

3 Community residential and admitted patient mental health care

This chapter describes the provision of community residential and admitted patient mental health care by hospitals and other service providers. It also presents available data on the characteristics of the patients and residents. As documented in Chapter 1, ambulatory care is the form of mental health care most frequently utilised by people with a mental health disorder. Community residential and admitted patient mental health care, however, plays an important role for those with severe mental health disorders (Jablensky et al. 1999).

There is variation among States and Territories in the extent to which community residential and admitted patient mental health care is provided by public and private hospitals, and public community mental health care services. Data on these different types of services have therefore been collated for this chapter, with data on CSDA-funded residential care provided by disability support services for clients with mental health-related disabilities. Although these latter services are not usually regarded as health services, they can, to some extent, substitute for community residential and admitted patient mental health care for some clients.

As noted in Chapter 2, data on same day separations for patients admitted to hospital are presented in this chapter, although this type of care can be considered to be ambulatory. The potential impact on interpretation of the data is discussed in Box 3.2.

Data sources and methods

The public and private hospital data presented in this chapter are drawn from the AIHW NHMD and are supplied by States and Territories as the NMDS – Admitted Patient Mental Health Care. This chapter also includes data on the number of completed periods of community residential care (termed ‘separations’) from the AIHW NCMHED. NCMHED collates establishment-level data, as specified in the NMDS – Community Mental Health Establishments, from routine administrative collections for each public community mental health care establishment in Australia. More information on NHMD and NCMHED is provided in the data sources section of Chapter 1. Additional detail on the NHMD are provided in *Australian Hospital Statistics 1999–00* (AIHW 2001a). Information on the NMDS – Admitted Patient Mental Health Care and NMDS – Community Mental Health Establishments is presented in Appendix 1.

In many jurisdictions, mental health-related residential care is also provided by non-government organisations. While there are few available national data on most of these services, there are some data available on CSDA-funded disability support services. These services provide mental health-related care in the form of residential care for people with mental health-related disabilities. Disability support services providing residential care and funded through the CSDA are categorised as institutions/large residential services, hostels and group homes. Data are available on the residents of these service types on a snapshot day each year from the CSDA MDS collection.

The scope of the CSDA MDS collection includes all psychiatric disability support services that receive CSDA funds. Some psychiatric disability support services have different sources of funding and do not report to the CSDA MDS collection. For this reason, the information presented in this section must be interpreted with caution as it does not include all psychiatric disability support services and the proportion of these services receiving CSDA funding differs between States and Territories. These variations in coverage are outlined in the data sources section of Chapter 1.

Definition of mental health-related separations

Mental health-related separations from hospital include all separations with a mental health-related principal diagnosis and all separations that included any specialised psychiatric care. Separations are defined as having specialised psychiatric care if the patient is reported as having one or more days in a psychiatric hospital or in a specialised psychiatric unit of an acute care hospital (also referred to as a designated psychiatric unit). A mental health-related principal diagnosis in this publication is defined as any separation which has a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses (Appendix 2).

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

Notes on data presentation

Rates were indirectly age-standardised using the total separations, patient days or psychiatric care days for 1999–00 and the estimated resident population as at 30 June 1999 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.

Where similar data on separations with and without specialised psychiatric care have been presented in separate tables, these tables share the same number but are distinguished by an alpha suffix (e.g. Tables 3.14a and 3.14b).

Overview

A summary of the data on the number of separations and separations per 1,000 population by service provider type and State or Territory of the service provider is presented in Table 3.1. Similar data available on patient days are presented in Table 3.2. The tables do not present data on non-government providers of mental health-related, community residential care; there is no agreed process for extrapolating the CSDA Minimum Data Set snapshot day data into information on annual service provision. Nor does Table 3.2 include data on patient days for public community mental health care establishments, as these data are not available nationally.

There were 268,207 mental health-related community residential and admitted patient separations in 1999–00, of which 99,393 were same day separations and 168,814 were overnight (or longer). There were 3.2 million patient days reported for mental-health related separations from hospitals.

In comparison with other hospital types, public psychiatric hospitals reported the smallest numbers of separations (6.7% of the total) and separations with specialised psychiatric care (10.5%) and public acute care hospitals reported the largest numbers (59.9% and 51.3%, respectively) (Table 3.1). Public community mental health care establishments reported a relatively low number of separations in comparison to hospitals.

Public psychiatric hospitals reported a large proportion of total patient days (36.4% of the total), especially for separations with specialised psychiatric care (45.9%) (Table 3.2). However, it is estimated that a large proportion of these patient days occurred prior to the 1999–00 financial year. Only 32.0% of patient days for separations from public psychiatric hospitals were provided during 1999–00, compared with 87.1% for public acute care hospitals and 88.8% for private hospitals.

The differences between separations and patient days as indicators of hospital activity are further explained in Box 3.1.

There was some variation between jurisdictions in the distribution of separations and patient days between different service provider types, and between same day and overnight separations. Overall, there was also variation in the number of mental health-related admitted patient and community residential care separations per 1,000 population, and patient days per 1,000 population for hospitals.

These patterns can be influenced by a number of factors such as:

- the availability of admitted patient mental health care services in each State and Territory;
- the availability of community-based residential mental health care facilities;
- differing admission practices;
- differences in the types of establishments that are categorised as hospitals; and
- the spread of the population in rural, remote and metropolitan areas, and other demographic characteristics of the population.

Some of these differences mean that there can be variation in the proportions of separations reported for the different provider types, in the proportions of separations that are for same day stays, and the proportion of separations for which specialised psychiatric care was reported. This report therefore presents information separately for each service provider type, for same day and overnight separations, and for separations with and without specialised psychiatric care. This allows comparisons to be made between provider types and jurisdictions including or excluding particular types of separations, as appropriate for specific purposes.

Further detail about the differing availability of facilities, differing admission practices and differing definitions of hospitals is presented in Box 3.2.

The activity information and the information on the proportion of separations and patient days with specialised psychiatric care is influenced by the definition used for this report of mental health-related separations (see above). The data on specialised psychiatric care should be interpreted taking this into account because, as illustrated in Box 3.3 and Tables 3.12 to 3.26, the proportion of separations that include specialised psychiatric care varies by principal diagnosis.

Box 3.1: Measuring hospital activity

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

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

The patient day (and psychiatric care day) data measure hospital activity in a way that is not as affected by variation in length of stay, as short stay activity is represented in the same way as long stay activity. However, the patient day data presented in this report includes days within hospital stays that occurred prior to 1 July 1999, provided that the separation from hospital occurred during 1999–00. This has little or no impact in private and public acute hospitals, where separations are relatively brief, throughput is relatively high, and the patient days that occurred in the previous year are expected to be approximately balanced by the patient days not included in the counts because they are associated with patients yet to separate from the hospital, and are therefore yet to be reported.

However, some public psychiatric hospitals provide very long stays for small numbers of patients and, as a result, would have comparatively large numbers of patient days recorded that occurred prior to 1999–00. Table 3.2 presents information on the estimated proportion of patient days that occurred within the 1999–00 financial year for 1999–00 separations. For public psychiatric hospitals the proportion of patient days that occurred in the year was 32.0%. In comparison, the figures for public acute and private hospitals were 87.1% and 88.8%, respectively. Public psychiatric hospitals in Queensland (15.6%) and New South Wales (29.9%) had the lowest proportion of days in the financial year.

Because lengths of stay for patients of public psychiatric hospitals can vary widely, and separations may occur unevenly over time, the extent to which patient days that occurred prior to 1999–00 are balanced by patient days associated with patients yet to separate from hospital is not known. Hospital activity relating to these patients would therefore be better estimated with information on patient days in the reporting year for both patients who separate in the year and patients who do not. These data are not available nationally for 1999–00.

Table 3.3 summarises mental health-related hospital separations and patient days by type of care and presence of a mental health principal diagnosis for 1998–99 and 1999–00. Mental health-related separations accounted for 4.5% of total hospital separations during 1999–00 and 14.1% of total hospital patient days. Compared with 1998–99, there was an increase of 0.8% in mental health-related separations, with an increase of 0.9% for same day separations and increase of 0.7% in overnight separations. Patient days decreased by 3.0% for separations with specialised psychiatric care and increased by 1.8% for separations without specialised psychiatric care.

Of the separations with specialised psychiatric care, 166,454 or 97.0% were reported as having a mental health-related principal diagnosis in 1999–00. Over two-thirds of the remaining separations had principal diagnosis codes of *Injury, poisoning and certain other consequences of external causes (S00–T98)* or *Factors influencing health status and contact with health services (Z00–Z99)*. In comparison, during 1998–99 there were 159,822 separations or 94.8% of the separations with specialised psychiatric care, which had a mental health principal diagnosis.

It should be noted that the number of separations identified for this report as 'mental health-related' depends on the definition used (see above). In addition, for 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the NHMD using ICD-9-CM, so their data were mapped to ICD-10-AM for Table 3.3. Further information on this mapping is available in *Australian Hospital Statistics 1998–99* (AIHW 2000a).

Residential care provided by public community mental health establishments

In 1999–00 the number of community mental health residential care separations reported for Australia was 1,545 (Table 3.1). This is a 6.5% decrease from the 1,653 separations reported for 1989–99, largely attributable to a decrease in separations reported for New South Wales. Victoria and Tasmania had the largest number of separations from residential care in a community mental health care setting per 1,000 population. There were no separations reported for Queensland and the Northern Territory, as these jurisdictions do not have facilities reported as public community mental health establishments.

There are no national data available on the characteristics of residents of community mental health establishments, nor on the lengths of time that residents spend in the establishments.

Admitted patient mental health care

There were 266,662 mental health-related separations in 1999–00 (Table 3.1). Of these, 37.3% (99,393 separations) were same day separations. There were 3,180,286 patient days reported for mental health-related separations in 1999–00, of which 96.9% or 3,080,893 days were for overnight separations.

Table 3.1 shows the number of same day, overnight and total mental health-related separations per 1,000 population for all hospitals for each State and Territory. Western Australia had the highest rate for total mental health-related separations (16.5 separations per 1,000 population), followed by Tasmania (15.4) and Queensland (15.1). These rates were higher than the Australian rate of 14.1 mental health-related separations per 1,000 population. For overnight separations, South Australia had the highest rate at 10.7 per 1,000 population, followed by the Australian Capital Territory (10.6) and Western Australia (9.5). For Australia as a whole, there were 8.8 overnight mental health-related separations per 1,000 population.

Table 3.2 presents a summary of the patient days, psychiatric care days and patient days per 1,000 population by hospital type for separations that occurred during 1999–00. Of the 3,180,286 patient days for mental health-related separations, 3,080,893 were for overnight separations.

Queensland reported the highest numbers of patient days and psychiatric care days for mental health-related separations per 1,000 population (251.4 patient days and 198.5 psychiatric care days). South Australia had the second highest rates (187.1 patient days per 1,000 population and 160.9 psychiatric care days per 1,000 population). Both the Queensland rates and the South Australian rates were higher than the national rates of 168.0 patient days for mental health-related separations per 1,000 population and 128.9 psychiatric care days.

As noted above, these data comparing States and Territories should be interpreted with reference to the notes in Box 3.2.

Specialised psychiatric care

Of the 266,662 mental health-related separations, 171,548 or 64.3% reported some specialised psychiatric care (Table 3.1). The proportion of same day separations that included specialised psychiatric care was 72.7% and for overnight separations 59.4%.

Of the 3,180,286 patient days for mental health-related separations, 2,440,474 or 76.7% were psychiatric care days (10.8% of total hospital patient days) (Table 3.3). The proportion of overnight patient days that were psychiatric care days was 78.6%.

As noted above, the data on specialised psychiatric care should be interpreted taking into account the patterns of diagnoses reported because, as illustrated in Box 3.3 and Tables 3.12 to 3.26, the proportion of admitted patient care with specialised psychiatric care as a component varies by the principal diagnoses reported for the separations.

The Australian Capital Territory was the jurisdiction with the largest proportion of separations with specialised psychiatric care, with 83.3% of mental health-related separations including specialised psychiatric care. Tasmania had the lowest proportion of separations with specialised psychiatric care, with 50.5% of mental health-related separations including specialised psychiatric care. For Australia as a whole, 64.3% of mental health-related separations were separations with specialised psychiatric care.

Western Australia had the highest age-standardised rate of mental health-related separations with specialised psychiatric care (11.9 separations per 1,000 population) and Queensland had the second highest rate, at 10.1 per 1,000 population (Table 3.1). The Australian rate was 9.1 separations per 1,000. When same day separations are removed (see rates in Tables 3.15 and 3.16), the Western Australian and Queensland rates are both reduced to 5.9 separations per 1,000 population, and the Australian rate is reduced to 5.3 per 1,000 population.

The aged-standardised rate for patient days for separations with specialised psychiatric care was comparatively high in Queensland (199.7 patient days per 1,000 population) (Table 3.2). This was significantly higher than the national rate of 132 patient days per 1,000 population. The Northern Territory had the lowest rate, at 40.2 patient days per 1,000 population.

These data should be interpreted with caution as they are affected by differences in the provision of admitted patient mental health services (see Box 3.2) and by the comparatively lengthy stays of small numbers of patients being separated from public psychiatric facilities. For example, in Queensland, 54.3% of the patient days for separations with specialised psychiatric care were for 0.4% of the separations which had a length of stay of more than a year. In fact, the average length of stay for this group was 2,376 days. Similarly, in New South Wales, 41.9% of the patient days for separations with specialised psychiatric care were for 0.4% of the separations (with a length of stay of more than 365 days), which had an average length of stay of 1,924 days. For Australia, the equivalent figures were 33.7% of patient days, 0.3% of specialised separations and an average length of stay of 1,644 days.

This may also reflect that administrative practice differs between jurisdictions in the coding of statistical discharge, with variation in the proportion of separations ending in statistical discharge. Statistical discharge occurred for 1.1% of separations with specialised psychiatric care in Queensland compared with approximately 3.4% for New South Wales and 3.0% for Australia (Table 3.52). Further, Queensland does not currently classify any of its extended treatment services as community residential care and, as a result, all of these services are included in data on admitted patients (Table 3.1).

Box 3.2: State and Territory differences in the scope of services provided for admitted patients

Mental health care for admitted patients in Australia is provided in a large and complex system. Differences in the data presented by jurisdiction may reflect different service delivery practices, differences in admission practices and/or differences in the types of establishments categorised as hospitals. Interpretation of the differences between jurisdictions therefore needs to be undertaken with care.

Some of the differences in service delivery practices are illustrated in Tables 3.1 and 3.2. These show, for example, the relatively high rates of separations for public community mental health care establishments for Victoria and Tasmania compared with other jurisdictions, and correspondingly relatively low rates for patient days for public psychiatric hospitals.

There is some difference in the approach States and Territories and the public and private sectors take to the formal admission and separation for people attending hospital on a same day basis, for example for group therapy sessions or day programs. In jurisdictions such as Tasmania and the Territories these attendances are recorded as non-admitted patient occasions of service. In other jurisdictions, including New South Wales, Queensland, Western Australia, and South Australia, the majority of patients are formally admitted for this care and it is therefore reported as same day separations. Some of these differences are illustrated in Tables 3.48a and 3.48b which show, for example, that group therapy is provided on an admitted patient basis in New South Wales, Victoria, Queensland, South Australia and Western Australia, but not in the other jurisdictions. These same day separations with group therapy were from private hospitals, with the exception of Western Australia where they were from public acute hospitals. These differences have the potential to affect the comparability of the separation and patient day data for same day and total separations. For this reason, same day and overnight separation data are presented separately in many parts of this report.

States and Territories also differ in the extent to which they classify some of their mental health-related facilities as admitted patient services within hospitals (or separate hospitals) or as community-based, non-admitted services. This variation applies, for example, with psycho-geriatric and long-stay rehabilitation services for people with mental health disorders, which are characterised by relatively lengthy stays. The inclusion of these services in a jurisdiction's admitted patient mental health care statistics would increase the number of separations, the number of patient days and the average length of stay relative to jurisdictions that exclude one or more these services.

In New South Wales, Queensland, Western Australia, and South Australia some specialised psycho-geriatric units are included within admitted patient settings. In New South Wales, the number of these units included is relatively small. In Victoria, Tasmania, the Australian Capital Territory and the Northern Territory, psycho-geriatric patients are cared for in community (non-hospital) settings.

In New South Wales, Queensland, Western Australia and South Australia, mental health services that provide long-stay rehabilitation services are also categorised as admitted patient services. In New South Wales, the number of these units included is relatively small. In Victoria and the two Territories, this activity is undertaken outside admitted patient settings. Some of this variation is illustrated in Tables 3.53 and 3.54. These tables show, for example, that public hospitals in New South Wales, Queensland and South Australia reported markedly more separations and patient days for the care type of 'rehabilitation' than all the other jurisdictions.

Mental health legal status

Table 3.4 summarises the mental health legal status reported for separations with specialised psychiatric care during 1999–00. The data on mental health legal status is collected to indicate whether a patient has been involuntarily detained. The legislative arrangements under which patients can be involuntarily detained differ between jurisdictions and these differences may be reflected in the proportion of separations reported as involuntary for

each jurisdiction. Note also that private hospitals in Victoria do not have beds gazetted for use by involuntary patients and the Northern Territory does not report these data.

The mental health legal status recorded for mental health-related separations from public psychiatric hospitals was more often involuntary (52.2%) than separations from public acute (24.5%) and private hospitals (5.6%).

Box 3.3: Specialised psychiatric care and principal diagnoses

Table 3.1 shows that 64.3% of mental health-related separations for 1999–00 included specialised psychiatric care. These summary figures, however, do not show the proportion of separations with various mental health-related diagnoses that included specialised psychiatric care.

Data presented in Table 3.12a indicate that the proportion of separations and patient days that include specialised psychiatric care varied widely between principal diagnoses groups. The principal diagnosis codes used to define mental health-related separations were selected using a range of criteria and include diagnosis groups for which patients are commonly cared for by services other than specialised mental health services.

For example, the proportions of overnight separations with specialised psychiatric care and principal diagnoses of Sleep disorders (1.4%), Dementia (21.5%), Alzheimer’s disease (26.3%), Mental and behavioural disorders due to the use of alcohol (26.7%) or Dyslexia and other symbolic dysfunctions not elsewhere classified (0%) were relatively low. In comparison, overnight separations with principal diagnoses of Schizophrenia (90.7%), Bipolar affective disorders (89.2%) or Disorders of adult personality and behaviour (85.7%) had relatively high proportions of separations with specialised psychiatric care.

A similar pattern is apparent in the proportion of patient days that were psychiatric care days. High proportions of patient days for separations with principal diagnoses of Schizophrenia (94.2%), Bipolar affective disorders (93.4%) or Disorders of adult personality and behaviour (91.2%) were psychiatric care days. The proportions of patient days for separations with principal diagnoses of Sleep disorders (0.9%), Dementia (37.3%), Alzheimer’s disease (38.2%), or Dyslexia and other symbolic dysfunctions not elsewhere classified (0%) that were psychiatric care days were comparatively low.

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

Patient demographics

This section presents sociodemographic data collected for mental health-related separations for 1999–00. These data reflect the level of utilisation of hospital services by specific population groups. They do not necessarily reflect the prevalence of mental disorders within the community or the utilisation of community-based services by specific population groups.

Age and sex

Table 3.5 presents the age and sex distribution of the mental health-related separations. There were 125,953 separations reported for male patients and 140,703 for female patients. Despite this there were more patient days reported for separations involving male patients, 1,688,104 days compared with 1,492,171 days for female patients. Male patients who received specialised psychiatric care were most likely to be in the 25–34 years age group, which accounted for 22.1% of separations with specialised psychiatric care for males. Female patients who receive specialised psychiatric care during their hospital stay were more likely to be older, with 21.6% in the 35–44 years age group. For separations without specialised

psychiatric care, the 25–34 years age group had the highest representation for both males and females (16.1% of mental health-related separations without specialised psychiatric care for males and 19.6% for females).

The proportion of separations with specialised psychiatric care for which involuntary mental health legal status was recorded was different for male and female patients. For male patients, 24.2% of separations had an involuntary status reported, as had 16.6% of separations for female patients (Table 3.6). Male patients had a higher proportion of separations with an involuntary status than female patients for every age group from 15 to 64 years.

Area of usual residence

Table 3.7 reports the number of separations by the patient's State or Territory of usual residence and the rural, remote or metropolitan region of usual residence. The State or Territory columns in this table refer to the State or Territory of the usual residence of the patient.

Patients from areas classified as remote or rural had fewer specialised separations per 1,000 population than patients from areas classified as metropolitan. There were 10.4 mental health-related separations with specialised psychiatric care for patients from metropolitan areas per 1,000 population compared with 5.3 specialised separations per 1,000 population from rural areas and 3.0 specialised separations per 1,000 population for patients from remote areas. Overall, there were 9.1 separations with specialised psychiatric care per 1,000 population.

There were 4.3 mental health-related separations without specialised psychiatric care for patients from metropolitan areas per 1,000 population compared with 6.3 per 1,000 population from rural areas and 8.7 per 1,000 population for patients from remote areas. Overall, there were 5.0 mental health-related separations without specialised psychiatric care per 1,000 population.

Marital status

Table 3.8 presents the number of separations with specialised psychiatric care by marital status, sex and jurisdiction. National data on patient marital status are collected only for separations with specialised psychiatric care. Almost half (44.8%) of the separations with specialised psychiatric care for male patients were for patients who had never been married. This compares with 34.0% of separations with specialised psychiatric care for female patients who had never married. An additional 21.3% of specialised psychiatric care separations for male patients were for patients who were married or living in a de facto relationship, compared with 27.1% of specialised psychiatric care separations for female patients.

Aboriginal and Torres Strait Islander patients

Table 3.9 presents the number of mental health-related separations, patient days and psychiatric care days by Indigenous status for 1999–00. Separation data for Indigenous patients included data on separations of Aboriginal, Torres Strait Islander and Aboriginal and Torres Strait Islander patients. See Glossary for the definition of Aboriginal and Torres Strait Islander status. 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 1999–00*.

Over half (55.9%) of the specialised separations reported for Aboriginal and Torres Strait Islander patients were for patients usually residing in metropolitan areas, compared with 82.9% for all patients. For mental health-related separations without specialised psychiatric care, 43.6% of separations for patients identified as an Aboriginal or Torres Strait Islander person were reported from rural areas. A relatively high proportion of these separations had a usual area of residence classified as remote (38.0%). These patterns reflect in part the geographic distribution of the Indigenous population.

The average length of stay for overnight separation with specialised psychiatric care for patients identified as an Aboriginal or Torres Strait Islander person was 23.7 days. This compared to 24.4 patient days for all patients. The average length of stay for overnight mental health-related separations without specialised psychiatric care for patients identified as an Aboriginal or Torres Strait Islander person was 4.0 days. The comparable figure for all patients was 9.7 patient days.

Country of birth

Table 3.10 presents the number of mental health-related separations, patient days and psychiatric care days for patients according to their country of birth, grouped into Australia, Other English-speaking countries and non-English-speaking countries (see Glossary). Nationally, 5,606 same day and 7,504 overnight separations with specialised psychiatric care were reported for patients born in English-speaking countries other than Australia, and 11,906 same day and 15,565 overnight separations with specialised psychiatric care were reported for patients born in non-English-speaking countries.

Principal diagnoses

National overview

This section presents the principal diagnoses recorded for mental health-related separations using various groupings of ICD-10-AM diagnosis codes. Note that the different levels of grouping can impact on the relative ranking of diagnoses.

Table 3.11 describes the number of mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings. Ninety-six per cent of the separations with specialised psychiatric care had a principal diagnosis from the ICD-10-AM mental and behavioural disorders chapter (F00–F99), with an average length of stay for overnight separations of 24.3 days. These separations accounted for 121.9 psychiatric care days per 1,000 population. Separations without specialised psychiatric care with a principal diagnosis from the ICD-10-AM mental and behavioural disorders chapter (F00–F99) accounted for 84.2% of all mental health-related separations without specialised psychiatric care. The average length of stay for overnight separations in this category was 9.9 days.

Table 3.12 shows the distribution of mental health-related separations by principal diagnosis using selected lower level groupings of mental health-related diagnoses. In 1999–00, principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest number of specialised care same day separations (25,522) and overnight separations (19,593). Just over

35% of all same day separations with specialised psychiatric care and 19.7% of all overnight separations with specialised psychiatric care had principal diagnoses of *Depressive disorders* (F32–F33). The second largest grouping of principal diagnoses for specialised same day separations was *Neurotic, stress-related and somatoform disorders* (F40–48), reported for 15,247 same day separations (21.1% of same day separations with specialised psychiatric care). Principal diagnoses of *Schizophrenia* (F20) had the second largest number of overnight separations with specialised psychiatric care (19,178, or 19.3% of all overnight separations with specialised psychiatric care).

Principal diagnoses of *Schizophrenia* (F20) accounted for the greatest number of patient days and psychiatric care days for separations with specialised psychiatric care, with 844,844 or 33.9% of patient days and 817,925 or 33.5% of total psychiatric care days. The number of psychiatric care days for principal diagnoses of *Schizophrenia* (F20) was more than double the number of days attributable to the next largest group of principal diagnoses, *Depressive disorders* (F32–F33) (358,634 patient days and 354,286 psychiatric care days).

Table 3.12a also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 85% of separations with *Schizophrenia* (F20), *Other mood disorders* (F34–F39) and *Disorders of adult personality and behaviour* (F60–69) were separations with specialised psychiatric care, whereas for disorders such as *Dementia* (F00–F03), *Other organic mental disorders* (F04–F09) and *Other behavioural syndromes associated with physiological disturbances and physical factors* (F51–F59) the proportion of separations with specialised psychiatric care was low (22.4%, 28.0% and 19.3% respectively).

For mental health-related separations without specialised psychiatric care, the largest number of same day separations were reported for principal diagnoses of *Depressive disorders* (F32–F33, 5,704 or 21.0%). Principal diagnoses of *Mental and behavioural disorders due to the use of alcohol* (F10) had the second largest number of same day separations (5,112) and the largest number of overnight separations (11,073 or 16.3%). Principal diagnoses of *Dementia* (F00–F03) had the largest number of patient days (176,399 days or 25.7%).

Table 3.14a shows the 30 most frequently reported principal diagnosis codes in 3-character ICD-10-AM groupings for separations with specialised psychiatric care. While this reporting structure is at a finer level than that of Table 3.12, a similar pattern can be seen, with principal diagnoses of *Depressive episode* (F32) having the largest number of total separations (28,421). The next most frequently reported principal diagnoses were *Schizophrenia* (F20, 24,187 separations) and *Reaction to severe stress and adjustment disorders* (F43, 18,560 separations). Principal diagnoses of *Schizophrenia* were associated with the largest numbers of patient and psychiatric care days of the groupings listed here. For separations with a mental health-related principal diagnosis but no specialised psychiatric care (Table 3.14b), principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) had the largest number of separations (16,185), followed by principal diagnoses of *Depressive episode* (F30) and *Sleep disorders* (G47). Principal diagnoses of *Unspecified dementia* (F03) had the largest number of patient days of these top 30 diagnosis codes.

Hospital type

The distribution of mental health-related separations by principal diagnosis for each hospital type is presented for separations with and without specialised psychiatric care (Table 3.13a and 3.13b). Approximately 20% of all public acute hospital separations with specialised psychiatric care had a principal diagnosis in the *Depressive disorders* (F32–F33) grouping, which also accounted for just under 17% of reported public acute hospital patient days and

psychiatric care days. Almost 19% of public acute hospital separations with specialised psychiatric care were separations with principal diagnoses of *Schizophrenia* (F20), which accounted for approximately 30% of public acute hospital patient days and psychiatric care days.

Separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for 38.7% of all private hospital separations with specialised psychiatric care and 39.9% of private hospital psychiatric care days. Separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) were the next largest group, accounting for 21.7% of all private hospital specialised separations and 17.8% of private hospital psychiatric care days. Same day separations with principal diagnoses of *Depressive disorders* (F32–F33) made up 39.7% of private hospital same day separations with specialised psychiatric care. Same day separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) made up 23.3% of private hospital same day separations with specialised psychiatric care. For overnight separations with specialised psychiatric care, the corresponding figures were 36.5% and 18.1%, respectively.

Almost 23% of all public psychiatric hospital separations with specialised psychiatric care and 45.8% of all psychiatric care days in public psychiatric hospitals were attributed to principal diagnoses of *Schizophrenia* (F20). Principal diagnoses of *Schizophrenia* (F20) also accounted for the largest proportion of overnight specialised separations and patient days in public psychiatric hospitals (24.6% and 46.6% respectively). Principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest proportion of specialised same day separations in public psychiatric hospitals (31.3%).

For separations with a mental health-related principal diagnosis but no specialised psychiatric care, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) recorded the largest number of separations for public acute hospitals (13,036 or 18.2%). The largest number of patient days was attributable to principal diagnoses of *Dementia* (F00–F03), which accounted for just over 27% of mental health-related patient days for separations without specialised psychiatric care in public acute hospitals. In private hospitals, separations with principal diagnoses of *Depressive disorders* (F32–F33) and *Neurotic, stress-related and somatoform disorders* (F40–F48) made up just over 50% of same day mental health-related separations without specialised psychiatric care, 43% of total separations in this category and 37.7% of all patient days.

States and Territories

Tables 3.15 to 3.18 describe the number of separations, patient days and psychiatric care days in each principal diagnosis group for each jurisdiction during 1999–00. Tables 3.15a, 3.16a, 3.17a and 3.18 present data on separations with specialised psychiatric care while Tables 3.15b, 3.16b and 3.17b present information on separations with a mental health-related principal diagnosis that did not include specialised psychiatric care.

Table 3.15a presents same day separations with specialised psychiatric care for all States and Territories. Principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest number of same day separations for each jurisdiction except the Northern Territory. Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–48) was the second largest category of same day specialised separations in all States and Territories, except in the Northern Territory where it was the largest. Western Australia had the highest age-standardised rate of same day separations (6.0 separations per 1,000 population), while South Australia, the Australian Capital Territory and the Northern Territory had

comparatively low rates (1.5, 0.4 and 0.2 respectively). This compares with an age-standardised rate for Australia of 3.8 separations per 1,000 population.

Mental health-related same day separations without specialised psychiatric care were not reported in a consistent pattern across jurisdictions. Nationally, principal diagnoses of *Depressive disorders* (F32–33) had the largest proportion of same day separations (5,704 or 21.0%), but only Victoria, Tasmania and the Australian Capital Territory recorded their largest number of separations as falling within this diagnosis group. Rates per 1,000 population were generally lower than the rates for separations with specialised psychiatric care, with Tasmania recording the highest rate at 3.6 separations per 1,000 population. The Australian Capital Territory recorded the lowest rate at 0.4 separations per 1,000 population.

Overnight mental health-related separations with specialised psychiatric care are presented in Table 3.16a. Principal diagnoses of *Schizophrenia* (F20) contributed the largest number of overnight separations in New South Wales, Queensland, Tasmania and the Northern Territory. In Victoria, South Australia and the Australian Capital Territory, principal diagnoses of *Depressive disorders* (F32–33) had the largest number of overnight separations with specialised psychiatric care. Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–48) and *Depressive disorders* (F32–33) had the largest number of overnight separations with specialised psychiatric care in Western Australia (19.8% and 19.0% respectively). The Australian Capital Territory had the highest age-standardised rate of overnight separations per 1,000 population at 8.8, compared with an Australian rate of 5.3.

In all jurisdictions, a large proportion of overnight mental health-related separations without specialised psychiatric care had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10), *Neurotic, stress-related and somatoform disorders* (F40–F48) and *Depressive disorders* (F32–33). The main exception to this pattern was the relatively large proportion of separations with principal diagnoses of *Sleep disorders* (G47) for Victorian hospitals.

Separations with principal diagnoses of *Schizophrenia* (F20) accounted for the largest number of patient days as well as the largest number of specialised psychiatric care days for all jurisdictions, except the Australian Capital Territory (Tables 3.17a and 3.18). In the Australian Capital Territory, separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for the largest number of patient days and psychiatric care days. In the Northern Territory, principal diagnoses of *Other schizophrenic, schizotypal, delusional disorders* (F21–29) had the second largest number of patient days and psychiatric care days. In all other jurisdictions, principal diagnoses of *Depressive disorders* (F32–33) contributed the next largest number of patient and psychiatric care days after principal diagnoses of *Schizophrenia* (F20).

Dementia (F00–F03) was the principal diagnosis group recorded for 176,181 or 26.8% of the patient days for mental health-related overnight separations without specialised psychiatric care. In New South Wales, Victoria, Queensland and South Australia, the largest proportions of patient days were attributable to principal diagnoses of *Dementia* (F00–F03). In Western Australia, Tasmania and the Australian Capital Territory, principal diagnoses of *Depressive disorders* (F32–33) contributed the largest number of patient days.

Age and sex

Tables 3.19a to 3.25 describe the distribution of mental health-related separations by age group, sex and principal diagnosis.

Same day separations for male patients

Depressive disorders (F32–F33) was the most frequently recorded principal diagnosis group for separations with specialised psychiatric care for male patients, constituting 29.2% of these separations (8,911 separations) (Table 3.19a). The second most frequently recorded grouping was *Neurotic, stress-related and somatoform disorders* (F40–F48), which accounted for 27.4% of these separations (8,382). Same day separations of male patients aged under 15 years were concentrated in the principal diagnosis group of *Disorders with onset usually occurring in childhood or adolescence* (F90–F98, 2,738 separations or 78.3% of these separations for male patients under 15 years).

During 1999–00, there were 13,185 mental health-related same day separations without specialised psychiatric care for male patients (Tables 3.19b). Most separations had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10, 3,122 same day separations), *Neurotic, stress-related and somatoform disorders* (F40–F48, 2,434 separations) and *Depressive disorders* (F20, 1,872) recorded. Of those separations with principal diagnoses of *Neurotic, stress-related and somatoform disorders*, 42% were in the 45 to 54 years age group.

Same day separations for female patients

Table 3.20a shows that there was a larger proportion of separations for female patients (compared with male patients) with principal diagnoses of *Depressive disorders* (F32–F33) (39.9% or 16,611 separations). Principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48) accounted for 6,865 female separations (16.5%). The principal diagnoses of *Eating disorders* (F50), which were reported for 448 same day separations for male patients, were reported for the third largest number of same day separations for females (8.4% or 3,490 separations).

During 1999–00, there were 13,989 mental health-related same day separations without specialised psychiatric care for female patients (Table 3.20b). The greatest number of same day separations without specialised psychiatric care for female patients had principal diagnoses of *Depressive disorders* (F32–33, 3,832 separations) and *Neurotic, stress-related and somatoform disorders* (F40–F48, 2,428 separations).

Overnight separations for male patients

Principal diagnoses of *Schizophrenia* (F20) constituted 26.1% of male overnight separations with specialised psychiatric care (12,999 separations) (Table 3.21a). The number of male separations with principal diagnoses of *Schizophrenia* (F20) was more than double that for female patients. Principal diagnoses of *Depressive disorders* (F32–F33) accounted for 14.5% or 7,200 male of these separations and *Neurotic, stress-related and somatoform disorders*, 12.4% (6,172 separations). Approximately 6.4% of these separations for male patients aged under 15 years had principal diagnoses of *Depressive disorders* (F32–F33). This proportion increased to 30.6% for male patients aged 65 years and over.

Tables 3.23a and 3.25a show that the largest numbers of overnight patient days and psychiatric care days for male patients receiving specialised psychiatric care were reported for separations with principal diagnoses of *Schizophrenia* (F20, 573,510 patient days and 548,645 psychiatric care days). Principal diagnoses of *Depressive disorders* (F32–F33) had the second largest number of overnight patient days (120,101) and psychiatric care days (118,203).

For separations without specialised psychiatric care for male patients, the largest principal diagnosis groupings were *Mental and behavioural disorder due to use of alcohol* (F10, 7,940

separations) and *Mental and behavioural disorder due to other psychoactive substances use* (F11–F19, 4,069 separations) (Table 3.21b). While separations with an alcohol use-related principal diagnosis for male patients were concentrated in the 35–44 and 45–54 years age groups, the number of drug use-related separations was largest in the 15–24 and 25–34 age groups. For separations without specialised psychiatric care for male patients, the largest number of patient days (67,252) was attributable to principal diagnoses of *Dementia* (F00–F03) during 1999–00 (Table 3.23b).

Overnight separations for female patients

For female patients, principal diagnoses of *Depressive disorders* (F32–F33) contributed the largest number of overnight separations with specialised psychiatric care (12,393 or 25.0%), followed by *Neurotic, stress-related and somatoform disorders* (F40–F48) (7,026 or 14.2%) and *Schizophrenia* (F20) (6,179 or 12.5%) (Table 3.22a). The number of female separations with specialised psychiatric care and principal diagnoses of *Depressive disorders* (F32–33) was 1.7 times greater than the number for male patients. Overnight separations with principal diagnoses of *Depressive disorders* (F32–F33) accounted for 12.6% of specialised separations for female patients aged under 15 years. This proportion increased with age to 40.8% of separations for female patients in the 65 years and over age group.

Tables 3.24a and 3.25b show that the largest number of overnight patient days and psychiatric care days for female patients receiving specialised psychiatric care were reported for separations with principal diagnoses of *Schizophrenia* (F20, 266,249 patient days and 264,271 psychiatric care days). Principal diagnoses of *Depressive disorders* (F32–F33) had the second largest number of overnight patient days (213,186) and psychiatric care days (210,561).

Overnight separations with specialised psychiatric care and principal diagnoses of *Eating disorders* (F50) predominantly involved female patients. However, principal diagnoses of *Eating disorders* (F50) did not dominate the female overnight separations with specialised psychiatric care (1.9%) to the same extent as the female same day separations with specialised psychiatric care (8.4%). The number of separations with principal diagnoses of *Eating disorders* (F50) was largest in the younger age groups. The largest number of overnight separations in this category was reported in the 15–24 years age group.

Overnight mental health-related separations without specialised psychiatric care were more frequent for female patients, with 35,517 separations, compared to 32,423 separations for male patients (Table 3.21b). Female patients were most likely to have overnight mental health-related separations without specialised psychiatric care for principal diagnoses of *Neurotic, stress-related and somatoform disorders* (F40–F48, 6,686 separations) and *Depressive disorders* (F32–33, 6,202 separations). For these two principal diagnosis groupings, the number of separations were highest in the 65 years and over age group. For separations without specialised psychiatric care for female patients, the largest number of patient days (108,929) was attributable to principal diagnoses of *Dementia* (F00–F03) during 1999–00 (Table 3.24b).

Aboriginal and Torres Strait Islander patients

Table 3.27 details the number of separations, patient days and psychiatric care days for Aboriginal and Torres Strait Islander people in 1999–00. The quality of Aboriginal and Torres Strait Islander status data varies, so these figures should be used with caution. Further detail

about the quality of these data can be found in *Australian Hospital Statistics 1999–00* (AIHW 2001).

Principal diagnoses of *Disorders onset usually occurring in childhood or adolescence* (F90–98) accounted for the largest proportion (41.6%) of same day specialised separations, and *Schizophrenia, schizotypal and delusional disorders* (F20–F29) accounted for the largest proportion of overnight specialised separations (34.0%), patient days (47.7%) and specialised psychiatric care days (47.8%). Principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) accounted for 50.9% of mental health-related separations without specialised psychiatric care and 37.0% of patient days for those separations.

Mental health legal status

Table 3.28 presents information on separations with specialised psychiatric care by mental health legal status in public acute hospitals. In public acute hospitals, approximately 44% of overnight separations involving specialised psychiatric care and principal diagnoses of *Schizophrenia* (F20) were involuntary. Approximately 44% of same day separations with a principal diagnosis of *Manic episode* (F30) were involuntarily in public acute hospitals.

Principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) had the highest rates of involuntary status, accounting for 14.7% and 15.5% of private hospital separations with specialised psychiatric care respectively (Table 3.29). In public psychiatric hospitals, over half of the separations with specialised psychiatric care were involuntarily for the majority of diagnosis groups (Table 3.30).

Psychoactive substances use

Table 3.31 describes separations with a principal diagnosis of a *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) and an additional diagnosis of another mental health-related condition. Separations with these criteria had all received specialised psychiatric care. Of the 15,158 separations that had principal diagnoses in the F10 to F19 group, 4,029 separations had one or more additional mental health-related diagnoses. Of these, half had additional diagnoses of either *Depressive disorders* (F32–33) or *Neurotic, stress-related and somatoform disorders* (F40–48). The average length of stay for overnight separations with principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) and an additional other mental health-related diagnosis was 22.4 patient days. This compares to an average length of stay for all separations with specialised psychiatric care and principal diagnoses in the F10 to F19 range of 18.0 days.

Table 3.32 describes the principal diagnoses of separations with additional diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19). There were 17,883 mental health-related separations with additional but not principal diagnoses of psychoactive substance use. The most common principal diagnosis groups for these separations were *Schizophrenia* (F20, 4,586 separations), *Neurotic, stress-related and somatoform disorders* (F40–48, 3,515 separations) and *Depressive disorders* (F32–33, 3,137 separations).

Self-harm

Table 3.33 outlines the separations, patient days and psychiatric care days for mental health-related separations for which an external cause of injury or poisoning in the ICD-10-AM

Intentional self-harm (X60–X84) grouping was reported. There were 5,874 mental health-related separations in this category. Of these, 4,798 or 81.7% received specialised psychiatric care, including 1,623 with principal diagnoses other than those used to define mental health-related principal diagnoses for this report. Just over 72% of these 1,623 separations (1,172 separations) had principal diagnoses of *Poisoning by drugs, medicaments and biological substances* (ICD-10-AM diagnosis codes T36–T50).

Australian Refined Diagnosis Related Groups

AR-DRGs categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements. These categories were designed to provide a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital. This report uses AR-DRG 4.1 (DHFS 1998). Tables in this section report separations with acute and non-specified types of episodes of care only.

National overview

The 30 most frequently reported AR-DRGs for mental health-related separations are detailed in Table 3.34. For separations with specialised psychiatric care, the largest number of same day separations were reported for U60Z *Mental health treatment, same day, without electroconvulsive therapy* (54,335 separations or 85% of same day separations with specialised psychiatric care). The largest number of overnight separations were reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities*, which accounted for 21.8% (20,208 separations) of overnight separations with specialised psychiatric care. *Personality disorders and acute reactions* (U67Z), *Schizophrenia disorders with involuntary mental health legal status* (U61A) and *Schizophrenia disorders without involuntary mental health legal status* (U61B) were the AR-DRGs with the next largest number of separations with specialised psychiatric care.

Mental health treatment, same day, without electroconvulsive therapy (U60Z) was the most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care (15,164 separations). The AR-DRG with the largest number of overnight mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 11,670 separations or 18.2% of overnight mental health-related separations without specialised psychiatric care). *Alcohol intoxication and withdrawal* (V60Z), *Other affective and somatoform disorders* (U64Z) and *Dementia and other chronic disturbances of cerebral function* (B63Z) reported the next most frequent number of mental health-related separations without specialised psychiatric care.

Hospital type

Tables 3.34 to 3.36 outline the 30 most frequently reported AR-DRGs for mental health-related separations for each hospital type. The largest numbers of same day and total separations for public acute hospitals were reported for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) (Table 3.35a). *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B), *Personality disorders and acute reactions* (U67Z) and *Schizophrenia disorders with involuntary mental health legal status* (U61A) were the AR-DRGs with the largest number of overnight separations with specialised psychiatric care in public acute hospitals (19.7%, 17.0% and 15.0%, respectively).

The greatest number of patient days and psychiatric care days for public acute hospital separations with specialised psychiatric care were reported for the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A, 192,007 patient days and 191,196 psychiatric care days).

The most frequently reported AR-DRG for public acute hospital separations without specialised psychiatric care was *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 9,251 separations), followed by *Alcohol intoxication and withdrawal* (V60Z, 8,651 separations) and *Anxiety disorders* (U65Z, 8,625 separations). The largest number of patient days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 64,030 patient days) (Table 3.35b).

In private hospitals *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B) and *Personality disorders and acute reactions* (U67Z) had the largest number of overnight separations with specialised psychiatric care (5,587 and 2,385 respectively) (Table 3.36a). *Mental health treatment, same day, without electroconvulsive therapy* (U60Z) again had the largest number of same day and total separations in this category (35,406 same day separations). In private hospitals, the largest numbers of patient days and psychiatric care days were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 96,948 patient days and 96,286 psychiatric care days).

The most frequently reported AR-DRG for private hospital separations without specialised psychiatric care was *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 5,913 separations), followed by *Anxiety disorders* (U65Z, 3,045 separations) and *Alcohol use disorder and dependence, same day* (V62B, 1,446 separations). The largest number of patient days of separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 25,637 patient days) (Table 3.36b).

Public psychiatric hospitals had a slightly different distribution of separations by AR-DRG, with *Schizophrenia disorders with involuntary mental health legal status* (U61A) having the largest number of overnight and total separations with specialised psychiatric care (2,780 separations or 20.2% of overnight separations in this category, see Table 3.37). *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B) and *Schizophrenia disorders without involuntary mental health legal status* (U61B) comprised 17.1% and 9.5% of overnight separations with specialised psychiatric care in public psychiatric hospitals. Almost a third of all patient days (31.5%) and psychiatric care days (29.9%) in public psychiatric hospitals were for separations classified in the AR-DRG *Schizophrenia disorders with involuntary mental health legal status* (U61A).

States and Territories

The 15 most frequently reported AR-DRGs for overnight mental health-related separations are reported in Tables 3.37 to 3.39 for each State and Territory by hospital type.

Age and sex

The 15 most frequently reported AR-DRGs for overnight mental health-related separations for male and female patients are reported in Tables 3.41 and 3.42.

Overnight separations with specialised psychiatric care for male patients

Schizophrenia disorders with involuntary mental health legal status (U61A) was the AR-DRG for which there was the largest number of mental health-related overnight acute care separations (8,076 separations, 18.9% of overnight separations of male patients). This was followed by *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)*, 8,011 separations) and *Personality disorders and acute reactions (U67Z)*, 6,925 separations).

Just under two-thirds of overnight separations with *Schizophrenia disorders with involuntary mental health legal status (U61A)*, 63.7%) were for male patients aged between 15 and 34 years. Nearly half (48.8%) of male overnight separations with AR-DRG *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)* were aged between 25 and 44 years.

Overnight separations with specialised psychiatric care for female patients

The largest groups of overnight acute care separations for female patients with specialised psychiatric care were *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)*, 12,191 separations), *Personality disorders and acute reactions (U67Z)*, 8,584 separations) and *Schizophrenia disorders without involuntary mental health legal status (U61B)*, 4,368 separations).

The largest proportion of separations in the AR-DRG *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities (U63B)* were in the 35 to 44 years age group (3,271 separations or 26.8%). More than half of separations classified as *Personality disorders and acute reactions (U67Z)*, 56.7%) were for patients in the 15 to 34 years age groups.

Overnight separations without specialised psychiatric care for male patients

Anxiety disorders (U65Z), 5,269 separations), *Alcohol intoxication and withdrawal (V60Z)*, 4,169 acute care separations) and *Alcohol use disorder and dependence (V62A)*, 3,462 separations) were reported for the largest number of overnight separations without specialised psychiatric care for male patients. Over half (59.1%) of mental health-related overnight acute care separations for male patients in the AR-DRG *Anxiety disorders (U65Z)* were younger than 15 years.

Overnight separations without specialised psychiatric care for female patients

Anxiety disorders (U65Z), 6,400 separations), *Other affective and somatoform disorders (U64Z)*, 4,489 separations) and *Dementia and other chronic disturbances of cerebral function (B63Z)*, 3,005 separations) were reported for the largest number of overnight acute care separations. The highest proportion of *Anxiety disorders* separations in this group were in the under 15 years age group (2,398 separations or 37.5%). Twenty-seven per cent of separations in the AR-DRG *Other affective and somatoform disorders* were from patients in the 65 years or older age group.

Length of stay

Measures of length of stay provide information on the resource utilisation associated with various disorders and illustrate different care practices. In this section, both average and median length of stay data have been presented. In all tables, length of stay calculations include only acute and non-specified episode types and exclude same day separations.

Separations with more than 365 patient days have been excluded from the calculation of the average length of stay figures in order to minimise skew caused by a small number of separations with high numbers of patient days. Details of these methods and data on the number of separations excluded because they had lengths of stay greater than 365 days are included in Appendix 4. Averages and medians based on less than ten separations have not been published.

Tables 3.42 and 3.43 present the average and median length of stay of mental health-related separations for the 15 most frequently reported AR-DRGs by sex, age group and specialised psychiatric care status. The longest overall average length of stay for separations with specialised psychiatric care for male patients was for *Dementia and other chronic disturbances of cerebral function* (B63Z, average 34.5 days, median 20 days). This AR-DRG also had the longest average length of stay for age groups over 55 years. *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A) also had a high average length of stay for all age groups (25.4 days average, 18 days median) as did *Schizophrenia disorders with involuntary mental health legal status* (U61A, 21.6 days average, 13 median). The longest overall average length of stay for separations with specialised psychiatric care for female patients was for *Dementia and other chronic disturbances of cerebral function* (B63Z, 38.0 days average, 25 days median). This was followed by *Eating and obsessive-compulsive disorders* (U66Z, average 27.6 days, median 16 days) and *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A, average 25.1 days, median 20 days).

For mental health-related separations without specialised psychiatric care, average lengths of stay were generally lower, 6.2 days for male patients and 7.3 days for female patients. This compares with 14.4 days average length of stay for male patients with specialised psychiatric care and 15.3 days for female patients. The longest average length of stay for mental health-related separations without specialised psychiatric care for male patients was for *Dementia and other chronic disturbances of cerebral function* (B63Z, 14.9 days average and 10 days median). For separations without specialised psychiatric care for female patients, the longest average length of stay was due to *Eating and obsessive-compulsive disorders* (U66Z, 18.8 days average and 12 days median).

Separations with specialised psychiatric care in public acute hospitals

Mental health-related separations with specialised psychiatric care in public acute hospitals had an average length of stay of 13.5 days (Table 3.45a) and a median length of stay of 7 days (Table 3.46a). Victoria had the longest length of stay in this category (15.2 days average, 8 days median) while Tasmania (9 days average, 5 days median) and Northern Territory (9 days average, 6 days median) had the shortest. *Dementia and other chronic disturbances of cerebral function* (B63Z) had the longest average length of stay for Australia overall (32.1 days average, 21 days median), as well as for Victoria, Western Australia, South Australia and Tasmania (averages 30.6, 46.9, 37.0 and 25.0 days respectively). *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A) was the AR-DRG with the longest length of stay for Queensland (25.9 days) and the Australian Capital Territory (28.0 days) and the second longest length of stay for Australia overall. For New South Wales *Eating and obsessive-compulsive disorders* (U66Z) was the AR-DRG with the longest average length of stay (29.0 days).

Separations with specialised psychiatric care in private hospitals

Mental health-related overnight separations with specialised psychiatric care in private hospitals had an average length of stay of 16.9 days and a median of 12 days. New South Wales was the jurisdiction with the longest length of stay for all AR-DRGs (19.1 days average, median 15 days). *Eating and obsessive-compulsive disorders* (U66Z) had the longest length of stay for mental health-related separations with specialised psychiatric care in private hospitals (31.9 days average, 25 days median). This AR-DRG also had the longest average length of stay for New South Wales, Victoria, Queensland and Western Australia (averages 33.9, 36.0, 29.6 and 29.0 respectively). In South Australia, *Major affective disorders with catastrophic or severe complications or comorbidities or age greater than 69* (U63A) had the longest average length of stay (27.9 days). The average length of stay for this AR-DRG was 22.6 days (median 18 days).

Separations with specialised psychiatric care in public psychiatric hospitals

Mental health-related overnight separations with specialised psychiatric care in public psychiatric hospitals had an average length of stay of 18.6 days and a median length of stay of 8 days. The jurisdiction with the longest length of stay for this category was Queensland (30.1 days, average and 15 days median). As mentioned previously, this may be due to Queensland's lack of residential care in public community mental health establishments (Table 3.1) or relatively infrequent use of statistical discharge (Table 3.52). *Dementia and other chronic disturbances of cerebral function* (B63Z) had the longest average length of stay (56.7 days average, 33 days median) and the longest average length of stay for New South Wales, Queensland, Western Australia and South Australia (60.1, 77.7, 70.2 and 39.1 days respectively). The AR-DRG with the longest average length of stay in Victoria was *Schizophrenia disorders with involuntary mental health legal status* (U61A, 29.9 days average, 15 days median).

Separations without specialised psychiatric care in public acute hospitals

Mental health-related overnight separations without specialised psychiatric care in public acute hospitals had an average length of stay of 5.9 days (Table 3.45) and a median length of stay of 4 days (Table 3.46). The Australian Capital Territory had the longest lengths of stay in this category (12.2 days average, 6 days median). The jurisdiction with the shortest lengths of stay for these separations was the Northern Territory (4 days average, 2 days median). *Dementia and other chronic disturbances of cerebral function* (B63Z) had the longest average length of stay both nationally (14.8 days average, 10 days median) and for all jurisdictions except the Australian Capital Territory. *Schizophrenia disorders without involuntary mental health legal status* (U61B) was the AR-DRG with the longest length of stay for the Australian Capital Territory (22.6 days).

Separations without specialised psychiatric care in private hospitals

Mental health-related overnight separations without specialised psychiatric care in private hospitals had an average length of stay of 11.5 days and a median length of stay of 7 days. New South Wales was the jurisdiction with the longest average length of stay for all AR-DRGs (13.8 days average, median 10 days). *Major affective disorders with catastrophic or severe complications or comorbidities, or age greater than 69* (U63A) had the longest overall average length of stay for these separations (17.8 days average, 13 days median), and this AR-DRG also had the longest average length of stay for Queensland and Western Australia

(averages 18.6 and 17.0 respectively). In New South Wales, the longest average was for *Schizophrenia disorders without involuntary mental health legal status* (U61B, 21.1 days average, 14 days median). In Victoria, it was *Other drug use disorder and dependence* (V64Z, 16.3 days average) and in South Australia, *Eating and obsessive-compulsive disorders* (U66Z, 36.7 days average).

Other related data

Procedures

Table 3.47 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations. The most frequently reported procedures for separations with specialised psychiatric care were *Allied health intervention, social work* (13,242 separations), *Group psychotherapy, 2 to 9 patients* (11,451 separations) and *Allied health intervention, occupational therapy* (8,806 separations) (Table 3.47a). For separations without specialised psychiatric care, the most frequently reported procedures were *Allied health intervention, social work* (7,320 separations), *Allied health intervention, physiotherapy* (5,268 separations) and *Group psychotherapy, 2 to 9 patients* (5,091 separations) (Table 3.47b).

Tables 3.47 and 3.48 show similar data for the 15 most frequently reported procedures by State and Territory. For same day separations (Table 3.48), there was wide variation in the patterns of procedures reported. For example, *Group psychotherapy, 2 to 9 patients* was the most frequently reported for same day separations with specialised psychiatric care in New South Wales and Western Australia, but was rarely reported for other jurisdictions. For same day separations without specialised psychiatric care, this procedure was commonly reported for New South Wales, Victoria and Queensland, but was not reported for other jurisdictions. With the exception of Western Australia, these same day separations with group therapy were from private hospitals. This variation probably reflects variation in admission practices, as described in Box 3.2, but would also reflect the extent to which allied health interventions were reported as specific procedures or more generally as an allied health intervention (for example, *Allied health intervention, psychology*).

Allied health intervention, social work was the most commonly reported procedure for overnight separations with specialised psychiatric care in Victoria, South Australia and the Australian Capital Territory, and *Group psychotherapy, 2 to 9 patients* was the most commonly reported in New South Wales and Western Australia (Table 3.49). For overnight separations without specialised psychiatric care, the most commonly reported procedure was *Allied health intervention, social work* in all jurisdictions except Queensland (where *Alcohol detoxification* was the most commonly reported) and Tasmania (*Computerised tomography of the brain*).

Previous specialised treatment

The proportion of separations for which the data element *Previous specialised treatment* was reported varied across jurisdictions (see Appendix 1), with no data reported for over 48.8% of separations with specialised psychiatric care. Public psychiatric hospitals provided the highest level of response, with data reported for 72% of records. The data presented in Table 3.50 therefore need to be interpreted with caution, particularly for public acute and private hospitals. Refer to the Glossary for the definition of this data element.

Overall, 20,545 or 12.0% of separations with specialised psychiatric care were identified as the patient's first in a specialised mental health care setting. For public psychiatric hospitals, no previous specialised mental health care in an admitted patient or community-based setting was reported for 21.5% of separations (3,851) with specialised psychiatric care.

Source of referral to public psychiatric hospitals

These data should be interpreted with caution as it is likely that they reflect differences between jurisdictions in the use of the data element categories as well as differences in service provision. For public psychiatric hospitals, the majority of separations in New South Wales, Queensland and Western Australia were referred from 'Other health care establishment' (Table 3.51). 'Other health care establishment' includes emergency departments, community health services, other hospitals, nursing homes and crisis team services. In South Australia, 72.1% of specialised separations from public psychiatric hospitals were referred to the hospital from a private psychiatric practice.

Mode of admission

Mode of admission is an administrative data element that distinguishes between transfers from other hospitals, statistical admissions following a change in care type, and other admissions. Of all mental health-related separations from public acute hospitals, 88.3% of separations with specialised psychiatric care and 95.4% of separations without specialised psychiatric care were *Other* admissions, that is, planned and unplanned admissions excluding transfers from other hospitals and statistical admissions. Of all mental health-related separations from private hospitals, the corresponding percentages were 96.2% and 96.9% respectively (Table 3.52).

Mode of separation

Mode of separation is an administrative data element that indicates the status at separation of the patient (e.g. discharge, transfer or death) and the place to which the patient is released, where applicable. Approximately 88% of separations (77,273 separations) with specialised psychiatric care from public acute hospitals and 94% (61,610) from private hospitals ended with a discharge to either the patient's usual residence, or own accommodation, or to a welfare institution (Table 3.53a). For public psychiatric hospitals, the equivalent figure was 69.2% (12,414), with 10.4% (1,872) ending in statistical discharges from leave and 9.4% (1,684) ending in discharge or transfer to an acute hospital. Statistical discharges from leave are a statistical separation resulting from a change in care type while a patient is on leave from the hospital. Seventy-eight per cent of mental health-related separations (56,306) without specialised psychiatric care in public acute hospitals ended with a discharge to either the patient's usual residence, or own accommodation, or to a welfare institution. In private hospitals, 93.0% of mental health-related separations (21,590) without specialised psychiatric care ended this way.

Type of episode of care

Type of episode of care describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, non-acute care or other care (Tables 3.53, 3.54 and 3.55). See the Glossary for further detail on *Type of episode of care*.

Acute care was the most frequently recorded type of episode of care for mental health-related separations in all jurisdictions and hospital sectors (156,502 or 91.2% of separations with specialised psychiatric care and 89,075 or 93.7% of separations without specialised psychiatric care). It also accounted for the majority of patient days reported for mental health-related separations with (70.6%) and without (67.9%) specialised psychiatric care and the majority of psychiatric care days (70.8%). *Rehabilitation care* and *Non-acute care* accounted for 2.1% and 2.4% of mental health-related separations without specialised psychiatric care respectively. Of separations with specialised psychiatric care, these episode types accounted for 0.8% and 1.9%, respectively. The variation among the jurisdictions reflects differences in the types of services provided as admitted patient services among the States and Territories (see Box 3.2).

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

The disability support services data are presented on services received by clients with psychiatric primary disabilities. The term primary disability refers to the disability category identified by the consumer or carer as the disability most affecting their everyday life. The 'psychiatric' primary disability category includes data from the category of the same name in the CSDA MDS collection. See Box 2.2 for further information on disability groups.

On the snapshot day, there were 243 residential care services delivered by CSDA-funded disability support services to people with a psychiatric primary disability (Table 3.57). The number of services received by male residents (152 or 62.6%) with these primary disabilities was greater than the number of services received by female residents. The number of services received by these residents was greatest in the 25–34 years and 35–44 years age groups for both males and females. New South Wales (61) and Queensland (55) had the largest number of residential care services received by residents with a psychiatric primary disability (Table 3.58).

Residents born in English-speaking countries other than Australia and non-English-speaking countries received 1.2% of these services (Table 3.59). The majority of services were for Australian-born residents (85.6%). Most psychiatric primary disabilities were identified as being received by residents who were not of Aboriginal or Torres Strait Islander origin (Table 3.60).

Table 3.1: Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Same day separations									
Same day separations with specialised psychiatric care									
Public acute hospitals	9,720	2,146	5,033	4,800	1,973	493	124	27	24,316
Public psychiatric hospitals	2,079	2	17	47	223	11	..	..	2,379
Private hospitals	11,157	17,870	9,646	6,227	20	598	6	n.a.	45,524
All hospitals	22,956	20,018	14,696	11,074	2,216	1,102	130	27	72,219
Public hospitals and public community mental health care establishments	11,799	2,148	5,050	4,847	2,196	504	124	27	26,695
All hospitals and public community mental health care establishments	22,956	20,018	14,696	11,074	2,216	1,102	130	27	72,219
Same day separations without specialised psychiatric care									
Public acute hospitals	5,268	7,121	2,215	963	1,429	422	118	86	17,622
Private hospitals	2,135	2,319	2,849	905	80	1,263	1	n.a.	9,552
All hospitals	7,403	9,440	5,064	1,868	1,509	1,685	119	86	27,174
Public hospitals and public community mental health care establishments	5,268	7,121	2,215	963	1,429	422	118	86	17,622
All hospitals and public community mental health care establishments	7,403	9,440	5,064	1,868	1,509	1,685	119	86	27,174
All mental health-related same day separations									
Public acute hospitals	14,988	9,267	7,248	5,763	3,402	915	242	113	41,938
Public psychiatric hospitals	2,079	2	17	47	223	11	..	..	2,379
Private hospitals	13,292	20,189	12,495	7,132	100	1,861	7	n.a.	55,076
All hospitals	30,359	29,458	19,760	12,942	3,725	2,787	249	113	99,393
Public hospitals and public community mental health care establishments	17,067	9,269	7,265	5,810	3,625	926	242	113	44,317
All hospitals and public community mental health care establishments	30,359	29,458	19,760	12,942	3,725	2,787	249	113	99,393
% of same day separations with specialised psychiatric care									
Public acute hospitals	64.9	23.2	69.4	83.3	58.0	53.9	51.2	23.9	58.0
Public psychiatric hospitals	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Private hospitals	83.9	88.5	77.2	87.3	20.0	32.1	85.7	n.a.	82.7
All hospitals	75.6	68.0	74.4	85.6	59.5	39.5	52.2	23.9	72.7
Public hospitals and public community mental health care establishments	69.1	23.2	69.5	83.4	60.6	54.4	51.2	23.9	60.2
All hospitals and public community mental health care establishments	75.6	68.0	74.4	85.6	59.5	39.5	52.2	23.9	72.7

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Same day separations per 1,000 population^(c)									
Public acute hospitals	2.3	2.0	2.1	3.1	2.3	2.0	0.8	0.6	2.2
Public psychiatric hospitals	0.3	0.0	0.0	0.0	0.2	0.0	..	..	0.1
Private hospitals	2.1	4.3	3.6	3.8	0.1	4.0	0.0	n.a.	2.9
All hospitals	4.8	6.3	5.6	7.0	2.5	6.0	0.8	0.6	5.2
95% confidence intervals	4.7 – 4.8	6.2 – 6.3	5.6 – 5.7	6.8 – 7.1	2.4 – 2.6	5.7 – 6.2	0.7 – 0.9	0.5 – 0.7	5.2 – 5.3
Public hospitals and public community mental health care establishments	2.7	2.0	2.1	3.1	2.4	2.0	0.8	0.6	2.3
All hospitals and public community mental health care establishments	4.8	6.3	5.7	7.0	2.5	6.0	0.8	0.6	5.2
Overnight separations									
Overnight separations with specialised psychiatric care									
Public acute hospitals	15,416	17,336	15,623	5,998	4,514	1,875	2,143	730	63,635
Public psychiatric hospitals	7,139	518	1,386	2,645	3,369	511	..	..	15,568
Private hospitals	5,617	5,497	3,662	2,357	2,225	119	649	n.a.	20,126
All hospitals	28,172	23,351	20,671	11,000	10,108	2,505	2,792	730	99,329
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	22,877	18,640	17,009	8,747	7,903	2,689	2,153	730	80,748
All hospitals and public community mental health care establishments	28,494	24,137	20,671	11,104	10,128	2,808	2,802	730	100,874
Overnight separations without specialised psychiatric care									
Public acute hospitals	20,449	13,279	8,473	5,239	5,081	1,072	409	264	54,266
Private hospitals	3,125	3,926	3,642	1,230	911	778	59	n.a.	13,671
All hospitals	23,577	17,205	12,115	6,469	5,992	1,850	468	264	67,940
Public hospitals and public community mental health care establishments	20,452	13,279	8,473	5,239	5,081	1,072	409	264	54,269
All hospitals and public community mental health care establishments	23,577	17,205	12,115	6,469	5,992	1,850	468	264	67,940
All mental health-related overnight separations									
Public acute hospitals	35,865	30,615	24,096	11,237	9,595	2,947	2,552	994	117,901
Public psychiatric ^(d)	7,142	518	1,386	2,645	3,369	511	..	..	15,571
Private hospitals	8,742	9,423	7,304	3,587	3,136	897	708	n.a.	33,797
All hospitals	51,749	40,556	32,786	17,469	16,100	4,355	3,260	994	167,269
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	43,329	31,919	25,482	13,986	12,984	3,761	2,562	994	135,017
All hospitals and public community mental health care establishments	52,071	41,342	32,786	17,573	16,120	4,658	3,270	994	168,814

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
% of overnight separations with specialised psychiatric care									
Public acute hospitals	43.0	56.6	64.8	53.4	47.0	63.6	84.0	73.4	54.0
Public psychiatric hospitals	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Private hospitals	64.3	58.3	50.1	65.7	71.0	13.3	91.7	n.a.	59.5
All hospitals	54.4	57.6	63.0	63.0	62.8	57.5	85.6	73.4	59.4
Public community mental health care establishments	100.0	100.0	..	100.0	100.0	100.0	100.0	..	100.0
Public hospitals and public community mental health care establishments	52.8	58.4	66.7	62.5	60.9	71.5	84.0	73.4	59.8
All hospitals and public community mental health care establishments	54.7	58.4	63.0	63.2	62.8	60.3	85.7	73.4	59.8
Overnight separations per 1,000 population^(c)									
Public acute hospitals	5.6	6.5	6.9	6.1	6.4	6.4	8.3	5.2	6.2
Public psychiatric hospitals	1.1	0.1	0.4	1.4	2.3	1.1	0.0	0.0	0.8
Private hospitals	1.4	2.0	2.1	2.0	2.0	1.9	2.4	0.0	1.8
All hospitals	8.1	8.6	9.4	9.5	10.7	9.4	10.6	5.3	8.8
95% confidence intervals	8 – 8.1	8.5 – 8.6	9.3 – 9.5	9.3 – 9.6	10.5 – 10.9	9.1 – 9.7	10.3 – 11	5 – 5.7	8.8 – 8.9
Public community mental health care establishments	0.0	0.2	..	0.1	0.0	0.6	0.0	..	0.1
Public hospitals and public community mental health care establishments	6.7	6.7	7.3	7.6	8.7	8.1	8.3	5.2	7.1
All hospitals and public community mental health care establishments	8.1	8.7	9.4	9.5	10.7	10.0	10.7	5.2	8.9
Total separations									
Separations with specialised psychiatric care									
Public acute hospitals	25,136	19,482	20,656	10,798	6,487	2,368	2,267	757	87,951
Public psychiatric hospitals	9,218	520	1,403	2,692	3,592	522	..	..	17,947
Private hospitals	16,774	23,367	13,308	8,584	2,245	717	655	n.a.	65,650
All hospitals	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	34,676	20,788	22,059	13,594	10,099	3,193	2,277	757	107,443
All hospitals and public community mental health care establishments	51,450	44,155	35,367	22,178	12,344	3,910	2,932	757	173,093
Separations with specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	3.9	4.1	5.9	5.8	4.4	5.1	7.2	3.9	4.6
Public psychiatric hospitals	1.4	0.1	0.4	1.4	2.4	1.1	..	..	0.9
Private hospitals	2.6	5.0	3.8	4.6	1.5	1.5	2.1	n.a.	3.5
All hospitals	8.0	9.2	10.1	11.9	8.3	7.8	9.2	4.0	9.1
95% confidence intervals	7.9 – 8.1	9.1 – 9.3	10 – 10.2	11.7 – 12	8.1 – 8.4	7.5 – 8	8.9 – 9.6	3.7 – 4.2	9.02 – 9.1
Public community mental health care establishments	0.0	0.2	..	0.1	0.0	0.6	0.0	..	0.1
Public hospitals and public community mental health care establishments	5.4	4.4	6.3	7.3	6.8	6.9	7.2	3.9	5.7
All hospitals and public community mental health care establishments	8.0	9.3	10.1	11.9	8.3	8.5	9.3	3.9	9.1

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories, ^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Separations without specialised psychiatric care									
Public acute hospitals	25,717	20,400	10,688	6,202	6,510	1,494	527	350	71,888
Private hospitals	5,260	6,245	6,491	2,135	991	2,041	60	n.a.	23,223
All hospitals	30,980	26,645	17,179	8,337	7,501	3,535	587	350	95,114
Public community mental health care establishments	..	..	..	..	..	..	..	..	..
Public hospitals and public community mental health care establishments	25,720	20,400	10,688	6,202	6,510	1,494	527	350	71,891
All hospitals and public community mental health care establishments	30,980	26,645	17,179	8,337	7,501	3,535	587	350	95,114
Separations without specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	4.0	4.3	3.1	3.4	4.3	3.2	1.8	1.9	3.8
Private hospitals	0.8	1.3	1.9	1.2	0.6	4.3	0.2	0.0	1.2
All hospitals	4.8	5.6	4.9	4.6	4.9	7.5	2.0	1.9	5.0
95% confidence intervals	4.8 – 4.9	5.6 – 5.7	4.9 – 5	4.5 – 4.7	4.8 – 5	7.3 – 7.8	1.8 – 2.1	1.7 – 2.1	5 – 5.1
Public hospitals and public community mental health care establishments	4.0	4.3	3.1	3.4	4.3	3.2	1.8	1.9	3.8
All hospitals and public community mental health care establishments	4.8	5.6	5.0	4.6	4.9	7.5	2.0	1.9	5.0
% of separations with specialised psychiatric care									
Public acute hospitals	49.4	48.8	65.9	63.5	49.9	61.3	81.1	68.4	55.0
Public psychiatric hospitals	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Private hospitals	76.1	78.9	67.2	80.1	69.4	26.0	91.6	n.a.	73.9
All hospitals	62.3	61.9	67.3	72.6	62.2	50.5	83.3	68.4	64.3
Public community mental health care establishments	100.0	100.0	..	100.0	100.0	100.0	100.0	..	100.0
Public hospitals and public community mental health care establishments	57.4	50.5	67.4	68.7	60.8	68.1	81.2	68.4	59.9
All hospitals and public community mental health care establishments	62.4	62.4	67.3	72.7	62.2	52.5	83.3	68.4	64.5
Total separations									
Public acute hospitals	50,853	39,882	31,344	17,000	12,997	3,862	2,794	1,107	159,839
Public psychiatric ^(d)	9,221	520	1,403	2,692	3,592	522	..	..	17,950
Private hospitals	22,034	29,612	19,799	10,719	3,236	2,758	715	n.a.	88,873
All hospitals	82,108	70,014	52,546	30,411	19,825	7,142	3,509	1,107	266,662
Public community mental health care establishments	322	786	..	104	20	303	10	..	1,545
Public hospitals and public community mental health care establishments	60,396	41,188	32,747	19,796	16,609	4,687	2,804	1,107	179,334
All hospitals and public community mental health care establishments	82,430	70,800	52,546	30,515	19,845	7,445	3,519	1,107	268,207

(continued)

Table 3.1 (continued): Summary of separations for mental health-related residential and admitted patient care, States and Territories,^(a) 1999–00

	NSW	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Total
Total separations per 1,000 population^(c)									
Public acute hospitals	7.9	8.4	9.0	9.2	8.7	8.3	9.1	5.8	8.4
Public psychiatric hospitals	1.4	0.1	0.4	1.4	2.4	1.1	0.0	0.0	0.9
Private hospitals	3.4	6.3	5.7	5.8	2.1	5.9	2.3	0.0	4.7
All hospitals	12.8	14.8	15.1	16.5	13.2	15.4	11.3	5.9	14.1
95% confidence intervals	12.7 – 12.9	14.7 – 14.9	14.9 – 15.2	16.3 – 16.6	13 – 13.4	15 – 15.7	11 – 11.7	5.6 – 6.3	14 – 14.1
Public community mental health care establishments	0.0	0.2	..	0.1	0.0	0.6	0.0	..	0.1
Public hospitals and public community mental health care establishments	9.4	8.7	9.4	10.7	11.1	10.1	9.1	5.8	9.5
All hospitals and public community mental health care establishments	12.8	15.0	15.1	16.5	13.2	16.0	11.4	5.8	14.2

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) SA data include 120 separations and 42,103 patient days for statistical separations which occurred with changes in administrative arrangements for one hospital unit.

(c) All rates except for those for public community mental health care establishments are indirectly age-standardised to the Estimated Resident Population of Australia on 30 June 1999. Rates for public community mental health care establishments are crude rates based on the Estimated Resident Population of 30 June 1999.

(d) Includes 3 separations without specialised psychiatric care for NSW public psychiatric hospitals.

n.a. Not available.

.. Not applicable.

Table 3.2: Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Overnight separations									
Patient days for overnight separations with specialised psychiatric care									
Public acute hospitals	255,432	277,012	183,076	94,473	66,805	16,913	26,731	6,890	927,332
Public psychiatric hospitals	461,225	30,223	425,256	83,322	138,537	15,296	..	..	1,153,859
Public hospitals	716,657	307,235	608,332	177,795	205,342	32,209	26,731	6,890	2,081,191
Private hospitals	101,117	85,735	68,106	36,133	38,006	1,795	10,373	n.a.	341,265
All hospitals	817,774	392,970	676,438	213,928	243,348	34,004	37,104	6,890	2,422,456
Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring within 1999–00^(d)									
Public acute hospitals	88.2	89.9	88.3	90.6	95.3	96.5	95.3	98.7	89.9
Public psychiatric hospitals	29.6	65.3	15.6	75.9	52.9	57.7	..	..	31.9
Private hospitals	94.8	95.4	85.4	94.3	94.4	100.0	93.3	n.a.	93.0
All hospitals	56.0	89.2	42.3	85.5	71.0	79.2	94.7	98.7	62.7
Psychiatric care days for overnight separations with specialised psychiatric care									
Public acute hospitals	247,590	277,012	179,267	91,676	66,805	16,913	26,678	6,658	912,599
Public psychiatric hospitals	424,819	30,223	425,256	83,322	138,537	15,296	..	..	1,117,453
Public hospitals	672,409	307,235	604,523	174,998	205,342	32,209	26,678	6,658	2,030,052
Private hospitals	99,691	85,735	67,400	35,793	38,006	1,795	9,783	n.a.	338,203
All hospitals	772,100	392,970	671,923	210,791	243,348	34,004	36,461	6,658	2,368,255
% psychiatric care days per overnight mental health-related patient day									
Public acute hospitals	96.9	100.0	97.9	97.0	100.0	100.0	99.8	96.6	98.4
Public psychiatric hospitals	92.1	100.0	100.0	100.0	100.0	100.0	..	..	96.8
Private hospitals	98.6	100.0	99.0	99.1	100.0	100.0	94.3	n.a.	99.1
All hospitals	94.4	100.0	99.3	98.5	100.0	100.0	98.3	96.6	97.8
Patient days for overnight separations without specialised psychiatric care									
Public acute hospitals	194,437	106,663	92,240	32,871	33,176	9,817	5,115	1,120	475,439
Private hospitals	41,076	36,245	76,466	9,402	10,068	8,933	796	n.a.	182,986
All hospitals	235,525	142,908	168,706	42,273	43,244	18,750	5,911	1,120	658,437
Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring within 1999–00^(d)									
Public acute hospitals	77.8	88.4	63.1	95.7	96.9	95.9	88.8	97.9	80.5
Private hospitals	93.9	90.9	58.2	98.1	73.1	96.6	99.0	..	77.6
All hospitals	80.7	89.1	60.9	96.3	91.3	96.2	90.1	97.9	79.7

(continued)

Table 3.2 (continued): Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Total patient days for all mental health-related overnight separations									
Public acute hospitals	449,869	383,675	275,316	127,344	99,981	26,730	31,846	8,010	1,402,771
Public psychiatric hospitals ^(e)	461,237	30,223	425,256	83,322	138,537	15,296	..	..	1,153,871
Public hospitals	911,106	413,898	700,572	210,666	238,518	42,026	31,846	8,010	2,556,642
Private hospitals	142,193	121,980	144,572	45,535	48,074	10,728	11,169	n.a.	524,251
All hospitals	1,053,299	535,878	845,144	256,201	286,592	52,754	43,015	8,010	3,080,893
Estimated proportion of patient days for all mental health-related overnight separations occurring within 1999–00^(d)									
Public acute hospitals	83.8	89.5	79.8	91.9	95.8	96.3	94.2	98.6	86.7
Public psychiatric hospitals	29.6	65.3	15.6	75.9	52.9	57.7	..	..	31.9
Private hospitals	94.5	94.1	71.0	95.1	90.0	97.1	93.7	n.a.	87.6
All hospitals	61.5	89.2	46.0	87.3	74.1	85.3	94.1	98.6	66.3
% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	56.8	72.2	66.5	74.2	66.8	63.3	83.9	86.0	66.1
Public psychiatric hospitals ^(e)	100.0	100.0	100.0	100.0	100.0	100.0	..	..	100.0
Public hospitals	78.7	74.2	86.8	84.4	86.1	76.6	83.9	86.0	81.4
Private hospitals	71.1	70.3	47.1	79.4	79.1	16.7	92.9	n.a.	65.1
All hospitals	77.6	73.3	80.0	83.5	84.9	64.5	86.3	86.0	78.6
Patient days for all mental health-related overnight separations per 1,000 population^(f)									
Public acute hospitals	69.7	80.3	80.3	71.0	64.0	56.4	111.8	50.9	74.1
Public psychiatric hospitals	71.7	6.4	123.3	45.9	90.3	32.4	..	..	61.0
Public hospitals	141.4	86.7	203.6	116.9	154.3	88.8	111.8	50.9	135.1
Private hospitals	22.0	25.6	42.1	25.4	30.6	22.4	39.1	n.a.	27.7
All hospitals	163.3	112.5	245.8	142.2	184.5	111.3	148.8	50.3	162.8
95% confidence intervals	163.0 – 163.7	112.2 – 112.8	245.3 – 246.3	141.6 – 142.7	183.9 – 185.2	110.3 – 112.2	147.4 – 150.2	49.2 – 51.4	162.6 – 162.9
Patient days for separations with specialised psychiatric care									
Public acute hospitals	265,152	279,158	188,109	99,273	68,778	17,406	26,855	6,917	951,648
Public psychiatric hospitals	463,304	30,225	425,273	83,369	138,760	15,307	..	..	1,156,238
Public hospitals	728,456	309,383	613,382	182,642	207,538	32,713	26,855	6,917	2,107,886
Private hospitals	112,274	103,605	77,752	42,360	38,026	2,393	10,379	n.a.	386,789
All hospitals	840,730	412,988	691,134	225,002	245,564	35,106	37,234	6,917	2,494,675
Patient days for separations with specialised psychiatric care per 1,000 population^(f)									
Public acute hospitals	41.3	58.7	54.2	54.1	45.4	37.5	87.9	38.4	50.3
Public psychiatric hospitals	72.0	6.4	123.3	45.9	90.4	32.4	0.0	0.0	61.1
Public hospitals	113.3	65.1	177.5	100.0	135.8	69.9	87.9	38.4	111.4
Private hospitals	17.5	21.9	22.4	23.1	24.9	5.1	34.0	0.0	20.4
All hospitals	130.9	86.9	199.7	123.3	160.9	74.8	123.7	40.2	131.8
95% confidence intervals	130.6 – 131.1	86.7 – 87.2	199.3 – 200.2	122.7 – 123.8	160.3 – 161.6	74.1 – 75.6	122.4 – 125	39.3 – 41.1	131.6 – 132

(continued)

Table 3.2 (continued): Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999–00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Total separations									
Estimated proportion of patient days for separations with specialised psychiatric care occurring within 1999–00									
Public acute hospitals	88.7	90.0	88.6	91.0	95.5	96.6	95.3	98.7	90.2
Public psychiatric hospitals	29.9	65.3	15.6	76.0	53.0	57.8	0.0	0.0	32.0
Private hospitals	95.3	96.2	87.2	95.1	94.4	100.0	93.3	0.0	93.8
All hospitals	57.2	89.8	43.5	86.2	71.3	79.9	94.7	98.7	63.8
Psychiatric care days for all mental health-related separations									
Public acute hospitals	257,310	279,158	184,300	96,476	68,778	17,406	26,802	6,685	936,915
Public psychiatric hospitals	426,898	30,225	425,273	83,369	138,760	15,307	..	..	1,119,832
Public hospitals	684,208	309,383	609,573	179,845	207,538	32,713	26,802	6,685	2,056,747
Private hospitals	110,848	103,605	77,046	42,020	38,026	2,393	9,789	n.a.	383,727
All hospitals	795,056	412,988	686,619	221,865	245,564	35,106	36,591	6,685	2,440,474
Psychiatric care days for all mental health-related separations per 1,000 population^(f)									
Public acute hospitals	40.1	58.7	53.1	52.6	45.4	37.5	87.7	37.0	49.5
Private hospitals	17.3	21.9	22.2	22.9	24.9	5.1	32.1	0.0	20.3
All hospitals	123.8	86.9	198.5	121.5	160.9	74.8	121.6	38.8	128.9
95% confidence intervals	123.5 – 124	86.7 – 87.2	198 – 198.9	121 – 122	160.3 – 161.6	74.1 – 75.6	120.3 – 122.8	37.9 – 39.8	128.8 – 129.1
Patient days for all mental health-related separations without specialised psychiatric care									
Public acute hospitals	199,705	113,784	94,455	33,834	34,605	10,239	5,233	1,206	493,061
Private hospitals	43,211	38,564	79,315	10,307	10,148	10,196	797	n.a.	192,538
All hospitals	242,928	152,348	173,770	44,141	44,753	20,435	6,030	1,206	685,611
Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population^(f)									
Public acute hospitals	30.6	23.6	28.1	19.7	21.0	20.8	21.2	10.4	26.0
Private hospitals	6.6	8.0	23.5	5.9	6.2	20.8	3.1	0.0	10.2
All hospitals	37.2	31.7	51.6	25.6	27.2	41.6	24.2	10.3	36.2
95% confidence intervals	37.1 – 37.4	31.5 – 31.8	51.3 – 51.8	25.4 – 25.8	27 – 27.5	41 – 42.1	23.6 – 24.8	9.7 – 10.9	36.1 – 36.3
Estimated proportion of patient days for separations without specialised psychiatric care occurring within 1999–00^(d)									
Public acute hospitals	78.4	89.2	63.9	95.8	97.0	96.1	89.0	98.0	81.2
Private hospitals	94.2	91.5	59.7	98.3	73.3	97.0	99.0	0.0	78.7
All hospitals	81.2	89.7	62.0	96.4	91.6	96.6	90.3	98.0	80.5
Patient days for all mental health-related separations									
Public acute hospitals	464,857	392,942	282,564	133,107	103,383	27,645	32,088	8,123	1,444,709
Public psychiatric ^(d)	463,316	30,225	425,273	83,369	138,760	15,307	..	..	1,156,250
Public hospitals	928,173	423,167	707,837	216,476	242,143	42,952	32,088	8,123	2,600,959
Private hospitals	155,485	142,169	157,067	52,667	48,174	12,589	11,176	n.a.	579,327
All hospitals	1,083,658	565,336	864,904	269,143	290,317	55,541	43,264	8,123	3,180,286

(continued)

Table 3.2 (continued): Summary of patient days for mental health-related admitted patient care,^(a) States and Territories,^(b) 1999-00

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
% of patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	55.4	71.0	65.2	72.5	66.5	63.0	83.5	82.3	64.9
Public psychiatric hospitals	92.1	100.0	100.0	100.0	100.0	100.0	..	..	96.9
Public hospitals	73.7	73.1	86.1	83.1	85.7	76.2	83.5	82.3	79.1
Private hospitals	71.3	72.9	49.1	79.8	78.9	19.0	87.6	n.a.	66.2
All hospitals	73.4	73.1	79.4	82.4	84.6	63.2	84.6	82.3	76.7
Patient days per 1,000 population^(f)									
Public acute hospitals	72.0	82.3	82.3	74.1	66.3	58.4	112.4	51.3	76.3
Public psychiatric hospitals	72.0	6.4	123.3	45.9	90.4	32.4	..	..	61.1
Public hospitals	144.0	88.7	205.6	120.0	156.7	90.8	112.4	51.3	137.4
Private hospitals	24.1	29.9	45.6	29.3	30.8	26.3	38.7	n.a.	30.6
All hospitals	168.1	118.7	251.4	149.2	187.1	117.2	149.2	50.7	168.0
95% confidence intervals	167.8 – 168.4	118.4 – 119	250.9 – 251.9	148.7 – 149.8	186.5 – 187.8	116.2 – 118.2	147.8 – 150.7	49.6 – 51.8	167.8 – 168.2
Estimated proportion of patient days for all mental health-related separations occurring within 1999-00^(d)									
Public acute hospitals	84.3	89.8	80.4	92.2	96.0	96.4	94.3	98.6	87.1
Public psychiatric hospitals	29.9	65.3	15.6	76.0	53.0	57.8	..	..	32.0
Private hospitals	95.0	94.9	73.3	95.7	90.0	97.6	93.7	n.a.	88.8
All hospitals	62.6	89.8	47.2	87.9	74.4	86.0	94.1	98.6	67.4

(a) Patient day data were unavailable for community residential mental health care services.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(c) SA data includes 120 separations and 42,103 patient days for statistical separations which occurred with changes in administrative arrangements for one hospital unit.

(d) See Appendix 4 for calculation of these estimates.

(e) Includes 3 separations without specialised psychiatric care from NSW public psychiatric hospitals.

(f) All rates are indirectly age-standardised to the Estimated Resident Population of Australia on 30 June 1999.

n.a. Not available.

.. Not applicable.

Table 3.3: Mental health-related separations and patient days, by principal diagnosis category,^(a) Australia, 1998–99 and 1999–00

	1998–99		1999–00	
	Number	Number	% of all hospital separations	% of all mental health-related separations
Separations				
Same day separations				
With specialised psychiatric care				
with mental health-related principal diagnosis	67,857	71,426	1.2	26.8
without mental health-related principal diagnosis	3,657	793	0.0	0.3
Total	71,514	72,219	1.2	27.1
Without specialised psychiatric care	26,992	27,174	0.5	10.2
<i>Total</i>	<i>98,506</i>	<i>99,393</i>	<i>1.7</i>	<i>37.3</i>
Overnight separations				
With specialised psychiatric care				
with mental health-related principal diagnosis	91,965	95,028	1.6	35.6
without mental health-related principal diagnosis	5,100	4,301	0.1	1.6
Total	97,065	99,329	1.7	37.2
Without specialised psychiatric care	68,983	67,940	1.2	25.5
<i>Total</i>	<i>166,048</i>	<i>167,269</i>	<i>2.8</i>	<i>62.7</i>
Total				
With specialised psychiatric care				
with mental health-related principal diagnosis	159,822	166,454	2.8	62.4
without mental health-related principal diagnosis	8,757	5,094	0.1	1.9
Total	168,579	171,548	2.9	64.3
Without specialised psychiatric care	95,975	95,114	1.6	35.7
Total	264,554	266,662	4.5	100.0
Patient days				
Overnight separations				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	2,351,017	2,330,274	10.3	73.3
without mental health-related principal diagnosis	148,622	92,182	0.4	2.9
Total	2,499,639	2,422,456	10.7	76.2
Without specialised psychiatric care	646,358	658,437	2.9	20.7
<i>Total</i>	<i>3,145,997</i>	<i>3,080,893</i>	<i>13.6</i>	<i>96.9</i>
Total patient days				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	2,418,874	2,401,700	10.6	75.5
without mental health-related principal diagnosis	152,279	92,975	0.4	2.9
Total	2,571,153	2,494,675	11.0	78.4
Without specialised psychiatric care	673,350	685,611	3.0	21.6
Total	3,244,503	3,180,286	14.1	100.0
Psychiatric care days^(c)				
Overnight separations				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	n.a.	2,282,796	10.1	71.8
without mental health-related principal diagnosis	n.a.	85,459	0.4	2.7
<i>Total</i>	<i>n.a.</i>	<i>2,368,255</i>	<i>10.5</i>	<i>74.5</i>
Total patient days				
With specialised psychiatric care ^(b)				
with mental health-related principal diagnosis	n.a.	2,354,222	10.4	74.0
without mental health-related principal diagnosis	n.a.	86,252	0.4	2.7
Total	n.a.	2,440,474	10.8	76.7

(a) For 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the NHMD using ICD-9-CM. The data were mapped to ICD-10-AM for this analysis, as 'mental health-related' principal diagnoses were defined using ICD-10-AM (see Appendix 2).

(b) The number of patient days for separations with at least some specialised psychiatric care. This figure will not necessarily be equivalent to a count of psychiatric care days as some separations will include days of specialised psychiatric care and days of other care.

(c) Psychiatric care days are presented as a proportion of all mental health-related patient days. Data for 1998–99 were not reported for Western Australian hospitals and Tasmanian private hospitals and are therefore not comparable with the national data for 1999–00.

Table 3.4: Mental health-related separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories,^(a) 1999–00

Mental health legal status^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Same day separations									
Involuntary	107	422	1,029	61	69	79	12	n.a.	1,779
Voluntary	5,715	1,724	4,004	4,739	1,904	414	110	n.a.	18,610
Not reported	3,898	0	0	0	0	0	2	27	3,927
<i>Total same day</i>	<i>9,720</i>	<i>2,146</i>	<i>5,033</i>	<i>4,800</i>	<i>1,973</i>	<i>493</i>	<i>124</i>	<i>27</i>	<i>24,316</i>
Overnight separations									
Involuntary	1,663	7,632	7,033	1,515	1,089	249	572	n.a.	19,753
Voluntary	2,751	9,593	8,590	4,483	3,425	1,626	1,524	n.a.	31,992
Not reported	11,002	111	0	0	0	0	47	730	11,890
<i>Total overnight</i>	<i>15,416</i>	<i>17,336</i>	<i>15,623</i>	<i>5,998</i>	<i>4,514</i>	<i>1,875</i>	<i>2,143</i>	<i>730</i>	<i>63,635</i>
All separations									
Involuntary	1,770	8,054	8,062	1,576	1,158	328	584	n.a.	21,532
Voluntary	8,466	11,317	12,594	9,222	5,329	2,040	1,634	n.a.	50,602
Not reported	14,900	111	0	0	0	0	49	757	15,817
<i>Total</i>	<i>25,136</i>	<i>19,482</i>	<i>20,656</i>	<i>10,798</i>	<i>6,487</i>	<i>2,368</i>	<i>2,267</i>	<i>757</i>	<i>87,951</i>
Private hospitals									
Same day separations									
Involuntary	2,202	..	99	3	0	0	0	n.a.	2,304
Voluntary	4,602	..	9,547	6,224	20	0	3	n.a.	20,396
Not reported	4,353	17,870	0	0	0	598	3	n.a.	22,824
<i>Total same day</i>	<i>11,157</i>	<i>17,870</i>	<i>9,646</i>	<i>6,227</i>	<i>20</i>	<i>598</i>	<i>6</i>	<i>n.a.</i>	<i>45,524</i>
Overnight separations									
Involuntary	1,175	..	47	150	0	0	0	n.a.	1,372
Voluntary	1,849	..	3,615	2,207	2,225	0	324	n.a.	10,220
Not reported	2,593	5,497	0	0	0	119	325	n.a.	8,534
<i>Total overnight</i>	<i>5,617</i>	<i>5,497</i>	<i>3,662</i>	<i>2,357</i>	<i>2,225</i>	<i>119</i>	<i>649</i>	<i>n.a.</i>	<i>20,126</i>
All separations									
Involuntary	3,377	..	146	153	0	0	0	n.a.	3,676
Voluntary	6,451	..	13,162	8,431	2,245	0	327	n.a.	30,616
Not reported	6,946	23,367	0	0	0	717	328	n.a.	31,358
<i>Total</i>	<i>16,774</i>	<i>23,367</i>	<i>13,308</i>	<i>8,584</i>	<i>2,245</i>	<i>717</i>	<i>655</i>	<i>n.a.</i>	<i>65,650</i>

(continued)

Table 3.4 (continued): Mental health-related separations with specialised psychiatric care, by mental health legal status and hospital type, States and Territories, ^(a) 1999-00

Mental health legal status^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals									
Same day separations									
Involuntary	155	2	11	34	99	1	..	..	302
Voluntary	177	0	6	13	124	10	..	..	330
Not reported	1,747	0	0	0	0	0	..	..	1,747
<i>Total same day</i>	<i>2,079</i>	<i>2</i>	<i>17</i>	<i>47</i>	<i>223</i>	<i>11</i>	<i>..</i>	<i>..</i>	<i>2,379</i>
Overnight separations									
Involuntary	3,419	518	870	1,913	2,217	121	..	..	9,058
Voluntary	3,273	0	516	732	1,152	390	..	..	6,063
Not reported	447	0	0	0	0	0	..	..	447
<i>Total overnight</i>	<i>7,139</i>	<i>518</i>	<i>1,386</i>	<i>2,645</i>	<i>3,369</i>	<i>511</i>	<i>..</i>	<i>..</i>	<i>15,568</i>
All separations									
Involuntary	3,574	520	881	1,947	2,316	122	..	..	9,360
Voluntary	3,450	0	522	745	1,276	400	..	..	6,393
Not reported	2,194	0	0	0	0	0	..	..	2,194
<i>Total</i>	<i>9,218</i>	<i>520</i>	<i>1,403</i>	<i>2,692</i>	<i>3,592</i>	<i>522</i>	<i>..</i>	<i>..</i>	<i>17,947</i>
All hospitals									
Same day separations									
Involuntary	2,464	424	1,139	98	168	80	12	n.a.	4,385
Voluntary	10,494	1,724	13,557	10,976	2,048	424	113	n.a.	39,336
Not reported	9,998	17,870	0	0	0	598	5	27	28,498
<i>Total same day</i>	<i>22,956</i>	<i>20,018</i>	<i>14,696</i>	<i>11,074</i>	<i>2,216</i>	<i>1,102</i>	<i>130</i>	<i>27</i>	<i>72,219</i>
Overnight separations									
Involuntary	6,257	8,150	7,950	3,578	3,306	370	572	n.a.	30,183
Voluntary	7,873	9,593	12,721	7,422	6,802	2,016	1,848	n.a.	48,275
Not reported	14,042	5,608	0	0	0	119	372	730	20,871
<i>Total overnight</i>	<i>28,172</i>	<i>23,351</i>	<i>20,671</i>	<i>11,000</i>	<i>10,108</i>	<i>2,505</i>	<i>2,792</i>	<i>730</i>	<i>99,329</i>
All separations									
Involuntary	8,721	8,574	9,089	3,676	3,474	450	584	n.a.	34,568
Voluntary	18,367	11,317	26,278	18,398	8,850	2,440	1,961	n.a.	87,611
Not reported	24,040	23,478	0	0	0	717	377	757	49,369
Total	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

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

n.a. Not available.
.. Not applicable.

Table 3.5: Mental health-related separations, by sex and age group, Australia 1999–00

	With specialised psychiatric care					Without specialised psychiatric care					Total		
	Same day	Overnight	Total	Patient days	Psychiatric care days	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days
Male													
Under 15 years	3,496	876	4,372	13,537	13,414	2,464	4,911	7,375	22,965	5,960	5,787	11,747	36,502
15–24 years	4,428	10,514	14,942	225,086	210,663	1,883	3,237	5,120	15,426	6,311	13,751	20,062	240,512
25–34 years	3,710	14,085	17,795	288,147	283,683	2,223	5,118	7,341	23,881	5,933	19,203	25,136	312,028
35–44 years	4,550	10,020	14,570	252,440	251,036	1,931	5,181	7,112	27,302	6,481	15,201	21,682	279,742
45–54 years	7,501	7,019	14,520	206,639	203,514	2,483	4,423	6,906	35,113	9,984	11,442	21,426	241,752
55–64 years	2,321	3,095	5,416	157,848	152,978	1,234	2,518	3,752	22,306	3,555	5,613	9,168	180,154
65 or older	4,548	4,181	8,729	253,607	245,618	966	7,035	8,001	143,710	5,514	11,216	16,730	397,317
<i>Total males^(a)</i>	<i>30,554</i>	<i>49,791</i>	<i>80,345</i>	<i>1,397,400</i>	<i>1,361,002</i>	<i>13,185</i>	<i>32,423</i>	<i>45,608</i>	<i>290,704</i>	<i>43,739</i>	<i>82,214</i>	<i>125,953</i>	<i>1,688,104</i>
Female													
Under 15 years	1,440	818	2,258	11,147	10,990	1,845	4,031	5,876	23,492	3,285	4,849	8,134	34,639
15–24 years	7,959	8,522	16,481	134,295	131,173	1,801	4,288	6,089	24,948	9,760	12,810	22,570	159,243
25–34 years	7,336	11,360	18,696	187,265	185,726	2,826	6,856	9,682	35,629	10,162	18,216	28,378	222,894
35–44 years	8,694	10,964	19,658	206,130	198,841	2,583	5,193	7,776	33,506	11,277	16,157	27,434	239,636
45–54 years	8,877	7,706	16,583	198,099	196,745	2,253	3,283	5,536	27,993	11,130	10,989	22,119	226,092
55–64 years	3,921	3,612	7,533	98,887	98,004	1,213	2,038	3,251	21,152	5,134	5,650	10,784	120,039
65 or older	3,438	6,554	9,992	260,740	257,281	1,463	9,827	11,290	228,181	4,901	16,381	21,282	488,921
<i>Total females^(a)</i>	<i>41,665</i>	<i>49,537</i>	<i>91,202</i>	<i>1,097,269</i>	<i>1,079,466</i>	<i>13,984</i>	<i>35,517</i>	<i>49,501</i>	<i>394,902</i>	<i>55,649</i>	<i>85,054</i>	<i>140,703</i>	<i>1,492,171</i>
Total													
Under 15 years	4,936	1,694	6,630	24,684	24,404	4,309	8,942	13,251	46,457	9,245	10,636	19,881	71,141
15–24 years	12,387	19,037	31,424	359,387	341,842	3,684	7,525	11,209	40,374	16,071	26,562	42,633	399,761
25–34 years	11,046	25,445	36,491	475,412	469,409	5,051	11,974	17,025	59,512	16,097	37,419	53,516	534,924
35–44 years	13,244	20,984	34,228	458,570	449,877	4,515	10,374	14,889	60,809	17,759	31,358	49,117	519,379
45–54 years	16,378	14,725	31,103	404,738	400,259	4,738	7,706	12,444	63,108	21,116	22,431	43,547	467,846
55–64 years	6,242	6,707	12,949	256,735	250,982	2,447	4,556	7,003	43,458	8,689	11,263	19,952	300,193
65 or older	7,986	10,735	18,721	514,347	502,899	2,429	16,862	19,291	371,891	10,415	27,597	38,012	886,238
Total^(a)	72,219	99,329	171,548	2,494,675	2,440,474	27,174	67,940	95,114	685,611	99,393	167,269	266,662	3,180,286

(a) Includes separations for which either age or sex was not reported.

Table 3.6: Mental health-related separations with specialised psychiatric care, by mental health legal status,^(a) sex and age group, Australia, 1999–00

	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
Males								
Under 15 years	7	60	1,919	659	1,570	157	3,496	876
15–24 years	358	4,442	1,830	4,075	2,240	1,997	4,428	10,514
25–34 years	431	5,674	2,403	5,822	876	2,589	3,710	14,085
35–44 years	425	3,513	2,739	4,600	1,386	1,907	4,550	10,020
45–54 years	501	1,835	4,556	3,677	2,444	1,507	7,501	7,019
55–64 years	176	832	1,145	1,524	1,000	739	2,321	3,095
65 or older	178	986	3,027	2,332	1,343	863	4,548	4,181
<i>Total males</i>	<i>2,076</i>	<i>17,345</i>	<i>17,619</i>	<i>22,689</i>	<i>10,859</i>	<i>9,759</i>	<i>30,554</i>	<i>49,792</i>
Females								
Under 15 years	16	78	696	605	728	135	1,440	818
15–24 years	394	2,448	4,128	4,386	3,437	1,688	7,959	8,522
25–34 years	383	3,234	4,443	5,699	2,510	2,427	7,336	11,360
35–44 years	475	2,938	4,416	5,544	3,803	2,482	8,694	10,964
45–54 years	478	1,880	4,347	3,871	4,052	1,955	8,877	7,706
55–64 years	275	877	2,031	1,877	1,615	858	3,921	3,612
65 or older	288	1,384	1,656	3,604	1,494	1,566	3,438	6,554
<i>Total females</i>	<i>2,309</i>	<i>12,841</i>	<i>21,717</i>	<i>25,586</i>	<i>17,639</i>	<i>11,111</i>	<i>41,665</i>	<i>49,538</i>
Total								
Under 15 years	23	138	2,615	1,264	2,298	292	4,936	1,694
15–24 years	752	6,890	5,958	8,461	5,677	3,686	12,387	19,037
25–34 years	814	8,908	6,846	11,521	3,386	5,016	11,046	25,445
35–44 years	900	6,451	7,155	10,144	5,189	4,389	13,244	20,984
45–54 years	979	3,715	8,903	7,548	6,496	3,462	16,378	14,725
55–64 years	451	1,709	3,176	3,401	2,615	1,597	6,242	6,707
65 or older	466	2,370	4,683	5,936	2,837	2,429	7,986	10,735
Total persons^(b)	4,385	30,183	39,336	48,275	28,498	20,871	72,219	99,329

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

(b) Includes some separations for which age and/or sex were not specified.

Table 3.7a: Mental health-related separations with specialised psychiatric care, by rural, remote and metropolitan region of area of usual residence of the patient, by hospital type and State or Territory of usual residence, 1999–00

Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(a)
Public acute hospitals									
Metropolitan	20,836	14,178	14,417	9,647	5,936	1,011	2,045	333	68,403
Rural	3,950	4,959	5,219	937	445	1,338	n.p.	n.p.	16,884
Remote	94	48	332	118	35	9	0	336	972
Not reported	410	4	3	37	2	1	n.p.	n.p.	1,692
Total	25,290	19,189	19,971	10,739	6,418	2,359	2,085	746	87,951
Private hospitals									
Metropolitan	15,597	22,096	11,243	7,930	1,916	673	599	6	60,060
Rural	1,248	1,158	1,983	459	294	75	n.p.	n.p.	5,217
Remote	23	15	142	116	8	6	0	2	312
Not reported	3	1	0	20	0	0	n.p.	n.p.	61
Total	16,871	23,270	13,368	8,525	2,218	754	599	13	65,650
Public psychiatric hospitals									
Metropolitan	7,273	447	759	2,246	2,619	404	11	0	13,759
Rural	1,265	48	520	191	743	118	n.p.	n.p.	2,885
Remote	79	1	29	173	29	0	0	1	312
Not reported	584	15	3	12	4	1	n.p.	n.p.	991
Total	9,201	511	1,311	2,622	3,395	523	12	3	17,947
All hospitals									
Metropolitan	43,706	36,721	26,419	19,823	10,471	2,088	2,655	339	142,222
Rural	6,463	6,165	7,722	1,587	1,482	1,531	n.p.	n.p.	24,986
Remote	196	64	503	407	72	15	0	339	1,596
Not reported	997	20	6	69	6	2	n.p.	n.p.	2,744
Total	51,362	42,970	34,650	21,886	12,031	3,636	2,696	762	171,548
Age-standardised separation rate^(c)									
Same day separations per 1,000 population									
Metropolitan	4.5	5.2	5.9	7.6	1.9	4.2	0.4	0.1	4.9
Rural	0.6	1.0	1.8	1.1	0.3	1.1	n.p.	n.p.	1.0
Remote	0.2	1.0	0.7	0.6	0.1	1.1	..	0.2	0.5
Total	3.6	4.2	4.2	5.9	1.5	2.4	0.5	0.2	3.8
Overnight separations per 1,000 population									
Metropolitan	4.4	4.9	6.7	6.7	7.6	6.6	7.9	3.6	5.5
Rural	4.0	4.8	4.6	4.1	3.9	4.7	n.p.	n.p.	4.4
Remote	3.5	4.2	2.0	1.7	2.6	4.6	..	3.8	2.4
Total	4.5	4.9	5.8	5.9	6.6	5.5	8.1	3.8	5.3
All separations per 1,000 population									
Metropolitan	8.9	10.1	12.6	14.4	9.5	10.8	8.4	3.8	10.4
Rural	4.5	5.7	6.4	5.2	4.1	5.7	n.p.	n.p.	5.3
Remote	3.7	5.1	2.7	2.3	2.7	5.7	..	4.0	2.9
Total	8.0	9.1	9.9	11.8	8.1	7.9	8.5	4.0	9.1

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

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

(c) Rates were indirectly age-standardised using the Estimated Resident Population as at 30 June 1999.

.. Not applicable.

n.p. Not published.

Table 3.7b: Mental health-related separations without specialised psychiatric care, by rural, remote and metropolitan region of area of usual residence of the patient, by hospital type and State or Territory of usual residence, 1999-00

Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(a)
Public acute hospitals									
Metropolitan	15,896	13,864	4,842	2,465	2,573	618	497	107	40,862
Rural	8,617	6,118	4,124	1,841	3,632	860	n.p.	n.p.	25,203
Remote	655	82	1,481	1,800	245	22	0	224	4,509
Not reported	536	1	0	11	2	0	n.p.	n.p.	1,314
Total	25,704	20,065	10,447	6,117	6,452	1,500	503	375	71,888
Private									
Metropolitan	4,316	5,674	4,016	1,605	844	1,607	n.p.	n.p.	18,153
Rural	1,415	491	1,908	465	150	358	n.p.	n.p.	4,787
Remote	31	1	63	66	1	0	0	2	164
Not reported	2	0	0	5	0	86	n.p.	n.p.	119
Total	5,764	6,166	5,987	2,141	995	2,051	87	9	23,223
All hospitals^(c)									
Metropolitan	20,214	19,538	8,858	4,070	3,417	2,225	584	111	59,017
Rural	10,032	6,609	6,032	2,306	3,782	1,218	n.p.	n.p.	29,990
Remote	686	83	1,544	1,866	246	22	0	226	4,673
Not reported	539	1	0	16	2	86	n.p.	n.p.	1,434
Total	31,471	26,231	16,434	8,258	7,447	3,551	590	384	95,114
Age-standardised separation rate^(d)									
Same day separations per 1,000 population									
Metropolitan	1.2	2.2	1.6	0.9	0.8	6.6	0.4	0.2	1.5
Rural	1.1	1.2	0.9	1.0	1.6	1.5	n.p.	n.p.	1.1
Remote	2.0	0.4	1.7	1.4	1.2	1.8	..	0.6	1.4
Total	1.2	2.0	1.3	1.0	1.0	3.6	0.4	0.4	1.4
Overnight separations per 1,000 population									
Metropolitan	3.0	3.2	2.7	2.1	2.3	5.0	1.5	1.1	2.8
Rural	5.6	4.7	4.1	6.5	8.5	2.9	n.p.	n.p.	5.1
Remote	10.6	6.1	6.6	9.5	8.0	6.1	..	2.2	7.3
Total	3.7	3.6	3.4	3.5	3.9	3.9	1.5	1.7	3.6
All separations per 1,000 population									
Metropolitan	4.1	5.4	4.3	3.0	3.1	11.4	2.0	1.3	4.3
Rural	6.8	5.9	5.0	7.5	10.1	4.5	n.p.	n.p.	6.3
Remote	12.5	6.5	8.2	10.8	9.1	7.9	..	2.8	8.7
Total	4.9	5.5	4.7	4.5	4.9	7.6	2.0	2.1	5.0

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

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

(c) Includes 3 separations from NSW public psychiatric hospitals.

(d) Rates were indirectly age-standardised using the Estimated Resident Population as at 30 June 1999.

.. Not applicable.

n.p. Not published.

Table 3.8: Mental health-related separations with specialised psychiatric care by marital status^(a) and sex, States and Territories,^(b) 1999–00

Marital status	NSW^(c)	Vic	Qld	WA	SA	Tas^(c)	ACT	NT	Total
Males									
Never married	6,801	9,874	8,669	5,508	3,130	900	767	339	35,988
Widowed	897	497	172	190	154	28	16	5	1,959
Divorced	714	774	924	606	331	76	95	11	3,531
Separated	550	591	963	627	618	81	67	21	3,518
Married (including de facto)	2,686	4,472	5,406	2,910	930	329	306	70	17,109
Not stated/inadequately described	15,317	1,199	685	165	517	311	22	24	18,240
<i>Total males</i>	<i>26,965</i>	<i>17,407</i>	<i>16,819</i>	<i>10,006</i>	<i>5,680</i>	<i>1,725</i>	<i>1,273</i>	<i>470</i>	<i>80,345</i>
Females									
Never married	4,098	10,673	7,270	5,336	2,215	583	673	135	30,983
Widowed	405	1,665	1,076	603	625	146	50	7	4,577
Divorced	382	1,530	1,723	1,271	604	126	176	6	5,818
Separated	392	820	934	915	983	111	121	30	4,306
Married (including de facto)	1,251	9,652	6,971	3,865	1,856	476	575	102	24,748
Not stated/inadequately described	17,635	1,622	574	78	361	440	54	6	20,770
<i>Total females</i>	<i>24,163</i>	<i>25,962</i>	<i>18,548</i>	<i>12,068</i>	<i>6,644</i>	<i>1,882</i>	<i>1,649</i>	<i>286</i>	<i>91,202</i>
Persons^(d)									
Never married	10,899	20,547	15,939	10,844	5,345	1,483	1,440	475	66,972
Widowed	1,302	2,162	1,248	793	779	174	66	12	6,536
Divorced	1,096	2,304	2,647	1,877	935	202	271	17	9,349
Separated	942	1,411	1,897	1,542	1,601	192	188	51	7,824
Married (including de facto)	3,937	14,124	12,377	6,775	2,786	805	881	172	41,857
Not stated/inadequately described	32,952	2,821	1,259	243	878	751	76	30	39,010
Total persons	51,128	43,369	35,367	22,074	12,324	3,607	2,922	757	171,548

(a) Marital status was collected for separations with specialised psychiatric care only.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(c) Data were not available for private hospitals for New South Wales and Tasmania.

(d) Includes separations for which sex was not reported.

Table 3.9: Mental health-related separations by Aboriginal and Torres Strait Islander status and rural, remote and metropolitan region of area of usual residence, Australia, 1999–00

RRMA category of area of usual residence	Separations				Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same day	Overnight	Total	Patient days			
Aboriginal and/or Torres Strait Islander^(b)							
With specialised psychiatric care							
Metropolitan	398	1,673	2,071	42,403	42,236	25.1	25.0
Rural	80	950	1,030	17,581	17,401	18.4	18.2
Remote	13	444	457	11,221	11,091	25.2	25.0
Not reported	12	137	149	5,326	5,325	38.8	38.8
<i>Total</i>	<i>503</i>	<i>3,204</i>	<i>3,707</i>	<i>76,531</i>	<i>76,053</i>	<i>23.7</i>	<i>23.6</i>
<i>Per 1,000 population^(a)</i>	<i>1.5</i>	<i>9.2</i>	<i>10.7</i>	<i>255.8</i>	<i>255.1</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care							
Metropolitan	201	557	758	2,477	..	4.1	..
Rural	407	1,574	1,981	7,352	..	4.4	..
Remote	350	1,379	1,729	5,075	..	3.4	..
Not reported	26	54	80	188	..	3.0	..
<i>Total</i>	<i>984</i>	<i>3,564</i>	<i>4,548</i>	<i>15,092</i>	<i>..</i>	<i>4.0</i>	<i>..</i>
<i>Per 1,000 population^(a)</i>	<i>2.5</i>	<i>10.2</i>	<i>12.5</i>	<i>68.4</i>	<i>..</i>	<i>..</i>	<i>..</i>
Not Aboriginal and/or Torres Strait Islander^(c)							
With specialised psychiatric care							
Metropolitan	65,856	72,346	138,202	1,772,860	1,727,727	23.6	23.0
Rural	4,662	18,695	23,357	509,280	504,628	27.0	26.7
Remote	255	854	1,109	20,792	20,641	24.0	23.9
Not reported	318	2,209	2,527	74,893	71,329	33.8	32.1
<i>Total</i>	<i>71,091</i>	<i>94,104</i>	<i>165,195</i>	<i>2,377,825</i>	<i>2,324,325</i>	<i>24.5</i>	<i>23.9</i>
<i>Per 1,000 population^(a)</i>	<i>3.8</i>	<i>5.1</i>	<i>8.9</i>	<i>127.6</i>	<i>124.7</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care							
Metropolitan	19,229	36,928	56,157	356,346	..	9.1	..
Rural	4,722	22,695	27,417	262,546	..	11.4	..
Remote	445	2,459	2,904	32,335	..	13.0	..
Not reported	441	880	1,321	3,973	..	4.0	..
<i>Total</i>	<i>24,837</i>	<i>62,962</i>	<i>87,799</i>	<i>655,200</i>	<i>..</i>	<i>10.0</i>	<i>..</i>
<i>Per 1,000 population^(a)</i>	<i>1.3</i>	<i>3.4</i>	<i>4.7</i>	<i>35.0</i>	<i>..</i>	<i>..</i>	<i>..</i>
Total							
With specialised psychiatric care							
Metropolitan	66,764	75,458	142,222	1,845,397	1,799,912	23.6	23.0
Rural	4,853	20,133	24,986	535,717	530,847	26.4	26.1
Remote	269	1,327	1,596	32,460	32,179	24.3	24.0
Not reported	333	2,411	2,744	81,101	77,536	33.5	32.0
<i>Total</i>	<i>72,219</i>	<i>99,329</i>	<i>171,548</i>	<i>2,494,675</i>	<i>2,440,474</i>	<i>24.4</i>	<i>23.8</i>
<i>Per 1,000 population^(a)</i>	<i>3.8</i>	<i>5.2</i>	<i>9.1</i>	<i>131.7</i>	<i>128.9</i>	<i>..</i>	<i>..</i>
Without specialised psychiatric care							
Metropolitan	20,566	38,451	59,017	369,624	..	9.1	..
Rural	5,326	24,664	29,990	273,869	..	10.9	..
Remote	808	3,865	4,673	37,686	..	9.5	..
Not reported	474	960	1,434	4,432	..	4.1	..
<i>Total</i>	<i>27,174</i>	<i>67,940</i>	<i>95,114</i>	<i>685,611</i>	<i>..</i>	<i>9.7</i>	<i>..</i>
<i>Per 1,000 population^(a)</i>	<i>1.4</i>	<i>3.6</i>	<i>5.0</i>	<i>36.2</i>	<i>..</i>	<i>..</i>	<i>..</i>

(a) Separations per 1,000 population are indirectly age-standardised rates based on projected Aboriginal and Torres Strait Islander population for 30 June 1999 and the Estimated Resident Population for 30 June 1999.

(b) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, Aboriginal and Torres Strait Islander origin and patients identified as of Aboriginal or Torres Strait Islander origin without further specification.

(c) Does not include separations for patients for which Aboriginal and Torres Strait Islander status was not reported.

Note: Abbreviation; RRMA—Rural, remote and metropolitan area.

.. Not applicable.

Table 3.10: Mental health-related separations by country of birth, Australia, 1999–00

Country of birth	Separations			Patient days	Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same day	Overnight	Total				
With specialised psychiatric care							
Australia	54,707	76,260	130,967	1,940,160	1,893,371	24.7	24.1
Other English-speaking countries	5,606	7,504	13,110	165,533	163,943	21.3	21.1
Non-English-speaking countries	11,906	15,565	27,471	388,982	383,160	24.2	23.9
<i>Total</i>	<i>72,219</i>	<i>99,329</i>	<i>171,548</i>	<i>2,494,675</i>	<i>2,440,474</i>	<i>24.4</i>	<i>23.8</i>
Without specialised psychiatric care							
Australia	20,451	55,260	75,711	543,250	..	9.5	..
Other English-speaking countries	1,628	4,869	6,497	55,563	..	11.1	..
Non-English-speaking countries	5,095	7,811	12,906	86,798	..	10.5	..
<i>Total</i>	<i>27,174</i>	<i>67,940</i>	<i>95,114</i>	<i>685,611</i>	<i>..</i>	<i>9.7</i>	<i>..</i>

.. Not applicable.

Table 3.11: Separations, patient days and psychiatric care days for mental health-related separations by principal diagnosis in ICD-10-AM chapter groupings, Australia, 1999–00

Principal diagnosis	Separations			Seps per 1,000 pop'n ^(a)	Patient days	Psychiatric care days	Average length of stay (o'night)	Psychiatric care days per sep (o'night)	Patient days per 1,000 population ^(a)	Psychiatric care days per 1,000 population ^(a)	
	Same day	Overnight	Total								
With specialised psychiatric care											
A00–B99	Certain infectious & parasitic diseases	31	22	53	<0.01	696	614	30.2	26.5	0.04	0.03
C00–D48	Neoplasms	7	26	33	<0.01	583	418	22.2	15.8	0.03	0.02
D50–D89	Diseases of the blood & blood-forming organs	2	15	17	<0.01	208	133	13.7	8.7	0.01	<0.01
E00–E90	Endocrine nutritional & metabolic diseases	4	67	71	<0.01	1,468	1,249	21.9	18.6	0.08	0.07
F00–F99	Mental & behavioural disorders	70,788	93,817	164,605	8.69	2,353,743	2,307,760	24.3	23.8	124.29	121.86
G00–G99	Diseases of the nervous system	41	889	930	0.05	56,748	52,885	63.8	59.4	3.00	2.79
H00–H59	Diseases of the eye & adnexa	2	1	3	<0.01	4	4	2.0	2.0	<0.01	<0.01
H60–H95	Diseases of the ear & mastoid process	1	3	4	<0.01	24	18	7.7	5.7	<0.01	<0.01
I00–I99	Diseases of the circulatory system	4	71	75	<0.01	1,699	1,208	23.9	17.0	0.09	0.06
J00–J99	Diseases of the respiratory system	1	41	42	<0.01	767	662	18.7	16.1	0.04	0.03
K00–K93	Diseases of the digestive system	8	64	72	<0.01	1,370	1,003	21.3	15.5	0.07	0.05
L00–L99	Diseases of the skin & subcutaneous tissue	1	27	28	<0.01	379	319	14.0	11.8	0.02	0.02
M00–M99	Diseases of the musculoskeletal system & connective tissue	158	59	217	0.01	1,240	1,025	18.3	14.7	0.07	0.05
N00–N99	Diseases of the genitourinary system	7	38	45	<0.01	472	283	12.2	7.3	0.02	0.01
O00–O99	Pregnancy, childbirth & the puerperium	13	115	128	<0.01	1,843	1,722	15.9	14.9	0.10	0.09
Q00–Q99	Congenital malformations, deformations & chromosomal abnormalities	0	9	9	<0.01	707	695	78.6	77.2	0.04	0.04
R00–R99	Symptoms, signs, abnormal clinical & laboratory findings nec	166	331	497	0.03	4,287	4,140	12.5	12.0	0.23	0.22
S00–T98	Injury, poisoning & certain other consequences of ext. causes	182	1,799	1,981	0.10	15,930	14,146	8.8	7.8	0.84	0.75
Z00–Z99	Factors influencing health status & contact with health	778	1,234	2,012	0.11	32,642	32,325	25.8	25.6	1.72	1.71
	Not reported	25	701	726	0.04	19,865	19,865	28.3	28.3	1.05	1.05
<i>Total with specialised psychiatric care</i>		<i>72,219</i>	<i>99,329</i>	<i>171,548</i>	<i>9.06</i>	<i>2,494,675</i>	<i>2,440,474</i>	<i>24.4</i>	<i>23.8</i>	<i>131.73</i>	<i>128.87</i>
Without specialised psychiatric care											
F00–F99	Mental & behavioural disorders	23,238	56,874	80,112	4.23	588,816	..	9.9	..	31.09	..
G00–G99 ^(b)	Diseases of the nervous system	2,946	6,918	9,864	0.52	78,448	..	10.9	..	4.14	..
O00–O99 ^(b)	Pregnancy childbirth & the puerperium	327	1,721	2,048	0.11	7,238	..	4.0	..	0.38	..
R00–R99 ^(b)	Symptoms, signs, abnormal clinical & laboratory findings nec	507	2,071	2,578	0.14	9,375	..	4.3	..	0.50	..
Z00–Z99 ^(b)	Factors influencing health status & contact with health services	156	356	512	0.03	1,734	..	4.4	..	0.09	..
<i>Total without specialised psychiatric care</i>		<i>27,174</i>	<i>67,940</i>	<i>95,114</i>	<i>5.02</i>	<i>685,611</i>	<i>..</i>	<i>9.7</i>	<i>..</i>	<i>36.20</i>	<i>..</i>
Total		99,393	167,269	266,662	14.08	3,180,286	..	18.4	..	167.94	..

(a) Rates are crude rates based on the Estimated Resident Population of Australia as at 30 June 1999.

(b) These groupings include selected codes only. See Appendix 2 for a full list of codes included in the definition of a mental health-related diagnosis.

Table 3.12a: Mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations						Patient days	Psychiatric care days	% patient days ^(b)	Average length of stay (o'night)	Psychiatric care days per sep (o'night)
	Same day	% of total ^(a)	Overnight	% of total ^(a)	Total	% of total ^(a)					
F00–F03 Dementia	150	40.8	1,408	21.5	1,558	22.4	106,190	105,338	37.3	75.3	74.7
F04–F09 Other organic mental disorders	237	41.7	1,197	26.7	1,434	28.0	91,006	89,959	65.2	75.8	75.0
F10 Mental & behavioural disorders due to use of alcohol	3,639	41.6	4,041	26.7	7,680	32.1	136,966	136,390	67.0	33.0	32.9
F11–F19 Mental & behav disorders due to other psychoactive subst use	1,449	46.9	6,029	47.3	7,478	47.1	49,288	48,741	59.7	7.9	7.8
F20 Schizophrenia	5,009	83.0	19,178	90.7	24,187	88.9	844,844	817,925	94.2	43.8	42.4
F20–F29 Other schizophrenic, schizotypal & delusional disorders	3,085	72.9	9,376	84.7	12,461	81.3	204,232	197,279	89.8	21.5	20.7
F30 Manic episode	53	40.2	815	80.1	868	71.7	12,925	12,831	89.9	15.8	15.7
F31 Bipolar affective disorders	3,798	85.0	9,490	89.2	13,288	87.9	205,227	203,701	93.4	21.2	21.1
F32–F33 Depressive disorders	25,522	81.7	19,593	67.4	45,115	74.8	358,634	354,286	78.2	17.0	16.8
F34–F39 Other mood (affective) disorders	1,958	90.0	1,639	85.9	3,597	87.9	18,375	18,222	85.6	10.0	9.9
F40–F48 Neurotic, stress-related & somatoform disorders	15,247	75.8	13,198	55.9	28,445	65.0	141,069	139,256	66.4	9.5	9.4
F50 Eating disorders	3,938	95.0	981	54.2	4,919	82.5	32,357	31,775	65.7	29.0	28.4
F51–F59 Other behav syndromes associated w phys dist & phys factors	412	35.9	442	13.8	854	19.3	6,792	6,767	32.2	14.4	14.4
F60–F69 Disorders of adult personality & behaviour	2,808	87.5	5,181	85.7	7,989	86.2	57,506	57,043	91.2	10.6	10.5
F70–F79 Mental retardation	27	25.0	193	65.6	220	46.1	71,181	71,158	94.3	368.7	368.6
F80–F89 Disorders of psychological development	116	18.5	146	36.7	262	23.7	3,102	3,084	41.0	20.5	20.3
F90–F98 Disorders onset usually occurring in childhood or adolescence	3,331	93.4	804	56.9	4,135	82.9	12,375	12,335	78.5	11.2	11.2
F99 Mental disorder not otherwise specified	9	13.4	106	70.7	115	37.9	1,674	1,670	86.9	15.7	15.7
G30 Alzheimer's disease ^(c)	19	35.2	541	26.3	560	25.8	39,413	37,919	38.2	72.8	70.1
G47 Sleep disorders ^(c)	2	0.1	77	1.4	79	0.9	166	166	0.9	2.1	2.1
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	13	3.8	97	5.3	110	4.9	1,248	1,195	14.1	12.7	12.2
R44 Other symptoms & signs involving gen sensations & perceptions	46	39.0	32	15.5	78	20.2	597	597	33.3	17.2	17.2
R45 Symptoms & signs involving emotional state ^(c)	22	16.8	25	10.5	47	10.4	226	226	21.6	8.2	8.2
Z00.4 General psychiatric examination not elsewhere classified	91	59.1	80	69.6	171	55.2	1,764	1,764	91.0	20.9	20.9
Z03.2 Observation for suspected mental & behavioural disorder	18	37.5	50	54.3	68	33.6	284	283	70.6	5.3	5.3
Z50.2 Alcohol rehabilitation	22	91.7	40	29.4	62	36.8	1,324	1,286	69.8	32.6	31.6
Z50.3 Drug rehabilitation	5	50.0	73	48.7	78	37.1	1,227	1,219	75.5	16.7	16.6
Z63.8 Other specified problems related to primary support group	119	78.3	138	68.7	257	68.6	782	781	75.9	4.8	4.8
Z65.8 Other specified problems related to psychosocial circumstances	164	96.5	85	87.6	249	92.0	493	491	87.8	3.9	3.8
Z71.4 Counselling & surveillance for alcohol use disorder	92	94.8	5	83.3	97	89.7	215	215	96.8	24.6	24.6
Other factors influ health status & contact with health service ^(d)	25	67.6	31	50.8	56	57.1	320	320	59.6	9.5	9.5
Other ^(e)	768	100.0	3,537	100.0	4,305	100.0	73,008	66,387	90.9	20.4	18.6
Not reported	25	..	701	..	726	..	19,865	19,865	..	28.3	28.3
Total	72,219	72.7	99,329	59.4	171,548	64.0	2,494,675	2,440,474	76.7	24.4	23.8

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.

(b) The proportion of mental health-related patient days with these diagnoses that were psychiatric care days.

(c) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of included codes.

(d) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(e) All other diagnoses.

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

Table 3.12b: Mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations						Patient days	% patient days ^(b)	Average length of stay (o'night)
	Same day	% of total ^(a)	Overnight	% of total ^(a)	Total	% of total ^(a)			
F00–F03 Dementia	218	59.2	5,135	78.5	5,412	77.6	176,399	62.4	34.3
F04–F09 Other organic mental disorders	331	58.3	3,293	73.3	3,682	72.0	46,983	34.0	14.2
F10 Mental & behavioural disorders due to use of alcohol	5,112	58.4	11,073	73.3	16,243	67.9	66,719	32.8	5.6
F11–F19 Mental & behav disorders due to other psychoactive subst use	1,643	53.1	6,708	52.7	8,404	52.9	32,398	39.7	4.6
F20 Schizophrenia	1,028	17.0	1,960	9.3	3,005	11.1	23,205	2.7	11.3
F20–F29 Other schizophrenic, schizotypal & delusional disorders	1,145	27.1	1,696	15.3	2,868	18.7	15,490	7.0	8.5
F30 Manic episode	79	59.8	203	19.9	342	28.3	1,341	9.4	6.2
F31 Bipolar affective disorders	669	15.0	1,148	10.8	1,832	12.1	12,795	5.9	10.6
F32–F33 Depressive disorders	5,704	18.3	9,495	32.6	15,217	25.2	94,466	20.8	9.3
F34–F39 Other mood (affective) disorders	217	10.0	270	14.1	497	12.1	2,922	13.7	10.0
F40–F48 Neurotic, stress-related & somatoform disorders	4,862	24.2	10,431	44.1	15,317	35.0	68,560	32.7	6.1
F50 Eating disorders	208	5.0	830	45.8	1,043	17.5	16,004	33.1	19.0
F51–F59 Other behav syndromes associated w phys dist & phys factors	737	64.1	2,761	86.2	3,562	80.7	14,195	67.6	4.9
F60–F69 Disorders of adult personality & behaviour	402	12.5	864	14.3	1,279	13.8	5,025	8.0	5.4
F70–F79 Mental retardation	81	75.0	101	34.4	257	53.9	4,299	5.7	41.8
F80–F89 Disorders of psychological development	510	81.5	252	63.3	843	76.3	4,424	58.8	15.5
F90–F98 Disorders onset usually occurring in childhood or adolescence	234	6.6	610	43.1	851	17.1	3,344	21.3	5.1
F99 Mental disorder not otherwise specified	58	86.6	44	29.3	189	62.1	247	12.9	4.3
G30 Alzheimer's disease ^(c)	35	64.8	1,514	73.7	1,614	74.2	59,746	60.3	39.4
G47 Sleep disorders ^(c)	2,911	99.9	5,404	98.6	8,415	99.1	18,702	99.1	2.9
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	327	96.2	1,721	94.7	2,144	95.1	7,238	85.3	4.0
R44 Other symptoms & signs involving gen sensations & perceptions	72	61.0	175	84.5	308	79.8	1,196	66.7	6.4
R45 Symptoms & signs involving emotional state ^(c)	109	83.2	212	89.5	404	89.6	821	78.4	3.4
R48 Dyslexia & other symbolic dysfunctions not elsewhere classified	2	100.0	10	100.0	112	100.0	117	100.0	11.5
R68.1 Nonspecific symptoms peculiar to infancy	324	100.0	1,674	100.0	2,098	100.0	7,241	100.0	4.1
Z00.4 General psychiatric examination not elsewhere classified	63	40.9	35	30.4	139	44.8	174	9.0	3.2
Z03.2 Observation for suspected mental & behavioural disorder	30	62.5	42	45.7	135	66.4	117	29.2	2.1
Z50.2 Alcohol rehabilitation	2	8.3	96	70.6	106	63.2	518	28.1	5.4
Z50.3 Drug rehabilitation	5	50.0	77	51.3	132	62.9	388	24.0	5.0
Z63.8 Other specified problems related to primary support group	33	21.7	63	31.3	118	31.4	247	24.0	3.4
Z65.8 Other specified problems related to psychosocial circumstances	6	3.5	12	12.4	22	8.0	66	11.8	5.0
Z71.4 Counselling & surveillance for alcohol use disorder	5	5.2	1	16.7	11	10.3	7	3.2	2.0
Other factors influ health status & contact with health service ^(d)	12	32.4	30	49.2	42	42.9	217	40.4	6.8
Total	27,174	27.3	67,940	40.6	96,643	36.0	685,611	21.6	9.7

(a) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.

(b) The proportion of mental health-related patient days with these diagnoses that were from separations with no specialised psychiatric care.

(c) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of included codes.

(d) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

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

Table 3.13a: Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999-00

Principal diagnosis	Public acute hospitals					Private hospitals				
	Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days
	Same day	Overnight	Total			Same day	Overnight	Total		
F00-F03 Dementia	136	808	944	28,760	28,382	11	138	149	3,254	3,226
F04-F09 Other organic mental disorders	146	718	864	14,548	13,549	39	220	259	3,758	3,724
F10 Mental & behavioural disorders due to use of alcohol	664	1,496	2,160	11,720	11,299	2,913	1,792	4,705	27,156	27,114
F11-F19 Mental & behav disorders due to other psychoactive subst use	352	3,051	3,403	22,096	21,826	996	1,429	2,425	15,184	14,922
F20 Schizophrenia	1,886	14,377	16,263	285,267	283,605	2,844	964	3,808	21,308	21,282
F20-F29 Other schizophrenic, schizotypal & delusional disorders	1,225	6,790	8,015	109,582	108,889	1,625	930	2,555	16,930	16,708
F30 Manic episode	27	587	614	8,091	8,007	15	81	96	1,322	1,313
F31 Bipolar affective disorders	1,570	6,404	7,974	112,646	111,560	2,010	1,597	3,607	31,330	31,203
F32-F33 Depressive disorders	6,704	10,724	17,428	160,506	157,354	18,073	7,337	25,410	154,052	153,102
F34-F39 Other mood (affective) disorders	680	1,084	1,764	9,408	9,323	1,246	378	1,624	7,177	7,133
F40-F48 Neurotic, stress-related & somatoform disorders	4,391	7,893	12,284	58,646	57,675	10,589	3,648	14,237	68,624	68,227
F50 Eating disorders	1,161	557	1,718	14,566	14,127	2,777	415	3,192	17,365	17,222
F51-F59 Other behav syndromes associated w phys dist & phys factors	87	256	343	3,434	3,423	325	163	488	3,077	3,063
F60-F69 Disorders of adult personality & behaviour	1,475	3,649	5,124	25,442	25,072	1,285	488	1,773	7,899	7,829
F70-F79 Mental retardation	25	119	144	1,667	1,645	0	2	2	17	17
F80-F89 Disorders of psychological development	72	106	178	1,261	1,258	44	13	57	251	251
F90-F98 Disorders onset usually occurring in childhood or adolescence	2,796	682	3,478	9,532	9,514	309	26	335	994	993
F99 Mental disorder not otherwise specified	5	64	69	790	786	4	4	8	30	30
G30 Alzheimer's disease ^(a)	17	391	408	17,136	16,906	2	71	73	1,614	1,594
G47 Sleep disorders ^(a)	2	6	8	57	57	0	71	71	109	109
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	4	88	92	1,125	1,073	9	8	17	113	112
R44 Other symptoms & signs involving gen sensations & perceptions	8	30	38	547	547	0	2	2	12	12
R45 Symptoms & signs involving emotional state ^(a)	11	21	32	195	195	11	3	14	29	29
Z00.4 General psychiatric examination not elsewhere classified	91	45	136	444	444	0	1	1	1	1
Z03.2 Observation for suspected mental & behavioural disorder	18	45	63	259	258	0	1	1	5	5
Z50.2 Alcohol rehabilitation	0	0	0	0	0	22	5	27	63	63
Z50.3 Drug rehabilitation	0	1	1	5	5	0	0	0	0	0
Z63.8 Other specified problems related to primary support group	116	137	253	778	777	2	0	2	2	2
Z65.8 Other specified problems related to psychosocial circumstances	164	85	249	493	491	0	0	0	0	0
Z71.4 Counselling & surveillance for alcohol use disorder	0	0	0	0	0	92	4	96	212	212
Other factors influ health status & contact with health service ^(b)	8	22	30	215	215	17	1	18	18	18
Other ^(c)	452	2,894	3,346	44,059	40,280	262	331	593	4,870	4,198
Not reported	23	505	528	8,373	8,373	2	3	5	13	13
Total	24,316	63,635	87,951	951,648	936,915	45,524	20,126	65,650	386,789	383,727

(continued)

Table 3.13a (continued): Separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00

Principal diagnosis	Public psychiatric hospitals					All hospitals				
	Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days
	Same day	Overnight	Total			Same day	Overnight	Total		
F00–F03 Dementia	3	462	465	74,176	73,730	150	1,408	1,558	106,190	105,338
F04–F09 Other organic mental disorders	52	259	311	72,700	72,686	237	1,197	1,434	91,006	89,959
F10 Mental & behavioural disorders due to use of alcohol	62	753	815	98,090	97,977	3,639	4,041	7,680	136,966	136,390
F11–F19 Mental & behav disorders due to other psychoactive subst use	101	1,549	1,650	12,008	11,993	1,449	6,029	7,478	49,288	48,741
F20 Schizophrenia	279	3,837	4,116	538,269	513,038	5,009	19,178	24,187	844,844	817,925
F20–F29 Other schizophrenic, schizotypal & delusional disorders	235	1,656	1,891	77,720	71,682	3,085	9,376	12,461	204,232	197,279
F30 Manic episode	11	147	158	3,512	3,511	53	815	868	12,925	12,831
F31 Bipolar affective disorders	218	1,489	1,707	61,251	60,938	3,798	9,490	13,288	205,227	203,701
F32–F33 Depressive disorders	745	1,532	2,277	44,076	43,830	25,522	19,593	45,115	358,634	354,286
F34–F39 Other mood (affective) disorders	32	177	209	1,790	1,766	1,958	1,639	3,597	18,375	18,222
F40–F48 Neurotic, stress-related & somatoform disorders	267	1,657	1,924	13,799	13,354	15,247	13,198	28,445	141,069	139,256
F50 Eating disorders	0	9	9	426	426	3,938	981	4,919	32,357	31,775
F51–F59 Other behav syndromes associated w phys dist & phys factors	0	23	23	281	281	412	442	854	6,792	6,767
F60–F69 Disorders of adult personality & behaviour	48	1,044	1,092	24,165	24,142	2,808	5,181	7,989	57,506	57,043
F70–F79 Mental retardation	2	72	74	69,497	69,496	27	193	220	71,181	71,158
F80–F89 Disorders of psychological development	0	27	27	1,590	1,575	116	146	262	3,102	3,084
F90–F98 Disorders onset usually occurring in childhood or adolescence	226	96	322	1,849	1,828	3,331	804	4,135	12,375	12,335
F99 Mental disorder not otherwise specified	0	38	38	854	854	9	106	115	1,674	1,670
G30 Alzheimer's disease ^(a)	0	79	79	20,663	19,419	19	541	560	39,413	37,919
G47 Sleep disorders ^(a)	0	0	0	0	0	2	77	79	166	166
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	1	1	10	10	13	97	110	1,248	1,195
R44 Other symptoms & signs involving gen sensations & perceptions	38	0	38	38	38	46	32	78	597	597
R45 Symptoms & signs involving emotional state ^(a)	0	1	1	2	2	22	25	47	226	226
Z00.4 General psychiatric examination not elsewhere classified	0	34	34	1,319	1,319	91	80	171	1,764	1,764
Z03.2 Observation for suspected mental & behavioural disorder	0	4	4	20	20	18	50	68	284	283
Z50.2 Alcohol rehabilitation	0	35	35	1,261	1,223	22	40	62	1,324	1,286
Z50.3 Drug rehabilitation	5	72	77	1,222	1,214	5	73	78	1,227	1,219
Z63.8 Other specified problems related to primary support group	1	1	2	2	2	119	138	257	782	781
Z65.8 Other specified problems related to psychosocial circumstances	0	0	0	0	0	164	85	249	493	491
Z71.4 Counselling & surveillance for alcohol use disorder	0	1	1	3	3	92	5	97	215	215
Other factors influ health status & contact with health service ^(b)	0	8	8	87	87	25	31	56	320	320
Other ^(c)	54	312	366	24,079	21,909	768	3,537	4,305	73,008	66,387
Not reported	0	193	193	11,479	11,479	25	701	726	19,865	19,865
Total	2,379	15,568	17,947	1,156,238	1,119,832	72,219	99,329	171,548	2,494,675	2,440,474

(a) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of the included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 2.

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

Table 3.13b: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00

Principal diagnosis	Public acute hospitals				Private hospitals			
	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days
F00–F03 Dementia	176	4,036	4,212	133,950	42	1,099	1,141	42,449
F04–F09 Other organic mental disorders	253	2,679	2,932	36,188	78	614	692	10,795
F10 Mental & behavioural disorders due to use of alcohol	3,436	9,627	13,063	48,650	1,676	1,445	3,121	18,064
F11–F19 Mental & behav disorders due to other psychoactive subst use	1,310	5,488	6,798	24,018	333	1,218	1,551	8,373
F20 Schizophrenia	925	1,797	2,722	20,225	103	163	266	2,980
F20–F29 Other schizophrenic, schizotypal & delusional disorders	1,076	1,493	2,569	12,505	69	203	272	2,985
F30 Manic episode	77	179	256	1,084	2	24	26	257
F31 Bipolar affective disorders	551	921	1,472	9,096	118	227	345	3,699
F32–F33 Depressive disorders	3,049	7,084	10,133	56,592	2,655	2,411	5,066	37,874
F34–F39 Other mood (affective) disorders	69	167	236	1,209	148	103	251	1,713
F40–F48 Neurotic, stress-related & somatoform disorders	2,595	7,775	10,370	33,831	2,267	2,656	4,923	34,729
F50 Eating disorders	127	718	845	13,993	81	112	193	2,011
F51–F59 Other behav syndromes associated w phys dist & phys factors	138	2,187	2,325	10,281	599	574	1,173	3,914
F60–F69 Disorders of adult personality & behaviour	366	703	1,069	3,548	36	161	197	1,477
F70–F79 Mental retardation	78	96	174	1,109	3	5	8	3,190
F80–F89 Disorders of psychological development	368	186	554	3,247	142	66	208	1,177
F90–F98 Disorders onset usually occurring in childhood or adolescence	228	542	770	2,961	6	68	74	383
F99 Mental disorder not otherwise specified	58	39	97	200	0	5	5	47
G30 Alzheimer's disease ^(a)	31	1,225	1,256	51,342	4	289	293	8,404
G47 Sleep disorders ^(a)	1,816	3,628	5,444	12,953	1,095	1,776	2,871	5,749
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	301	1,539	1,840	6,380	26	182	208	858
R44 Other symptoms & signs involving gen sensations & perceptions	71	143	214	881	1	32	33	315
R45 Symptoms & signs involving emotional state ^(a)	106	184	290	683	3	28	31	138
R48 Dyslexia & other symbolic dysfunctions not elsewhere classified	1	6	7	43	1	4	5	74
R68.1 Nonspecific symptoms peculiar to infancy	277	1,485	1,762	6,476	47	189	236	765
Z00.4 General psychiatric examination not elsewhere classified	63	35	98	174	0	0	0	0
Z03.2 Observation for suspected mental & behavioural disorder	28	34	62	93	2	8	10	24
Z50.2 Alcohol rehabilitation	2	95	97	515	0	1	1	3
Z50.3 Drug rehabilitation	5	74	79	369	0	3	3	19
Z63.8 Other specified problems related to primary support group	20	60	80	222	13	3	16	25
Z65.8 Other specified problems related to psychosocial circumstances	6	12	18	66	0	0	0	0
Z71.4 Counselling & surveillance for alcohol use disorder	3	1	4	5	2	0	2	2
Other factors influ health status & contact with health service ^(b)	12	28	40	172	0	2	2	45
Total	17,622	54,266	71,888	493,061	9,552	13,671	23,223	192,538

(a) Not all 4-character codes in this 3-character group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

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

Table 3.14a: Separations, patient days and psychiatric care days for separations with specialised psychiatric care and the 30 most frequently reported principal diagnoses in 3-character ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations			Patient days	Psychiatric care days
	Same day	Overnight	Total		
F32 Depressive episode	15,100	13,321	28,421	232,283	229,199
F20 Schizophrenia	5,009	19,178	24,187	844,844	817,925
F43 Reaction to severe stress, and adjustment disorders	8,231	10,329	18,560	92,227	91,033
F33 Recurrent depressive disorder	10,422	6,272	16,694	126,351	125,087
F31 Bipolar affective disorder	3,798	9,490	13,288	205,227	203,701
F10 Mental and behavioural disorders due to use of alcohol	3,639	4,041	7,680	136,966	136,390
F60 Specific personality disorders	2,686	4,873	7,559	52,981	52,572
F25 Schizoaffective disorders	1,845	4,523	6,368	128,649	122,408
F41 Other anxiety disorders	3,991	1,682	5,673	26,729	26,442
F50 Eating disorders	3,938	981	4,919	32,357	31,775
F34 Persistent mood (affective) disorders	1,484	1,458	2,942	15,484	15,341
F11 Mental and behavioural disorders due to use of opioids	419	1,804	2,223	11,387	11,164
F23 Acute and transient psychotic disorders	258	1,855	2,113	23,184	22,842
F29 Unspecified nonorganic psychosis	634	1,457	2,091	20,282	20,091
F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	488	1,507	1,995	14,095	13,966
F91 Conduct disorders	1,402	442	1,844	6,535	6,505
F22 Persistent delusional disorders	304	1,344	1,648	29,449	29,283
F90 Hyperkinetic disorders	1,373	143	1,516	2,823	2,818
F40 Phobic anxiety disorders	1,227	170	1,397	3,649	3,620
F12 Mental and behavioural disorders due to use of cannabinoids	251	1,144	1,395	11,137	11,082
F15 Mental and behavioural disorders due to use of other stimulants, including caffeine	198	1,122	1,320	7,529	7,422
F42 Obsessive–compulsive disorder	811	395	1,206	8,764	8,674
F44 Dissociative (conversion) disorders	645	447	1,092	7,071	6,940
F03 Unspecified dementia	78	921	999	67,492	66,855
F30 Manic episode	53	815	868	12,925	12,831
F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified	375	385	760	6,392	6,380
T42 Poisoning by antiepileptic, sedative–hypnotic and antiparkinsonism drugs	46	593	639	4,355	3,972
F06 Other mental disorders due to brain damage and dysfunction and to physical disease	124	490	614	57,852	57,409
G30 Alzheimer's disease	19	541	560	39,413	37,919
F45 Somatoform disorders	334	148	482	2,450	2,368

Table 3.14b: Separations, patient days and psychiatric care days for mental health-related separations without specialised psychiatric care and the 30 most frequently reported principal diagnoses in 3-character ICD-10-AM groupings, Australia, 1999–00

Principal diagnosis	Separations			Patient days
	Same day	Overnight	Total	
F10 Mental and behavioural disorders due to use of alcohol	5,112	11,073	16,185	66,719
F32 Depressive episode	3,257	7,567	10,824	67,370
G47 Sleep disorders	2,911	5,404	8,315	18,702
F41 Other anxiety disorders	1,723	5,201	6,924	29,142
F43 Reaction to severe stress, and adjustment disorders	2,470	3,908	6,378	30,265
F11 Mental and behavioural disorders due to use of opioids	842	4,446	5,288	18,785
F03 Unspecified dementia	205	4,238	4,443	148,145
F33 Recurrent depressive disorder	2,447	1,928	4,375	27,096
F20 Schizophrenia	1,028	1,960	2,988	23,205
F05 Delirium, not induced by alcohol and other psychoactive substances	157	2,728	2,885	36,790
F51 Nonorganic sleep disorders	176	1,908	2,084	9,079
O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	327	1,721	2,048	7,238
R68 Other general symptoms and signs	324	1,674	1,998	7,241
F31 Bipolar affective disorder	669	1,148	1,817	12,795
G30 Alzheimer's disease	35	1,514	1,549	59,746
F53 Mental and behavioural disorders associated with the puerperium, not elsewhere classified	530	726	1,256	4,461
F60 Specific personality disorders	360	688	1,048	3,491
F50 Eating disorders	208	830	1,038	16,004
F23 Acute and transient psychotic disorders	395	545	940	3,372
F44 Dissociative (conversion) disorders	242	690	932	4,450
F01 Vascular dementia	11	859	870	27,684
F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	194	663	857	4,164
F15 Mental and behavioural disorders due to use of other stimulants, including caffeine	208	516	724	2,430
F45 Somatoform disorders	275	439	714	2,615
F12 Mental and behavioural disorders due to use of cannabinoids	171	482	653	3,116
F29 Unspecified nonorganic psychosis	317	330	647	1,799
F25 Schizoaffective disorders	263	356	619	4,722
F13 Mental and behavioural disorders due to use of sedatives or hypnotics	142	458	600	3,362
F22 Persistent delusional disorders	137	382	519	4,755
F91 Conduct disorders	143	369	512	2,139

Table 3.15a: Same day mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, ^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	129	12	4	4	1	0	0	0	150
F04–F09 Other organic mental disorders	145	14	31	35	10	2	0	0	237
F10 Mental and behavioural disorders due to use of alcohol	1,827	677	872	206	17	34	2	4	3,639
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	696	339	289	87	17	11	9	1	1,449
F20 Schizophrenia	1,544	1,393	1,274	313	409	62	11	3	5,009
F20–F29 Other schizophrenic, schizotypal and delusional disorders	1,234	890	570	184	156	45	4	2	3,085
F30 Manic episode	8	4	22	1	13	3	1	1	53
F31 Bipolar affective disorders	787	1,113	603	875	240	173	7	0	3,798
F32–F33 Depressive disorders	6,233	9,125	4,566	4,602	571	368	56	1	25,522
F34–F39 Other mood (affective) disorders	337	199	837	464	56	65	0	0	1,958
F40–F48 Neurotic, stress-related and somatoform disorders	3,799	3,601	4,341	2,863	414	209	10	10	15,247
F50 Eating disorders	1,607	1,793	279	214	38	7	0	0	3,938
F51–F59 Other behav syndromes associated w phys dist & phys factors	80	65	261	3	2	1	0	0	412
F60–F69 Disorders of adult personality and behaviour	779	421	250	994	252	91	20	1	2,808
F70–F79 Mental retardation	7	0	18	1	0	1	0	0	27
F80–F89 Disorders of psychological development	67	43	5	0	1	0	0	0	116
F90–F98 Disorders onset usually occurring in childhood or adolescence	2,870	259	24	168	6	2	2	0	3,331
F99 Mental disorder not otherwise specified	2	1	4	2	0	0	0	0	9
G30 Alzheimer's disease ^(b)	15	2	1	0	0	1	0	0	19
G47 Sleep disorders ^(b)	0	0	2	0	0	0	0	0	2
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	0	13	0	0	0	0	0	13
R44 Other symptoms and signs involving general sensations and perceptions	37	1	6	1	1	0	0	0	46
R45 Symptoms and signs involving emotional state ^(b)	1	1	8	12	0	0	0	0	22
Z00.4 General psychiatric examination not elsewhere classified	4	3	84	0	0	0	0	0	91
Z03.2 Observation for suspected mental and behavioural disorder	7	2	9	0	0	0	0	0	18
Z50.2 Alcohol rehabilitation	22	0	0	0	0	0	0	0	22
Z50.3 Drug rehabilitation	5	0	0	0	0	0	0	0	5
Z63.8 Other specified problems related to primary support group	115	0	1	3	0	0	0	0	119
Z65.8 Other specified problems related to psychosocial circumstances	162	0	2	0	0	0	0	0	164
Z71.4 Counselling and surveillance for alcohol use disorder	85	0	7	0	0	0	0	0	92
Other factors influencing health status and contact with health services ^(c)	1	1	5	18	0	0	0	0	25
Other ^(d)	351	42	308	24	12	19	8	4	768
Not reported	0	17	0	0	0	8	0	0	25
Total	22,956	20,018	14,696	11,074	2,216	1,102	130	27	72,219
Age-standardised same day separation rate^(e)	3.59	4.25	4.20	5.96	1.48	2.35	0.41	0.15	3.81
Upper 95% confidence limit	3.64	4.30	4.26	6.07	1.54	2.49	0.48	0.20	3.84
Lower 95% confidence limit	3.55	4.19	4.13	5.85	1.41	2.21	0.34	0.09	3.79

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.15b: Same day mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories, ^(a) 1999-00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00-F03 Dementia	70	59	34	42	9	3	0	1	218
F04-F09 Other organic mental disorders	87	90	113	10	24	4	0	3	331
F10 Mental and behavioural disorders due to use of alcohol	1,237	1,413	1,521	400	344	155	28	14	5,112
F11-F19 Mental and behavioural disorders due to other psychoactive substances use	693	261	446	100	98	37	3	5	1,643
F20 Schizophrenia	336	391	161	39	67	24	4	6	1,028
F20-F29 Other schizophrenic, schizotypal and delusional disorders	342	376	180	39	115	74	5	14	1,145
F30 Manic episode	41	14	11	3	7	1	1	1	79
F31 Bipolar affective disorders	120	245	74	13	66	147	3	1	669
F32-F33 Depressive disorders	1,541	2,421	633	142	199	723	41	4	5,704
F34-F39 Other mood (affective) disorders	33	12	90	4	7	71	0	0	217
F40-F48 Neurotic, stress-related and somatoform disorders	1,941	1,011	963	243	331	357	9	7	4,862
F50 Eating disorders	50	62	70	7	5	14	0	0	208
F51-F59 Other behav syndromes associated w phys dist & phys factors	54	195	423	48	10	7	0	0	737
F60-F69 Disorders of adult personality and behaviour	118	111	81	26	28	29	8	1	402
F70-F79 Mental retardation	11	49	14	0	3	1	1	2	81
F80-F89 Disorders of psychological development	279	68	69	8	54	18	7	7	510
F90-F98 Disorders onset usually occurring in childhood or adolescence	65	95	32	5	21	7	3	6	234
F99 Mental disorder not otherwise specified	24	10	14	3	3	4	0	0	58
G30 Alzheimer's disease ^(c)	16	6	6	5	2	0	0	0	35
G47 Sleep disorders ^(b)	10	2,139	22	667	72	0	1	0	2,911
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	169	53	41	29	26	3	1	5	327
R44 Other symptoms and signs involving general sensations and perceptions	16	37	11	5	2	1	0	0	72
R45 Symptoms and signs involving emotional state ^(b)	34	38	22	8	3	1	1	2	109
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	1	0	0	1	0	0	0	0	2
R68.1 Nonspecific symptoms peculiar to infancy	21	261	16	6	10	1	3	6	324
Z00.4 General psychiatric examination not elsewhere classified	49	11	2	0	1	0	0	0	63
Z03.2 Observation for suspected mental and behavioural disorder	13	7	3	1	2	3	0	1	30
Z50.2 Alcohol rehabilitation	2	0	0	0	0	0	0	0	2
Z50.3 Drug rehabilitation	5	0	0	0	0	0	0	0	5
Z63.8 Other specified problems related to primary support group	13	0	8	12	0	0	0	0	33
Z65.8 Other specified problems related to psychosocial circumstances	2	1	1	2	0	0	0	0	6
Z71.4 Counselling and surveillance for alcohol use disorder	3	2	0	0	0	0	0	0	5
Other factors influencing health status and contact with health services ^(c)	7	2	3	0	0	0	0	0	12
Total	7,403	9,440	5,064	1,868	1,509	1,685	119	86	27,174
Age-standardised same day separation rate^(d)	1.16	2.00	1.44	1.00	1.02	3.63	0.38	0.43	1.44
Upper 95% confidence limit	1.18	2.04	1.48	1.05	1.07	3.80	0.45	0.53	1.45
Lower 95% confidence limit	1.13	1.96	1.40	0.96	0.97	3.45	0.31	0.34	1.42

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.16a: Overnight mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	242	421	120	297	321	4	3	0	1,408
F04–F09 Other organic mental disorders	310	255	224	257	124	10	17	0	1,197
F10 Mental and behavioural disorders due to use of alcohol	1,786	694	624	411	392	55	55	24	4,041
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	2,375	1,233	1,017	731	466	60	92	55	6,029
F20 Schizophrenia	5,423	5,229	4,363	1,551	1,551	554	375	132	19,178
F20–F29 Other schizophrenic, schizotypal and delusional disorders	2,891	2,253	1,759	736	1,160	186	266	125	9,376
F30 Manic episode	283	168	104	108	66	35	41	10	815
F31 Bipolar affective disorders	2,672	2,002	1,906	1,039	1,109	361	339	62	9,490
F32–F33 Depressive disorders	4,909	5,231	4,138	2,091	2,086	360	672	106	19,593
F34–F39 Other mood (affective) disorders	422	237	476	164	194	42	91	13	1,639
F40–F48 Neurotic, stress-related and somatoform disorders	3,198	2,428	3,016	2,177	1,601	330	328	120	13,198
F50 Eating disorders	263	212	304	64	114	1	18	5	981
F51–F59 Other behav syndromes associated w phys dist & phys factors	137	178	65	33	18	3	4	4	442
F60–F69 Disorders of adult personality and behaviour	1,200	1,226	1,019	669	572	190	282	23	5,181
F70–F79 Mental retardation	55	11	84	26	8	5	3	1	193
F80–F89 Disorders of psychological development	37	33	50	14	6	1	5	0	146
F90–F98 Disorders onset usually occurring in childhood or adolescence	232	209	172	86	67	22	15	1	804
F99 Mental disorder not otherwise specified	20	42	3	38	1	2	0	0	106
G30 Alzheimer's disease ^(b)	101	202	41	141	48	5	3	0	541
G47 Sleep disorders ^(b)	1	68	7	0	0	1	0	0	77
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	31	24	25	7	3	6	0	1	97
R44 Other symptoms and signs involving general sensations and perceptions	4	11	13	0	2	1	1	0	32
R45 Symptoms and signs involving emotional state ^(b)	6	8	6	2	1	0	2	0	25
Z00.4 General psychiatric examination not elsewhere classified	14	50	11	2	0	0	3	0	80
Z03.2 Observation for suspected mental and behavioural disorder	23	9	11	2	1	0	2	2	50
Z50.2 Alcohol rehabilitation	40	0	0	0	0	0	0	0	40
Z50.3 Drug rehabilitation	73	0	0	0	0	0	0	0	73
Z63.8 Other specified problems related to primary support group	120	14	3	0	0	0	1	0	138
Z65.8 Other specified problems related to psychosocial circumstances	84	1	0	0	0	0	0	0	85
Z71.4 Counselling and surveillance for alcohol use disorder	3	0	2	0	0	0	0	0	5
Other factors influencing health status and contact with health services ^(c)	3	15	3	10	0	0	0	0	31
Other ^(d)	1,214	367	1,105	344	197	90	174	46	3,537
Not reported	0	520	0	0	0	181	0	0	701
Total	28,172	23,351	20,671	11,000	10,108	2,505	2,792	730	99,329
Age-standardised overnight separation rate^(e)	4.41	4.93	5.92	5.91	6.80	5.47	8.80	3.75	5.25
Upper 95% confidence limit	4.46	4.99	6.00	6.02	6.93	5.68	9.13	4.02	5.28
Lower 95% confidence limit	4.36	4.86	5.84	5.80	6.67	5.25	8.48	3.48	5.21

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.16b: Overnight mental health-related separations without specialised psychiatric care by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	1,691	1,290	1,033	438	517	97	56	13	5,135
F04–F09 Other organic mental disorders	1,070	1,294	329	171	316	89	14	10	3,293
F10 Mental and behavioural disorders due to use of alcohol	4,163	2,014	2,861	1,038	699	157	45	96	11,073
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	3,296	1,127	1,209	674	315	47	17	23	6,708
F20 Schizophrenia	804	272	295	214	181	146	36	12	1,960
F20–F29 Other schizophrenic, schizotypal and delusional disorders	606	296	229	207	228	81	37	12	1,696
F30 Manic episode	74	37	21	21	34	10	4	2	203
F31 Bipolar affective disorders	395	172	196	123	128	92	40	2	1,148
F32–F33 Depressive disorders	2,893	1,875	1,644	1,294	1,313	391	67	18	9,495
F34–F39 Other mood (affective) disorders	91	31	73	31	16	23	4	1	270
F40–F48 Neurotic, stress-related and somatoform disorders	2,823	2,752	1,971	1,139	1,247	431	41	27	10,431
F50 Eating disorders	236	270	129	98	61	30	5	1	830
F51–F59 Other behav syndromes associated w phys dist & phys factors	1,726	678	113	128	92	19	2	3	2,761
F60–F69 Disorders of adult personality and behaviour	333	137	141	84	58	66	44	1	864
F70–F79 Mental retardation	11	55	16	9	8	1	1	0	101
F80–F89 Disorders of psychological development	145	27	43	14	17	1	2	3	252
F90–F98 Disorders onset usually occurring in childhood or adolescence	182	176	148	40	30	27	5	2	610
F99 Mental disorder not otherwise specified	18	4	5	11	5	1	0	0	44
G30 Alzheimer's disease ^(b)	512	324	352	138	153	22	10	3	1,514
G47 Sleep disorders ^(b)	497	3,479	814	246	285	78	4	1	5,404
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	550	456	333	204	116	20	26	16	1,721
R44 Other symptoms and signs involving general sensations and perceptions	59	31	40	20	16	3	3	3	175
R45 Symptoms and signs involving emotional state ^(b)	74	59	27	23	23	4	1	1	212
R48 Dyslexia and other symbolic dysfunctions not elsewhere classified	1	3	1	1	4	0	0	0	10
R68.1 Nonspecific symptoms peculiar to infancy	1,080	314	55	82	122	10	2	9	1,674
Z00.4 General psychiatric examination not elsewhere classified	26	6	1	1	0	0	1	0	35
Z03.2 Observation for suspected mental and behavioural disorder	16	10	8	2	2	3	0	1	42
Z50.2 Alcohol rehabilitation	90	0	0	2	3	1	0	0	96
Z50.3 Drug rehabilitation	74	0	0	2	1	0	0	0	77
Z63.8 Other specified problems related to primary support group	19	12	18	9	0	0	1	4	63
Z65.8 Other specified problems related to psychosocial circumstances	3	3	4	2	0	0	0	0	12
Z71.4 Counselling and surveillance for alcohol use disorder	1	0	0	0	0	0	0	0	1
Other factors influencing health status and contact with health services ^(c)	18	1	6	3	2	0	0	0	30
Total	23,577	17,205	12,115	6,469	5,992	1,850	468	264	67,940
Age-standardised overnight separation rate^(d)	3.66	3.62	3.50	3.57	3.90	3.92	1.60	1.52	3.59
Upper 95% confidence limit	3.71	3.68	3.57	3.65	4.00	4.10	1.75	1.71	3.62
Lower 95% confidence limit	3.61	3.57	3.44	3.48	3.81	3.74	1.46	1.34	3.56

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) Indirect age-standardisation using the Estimated Resident Population as at 30 June 1999.

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

Table 3.17a: Patient days for mental health-related overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	25,393	13,253	12,860	19,753	34,665	45	71	0	106,040
F04–F09 Other organic mental disorders	49,498	4,815	21,430	5,899	8,451	306	370	0	90,769
F10 Mental and behavioural disorders due to use of alcohol	38,453	8,080	67,784	4,892	12,953	530	529	106	133,327
F11–F19 Mental and behavioural disorders due to other psychoactive substances	19,569	8,443	8,263	6,461	3,811	317	616	359	47,839
F20 Schizophrenia	303,704	121,953	285,203	52,051	63,000	6,509	5,654	1,761	839,835
F20–F29 Other schizophrenic, schizotypal and delusional disorders	79,540	38,730	36,524	15,949	22,496	2,270	4,037	1,601	201,147
F30 Manic episode	3,851	2,573	2,432	2,108	1,075	372	370	91	12,872
F31 Bipolar affective disorders	63,795	35,592	48,312	22,469	21,327	3,929	5,327	678	201,429
F32–F33 Depressive disorders	95,434	81,980	65,401	33,604	41,585	3,954	10,104	1,050	333,112
F34–F39 Other mood (affective) disorders	4,225	2,727	4,020	1,900	2,007	374	1,083	81	16,417
F40–F48 Neurotic, stress-related and somatoform disorders	29,802	24,311	29,229	21,231	14,718	2,250	3,771	510	125,822
F50 Eating disorders	9,025	7,707	6,276	1,677	2,776	48	864	46	28,419
F51–F59 Other behav syndromes associated w phys dist & phys factors	1,867	2,925	827	463	128	68	72	30	6,380
F60–F69 Disorders of adult personality and behaviour	18,404	10,220	8,233	7,383	6,871	1,589	1,836	162	54,698
F70–F79 Mental retardation	18,122	128	52,151	361	110	180	95	7	71,154
F80–F89 Disorders of psychological development	902	592	1,090	278	71	9	44	0	2,986
F90–F98 Disorders onset usually occurring in childhood or adolescence	2,222	2,660	1,912	1,567	429	176	77	1	9,044
F99 Mental disorder not otherwise specified	142	739	6	761	9	8	0	0	1,665
G30 Alzheimer's disease ^(b)	20,649	6,143	1,880	9,051	1,348	256	67	0	39,394
G47 Sleep disorders ^(b)	11	121	26	0	0	6	0	0	164
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	578	327	211	30	12	45	0	32	1,235
R44 Other symptoms and signs involving general sensations and perceptions	15	402	99	0	31	3	1	0	551
R45 Symptoms and signs involving emotional state ^(b)	18	136	20	12	4	0	14	0	204
Z00.4 General psychiatric examination not elsewhere classified	57	1,572	30	9	0	0	5	0	1,673
Z03.2 Observation for suspected mental and behavioural disorder	173	49	32	2	4	0	2	4	266
Z50.2 Alcohol rehabilitation	1,302	0	0	0	0	0	0	0	1,302
Z50.3 Drug rehabilitation	1,222	0	0	0	0	0	0	0	1,222
Z63.8 Other specified problems related to primary support group	461	194	6	0	0	0	2	0	663
Z65.8 Other specified problems related to psychosocial circumstances	326	3	0	0	0	0	0	0	329
Z71.4 Counselling and surveillance for alcohol use disorder	28	0	95	0	0	0	0	0	123
Other factors influencing health status and contact with health services ^(c)	6	207	7	75	0	0	0	0	295
Other ^(d)	28,980	6,412	22,079	5,942	5,467	896	2,093	371	72,240
Not reported	0	9,976	0	0	0	9,864	0	0	19,840
Total	817,774	392,970	676,438	213,928	243,348	34,004	37,104	6,890	2,422,456
Age-standardised overnight patient day rate^(e)	127.27	82.72	195.56	117.25	159.39	72.50	123.43	40.14	127.98
Upper 95% confidence limit	127.55	82.97	196.03	117.75	160.02	73.27	124.68	41.09	128.15
Lower 95% confidence limit	127.00	82.46	195.10	116.75	158.76	71.73	122.17	39.19	127.82

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 1999.

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

Table 3.17b: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories,^(a) 1999–00

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	55,432	31,796	67,836	7,534	10,406	2,062	827	288	176,181
F04–F09	Other organic mental disorders	14,689	18,187	6,451	2,098	3,729	1,224	179	95	46,652
F10	Mental and behavioural disorders due to use of alcohol	22,213	14,528	16,421	4,191	2,697	1,048	201	308	61,607
F11–F19	Mental and behavioural disorders due to other psychoactive substances	13,636	5,934	6,542	2,909	1,343	266	74	51	30,755
F20	Schizophrenia	8,310	6,998	2,345	963	1,062	1,478	989	32	22,177
F20–F29	Other schizophrenic, schizotypal and delusional disorders	6,877	2,253	1,226	985	1,270	1,030	680	24	14,345
F30	Manic episode	427	216	196	98	174	116	29	6	1,262
F31	Bipolar affective disorders	4,369	1,778	2,333	655	1,080	1,244	664	3	12,126
F32–F33	Depressive disorders	28,151	15,565	20,861	8,513	9,803	4,800	1,013	56	88,762
F34–F39	Other mood (affective) disorders	1,087	187	796	229	122	267	15	2	2,705
F40–F48	Neurotic, stress-related and somatoform disorders	21,483	11,826	15,929	5,212	5,369	3,391	430	58	63,698
F50	Eating disorders	5,360	4,069	2,337	2,474	1,155	323	77	1	15,796
F51–F59	Other behav syndromes associated w phys dist & phys factors	8,389	3,284	604	629	412	120	15	5	13,458
F60–F69	Disorders of adult personality and behaviour	1,998	950	532	327	249	261	304	2	4,623
F70–F79	Mental retardation	89	370	3,629	100	21	8	1	0	4,218
F80–F89	Disorders of psychological development	3,291	169	214	128	50	2	10	50	3,914
F90–F98	Disorders onset usually occurring in childhood or adolescence	1,172	680	679	205	125	186	61	2	3,110
F99	Mental disorder not otherwise specified	66	7	10	90	11	5	0	0	189
G30	Alzheimer's disease ^(b)	28,600	9,768	15,541	2,556	2,449	583	168	46	59,711
G47	Sleep disorders ^(b)	649	10,827	2,463	1,100	602	142	7	1	15,791
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	2,259	1,977	1,235	693	461	109	133	44	6,911
R44	Other symptoms and signs involving general sensations and perceptions	329	212	174	231	119	25	23	11	1,124
R45	Symptoms and signs involving emotional state ^(b)	222	237	106	64	59	22	1	1	712
R48	Dyslexia and other symbolic dysfunctions not elsewhere classified	8	32	5	11	59	0	0	0	115
R68.1	Nonspecific symptoms peculiar to infancy	5,269	907	147	181	358	29	5	21	6,917
Z00.4	General psychiatric examination not elsewhere classified	44	57	1	6	0	0	3	0	111
Z03.2	Observation for suspected mental and behavioural disorder	42	21	9	5	3	6	0	1	87
Z50.2	Alcohol rehabilitation	485	0	0	10	18	3	0	0	516
Z50.3	Drug rehabilitation	375	0	0	7	1	0	0	0	383
Z63.8	Other specified problems related to primary support group	83	32	60	25	0	0	2	12	214
Z65.8	Other specified problems related to psychosocial circumstances	5	40	13	2	0	0	0	0	60
Z71.4	Counselling and surveillance for alcohol use disorder	2	0	0	0	0	0	0	0	2
	Other factors influencing health status and contact with health services ^(c)	114	1	11	42	37	0	0	0	205
	Total	235,525	142,908	168,706	42,273	43,244	18,750	5,911	1,120	658,437
	Age-standardised overnight patient day rate^(d)	36.05	29.68	50.17	24.60	26.20	38.05	23.96	9.82	34.78
	Upper 95% confidence limit	36.20	29.83	50.41	24.83	26.45	38.60	24.57	10.39	34.86
	Lower 95% confidence limit	35.91	29.52	49.93	24.36	25.96	37.51	23.35	9.24	34.69

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) Indirect age-standardisation using the estimated resident population as at 30 June 1999.

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

Table 3.18: Psychiatric care days for overnight mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, States and Territories, ^(a) 1999–00

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	24,832	13,253	12,774	19,548	34,665	45	71	0	105,188
F04–F09	Other organic mental disorders	49,074	4,815	20,981	5,739	8,451	306	356	0	89,722
F10	Mental and behavioural disorders due to use of alcohol	38,169	8,080	67,647	4,744	12,953	530	527	101	132,751
F11–F19	Mental and behavioural disorders due to other psychoactive substances	19,189	8,443	8,164	6,396	3,811	317	616	356	47,292
F20	Schizophrenia	277,522	121,953	284,844	51,700	63,000	6,509	5,648	1,740	812,916
F20–F29	Other schizophrenic, schizotypal and delusional disorders	73,111	38,730	36,263	15,736	22,496	2,270	4,027	1,561	194,194
F30	Manic episode	3,780	2,573	2,431	2,090	1,075	372	366	91	12,778
F31	Bipolar affective disorders	62,844	35,592	48,141	22,115	21,327	3,929	5,277	678	199,903
F32–F33	Depressive disorders	92,553	81,980	64,807	33,004	41,585	3,954	9,854	1,027	328,764
F34–F39	Other mood (affective) disorders	4,158	2,727	3,991	1,885	2,007	374	1,041	81	16,264
F40–F48	Neurotic, stress-related and somatoform disorders	28,840	24,311	29,000	20,742	14,718	2,250	3,649	499	124,009
F50	Eating disorders	8,537	7,707	6,214	1,651	2,776	48	858	46	27,837
F51–F59	Other behav syndromes associated w phys dist & phys factors	1,855	2,925	827	450	128	68	72	30	6,355
F60–F69	Disorders of adult personality and behaviour	18,191	10,220	8,106	7,313	6,871	1,589	1,784	161	54,235
F70–F79	Mental retardation	18,107	128	52,143	361	110	180	95	7	71,131
F80–F89	Disorders of psychological development	884	592	1,090	278	71	9	44	0	2,968
F90–F98	Disorders onset usually occurring in childhood or adolescence	2,187	2,660	1,907	1,567	429	176	77	1	9,004
F99	Mental disorder not otherwise specified	138	739	6	761	9	8	0	0	1,661
G30	Alzheimer's disease ^(b)	19,388	6,143	1,750	8,948	1,348	256	67	0	37,900
G47	Sleep disorders ^(b)	11	121	26	0	0	6	0	0	164
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	534	327	204	28	12	45	0	32	1,182
R44	Other symptoms and signs involving general sensations and	15	402	99	0	31	3	1	0	551
R45	Symptoms and signs involving emotional state ^(b)	18	136	20	12	4	0	14	0	204
Z00.4	General psychiatric examination not elsewhere classified	57	1,572	30	9	0	0	5	0	1,673
Z03.2	Observation for suspected mental and behavioural disorder	172	49	32	2	4	0	2	4	265
Z50.2	Alcohol rehabilitation	1,264	0	0	0	0	0	0	0	1,264
Z50.3	Drug rehabilitation	1,214	0	0	0	0	0	0	0	1,214
Z63.8	Other specified problems related to primary support group	460	194	6	0	0	0	2	0	662
Z65.8	Other specified problems related to psychosocial circumstances	324	3	0	0	0	0	0	0	327
Z71.4	Counselling and surveillance for alcohol use disorder	28	0	95	0	0	0	0	0	123
	Other factors influencing health status and contact w health services ^(c)	6	207	7	75	0	0	0	0	295
	Other ^(d)	24,638	6,412	20,318	5,637	5,467	896	2,008	243	65,619
	Not reported	0	9,976	0	0	0	9,864	0	0	19,840
	Total	772,100	392,970	671,923	210,791	243,348	34,004	36,461	6,658	2,368,255
	Age-standardised overnight psychiatric care day rate^(e)	120.16	82.70	194.29	115.54	159.40	72.54	121.29	38.76	125.12
	Upper 95% confidence limit	120.43	82.96	194.76	116.03	160.03	73.31	122.54	39.69	125.28
	Lower 95% confidence limit	119.89	82.45	193.83	115.04	158.76	71.77	120.05	37.83	124.96

(a) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Please refer to Box 3.2 for information.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(d) All other diagnoses.

(e) Indirect age-standardisation using the estimated resident population as at 30 June 1999.

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

Table 3.19a: Same day mental health-related separations with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis	Under 15	15–24	25–34	35–44	45–54	55–64	65 and	Total
	years						over	
F00–F03 Dementia	1	0	0	0	0	0	134	135
F04–F09 Other organic mental disorders	0	3	10	31	7	23	78	152
F10 Mental and behavioural disorders due to use of alcohol	0	132	204	307	879	270	414	2,206
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	0	537	170	95	23	26	1	852
F20 Schizophrenia	0	583	600	409	484	148	122	2,346
F20–F29 Other schizophrenic, schizotypal and delusional disorders	19	283	180	281	138	14	169	1,084
F30 Manic episode	0	6	3	15	1	2	0	27
F31 Bipolar affective disorders	0	118	147	159	171	201	94	890
F32–F33 Depressive disorders	176	1,249	911	1,763	1,940	792	2,080	8,911
F34–F39 Other mood (affective) disorders	10	34	60	71	107	44	118	444
F40–F48 Neurotic, stress-related and somatoform disorders	338	765	991	1,028	3,435	743	1,082	8,382
F50 Eating disorders	35	265	132	16	0	0	0	448
F51–F59 Other behavioural syndromes associated with physiological disturbances, physical factors	0	4	0	0	0	0	29	33
F60–F69 Disorders of adult personality and behaviour	0	120	158	217	192	27	187	901
F70–F79 Mental retardation	0	9	4	8	2	1	0	24
F80–F89 Disorders of psychological development	4	45	2	0	1	0	0	52
F90–F98 Disorders onset usually occurring in childhood or adolescence	2,738	177	6	1	0	0	0	2,922
F99 Mental disorder not otherwise specified	0	1	0	0	0	4	0	5
G30 Alzheimer's disease ^(a)	0	0	0	0	0	2	15	17
G47 Sleep disorders ^(a)	0	1	0	1	0	0	0	2
R44 Other symptoms and signs involving general sensations and perceptions	0	0	3	1	1	0	0	5
R45 Symptoms and signs involving emotional state ^(a)	0	2	2	1	12	0	0	17
Z00.4 General psychiatric examination not elsewhere classified	0	11	14	18	8	1	2	54
Z03.2 Observation for suspected mental and behavioural disorder	0	4	5	2	0	1	0	12
Z50.2 Alcohol rehabilitation	0	0	0	17	1	0	1	19
Z50.3 Drug rehabilitation	0	2	1	1	0	0	0	4
Z63.8 Other specified problems related to primary support group	10	0	2	25	0	0	0	37
Z65.8 Other specified problems related to psychosocial circumstances	85	0	2	0	0	0	0	87
Z71.4 Counselling and surveillance for alcohol use disorder	0	0	10	0	33	0	0	43
Other factors influencing health status and contact with health services ^(b)	17	2	1	1	0	1	0	22
Other ^(c)	63	73	87	80	65	18	20	406
Not reported	0	2	5	2	1	3	2	15
Total	3,496	4,428	3,710	4,550	7,501	2,321	4,548	30,554

(a) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(b) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.

(c) All other diagnoses.

Table 3.19b: Same day mental health-related separations without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 1999–00

Principal diagnosis		Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total ^(a)
		years							
F00–F03	Dementia	0	0	1	2	3	5	112	123
F04–F09	Other organic mental disorders	11	23	38	12	24	11	50	169
F10	Mental and behavioural disorders due to use of alcohol	89	598	529	620	621	475	190	3,122
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	13	414	341	146	33	4	5	956
F20	Schizophrenia	1	154	251	175	144	11	3	739
F20–F29	Other schizophrenic, schizotypal and delusional disorders	0	165	195	107	47	27	16	557
F30	Manic episode	0	5	12	10	9	4	0	40
F31	Bipolar affective disorders	0	22	41	50	32	44	33	222
F32–F33	Depressive disorders	7	166	265	349	486	322	277	1,872
F34–F39	Other mood (affective) disorders	0	8	31	26	2	1	1	69
F40–F48	Neurotic, stress-related and somatoform disorders	48	185	315	324	1,020	313	228	2,434
F50	Eating disorders	3	7	11	2	0	0	1	24
F51–F59	Other behavioural syndromes associated with physiological disturbances, physical factors	57	6	8	4	3	4	2	84
F60–F69	Disorders of adult personality and behaviour	0	48	63	42	19	2	5	179
F70–F79	Mental retardation	12	3	6	7	2	0	1	31
F80–F89	Disorders of psychological development	378	5	2	2	1	0	0	388
F90–F98	Disorders onset usually occurring in childhood or adolescence	105	22	12	7	3	1	2	152
F99	Mental disorder not otherwise specified	0	12	8	11	4	1	3	39
G30	Alzheimer's disease ^(b)	0	0	0	0	1	1	17	19
G47	Sleep disorders ^(b)	1,517	1	41	9	15	3	9	1,595
R44	Other symptoms and signs involving general sensations and perceptions	1	9	16	8	8	0	4	46
R45	Symptoms and signs involving emotional state ^(b)	19	8	18	6	3	2	2	58
R48	Dyslexia and other symbolic dysfunctions not elsewhere classified	0	0	0	0	1	0	1	2
R68.1	Nonspecific symptoms peculiar to infancy	187	0	0	0	0	0	0	187
Z00.4	General psychiatric examination not elsewhere classified	1	11	8	9	1	1	1	32
Z03.2	Observation for suspected mental and behavioural disorder	8	3	5	2	0	0	1	19
Z50.2	Alcohol rehabilitation	0	0	1	0	0	1	0	2
Z50.3	Drug rehabilitation	0	4	0	0	0	0	0	4
Z63.8	Other specified problems related to primary support group	4	0	1	0	0	1	0	6
Z65.8	Other specified problems related to psychosocial circumstances	0	0	0	0	1	0	0	1
Z71.4	Counselling and surveillance for alcohol use disorder	0	1	3	0	0	0	0	4
	Other factors influencing health status and contact with health services ^(c)	3	3	1	1	0	0	2	10
Total^(a)		2,464	1,883	2,223	1,931	2,483	1,234	966	13,185

(a) Includes separations for which sex and/or age were not reported.

(b) Not all codes in this group are included. See Appendix 2 for the list of included codes.

(c) Includes Z04.6, Z09.3, Z54.3, Z63.1, Z73.4.