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 though national leadership in developing and providing health and welfare statistics and information.

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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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This report would not have been possible without the valued cooperation and effort of the data providers in the health authorities of the States and Territories. The Institute would like to express its appreciation for their timely supply of the data and their assistance with data validation. The Institute also wishes to thank the members of the National Mental Health Information Strategy Committee and its National Minimum Data Set subcommittee who assisted in the planning of this report and provided advice on its content. The Institute would also like to acknowledge the funding provided by the Commonwealth Department of Health and Aged Care for this project.

Within the Institute, the report was prepared by Maryellen Moore, David Braddock, Rebecca Cameron and Cheryl Turner. Narelle Grayson and Ruth Pemn provided advice on the morbidity data, and Tony Hynes and Ian Titulaer provided advice on the hospital expenditure data. Amanda Nobbs coordinated the publication process.

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	*National Health Data Dictionary*
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.