	11	16	4	2	1	1	43
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	4	54	22	5	4	2	122
Total	15	70	26	8	5	3	166
F60–F69 Disorders of adult personality and behaviour							
F70–F79 Mental retardation	63	400	351	131	44	31	1,679
F80–F89 Disorders of psychological development	8	15	15	15	4	5	96
F90–F98 Disorders onset usually occurring in childhood, adolescence	51	22	7	8	4	0	113
F99 Mental disorder not otherwise specified	447	39	18	8	3	8	544
Z03.2 Observation for suspected mental and behavioural disorder	1	11	15	2	4	1	61
Other Z codes associated with mental disorders ^(b)	10	17	17	6	1	3	72
Other principal diagnoses not related to mental health ^(a)	5	16	24	2	1	2	88
Not reported	312	289	422	285	148	378	2,368
Total	2,393	8,978	9,838	6,708	3,010	4,183	48,754

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.14b: Overnight separations for female patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia	0	0	4	2	7	42	766	821
F04–F09 Other organic mental disorders	6	15	65	71	54	54	269	534
<i>Total</i>	6	15	69	73	61	96	1,035	1,355
F10–F19 Mental and behavioural disorders due to psychoactive substance use								
F10 Mental and behavioural disorders due to use of alcohol	16	75	283	365	361	145	91	1,336
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	189	571	592	298	86	34	27	1,797
<i>Total</i>	205	646	875	663	447	179	118	3,133
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	156	781	1,433	1,344	1,022	531	581	5,848
F21–F29 Other schizophrenic, schizotypal, delusional disorders	156	545	1,169	1,067	739	357	397	4,430
<i>Total</i>	312	1,326	2,602	2,411	1,761	888	978	10,278
F30–F39 Mood (affective) disorders								
F30 Manic episode	8	36	78	85	54	34	93	388
F31 Bipolar affective disorders	62	430	1,086	1,227	1,045	628	707	5,185
F32–F33 Depressive disorders	380	856	2,152	2,689	2,327	1,169	2,666	12,239
F34–F39 Other mood (affective) disorders	150	149	270	244	171	77	151	1,212
<i>Total</i>	600	1,471	3,586	4,245	3,597	1,908	3,617	19,024
F40–F48 Neurotic, stress-related and somatoform disorders	685	854	1,666	1,484	896	338	350	6,273
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	308	374	193	94	29	4	1	1,003
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	11	50	153	52	7	3	1	277
<i>Total</i>	319	424	346	146	36	7	2	1,280
F60–F69 Disorders of adult personality and behaviour	179	794	1,130	760	277	60	34	3,234
F70–F79 Mental retardation	4	8	19	9	12	10	3	65
F80–F89 Disorders of psychological development	17	10	13	3	5	3	0	51
F90–F98 Disorders onset usually occurring in childhood, adolescence	189	17	24	5	13	5	7	260
F99 Mental disorder not otherwise specified	5	6	11	10	10	0	1	43
Z032 Observation for suspected mental and behavioural disorder	1	14	8	5	3	0	7	38
Other Z codes associated with mental disorders ^(b)	3	4	4	4	2	1	2	20
Other principal diagnoses not related to mental health ^(a)	348	353	873	628	300	148	415	3,065
Not reported	1	6	9	13	21	10	132	192
Total	2,874	5,948	11,235	10,459	7,441	3,653	6,701	48,311

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.15a: Patient days for overnight separations for male patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders	0	79	2	299	1,293	3,747	56,826	62,246
F00–F03 Dementia	73	600	11,973	7,864	23,028	10,667	18,715	72,920
F04–F09 Other organic mental disorders	73	679	11,975	8,163	24,321	14,414	75,541	135,166
<i>Total</i>								
F10–F19 Mental and behavioural disorders due to psychoactive substance	158	1,505	4,189	17,037	18,311	31,380	22,235	94,815
F10 Mental and behavioural disorders due to use of alcohol								
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	2,470	11,124	9,947	4,236	1,081	406	1,109	30,373
<i>Total</i>	2,628	12,629	14,136	21,273	19,392	31,786	23,344	125,188
F20–F29 Schizophrenia, schizotypal and delusional disorders	6,556	120,921	187,279	91,205	89,644	42,994	30,715	569,314
F20 Schizophrenia	4,127	20,161	25,910	14,183	8,438	19,290	7,270	99,379
F21–F29 Other schizophrenic, schizotypal, delusional disorders	10,683	141,082	213,189	105,388	98,082	62,284	37,985	668,693
<i>Total</i>								
F30–F39 Mood (affective) disorders	67	1,419	1,385	843	489	3,310	2,275	9,788
F30 Manic episode	617	9,364	15,694	14,558	10,555	23,654	13,175	87,617
F31 Bipolar affective disorders	2,836	6,895	14,413	19,274	24,268	16,645	38,066	122,397
F32–F33 Depressive disorders	372	693	1,424	1,945	1,518	581	1,660	8,193
F34–F39 Other mood (affective) disorders	3,892	18,371	32,916	36,620	36,830	44,190	55,176	227,995
<i>Total</i>	3,424	4,470	8,462	7,500	18,059	4,553	4,155	50,623
F40–F48 Neurotic, stress-related and somatoform disorders								
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors	157	411	304	28	113	6	39	1,058
F50 Eating disorders								
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	8	634	256	194	34	52	10	1,188
<i>Total</i>	165	1,045	560	222	147	58	49	2,246
F60–F69 Disorders of adult personality and behaviour	415	3,238	6,356	2,473	1,941	507	1,280	16,210
F70–F79 Mental retardation	46	770	22,308	332	2,451	649	1,291	27,847
F80–F89 Disorders of psychological development	1,119	23,137	110	55	14,304	581	0	39,306
F90–F98 Disorders onset usually occurring in childhood, adolescence	5,360	195	103	91	115	50	115	6,029
F99 Mental disorder not otherwise specified	5	84	225	143	22	16	3	498
Z032 Observation for suspected mental and behavioural disorder	40	166	178	69	60	3	9	525
Other Z codes associated with mental disorders ^(b)	36	208	556	331	7	10	22	1,170
Other principal diagnoses not related to mental health ^(a)	2,068	4,399	12,249	26,582	11,052	8,859	15,975	81,184
Not reported	50	2,393	3,875	1,766	958	1,796	7,369	18,207
Total	30,004	212,866	327,198	211,008	227,741	169,756	222,314	1,400,887

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.15b: Patient days for overnight separations for female patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia	0	0	176	120	233	2,691	43,417	46,637
F04–F09 Other organic mental disorders	77	143	7,822	2,270	839	1,159	10,260	22,570
<i>Total</i>	77	143	7,998	2,390	1,072	3,850	53,677	69,207
F10–F19 Mental and behavioural disorders due to psychoactive substance								
F10 Mental and behavioural disorders due to use of alcohol	102	508	2,430	3,806	4,019	9,671	8,490	29,026
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	2,087	4,529	4,838	2,701	1,323	390	527	16,395
<i>Total</i>	2,189	5,037	7,268	6,507	5,342	10,061	9,017	45,421
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	6,708	35,159	45,818	52,409	83,247	29,577	45,143	298,061
F21–F29 Other schizophrenic, schizotypal, delusional disorders	2,666	9,585	18,733	17,662	14,783	7,463	12,872	83,764
<i>Total</i>	9,374	44,744	64,551	70,071	98,030	37,040	58,015	381,825
F30–F39 Mood (affective) disorders								
F30 Manic episode	73	527	866	1,211	806	8,830	6,999	19,312
F31 Bipolar affective disorders	1,282	17,088	17,764	19,771	19,183	22,885	22,076	120,049
F32–F33 Depressive disorders	5,059	11,475	29,082	40,237	38,908	25,071	73,038	222,870
F34–F39 Other mood (affective) disorders	1,184	1,272	2,604	2,631	2,258	1,763	3,740	15,452
<i>Total</i>	7,598	30,362	50,316	63,850	61,155	58,549	105,853	377,683
F40–F48 Neurotic, stress-related and somatoform disorders	6,323	5,921	13,696	12,834	10,563	4,438	6,378	60,153
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	9,193	10,491	5,820	2,558	756	143	1	28,962
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	57	630	2,608	661	144	60	16	4,176
<i>Total</i>	9,250	11,121	8,428	3,219	900	203	17	33,138
F60–F69 Disorders of adult personality and behaviour	1,385	5,670	10,093	7,682	2,922	910	1,284	29,946
F70–F79 Mental retardation	48	2,974	861	1,096	5,435	4,918	880	16,212
F80–F89 Disorders of psychological development	481	141	32	32	1,146	46	0	1,878
F90–F98 Disorders onset usually occurring in childhood, adolescence	2,377	156	224	73	1,096	59	403	4,388
F99 Mental disorder not otherwise specified	36	42	59	81	163	0	1	382
Z03.2 Observation for suspected mental and behavioural disorder	3	121	41	17	21	0	123	326
Other Z codes associated with mental disorders ^(b)	5	8	28	15	1,776	2,441	36	4,309
Other principal diagnoses not related to mental health ^(a)	2,435	2,980	13,161	13,472	9,645	3,442	16,259	61,394
Not reported	1	61	112	1,138	542	1,219	9,418	12,491
Total	41,582	109,481	176,868	182,477	199,808	127,176	261,361	1,098,753

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.16a: Total psychiatric care days^(a) for overnight separations for male patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(b) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia		79	2	185	1261	3502	45963	50,992
F04–F09 Other organic mental disorders	52	544	11533	7740	22483	9803	16878	69,033
Total	52	623	11535	7925	23744	13305	62841	120,025
F10–F19 Mental and behavioural disorders due to psychoactive substance use								
F10 Mental and behavioural disorders due to use of alcohol	156	1430	3893	16311	10853	26182	18518	77,343
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	1838	10463	9422	4035	905	406	1063	28,132
Total	1994	11893	13315	20346	11758	26588	19581	105,475
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	6225	80496	162837	80519	70779	27272	25611	453,739
F21–F29 Other schizophrenic, schizotypal, delusional disorders	3315	18475	24224	13050	8011	8713	6868	82,656
Total	9540	98971	187061	93569	78790	35985	32479	536,395
F30–F39 Mood (affective) disorders								
F30 Manic episode	63	1282	1311	658	439	3304	2199	9,256
F31 Bipolar affective disorders	531	8677	14732	13407	9956	22651	11149	81,103
F32–F33 Depressive disorders	2381	6181	12707	17546	21999	15314	33272	109,400
F34–F39 Other mood (affective) disorders	311	559	1230	1794	1380	532	1494	7,300
Total	3286	16699	29980	33405	33774	41801	48114	207,059
F40–F48 Neurotic, stress-related and somatoform disorders	2803	3694	7153	6432	16324	4039	3124	43,569
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	107	382	222	28	113	6	39	897
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	8	627	225	185	34	52	10	1,141
Total	115	1009	447	213	147	58	49	2,038
F60–F69 Disorders of adult personality and behaviour								
F70–F79 Mental retardation	390	3079	6015	2322	1545	414	882	14,647
F80–F89 Disorders of psychological development	41	765	22295	332	2451	649	1042	27,575
F90–F98 Disorders onset usually occurring in childhood, adolescence	964	23135	105	55	1334	581	.	26,174
F99 Mental disorder not otherwise specified	3706	169	102	89	115	50	53	4,284
Z032 Observation for suspected mental and behavioural disorder	5	84	223	143	22	16	3	496
Other Z codes associated with mental disorders ^(c)	35	166	170	59	47	3	9	489
Other Z codes associated with mental health ^(b)	32	204	454	315	7	10	20	1,042
Other principal diagnoses not related to mental health ^(b)	1,273	4,081	11,257	15,518	10,149	8,468	12,531	63,277
Not reported	50	2,393	3,875	1,766	958	1,796	7,369	18,207
Total	24,286	166,965	293,987	182,489	181,165	133,763	188,097	1,170,752

(a) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

(b) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(c) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.16b: Total psychiatric care days^(a) for overnight separations for female patients with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(b) and age group, Australia, 1998–99

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia			59	120	233	2,296	34,460	37,168
F04–F09 Other organic mental disorders	72	140	7,593	2,189	572	816	8,727	20,109
<i>Total</i>	72	140	7,652	2,309	805	3,112	43,187	57,277
F10–F19 Mental and behavioural disorders due to psychoactive substance use								
F10 Mental and behavioural disorders due to use of alcohol								
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	83	500	2,284	3,234	3,807	9,428	8,408	27,744
<i>Total</i>	1,898	4,228	4,217	2,561	1,289	390	504	15,087
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	1,981	4,728	6,501	5,795	5,096	9,818	8,912	42,831
F21–F29 Other schizophrenic, schizotypal, delusional disorders								
<i>Total</i>	6,586	26,745	37,157	34,636	65,526	28,751	35,645	235,046
F30–F39 Mood (affective) disorders								
F30 Manic episode	53	500	853	1,121	702	8,790	6,642	18,661
F31 Bipolar affective disorders	1,074	16,518	16,117	17,684	17,657	19,873	19,101	108,024
F32–F33 Depressive disorders	4,149	10,211	26,469	35,888	34,764	22,506	65,973	199,960
F34–F39 Other mood (affective) disorders	957	1,052	2,246	2,364	2,016	1,541	2,803	12,979
<i>Total</i>	6,233	28,281	45,685	57,057	55,139	52,710	94,519	339,624
F40–F48 Neurotic, stress-related and somatoform disorders	5,483	4,546	11,682	10,921	9,147	4,031	5,532	51,342
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	8,307	9,375	5,403	2,442	718	143	1	26,389
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors								
<i>Total</i>	54	619	2,587	644	144	17	16	4,081
F60–F69 Disorders of adult personality and behaviour	8,361	9,994	7,990	3,086	862	160	17	30,470
F70–F79 Mental retardation	1,297	5,212	9,600	7,050	2,783	910	1,205	28,057
F80–F89 Disorders of psychological development	48	2,974	856	1,096	5,435	4,918	880	16,207
F90–F98 Disorders onset usually occurring in childhood, adolescence	115	139	31	32	534	46	.	897
F99 Mental disorder not otherwise specified	1,263	109	203	73	1,095	9	156	2,908
Z03.2 Observation for suspected mental and behavioural disorder	36	42	59	81	163	.	1	382
Other Z codes associated with mental disorders ^(c)	3	114	28	17	20	.	108	290
Other principal diagnoses not related to mental health ^(b)	5	8	28	15	1,776	2,441	17	4,290
Other principal diagnoses not related to mental health	1,725	2,186	7,776	12,396	4,910	2,941	14,036	45,970
Not reported	1	61	112	1,138	542	1,219	9,418	12,491
Total	35,585	93,838	152,948	152,291	167,882	117,811	225,422	945,777

(a) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

(b) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(c) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5.

Table 2.18: Area of usual residence^(a) of patients for separations with specialised psychiatric care, by hospital type, States and Territories, 1998-99

Area of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Metropolitan	21,423	14,879	14,535	8,096	5,478	1,070	718	378	66,577
Rural	3,487	4,848	4,952	638	369	1,569	35	48	15,946
Remote	47	88	292	111	36	6	0	304	884
Not reported	406	525	566	62	30	3	24	32	1,648
<i>Total public acute hospitals</i>	<i>25,363</i>	<i>20,340</i>	<i>20,345</i>	<i>8,907</i>	<i>5,913</i>	<i>2,648</i>	<i>777</i>	<i>762</i>	<i>85,055</i>
Private hospitals									
Metropolitan	16,442	20,268	9,468	11,071	2,175	n.a.	17	n.a.	59,441
Rural	1,265	916	931	870	307	n.a.	29	n.a.	4,318
Remote	12	6	41	224	15	n.a.	0	n.a.	298
Not reported	11	82	32	10	2	n.a.	4	n.a.	141
<i>Total private hospitals</i>	<i>17,730</i>	<i>21,272</i>	<i>10,472</i>	<i>12,175</i>	<i>2,499</i>	<i>n.a.</i>	<i>50</i>	<i>n.a.</i>	<i>64,198</i>
Public psychiatric hospitals									
Metropolitan	7,940	490	810	2,248	2,780	397	..	..	14,665
Rural	1,434	71	541	254	743	131	..	..	3,174
Remote	76	0	34	150	54	0	..	..	314
Not reported	785	9	101	113	161	4	..	..	1,173
<i>Total public psychiatric hospitals</i>	<i>10,235</i>	<i>570</i>	<i>1,486</i>	<i>2,765</i>	<i>3,738</i>	<i>532</i>	<i>..</i>	<i>..</i>	<i>19,326</i>
All hospitals									
Metropolitan	45,805	35,637	24,813	21,415	10,433	1,467	735	378	140,683
Rural	6,186	5,835	6,424	1,762	1,419	1,700	64	48	23,438
Remote	135	94	367	485	105	6	0	304	1,496
Not reported	1,202	616	699	185	193	7	28	32	2,962
Total hospitals	53,328	42,182	32,303	23,847	12,150	3,180	827	762	168,579
Age-standardised population rate^(b)									
All separations per 1,000 population									
Metropolitan	9.09	9.56	11.56	9.38	5.89	7.24	1.35	2.06	9.98
Rural	1.23	1.57	2.99	0.77	0.80	8.39	0.12	0.26	1.66
Remote	2.40	7.07	1.86	13.13	0.57	2.17	..	3.46	2.59
Overnight separations per 1,000 population									
Metropolitan	4.49	4.72	6.46	3.76	4.76	5.14	1.27	2.00	5.18
Rural	1.00	1.21	2.50	0.50	0.73	6.39	0.12	0.25	1.33
Remote	0.03	0.02	0.16	0.13	0.06	0.03	..	1.64	0.09

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

(b) Rates were indirectly age-standardised using the estimated resident population as at 31 December 1998.

.. Not applicable

n.a. Not available

Table 2.19: Specialised care separations reported for Aboriginal and Torres Strait Islander patients,^(a) by principal diagnosis in ICD-10-AM groupings, Australia, 1998-99

Principal diagnosis	Same day separations		Overnight separations		Separations per 1,000		Patient days		Psychiatric care days		Average length of stay	
	separations	separations	separations	separations	per 1,000	per 1,000	ATSI ^(b)	ATSI ^(b)	per 1,000	per 1,000	(overnight)	separation
F00-F09 Organic, including symptomatic, mental disorders	2	63	65	0.2	4,731	16.0	4,731	16.0	16.0	75.1	75.1	75.1
F10-F19 Mental and behavioural disorders due to psychoactive substance use	47	495	542	1.6	5,165	17.5	4,912	16.6	16.6	10.3	10.3	9.8
F20-F29 Schizophrenia, schizotypal and delusional disorders	30	902	932	2.7	39,678	134.2	38,264	129.4	129.4	44.0	44.0	42.4
F30-F39 Mood (affective) disorders	32	491	523	1.5	6,343	21.5	5,848	19.8	19.8	12.9	12.9	11.8
F40-F49 Neurotic, stress-related and somatoform disorders	163	339	502	1.5	2,163	7.3	1,785	6.0	6.0	5.9	5.9	4.8
F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors	7	30	37	0.1	383	1.3	383	1.3	1.3	12.5	12.5	12.5
Other mental health disorders ^(d)	78	193	271	0.8	4,314	14.6	4,137	14.0	14.0	21.9	21.9	21.0
Other principal diagnoses not related to mental health ^(e)	24	165	189	0.6	2,639	8.9	2,245	8.9	8.9	15.8	15.8	13.5
Total	383	2,678	3,061	9.0	65,416	221.2	62,305	210.7	210.7	24.3	24.3	23.1
All patients	71,514	97,065	168,579	8.9	2,571,154	136.5	2,083,835	115.4	115.4	25.8	25.8	20.7

(a) A full definition of Aboriginal and Torres Strait Islander status is in the Glossary. The completeness of Aboriginal and Torres Strait Islander status varies, hence these data should be used with caution.

(b) Rates are indirectly age-standardised based on December 1998 Estimated Resident Population and the December 1998 Aboriginal and Torres Strait Islander population projections.

(c) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

(d) Including F60-F69, F70-F79, F80-F89, F90-F99, Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

(e) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

Table 2.20: Specialised care separations reported for Aboriginal and Torres Strait Islander patients,^(a) by RRMA category of area of usual residence, Australia, 1998-99

RRMA category of area of usual residence	Separations			Total patient days	Total psychiatric care days ^(c)	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same day	Overnight	Total				
Metropolitan	331	1,386	1,717	35,817	33,478	25.6	23.9
Rural	37	802	839	21,619	21,276	26.9	26.5
Remote	9	357	366	4,465	4,198	12.5	11.7
Not reported	6	133	139	3,515	3,353	26.4	25.2
Total	383	2,678	3,061	65,416	62,305	24.3	23.1

(a) A full definition of Aboriginal and Torres Strait Islander status is in the Glossary. The completeness of Aboriginal and Torres Strait Islander status data varies, hence these data should be used with caution.

(b) Rates are indirectly age-standardised based on the December 1998 Estimated Resident Population and the December 1998 Aboriginal and Torres Strait Islander population projections.

(c) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

Table 2.21: Separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings^(a) and country of birth groups, Australia, 1998–99

Principal diagnosis	Australia			Other English-speaking			Non-English-speaking		
	Same day separations	Overnight separations	per 1,000 population ^(b)	Same day separations	Overnight separations	per 1,000 population ^(b)	Same day separations	Overnight separations	per 1,000 population ^(b)
F00–F09 Organic, including symptomatic, mental disorders									
F00–F03 Dementia	98	916	0.1	1	217	0.1	14	530	0.2
F04–F09 Other organic mental disorders	121	867	0.1	5	151	0.1	116	283	0.1
<i>Total</i>	219	1,783	0.1	6	368	0.2	130	813	0.3
F10–F19 Mental and behavioural disorders due to psychoactive substance use									
F10 Mental behavioural disorders due to use of psychoactive substances	2,197	3,127	0.4	358	472	0.5	307	760	0.4
F11–F19 Mental behavioural disorders due to other psychoactive substances use	1,461	4,595	0.4	60	335	0.2	141	691	0.3
<i>Total</i>	3,658	7,722	0.8	418	807	0.8	448	1,451	0.7
F20–F29 Schizophrenia, schizotypal and delusional disorders									
F20 Schizophrenia	3,281	13,908	1.2	211	939	0.7	690	3,464	1.5
F21–F29 Other schizophrenic, schizotypal, delusional disorders	1,970	6,490	0.6	458	563	0.6	441	1,948	0.9
<i>Total</i>	5,251	20,398	1.8	669	1,522	1.3	1,131	5,412	2.4
F30–F39 Mood (affective) disorders	22,685	22,282	3.1	2,954	2,890	3.6	4,631	5,758	3.8
F40–F48 Neurotic, stress-related and somatoform disorders	10,393	9,014	1.4	1,155	991	1.3	1,888	1,825	1.4
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors	4,322	1,188	0.4	55	92	0.1	590	166	0.3
Other mental health disorders ^(c)	4,429	5,298	0.7	318	446	0.5	885	620	0.6
Other principal diagnoses not related to mental health ^(a)	2,817	3,826	0.5	563	384	0.6	1,877	1,223	1.1
Not reported	16	620	0.0	3	56	0.0	3	110	0.0
Total	53,790	72,131	8.8	6,141	7,556	8.4	11,583	17,378	10.6

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Rates are crude rates based on 31 December 1998 estimated resident population.

(c) Including F60–F69, F70–F79, F80–F89, F90–F99, Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Table 2.22: Patient days and psychiatric care days^(a) of separations with specialised psychiatric care by country of birth groups, Australia, 1998–99

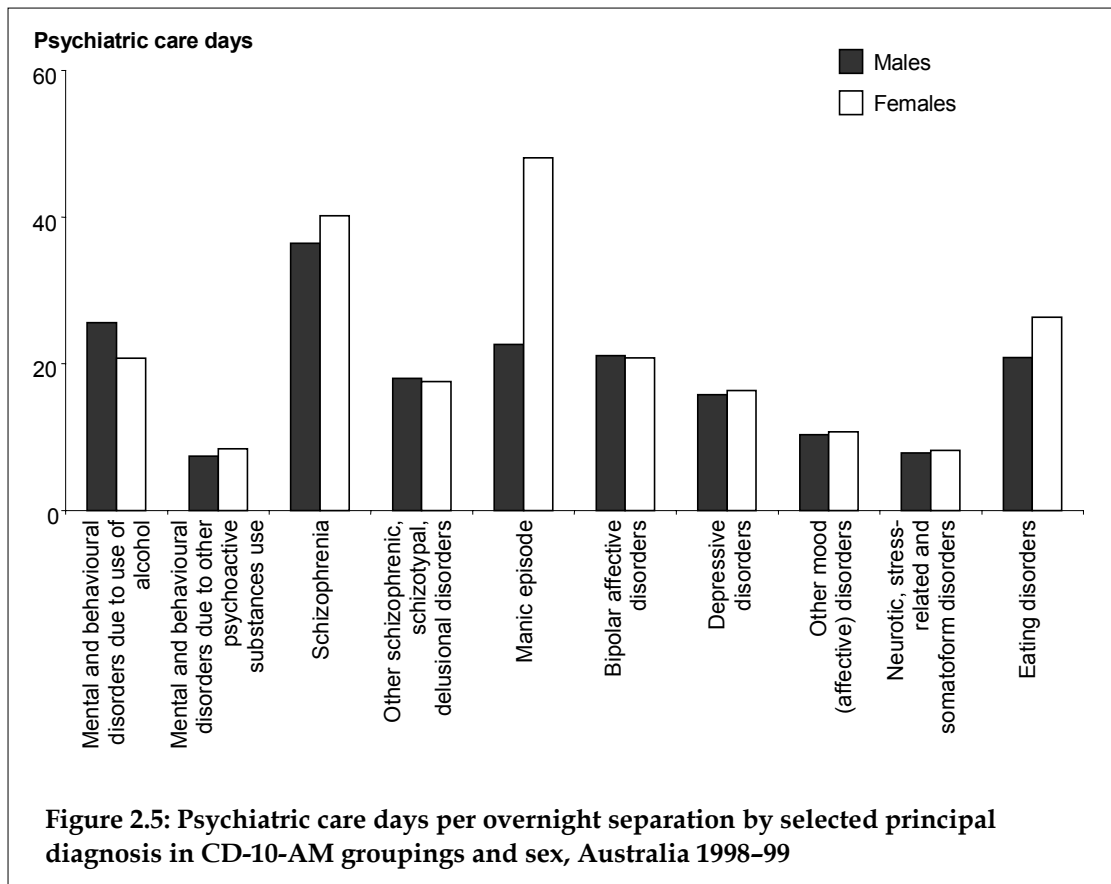
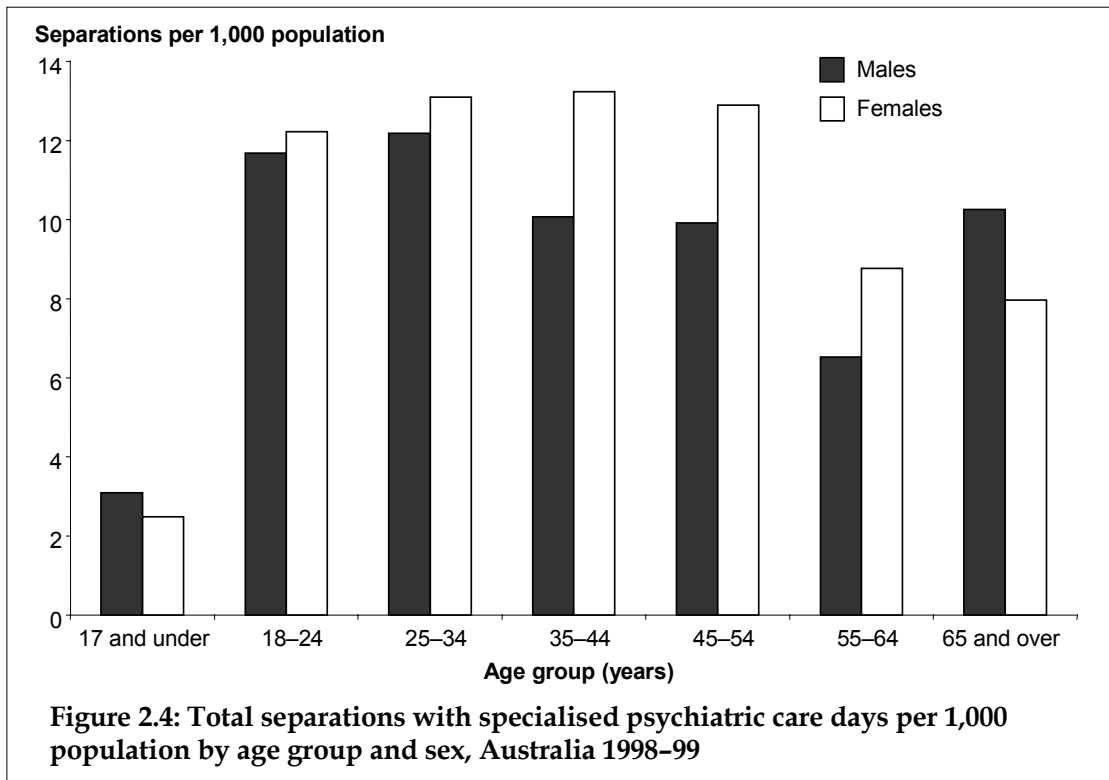
Principal diagnosis	Australia			Other English-speaking countries			Non-English-speaking countries		
	Patient days	Psychiatric care days	Psychiatric care days per 1,000 ^(b)	Patient days	Psychiatric care days	Psychiatric care days per 1,000 ^(b)	Patient days	Psychiatric care days	Psychiatric care days per 1,000 ^(b)
F00–F09 Organic, including symptomatic, mental disorders									
F00–F03 Dementia	63,368	54,404	3.79	15,034	9,779	6.00	30,594	24,090	8.80
F04–F09 Other organic mental disorders	80,328	76,943	5.36	4,605	2,783	1.71	10,799	9,651	3.53
<i>Total</i>	143,696	131,347	9.14	19,639	12,562	7.71	41,393	33,741	12.33
F10–F19 Mental and behavioural disorders due to psychoactive substance use									
F10 Mental and behavioural disorders due to use of alcohol	101,182	83,669	5.82	5,868	4,978	3.05	19,653	19,033	6.96
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	39,832	37,210	2.59	3,153	2,551	1.57	5,445	5,061	1.85
<i>Total</i>	141,014	120,879	8.42	9,021	7,529	4.62	25,098	24,094	8.81
F20–F29 Schizophrenia, schizotypal and delusional disorders									
F20 Schizophrenia	694,868	534,131	37.19	37,008	31,640	19.41	139,681	127,068	46.44
F21–F29 Other schizophrenic, schizotypal, delusional disorders	137,276	118,802	8.27	12,177	10,255	6.29	36,559	33,743	12.33
<i>Total</i>	832,144	652,933	45.46	49,185	41,895	25.70	176,240	160,811	58.77
F30–F39 Mood (affective) disorders									
F30 Manic episode	21,351	20,795	1.45	1,922	1,625	1.00	5,868	5,537	2.02
F31 Bipolar affective disorders	156,077	144,624	10.07	16,478	14,231	8.73	38,514	33,125	12.11
F32–F33 Depressive disorders	256,534	231,402	16.11	33,353	26,770	16.42	79,421	70,767	25.86
F34–F39 Other mood (affective) disorders	18,076	15,349	1.07	3,007	2,097	1.29	5,347	4,464	1.63
<i>Total</i>	452,038	412,170	28.69	54,760	44,723	27.44	129,150	113,893	41.62
F40–F48 Neurotic, stress-related and somatoform disorders	94,838	80,343	5.59	10,184	7,158	4.39	19,190	17,061	6.23
F50–F59 Behavioural syndromes associated with physiological disturbances and physical									
F50 Eating disorders	30,069	27,377	1.91	1,629	1,378	0.85	3,130	2,892	1.06
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	4,119	4,003	0.28	490	471	0.29	914	907	0.33
<i>Total</i>	34,188	31,380	2.18	2,119	1,849	1.13	4,044	3,799	1.39
F60–F69 Disorders of adult personality and behaviour	40,569	37,416	2.60	3,467	3,040	1.87	4,641	4,107	1.50
F70–F79 Mental retardation	41,433	41,212	2.87	41	41	0.03	2,610	2,554	0.93
F80–F89 Disorders of psychological development	40,752	26,787	1.86	4	2	0.00	649	503	0.18
F90–F98 Disorders onset usually occurring in childhood, adolescence	11,391	8,528	0.59	341	206	0.13	1,107	840	0.31
F99 Mental disorder not otherwise specified	829	827	0.06	29	29	0.02	36	36	0.01
Z03.2 Observation for suspected mental and behavioural disorder	579	533	0.04	25	18	0.01	262	242	0.09
Other Z codes associated with mental disorders ^(c)	1,117	999	0.07	86	66	0.04	4,690	4,681	1.71
Other principal diagnoses not related to mental health ^(d)	106,853	82,632	5.75	12,346	11,319	6.94	28,636	19,046	6.96
Not reported	23,932	23,932	1.67	2,919	2,919	1.79	3,869	3,869	1.41
Total	1,965,373	1,651,918	115.00	164,166	133,356	81.82	441,615	389,277	142.26

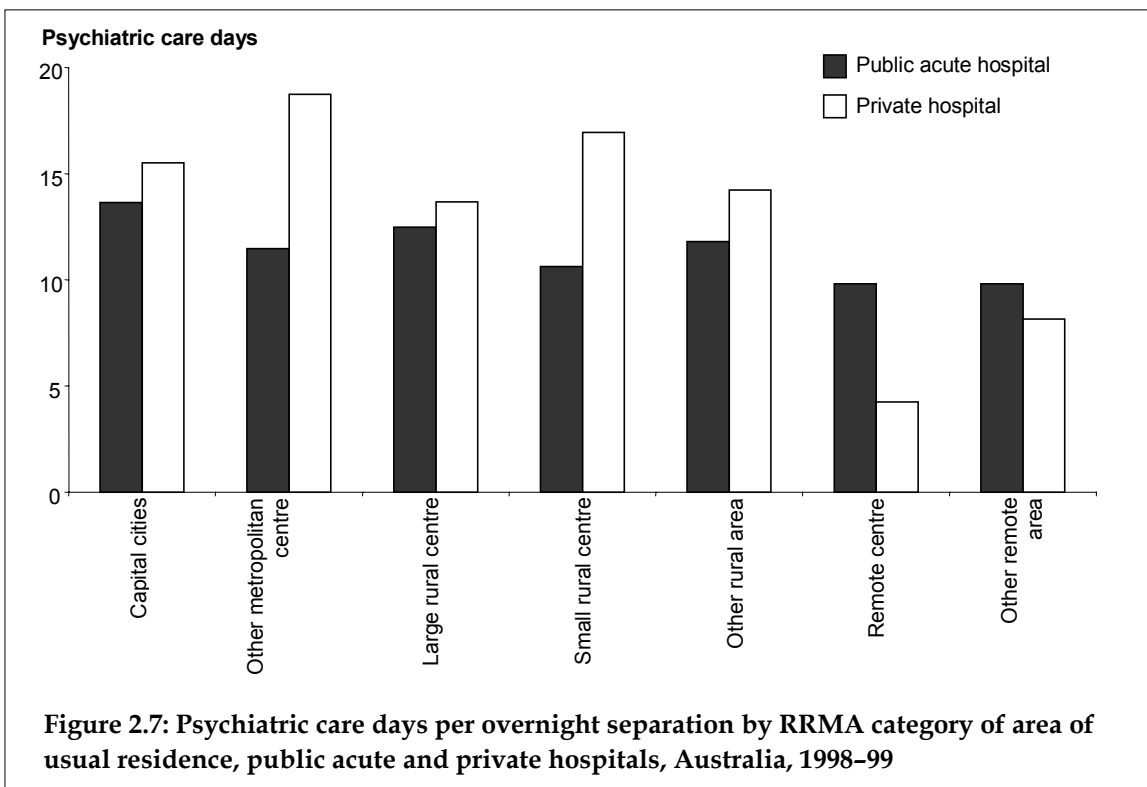
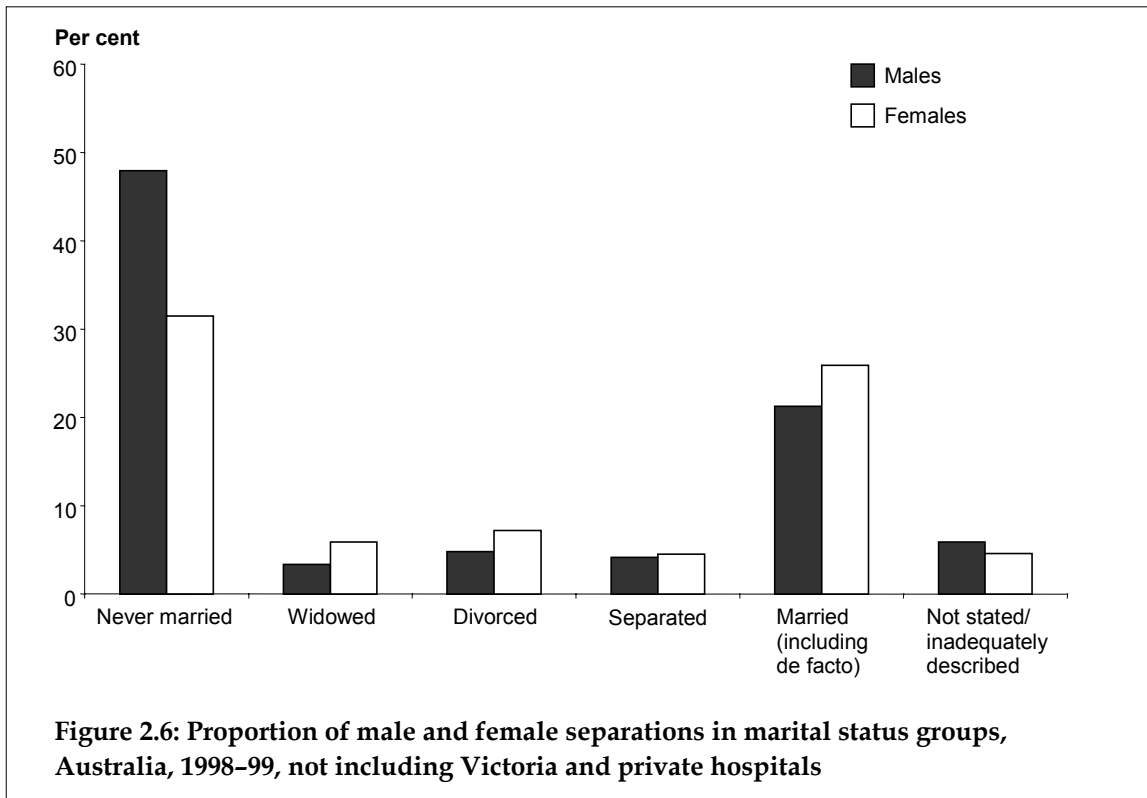
(a) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

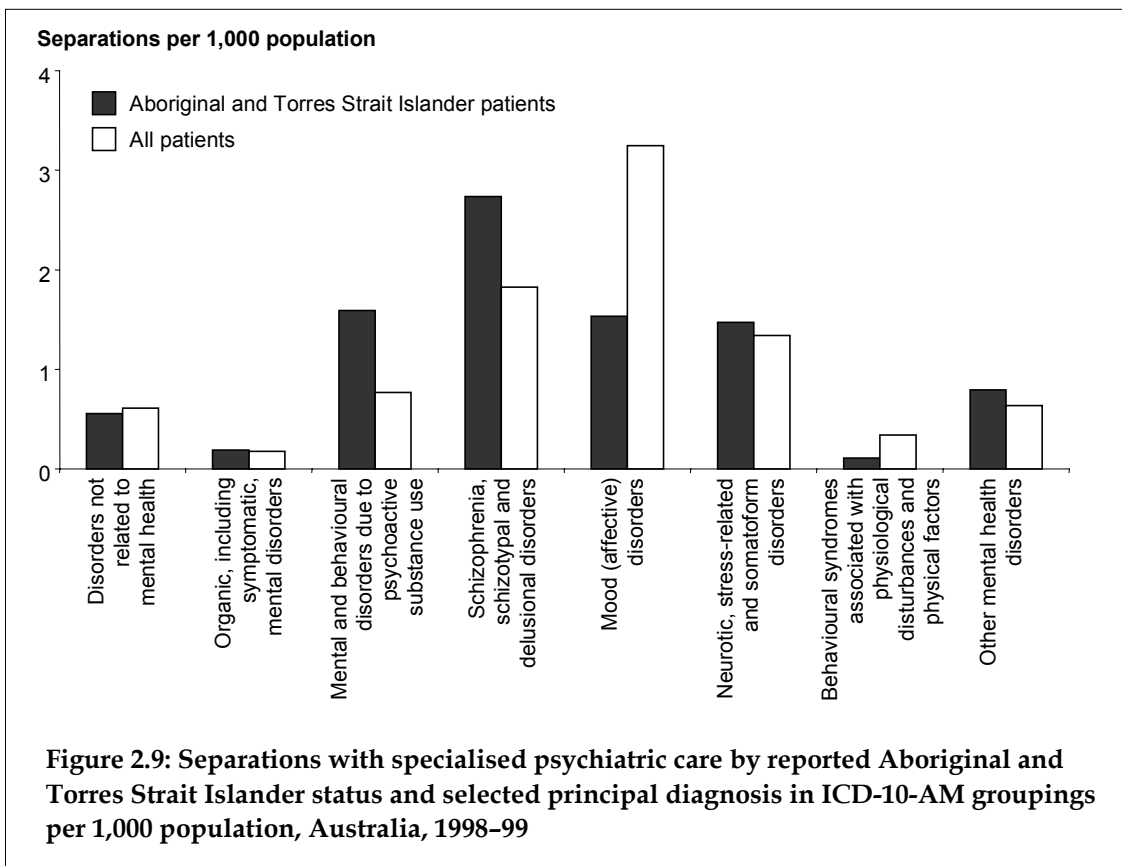
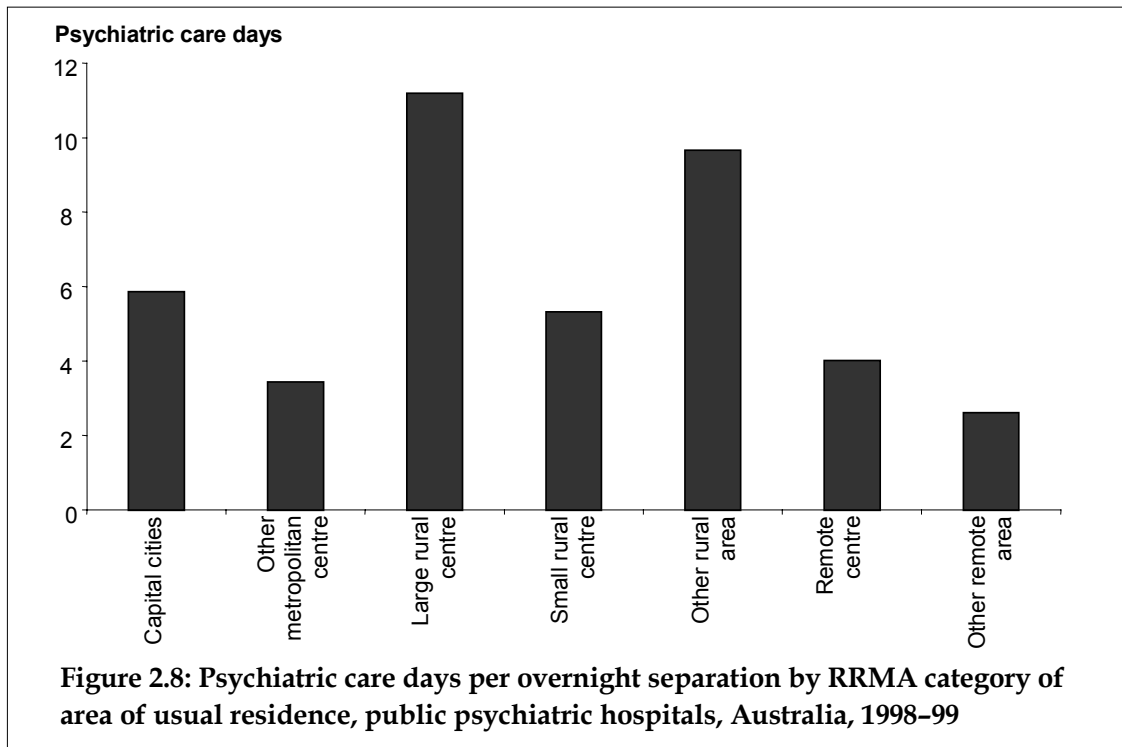
(b) Rates are crude rates based on 31 December 1998 estimated resident population data.

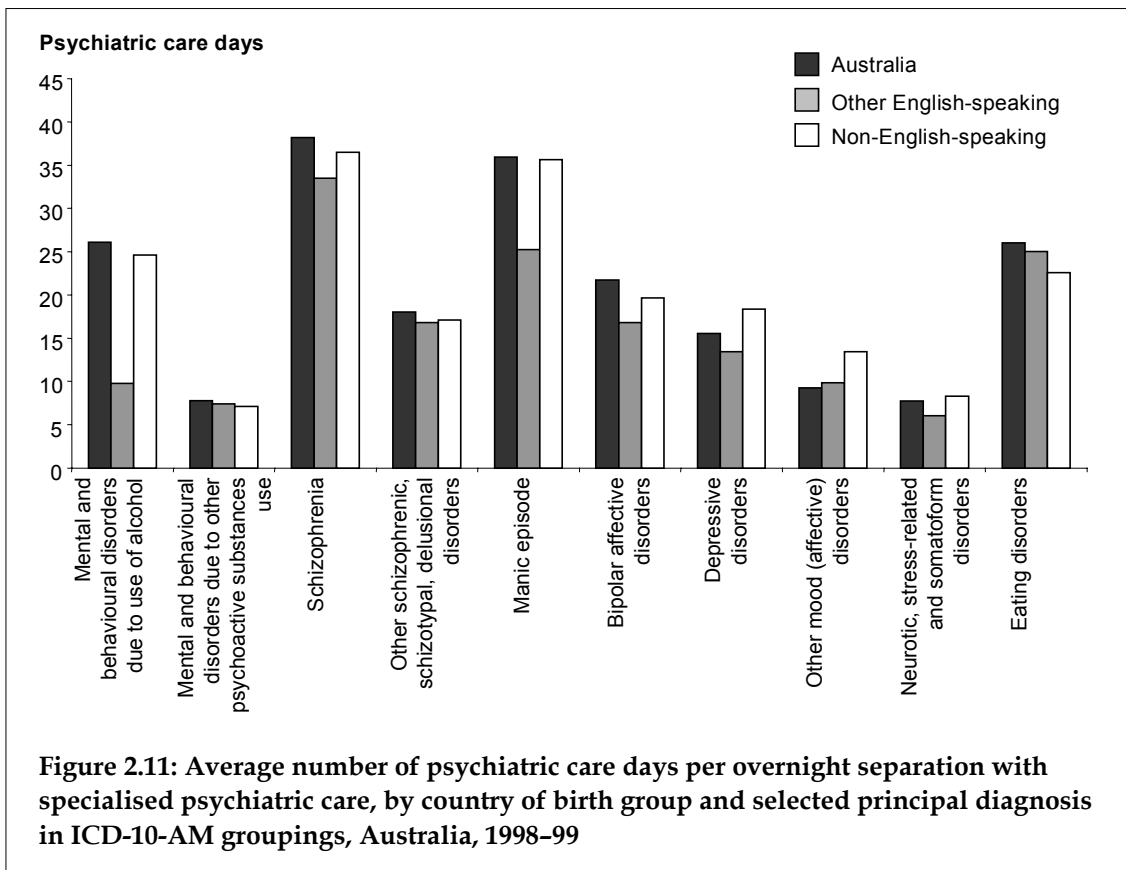
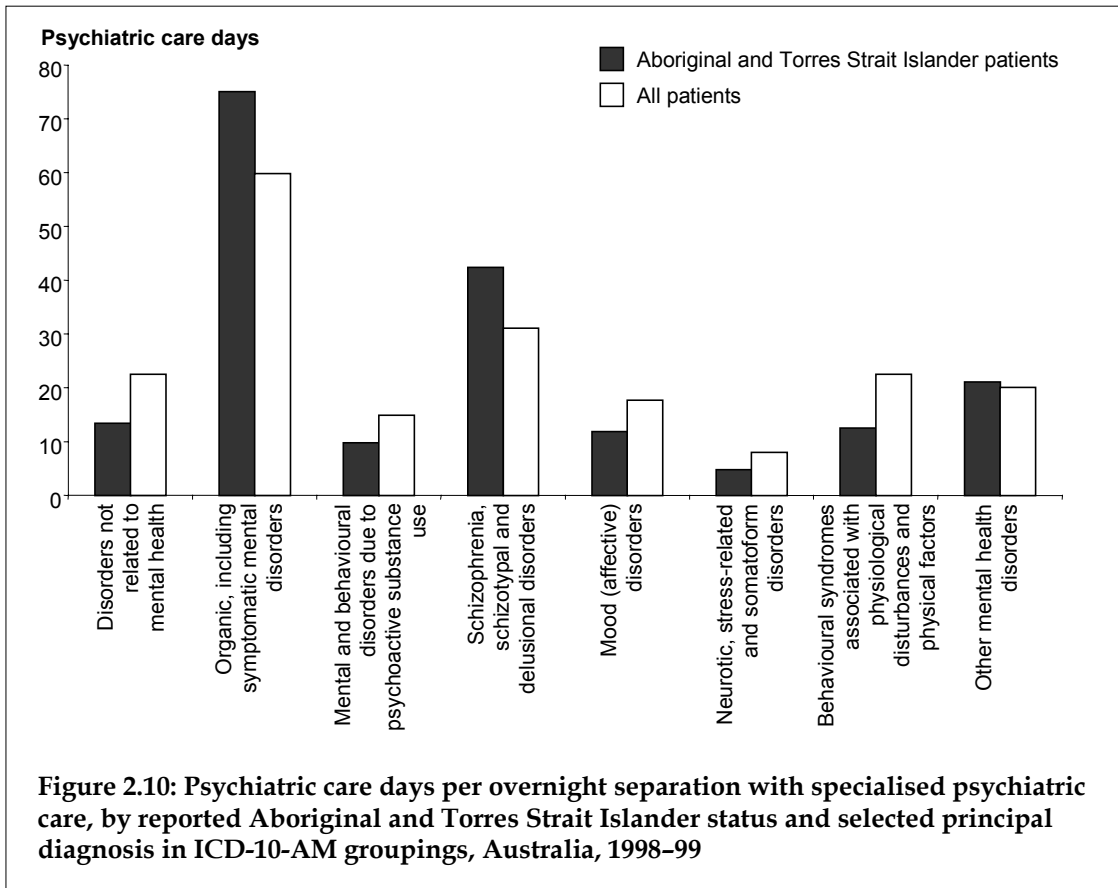
(c) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

(d) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.









3 Admitted patient care characteristics

The NMDS – Admitted Patient Mental Health Care includes data elements that describe the characteristics of care during a separation. This section details the data obtained for these data elements for the 1998–99 period for separations with specialised psychiatric care.

Australian Refined Diagnosis Related Groups by hospital type

The distributions of all separations with some specialised psychiatric care by AR-DRGs (Appendix 2) in each hospital type are detailed in Table 3.1. Separations with an AR-DRG of *Mental health treatments, same day, without electroconvulsive therapy* (U60Z) constituted 69.3% of same day separations and 20.3% of total specialised separations in public acute hospitals, and 84.3% of same day separations and 58.3% of total specialised separations in private hospitals. In public psychiatric hospitals, *Mental health treatments, same day, without electroconvulsive therapy* (U60Z) accounted for 70.0% of same day separations and 8.2% of all separations.

Separations in the AR-DRG of *Major affective disorders age < 70 without catastrophic or severe complications and comorbidities* (U63B) constituted the largest proportion of overnight separations for public hospitals (19.8%) and the largest proportion of overnight separations, patient days and psychiatric care days in private hospitals (34.8%, 32.7% and 33.3% respectively). In public psychiatric hospitals, separations in the AR-DRG of *Schizophrenia disorders with involuntary mental health legal status* (U61A) accounted for 18.0% of overnight separations and 15.9% of total separations. *Schizophrenia disorders with involuntary mental health legal status* (U61A) accounted for the largest number of patient days and psychiatric care days in public acute hospitals (22.4% and 24.4%). This AR-DRG also recorded the greatest number of patient days and the second highest number of psychiatric care days in public psychiatric hospitals (32.4% and 27.9%, respectively).

Length of stay

Measures of length of stay allow us to answer questions about the resource intensity of disorders and to illustrate different care practices. In this section, both averages and medians are supplied as measures of length of stay. The use of these two measures is required as the distribution of length of stay in psychiatric care can be dramatically skewed by a small number of very long stays. Caution should be exercised when interpreting length of stay data using averages. In all tables, the average length of stay refers to the average length of stay of overnight separations that include some specialised psychiatric care. These average length of stay calculations include all episode types and exclude same day separations.

The average and median lengths of stay of specialised separations for public acute, private and public psychiatric hospitals for 1998–99 are shown in Table 3.2. In every category, the median length of stay is lower than the mean. This indicates that the distribution of patient days in each category is skewed by the presence of a relatively small numbers of long-stay patients. The average length of stay in public psychiatric hospitals was greater than the average length of stay in either public acute or private hospitals for all jurisdictions. This reflects the type of care delivered by the different hospital types (see *Type of episode* in

Table 3.17). For public acute hospitals, Western Australia reported the greatest average length of stay (19.3 days), followed by New South Wales (16.7 days) and Victoria (16.1 days). Queensland reported the longest average length of stay for both private hospitals and public psychiatric hospitals (20.5 and 350.6 days respectively), followed by New South Wales for private hospitals (18.0 days) and Tasmania for public psychiatric hospitals (89.0 days). The average length of stay across all hospital sectors was longest for Queensland (37.8 days). The median for Queensland public psychiatric hospitals (26 days) was the highest median among all the jurisdiction and hospital type categories.

The average length of stay for males was longer than for females in all jurisdictions except for Victoria and the Northern Territory (Table 3.3). The greatest average length of stay was reported for Queensland males (44.4 days), with Northern Territory males recording the lowest average length of stay (10.3 days). Once again the relative size of the average and median figures indicates that the skewness in length of stay existed in all categories.

Australian Refined Diagnosis Related Groups

Tables 3.4 and 3.5 describe the average and median length of stay for separations with specialised psychiatric care for each AR-DRG in MDCs 19 and 20 by hospital type and jurisdiction for 1998–99. AR-DRGs were used for comparison because these categories have been constructed to group together separations with similar resource requirements. However, separations were not limited to those for which acute care was reported (or not reported) so the homogeneity of the groups would be less than if the limitation had been made.

Before calculating these averages, separations with extreme lengths of stay in each category were trimmed to minimise their effect on the average. The trimming methodology used is described in more detail in Appendix 3. Some of the averages presented in these tables are based on small numbers of records. The number of records in each cell is provided in Appendix 3 (Table A3.1) so that the reader can assess the meaningfulness of the averages.

Median figures have been provided to give an indication of the remaining skew in the distribution. Only the average lengths of stay are discussed in this section.

Public acute hospitals

For all jurisdictions except Tasmania, separations with an AR-DRG of *Major affective disorders with catastrophic or severe complications and comorbidities or age > 69* (U63A) had the highest average length of stay in public acute hospitals. *Opioid use disorder and dependence* (V63Z) recorded the lowest average length of stay for Australia overall. Separations with a diagnosis related grouping of *Eating and obsessive–compulsive disorders* (U66Z) were the second highest average length of stay for both New South Wales and Victoria (24.0 and 21.1 days respectively). For Queensland and South Australia, separations with an AR-DRG of *Schizophrenia disorders with involuntary mental health legal status* (U61A) had the second longest average length of stay (15.7 and 20.8 days respectively). For Western Australia the second longest average length of stay AR-DRG, *Childhood mental disorders* (U68Z, 29.9 days), had periods of care 16 days longer than the national average for this grouping (13.9 days).

Private hospitals

Separations with an AR-DRG of *Eating and obsessive–compulsive disorders* (U66Z) recorded the longest length of stay nationally at 29.0 days, and the longest length of stay for New South Wales, Queensland and the Australian Capital Territory (29.4, 34.6 and 18.8 days, respectively). For Western Australia, the AR-DRG of *Schizophrenia disorders with involuntary*

mental health legal status (U61A) recorded the longest average length of stay (36.1 days). Separations with an AR-DRG of *Major affective disorders with catastrophic or severe complications and comorbidities or age > 69* (U63A) recorded long average length of stay figures in all jurisdictions except Victoria, this AR-DRG recording the second longest length of stay nationally at 22.1 days. *Opioid use disorder and dependence* (V63Z) recorded the lowest average length of stay (6.9 days) for private hospitals.

Public psychiatric hospitals

Public psychiatric hospital average length of stay figures indicate that there may be differing treatment patterns among the jurisdictions. Queensland reported the longest average length of stay for MDC 19 and 20 with an average of 61.8 days and 59.9 days respectively. This compares with the national trimmed averages for public psychiatric hospitals of 23.8 and 7.9 days. Queensland reported long lengths of stay for separations with an AR-DRG of *Alcohol intoxication and withdrawal* (V60Z, 205.4 days), *Schizophrenia disorders with involuntary mental health legal status* (U61A, 110.6 days) and *Paranoia & acute psychotic disorder with catastrophic or severe complications and comorbidities or with involuntary mental health legal status* (U62A, 107.9 days).

New South Wales and Western Australia reported *Major affective disorders with catastrophic or severe complications and comorbidities or age > 69* (U63A) as having the greatest length of stay in public psychiatric hospitals (36.3 and 62.6 days, respectively). In Victoria, separations with a AR-DRG of *Schizophrenia disorders with involuntary mental health legal status* (U61A) were associated with the longest length of stay (58.1 days). The longest average length of stay across all jurisdictions was reported for separations with an AR-DRG of *Major affective disorders with catastrophic or severe complications and comorbidities or age > 69* (U63A) in public psychiatric hospitals (45.5 days). Separations with an AR-DRG of *Opioid use disorder and dependence* (V63Z) recorded the shortest average length of stay for public psychiatric hospitals (4.0 days).

Length of specialised psychiatric care

Overall, the average number of days spent in specialised psychiatric care for overnight separations was similar to the average number of days in overnight separations generally for each AR-DRG. For some AR-DRGs these averages differed, indicating that for particular classifications some specialised and some non-specialised care was provided.

The average and median number of days spent in specialised psychiatric care for AR-DRGs by each sector is described in Tables 3.6 and 3.7. These figures have been subject to trimming as outlined in Appendix 3.

For public acute hospitals and public psychiatric hospitals separations with an AR-DRG of *Major affective disorders with catastrophic or severe complications and comorbidities or with age > 69* (U63A) had the longest average length of specialised psychiatric care at the national level (23.3 days for public acute and 45.3 days for public psychiatric hospitals), consistent with the overall length of stay (Tables 3.4 and 3.5). For private hospitals, separations in the AR-DRG of *Eating and obsessive-compulsive disorders* (U66Z) had the longest average length of specialised psychiatric care (29.5 days). Separations in the AR-DRG of *Opioid use disorder and dependence* (V63Z) had the lowest average length of specialised psychiatric care for all hospital types.

For public acute and private hospitals, the difference between the average overnight length of specialised psychiatric care and average overnight length of stay was small for most AR-DRGs. The greatest difference occurred for the AR-DRGs of *Childhood mental disorders* (U68Z)

in public acute hospitals (4.4 days difference), *Schizophrenia disorders with involuntary mental health legal status* (U61A) in private hospitals (2.4 days difference) and *Paranoia & acute psychotic disorders with catastrophic or severe complications and comorbidities or with involuntary mental health legal status* (U62A) in private hospitals (2.7 days difference).

In public psychiatric hospitals, separations in the AR-DRG of *Eating and obsessive-compulsive disorders* (U66Z) had on average 23.7 days of specialised psychiatric care and a 27.6 day average length of stay. Public psychiatric hospital separations in the AR-DRG of *Major affective disorders with catastrophic-severe complications and comorbidities or age > 69* (U63A) had an average of 45.3 days in specialised psychiatric care and 45.5 day overall length of stay.

Mental health legal status

The data element *Mental health legal status* is used to indicate whether a patient is voluntary or has been involuntarily detained. Note that the legislative arrangements under which patients can be involuntarily detained differ between jurisdictions. The difference in legislation may be reflected in the proportion of separations reported as involuntary for each jurisdiction. Note also that private hospitals in New South Wales and Victoria do not have beds gazetted for use by involuntary patients. The Northern Territory does not report these data.

Involuntary separations accounted for 3.1% of total same day specialised psychiatric care separations and 34.9% of total overnight separations (Table 3.8). In public acute hospitals, these percentages were slightly higher with 7.0% for same day separations and 37.8% for overnight separations. Private hospitals had the lowest proportions of involuntary separations—0.4% same day separations and 11.3% overnight separations were involuntary. Involuntary mental health legal status accounted for over half of all overnight separations (52.1%) in public psychiatric hospitals and 14.2% of same day separations. The proportion of same day separations that were involuntary was generally lower than for overnight separations for all hospital types.

For all hospitals combined, South Australia had the highest proportion of involuntary overnight separations (49.6%). In the private sector, South Australia reported the highest proportion of involuntary separations for both same day (100%) and overnight (80.9%). Victoria reported 100% of overnight and same day separations as involuntary for public psychiatric hospitals.

The principal diagnosis groups with the highest proportion of separations with involuntary mental health legal status in public acute hospitals were *Manic episode* (F30), *Schizophrenia* (F20), *Other schizophrenic, schizotypal and delusional disorders* (F21–F29), *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) and *Bipolar affective disorders* (F31) (Table 3.9). All these groupings had over 40% of specialised separations recorded as involuntary. For private hospitals, the highest proportion of involuntary mental health legal status was reported for separations with principal diagnoses of *Dementia* (F00–F03) (41.5%), *Mental retardation* (F70–F79) (28.6%), *Manic episode* (F30) (20.4 %) and *Other schizophrenic, schizotypal, delusional disorders* (F21–F29) (11.3%) (Table 3.10).

Separations for male and female patients demonstrated different patterns of involuntary status, with 25.7% of separations for male patients involuntary and 17.5% of separations for female patients (Table 3.12). Figure 3.1 outlines the proportion of separations in each age and sex category with involuntary mental health legal status. It shows that 41.3% of male patient separations in the 18–24 years age group and 37.0% in the 25–34 years age group had an involuntary mental health legal status. A greater proportion of separations for males had an

involuntary status than separations for female patients in all age groups between 18 and 64 years of age.

Principal procedures

Although principal procedure is not a data element of the NMDS – Admitted Patient Mental Health Care, procedures data are reported to the NHMD for specialised psychiatric care separations, as part of the NMDS – Admitted Patient Care. The procedure codes recorded in the NHMD during 1998–99 were submitted to the Institute using either the ICD-10-AM or ICD-9-CM classifications. Those submitted in ICD-9-CM were mapped to ICD-10-AM (see Appendix 5).

The thirty principal procedures with the largest number of specialised psychiatric care separations are detailed in Table 3.13. Of the 168,579 specialised separations for 1998–99, 53,759 or 32% had a procedure recorded that took place during the separation. The most frequently reported principal procedures for same day patients were *Group psychotherapy* (13,411 same day separations), *Electroconvulsive therapy (8 or less treatments)* (5,143) and *Specialist psychological therapy* (1,139). The principal procedures of *Allied health intervention, social work* (4,249), *ECT (8 or less treatments)* (4,090) and *Computerised tomography of the brain* (2,779) were the most frequently reported for overnight separations. Separations with principal procedures of *Allied health intervention, social work* had the highest number of patient days (181,314 days) and psychiatric care days (127,657 days). Principal procedures of *Electroconvulsive therapy (8 or less treatments)* (92,815 patient days and 84,801 psychiatric care days) and *Computerised tomography of the brain* (89,618 patient days and 72,577 psychiatric care days) also accounted for a large proportion of patient days and psychiatric care days.

First admission for psychiatric care

The proportion of separations for which the data element *First admission for psychiatric care* was not reported varied across jurisdictions. A ‘not stated’ response was reported for over 43% of specialised separations for this data item. Public psychiatric hospitals provided the highest level of response, with only 11% of records ‘not stated’. The data presented in Table 3.14 therefore need to be interpreted with caution, particularly for public acute and private hospitals.

The number of specialised psychiatric care separations that were identified as having had no previous specialised psychiatric care are given in Table 3.14. Overall, 18.7% of specialised separations were identified as the patient’s first in a specialised psychiatric care setting. For public psychiatric hospitals, 32.6% of specialised psychiatric separations were recorded as having no previous specialised psychiatric treatment in an admitted patient setting.

Source of referral and Source of referral to psychiatric hospital

For public acute and private hospitals, *Source of referral* is an administrative data element that outlines the difference between admissions from other hospitals and statistical admissions. *Source of referral to public psychiatric hospital* was developed as part of the NMDS – Admitted Patient Mental Health Care to provide information on referral practices within the mental health care field. While data from both elements are provided together in Table 3.15, their purposes and the information that they provide are very different and only *Source of referral to public psychiatric hospital* will be discussed here. Further discussion of data

and scope development for *Source of referral to public psychiatric hospital* is presented in Chapter 5.

For public psychiatric hospitals, the majority of separations in New South Wales, Queensland and Western Australia were referred from 'Other health care establishments', which can include emergency departments, community health services, other hospitals, nursing homes and crisis team services. For South Australia, 77.4% of specialised separations from public psychiatric hospitals were referred to the hospital from a private psychiatric practice. For Tasmania, the majority of public psychiatric hospital separations (65.6%) came from outpatients departments.

Mode of separation

Approximately 89% of public acute hospital specialised separations and 95% of private hospital specialised separations ended with a discharge to either the patient's usual residence, or own accommodation, or to a welfare institution (Table 3.16). For public psychiatric hospitals, the equivalent figure was 69%. Of specialised separations from public psychiatric hospitals, 11.2% ended in statistical discharges from leave and 7.3% ended in discharge or transfer to a nursing home. Statistical discharges from leave are a statistical separation resulting from a change in care type while a patient is on leave from the hospital.

Type of episode of care

Type of episode of care describes the treatment of a patient using to the following categories: acute care, rehabilitation, palliative care, non-acute care or other care. See Glossary for further detail on *Type of episode of care*.

Acute care was the most frequently recorded episode type in all jurisdictions and hospital sectors (87.2% of all separations), with *Rehabilitation care* and *Non-acute care* accounting for a smaller proportion of episodes (2.3% for both) (Table 3.17).

For public acute hospitals, over 94% of the specialised separations were reported as *Acute care*. The exception was New South Wales with 83% of specialised separations reported as acute care.

Separations reported as *Acute care* also accounted for over 90% of episodes in private hospitals in Queensland, Western Australia, South Australia and Northern Territory. Private hospitals in New South Wales had 52% and 45% of specialised separations with an episode type of *Acute care* and *Other care* respectively. In South Australian private hospitals, specialised separations with an episode type of *Non-acute care* constituted 68% of episodes, with *acute care* making up 31%.

For public psychiatric hospitals, *Acute care* was the most frequently reported episode type for all jurisdictions (71%). *Non-acute care* in Queensland and Tasmania also represented a sizeable proportion of separations (37% and 38% respectively). *Type of episode of care* data for all public psychiatric hospitals in Western Australia were not reported.

Table 3.1: Separations, patient days and psychiatric care days for acute separations with specialised psychiatric care, by AR-DRG and hospital type, Australia, 1998–99

AR-DRG	Description ^(a)	Public acute hospitals						Private hospitals					
		Same day separations	Overnight separations	Total separations	Total patient days	Total psychiatric care days ^(b)	Total	Same day separations	Overnight separations	Total separations	Total patient days	Total psychiatric care days ^(b)	Total
U40Z	Mental health treatment, same day with Ect	3,936	0	3,936	3,936	3,916		1,199	0	1,199	1,199	1,136	
U60Z	Mental health treatment, same day without Ect	17,243	0	17,243	17,243	13,565		37,413	0	37,413	37,413	28,893	
U61A	Schizophrenia disorders with involuntary MhIs	0	9,133	9,133	206,676	195,162		0	240	240	4,700	3,612	
U61B	Schizophrenia disorders without involuntary MhIs	0	8,103	8,103	131,804	119,612		0	1,379	1,379	24,816	23,542	
U62A	Paranoid & acute psych disorder with CscC/involuntary MhIs	0	1,534	1,534	20,030	16,845		0	67	67	991	548	
U62B	Paranoid & acute psych disorder without CscC/involuntary MhIs	0	1,249	1,249	16,158	13,479		0	176	176	3,027	2,753	
U63A	Major affective disorder with CscC or Age > 69 without CscC	0	2,541	2,541	66,678	57,488		0	1,645	1,645	37,256	34,523	
U63B	Major affective disorder Age < 70 without CscC	0	11,904	11,904	171,749	154,120		0	6,905	6,905	126,497	113,759	
U64Z	Other affective & somatoform disorders	0	4,106	4,106	43,687	37,424		0	1,148	1,148	18,028	15,845	
U65Z	Anxiety disorders	0	737	737	7,995	6,263		0	1,069	1,069	14,023	11,916	
U66Z	Eating & obsessive–compulsive disorders	0	826	826	16,779	15,199		0	581	581	17,622	16,392	
U67Z	Personality disorders & acute reactions	0	9,542	9,542	63,190	52,215		0	2,405	2,405	36,993	32,408	
U68Z	Childhood mental disorders	0	327	327	5,388	2,640		0	35	35	674	674	
V60Z	Alcohol intoxication and withdrawal	264	887	1,151	6,191	4,846		577	414	991	5188	4,631	
V61A	Drug intoxication and withdrawal with CC	36	342	378	3,435	3,181		1	19	20	315	224	
V61B	Drug intoxication and withdrawal without CC	135	1,453	1,588	11,288	10,092		52	74	126	968	438	
V62A	Alcohol use disorder & dependence	0	558	558	3,686	3,409		0	1,181	1,181	17,113	15,789	
V62B	Alcohol use disorder & dependence, same day	270	0	270	270	270		1,646	0	1,646	1,646	1,449	
V63Z	Opioid use disorder & dependence	51	216	267	979	861		288	670	958	5,497	4,941	
V64Z	Other drug use disorder & dependence	96	513	609	2,841	2,658		590	506	1,096	8,326	7,912	
	All other AR-DRGS	2,852	6,201	9,053	124,583	87,760		2,601	1,317	3,918	24,765	20,729	
Total		24,883	60,172	85,055	924,586	801,005		44,367	19,831	64,198	387,057	342,114	

(continued)

Table 3.1 (continued): Separations, patient days and psychiatric care days for acute separations with specialised psychiatric care, by AR-DRG and hospital type, Australia, 1998–99

AR-DRG	Description ^(a)	Public psychiatric hospitals				All hospitals			
		Same day separations	Overnight separations	Total separations	Total patient days care days ^(b)	Same day separations	Overnight separations	Total separations	Total patient days care days ^(b)
U40Z	Mental health treatment, same day with Ect	50	0	50	50	5,185	0	5,185	5,185
U60Z	Mental health treatment, same day without Ect	1,584	0	1,584	1,584	56,240	0	56,240	56,240
U61A	Schizophrenia disorders with involuntary Mhls	0	3,068	3,068	407,862	0	12,441	12,441	619,238
U61B	Schizophrenia disorders without involuntary Mhls	0	1,700	1,700	220,900	0	11,182	11,182	377,520
U62A	Paranoid & acute psych disorder with CscC/involuntary Mhls	0	499	499	10,737	0	2,100	2,100	31,758
U62B	Paranoid & acute psych disorder without CscC/involuntary Mhls	0	166	166	2,414	0	1,591	1,591	21,599
U63A	Major affective disorder with CscC or Age > 69 without CscC	0	488	488	41,840	0	4,674	4,674	145,774
U63B	Major affective disorder Age < 70 without CscC	0	2,558	2,558	99,730	0	21,367	21,367	397,976
U64Z	Other affective disorder & Somatoform disorders	0	434	434	7,634	0	5,688	5,688	69,349
U65Z	Anxiety disorders	0	112	112	3,635	0	1,918	1,918	25,653
U66Z	Eating & obsessive-compulsive disorders	0	64	64	1,874	0	1,471	1,471	36,275
U67Z	Personality disorders & acute reactions	0	2,647	2,647	25,929	0	14,594	14,594	126,112
U68Z	Childhood mental disorders	0	71	71	39,176	0	433	433	45,238
V60Z	Alcohol intoxication & withdrawal	73	578	651	35234	914	1,879	2,793	46,613
V61A	Drug intoxication & withdrawal with Cc	306	127	433	2,595	343	488	831	6,345
V61B	Drug intoxication & withdrawal without Cc	83	467	550	5,046	270	1,994	2,264	17,302
V62A	Alcohol use disorder & dependence	0	651	651	10,931	0	2,390	2,390	31,730
V62B	Alcohol use disorder & dependence, same day	30	0	30	30	1,946	0	1,946	1,946
V63Z	Opioid use disorder & dependence	71	964	1,035	4,858	410	1,850	2,260	11,334
V64Z	Other use disorder & dependence	29	427	456	3,839	715	1,446	2,161	15,006
All other AR-DRGS		38	2,041	2,079	333,613	5,491	9,559	15,050	482,961
Total		2,264	17,062	19,326	1,259,511	71,514	97,065	168,579	2,571,154

(a) Refer to Appendix 2 for full AR-DRG category names.

(b) Does not include psychiatric care days from WA public acute or private hospitals. The totals for these hospital types are therefore underestimates of total psychiatric care days.

Abbreviations

- Ect Electroconvulsive therapy
- Mhls Mental health legal status
- CscC Catastrophic/severe complications and comorbidities
- psych Psychotic
- CC Complications and comorbidities

Table 3.2: Average and median length of stay of overnight separations with specialised psychiatric care by hospital type, States and Territories, 1998–99

Sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Average								
Public acute hospitals	16.7	16.1	12.0	19.3	13.5	8.5	11.7	11.0	15.0
Private hospitals	18.0	16.5	20.5	13.0	17.0	..	17.4	n.a.	17.3
Public psychiatric hospitals	57.1	27.2	350.6	42.3	27.6	89.0	..	..	73.7
Total	28.2	16.5	37.8	23.9	19.4	26.3	12.0	11.0	25.8
Sector	Median								
	Average								
Public acute hospitals	8	8	6	10	8	5	6	6	8
Private hospitals	13	12	12	8	13	..	17	n.a.	12
Public psychiatric hospitals	7	13	26	14	10	10	..	..	9
Total	9	9	7	10	10	5	6	6	9

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

.. Not applicable

n.a. Not available

Table 3.3: Average and median length of stay of overnight separations with specialised psychiatric care by sex, States and Territories, 1998–99

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Average								
Male	31.0	16.1	44.4	27.2	20.2	34.3	12.6	10.3	28.7
Female	25.0	16.8	31.1	20.7	18.7	19.0	11.3	12.6	22.7
Total	28.2	16.5	37.8	23.9	19.4	26.3	12.0	11.0	25.8
Sex	Median								
	Average								
Male	8	9	7	10	9	5	7	5	8
Female	10	10	7	10	11	5	6	6	9
Total	9	9	7	10	10	5	6	6	9

Note: ICD-9-CM data reported by Queensland, Western Australia, South Australia and Tasmania have been mapped to ICD-10-AM. Comparisons with data reported by other jurisdictions in ICD-10-AM should be made cautiously, with reference to the classifications and maps, as appropriate.

Table 3.4a: Average length of stay (trimmed) for overnight separations with specialised psychiatric care, public acute hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute										
U61A	Schizophrenia disorders with involuntary Mhls	19.9	17.3	15.7	23.8	20.8	13.6	19.1	..	17.8
U61B	Schizophrenia disorders without involuntary Mhls	16.6	13.3	10.2	17.0	14.4	9.8	13.9	10.5	13.8
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	10.9	11.6	10.6	18.7	9.5	9.4	6.3	12.9	11.6
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	11.6	12.2	8.1	14.4	11.2	7.5	17.2	9.8	11.3
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	25.1	26.0	23.9	32.9	25.3	7.4	38.4	17.0	24.8
U63B	Major affective disorder Age < 70 without Csccl	15.0	13.4	11.2	16.8	14.7	10.1	13.1	11.4	13.4
U64Z	Other affective disorder & Somatoform disorders	9.9	9.5	5.8	11.8	6.5	6.0	4.6	3.9	8.7
U65Z	Anxiety disorders	7.8	10.6	6.4	11.5	10.2	6.5	5.8	1.3	8.7
U66Z	Eating & obsessive-compulsive disorders	24.0	21.1	11.3	14.3	18.3	10.3	27.0	12.0	17.1
U67Z	Personality disorders & acute reactions	4.9	5.7	4.4	7.0	6.5	3.2	4.1	3.5	5.3
U68Z	Childhood mental disorders	7.2	13.3	9.5	29.9	6.2	3.0	23.0	4.0	13.9
	Major Diagnostic Category 19	14.4	13.3	10.8	14.6	12.9	8.0	11.6	9.0	12.8
V60Z	Alcohol intoxication & withdrawal	4.2	6.8	3.7	8.1	8.6	2.6	5.2	3.4	5.1
V61A	Drug intoxication & withdrawal with Cc	10.9	10.1	7.7	9.3	9.3	13.0	2.8	8.9	9.1
V61B	Drug intoxication & withdrawal without Cc	7.0	7.2	6.1	8.3	6.7	5.0	7.1	7.4	6.8
V62A	Alcohol use disorder & dependence	5.1	7.3	4.9	6.5	13.4	4.2	2.7	3.8	6.1
V63Z	Opioid use disorder & dependence	3.8	3.9	4.4	5.8	2.4	3.3	3.0	2.0	4.0
V64Z	Other use disorder & dependence	5.0	5.5	3.5	3.9	8.2	4.1	3.5	4.5	4.7
	Major Diagnostic Category 20	5.8	6.8	5.3	7.5	8.4	4.1	5.2	5.6	6.1

(a) Refer to Appendix 2 for full AR-DRG category names

Abbreviations

- Ect Electroconvulsive therapy
- Mhls Mental health legal status
- Csccl Catastrophic/severe complications and comorbidities
- psych Psychotic
- Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.4b: Average length of stay (trimmed) for overnight separations with specialised psychiatric care, private hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private										
U61A	Schizophrenia disorders with involuntary Mhls	..	..	18.2	36.1	16.4	n.a.	..	n.a.	19.0
U61B	Schizophrenia disorders without involuntary Mhls	16.1	16.9	18.2	14.0	8.1	n.a.	1.0	n.a.	16.5
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	..	..	9.8	20.1	12.3	n.a.	..	n.a.	14.7
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	13.6	14.8	18.0	13.6	33.0	n.a.	5.0	n.a.	15.2
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	26.6	17.9	23.1	22.8	24.0	n.a.	16.3	n.a.	22.1
U63B	Major affective disorder Age < 70 without Csccl	19.9	16.9	16.9	14.0	17.0	n.a.	17.9	n.a.	17.3
U64Z	Other affective disorder & Somatoform disorders	13.8	13.2	16.6	14.1	17.5	n.a.	18.3	n.a.	14.4
U65Z	Anxiety disorders	17.9	14.8	10.6	5.7	15.5	n.a.	..	n.a.	11.9
U66Z	Eating & obsessive-compulsive disorders	29.4	29.1	34.6	22.1	19.7	n.a.	18.8	n.a.	29.0
U67Z	Personality disorders & acute reactions	15.5	12.7	15.7	10.6	11.8	n.a.	16.9	n.a.	13.8
U68Z	Childhood mental disorders	16.6	30.3	20.0	..	16.5	n.a.	..	n.a.	19.0
Major Diagnostic Category 19		19.3	16.6	17.5	13.1	16.7		17.1		17.0
V60Z	Alcohol intoxication & withdrawal	11.2	10.0	13.5	8.7	11.8	n.a.	..	n.a.	10.9
V61A	Drug intoxication & withdrawal with Cc	15.3	11.0	12.0	13.0	35.5	n.a.	..	n.a.	15.7
V61B	Drug intoxication & withdrawal without Cc	11.6	11.5	7.3	13.7	5.3	n.a.	..	n.a.	11.4
V62A	Alcohol use disorder & dependence	14.6	10.3	15.5	11.0	15.4	n.a.	13.0	n.a.	14.0
V63Z	Opioid use disorder & dependence	7.2	5.0	12.6	12.9	9.1	n.a.	..	n.a.	6.9
V64Z	Other use disorder & dependence	15.7	10.9	14.5	6.7	13.7	n.a.	..	n.a.	14.6
Major Diagnostic Category 20		13.0	7.9	14.3	10.8	13.9	n.a.	13.0	n.a.	12.0

(a) Refer to Appendix 2 for full AR-DRG category names

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.4c: Average length of stay (trimmed) for overnight separations with specialised psychiatric care, public psychiatric hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric										
U61A	Schizophrenia disorders with involuntary Mhls	25.2	58.1	110.6	41.5	18.9	38.0	..	..	39.2
U61B	Schizophrenia disorders without involuntary Mhls	19.0	..	68.2	16.9	69.0	9.4	..	..	32.1
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	11.3	53.2	107.9	19.6	9.8	..	..	..	16.9
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	11.9	..	9.5	15.6	13.7	..	..	..	12.5
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	36.3	..	59.8	62.6	36.4	n.p.	..	..	45.5
U63B	Major affective disorder Age < 70 without Csccl	17.3	30.1	30.8	22.7	14.6	26.6	..	..	18.7
U64Z	Other affective disorder & Somatoform disorders	9.4	20.5	19.4	17.0	10.5	19.4	..	..	12.6
U65Z	Anxiety disorders	14.7	..	29.0	16.6	8.9	7.2	..	..	14.3
U66Z	Eating & obsessive-compulsive disorders	25.4	..	41.9	19.3	12.4	1.0	..	..	27.6
U67Z	Personality disorders & acute reactions	4.6	11.6	9.6	8.4	4.5	14.2	..	..	5.9
U68Z	Childhood mental disorders	13.1	..	27.8	6.8	1.0	..	..	..	18.0
	Major Diagnostic Category 19	16.6	51.0	61.8	24.4	20.3	29.4	..	..	23.8
V60Z	Alcohol intoxication & withdrawal	4.8	..	205.4	13.0	9.2	1.0	..	..	13.1
V61A	Drug intoxication & withdrawal with Cc	8.2	..	34.4	..	7.8	..	..	..	11.4
V61B	Drug intoxication & withdrawal without Cc	7.4	..	14.2	12.0	6.0	16.4	..	..	8.8
V62A	Alcohol use disorder & dependence	7.7	..	51.3	8.4	5.1	3.0	..	..	8.1
V63Z	Opioid use disorder & dependence	3.9	..	4.7	6.1	2.3	..	..	..	4.0
V64Z	Other use disorder & dependence	6.5	..	7.7	9.2	6.1	12.8	..	..	7.5
	Major Diagnostic Category 20	5.7	..	59.9	10.4	7.1	13.7	..	..	7.9

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.5a: Median length of stay for overnight separations with specialised psychiatric care, public acute hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute										
U61A	Schizophrenia disorders with involuntary Mhls	15	12	12	19	15	12	13	..	13
U61B	Schizophrenia disorders without involuntary Mhls	11	9	7	12	11	7	10	8	9
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	8	8	7	15	8	9	5	4	8
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	8	8	5	12	9	6	14	8	8
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	21	21	17	26	22	5	26	13	20
U63B	Major affective disorder Age < 70 without Csccl	11	10	7	13	11	7	10	8	10
U64Z	Other affective disorder & Somatoform disorders	6	6	4	8	5	5	3	3	5
U65Z	Anxiety disorders	5	8	5	9	8	6	2	1	6
U66Z	Eating & obsessive-compulsive disorders	14	13	6	11	14	7	7	12	11
U67Z	Personality disorders & acute reactions	3	3	3	5	4	3	3	3	3
U68Z	Childhood mental disorders	4	10	5	21	5	1	23	4	8
Major Diagnostic Category 19		9	8	6	10	9	5	7	6	8
V60Z	Alcohol intoxication & withdrawal	2	4	2	4	6	2	2	2	3
V61A	Drug intoxication & withdrawal with Cc	7	7	5	8	6	13	3	9	6
V61B	Drug intoxication & withdrawal without Cc	5	5	4	7	4	4	6	6	5
V62A	Alcohol use disorder & dependence	3	6	3	7	9	4	3	3	4
V63Z	Opioid use disorder & dependence	3	3	3	5	2	3	2	2	3
V64Z	Other use disorder & dependence	3	3	3	3	7	3	2	5	3
Major Diagnostic Category 20		4	5	4	5	6	3	3	5	4

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health/legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.5b: Median length of stay for overnight separations with specialised psychiatric care, private hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private										
U61A	Schizophrenia disorders with involuntary Mhls	..	..	14	35	12	n.a.	..	n.a.	14
U61B	Schizophrenia disorders without involuntary Mhls	13	13	13	10	6	n.a.	1	n.a.	12
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	..	..	6	16	10	n.a.	..	n.a.	12
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	9	13	14	13	25	n.a.	5	n.a.	11
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	23	14	19	18	22	n.a.	21	n.a.	19
U63B	Major affective disorder Age < 70 without Csccl	15	13	12	11	14	n.a.	17	n.a.	14
U64Z	Other affective disorder & Somatoform disorders	10	9	12	11	15	n.a.	16	n.a.	11
U65Z	Anxiety disorders	15	12	6	4	14	n.a.	..	n.a.	8
U66Z	Eating & obsessive-compulsive disorders	21	26	21	19	13	n.a.	21	n.a.	21
U67Z	Personality disorders & acute reactions	12	10	12	7	8	n.a.	14	n.a.	10
U68Z	Childhood mental disorders	13	30	20	..	8	n.a.	..	n.a.	13
	Major Diagnostic Category 19	15	13	12	9	13	n.a.	17	n.a.	13
V60Z	Alcohol intoxication & withdrawal	10	8	11	7	10	n.a.	..	n.a.	9
V61A	Drug intoxication & withdrawal with Cc	17	8	12	5	36	n.a.	..	n.a.	16
V61B	Drug intoxication & withdrawal without Cc	10	5	6	7	5	n.a.	..	n.a.	6
V62A	Alcohol use disorder & dependence	13	8	12	9	11	n.a.	13	n.a.	11
V63Z	Opioid use disorder & dependence	4	3	9	8	6	n.a.	..	n.a.	4
V64Z	Other use disorder & dependence	12	11	11	4	9	n.a.	..	n.a.	11
	Major Diagnostic Category 20	10	6	11	7	10	n.a.	13	n.a.	8

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.5c: Median length of stay for overnight separations with specialised psychiatric care, public psychiatric hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric										
U61A	Schizophrenia disorders with involuntary Mhls	17	47	48	31	14	29	..	..	21
U61B	Schizophrenia disorders without involuntary Mhls	12	..	17	11	21	4	..	..	13
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	7	16	31	14	5	..	..	..	9
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	9	..	10	7	9	..	..	..	9
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	26	..	36	38	31	n.p.	..	..	31
U63B	Major affective disorder Age < 70 without Csccl	13	20	20	19	11	17	..	..	13
U64Z	Other affective disorder & Somatoform disorders	5	20	11	10	7	17	..	..	7
U65Z	Anxiety disorders	6	..	15	11	5	6	..	..	8
U66Z	Eating & obsessive-compulsive disorders	15	..	27	19	12	1	..	..	17
U67Z	Personality disorders & acute reactions	4	12	6	5	3	6	..	..	4
U68Z	Childhood mental disorders	3	..	13	7	1	..	..	..	7
	Major Diagnostic Category 19	9	37	21	15	9	13	..	..	11
V60Z	Alcohol intoxication & withdrawal	3	..	27	9	3	1	..	..	3
V61A	Drug intoxication & withdrawal with Cc	5	..	15	8	8	..	..	..	6
V61B	Drug intoxication & withdrawal without Cc	5	..	7	8	4	9	..	..	5
V62A	Alcohol use disorder & dependence	6	..	17	6	2	3	..	..	6
V63Z	Opioid use disorder & dependence	3	..	4	5	2	..	..	..	3
V64Z	Other use disorder & dependence	5	..	4	7	4	10	..	..	5
	Major Diagnostic Category 20	4	..	11	7	3	9	..	..	4

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

n.p. Not published

.. Not applicable

n.a. Not available

Table 3.6a: Average length of stay of overnight specialised psychiatric care (trimmed), public acute hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute										
U61A	Schizophrenia disorders with involuntary Mhls	19.8	17.3	15.7	n.a.	20.8	13.6	19.1	..	17.5
U61B	Schizophrenia disorders without involuntary Mhls	16.1	13.3	10.1	n.a.	14.4	9.8	13.9	10.4	13.4
U62A	Paranoid & acute psych disorder with CscC/involuntary Mhls	10.7	11.6	10.3	n.a.	9.5	9.4	6.3	12.9	10.8
U62B	Paranoid & acute psych disorder without CscC/involuntary Mhls	11.3	12.2	8.1	n.a.	11.2	7.5	17.2	9.8	10.8
U63A	Major affective disorder with CscC or Age > 69 without CscC	23.4	26.0	23.2	n.a.	25.3	7.4	38.4	13.3	23.3
U63B	Major affective disorder Age < 70 without CscC	14.8	13.4	11.1	n.a.	14.7	10.1	13.1	11.5	13.0
U64Z	Other affective disorder & Somatoform disorders	9.3	9.5	5.7	n.a.	6.5	6.0	4.6	3.9	8.1
U65Z	Anxiety disorders	7.4	10.6	6.4	n.a.	10.2	6.5	5.8	1.3	8.1
U66Z	Eating & obsessive-compulsive disorders	20.7	21.1	10.8	n.a.	18.3	10.3	27.0	12.0	16.5
U67Z	Personality disorders & acute reactions	4.5	5.7	4.4	n.a.	6.5	3.2	4.1	3.4	4.9
U68Z	Childhood mental disorders	7.0	13.3	9.5	n.a.	6.2	3.0	23.0	4.0	9.5
	Major Diagnostic Category 19	14.0	13.3	10.7	n.a.	12.9	8.0	11.6	8.9	12.5
V60Z	Alcohol intoxication & withdrawal	4.0	6.8	3.5	n.a.	8.6	2.6	5.2	3.2	4.6
V61A	Drug intoxication & withdrawal with Cc	10.8	10.1	7.2	n.a.	9.3	13.0	2.8	7.6	8.9
V61B	Drug intoxication & withdrawal without Cc	6.9	7.2	6.0	n.a.	6.7	5.0	7.1	7.3	6.6
V62A	Alcohol use disorder & dependence	5.0	7.3	4.3	n.a.	13.4	4.2	2.7	3.8	5.9
V63Z	Opioid use disorder & dependence	3.7	3.9	4.1	n.a.	2.4	3.3	3.0	2.0	3.8
V64Z	Other use disorder & dependence	5.0	5.5	3.2	n.a.	8.2	4.1	3.5	4.5	4.7
	Major Diagnostic Category 20	5.6	6.8	5.1	n.a.	8.4	4.1	5.2	5.4	5.9

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
CscC Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable
n.a. Not available

Table 3.6b: Average length of stay of overnight specialised psychiatric care (trimmed), private hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private										
U61A	Schizophrenia disorders with involuntary Mhls	..	..	18.2	n.a.	16.4	n.a.	..	n.a.	16.6
U61B	Schizophrenia disorders without involuntary Mhls	15.7	16.9	18.2	n.a.	8.1	n.a.	1.0	n.a.	16.5
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	..	..	9.8	n.a.	12.3	n.a.	..	n.a.	12.0
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	13.6	14.8	18.0	n.a.	33.0	n.a.	5.0	n.a.	15.4
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	26.3	17.9	22.4	n.a.	24.0	n.a.	16.3	n.a.	21.9
U63B	Major affective disorder Age < 70 without Csccl	19.7	16.9	16.7	n.a.	17.0	n.a.	17.9	n.a.	17.6
U64Z	Other affective disorder & Somatoform disorders	13.6	13.2	16.6	n.a.	17.5	n.a.	18.3	n.a.	14.4
U65Z	Anxiety disorders	17.6	14.8	10.5	n.a.	15.5	n.a.	..	n.a.	14.2
U66Z	Eating & obsessive-compulsive disorders	29.1	29.1	34.2	n.a.	19.7	n.a.	18.8	n.a.	29.5
U67Z	Personality disorders & acute reactions	15.0	12.7	15.7	n.a.	11.8	n.a.	16.9	n.a.	14.2
U68Z	Childhood mental disorders	16.6	30.3	20.0	n.a.	16.5	n.a.	..	n.a.	19.0
	Major Diagnostic Category 19	19.0	16.6	17.3	n.a.	16.7	n.a.	17.1	n.a.	17.4
V60Z	Alcohol intoxication & withdrawal	11.1	10.0	13.5	n.a.	11.8	n.a.	..	n.a.	11.2
V61A	Drug intoxication & withdrawal with Cc	15.3	11.0	12.0	n.a.	35.5	n.a.	..	n.a.	17.3
V61B	Drug intoxication & withdrawal without Cc	11.6	11.5	7.3	n.a.	5.3	n.a.	..	n.a.	9.4
V62A	Alcohol use disorder & dependence	14.5	10.3	15.5	n.a.	15.4	n.a.	13.0	n.a.	14.1
V63Z	Opioid use disorder & dependence	7.1	5.0	12.6	n.a.	9.1	n.a.	..	n.a.	6.5
V64Z	Other use disorder & dependence	15.7	10.9	14.5	n.a.	13.7	n.a.	..	n.a.	14.9
	Major Diagnostic Category 20	12.8	7.9	14.3	n.a.	13.9	n.a.	13.0	n.a.	12.0

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.6c: Average length of stay of overnight specialised psychiatric care (trimmed), public psychiatric hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric										
U61A	Schizophrenia disorders with involuntary Mhls	24.4	58.1	110.6	41.5	18.9	38.0	..	..	38.9
U61B	Schizophrenia disorders without involuntary Mhls	18.8	..	68.2	16.9	69.0	9.4	..	..	32.0
U62A	Paranoid & acute psych disorder with CscC/involuntary Mhls	11.3	53.2	107.9	19.6	9.8	..	..	..	16.9
U62B	Paranoid & acute psych disorder without CscC/involuntary Mhls	11.4	..	9.5	15.6	13.7	..	..	..	12.1
U63A	Major affective disorder with CscC or Age > 69 without CscC	35.8	..	59.8	62.6	36.4	n.p.	..	..	45.3
U63B	Major affective disorder Age < 70 without CscC	16.8	30.1	30.8	22.7	14.6	26.6	..	..	18.5
U64Z	Other affective disorder & Somatoform disorders	9.3	20.5	19.4	17.0	10.5	19.4	..	..	12.5
U65Z	Anxiety disorders	12.3	..	29.0	16.6	8.9	7.2	..	..	13.4
U66Z	Eating & obsessive-compulsive disorders	17.7	..	41.9	19.3	12.4	1.0	..	..	23.7
U67Z	Personality disorders & acute reactions	4.5	11.6	9.6	8.4	4.5	14.2	..	..	5.8
U68Z	Childhood mental disorders	11.6	..	27.8	6.8	1.0	..	..	..	17.1
	Major Diagnostic Category 19	16.1	51.0	61.8	24.43	20.3	29.4	..	..	23.6
V60Z	Alcohol intoxication & withdrawal	4.8	..	205.4	13.0	9.2	1.0	..	..	13.1
V61A	Drug intoxication & withdrawal with Cc	8.0	..	34.4	..	7.8	..	..	..	11.3
V61B	Drug intoxication & withdrawal without Cc	7.4	..	14.2	12.0	6.0	16.4	..	..	8.8
V62A	Alcohol use disorder & dependence	7.7	..	51.3	8.4	5.1	3.0	..	..	8.1
V63Z	Opioid use disorder & dependence	3.9	..	4.7	6.1	2.3	..	..	..	3.9
V64Z	Other use disorder & dependence	6.5	..	7.7	9.2	6.1	12.8	..	..	7.5
	Major Diagnostic Category 20	5.7	..	59.9	10.4	7.1	13.7	..	..	7.9

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
CscC Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.7.a: Median length of stay of overnight specialised psychiatric care, public acute hospitals, States and Territories, 1998–99

AR-DRG Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute									
U61A Schizophrenia disorders with involuntary Mhls	14	12	12	n.a.	15	12	13	..	13
U61B Schizophrenia disorders without involuntary Mhls	10	9	7	n.a.	11	7	10	8	9
U62A Paranoid & acute psych disorder with Csccl/involuntary Mhls	8	8	7	n.a.	8	9	5	4	8
U62B Paranoid & acute psych disorder without Csccl/involuntary Mhls	8	8	5	n.a.	9	6	14	8	8
U63A Major affective disorder with Csccl or Age > 69 without Csccl	19	21	17	n.a.	22	5	26	13	18
U63B Major affective disorder Age < 70 without Csccl	11	10	7	n.a.	11	7	10	8	9
U64Z Other affective disorder & Somatoform disorders	6	6	4	n.a.	5	5	3	3	5
U65Z Anxiety disorders	5	8	4	n.a.	8	6	2	1	5
U66Z Eating & obsessive-compulsive disorders	13	13	6	n.a.	14	7	7	12	11
U67Z Personality disorders & acute reactions	3	3	3	n.a.	4	3	3	3	3
U68Z Childhood mental disorders	4	10	5	n.a.	5	1	23	4	6
Major Diagnostic Category 19	9	8	6	n.a.	9	5	7	6	8
V60Z Alcohol intoxication & withdrawal	2	4	2	n.a.	6	2	2	2	2
V61A Drug intoxication & withdrawal with Cc	7	7	5	n.a.	6	13	3	6	6
V61B Drug intoxication & withdrawal without Cc	5	5	4	n.a.	4	4	6	6	5
V62A Alcohol use disorder & dependence	3	6	3	n.a.	9	4	3	3	4
V63Z Opioid use disorder & dependence	3	3	3	n.a.	2	3	2	2	3
V64Z Other use disorder & dependence	3	3	3	n.a.	7	3	2	5	3
Major Diagnostic Category 20	3	5	3	n.a.	6	3	3	4	4

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.7b: Median length of stay of overnight specialised psychiatric care, private hospitals, States and Territories, 1998–99

AR-DRG	Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private										
U61A	Schizophrenia disorders with involuntary Mhls	..	..	14	n.a.	12	n.a.	..	n.a.	13
U61B	Schizophrenia disorders without involuntary Mhls	12	13	13	n.a.	6	n.a.	1	n.a.	12
U62A	Paranoid & acute psych disorder with Csccl/involuntary Mhls	..	..	6	n.a.	10	n.a.	..	n.a.	10
U62B	Paranoid & acute psych disorder without Csccl/involuntary Mhls	9	13	14	n.a.	25	n.a.	5	n.a.	11
U63A	Major affective disorder with Csccl or Age > 69 without Csccl	23	14	19	n.a.	22	n.a.	21	n.a.	19
U63B	Major affective disorder Age < 70 without Csccl	15	13	12	n.a.	14	n.a.	17	n.a.	14
U64Z	Other affective disorder & Somatoform disorders	10	9	12	n.a.	15	n.a.	16	n.a.	11
U65Z	Anxiety disorders	15	12	6	n.a.	14	n.a.	..	n.a.	11
U66Z	Eating & obsessive–compulsive disorders	21	26	21	n.a.	13	n.a.	21	n.a.	21
U67Z	Personality disorders & acute reactions	11	10	12	n.a.	8	n.a.	14	n.a.	10
U68Z	Childhood mental disorders	13	30	20	n.a.	8	n.a.	..	n.a.	13
Major Diagnostic Category 19		14	13	12	n.a.	13	n.a.	17	n.a.	13
V60Z	Alcohol intoxication & withdrawal	10	8	11	n.a.	10	n.a.	..	n.a.	10
V61A	Drug intoxication & withdrawal with Cc	17	8	12	n.a.	36	n.a.	..	n.a.	16
V61B	Drug intoxication & withdrawal without Cc	10	5	6	n.a.	5	n.a.	..	n.a.	6
V62A	Alcohol use disorder & dependence	13	8	12	n.a.	11	n.a.	13	n.a.	11
V63Z	Opioid use disorder & dependence	4	3	9	n.a.	6	n.a.	..	n.a.	4
V64Z	Other use disorder & dependence	12	11	11	n.a.	9	n.a.	..	n.a.	12
Major Diagnostic Category 20		10	6	11	n.a.	10	n.a.	13	n.a.	8

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.7c: Median length of stay of overnight specialised psychiatric care, public psychiatric hospitals, States and Territories, 1998–99

AR-DRG Description ^(a)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
				Public psychiatric						
U61A Schizophrenia disorders with involuntary Mhls	17	47	48	31	14	29	..	..	21
U61B Schizophrenia disorders without involuntary Mhls	11	..	17	11	21	4	..	..	12
U62A Paranoid & acute psych disorder with Csccl/involuntary Mhls	7	16	31	14	5	..	..	..	9
U62B Paranoid & acute psych disorder without Csccl/involuntary Mhls	8	..	10	7	9	..	..	..	8
U63A Major affective disorder with Csccl or Age > 69 without Csccl	26	..	36	38	31	n.p.	..	..	31
U63B Major affective disorder Age < 70 without Csccl	13	20	20	19	11	17	..	..	13
U64Z Other affective disorder & Somatoform disorders	5	20	11	10	7	17	..	..	7
U65Z Anxiety disorders	6	..	15	11	5	6	..	..	8
U66Z Eating & obsessive–compulsive disorders	10	..	27	19	12	1	..	..	14
U67Z Personality disorders & acute reactions	4	12	6	5	3	6	..	..	4
U68Z Childhood mental disorders	3	..	13	7	1	..	..	..	7
Major Diagnostic Category 19	9	37	21	15	9	13	..	..	11
V60Z Alcohol intoxication & withdrawal	3	..	27	9	3	1	..	..	3
V61A Drug intoxication & withdrawal with Cc	5	..	15	..	8	..	..	..	6
V61B Drug intoxication & withdrawal without Cc	5	..	7	8	4	9	..	..	5
V62A Alcohol use disorder & dependence	6	..	17	6	2	3	..	..	6
V63Z Opioid use disorder & dependence	3	..	4	5	2	..	..	..	3
V64Z Other use disorder & dependence	5	..	4	7	4	10	..	..	5
Major Diagnostic Category 20	4	..	11	7	3	9	..	..	4

(a) Refer to Appendix 2 for full AR-DRG category names.

Abbreviations

Ect Electroconvulsive therapy
Mhls Mental health legal status
Csccl Catastrophic/severe complications and comorbidities
psych Psychotic
Cc Complications and comorbidities

.. Not applicable

n.a. Not available

Table 3.8: Mental health legal status for separations with specialised psychiatric care, by hospital type, States and Territories, 1998–99

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Same day separations									
Involuntary	296	493	803	48	37	53	6	0	1,736
Voluntary	9295	2762	4144	3713	1933	750	30	0	22,627
Not reported	479	3	0	0	0	0	0	38	520
<i>Total same day</i>	<i>10,070</i>	<i>3,258</i>	<i>4,947</i>	<i>3,761</i>	<i>1,970</i>	<i>803</i>	<i>36</i>	<i>38</i>	<i>24,883</i>
Overnight separations									
Involuntary	5,604	7,846	6,828	1,200	648	355	268	0	22,749
Voluntary	9,022	9,128	8,570	3,946	3,295	1,490	406	0	35,857
Not reported	667	108	0	0	0	0	67	724	1,566
<i>Total overnight</i>	<i>15,293</i>	<i>17,082</i>	<i>15,398</i>	<i>5,146</i>	<i>3,943</i>	<i>1,845</i>	<i>741</i>	<i>724</i>	<i>60,172</i>
Total public acute	25,363	20,340	20,345	8,907	5,913	2,648	777	762	85,055
Private hospitals									
Same day separations									
Involuntary	0	0	156	6	0	n.a.	0	n.a.	162
Voluntary	8,036	0	6,797	9,725	0	n.a.	0	n.a.	24,558
Not reported	3,785	15,850	0	0	12	n.a.	0	n.a.	19,647
<i>Total same day</i>	<i>11,821</i>	<i>15,850</i>	<i>6,953</i>	<i>9,731</i>	<i>12</i>	<i>n.a.</i>	<i>0</i>	<i>n.a.</i>	<i>44,367</i>
Overnight separations									
Involuntary	2	0	77	155	0	n.a.	4	n.a.	238
Voluntary	3,906	0	3,442	2,289	0	n.a.	0	n.a.	9,637
Not reported	2,001	5,422	0	0	2487	n.a.	46	n.a.	9,956
<i>Total overnight</i>	<i>5,909</i>	<i>5,422</i>	<i>3,519</i>	<i>2,444</i>	<i>2,487</i>	<i>n.a.</i>	<i>50</i>	<i>n.a.</i>	<i>19,831</i>
Total private	17,730	21,272	10,472	12,175	2,499	n.a.	50	n.a.	64,198
Public psychiatric hospitals									
Same day separations									
Involuntary	153	2	12	44	108	2	..	..	321
Voluntary	198	0	11	9	59	6	..	..	283
Not reported	1,660	0	0	0	0	0	..	..	1,660
<i>Total same day</i>	<i>2,011</i>	<i>2</i>	<i>23</i>	<i>53</i>	<i>167</i>	<i>8</i>	<i>..</i>	<i>..</i>	<i>2,264</i>
Overnight separations									
Involuntary	3,154	568	826	1,881	2,296	164	..	..	8,889
Voluntary	3,558	0	637	831	1,275	360	..	..	6,661
Not reported	1,512	0	0	0	0	0	..	..	1,512
<i>Total overnight</i>	<i>8,224</i>	<i>568</i>	<i>1,463</i>	<i>2,712</i>	<i>3,571</i>	<i>524</i>	<i>..</i>	<i>..</i>	<i>17,062</i>
Total public psychiatric	10,235	570	1,486	2,765	3,738	532	..	..	19,326
All hospitals									
Same day separations									
Involuntary	449	495	971	98	145	55	6	0	2,219
Voluntary	17,529	2,762	10,952	13,447	1,992	756	30	0	47,468
Not reported	5,924	15,853	0	0	12	0	0	38	21,827
<i>Total same day</i>	<i>23,902</i>	<i>19,110</i>	<i>11,923</i>	<i>13,545</i>	<i>2,149</i>	<i>811</i>	<i>36</i>	<i>38</i>	<i>71,514</i>
Overnight separations									
Involuntary	8,760	8,414	7,731	3,236	2,944	519	272	0	31,876
Voluntary	16,486	9,128	12,649	7,066	4,570	1,850	406	0	52,155
Not reported	4,180	5,530	0	0	2,487	0	113	724	13,034
<i>Total overnight</i>	<i>29,426</i>	<i>23,072</i>	<i>20,380</i>	<i>10,302</i>	<i>10,001</i>	<i>2,369</i>	<i>791</i>	<i>724</i>	<i>97,065</i>
Total all hospitals	53,328	42,182	32,303	23,847	12,150	3,180	827	762	168,579

.. Not applicable

n.a. Not available

Table 3.9: Mental health legal status reported for patients with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings,^(a) public acute hospitals, Australia, 1998–99

Principal diagnosis	Involuntary		Voluntary		Not reported		Total	
	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia	281	10	664	95	29	0	974	105
F04–F09 Other organic mental disorders	333	7	453	167	26	0	812	174
<i>Total</i>	614	17	1,117	262	55	0	1,786	279
F10–F19 Mental and behavioural disorders due to psychoactive substances use								
F10 Mental and behavioural disorders due to use of alcohol	550	121	880	411	60	3	1,490	535
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	1,196	72	1,209	235	82	3	2,487	310
<i>Total</i>	1,746	193	2,089	646	142	6	3,977	845
F20–29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	7,261	307	5,972	1,275	290	7	13,523	1,589
F21–F29 Other schizophrenic, schizotypal, delusional disorders	3,330	194	3,036	985	141	4	6,507	1,183
<i>Total</i>	10,591	501	9,008	2,260	431	11	20,030	2,772
F30–F39 Mood (affective) disorders								
F30 Manic episode	291	15	260	18	8	0	559	33
F31 Bipolar affective disorders	2,729	111	3,043	989	107	2	5,879	1,102
F32–F33 Depressive disorders	2,222	305	7,756	6,302	256	19	10,234	6,626
F34–F39 Other mood (affective) disorders	199	21	1,017	1,010	12	0	1,228	1,031
<i>Total</i>	5,441	452	12,076	8,319	383	21	17,900	8,792
F40–F48 Neurotic, stress-related and somatoform disorders	1,588	253	5,444	3,631	206	70	7,238	3,954
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	110	18	463	1,701	8	0	581	1,719
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	43	1	142	43	6	0	191	44
<i>Total</i>	153	19	605	1,744	14	0	772	1,763
F60–F69 Disorders of adult personality and behaviour	1,084	118	2,179	1,253	47	6	3,310	1,377
F70–F79 Mental retardation	30	3	52	16	9	0	91	19
F80–F89 Disorders of psychological development	32	3	71	187	1	11	104	201
F90–F98 Disorders onset usually occurring in childhood, adolescence	137	21	509	1,934	30	348	676	2,303
F99 Mental disorder not otherwise specified	93	11	8	2	0	0	101	13
Z03.2 Observation for suspected mental and behavioural disorder	22	5	47	6	4	2	73	13
Other Z codes associated with mental disorders ^(b)	14	5	56	10	4	1	74	16
Other principal diagnoses not related to mental health ^(a)	1,089	130	2,494	2,351	231	44	3,814	2,525
Not reported	115	5	102	6	9	0	226	11
Total	22,749	1,736	35,857	22,627	1,566	520	60,172	24,883

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Note: Refer to Table 3.8 for State/Territory data. Not all jurisdictions were able to provide mental health legal status.

Table 3.10: Mental health legal status reported for patients with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings,^(a) private hospitals, Australia, 1998–99

Principal diagnosis ^(a)	Involuntary		Voluntary		Not reported		Total	
	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day
F00–F09 Organic, including symptomatic, mental disorders								
F00–F03 Dementia	1	0	31	1	128	6	160	7
F04–F09 Other organic mental disorders	1	0	74	41	118	21	193	62
<i>Total</i>	2	0	105	42	246	27	353	69
F10–F19 Mental and behavioural disorders due to psychoactive substance use								
F10 Mental and behavioural disorders due to use of alcohol	3	1	899	1,461	700	761	1,602	2,223
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	19	0	747	656	472	211	1,238	867
<i>Total</i>	22	1	1,646	2,117	1,172	972	2,840	3,090
F20–F29 Schizophrenia, schizotypal and delusional disorders								
F20 Schizophrenia	32	1	425	829	505	1,298	962	2,128
F21–F29 Other schizophrenic, schizotypal, delusional disorders	44	80	309	739	551	707	904	1,526
<i>Total</i>	76	81	734	1,568	1,056	2,005	1,866	3,654
F30–F39 Mood (affective) disorders								
F30 Manic episode	7	0	38	6	41	1	86	7
F31 Bipolar affective disorders	24	2	638	857	869	1,236	1,531	2,095
F32–F33 Depressive disorders	42	24	3,236	8,653	4,174	8,464	7,452	17,141
F34–F39 Other mood (affective) disorders	3	1	220	1,010	284	734	507	1,745
<i>Total</i>	76	27	4,132	10,526	5,368	10,435	9,576	20,988
F40–F48 Neurotic, stress-related and somatoform disorders	47	10	1,674	5,909	1,256	3,196	2,977	9,115
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors								
F50 Eating disorders	1	0	300	1,442	137	1,647	438	3,089
F50–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	0	24	0	81	110	105	110
<i>Total</i>	1	0	324	1,442	218	1,757	543	3,199
F60–F69 Disorders of adult personality and behaviour								
F70–F79 Mental retardation	6	0	208	622	253	438	467	1,060
F80–F89 Disorders of psychological development	0	0	4	0	3	0	7	0
F90–F98 Disorders onset usually occurring in childhood, adolescence	0	0	3	0	10	16	13	16
F99 Mental disorder not otherwise specified	1	1	44	19	18	37	63	57
Z03.2 Observation for suspected mental and behavioural disorder	0	0	3	0	0	1	3	1
Other Z codes associated with mental disorders ^(b)	0	0	2	0	1	0	3	0
Other Z codes associated with mental health ^(a)	0	36	8	358	3	0	11	394
Other principal diagnoses not related to mental health ^(a)	7	6	750	1,955	345	754	1,102	2,715
Not reported	0	0	0	0	7	9	7	9
Total	238	162	9,637	24,558	9,956	19,647	19,831	44,367

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Note: Refer to Table 3.8 for State/Territory data. Not all jurisdictions were able to provide mental health legal status.

Table 3.11: Mental health legal status reported for patients with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings,^(a) public psychiatric hospitals, Australia, 1998–99

Principal diagnosis ^(a)	Involuntary			Voluntary			Not reported			Total	
	Overnight	Same day	Total	Overnight	Same day	Total	Overnight	Same day	Total	Overnight	Same day
F00–F09 Organic, including symptomatic, mental disorders	186	1	187	332	0	332	11	0	11	529	1
F00–F03 Dementia	138	2	140	147	1	148	11	3	14	296	6
F04–F09 Other organic mental disorders	324	3	327	479	1	480	22	3	25	825	7
<i>Total</i>											
F10–F19 Mental and behavioural disorders due to psychoactive use of alcohol	434	68	502	611	26	637	222	10	232	1,267	104
F10 Mental and behavioural disorders due to use of alcohol	520	26	546	979	61	1,040	397	398	795	1,896	485
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	954	94	1,048	1,590	87	1,677	619	408	1,027	3,763	589
<i>Total</i>											
F20–F29 Schizophrenia, schizotypal and delusional disorders	2,475	20	2,495	1,155	19	1,174	196	426	622	3,826	465
F20 Schizophrenia	1,083	17	1,100	402	5	407	125	138	263	1,610	160
F21–F29 Other schizophrenic, schizotypal, delusional disorders	3,558	37	3,595	1,557	24	1,581	321	564	885	5,436	625
<i>Total</i>											
F30–F39 Mood (affective) disorders	86	0	86	59	1	60	7	0	7	152	1
F30 Manic episode	1,054	11	1,065	457	25	482	109	170	279	1,620	206
F31 Bipolar affective disorders	596	22	618	795	59	854	104	193	297	1,495	274
F32–F33 Depressive disorders	81	4	85	100	5	105	6	0	6	187	9
F34–F39 Other mood (affective) disorders	1,817	37	1,854	1,411	90	1,501	226	363	589	3,454	490
<i>Total</i>											
F40–F48 Neurotic, stress-related and somatoform disorders	800	75	875	627	42	669	188	250	438	1,615	367
F60–F69 Behavioural syndromes associated with physiological disorders	3	0	3	8	0	8	17	0	17	28	0
F50 Eating disorders	65	4	69	37	1	38	1	0	2	103	5
F50–F59 Other behavioural syndromes associated with physiological disorders, physical factors	68	4	72	45	1	46	18	0	18	131	5
<i>Total</i>											
F70–F79 Disorders of adult personality and behaviour	692	48	740	428	24	452	16	12	28	1,136	84
F80–F89 Mental retardation	34	3	37	25	2	27	4	1	5	63	6
F90–F98 Disorders of psychological development	19	2	21	20	2	22	8	0	8	47	4
F99 Disorders onset usually occurring in childhood, adolescence	30	4	34	21	0	21	14	58	72	65	62
Z03.2 Observation for suspected mental and behavioural disorder	29	2	31	5	0	5	0	0	0	34	2
Other Z codes associated with mental disorders ^(b)	14	1	15	9	3	12	0	0	0	23	4
Other principal diagnoses not related to mental health ^(a)	107	9	116	334	7	341	76	1	77	517	17
Not reported	443	2	445	110	0	110	0	0	0	553	2
Total	8,889	321	9,210	6,661	283	6,944	1,512	1,660	3,172	17,062	2,264

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Note: Refer to Table 3.8 for State/Territory data. Not all jurisdictions were able to provide mental health legal status.

Table 3.12: Mental health legal status of separations with specialised psychiatric care, by sex and age group, Australia, 1998–99

Age group	Involuntary			Voluntary			Not reported			Total		
	Overnight	Same day	Total	Overnight	Same day	Total	Overnight	Same day	Total	Overnight	Same day	Total
	Male											
17 and under	659	59	718	1,449	3,063	4,512	285	1,997	2,282	2,393	5,119	31,049
18–24	4,336	244	4,580	3,938	1,221	5,159	704	887	1,591	8,978	2,352	40,465
25–34	6,132	342	6,474	6,487	3,134	9,621	1,025	688	1,713	13,644	4,164	118,836
35–44	3,845	241	4,086	5,006	3,420	8,426	987	1,230	2,217	9,838	4,891	1,183,757
45–54	1,860	105	1,965	3,804	3,827	7,631	1,044	1,902	2,946	6,708	5,834	14,379
55–64	905	40	945	1,697	1,577	3,274	408	822	1,230	3,010	2,439	5,951
65 and over	979	63	1,042	2,562	5,678	8,240	642	509	1,151	4,183	6,250	9,965
Total	18,716	1,094	19,810	24,943	21,920	46,863	5,095	8,035	13,130	48,754	31,049	71,514
Female												
17 and under	597	65	662	1,984	1,545	3,529	293	1,243	1,536	2,874	2,853	40,465
18–24	1,891	130	2,021	3,331	3,891	7,222	726	1,281	2,007	5,948	5,302	118,836
25–34	3,475	344	3,819	6,278	5,111	11,389	1,482	2,217	3,699	11,235	7,672	1,183,757
35–44	2,939	192	3,131	5,793	5,358	11,151	1,727	3,316	5,043	10,459	8,866	14,379
45–54	1,926	144	2,070	4,075	5,050	9,125	1,440	3,351	4,791	7,441	8,545	3,512
55–64	993	53	1,046	1,889	2,063	3,952	771	1,396	2,167	3,653	3,512	6,701
65 and over	1,339	197	1,536	3,862	2,530	6,392	1,500	988	2,488	6,701	3,715	21,731
Total	13,160	1,125	14,285	27,212	25,548	52,760	7,939	13,792	21,731	48,311	40,465	34,861
Persons												
17 and under	1,256	124	1,380	3,433	4,608	8,041	578	3,240	3,818	5,267	7,972	71,514
18–24	6,227	374	6,601	7,269	5,112	12,381	1,430	2,168	3,598	14,926	7,654	118,836
25–34	9,607	686	10,293	12,765	8,245	21,010	2,507	2,905	5,412	24,879	11,836	1,183,757
35–44	6,784	433	7,217	10,799	8,778	19,577	2,714	4,546	7,260	20,297	13,757	14,379
45–54	3,786	249	4,035	7,879	8,877	16,756	2,484	5,253	7,737	14,149	14,379	5,951
55–64	1,898	93	1,991	3,586	3,640	7,226	1,179	2,218	3,397	6,663	5,951	10,884
65 and over	2,318	260	2,578	6,424	8,208	14,632	2,142	1,497	3,639	10,884	9,965	97,065
Total	31,876	2,219	34,095	52,155	47,468	99,623	13,034	21,827	34,861	97,065	71,514	31,049

Note: Refer to Table 3.8 for State/Territory data. Not all jurisdictions were able to provide mental health legal status.

Table 3.13: The 30 principal procedures reported for the highest number of separations with specialised psychiatric care, Australia, 1998–99

Principal procedure	Separations			Total psychiatric care days ^(a)
	Overnight separations	Same day separations	Total separations	
93342-00 Group psychotherapy, 2 to 9 patients	1,654	13,411	15,065	51,255
93340-00 Electroconvulsive therapy (ECT) (8 or less treatments)	4,090	5,143	9,233	84,801
95550-01 Allied health intervention, social work	4,249	26	4,275	181,314
56001-00 Computerised tomography of brain	2,779	18	2,797	89,618
95550-02 Allied health intervention, occupational therapy	2,567	6	2,573	66,651
92006-00 Drug detoxification	1,554	83	1,637	9,079
95050-00 Psychosocial assessment, social work	1,582	29	1,611	33,438
92003-00 Alcohol detoxification	1,202	34	1,236	12,333
96003-00 Specialist psychological therapy	83	1,139	1,222	3,445
93340-01 Electroconvulsive therapy (ECT) (more than 8 treatments)	1,044	58	1,102	59,582
95051-00 Counselling, social work	342	563	905	3,559
93300-00 Psychiatric consultation, 15 minutes or less duration	694	20	714	11,890
96001-00 Psychological skills training	13	673	686	962
95100-00 Assessment, occupational therapy	603	5	608	17,705
95550-10 Allied health intervention, psychology	507	41	548	15,549
95550-00 Allied health intervention, dietetics	522	17	539	20,402
92004-00 Alcohol rehabilitation and detoxification	474	56	530	7,994
95052-00 Crisis intervention, social work	486	14	500	8,499
95550-03 Allied health intervention, physiotherapy	313	1	314	9,939
92002-00 Alcohol rehabilitation	110	199	309	2,294
95060-00 Advocacy, social work	300	1	301	7,310
95055-00 Case management/discharge planning, social work	266	14	280	9,822
96007-00 Other psychology interventions	111	163	274	2,584
56007-00 Computerised tomography of brain with intravenous contrast medium	272	0	272	7,355
92191-00 Enteral infusion of nutritional substances	118	154	272	2,972
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	230	40	270	3,544
95550-09 Allied health intervention, pharmacy	259	7	266	3,850
92009-00 Combined alcohol and drug detoxification	221	11	232	2,150
96002-00 Psychological group therapy	7	209	216	365
95000-00 Nutritional assessment	209	6	215	8,234
All other procedures	3,761	996	4,757	314,893
No procedure or not reported	66,443	48,377	114,820	1,509,752
Total	97,065	71,514	168,579	2,571,154

(a) Does not include psychiatric care days from WA public acute or private hospitals. The total is therefore an underestimate of total psychiatric care days.

Table 3.14: Previous specialised treatment status of separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings^(a) and hospital type, Australia 1998–99

Principal diagnosis ^(a)	Public acute			Private			Public psychiatric			
	First admission	Treated previously	Not stated	First admission	Treated previously	Not stated	First admission	Treated previously	Not stated	
F00–F09 Organic, including symptomatic, mental disorders										
F00–F03 Dementia	194	303	582	13	17	137	245	255	30	30
F04–F09 Other organic mental disorders	250	382	354	19	68	168	103	190	9	9
<i>Total</i>	444	685	936	32	85	305	348	445	39	39
F10–F19 Mental and behavioural disorders due to psychoactive substance use										
F10 Mental and behavioural disorders due to use of alcohol	597	788	640	454	1,943	1,428	443	633	295	295
F11–F19 Mental and behavioural disorders due to other psychoactive substances use										
<i>Total</i>	1,140	724	933	417	880	808	707	1,035	639	639
F20–F29 Schizophrenia, schizotypal and delusional disorders										
F20 Schizophrenia	1,737	1,512	1,573	871	2,823	2,236	1,150	1,668	934	934
F21–F29 Other schizophrenic, schizotypal, delusional disorders										
<i>Total</i>	3,141	5,624	6,347	98	1,534	1,458	1,146	2,908	237	237
F30–F39 Mood (affective) disorders										
F30 Manic episode	2,091	2,603	2,996	77	957	1,396	659	996	115	115
F31 Bipolar affective disorders	5,232	8,227	9,343	175	2,491	2,854	1,805	3,904	352	352
F32–F33 Depressive disorders										
F34–F39 Other mood (affective) disorders										
<i>Total</i>	5,963	8,705	12,024	1,347	10,637	18,580	1,371	2,337	236	236
F40–F48 Neurotic, stress-related and somatoform disorders	3,415	3,658	4,119	597	4,862	6,633	808	1,026	148	148
F50–F59 Behavioural syndromes associated with physiological disturbances and physical factors										
F50 Eating disorders	386	576	1,338	154	1,195	2,178	13	14	1	1
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors										
<i>Total</i>	50	67	118	33	59	123	24	61	23	23
F60–F69 Disorders of adult personality and behaviour	436	643	1,456	187	1,254	2,301	37	75	24	24
F70–F79 Mental retardation	1,025	1,639	2,023	96	407	1,024	392	750	78	78
F80–F89 Disorders of psychological development	34	41	35	0	4	3	15	52	2	2
F90–F98 Disorders onset usually occurring in childhood, adolescence	105	146	54	3	4	22	16	33	2	2
F99 Mental disorder not otherwise specified	1,505	1,006	468	6	18	96	50	71	6	6
Z03.2 Observation for suspected mental and behavioural disorder	51	58	5	3	0	1	0	0	0	0
Other Z codes associated with mental disorders ^(b)	28	24	34	2	1	0	19	17	0	0
Other principal diagnoses not related to mental health ^(a)	36	43	11	2	399	4	6	16	5	5
Not reported	1,761	3,245	1,333	95	779	2,943	127	203	204	204
<i>Total</i>	21,782	29,686	33,587	3,416	23,764	37,018	6,276	10,903	2,147	2,147

(a) ICD-10-AM codes for each grouping are outlined in Appendix 1. Any disorders not falling within the definition of a mental disorder outlined in Appendix 1 are included in the category 'Other principal diagnoses not related to mental health'.

(b) Including Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z91.4 and Z91.5 only.

Table 3.15: Source of referral for separations with specialised psychiatric care, by hospital type, States and Territories 1998-99

Source of referral	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Public acute				
Admitted patient transferred from another hospital	1,965	1,501	991	472	898	349	34	19	6,229
Statistical admission type change	136	1,234	81	0	12	125	0	0	1,588
Statistical admission from leave	0	45	0	35	1	0	0	0	81
Other	21,382	17,356	19,273	8,189	4,950	2,174	672	743	74,739
Not reported	1,880	204	0	211	52	0	71	0	2,418
Total public acute	25,363	20,340	20,345	8,907	5,913	2,648	777	762	85,055
					Private				
Admitted patient transferred from another hospital	280	366	170	95	294	n.a.	45	n.a.	1,250
Statistical admission type change	84	10	46	0	0	n.a.	0	n.a.	140
Other	15,960	20,896	10,256	12,080	2,205	n.a.	5	n.a.	61,402
Not reported	1,406	0	0	0	0	n.a.	0	n.a.	1,406
Total private	17,730	21,272	10,472	12,175	2,499	n.a.	50	n.a.	64,198
					Public psychiatric				
Private psychiatric practice	494	0	14	32	2,892	1	..	..	3,433
Other private medical practice	627	18	45	0	28	35	..	..	753
Other public psychiatric hospital	0	47	42	140	0	81	..	..	310
Other health care establishment	3,837	29	709	1,531	162	42	..	..	6,310
Other private hospital	0	0	10	104	6	1	..	..	121
Law enforcement agency	979	95	101	211	0	3	..	..	1,389
Other agency	733	13	81	65	318	2	..	..	1,212
Outpatient department	629	0	133	0	124	349	..	..	1,235
Other	2,840	368	351	606	208	18	..	..	4,391
Not reported	96	0	0	76	0	0	..	..	172
Total public psychiatric	10,235	570	1,486	2,765	3,738	532	..	..	19,326

.. Not applicable

n.a. Not available

Table 3.16 : Mode of separation for separations with specialised psychiatric care, by hospital type, States and Territories, 1998-99

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Mode of separation	Public acute								
Discharge/transfer to an(other) acute hospital	643	1,081	405	91	173	14	26	3	2,436
Discharge/transfer to a nursing home	138	262	158	202	91	30	0	0	881
Discharge/transfer to an(other) psychiatric hospital	439	36	167	207	253	0	8	0	1,110
Discharge/transfer to other health care accommodation	90	104	312	33	73	325	13	0	950
Statistical discharge type change	141	696	87	4	8	460	0	0	1,396
Left against medical advice/discharge at own risk	246	360	391	101	69	31	6	19	1,223
Statistical discharge from leave	415	9	135	668	67	0	0	1	1,295
Died	36	20	23	33	1	1	1	0	115
Other (includes discharge to usual residence/own accommodation/welfare institution)	23,215	17,772	18,667	7,568	5,146	1,787	723	678	75,556
Not reported	0	0	0	0	32	0	0	61	93
Total	25,363	20,340	20,345	8,907	5,913	2,648	777	762	85,055
	Private								
Discharge/transfer to an(other) acute hospital	118	248	97	28	104	n.a.	0	n.a.	595
Discharge/transfer to a nursing home	6	47	9	1	0	n.a.	0	n.a.	63
Discharge/transfer to an(other) psychiatric hospital	60	0	0	14	15	n.a.	0	n.a.	89
Discharge/transfer to other health care accommodation	1	0	7	2	0	n.a.	0	n.a.	10
Statistical discharge type change	65	4	35	18	0	n.a.	0	n.a.	122
Left against medical advice/discharge at own risk	238	64	8	26	0	n.a.	0	n.a.	336
Statistical discharge from leave	102	0	1	5	0	n.a.	0	n.a.	108
Died	7	3	2	1	51	n.a.	0	n.a.	64
Other (includes discharge to usual residence/own accommodation/welfare institution)	17,133	20,906	10,313	12,080	518	n.a.	50	n.a.	61,000
Not reported	0	0	0	0	1,811	n.a.	0	n.a.	1,811
Total	17,730	21,272	10,472	12,175	2,499	n.a.	50	n.a.	64,198
	Public psychiatric								
Discharge/transfer to an(other) acute hospital	473	0	182	57	765	0	..	..	1,477
Discharge/transfer to a nursing home	55	0	110	55	229	38	..	..	487
Discharge/transfer to an(other) psychiatric hospital	81	158	32	93	0	0	..	..	364
Discharge/transfer to other health care accommodation	93	0	25	1	15	0	..	..	134
Statistical discharge type change	127	59	11	0	141	11	..	..	349
Left against medical advice/discharge at own risk	740	0	36	8	73	20	..	..	877
Statistical discharge from leave	971	8	53	1,076	40	0	..	..	2,148
Died	30	0	29	18	38	0	..	..	115
Other (includes discharge to usual residence/own accommodation/welfare institution)	7,665	345	1,008	1,457	2,432	463	..	..	13,370
Not reported	0	0	0	0	5	0	..	..	5
Total	10,235	570	1,486	2,765	3,738	532	..	..	19,326
	All hospitals								
Discharge/transfer to an(other) acute hospital	1,234	1,329	684	176	1,042	14	26	3	4,508
Discharge/transfer to a nursing home	199	309	277	258	320	68	0	0	1,431
Discharge/transfer to an(other) psychiatric hospital	580	194	199	314	268	0	8	0	1,563
Discharge/transfer to other health care accommodation	184	104	344	36	88	325	13	0	1,094
Statistical discharge type change	333	759	133	22	149	471	0	0	1,867
Left against medical advice/discharge at own risk	1,224	424	435	135	142	51	6	19	2,436
Statistical discharge from leave	1,488	17	189	1,749	107	0	0	1	3,551
Died	73	23	54	52	90	1	1	0	294
Other (includes discharge to usual residence/own accommodation/welfare institution)	48,013	39,023	29,988	21,105	8,096	2,250	773	678	149,926
Not reported	0	0	0	0	1,848	0	0	61	1,909
Total	53,328	42,182	32,303	23,847	12,150	3,180	827	762	168,579

.. Not applicable

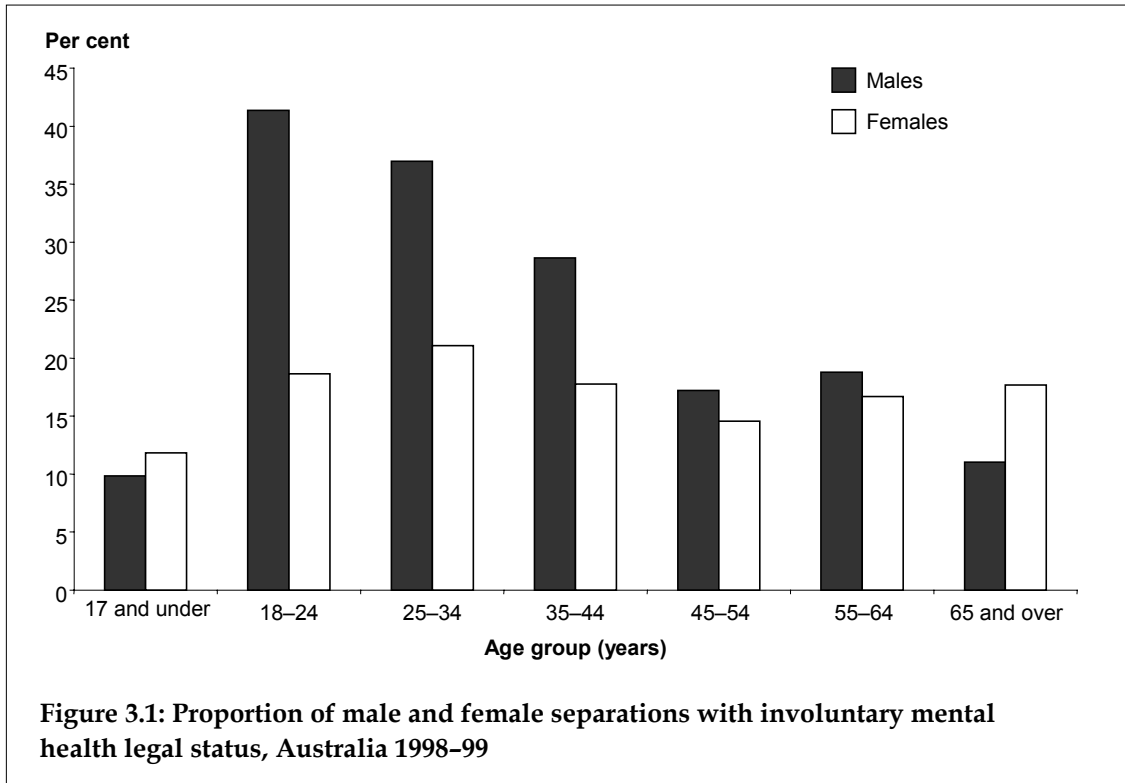
n.a. Not available

Table 3.17 : Type of episode of care for separations with specialised psychiatric care, by hospital type, States and Territories, 1998–99

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Type of episode	Public acute								
Acute care	21,151	20,340	20,187	8,481	5,906	2,647	773	757	80,242
Rehabilitation care	1,640	0	21	2	0	0	0	1	1,664
Palliative care	4	0	1	0	0	0	0	1	6
Non-acute care	769	0	96	61	7	0	0	2	935
Not reported	0	0	0	363	0	1	0	0	364
Other care	1,799	0	40	0	0	0	4	1	1,844
<i>Total</i>	<i>25,363</i>	<i>20,340</i>	<i>20,345</i>	<i>8,907</i>	<i>5,913</i>	<i>2,648</i>	<i>777</i>	<i>762</i>	<i>85,055</i>
	Private								
Acute care	9,232	21,272	9,557	12,171	791	n.a.	50	n.a.	53,073
Rehabilitation care	536	0	58	1	0	n.a.	0	n.a.	595
Non-acute care	6	0	1	3	1,708	n.a.	0	n.a.	1,718
Other care	7,956	0	856	0	0	n.a.	0	n.a.	8,812
<i>Total</i>	<i>17,730</i>	<i>21,272</i>	<i>10,472</i>	<i>12,175</i>	<i>2,499</i>	<i>n.a.</i>	<i>50</i>	<i>n.a.</i>	<i>64,198</i>
	Public psychiatric								
Acute care	8,637	510	858	0	3,420	325	..	..	13,750
Rehabilitation care	1,310	0	48	0	242	0	..	..	1,600
Non-acute care	285	60	554	0	76	200	..	..	1,175
Not reported	0	0	0	2,765	0	0	..	..	2,765
Other care	3	0	26	0	0	7	..	..	36
<i>Total</i>	<i>10,235</i>	<i>570</i>	<i>1,486</i>	<i>2,765</i>	<i>3,738</i>	<i>532</i>	<i>..</i>	<i>..</i>	<i>19,326</i>
	All hospitals								
Acute care	39,020	42,122	30,602	20,652	10,117	2,972	823	757	147,065
Rehabilitation care	3,486	0	127	3	242	0	0	1	3,859
Palliative care	4	0	1	0	0	0	0	1	6
Non-acute care	1,060	60	651	64	1,791	200	0	2	3,828
Not reported	0	0	0	3,128	0	1	0	0	3,129
Other care	9,758	0	922	0	0	7	4	1	10,692
Total	53,328	42,182	32,303	23,847	12,150	3,180	827	762	168,579

.. Not applicable

n.a. Not available



4 Mental health care establishments

This chapter presents an overview of available data on the characteristics of establishments delivering mental health services in Australia – the number of establishments, available beds, full-time-equivalent staff, and salary and non-salary expenditure. The first section details the characteristics of hospitals providing admitted patient mental health care and the second section describes the characteristics of community mental health care establishments.

Hospitals

Public and private sector psychiatric and acute hospitals provide admitted patient mental health services. In order to present data for the different hospital types, this chapter has drawn on data from the National Public Hospital Establishments Database (NPHEd) and the ABS's Private Health Establishments Collection (PHEC). More details on each collection are presented in Chapter 1.

Psychiatric hospitals

This section describes psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. Most of the data in this section relate to public psychiatric hospitals, but some data on private hospitals are also presented. Public psychiatric hospital data were obtained from the NPHEd. This database holds a record for each public hospital in Australia and is collated from routine administrative collections. The information presented below relates only to those establishments classified under the NHDD definition as public psychiatric hospitals.

Information from the NPHEd on the number of public psychiatric hospitals and the associated number of hospital beds available by State and Territory is presented in Table 4.1. In 1998–99, there were 21 public psychiatric hospitals in Australia. The number of separate establishments reported is below the 24 reported for the 1997–98 financial year (Table 4.2). This apparent decrease was chiefly due to a change in reporting arrangements by Western Australia which aggregated the data from four small lodges (previously each identified as public psychiatric hospitals) into larger hospital networks. A somewhat more reliable indicator of shifts in public psychiatric hospital service delivery is the number of available beds. The number of available beds for the 1998–99 year was 2,943 compared with 3,112 available beds for the 1997–98 year (Table 4.2). This represents a 5% decline. Nationally, there was a 65% decline in available beds in public psychiatric hospitals between 1989–90 and 1998–99. The decline in public psychiatric hospital bed numbers as a result of integrating of mental health care into acute hospital and community settings appears to have slowed in recent years.

There were 26 private psychiatric hospitals in operation during 1998–99 (Table 4.3) compared with 23 for the 1997–98 year. The average number of available private psychiatric hospital beds for 1998–99 was 1,471. This was a 9.4% increase on the 1997–98 figure of 1,344 beds.

Data on the number of staff employed in public psychiatric hospitals by State and Territory are presented in Table 4.4. The data on full-time-equivalent staff (FTE) refer to the average available staff for the year. Note that data collection by staff category are not consistent

across all States and Territories, with some jurisdictions providing best estimates. An average of 6,395 FTE staff were employed in Australian public psychiatric hospitals in 1998–99 compared with 6,128 FTE staff reported for 1997–98. This was an increase of 4%.

The majority of the FTE staff were nursing staff (53% or 3,405 FTE staff), followed by *Domestic & other staff* and *Administrative & clerical staff* with 19% (1,237 FTE staff) and 11% (734 FTE staff) respectively. *Salaried medical officers* and *Diagnostic & allied health professionals* made up 5% (321 FTE staff) and 9% (596 FTE staff) of the public psychiatric hospital workforce respectively. The number of FTE psychiatric hospital staff employed per 1,000 public psychiatric hospital separations shows a pattern of variation between jurisdictions similar to the 1997–98 figures. The usefulness of this rate is limited as it is based on total separations and does not adjust for differing casemix nor the level of use of contracted staff. The FTE number of psychiatric hospital staff employed per 1,000 public psychiatric hospital patient days showed less pronounced variation among States and Territories.

In 1998–99, the average number of FTE staff employed by private sector psychiatric hospitals was 1,660 (Table 4.3). This was a 9.6% increase on the 1997–98 figure of 1,514. Almost two-thirds of the private psychiatric hospital workforce was located in New South Wales (651 FTE staff) and Victoria (393 FTE staff). The private sector rate for FTE staff per 1,000 separations (23.7) was well below the public sector rate (330.9). This difference in rates possibly reflects the differences in casemix of the public psychiatric and private hospitals. The public sector (5.1) and private sector (4.4) FTE staff per 1,000 patient days rates differed less.

Table 4.5 presents information on the gross recurrent expenditure on public psychiatric hospitals, including salary and non-salary categories. Expenditure data in this table exclude any payments for population health, primary and community-based services administered by hospitals and trust fund expenditure. The recurrent expenditure on public psychiatric hospitals in 1998–99 was \$437.3 million.¹ The equivalent figure for the 1997–98 collection period was \$377.9 million, so there was an increase of 16% between 1997–98 and 1998–99. 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 payments for medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies.

The salary category made up 73% (\$318.1 million) of the recurrent expenditure of public psychiatric hospitals. In jurisdictions other than Victoria and Tasmania (for which detailed data were not available), salary and wage payments to nursing staff made up 55% (\$174 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic & other staff* and *Salaried medical officers* made up 14% (\$44.6 million) and 10% (\$31.1 million) respectively.

In 1998–99, the recurrent expenditure for private psychiatric hospitals in Australia was over \$123.6 million (Table 4.3), an 11.3% increase from \$111.1 million in 1997–98. Almost two-thirds of the private sector recurrent expenditure was spent in New South Wales (\$44.5 million) and Victoria (\$33.6 million).

Public psychiatric hospital revenue, excluding general revenue payments received from State or Territory governments, is presented in Table 4.6. The revenue received by Australian public psychiatric hospitals (other than Tasmania and Victoria) was \$22.1 million for 1998–99 compared with \$22.4 million for 1997–98. This amount is equivalent to 5% of the total

¹ Does not include Tasmanian data as the Tasmanian accounting system combines expenditure within establishment groups. This prevents the identification of recurrent expenditure for the three public psychiatric hospitals.

recurrent expenditure. A large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (79% or \$17.4 million). In comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 62%. The recoveries, which include income from use of hospital facilities by salaried medical officers or private practitioners, was 12% (\$2.5 million) of the collected revenue.

Public acute hospitals

In 1998–99 there were 115 public acute hospitals with specialised psychiatric units or wards in Australia (Table 4.7), 10.6% above the 104 identified for the 1997–98 year. New South Wales (38 units) and Victoria (36 units) had the largest number of specialised psychiatric units or wards in public acute hospitals. The Australian Capital Territory and the Northern Territory each had two specialised psychiatric units, or wards.

Community mental health care establishments

This section describes community mental health care establishments in terms of 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 Establishments Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community mental health care establishment in Australia, from routine administrative collections. The NCMHED was compiled for the first time for the 1998–99 period.

Information from the NCMHED on the number of identified establishments by State and Territory is presented in Table 4.8. In 1998–99, there were 208 community mental health care establishments identified in Australia. Activity data are currently limited to the number of completed periods of residential care (termed ‘separations’) and available beds. Data on ambulatory care provided by these establishments were not collected for 1998–99 but are being collected for the client-level data NMDS for 2000–01.

The total number of community mental health residential care separations reported to the NCMHED was 1,653. There were 1,301 available beds reported to the NCMHED. Data on the number of staff employed in community mental health care establishments by State and Territory are presented in Table 4.9. The full-time-equivalent (FTE) staff data presented are the average available staff for the year. Note that data collection by staff category is not consistent across all States and Territories, with some jurisdictions providing best estimates. An average of 8,679 FTE staff were employed in Australian community mental health care establishments in 1998–99.

The NMDS – Community Mental Health Establishments does not require FTE data to be supplied by staffing category as required for the NMDS – Public Hospital Establishments. New South Wales, Queensland, Tasmania, Australian Capital Territory and Northern Territory were able to supply their FTE data by staffing category. For these five jurisdictions, the majority of the FTE staff were *Total nurses* (21% or 1,781 FTE staff) and *Diagnostic & allied health professionals* (13% or 1,167 FTE staff). The community mental health care workforce of these five jurisdictions also included numbers of *Administrative & clerical staff* (7% or 624 FTE staff) and *Salaried medical officers* (4% or 349 FTE staff).

The recurrent expenditure on community mental health establishments in 1998–99 was \$588 million (Table 4.10). The salary category made up 72% (\$421.2 million). 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 include medical supplies (excluding equipment purchases), administrative expenses and drug supplies.

The NMDS – Community Mental Health Establishments does not require salary and wages data to be supplied by staffing category as required in the NMDS – Public Hospital Establishments. New South Wales, Queensland, Tasmania, Australia Capital Territory and Northern Territory were able to supply their salary and wage data by staffing category. The proportion of salary and wage expenditure paid from the five jurisdictions to *Diagnostic & allied health professionals* and *Total nurses* was 18% (\$76.3 million) and 13% (\$55.9 million) respectively. *Salaried medical officer* wage and salary payments accounted for 8% (\$32.2 million) of the salary component.

Table 4.1: Number of public psychiatric hospitals^(a) and available beds, States and Territories, 1998–99

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals ^(b)	8	1	7	1	1	3	0	0	21
Available beds ^(c)	1,108	73	829	351	465	117	..	..	2,943

(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) Excludes alcohol and drug hospitals.

(c) Average available beds where possible; otherwise available beds at 30 June 1999.

.. Not applicable

Source: National Public Hospital Establishments Database.

Table 4.2: Number of public psychiatric hospitals and available beds, Australia, 1989–90 to 1998–99

	1989–90	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99
Public psychiatric hospitals ^(a)	59	45	36	37	35	34	23	24	21
Available beds ^{(a)(b)}	8,513	7,266	5,814	5,360	4,685	3,992	3,426	3,112	2,943

(a) These data come from three separate sources: Hospital Utilisation and Costs Study for 1989–90 and 1990–91; National Survey of Mental Health Services from 1992–93 to 1996–97; and National Public Hospital Establishments Database for 1997–98 to 1998–99.

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

Source: National Public Hospital Establishments Database; National Survey of Mental Health Services (see Appendix 6); and Hospital Utilisation and Costs Study.

Table 4.3: Summary of private psychiatric hospitals^(a), States and Territories, 1998–99

	NSW	Vic	Qld	Other States ^(b)	ACT	NT	Total
Private psychiatric hospitals	9	6	5	6	0	0	26
Available beds ^(c)	478	326	333	334	..	..	1,471
Full-time-equivalent staff	651	393	312	303	..	..	1,660
Full-time-equivalent staff per 1,000 separations	33.7	19.0	16.3	27.8	..	..	23.7
Full-time-equivalent staff per 1,000 patient days	5.0	4.2	3.5	4.5	..	..	4.4
Recurrent expenditure (\$'000)	44,519	33,611	23,660	21,811	..	..	123,601

(a) ABS defined private psychiatric hospitals as those that are licensed/approved by each State or Territory health authority and 50% or more of its total patient days were for psychiatric patients.

(b) Data for Western Australia, South Australia and Tasmania amalgamated for de-identification purposes.

(c) Average for year.

.. Not applicable.

Source: ABS Private Health Establishments Collection.

Table 4.4: Number of full-time-equivalent staff,^(a) staff per 1,000 separations and staff per 1,000 patient days, public psychiatric hospitals, States, 1998–99

Full-time-equivalent staff	NSW^(b)	Vic^(c)	Qld^(d)	WA^(e)	SA^(f)	Tas^(g)	Total
Salaried medical officers	148	12	41	40	80	n.a.	321
Registered nurses	n.a.	75	707	316	478	n.a.	1,576
Enrolled nurses	n.a.	n.a.	181	76	86	n.a.	343
Student nurses	n.a.	..	..	0	0	n.a.	0
Trainee/pupil nurses	n.a.	..	..	0	0	n.a.	0
Total nurses	1,487	75	888	391	564	n.a.	3,405
Other personal care staff	..	5	98	0	..	n.a.	103
Diagnostic & allied health professionals	263	11	111	89	122	n.a.	596
Administrative & clerical staff	345	30	145	75	139	n.a.	734
Domestic & other staff	565	n.a.	323	144	205	n.a.	1,237
Total staff	2,807	133	1,605	739	1,111	n.a.	6,395
<i>Per 1,000 separations</i>	274.4	223.3	1080.1	267.3	297.2	n.a.	330.9
<i>Per 1,000 patient days</i>	6.0	8.6	3.1	6.4	11.3	n.a.	5.1

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 1998 were used.

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

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

(d) For Queensland many hospitals were unable to provide a split between *Registered nurses* and *Enrolled nurses* or between *Other personal care staff* or *Domestic & other staff* or *Diagnostic & allied health professionals*. In these cases, the data are a best estimate only.

(e) *Other personal care staff* for Western Australia excludes staff on retention who do not work regular hours.

(f) South Australian *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(g) The Tasmanian accounting system combines staffing data for establishment groups. This prevents the enumeration of FTE staff for the three psychiatric hospitals.

.. Not applicable.

n.a. Not available.

Source: National Public Hospital Establishments Database.

Table 4.5: Recurrent expenditure (\$,000), public psychiatric hospitals, States, 1998–99

	NSW ^(a)	Vic ^(b)	Qld ^(c)	WA ^(d)	SA ^(e)	Tas ^(f)	Total
Salaried medical officers	16,939	n.a.	3,784	4,848	5,554	n.a.	31,125
Registered nurses	n.a.	n.a.	36,411	15,765	27,859	n.a.	80,035
Enrolled nurses	n.a.	n.a.	6,875	2,471	5,622	n.a.	14,968
Student nurses	n.a.	n.a.	..	..	0	n.a.	0
Trainee/pupil nurses	n.a.	n.a.	..	..	0	n.a.	0
<i>Total nurses</i>	<i>78,978</i>	<i>n.a.</i>	<i>43,286</i>	<i>18,236</i>	<i>33,481</i>	<i>n.a.</i>	<i>173,981</i>
Other personal care staff	n.a.	n.a.	3,738	0	n.a.	n.a.	3,738
Diagnostic & allied health prof.	14,104	n.a.	5,079	3,648	5,404	n.a.	28,235
Administrative & clerical staff	15,579	n.a.	5,443	2,576	5,083	n.a.	28,681
Domestic & other staff	23,215	n.a.	11,097	4,506	5,758	n.a.	44,576
Total salaries & wages	148,815	7,720	72,427	33,814	55,281	n.a.	318,056
Payments to visiting medical officers	2,814	n.a.	1,985	0	1,828	n.a.	6,627
Superannuation	10,268	n.a.	7,239	3,994	4,076	n.a.	25,577
Drug supplies	3,686	n.a.	2,295	1,009	2,297	n.a.	9,287
Medical & surgical supplies	1,463	n.a.	297	186	342	n.a.	2,288
Food supplies	3,659	n.a.	2,244	930	1,358	n.a.	8,191
Domestic services	3,065	n.a.	4,950	981	1,805	n.a.	10,801
Repairs & maintenance	3,930	n.a.	1,219	829	3,065	n.a.	9,044
Patient transport	5	n.a.	21	56	903	n.a.	985
Administrative expenses	15,182	n.a.	5,163	1,888	138	n.a.	22,372
Interest payments	33	n.a.	n.a.	0	n.a.	n.a.	33
Depreciation	8,160	n.a.	n.a.	1,295	n.a.	n.a.	9,455
Other recurrent expenditure	3,280	n.a.	26	1,555	4,177	n.a.	9,038
Total non-salary expenditure	55,547	5,586	25,439	12,723	19,989	n.a.	119,284
Total recurrent expenditure	204,362	13,306	97,866	46,537	75,269	n.a.	437,340

(a) New South Wales expenditure recorded against special purposes and trust funds is excluded. *Other personal care staff* are not reported separately.

(b) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for its single psychiatric hospital.

(c) Queensland *Interest payments* are included in *Administrative expenses*.

(d) Western Australian *Superannuation* may vary substantially from previous years, which were largely based on cash rather than accrual accounting.

(e) South Australian *Other personal care staff* are included in *Diagnostic & health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*.

(f) The Tasmanian accounting system combines expenditure data for establishment groups. This prevents the identification of recurrent expenditure or for the three psychiatric hospitals.

.. Not applicable.

n.a. Not available.

Source: National Public Hospital Establishments Database.

Table 4.6: Revenue (\$'000), public psychiatric hospitals, States, 1998–99

Revenue	NSW	Vic^(a)	Qld	WA	SA	Tas^(b)	Total
Patient revenue ^(c)	9,236	n.a.	3,761	516	3,905	n.a.	17,419
Recoveries	2,454	n.a.	32	29	34	n.a.	2,549
Other revenue	454	n.a.	1,497	177	36	n.a.	2,163
Total revenue	12,143	n.a.	5,290	722	3,975	n.a.	22,131

(a) Victorian reporting arrangements do not allow for the identification of public psychiatric hospital revenue.

(b) Tasmanian accounting system combines revenue data for establishment groups. This prevents the identification of revenue for the three psychiatric hospitals.

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

Source: National Public Hospital Establishments Database.

Table 4.7: Number of public acute hospitals with specialised psychiatric units or wards, States and Territories, 1998–99

Specialised services	NSW	Vic^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatric units/wards ^(b)	38	36	16	11	8	2	2	2	115

(a) Victorian data may be a slight underestimate as some small networks reported at network rather than campus level. Consequently, if two campuses within the network had a specialised type of service, it was counted as one.

(b) Excludes psychiatric and drug and alcohol hospitals.

Note: For some jurisdictions, these data were not available for all hospitals so the number of services is therefore under-enumerated.

Source: National Public Hospital Establishments Database.

Table 4.8: Number of public community mental health establishments, number of establishments with residential care services, available beds and separations, States and Territories, 1998–99

	NSW ^(a)	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Number of establishments	19	23	85	23	28	23	2	5	208
Number of establishments with residential care services	9	17	0	2	n.a.	3	1	0	32
Available beds ^(c)	221	916	0	66	n.a.	68	30	0	1,301
Separations ^(d)	456	744	0	118	n.a.	303	32	0	1,653

(a) New South Wales data excludes all Confused and Disturbed Elderly (CADE) units, except those in the New England Area Health Service.

(b) Available bed and separation data not available for the Eastern Community Mental Health Service.

(c) Average available beds where possible; otherwise available beds at 30 June 1999.

(d) The term 'separations' refers to completed periods of residential care in community residential mental health care establishments.

n.a. Not available.

Source: National Community Mental Health Establishments Database.

Table 4.9: Number of full-time-equivalent staff,^(a) in public community mental health establishments, States and Territories, 1998–99

Full-time-equivalent staff	NSW ^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	202	n.a.	117	n.a.	n.a.	18	5	6	349
Registered nurses	n.a.	n.a.	320	n.a.	n.a.	28	59	29	436
Enrolled nurses	n.a.	n.a.	6	n.a.	n.a.	0	6	0	12
Student nurses	n.a.	n.a.	0	n.a.	n.a.	0	0	0	0
Trainee/pupil nurses	n.a.	n.a.	0	n.a.	n.a.	0	0	0	0
<i>Total nurses</i>	<i>1,269</i>	<i>n.a.</i>	<i>325</i>	<i>n.a.</i>	<i>n.a.</i>	<i>93</i>	<i>65</i>	<i>29</i>	<i>1,781</i>
Other personal care staff	n.a.	n.a.	17	n.a.	n.a.	20	20	0	56
Diagnostic & allied health prof.	641	n.a.	405	n.a.	n.a.	53	46	22	1167
Administrative & clerical staff	387	n.a.	166	n.a.	n.a.	24	27	21	624
Domestic & other staff	214	n.a.	19	n.a.	n.a.	16	0	0	248
Total staff	2,713	2,904	1,048	944	607	223	162	78	8,679

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 1999 were used.

(b) New South Wales data exclude all Confused and Disturbed Elderly (CADE) units, except those in the New England Area Health Service.

n.a. Not available

Source: National Community Mental Health Establishments Database.

Table 4.10: Recurrent expenditure (\$'000), public community mental health establishments, States and Territories, 1998–99

Recurrent expenditure category	NSW^(a)	Vic	Qld	WA	SA^(b)	Tas	ACT	NT	Total^(b)
Salaried medical officers	17,986	n.a.	11,302	n.a.	n.a.	1,665	492	720	32,165
Registered nurses	n.a.	n.a.	15,186	n.a.	n.a.	744	3287	1522	20,740
Enrolled nurses	n.a.	n.a.	202	n.a.	n.a.	0	246	0	448
Student nurses	n.a.	n.a.	0	n.a.	n.a.	0	0	0	0
Trainee/pupil nurses	n.a.	n.a.	0	n.a.	n.a.	0	0	0	0
Total nurses	51,521	n.a.	15,388	n.a.	n.a.	4,306	3,533	1,522	76,271
Other personal care staff	n.a.	n.a.	615	n.a.	n.a.	0	393	0	1,008
Diagnostic & allied health prof.	31,462	n.a.	17,887	n.a.	n.a.	2,757	2,562	1,273	55,940
Administrative & clerical staff	17,061	n.a.	5,580	n.a.	n.a.	1,023	511	913	25,088
Domestic & other staff	8,048	n.a.	655	n.a.	n.a.	986	0	6	9,694
Total salaries & wages	126,076	150,422	51,427	43,275	27,329	10,738	7,491	4,434	421,192
Payments to visiting medical officers	3,432	n.a.	3,548	n.a.	n.a.	518	408	0	7,905
Superannuation	8,860	n.a.	4,570	n.a.	n.a.	1,020	5	0	14,456
Drug supplies	2,238	n.a.	1,870	n.a.	n.a.	302	22	36	4,467
Medical & surgical supplies	842	n.a.	239	n.a.	n.a.	32	4	2	1,119
Food supplies	1,214	n.a.	100	n.a.	n.a.	184	111	14	1,623
Domestic services	2,047	n.a.	1,464	n.a.	n.a.	134	144	103	3,892
Repairs & maintenance	4,215	n.a.	903	n.a.	n.a.	94	35	5	5,252
Patient transport	262	n.a.	11	n.a.	n.a.	0	7	0	281
Administrative expenses	19,397	n.a.	9,077	n.a.	n.a.	1,052	200	825	30,551
Interest payments	20	n.a.	0	n.a.	n.a.	0	0	0	20
Depreciation	4,985	n.a.	0	n.a.	n.a.	0	2	0	4,987
Other recurrent expenditure	8,521	n.a.	1342	n.a.	n.a.	0	768	665	11,296
Total non-salary expenditure	56,031	59,943	23,126	13,818	6,801	3,335	1,705	1,650	166,409
Total recurrent expenditure	182,108	210,365	74,553	57,093	34,535	14,073	9,197	6,083	588,006

(a) New South Wales data exclude all Confused and Disturbed Elderly (CADE) units, except those in the New England Area Health Service. New South Wales expenditure recorded against special purposes and trust funds is excluded. *Other personal care staff* are not reported separately.

(b) Expenditure data for South Australia's Eastern Community Mental Health Service (Residential) are not available for the *Total salaries and wages* and *Total non-salary expenditure* categories and have been excluded from these categories. *Total recurrent expenditure* data for this establishment are available and have been included.

n.a. Not available

Source: National Community Mental Health Establishments Database.

5 Future directions

This chapter details the expected and potential developments in NMDS reporting for mental health care. The NMDS reporting for mental health care is currently in a developmental phase with only patient-level data being reported for admitted patients in hospitals and only establishment-level data for the community sector. The first year of client-level data is being collected for ambulatory community mental health care services, but has yet to be collated or reported.

Data development priorities for hospital and community data sets have been identified by the National Mental Health Information Strategy Committee (ISC) and are detailed in sections 5.1 and 5.2. Section 5.3 explores the nationally agreed priorities for mental health information and the role the NMDSs could undertake in attaining these priorities.

Admitted patient mental health care

The established NMDS for admitted patient mental health care specifies demographic and clinical information to be collected for individual separations with specialised psychiatric care. These data are collected from all hospitals in Australia to form components of the mainstream National Hospital Morbidity Database at the AIHW. An establishment-level data set describing characteristics and resources of hospital mental health care has yet to be agreed. Potential developments for the patient-level and establishment-level data sets are outlined below.

Establishment-level

Data on the characteristics and mental health care activity of hospitals are currently captured by the National Public Hospital Establishments Database (NPHEd) and the National Survey of Mental Health Services (NSMHS), conducted by the National Mental Health Working Group (NMHWG). NPHEd data on mental health care in hospitals are limited to public psychiatric hospitals, with a small amount of information on the distribution of psychiatric units in public acute care hospitals.

The NSMHS is an annual survey that collects activity, staff and expenditure data for both hospital and community-based mental health services. It was developed to provide data to monitor the progress of the National Mental Health Strategy. When it commenced, it was planned that the NSMHS would not continue beyond the life of the Strategy, which potentially ends in 2003. Given these limitations of the NPHEd data with respect to psychiatric units and the potential conclusion of the NSMHS, the ISC has recommended that future strategies for collecting establishment-level data be reviewed. Options include the enhancement of the existing NPHEd collection to include data on specialised psychiatric units in acute care hospitals and additional data for public psychiatric hospitals, to replace data currently collected in the NSMHS.

Patient-level

The NMDS – Admitted Patient Mental Health Care, covering admitted patients treated in specialised mental health hospital services, was agreed for collection from 1 July 1997. The

NMDS includes a range of demographic, administrative and clinical data elements, some of which are unique to the mental health care collection, such as *Type of usual accommodation* and *Referral to further care (psychiatric patients)*. The data elements agreed for inclusion in the NMDS for 2001–02 are listed in Table 5.1.

Table 5.1: Data elements^(a) that constitute the NMDS – Admitted Patient Mental Health Care for 2001–02

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
Type of accommodation/Type of usual accommodation	✓	000173
Service and administrative items		
Type of episode of care		000168
Previous specialised care	✓	000139
Admission date		000008
Separation date		000043
Total leave days		000163
Mode of separation		000096
Source of referral	✓	000150
Referral to further care	✓	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 10.0 (NHDC 2001).

(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.

Following the release of the first year of NMDS—Admitted Patient Mental Health Care data in *Institutional Mental Health Services in Australia 1997–98* (AIHW: Moore et al. 2000), the AIHW conducted a detailed review of the extent of data provision and the relevance of the data to the National Mental Health Strategy. The review highlighted several key areas where the NMDS required further development to enhance its capacity to provide data for service delivery evaluation, policy and planning. Using this information, the NMDS subcommittee of the ISC identified a number of data development priorities for the NMDS.

Economic disadvantage

The ISC has recognised that the inclusion of a measure of economic disadvantage in the NMDS would have significant policy and planning advantages. For this reason, there have been several attempts to include one or more measures of economic disadvantage in the NMDS. *Pension status – psychiatric patients* was originally included in the NMDS to provide a proxy for information on economic disadvantage. A 1999 review found this data element was difficult to keep up to date with changing pension categories. The data element was subsequently retired from the NMDS, from 1 July 2000.

Employment status is currently included in the NMDS as a basic indicator of socioeconomic status. *Employment status* is currently not reported for the majority of specialised separations. The ISC has also expressed concern with the usefulness of this data element as an indicator of economic disadvantage and has recommended the consideration of a more detailed data element to record the principal source of income of the patient.

Living arrangements

There has been significant interest among jurisdictions in obtaining data on the level of informal support patients receive at home. The *Marital status* data element may measure aspects of the informal support received, but it has been argued this provides an incomplete picture. The ISC has recommended that some form of living arrangements data element should be developed and considered for inclusion in the NMDS. The retention of the *Marital status* data element was also recommended on the basis of being an identified correlate of mental illness, with divorced and separated respondents having higher rates of depressive disorders (ABS 1998).

Type of usual accommodation

Type of usual accommodation provides another type of socioeconomic-related information about patients receiving specialised mental health care, as well as acting as an indicator of the use of some community services. The review of the reporting of *Type of usual accommodation* by jurisdictions for the 1997–98 financial year indicated that only one jurisdiction was using the full range of responses available for this data element. Jurisdictions indicated concern at the limited number and type of data domains available for the data element. *Type of usual accommodation* has seven data domains including house/flat, independent unit as part of retirement village, hostel, psychiatric hospital and acute hospital.

There is an alternative data element called *Type of accommodation* that is available for use in this data set. *Type of accommodation* has fourteen data domains including the *Type of usual accommodation* domains with the exception of acute hospital. It also includes more detailed service-related accommodation domains such as specialised alcohol/drug treatment residences, homeless persons' shelter and specialised mental health community-based residential support service. The NMDS subcommittee will review *Type of accommodation* to

see if it answers the identified concerns, and if it does not, it will proceed with further data development.

Service use patterns

Source of referral to public psychiatric hospital, *Referral to further care (psychiatric patients)* and *Mode of separation* together provide an indication of service use patterns. The data domains for *Source of referral to public psychiatric hospital* include referral from private psychiatric practice, other private medical practice, other public psychiatric hospital, other health care establishment and law enforcement agency. The data domains for *Referral to further care (psychiatric patients)* include referral to private psychiatrist, other private medical practitioner, mental health/alcohol and drug in-patient facility, mental health/alcohol and drug non-in-patient facility and acute hospital. The data domains for *Mode of separation* include discharge to acute hospital, residential aged care service, psychiatric hospital, other health care accommodation and several non-location-specific discharges such as transfer, death and statistical discharge.

Although these data elements have been implemented, jurisdictional differences suggest that either definitional interpretations or service provision patterns are not uniform across States and Territories. A review of the usefulness of the data domains of these data elements has been recommended by the NMDS subcommittee.

The National Health Data Committee (NHDC) has proposed a system-wide data element development process to provide more broadly applicable definitions for these items. A classification that can be used to report on *Source of referral* (currently *Source of referral to public psychiatric hospitals*), *Referral destination* (currently *Referral to further care (psychiatric patients)*) and *Mode of separation* will be a priority. The ISC has recommended that the unique needs of the mental health care NMDS be catered for in the new definitions being developed for NHDC and NHIMG endorsement.

Community mental health care

There are two NMDSs agreed for the community mental health care: an establishment-level NMDS describing characteristics and resources of community-based mental health care services, and a client-level NMDS providing demographic and clinical information on individual service contacts.

The establishment-level NMDS data have been collated and presented for the first time in this publication, but the client-level community mental health care data are not yet available. Details of the potential data development for both the establishment-level and client-level data sets are given below.

Establishment-level

The collection of the NMDS – Community Mental Health Establishments data by the States and Territories commenced in July 1998. The data elements are presented in Table 1.3 (p.9).

The establishment-level community data set currently excludes services operated by non-government organisations and residential care services that are staffed for less than 24 hours per day. It needs to be determined whether the scope of the NMDS should be extended to include these services. Such a change would be well regarded by those jurisdictions with proportionally more invested in service types currently outside the NMDS.

There is an issue with the variation in the level at which establishments data are reported. Several jurisdictions identify their community mental health establishments at a regional level, which can include numerous individual service units. This contrasts with other jurisdictions that identify individual service units as their establishments. This variation limits the capacity to link and interpret establishment-level expenditure with client-level activity data. As multiple service unit establishments can include both ambulatory and residential services, the variation could also limit the extent to which the staffing and expenditure data for the two service types can be distinguished and reported on. To rectify this, attention needs to be directed at the level at which States and Territories identify their community mental health establishments.

Different approaches to including or excluding indirect expenditure and depreciation may have been taken by jurisdictions. The reporting of indirect expenditure and depreciation to the NCMHED needs to be standardised.

Unlike hospital establishment data sets, the NMDS – Community Mental Health Establishments currently does not require the jurisdictional reporting of subcategories of the *Total salaries and wages*, *Total non-salary operating costs* and *Total full-time-equivalent staff* data elements, only the totals. More detailed comparisons between community and admitted patient service delivery and between service types would be possible if the capacity to report subcategories was developed. At present, there are three jurisdictions where the reporting of these subcategories is not possible.

Client-level

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 5.2 below). The coverage of the client-level NMDS – Community Mental Health Care is confined to those services that are classified as 'ambulatory', i.e. non-admitted services (including hospital-based) and non-residential care services in community settings.

The NMDS subcommittee identified a need to align the sociodemographic data elements collected in the admitted patient and community mental health care data sets. This will allow some analysis of the population using community mental health care and comparison between the two service type categories. In the 2000–01 collection, the admitted patient data set includes eight sociodemographic data elements and the community data set includes three.

From 1 July 2001, the NMDS will include *Marital status*, *Area of usual residence* and *Country of birth* data elements. The remaining two admitted patient mental health care sociodemographic data elements not found in the community data set (*Employment status*, *Type of usual accommodation*) were assessed as too difficult to implement for the 2001–02 collection period. In addition, these data elements are under some review as components of the admitted patients NMDS.

The NMDS subcommittee's review of the implementation of the 2000–01 community mental health care data set highlighted a number of data development priorities, as detailed below. The recent implementation of the client-level community data set and the DHAC-funded Information Development Plans has meant that the need for a consolidation period for jurisdiction mental health information providers remains high. Therefore, these data development priorities have been targeted for the 2002–03 collection. Work is expected to be undertaken in 2001 to identify and implement the most appropriate strategy for these priority data developments.

Table 5.2: Data elements^(a) that constitute the NMDS – Community Mental Health Care for 2001–02

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
Marital status ^(c)	000089
Area of usual residence ^(c)	000016
Country of birth ^(c)	000035
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 10.0 (NHDC 2001).

(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) First collection from 1 July 2001.

Establishment identifier

The *Establishment identifier* data definition does not currently reflect the community mental health care capacity for mobile service delivery; instead, it identifies the establishment as the location of the service event. This is an issue for a number of data sets where the service can be delivered in a mobile fashion (e.g. community nursing, alcohol and other drug treatment services), and will need to be considered in consultation with the relevant expert groups.

Alignment with NMDS – Admitted Patient Mental Health Care

As mentioned above, the NMDS subcommittee has identified a need to broadly align the data elements collected in the admitted patient and community mental health care data sets. For this reason, consideration from the perspective of the community mental health care data set will be given to data developments occurring in the admitted patient collection, including *Type of usual accommodation*, *Principal source of income*, *Living arrangements*, *Source of referral* and *Referral destination*. Details of these developments can be found in section 5.1.

Residential services

Further work is required to identify the most appropriate strategy for client-level data to be collected from community-based specialised mental health residential services. It may be possible a census of clients in these services conducted at 30 June each year will be sufficient for providing information regarding service delivery.

Service characteristics

At present, there are no data elements in the data set that describe the character of the service provided. This has been identified by most jurisdictions as a major concern and a priority for further development. Potentially, the service provided could be characterised by the setting, the duration, the type of health care worker involved, whether it is a group or individual session, and the service or intervention type.

A critical consideration for describing the service character is to define the period of time to be characterised. The current NMDS involves a unit record for every service contact. Should the collection remain solely a service contact-based data set, then each service contact would need to be characterised in some way. The alternative is to develop an episode concept, which would allow the service character data elements to be attached to the episode. The difficulty with developing an episode concept is agreeing on a definition that bundles related service contacts together. Resolution of these service characteristic issues is likely to form a major part of the NMDS subcommittee's data development activities in the future.

Principal diagnosis

The ISC has agreed that the data element *Principal diagnosis* requires future development for use in community mental health care. The NMDS specifies that the principal diagnosis is reported using ICD-10-AM codes but many jurisdictions have identified concerns with the level of ICD-10-AM coding experience and resources for coding within the community mental health care sector. For this reason, the National Centre for Classification in Health (NCCH) has been contracted by the DHAC to develop a simplified ICD-10-AM mental health subset for use in community-based mental health services. The subset will provide a specific set of codes for mental health-related diagnoses (including diagnostic criteria) and mental health-related interventions. The aim of the initiative is to develop a portable and accessible subset of the ICD-10-AM that is acceptable to the community-based mental health services sector but still allows mapping between data reported for community and admitted patient care.

The core classifications to be used to develop the subset are the ICD-10-AM, the ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines (WHO 1992) and the ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research (WHO 1993). The subset will be aligned with ICD-10-AM, 3rd edition, scheduled for implementation in July 2002. As an interim measure, the NCCH has produced mapping tables which provide the ICD-10-AM code which best matches the codes in the *Pocket Guide to the ICD-10 Classification of Mental and Behavioural Disorders*. This pocket guide is currently being used in a number of jurisdictions until the Australian subset becomes available.

The project will also provide a national training program for mental health professionals in the application of the ICD-10-AM subset both in terms of the diagnostic criteria and the coding process itself. The mapping tables and additional information on the subset are available on the NCCH web site (www.cchs.usyd.edu.au/ncch).

Future roles for NMDSs

The previous two sections outlined immediate data development priorities identified by the ISC for admitted patient and community components of the NMDSs – Mental Health Care. This section takes a longer term perspective and explores the nationally agreed priorities for mental health information and the manner in which the NMDSs – Mental Health Care could

support these priorities. Four priorities were agreed by Commonwealth, State and Territory governments to guide information developments under the second plan of the National Mental Health Strategy (DHAC 1999). These four priority areas were:

- to strengthen the focus on consumer outcomes
- to support improvements in service quality
- to shift the focus of concern from cost to value for money
- to improve understanding of population needs.

The development of the NMDSs – Mental Health Care under the National Health Information Agreement has established a consistency of data standards that is essential for national collection and reporting. As the scope of these nationally agreed data sets expands and the level of data provision improves, the capacity for the NMDSs to contribute to the national mental health care information priorities will be further enhanced. Below are a number of ways in which the NMDSs – Mental Health Care may support the four priority areas.

Consumer outcomes

The focus on measuring consumer outcomes in the Second National Mental Health Plan has generated extensive information development activities. The DHAC has made substantial funds available, in the form of Commonwealth Information Development Grants, to State and Territory health authorities to fund relevant research and system development activities. These include the trial implementation of consumer outcome instruments such as the Health of the Nation Outcome Scales (HoNOS) and the Life Skills Profile (LSP).

The introduction of routine outcome measures on a national basis alone would not fully inform the debate about treatment outcomes. Mental health care in admitted patient health care settings can be of short duration and outcome measures may have limited ability to provide useful information on outcomes. Other indicators from the NMDSs such as source of referral and referral to further care could provide context for outcome information by enabling service utilisation patterns to be better understood.

Casemix

Like the consumer outcome measurement process, the focus on implementing a casemix system in the Second National Mental Health Plan has also generated extensive information development activities. The Mental Health Classification and Service Costs (MH-CASC) Project was undertaken between 1995 and 1998 to develop the first version of a national casemix classification, with associated cost weights, for specialist mental health services (Buckingham et al. 1998). The Commonwealth Information Development Grants are supporting further casemix implementation activities within States and Territories. Data collected through the NMDS – Admitted Patient Health Care assists the development of casemix classification for the hospital sector and there is potential for the NMDS – Admitted Patient Mental Health Care and NMDSs – Community Mental Health Care to do likewise for specialist mental health services.

Performance indicators

Under the First Plan of the Strategy, objectives were set that required the collection of data for monitoring service mix reforms (Australian Health Ministers 1992). Emphasis was placed on measuring the shifts from admitted patient care to community-based services and, within

admitted patient care, the closure of psychiatric hospitals and provision of specialised psychiatric services provided by acute care hospitals. The lack of available mainstream health service data during the first period of the Strategy has been a major driver in the development of the mental health information development activities to date.

Performance indicators for mental health services required under the Australian Health Care Agreements have not yet been developed. However the ISC has undertaken to identify a range of indicators that will monitor service delivery in accordance with the objectives of the Second Plan of the National Mental Health Strategy. Depending on which performance indicators are selected, the NMDSs – Mental Health Care may be able to assist in the collection, collation and reporting of the components of the indicator set.

Understanding of population needs

Historically, the NMDSs – Mental Health Care were based on the requirement to provide information to answer the five-part question ‘Who receives what services, from whom, at what cost, and to what effect?’ Currently, the NMDSs have the capacity to provide detailed information for the first three parts of this question. The NMDSs can readily provide information on client characteristics and service utilisation for admitted patient and community-based services. The current demographic information could be further developed to enhance our understanding of social and cultural correlates of mental health service utilisation. Alternatively, information from the NMDSs may be able to be combined with relevant population measures of need to provide an indication of unmet need.

In summary, the NMDSs have the potential to support many of the national information priorities under the Second National Mental Health Plan. However, there is a need for ongoing development if the NMDSs are to undertake these roles.

Appendix 1: Mental health principal diagnoses

Table A1.1: ICD-10-AM diagnosis codes used to identify mental health principal diagnoses for this report

Diagnosis	ICD-10-AM codes
Dementia	F00–F03
Other organic mental disorders	F04–F09
<i>Organic, including symptomatic, mental disorders</i>	F00–F09
Mental and behavioural disorders due to use of alcohol	F10
Mental and behavioural disorders due to other psychoactive substances use	F11–F19
<i>Mental and behavioural disorders due to psychoactive substance use</i>	F10–F19
Schizophrenia	F20
Other schizophrenic, schizotypal, delusional disorders	F21–F29
<i>Schizophrenia, schizotypal and delusional disorders</i>	F20–F29
Manic episode	F30
Bipolar affective disorders	F31
Depressive disorders	F32–F33
Other mood (affective) disorders	F34–F39
<i>Mood (affective) disorders</i>	F30–F39
<i>Neurotic, stress-related and somatoform disorders</i>	F40–F48
Eating disorders	F50
Other behavioural syndromes associated with physiological disturbances, physical factors	F51–F59
<i>Behavioural syndromes associated with physiological disturbances and physical factors</i>	F50–F59
<i>Disorders of adult personality and behaviour</i>	F60–F69
<i>Mental retardation</i>	F70–F79
<i>Disorders of psychological development</i>	F80–F89
<i>Disorders onset usually occurring in childhood, adolescence</i>	F90–F98
<i>Mental disorder not otherwise specified</i>	F99
<i>Observation for suspected mental and behavioural disorder</i>	Z03.2
<i>Other reasons for admission associated with mental disorders</i>	Z09.3, Z13.3, Z13.4, Z54.3, Z76.5, Z81, Z86.4, Z86.5, Z91.5

Appendix 2: AR-DRGs Version 4.0/4.1 in Major Diagnostic Categories 19 and 20

Table A2.1: Major Diagnostic Category 19 (Mental diseases and disorders)

AR-DRG	Description
U40Z	Mental health treatment, same day, with electroconvulsive therapy
U60Z	Mental health treatment, same day, without electroconvulsive therapy
U61A	Schizophrenia disorders with involuntary mental health legal status
U61B	Schizophrenia disorders without involuntary mental health legal status
U62A	Paranoia & acute psychotic disorder with catastrophic or severe complications and comorbidities or with involuntary mental health legal status
U62B	Paranoia & acute psychotic disorder without catastrophic or severe complications and comorbidities without involuntary mental health legal status
U63A	Major affective disorders with catastrophic or severe complications and comorbidities or (age > 69 without catastrophic or severe complications and comorbidities)
U63B	Major affective disorders age < 70 without catastrophic or severe complications and comorbidities
U64Z	Other affective and somatoform disorders
U65Z	Anxiety disorders
U66Z	Eating and obsessive–compulsive disorders
U67Z	Personality disorders and acute reactions
U68Z	Childhood mental disorders

Table A2.1: Major Diagnostic Category 20 (Alcohol/drug use and alcohol/drug induced organic mental disorders)

AR-DRG	Description
V60Z	Alcohol intoxication and withdrawal
V61A	Drug intoxication and withdrawal with complications and comorbidities, same day
V61B	Drug intoxication and withdrawal without complications and comorbidities
V62A	Alcohol use disorder and dependence
V62B	Alcohol use disorder and dependence, same day
V63Z	Opioid use disorder and dependence
V64Z	Other drug use disorder and dependence

Appendix 3: Trimming procedure for length of stay calculations

The distribution of length of stay for separations in the NMDS—Admitted Patient Mental Health Care is affected by outliers relating to the separation of long-term patients. Because of the resulting skew of the distribution, both means and medians were supplied as summary measures of length of stay. While the mean averages all items in the distribution and is therefore increased by outliers, the median represents the point of the distribution at which half the records fall above and half below. The median is therefore affected less by outliers and can be a more robust measurement.

Averages and medians were calculated using AR-DRGs as categories, since AR-DRGs are designed to group together patients with similar resource requirements and lengths of stay. Both acute care and other episode types were included in all calculations, which decreases the homogeneity of the AR-DRG grouping. Only overnight separations within the NMDS—Admitted Patient Mental Health Care collection were included in the length of stay calculations.

For Tables 3.5 to 3.8, a trimming approach was adopted in order to counter the effect of outliers. Upper and lower quartiles were calculated for each AR-DRG for each State and Territory and sector category. If the number of patient days attributed to a record was greater than the upper quartile plus 1.5 times the inter-quartile range, the number of patient days in that record was adjusted. The adjusted length of stay was equivalent to the upper quartile plus 1.5 times the inter-quartile range. Both adjusted and unadjusted records were included in average length of stay calculations.

The same procedure was followed using *Total psychiatric care days* to trim for average length of specialised psychiatric care calculations.

Table A3.1 outlines the number of overnight separations with specialised psychiatric care in MDC 19 and MDC (version 4.0/4.1) and hospital type, and Tables A3.2 and A3.3 outline the number of records in each AR-DRG that were trimmed using this procedure.

Table A3.1: Overnight separations with specialised psychiatric care in MDC 19 and MDC 20 (Version 4.0/4.1) and hospital type, States and Territories, 1998-99

Hospital type	AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public acute	U61A	2,162	3,571	2,587	324	269	138	82	0	9,133	
	U61B	2,432	2,169	1,752	508	639	248	137	218	8,103	
	U62A	434	496	396	123	39	20	21	5	1,534	
	U62B	432	289	209	141	84	29	13	52	1,249	
	U63A	745	676	632	201	144	126	5	12	2,541	
	U63B	2,634	3,331	3,286	933	1,030	404	161	125	11,904	
	U64Z	1,252	1,136	790	371	333	169	37	18	4,106	
	U65Z	179	161	174	118	50	44	6	5	737	
	U66Z	152	179	288	43	136	21	4	3	826	
	U67Z	1,869	2,564	2,469	1,299	735	346	139	121	9,542	
	U68Z	67	72	82	70	30	3	2	1	327	
	V60Z	287	180	224	94	30	27	12	33	887	
	V61A	73	66	129	16	43	2	4	9	342	
	V61B	356	315	500	101	84	27	28	42	1,453	
	V62A	187	166	127	22	29	15	6	6	558	
	V63Z	57	80	50	14	7	3	4	1	216	
	V64Z	165	138	125	33	13	12	11	16	513	
	<i>Total public acute</i>		<i>13,483</i>	<i>15,589</i>	<i>13,820</i>	<i>4,411</i>	<i>3,695</i>	<i>1,634</i>	<i>672</i>	<i>667</i>	<i>53,971</i>
	Private	U61A	0	0	22	30	188	n.a.	0	n.a.	240
U61B		497	480	285	78	38	n.a.	1	n.a.	1,379	
U62A		0	0	4	22	41	n.a.	0	n.a.	67	
U62B		55	61	36	20	3	n.a.	1	n.a.	176	
U63A		390	599	337	97	219	n.a.	3	n.a.	1,645	
U63B		1,605	2,122	1,362	793	1,007	n.a.	16	n.a.	6,905	
U64Z		281	455	160	135	108	n.a.	9	n.a.	1,148	
U65Z		227	195	271	296	80	n.a.	0	n.a.	1,069	
U66Z		245	166	93	48	25	n.a.	4	n.a.	581	
U67Z		712	482	548	340	309	n.a.	14	n.a.	2,405	
U68Z		15	6	1	0	13	n.a.	0	n.a.	35	
V60Z		200	88	45	55	26	n.a.	0	n.a.	414	
V61A		6	3	1	7	2	n.a.	0	n.a.	19	
V61B		14	11	4	34	11	n.a.	0	n.a.	74	
V62A		681	147	84	78	190	n.a.	1	n.a.	1,181	
V63Z		314	272	19	32	33	n.a.	0	n.a.	670	
V64Z	363	58	30	19	36	n.a.	0	n.a.	506		
<i>Total private</i>		<i>5,605</i>	<i>5,145</i>	<i>3,302</i>	<i>2,084</i>	<i>2,329</i>	<i>n.a.</i>	<i>49</i>	<i>n.a.</i>	<i>18,514</i>	

(continued)

Table A3.1 (continued): Overnight separations with specialised psychiatric care in MDC 19 and MDC 20 (Version 4.0/4.1) and hospital type, States and Territories, 1998–99

Hospital type	AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric	U61A	1,174	98	392	607	730	67	..	..	3,068
	U61B	948	0	134	226	334	58	..	..	1,700
	U62A	177	6	17	140	159	0	..	..	499
	U62B	118	0	6	22	20	0	..	..	166
	U63A	188	0	43	61	195	1	..	..	488
	U63B	1,102	17	207	426	765	41	..	..	2,558
	U64Z	234	4	47	80	49	20	..	..	434
	U65Z	43	0	10	23	24	12	..	..	112
	U66Z	33	0	18	4	8	1	..	..	64
	U67Z	1,143	6	198	531	725	44	..	..	2,647
	U68Z	40	0	26	4	1	0	..	..	71
	V60Z	426	0	20	55	76	1	..	..	578
	V61A	86	0	16		25	0	..	..	127
	V61B	253	0	35	88	75	16	..	..	467
	V62A	564	0	7	52	27	1	..	..	651
	V63Z	944	0	3	11	6	0	..	..	964
	V64Z	267	0	13	105	20	22	..	..	427
	<i>Total public psychiatric</i>		<i>7,740</i>	<i>131</i>	<i>1,192</i>	<i>2,435</i>	<i>3,239</i>	<i>284</i>	<i>..</i>	<i>..</i>	15,021

Note: See Appendix 2 for full AR-DRG descriptions.

.. Not applicable

n.a. Not available

Table A3.2: Number of records trimmed for average length of stay calculations, States and Territories, 1998–99

Hospital type	AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute	U61A	171	231	192	25	8	4	4	..	635
	U61B	192	143	162	41	22	21	11	17	609
	U62A	30	17	28	8	0	2	1	1	87
	U62B	26	22	12	10	2	2	0	3	77
	U63A	19	27	24	11	5	12	0	1	99
	U63B	158	151	188	49	47	13	6	7	619
	U64Z	87	72	56	22	30	11	4	2	284
	U65Z	13	14	13	10	1	5	0	1	57
	U66Z	15	13	29	3	17	3	0	0	80
	U67Z	125	294	178	64	75	28	8	6	778
	U68Z	6	1	7	3	1	0	0	0	18
	V60Z	27	23	21	14	4	2	0	2	93
	V61A	8	4	9	1	1	0	0	0	23
	V61B	23	27	24	8	4	2	2	3	93
	V62A	17	6	12	0	3	1	0	1	40
	V63Z	3	3	1	0	0	0	0	0	7
	V64Z	14	10	4	2	0	0	1	0	31
<i>Total public acute</i>		<i>934</i>	<i>1,058</i>	<i>960</i>	<i>271</i>	<i>220</i>	<i>106</i>	<i>37</i>	<i>44</i>	<i>3,630</i>
Private	U61A	..	..	2	1	8	n.a.	..	n.a.	11
	U61B	31	26	22	2	4	n.a.	0	n.a.	85
	U62A	..	..	0	0	2	n.a.	..	n.a.	2
	U62B	4	1	4	0	0	n.a.	0	n.a.	9
	U63A	9	14	10	2	3	n.a.	0	n.a.	38
	U63B	56	85	87	52	40	n.a.	2	n.a.	322
	U64Z	12	18	15	7	0	n.a.	1	n.a.	53
	U65Z	11	9	18	18	1	n.a.	..	n.a.	57
	U66Z	16	7	4	3	1	n.a.	0	n.a.	31
	U67Z	30	31	33	30	19	n.a.	1	n.a.	144
	U68Z	1	0	0	..	0	n.a.	..	n.a.	1
	V60Z	2	3	0	4	1	n.a.	..	n.a.	10
	V61A	1	0	0	0	0	n.a.	..	n.a.	1
	V61B	0	0	0	1	1	n.a.	..	n.a.	2
	V62A	9	8	6	2	1	n.a.	0	n.a.	26
	V63Z	32	17	1	2	3	n.a.	..	n.a.	55
	V64Z	12	3	0	2	2	n.a.	..	n.a.	19
<i>Total private</i>		<i>226</i>	<i>222</i>	<i>202</i>	<i>126</i>	<i>86</i>	<i>n.a.</i>	<i>4</i>	<i>n.a.</i>	<i>866</i>

(continued)

Table A3.2 (continued): Number of records trimmed for average length of stay calculations, States and Territories, 1998-99

Hospital type	AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public	U61A	123	5	55	45	40	4	..	..	272
psychiatric	U61B	112	..	25	21	26	7	..	..	191
	U62A	14	1	1	15	15	..	..	..	46
	U62B	8	..	1	1	1	..	..	..	11
	U63A	9	..	7	5	13	0	..	..	34
	U63B	69	4	21	25	57	6	..	..	182
	U64Z	16	0	5	5	5	2	..	..	33
	U65Z	2	..	2	2	2	1	..	..	9
	U66Z	0	..	1	0	0	0	..	..	1
	U67Z	136	1	24	46	70	4	..	..	281
	U68Z	5	..	5	0	0	..	..	..	10
	V60Z	43	..	3	4	7	0	..	..	57
	V61A	12	..	2	..	1	..	..	..	15
	V61B	19	..	3	6	8	1	..	..	37
	V62A	62	..	1	3	1	0	..	..	67
	V63Z	86	..	0	1	1	..	..	..	88
	V64Z	10	..	1	8	2	2	..	..	23
<i>Total public psychiatric</i>		<i>726</i>	<i>11</i>	<i>157</i>	<i>187</i>	<i>249</i>	<i>27</i>	<i>..</i>	<i>..</i>	<i>1,357</i>
All hospitals	U61A	294	236	249	71	56	8	4	0	918
	U61B	335	169	209	64	52	28	11	17	885
	U62A	44	18	29	23	17	2	1	1	135
	U62B	38	23	17	11	3	2	0	3	97
	U63A	37	41	41	18	21	12	0	1	171
	U63B	283	240	296	126	144	19	8	7	1,123
	U64Z	115	90	76	34	35	13	5	2	370
	U65Z	26	23	33	30	4	6	0	1	123
	U66Z	31	20	34	6	18	3	0	0	112
	U67Z	291	326	235	140	164	32	9	6	1,203
	U68Z	12	1	12	3	1	0	0	0	29
	V60Z	72	26	24	22	12	2	0	2	160
	V61A	21	4	11	1	2	0	0	0	39
	V61B	42	27	27	15	13	3	2	3	132
	V62A	88	14	19	5	5	1	0	1	133
	V63Z	121	20	2	3	4	0	0	0	150
	V64Z	36	13	5	12	4	2	1	0	73
Total		1,886	1,291	1,319	584	555	133	41	44	5,853

.. Not applicable

n.a. Not available

Table A3.3: Number of records trimmed for average length of specialised care calculations, States and Territories, 1998–99

Hospital type	AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute	U61A	168	231	192	n.a.	8	4	4	..	607
	U61B	197	143	161	n.a.	22	21	11	17	572
	U62A	30	17	29	n.a.	0	2	1	1	80
	U62B	27	22	12	n.a.	2	2	0	3	68
	U63A	20	27	24	n.a.	5	12	0	2	90
	U63B	152	151	186	n.a.	47	13	6	6	561
	U64Z	108	72	55	n.a.	30	11	4	2	282
	U65Z	16	14	13	n.a.	1	5	0	1	50
	U66Z	15	13	29	n.a.	17	3	0	0	77
	U67Z	158	294	176	n.a.	75	28	8	6	745
	U68Z	6	1	7	n.a.	1	0	0	0	15
	V60Z	25	23	17	n.a.	4	2	0	2	73
	V61A	6	4	8	n.a.	1	0	0	0	19
	V61B	21	27	24	n.a.	4	2	2	3	83
	V62A	11	6	11	n.a.	3	1	0	1	33
	V63Z	3	3	0	n.a.	0	0	0	0	6
	V64Z	12	10	11	n.a.	0	0	1	0	34
<i>Total public acute</i>		975	1,058	955	n.a.	220	106	37	44	3,395
Private	U61A	..	..	2	n.a.	8	n.a.	..	n.a.	10
	U61B	32	26	22	n.a.	4	n.a.	0	n.a.	84
	U62A	..	..	0	n.a.	2	n.a.	..	n.a.	2
	U62B	4	1	4	n.a.	0	n.a.	0	n.a.	9
	U63A	8	14	13	n.a.	3	n.a.	0	n.a.	38
	U63B	54	85	84	n.a.	40	n.a.	2	n.a.	265
	U64Z	12	18	15	n.a.	0	n.a.	1	n.a.	46
	U65Z	9	9	18	n.a.	1	n.a.	..	n.a.	37
	U66Z	15	7	4	n.a.	1	n.a.	0	n.a.	27
	U67Z	27	31	33	n.a.	19	n.a.	1	n.a.	111
	U68Z	1	0	..	n.a.	0	n.a.	..	n.a.	1
	V60Z	2	3	0	n.a.	1	n.a.	..	n.a.	6
	V61A	1	0	0	n.a.	0	n.a.	..	n.a.	1
	V61B	0	0	0	n.a.	1	n.a.	..	n.a.	1
	V62A	7	8	6	n.a.	1	n.a.	0	n.a.	22
	V63Z	30	17	1	n.a.	3	n.a.	..	n.a.	51
	V64Z	11	3	0	n.a.	2	n.a.	..	n.a.	16
<i>Total private</i>		213	222	202	n.a.	86	n.a.	4	n.a.	727

(continued)

Table A3.3 (continued): Number of records trimmed for average length of specialised care calculations, States and Territories, 1998–99

Hospital type	AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Public psychiatric	U61A	126	5	55	45	40	4	..	..	275
	U61B	106	..	25	21	26	7	..	..	185
	U62A	14	1	1	15	15	..	..	..	46
	U62B	8	..	1	1	1	..	..	..	11
	U63A	8	..	7	5	13	0	..	..	33
	U63B	60	4	21	25	57	6	..	..	173
	U64Z	14	0	5	5	5	2	..	..	31
	U65Z	2	..	2	2	2	1	..	..	9
	U66Z	0	..	1	..	0	0	..	..	1
	U67Z	130	1	24	46	70	4	..	..	275
	U68Z	5	..	5	..	0	..	..	..	10
	V60Z	43	..	3	4	7	0	..	..	57
	V61A	8	..	2	..	1	..	..	..	11
	V61B	19	..	3	6	8	1	..	..	37
	V62A	62	..	1	3	1	0	..	..	67
	V63Z	83	..	0	1	1	..	..	..	85
	V64Z	10	..	1	8	2	2	..	..	23
	<i>Total public psychiatric</i>		<i>698</i>	<i>11</i>	<i>157</i>	<i>187</i>	<i>249</i>	<i>27</i>	<i>..</i>	<i>..</i>	<i>1,329</i>
	All hospitals	U61A	294	236	249	45	56	8	4	0	892
U61B		335	169	208	21	52	28	11	17	841	
U62A		44	18	30	15	17	2	1	1	128	
U62B		39	23	17	1	3	2	0	3	88	
U63A		36	41	44	5	21	12	0	2	161	
U63B		266	240	291	25	144	19	8	6	999	
U64Z		134	90	75	5	35	13	5	2	359	
U65Z		27	23	33	2	4	6	0	1	96	
U66Z		30	20	34	..	18	3	0	0	105	
U67Z		315	326	233	46	164	32	9	6	1,131	
U68Z		12	1	12	..	1	0	0	0	26	
V60Z		70	26	20	4	12	2	0	2	136	
V61A		15	4	10	..	2	0	0	0	31	
V61B		40	27	27	6	13	3	2	3	121	
V62A		80	14	18	3	5	1	0	1	122	
V63Z		116	20	1	1	4	0	0	0	142	
V64Z	33	13	12	8	4	2	1	0	73		
Total		1,886	1,291	1,314	187	555	133	41	44	5,451	

.. Not applicable

n.a. Not available

Appendix 4: Population estimates and indirect age-standardisation

Table A4.1: Estimated resident population by age group and sex, States and Territories, 31 December 1998

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(a)
Males									
17 and under	809,797	584,019	463,023	246,105	182,430	62,696	40,487	30,553	2,419,664
18–24	315,468	240,287	180,693	98,510	71,457	22,016	19,653	11,976	960,187
25–34	483,566	363,767	265,753	145,314	109,005	31,300	24,859	19,736	1,443,615
35–44	492,488	357,028	265,857	146,983	113,387	35,637	23,882	16,552	1,452,107
45–54	424,193	306,270	237,391	126,723	100,407	31,784	22,118	12,707	1,261,862
55–64	284,866	206,715	152,713	78,470	67,585	21,766	11,866	6,183	830,277
65 and over	354,139	257,517	176,756	86,289	92,331	27,238	10,701	3,334	1,008,347
Total	3,164,517	2,315,603	1,742,186	928,394	736,602	232,437	153,566	101,041	9,376,059
Females									
17 and under	770,581	556,148	439,121	232,702	173,575	59,965	38,589	28,615	2,299,838
18–24	303,770	230,903	174,294	93,490	67,837	21,290	18,082	10,559	920,310
25–34	485,352	368,036	264,926	141,006	106,684	32,703	25,387	18,057	1,442,435
35–44	490,938	362,419	268,024	145,892	114,515	36,729	25,042	14,997	1,458,856
45–54	414,090	308,155	229,118	120,370	101,550	31,437	22,410	10,480	1,237,769
55–64	281,383	207,040	145,537	75,195	68,737	21,737	11,580	4,527	815,803
65 and over	457,894	335,778	217,325	107,671	120,406	35,254	13,738	3,078	1,291,175
Total	3,204,008	2,368,479	1,738,345	916,326	753,304	239,115	154,828	90,313	9,466,186
Persons									
17 and under	1,580,378	1,140,167	902,144	478,807	356,005	122,661	79,076	59,168	4,719,502
18–24	619,238	471,190	354,987	192,000	139,294	43,306	37,735	22,535	1,880,497
25–34	968,918	731,803	530,679	286,320	215,689	64,003	50,246	37,793	2,886,050
35–44	983,426	719,447	533,881	292,875	227,902	72,366	48,924	31,549	2,910,963
45–54	838,283	614,425	466,509	247,093	201,957	63,221	44,528	23,187	2,499,631
55–64	566,249	413,755	298,250	153,665	136,322	43,503	23,446	10,710	1,646,080
65 and over	812,033	593,295	394,081	193,960	212,737	62,492	24,439	6,412	2,299,522
Total	6,368,525	4,684,082	3,480,531	1,652,928	985,741	471,552	308,394	191,354	18,842,245

(a) Includes other Australian territories.

Source: ABS 1999.

Table A4.2: Projected Aboriginal and Torres Strait Islander population by age group and sex, States and Territories, 30 June 1998

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(a)
Males									
17 and under	27,298	5,315	26,194	13,521	5,267	3,803	750	12,193	94,380
18–24	6,930	1,442	7,048	3,707	1,366	976	222	3,812	25,519
25–34	8,418	1,896	8,522	4,733	1,834	1,075	287	4,704	31,489
35–44	6,336	1,403	5,940	3,363	1,347	961	224	2,889	22,478
45–54	4,046	858	3,600	1,848	739	660	86	1,710	13,557
55–64	2,136	423	1,685	956	404	261	21	930	6,823
65 and over	1,196	294	1,230	714	247	138	10	603	4,434
Total	56,360	11,631	54,219	28,842	11,204	7,874	1,600	26,841	198,680
Females									
17 and under	26,217	5,123	25,356	13,104	5,176	3,602	725	11,307	90,641
18–24	6,900	1,389	7,112	3,680	1,470	1,077	233	3,800	25,670
25–34	9,554	2,028	9,379	5,054	2,100	1,191	321	4,726	34,370
35–44	7,097	1,506	6,613	3,671	1,421	1,057	243	3,170	24,789
45–54	4,339	838	4,006	2,000	796	571	100	1,944	14,606
55–64	2,293	453	2,019	1,061	448	271	26	1,116	7,690
65 and over	1,651	435	1,620	909	338	198	18	783	5,958
Total	58,051	11,772	56,105	29,479	11,749	7,967	1,666	26,846	203,724
Persons									
17 and under	53,515	10,438	51,550	26,625	10,443	7,405	1,475	23,500	185,021
18–24	13,830	2,831	14,160	7,387	2,836	2,053	455	7,612	51,189
25–34	17,972	3,924	17,901	9,787	3,934	2,266	608	9,430	65,859
35–44	13,433	2,909	12,553	7,034	2,768	2,018	467	6,059	47,267
45–54	8,385	1,696	7,606	3,848	1,535	1,231	186	3,654	28,163
55–64	4,429	876	3,704	2,017	852	532	47	2,046	14,513
65 and over	2,847	729	2,850	1,623	585	336	28	1,386	10,392
Total	114,411	23,403	110,324	58,321	22,953	15,841	3,266	53,687	402,404

(a) Includes other Australian territories.

Source: ABS 1998a.

Table A4.3: Population by age group, sex and RRMA, States and Territories, 30 June 1998

RRMA and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia^(a)
Males									
<i>Metropolitan</i>									
14 and under	492,703	353,418	212,727	141,312	105,644	20,641	33,429	10,657	1,370,531
15–24	350,591	262,009	161,711	147,693	108,640	14,467	35,377	9,973	1,007,243
25–34	388,891	290,802	162,001	155,141	114,331	13,188	38,305	10,561	1,075,418
35–44	372,747	268,911	151,996	160,057	120,420	14,599	40,094	12,130	1,025,150
45–54	315,921	226,462	137,568	158,529	123,024	12,917	39,212	13,148	885,400
55–64	203,164	150,421	83,037	157,220	124,113	8,186	37,230	13,378	562,086
65 and over	249,031	182,723	99,091	153,993	121,456	10,852	35,797	11,951	682,365
<i>Total</i>	<i>2,373,048</i>	<i>1,734,746</i>	<i>1,008,131</i>	<i>1,073,945</i>	<i>817,628</i>	<i>94,850</i>	<i>259,444</i>	<i>81,798</i>	<i>6,608,193</i>
<i>Rural</i>									
14 and under	174,121	131,063	143,224	38,390	41,795	31,152	36	2,132	561,913
15–24	95,399	74,478	84,518	37,689	41,015	18,429	38	2,023	315,960
25–34	89,291	70,444	85,899	33,445	36,204	18,398	35	2,017	310,822
35–44	112,259	84,692	94,849	30,043	33,263	20,919	55	2,147	367,961
45–54	99,376	74,990	82,826	29,701	33,895	18,378	52	2,341	322,259
55–64	73,652	52,464	57,377	33,406	38,768	13,100	53	2,466	229,724
65 and over	99,383	71,240	68,104	35,745	41,326	15,922	35	2,554	297,042
<i>Total</i>	<i>743,481</i>	<i>559,371</i>	<i>616,797</i>	<i>238,419</i>	<i>266,266</i>	<i>136,298</i>	<i>304</i>	<i>15,680</i>	<i>2,405,681</i>
<i>Remote</i>									
14 and under	7,116	1,467	25,962	23,958	4,581	341	0	13,246	76,671
15–24	3,515	763	13,740	21,341	4,231	153	0	12,356	42,296
25–34	4,361	778	17,079	20,974	3,888	186	0	11,849	53,917
35–44	4,737	1,105	16,972	23,957	3,961	227	0	12,575	50,389
45–54	3,931	1,033	13,799	27,640	4,381	218	0	13,125	38,174
55–64	3,107	782	8,648	28,886	4,788	162	0	12,618	23,114
65 and over	3,049	984	7,820	26,545	4,823	169	0	11,125	19,755
<i>Total</i>	<i>29,816</i>	<i>6,912</i>	<i>104,020</i>	<i>173,301</i>	<i>30,653</i>	<i>1,456</i>	<i>0</i>	<i>86,894</i>	<i>304,316</i>
Total males	3,146,345	2,301,029	1,728,948	1,485,665	1,114,547	232,604	259,748	184,372	9,318,190

(continued)

Table A4.3 (continued): Population by age group, sex and RRMA, States and Territories, 30 June 1998

RRMA and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia^(a)
Females									
<i>Metropolitan</i>									
14 and under	468,373	336,739	203,186	133,757	100,590	20,010	32,077	9,914	1,304,646
15–24	338,848	254,956	158,150	141,228	104,032	14,201	33,340	9,403	975,892
25–34	388,628	294,937	162,415	149,398	110,033	13,783	35,784	9,756	1,078,012
35–44	371,447	273,447	156,270	155,496	116,630	15,570	38,205	11,176	1,039,501
45–54	310,899	231,297	136,409	155,930	120,392	13,052	38,743	12,020	884,296
55–64	200,690	151,208	80,940	157,044	123,747	8,501	38,296	12,186	558,759
65 and over	333,292	243,627	129,707	157,192	123,760	14,929	37,333	10,961	909,240
<i>Total</i>	<i>2,412,177</i>	<i>1,786,211</i>	<i>1,027,077</i>	<i>1,050,045</i>	<i>799,184</i>	<i>100,046</i>	<i>253,778</i>	<i>75,416</i>	<i>6,750,346</i>
<i>Rural</i>									
14 and under	166,451	124,176	134,411	36,129	39,140	29,555	33	1,937	531,832
15–24	89,453	67,955	79,249	35,317	38,137	17,526	32	1,691	293,333
25–34	91,512	70,933	86,507	31,023	33,597	19,098	26	1,509	314,136
35–44	113,461	85,994	95,056	28,461	31,096	21,032	34	1,474	369,717
45–54	94,745	71,678	77,659	29,342	32,307	17,828	37	1,687	305,361
55–64	73,760	52,008	54,517	34,142	38,151	12,765	42	2,122	225,106
65 and over	119,340	88,675	78,631	35,900	40,167	19,947	37	2,241	354,278
<i>Total</i>	<i>748,722</i>	<i>561,419</i>	<i>606,030</i>	<i>230,314</i>	<i>252,595</i>	<i>137,751</i>	<i>241</i>	<i>12,661</i>	<i>2,393,763</i>
<i>Remote</i>									
14 and under	6,664	1,406	24,964	22,872	4,475	298	0	12,543	73,222
15–24	2,992	608	11,624	19,482	3,892	114	0	11,502	35,613
25–34	3,983	701	15,553	17,833	3,359	186	0	11,044	47,636
35–44	3,939	1,050	14,385	19,226	3,376	223	0	11,622	42,022
45–54	3,187	832	11,111	22,515	3,846	169	0	12,200	30,017
55–64	2,414	713	6,591	23,479	4,312	138	0	11,582	17,381
65 and over	3,092	968	7,194	21,294	4,231	171	0	10,164	18,996
<i>Total</i>	<i>26,271</i>	<i>6,278</i>	<i>91,422</i>	<i>146,701</i>	<i>27,491</i>	<i>1,299</i>	<i>0</i>	<i>80,657</i>	<i>264,887</i>
Total females	3,187,170	2,353,908	1,724,529	1,427,060	1,079,270	239,096	254,019	168,734	9,408,996

(a) Includes other Australian territories.

Source: ABS 1999.

Indirect age-standardisation

Indirect age-standardisation is the process of applying a set of age-specific rates from a standard population to the population being studied. This publication used indirect age-standardisation throughout (except where crude rates are indicated) in order to make rates comparable within the publication and to provide a measure that is robust with small cell sizes.

The standard population used for calculation of age-specific rates in this publication was the estimated resident population of Australia for December 1998. Standard rates were derived using the separations, patient days or psychiatric care days of the 1998–99 financial year. Sex was not used as a contributing factor, and the age groups were defined as set out in Table A4.1. The example below outlines the calculation of the indirectly age-standardised overnight separation rates per 1,000 population for each jurisdiction:

Calculations for indirectly age-standardised rate of overnight separations per 1,000 population

Age-specific separation rates for the standard population are calculated by dividing the number of overnight separations for each age group for Australia by the Australian population for that age category and multiplying by 1,000,

e.g. for 0–17 age category the age-specific standard separation rate would be
 $(5,267/4,719,502) * 1,000 = 1.12$ per 1,000 population

Table A4.4: Overnight separations by age group, Australia, 1998–99

Age category	Overnight separations									Australian population	Age-specific separation rate
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australian total separation		
0–17	1,320	1,230	1,231	798	596	44	25	24	5,267	4,719,502	1.12
17–24	4,672	3,428	3,184	1,566	1,442	288	167	179	14,926	1,880,497	7.94
25–34	7,761	5,786	5,157	2,709	2,335	651	245	235	24,879	2,886,050	8.62
35–44	6,351	4,531	4,365	2,082	2,128	481	186	173	20,297	2,910,963	6.97
45–54	4,338	3,390	3,093	1,239	1,591	310	105	83	14,149	2,499,631	5.66
55–64	2,077	1,533	1,459	579	686	267	39	23	6,663	1,646,080	4.05
65 and over	2,908	3,174	1,891	1,329	1,223	328	24	7	10,884	2,299,522	4.73
Total	29,427	23,072	20,380	10,302	10,001	2,369	791	724	97,065	18,842,245	5.15

These rates are then applied to the specific population (e.g. NSW 0–17 years age group) to give the expected number of separations for that age and jurisdiction category.

Table A4.5: Expected number of separations

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
14 and under	1,764.05	1,272.68	1,006.99	534.45	397.38	136.92	88.27	66.04	5,268.00
15–24	4,915.06	3,739.96	2,817.63	1,523.95	1,105.61	343.73	299.51	178.87	14,926.00
25–34	8,352.49	6,308.46	4,574.68	2,468.20	1,859.33	551.73	433.14	325.79	24,879.00
35–44	6,857.04	5,016.42	3,722.54	2,042.10	1,589.07	504.58	341.13	219.98	20,297.00
45–54	4,745.05	3,477.91	2,640.64	1,398.65	1,143.16	357.86	252.05	131.25	14,149.00
55–64	2,292.06	1,674.80	1,207.26	622.00	551.80	176.09	94.90	43.35	6,663.00
65 and over	3,843.48	2,808.16	1,865.25	918.04	1,006.92	295.78	115.67	30.35	10,884.00
Total expected separations	32,769.23	24,298.38	17,834.99	9,507.41	7,653.28	2,366.70	1,624.68	995.63	97,066.00

These expected numbers of separations are summed over age categories to give an expected number of separations for each jurisdiction.

Finally, the indirectly age-standardised rate for each jurisdiction is given by dividing the actual number of separations by the expected number of separations and multiplying by the crude separation rate of the standard population,

$$\begin{aligned} \text{e.g. for NSW rate} &= (29,427/32,769.23) * 5.15 \\ &= 4.63 \text{ per 1,000 population} \end{aligned}$$

Table A4.6: Indirectly age-standardised rates of overnight separations per 1,000 population

NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
4.63	4.89	5.89	5.58	6.73	5.16	2.51	3.75	5.15

Appendix 5: The introduction of ICD-10-AM and AR-DRG Version 4

The ICD-10-AM classification was developed in Australia by the National Centre for Classification in Health (NCCH), with the disease and external cause classifications based on the World Health Organization's (WHO) ICD-10, and the procedure classification based on the procedure lists of the Medicare Benefits Schedule (MBS). Assistance provided by Australian clinicians and coders in this development ensured that the classification was current and appropriate for Australian clinical practice. It has been used by New South Wales, Victoria, the Australian Capital Territory and the Northern Territory since July 1998, and by the other States from July 1999.

This staggered implementation of ICD-10-AM resulted in the provision of 1998–99 data to AIHW's National Hospital Morbidity Database in ICD-9-CM by four jurisdictions and in ICD-10-AM by the remaining four jurisdictions. For *Australian Hospital Statistics 1998–99* (AIHW 2000) and other uses of the database, including this report, AIHW mapped the data reported in ICD-9-CM to ICD-10-AM (see below) so that national data could be presented in a single classification. Data for 1999–2000 will be provided by all States and Territories using ICD-10-AM. The second edition of the classification was endorsed by the National Health Information Management Group (NHIMG) for implementation nationwide on 1 July 2000.

The ICD-10-AM classification

ICD-10-AM consists of:

- a disease classification based on WHO's publication of ICD-10
- a new Australian classification of procedures based on the MBS, sometimes referred to as MBS-Extended, or MBS-E
- Australian Coding Standards for the selection of disease and procedure codes.

Readers should refer to the published classification (NCCH 1998) and its Implementation Kit (NCCH 1997) (which is the source of some of the information in this appendix) for detailed information about ICD-10-AM and its relationship with its predecessor, ICD-9-CM.

The disease classification

ICD-10-AM uses an alphanumeric coding scheme for diseases, comprising one alphabetic character generally followed by two, three or four numerals. The disease categories are grouped into 19 chapters and the supplementary classifications in ICD-9-CM (for external causes and morbidity and mortality and of factors influencing health status and contact with health services) also have chapter status in ICD-10-AM. The ICD-10-AM chapters generally have the same subject matter as in the chapters of ICD-9-CM. However, the order of the chapters was changed slightly and the ICD-9-CM chapter on *Diseases of the nervous system and sense organs* was split into chapters on *Diseases of the nervous system*, *Diseases of the eye and the adnexa*, and *Diseases of the ear and mastoid processes*. In addition, there has been some relocation of diseases and conditions, the most relevant for this publication being the movement of postpartum depression from the *Disorders of Pregnancy, childbirth and the*

puerperium chapter in ICD-9-CM to the *Mental and behavioural disorders* chapter in ICD-10-AM.

Mapping between ICD-9-CM and ICD-10-AM

'Mapping' refers to the process of finding an 'equivalent' code between two classifications to enable data users to interpret data partly classified in one classification and partly classified in another. Mapping is therefore important for use of the 1998–99 data in the National Hospital Morbidity Database and for time series analysis of morbidity data. Mapping is also important for grouping data into Australian Refined Diagnosis Related Groups (AR-DRGs) as each version is developed to use a particular set of disease and procedure codes. To suit these purposes, the NCCH developed four types of maps between ICD-9-CM and ICD-10-AM:

- 'forward historical', to convert ICD-9-CM to ICD-10-AM, so that the ICD-9-CM coded data could be described in ICD-10-AM terms, for example when used with ICD-10-AM coded data (as in this report)
- 'backward historical', to convert ICD-10-AM to ICD-9-CM, so that the ICD-10-AM coded data could be described in ICD-9-CM terms, for example when used with ICD-9-CM coded data (for example in time series analyses with older data coded in ICD-9-CM)
- 'forward logical', to convert ICD-9-CM to ICD-10-AM, for AR-DRG grouping purposes
- 'backward logical', to convert ICD-10-AM to ICD-9-CM, for AR-DRG grouping purposes.

These maps are available on the NCCH web site at www.cchs.usyd.edu.au/ncch/.

The majority of the code maps in each of these groups are one-to-one maps, meaning that a code in one classification has been mapped to one code only in the other classification. Others are one-to-many maps or many-to-one maps, where one code in one classification is equivalent to two, three or more codes in the other classification. Some are conditional maps, for example mapping a code that is not sex-specific in one classification (for example, a procedure on genital skin) to a female-specific code for data for a female patient, and to male-specific code for a male patient.

Forward historical mapping used for the National Hospital Morbidity Database

The forward historical mapping were initially developed by NCCH in 1997 as one-to-one maps (i.e. a principal ICD-10-AM map), with listings of codes associated with the principal map. In 2000, when the final version of the ICD-10-AM publication became available, and following input from the South Australian Department of Human Services and AIHW (which had both been using the maps to forward-map ICD-9-CM data in large databases), revisions were made to incorporate a range of one-to-many, many-to-one and conditional maps. The revised maps (which are available from AIHW) have been used by AIHW to forward-map the ICD-9-CM codes provided for the National Hospital Morbidity Database for 1998–99 by Queensland, South Australia, Western Australia and Tasmania. This mapping has enabled the national 1998–99 diagnosis and procedure data to be presented in ICD-10-AM in this report.

Comparison of mapped and unmapped data

The suite of maps described above has allowed AIHW to collate data partly provided in ICD-9-CM and partly provided in ICD-10-AM into one data set and to present them as national data. However, it is important to note that none of the mappings is perfect. Meaning is lost when the codes of one classification are more precise or less precise than those of the other. Data mapped from ICD-9-CM to ICD-10-AM is therefore not exactly equivalent to data originally classified and reported in ICD-10-AM. Caution should therefore be exercised when interpreting national data (which are a mix of mapped and unmapped data) and when comparing data from jurisdictions that reported in ICD-10-AM (New South Wales, Victoria, the Australian Capital Territory and the Northern Territory) with data from the States that reported in ICD-9-CM (Queensland, Western Australia, South Australia and Tasmania). Reference should be made to the classifications and the maps for precise interpretation.

Introduction of Version 4.0/4.1 AR-DRGs

The *Institutional Mental Health Services in Australia 1997–98* presented information on Diagnosis Related Groups using AN-DRGs Version 3.0 or Version 3.1. This report uses AR-DRGs Version 4.0/4.1.

AR-DRG Version 4.0/4.1 was developed by the Department of Health and Aged Care to update the Australian DRG system in line with changes to medical, surgical and ICD coding practices (DHAC 1998). Version 4.0 was developed first, using ICD-9-CM codes. Once the logic and the DRG definitions had been changed, the diagnosis and procedure codes were logically forward-mapped to ICD-10-AM codes, forming Version 4.1. Versions 4.0 and 4.1 are therefore based on the same logic (with a few minor exceptions), despite requiring ICD-9-CM and ICD-10-AM codes, respectively, as input.

For the AIHW NHMD and this report, data provided in ICD-9-CM codes have been grouped to AR-DRG Version 4.0, and data provided in ICD-10-AM codes have been grouped to AR-DRG Version 4.1. The Version 4.0 and Version 4.1 data are essentially equivalent, but it is possible that the logical mapping that underlies Version 4.1 means that there are slight differences between the data in each version. Caution should therefore be exercised in interpreting the national AR-DRG data (which are a mix of Version 4.0 data and Version 4.1 data) and when comparing data from jurisdictions that reported in ICD-10-AM with data from the States that reported in ICD-9-CM.

Features of AR-DRG Version 4.0/4.1

The MDC structure of the classification is essentially the same as the MDC structure for AN-DRGs, and the AR-DRGs are similarly based on hierarchies of diagnoses and procedures distributed between surgical, medical and other partitions. However, the AR-DRG classification represents a major overhaul of the DRG classification. Some of the changes relevant to this publication are:

- The numbering system was changed to alphanumeric, showing the broad group to which the DRG belongs (usually the MDC), the adjacent DRG, and the existence and/or nature of splits based on resource consumption.
- The treatment of severity was changed markedly. In AN-DRG Version 3.1, the single most severe complication or comorbidity was used as an indicator of the severity of a

patient's illness. In AR-DRG Version 4.0/4.1, an algorithm has been developed to take account of the cumulative effect of multiple significant complications and/or comorbidities in the patient record.

- New DRGs were created and other DRGs were merged.
- The data requirements for grouping were changed. Actual same day stay status is now required rather than intended length of stay, and mental health legal status has been added for severity splits in MDC 19 *Mental diseases and disorders*.

Overall, there are 23 MDCs (as for AN-DRGs Version 3.1), but the number of DRGs has been reduced from the 667 in AN-DRG Version 3.1 to 661 in AR-DRG Version 4.0/4.1. Further information about the AR-DRG classification system is available in *Australian Refined Diagnosis Related Groups Version 4.1 Definitions Manual* (DHAC 1998).

Appendix 6: Comparison with the National Survey of Mental Health Services data

Background

The NSMHS has been used for the annual performance monitoring for the National Mental Health Strategy over the last 6 years. The NSMHS is an annual collection by the National Mental Health Working Group (NMHWG) of establishment-level data from publicly-funded hospital and community mental health care services across all States and Territories. The survey does not collect patient-level data. A basic summary of the NSMHS and how it compares with the NMDs – Mental Health Care is presented below. For more detailed information on NSMHS, refer to the *National Mental Health Report 2000* (DHAC 2000).

NSMHS data are collected from three separate levels: the State or Territory health authority as a whole; the regional, area and district administrative unit; and the mental health service delivery organisation (which may manage one or more individual service units). The data items collected at each level vary.

At the State or Territory level, the survey collects the jurisdiction's budget allocation for specialised mental health services, expenditure on central administration, centrally funded programs to non-government organisations, revenue and sources of funds, accounting practices, and procedures for annual reporting.

The regional level is somewhat similar with the survey collecting expenditure on regional administration, regional funding for programs to non-government organisations, revenue and sources of funds, accounting practices, and procedures for annual reporting. The organisation-level collection also includes expenditure on organisational administration, revenue and sources of funds, and accounting practices. In addition, the organisational-level includes services provided to non-mental health agencies, workforce profiles and consumer participation, as well as apportioned indirect costs from the central or regional level.

Comparison with NPHEd data

A fundamental difference between the hospital data collected by the NSMHS and the NPHEd is the difference in the establishment identification taxonomy. As mentioned above, the NSMHS collects hospital data at three separate levels: the State or Territory health department as a whole; the health region, area or district; and the individual mental health service. The NPHEd records at a single establishment level but could be rolled up to health region and State and Territory level, if desired for some data elements. There is no consistent pattern of establishment identification between the two data sets which makes comparison problematic. In several cases, establishments reported to NSMHS are out of the scope of the NPHEd.

Data reported to NPHEd are recorded according to agreed definitions published in the *National Health Data Dictionary*. Although data reported to the NSMHS are broadly based on these definitions, a number of counting rules and inclusions/exclusions result in substantially different data in the two collections.

Comparison with NCMHED data

This appendix has used NSMHS data, supplied by Buckingham & Associates on behalf of the Commonwealth Department of Health and Aged Care (DHAC), as a point of comparison for the NCMHED data. Note that the NSMHS data used were preliminary unvalidated data and are still subject to final sign-off by States and Territories. For this reason, the extent of the comparative analysis was limited.

Unlike the NPHEd data, the scope of the NCMHED was initially defined by the NSMHS and there is a similarity in the establishment taxonomies for the two collections. Note that the scope of the two collections for 1998–99 was not identical. The main difference in scope was data for Confused and Disturbed Elderly (CADE) units in New South Wales. The data supplied to the NCMHED exclude data for all CADE units except those in the New England Health Service. The NSMHS data includes data from all CADE units.

Overall, the establishments reported to the NCMHED by States and Territories corresponded with those reported to the NSMHS. Overall, 208 establishments were reported to the NCMHED, compared with 193 reported to the NSMHS. Victoria, Western Australia, South Australia, the Australian Capital Territory and Northern Territory used the NSMHS organisation-level establishment identification for their NCMHED data. In this group there were only minor variations from this close correspondence in establishment taxonomies. These involved a difference in the level of aggregation affecting five establishments in Western Australia and South Australia. Queensland and Tasmania used the NSMHS individual service unit level to identify their community mental health establishments. For the NCMHED, New South Wales identified Area Health Services as establishments, which was equivalent to their NSMHS region-level grouping.

The NCMHED contains five data elements, which closely resemble NSMHS items and can be used for comparison. These data elements are *Number of available beds*, *Separations*, *Total full-time-equivalent staff*, *Total salaries and wages* and *Total non-salary operating costs*. The extent of the definitional match varies among these five data elements. The NSMHS has a *Number of available beds* item, which is based on the number of available beds at 30 June in the reference year. The equivalent NCMHED data element relates to the average number of available beds in the reference year or, if that figure is not available, the number of available beds at 30 June in the reference year.

The *Total salaries and wages* and the *Total non-salary operating costs* data elements in the NCMHED are defined in the same manner as the NSMHS data items. The *Total full-time-equivalent staff* data element in the NCMHED is collected in a different manner from the NSMHS *Total full-time-equivalent staff* data item. The NSMHS collects FTE staff numbers only at an organisational-level, which may be an aggregate of several community mental health establishments depending on the jurisdiction. Both attempt to collect average FTE staffing figures in preference to 30 June figures.

1,653 separations and 1,301 available beds were reported to the NCMHED for 1998–99 (Table 4.8). The 1,796 separations and 1,391 available bed data reported to the NSMHS were 8.7% and 6.9% above NCMHED data. New South Wales was the jurisdiction where the

difference in NSMHS and NCMHED separations and number of available beds data was greatest (126 separations and 96 beds). Tasmania and Western Australia also reported small differences in residential care separation and available bed data for the two collections.

The data from the two collections on *Total full-time-equivalent staff* and *Total salaries and wages* expenditure were comparable. According to the NCMHED, an average of 8,679 FTE staff were employed in Australian community mental health care establishments in 1998-99 (Table 4.9). The 8,595 FTE staff reported to the NSMHS was 1% below the FTE staff data reported to the NCMHED for the same period. The *Total salaries and wages* data reported to the NCMHED was \$421.2 million, compared with \$431.6 million reported to the NSMHS (a 2.5% difference). A total non-salary expenditure of \$166.4 million was reported to the NCMHED for 1998-99 where as the total non-salary expenditure reported to the NSMHS was \$137.0 million (a 17.6% difference).

Expenditure data from the NCMHED indicated that the total recurrent expenditure for community mental health care establishments was \$588.0 million (Table 4.10). The direct expenditure reported to the NSMHS (\$568.6 million) was 3.3% less than the NCMHED data. The recurrent expenditure including indirect expenditure reported to the NSMHS (\$626.1 million) was 6.5% greater than the NCMHED data. This may indicate that some expenditure data supplied to the NCMHED include components of indirect expenditure. This requires further investigation once the NSMHS data are validated.

Glossary

For further information on the terms used in this report, refer to the definitions in use in 1998–99 in the *National Health Data Dictionary* Version 7.0.

<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 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 and include both recognised and non-recognised hospitals. Recognised hospitals are those nominated by States and Territories and accepted by the Commonwealth and appear in schedules to each State/Territory Medicare Agreement (Schedule B in the 1993–98 Medicare Agreements).</p>
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process.
<i>Area of usual residence</i>	The geographic location of the patient's usual residence. The location is included in the National Hospital Morbidity Database in Statistical Local Area (SLA) format but aggregated to RRMA categories for this report.

<i>Australian Bureau of Statistics Private Health Establishments Collection</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 Aged Care. The data items and definitions are based on the <i>National Health Data Dictionary</i> published by AIHW. Information is collected for items such as bed supply, usage, occupancy and length of stay, type of patients, staff, and expenditure.
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs are a means of classifying hospital patients to provide a common basis for comparing factors such as cost-effectiveness and quality of care across hospitals. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required.
<i>Average length of stay</i>	The average number of patient days for admitted patient overnight separations with specialised psychiatric care, after trimming outliers (Appendix 3). Patients admitted and separated on the same day are also exclude from the calculation of average length of stay. Averages were calculated using AR-DRGs as categories. Both acute care and other episode types were included in all calculations.
<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 and North America. All other countries, apart from Australia, were included in the 'Non-English-speaking, category.
<i>Diagnostic and allied health professionals</i>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>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. 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>First admission to psychiatric treatment</i>	The status of an episode in terms of whether it is the first or subsequent admission for psychiatric treatment, whether in an acute or psychiatric hospital.
<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>	An indication that a person was treated on an involuntary basis under the relevant State or Territory mental health legislation, at some point during the hospital stay. Involuntary patients are people who are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care. Mental health legal status applies only to patients with some specialised psychiatric care.
<i>Length of stay</i>	The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded. A same day patient is allocated a length of stay of one day.
<i>Marital status</i>	The current marital status of the patient.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Mental Health Legal Status</i>	An indication that a person was treated on an involuntary basis under the relevant State or Territory mental health legislation, at some point during the hospital stay. Involuntary patients are persons who are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care. Mental health legal status applies only to records with some specialised psychiatric care.
<i>Mental health principal diagnosis</i>	A separation is defined as having a mental health principal diagnosis if the principal diagnosis falls within the range listed in Appendix 1. These inclusions are drawn from the National Health Priority Areas tables, Chapter 7, <i>Australian Hospital Statistics, 1998-99</i> (AIHW 2000).

<i>Mode of separation</i>	The status of the person at separation (discharge, transfer or death) and, if applicable, place to which the person is discharged.
<i>National Hospital Morbidity Database</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 were based on the patient-level data items of the National Minimum Data Set – Admitted Patient Health Care and the National Minimum Data Set – Admitted Patient Mental Health Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patient, the procedures the patient underwent in hospital, and external causes of injury and poisoning.
<i>National Public Hospital Establishments Database</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. Exceptions within the public sector are hospitals not within the jurisdiction of the State and Territory health authorities (e.g. hospitals run by correctional authorities in some jurisdictions and those in off-shore 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 Institutional Health Care.
<i>National Survey of Mental Health and Wellbeing of Adults</i>	The survey was conducted throughout Australia, from May to August 1997, by the Australian Bureau of Statistics. The survey was an initiative of, and funded by, the Mental Health Branch of the Commonwealth Department of Health and Aged Care as part of the National Mental Health Strategy. The survey was designed to provide information on the prevalence of a range of mental disorders, the level of disability associated with these disorders, and health services used as a consequence of a mental health problem. The survey consisted of a representative sample of residents (18 years and over) of private dwellings in all States and Territories across both urban and rural areas. Sample excluded special dwellings (such as hospitals, nursing homes, hotels and hostels) and dwellings in remote and sparsely settled parts of Australia.
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital.
<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 during the reporting period. A patient who is admitted and separated on the same day is allocated one patient day.
<i>Patient transport expenditure</i>	The direct cost of transporting patients excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis.
<i>Previous specialised treatment</i>	Whether the patient has had a previous admission or service contact for specialised care.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<i>Principal procedure</i>	The most significant procedure that was performed for treatment of the principal diagnosis. If no procedure is performed for treatment of the principal diagnosis, other procedures can be reported as the principal procedure. In order, these are a procedure performed for treatment of an additional diagnosis, a diagnostic/exploratory procedure related to the principal diagnosis or a diagnostic/exploratory procedure related to an additional diagnosis.
<i>Private hospital</i>	Privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.
<i>Psychiatric hospitals</i>	Institutions which provide treatment and care for patients with psychiatric, mental or behavioural disorders.

<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes: <ul style="list-style-type: none"> • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.
<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It is contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
<i>Referral to further care (psychiatric patients)</i>	Referral to further care by health service agencies/ facilities.
<i>RRMA 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>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>Salaried medical officers</i>	Medical officers engaged by the hospital on a full-time or part-time salaried basis.
<i>Same day patients</i>	Same day patients are admitted patients who are admitted and separate on the same date.

<i>Separation</i>	The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. 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>Specialised care separation</i>	Separation in which at least one day of specialised psychiatric care was received.
<i>Student nurses</i>	Nurses employed by the establishment currently studying in years 1 to 3 of a 3-year certificate course. This includes any person commencing or undertaking a 3-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurses and specialist student nurses, such as mental deficiency nurses, but excludes practising nurses enrolled in post-basic training courses.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Total psychiatric care days</i>	Total 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>Type of episode of care</i>	A classification of admitted patient episodes into broad groups based on principal diagnosis, principal procedure or status as a nursing home or rehabilitation patient.
<i>Trainee/pupil nurses</i>	Nurses who are commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State or Territory registration board (includes all trainee nurses).
<i>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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