Overnight admitted mental health-related care

Some people's mental health care needs may require care in a hospital setting such as a hospital ward, an emergency department or an outpatient clinic. A patient may be admitted to the hospital just for the day, a single overnight stay, or for a number of days. Care that lasts more than one day is referred to as, overnight admitted patient care.

When admitted to a hospital, patients can receive specialised psychiatric care in a psychiatric hospital or in a hospital's psychiatric unit. Patients with mental illness may also be admitted overnight to other areas of the hospital where health care workers may not be specifically trained to care for the mentally ill, such as a drug and alcohol treatment unit. These overnight admissions are classified as being without specialised psychiatric care.

This section presents information on overnight admitted patient mental health-related separations from Australian hospitals. Data are sourced from the National Hospital Morbidity Database (NHMD); a collation of data on admitted patient care in Australian hospitals defined by the Admitted Patient Care National Minimum Data Set (APC NMDS). It is possible for patients to have multiple separations in any given reference period. Further information can be found in the data source section.

Data downloads:

Excel - Overnight admitted mental health-related care 2016-17 tables (xxXLS)

PDF - Overnight admitted mental health-related care 2016-17 section (xxxKB)

Data coverage includes the time period 2006–07 to 2016–17. This section was last updated in October 2018.

Key points

- In 2016-17, about 258,300 overnight admitted mental health-related separations occurred in public and private hospitals of which 63.5% included specialised psychiatric care.
- More than a third (36.6%) of overnight admitted mental health-related separations with specialised psychiatric care for all hospital types were involuntary admissions.
- About 1 in 7 overnight admitted mental health-related separations with specialised psychiatric care had a principal diagnosis of Schizophrenia (14.7%) or Depressive episode (14.4%).
- For overnight admitted mental health-related separations without specialised psychiatric care the most common principal diagnoses were Mental and behavioural disorders due to use of alcohol (21.1%) and Other organic mental disorders (18.0%).
- The rate of overnight admitted mental health-related separations for Indigenous patients without specialised psychiatric care was almost four times that of other Australians.

There were over 4.3 million overnight separations from public acute, public psychiatric and private hospitals in 2016–17. There were 258,302 overnight admitted mental health-related separations in 2016–17, accounting for 1 in 18 (5.9%) of all overnight hospital separations. Of these, 164,060 (63.5%) involved specialised psychiatric care and 94,242 (36.5%) did not involve specialised psychiatric care. The majority of overnight mental health-related separations occurred in public hospitals (79.9%).

The number of overnight mental health separations increased by an annual average of 5.5% in the 5 years to 2016–17, whereas overnight non-mental health overnight separations increased by an annual average of 2.4% over the same period. In terms of patient days, in the 5 years to 2016–17 overnight mental health separations increased by an annual average of 8.3% and overnight non-mental health separations by 1.1%. The rate per 10,000 population increased by an annual average of 3.9% for overnight mental health separations and 0.8% for overnight non-mental health separations. For all of these measures, there were similar findings seen for public hospitals and private hospitals.

Specialised overnight admitted patient mental health care

Service provision

Specialised overnight admitted patient mental health care (also referred to as specialised psychiatric care) takes place within a designated psychiatric ward/unit, which is staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental illness.

States and territories

In 2016–17, there were 164,060 overnight admitted mental health-related separations with specialised psychiatric care; equivalent to a national rate of 67.3 per 10,000 population.

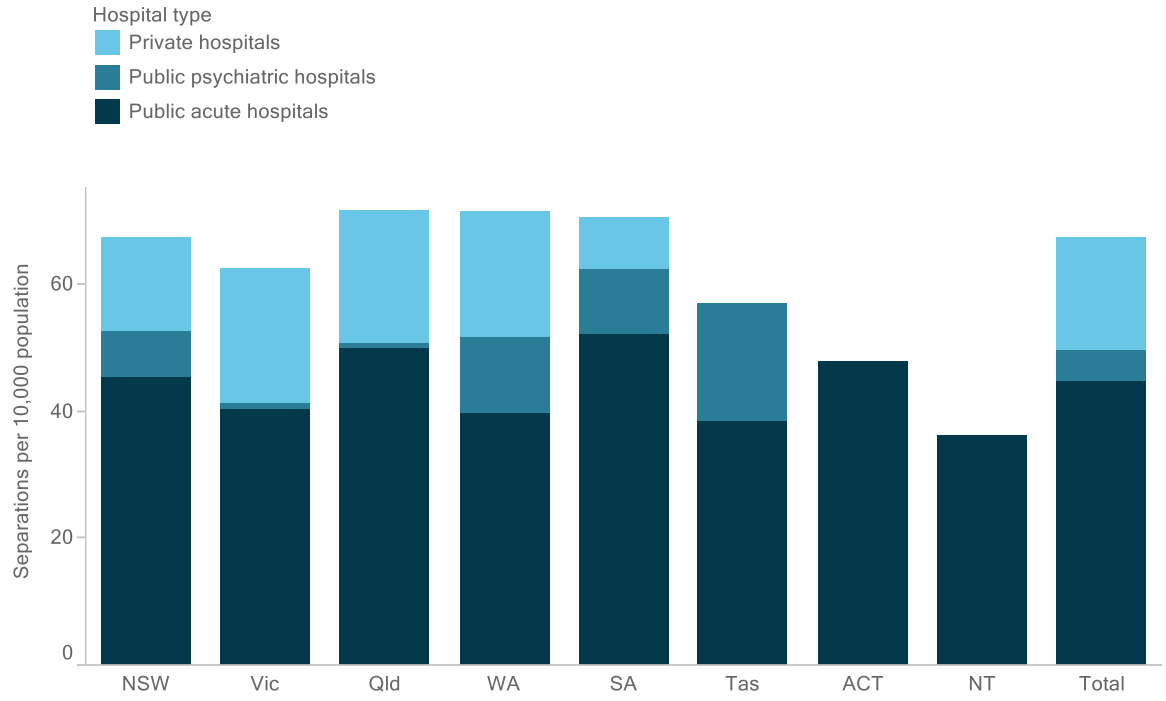
For all states and territories, the rate of overnight mental health-related separations with specialised psychiatric care was higher for public acute hospitals than other hospital types. South Australia had the highest rate of public acute hospital separations (52.3 per 10,000 population) and Northern Territory the lowest (36.1) (Figure ON.1).

The rate of overnight mental health-related separations in public psychiatric hospitals was highest for Tasmania (18.7 per 10,000 population) and lowest for Victoria (0.7). The Northern Territory and Australian Capital Territory do not have any public psychiatric hospitals.

Among those jurisdictions for which private hospital figures are published, the rate of overnight mental health-related separations in private hospitals was highest for Victoria (21.3 per 10,000 population) and lowest for South Australia (8.0).

For public acute hospitals, there were 816.7 patient days per 10,000 population for overnight mental health-related separations with specialised psychiatric care in 2016–17. New South Wales had the highest rate of public acute hospital patient days (1,126.6 per 10,000 population) and Tasmania the lowest (450.8). For states with public psychiatric hospitals, the rates varied from 905.3 patient days per 10,000 population in New South Wales to 72.8 days in Victoria. Among jurisdictions for which private hospital figures are published, Queensland reported the highest rate of patient days in private hospitals (449.0 per 10,000 population), whilst South Australia reported the lowest rate (141.6).

Figure ON.1: Overnight mental health-related separations with specialised psychiatric care, state and territory, by hospital type, 2016–17



Source: National Hospital Morbidity Database; Table ON.4.

Notes:
1. The Northern Territory and Australian Capital Territory do not have any public psychiatric hospitals.
2. Private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory are not published for confidentiality reasons.

Source data: Overnight admitted mental health-related care Table ON.4 (685KB XLS).

In 2016–17, the national average length of stay for overnight mental health-related separations in public acute hospitals was 18.3 days. New South Wales had the longest average length of stay (24.9 days) and the South Australia the shortest (11.5 days). The greatest variation in average length of stay was for public psychiatric hospitals with Queensland reporting 224.3 days and Tasmania 22.1 days.

For public hospitals in 2016–17, the majority (91.5%) of overnight mental health-related separations with specialised psychiatric care had a funding source of Public patient (e.g. the health service budget or reciprocal health care agreement), followed by Private health insurance (6.1%). While data are available on the principal source of funding for a separation, it should be noted that a separation may be funded by more than one funding source and information on additional funding sources is not available.
For private hospitals, the majority (88.6%) of their separations had a funding source of Private health insurance. Among the jurisdictions for which private hospital figures are

published, the Private health insurance source ranged from 93.6% for Western Australia to 85.2% for New South Wales.

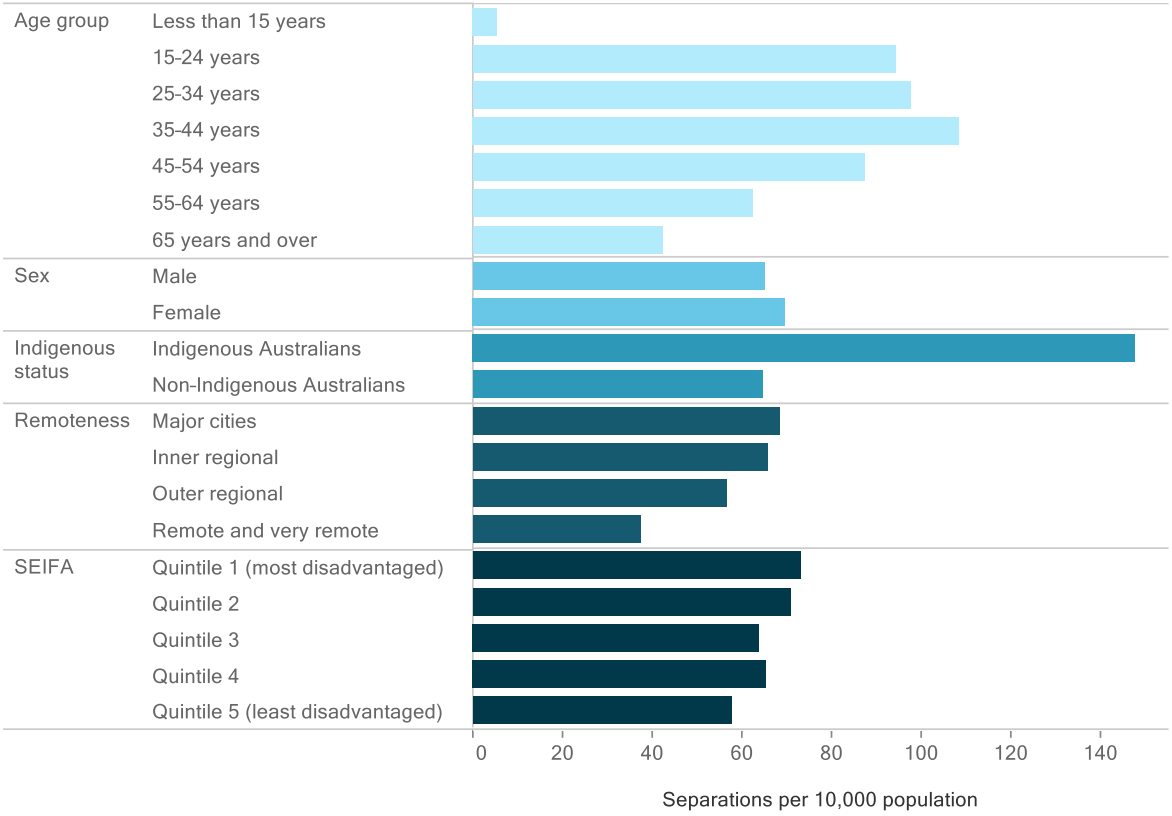
In 2016–17, the most common mode of separation for overnight mental health-related separations in both public (81.4%) and private (94.5%) hospitals was discharge to 'home', which includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services). For public hospitals, this mode of separation ranged from 87.4% for the Northern Territory to 75.9% for South Australia. For private hospitals in jurisdictions for which private hospital data are published, discharge to 'home' ranged from 97.3% for South Australia to 92.1% for New South Wales. Note that information on the place to which a patient was discharged or transferred may not be available for some separations.

Patient characteristics

Patient demographics

In 2016–17, the rate of overnight mental health-related separations with specialised psychiatric care was highest for patients aged 35–44 and lowest for those aged under 15 (108.2 and 5.5 per 10,000 population respectively) (Figure ON.2). Overall, the separation rate was higher for females than males (69.6 and 64.9 per 10,000 population respectively), but there is some variability across individual age groups.

Figure ON.2: Overnight mental health-related separations with specialised psychiatric care, by demographic variable, 2016-17



Source: National Hospital Morbidity Database; Table ON.6.

Source data: Overnight admitted mental health-related care Table ON.6 (685KB XLS)

Aboriginal and Torres Strait Islander people had a rate of overnight mental health-related separation with specialised psychiatric care more than double that of other Australians (147.5 and 64.4 per 10,000 population respectively).

Those patients living in *Major cities* (68.3 per 10,000 population) had the highest rate of overnight mental health-related separations with specialised psychiatric care in 2016–17 whilst those living in *Remote* and *Very remote* areas (37.2) had the lowest.

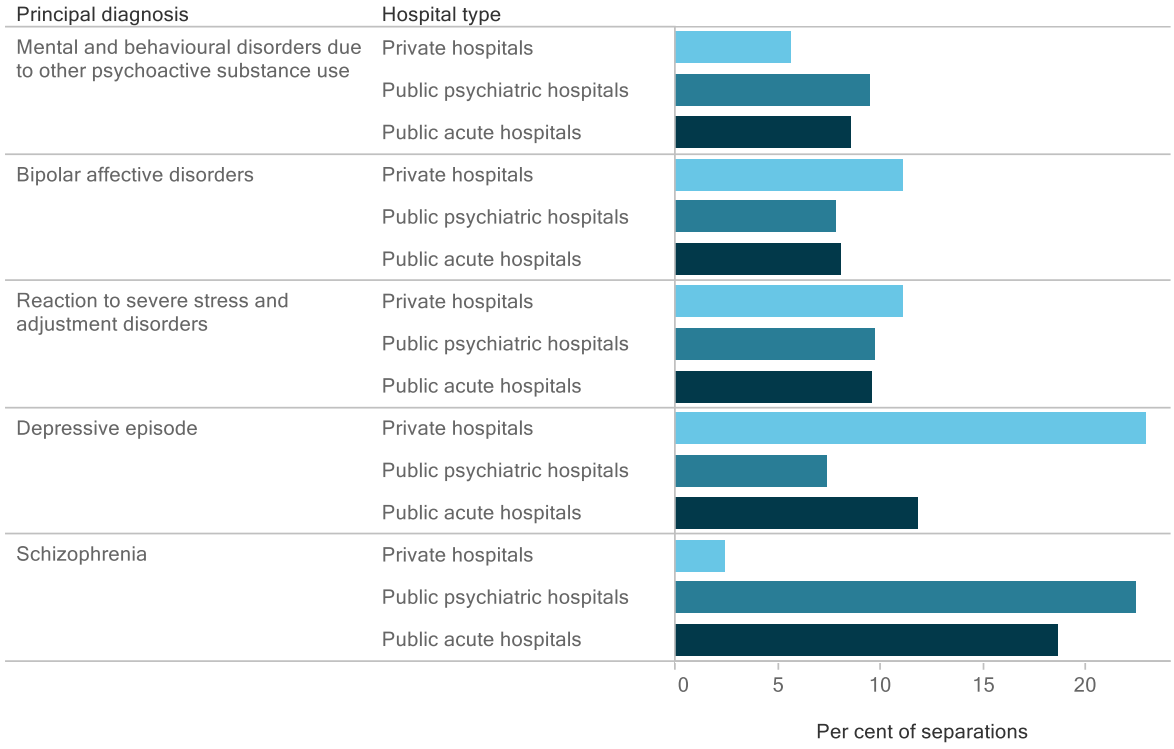
Those patients living in the most disadvantaged areas (socioeconomic quintile 1) (73.0 per 10,000 population) had the highest rate of overnight mental health-related separations with specialised psychiatric care whilst those living in the least disadvantaged quintile (57.7) had the lowest.

Principal diagnosis

When considering all hospital types together, the most frequently reported principal diagnosis in 2016–17 for an overnight mental health-related separation with specialised psychiatric care was *Schizophrenia* (ICD-10-AM code: F20) (14.7%), followed by *Depressive episode* (F32) (14.4%) and *Reaction to severe stress and adjustment disorders* (F43) (10.0%).

The profile of diagnoses varies with hospital type. For example, about 1 in 5 separations in public acute hospitals and public psychiatric hospitals had a principal diagnosis of *Schizophrenia* (F20) (18.6% and 22.4% respectively), compared with 1 in 40 for private hospitals (2.5%). About 1 in 4 (22.9%) separations with specialised psychiatric care in private hospitals had a principal diagnosis of *Depressive episode* (F32), compared with 11.9% and 7.4% for public acute and public psychiatric hospitals respectively (Figure ON.3).

Figure ON.3: Proportion of overnight mental health-related separations with specialised psychiatric care, for 5 commonly reported principal diagnoses, by hospital type, 2016-17



Source: National Hospital Morbidity Database; Table ON.7.

Source data: Overnight admitted mental health-related care Table ON.7 (685KB XLS)

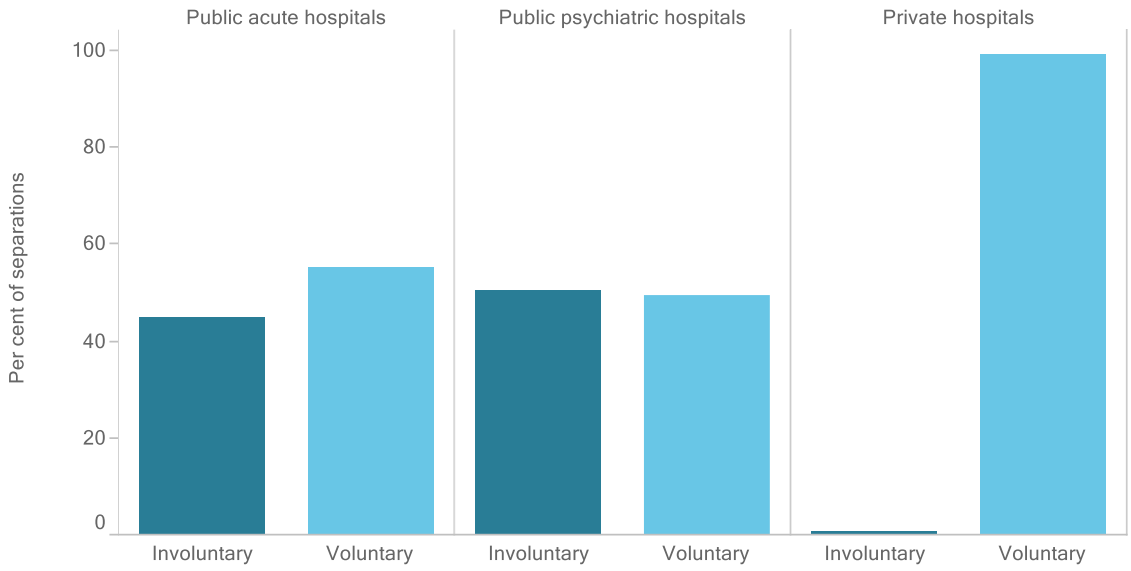
Mental health legal status

Mental health legal status refers to whether or not a person was treated in hospital involuntarily under the relevant state or territory mental health legislation. In 2016–17, there were 54,131 overnight mental health-related separations with specialised psychiatric care where the mental health legal status was 'involuntary'— representing more than a third (36.6%) of all overnight mental health-related separations with specialised psychiatric care. The majority of involuntary separations (47,658 or 88.0%) occurred in public acute hospitals.

In private hospitals, very few separations (0.7%) with specialised psychiatric care were for patients recorded as being treated on an involuntary basis, although a high number of private hospital separations did not have a mental health legal status recorded.

Involuntary separations accounted for 44.8% and 50.5% of separations with specialised psychiatric care in public acute hospital and public psychiatric hospitals respectively (Figure ON.4).

Figure ON.4: Proportion of overnight mental health-related separations with specialised psychiatric care, by mental health legal status and hospital type, 2016-17



Source: National Hospital Morbidity Database; Table ON.5.

Source data: Overnight admitted mental health-related care Table ON.5 (685KB XLS)

Procedures

The most frequently reported procedure block for overnight mental health-related separations with specialised psychiatric care was *Generalised allied health interventions*, which was recorded for almost half (48.6%) of these separations. Of these allied health interventions, procedures provided by *Social work* were the most common (28.6% of allied health interventions), followed by *Occupational therapy* (18.9%) and *Psychology* (16.6%).

The next most frequently reported procedure block was *Cerebral anaesthesia*, which was recorded for 5.6% of separations with specialised psychiatric care. *Cerebral anaesthesia* is most likely associated with the administration of electroconvulsive therapy (ECT), a form

of treatment for depression, which was the second most common principal diagnosis for separations with specialised psychiatric care.

Non-specialised admitted patient mental health care

Service provision

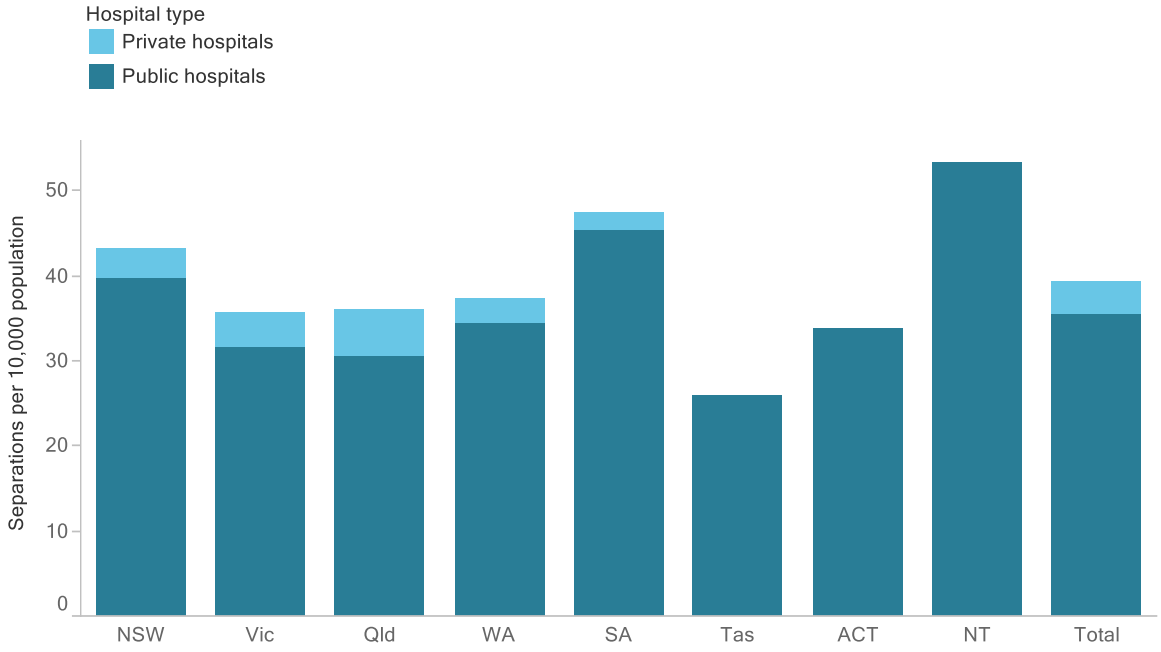
Non-specialised admitted patient mental health care takes place outside a designated psychiatric unit but for which the principal diagnosis is considered to be mental health-related. A list of mental health-related principal diagnoses is available in the technical information section. Data for public acute and public psychiatric hospitals are combined in this section, as there were very few separations without specialised psychiatric care in public psychiatric hospitals in 2016–17.

States and territories

In 2016–17, the national rate of public hospital mental health-related separations without specialised psychiatric care was 35.4 per 10,000 population. Northern Territory had the highest rate (53.3 per 10,000 population) while Tasmania had the lowest (25.9) (Figure ON.5).

The rate of mental health-related separations without specialised psychiatric care in private hospitals for the Australian Capital Territory, Tasmania, and the Northern Territory are not published for confidentiality reasons. In all other reported jurisdictions, the rates were less than 6 separations per 10,000 population (Figure ON.5).

Figure ON.5: Overnight mental health-related separations without specialised psychiatric care, states and territories, by hospital type, 2016-17



Source: National Hospital Morbidity Database; Table ON.12.

Notes:
1. The Northern Territory and Australian Capital Territory do not have any public psychiatric hospitals.
2. Private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory are not published for confidentiality reasons.

Source data: Overnight admitted mental health-related care Table ON.12 (685KB XLS).

For public hospitals in 2016–17, the majority (84.0%) of overnight mental health-related separations without specialised psychiatric care had a funding source of Public patient (e.g. health service budget or reciprocal health care agreement). This ranged from 96.5% for the Northern Territory to 78.9% for New South Wales. For private hospitals, the majority (83.2%) of these separations had a funding source of Private health insurance. Among the jurisdictions for which private hospital figures are published, this ranged from 91.4% for South Australia to 75.7% for Western Australia.

In 2016–17 the most common mode of separations for overnight mental health-related separations without specialised psychiatric care in both public (67.1%) and private (85.7%) hospitals was discharge to 'home', which includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services). For public hospitals, this ranged from 74.8% for the Australian Capital Territory to 61.1% for South Australia. For private

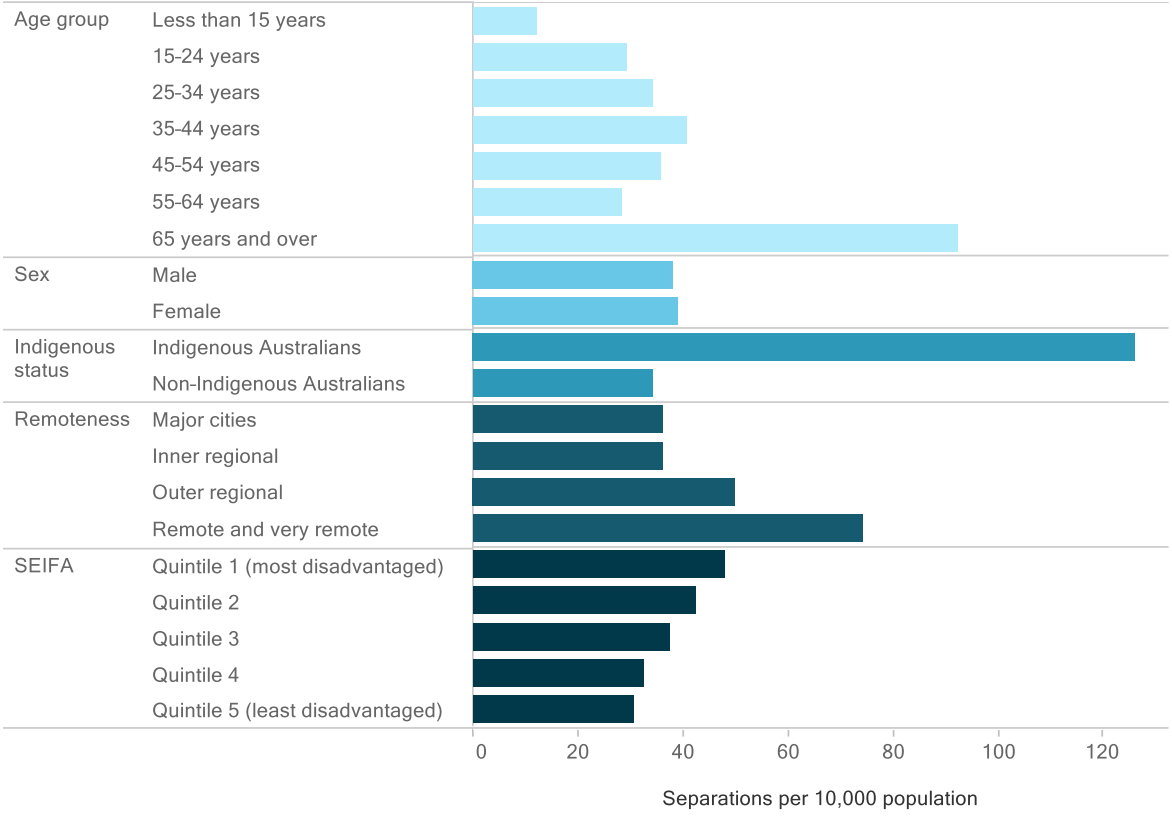
hospitals, among the jurisdictions for which private hospital figures are published, this ranged from 90.6% for New South Wales and Queensland to 67.4% for Western Australia.

Patient characteristics

Patient demographics

In 2016–17, the highest rate of overnight mental health-related separations without specialised psychiatric care was for patients aged 65 and older (92.1 per 10,000 population) and the lowest for those aged under 15 (12.3). The separation rate was slightly higher for females than males (39.0 and 38.2 per 10,000 population respectively) (Figure ON.6).

Figure ON.6: Overnight mental health-related separations without specialised psychiatric care, by demographic variable, 2016-17



Source: National Hospital Morbidity Database; Table ON.13.

Source data: Overnight admitted mental health-related care Table ON.13 (685KB XLS).

Aboriginal and Torres Strait Islander people had a rate of overnight mental health-related separations without specialised psychiatric care that was more than 3 times that of other Australians (126.0 and 34.2 per 10,000 population respectively).

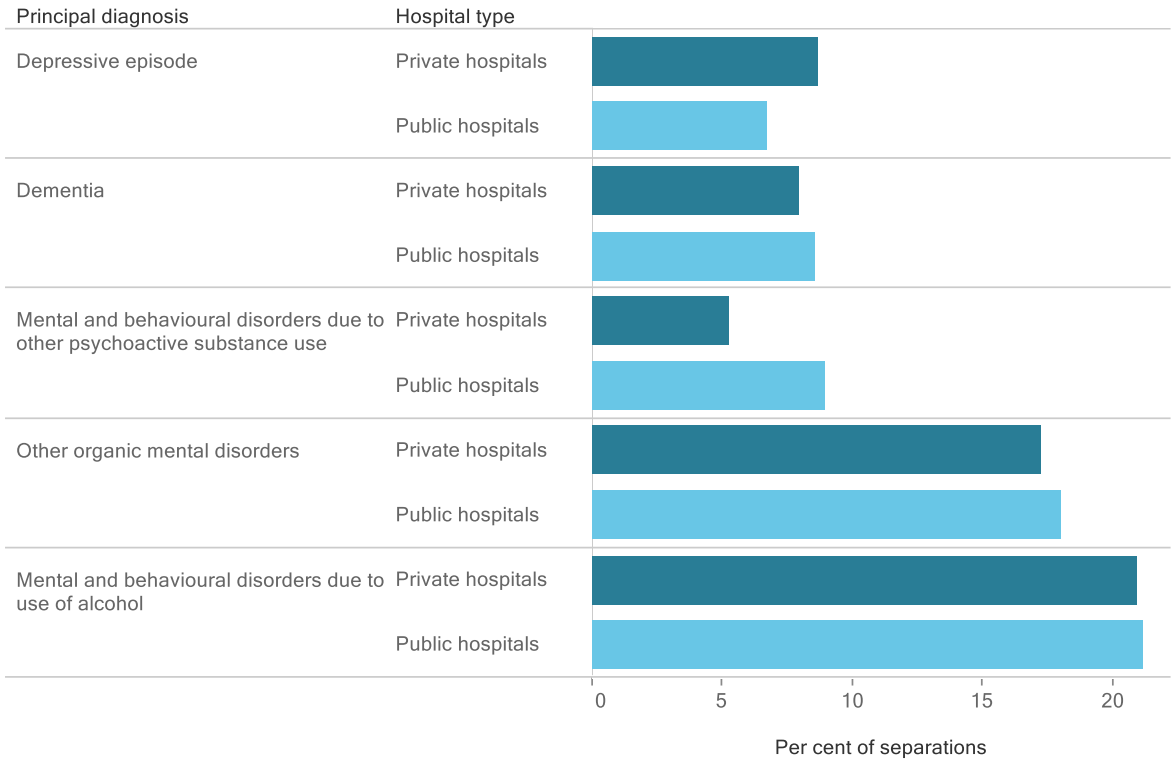
Those living in *Remote and very remote* areas (74.1 per 10,000 population) had a higher rate of overnight mental health-related separations without specialised psychiatric care in 2016–17 than those in *Major cities* (36.1 per 10,000 population).

Those living in the most disadvantaged socioeconomic quintile (47.8 per 10,000 population) had a higher rate of overnight mental health-related separations without specialised psychiatric care than those living in the least disadvantaged quintile (30.4).

Principal diagnosis

In 2016–17, the most frequently reported principal diagnosis for overnight mental health-related separations without specialised psychiatric care were *Mental and behavioural disorders due to use of alcohol* (ICD-10-AM code F10) (21.1% in public hospitals and 20.9% in private hospitals), followed by *Other organic mental disorders* (18.0% in public and 17.2% in private hospitals) (Figure ON.7).

Figure ON.7: Proportion of overnight mental health-related separations without specialised psychiatric care, for 5 commonly reported principal diagnoses, by hospital type, 2016–17



Source: National Hospital Morbidity Database; Table ON.14.

Source data: Overnight admitted patient mental health-related care Table ON.14 (685KB XLS).

Procedures

Almost two-thirds (63.8%) of overnight mental health-related separations without specialised psychiatric care recorded at least 1 procedure in 2016–17. The most frequently reported procedure block was *Generalised allied health intervention,* which was recorded for almost half (48.3%) of separations without specialised psychiatric care. *Allied health interventions* were most frequently for *Social work* (23.2% of allied health procedures), followed by *Physiotherapy* (22.0%) and *Occupational therapy* (16.9%).

The next most frequently reported procedure block was *Alcohol and drug rehabilitation and detoxification*, which was recorded for 9.6% of overnight separations without specialised psychiatric care.

Data source

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collections in Australian hospitals. It includes demographic, administrative and length of stay data for each hospital separation. Clinical information such as diagnoses, procedures undergone and external causes of injury and poisoning are also recorded. For further details on the scope and quality of data in the NHMD, refer to the data quality statement from Admitted patient care: Australian Hospital Statistics 2016–17.

Further information on admitted patient care for the 2016–17 reporting period can be found in the report *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018). The 2016–17 collection contains data for hospital separations that occurred between 1 July 2016 and 30 June 2017. Admitted patient episodes of care/separations that began before 1 July 2016 are included if the separation date fell within the collection period (2016–17). A record is generated for each separation rather than each patient. Therefore, those patients who separated from hospital more than once in the reference year have more than one record in the database.

Specialised mental health care is identified by the patient having one or more psychiatric care days recorded—that is, care was received in a specialised psychiatric unit or ward during that separation. In public acute hospitals, a 'specialised' episode of care or separation may comprise some psychiatric care days and some days in general care. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only and to be 'specialised', unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

Although there are national standards for data on admitted patient care, the results presented here may be affected by variations in admission and reporting practices between states and territories. Interpretation of the differences between states and territories therefore needs to be made with care. The principal diagnosis refers to the diagnosis established after observation by medical staff to be chiefly responsible for the patient's episode of admitted patient care. Diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM 9th edition) (ACCD 2015). Further information on this is included in the technical information section.

Procedures are classified according to the *Australian Classification of Health Interventions, 9th edition*. Further information on this classification is included in the technical information section. More than one procedure can be reported for a separation and not all separations have a procedure reported.

References

AIHW 2018. Admitted patient care 2016-17: Australian hospital statistics: Health services series no. 84F2. Cat. no. HSE 201. Canberra: AIHW.

ACCD (Australian Consortium for Classification Development) 2015. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS), 9th edn. Sydney: University of Sydney.

Key Concepts

Key Concept	Description
Average length of stay	**Average length of stay** is the average number of patient days for admitted patient separations.
Care type	The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).

Mental health related	A separation is classified as **mental health-related** for the purposes of this report if:
	• it had a mental health-related principal diagnosis, which, for admitted patient care in this report, is defined as a principal diagnosis that is either:
	  ○ a diagnosis that falls within the section on Mental and behavioural disorders (Chapter 5) in the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM) (codes F00–F99), or
	  ○ a number of other selected diagnoses (see the technical information for a full list of applicable diagnoses), and/or
	• it included any specialised psychiatric care.

Overnight admitted patient care	For this report **overnight admitted patient separations** refers to those separations when a patient undergoes a hospital's formal admission process, completes an episode of care, is in hospital for more than one day and 'separates' from the hospital. Same-day separations are reported separately in the Admitted patient care – same-day care section of this report.
Patient day	**Patient day** means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day. The length of stay for an overnight patient is calculated by

	subtracting the date the patient was admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. The patient day data presented in this report include days within hospital stays that occurred before 1 July provided that the separation from hospital occurred during the relevant reporting period (that is, the financial year period). 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 therefore yet to be reported. However, some public psychiatric hospitals provide very long stays for a small number of patients and, as a result, would have comparatively large numbers of patient days recorded that occurred before the relevant reporting period and may not be balanced by patient days associated with patients yet to separate from the hospital.
Principal diagnosis	The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care.
Procedure	**Procedure** refers to a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included. Procedures are grouped together in blocks (**Procedure blocks**) based on the area of the body, health professional or intervention involved.
Psychiatric care days	**Psychiatric care days** are the number of days or part days the person received care as an admitted patient in a designated psychiatric unit or ward.

Separation	**Separation** is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. Each record includes information on patient length of stay. A same-day separation occurs when a patient is admitted and separated from the hospital on the same date. An overnight separation occurs when a patient is admitted to and separated from the hospital on different dates. The numbers of separations and patient days can be a less reliable measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported.
Specialised psychiatric care	A separation is classified as having **specialised psychiatric care** if the patient was reported as having one or more days in a specialised psychiatric unit or ward.
Without specialised psychiatric care	A separation is classified as **without specialised psychiatric care** if the patient did not receive any days of care in a specialised psychiatric unit or ward. Despite this, these separations are classified as mental health related because the reported principal diagnosis for the separation is either one that falls within the Mental and behavioural disorders chapter (Chapter 5) in the ICD-10-AM classification (codes F00–F99) or is one of a number of other selected diagnoses (technical information).