

Mental health services in Australia 2002–03

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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay
AR-DRG	Australian Refined Diagnosis Related Group
ATC	Anatomical Therapeutic Chemical classification
BEACH	Bettering the Evaluation and Care of Health survey of general practice activity
CADE	Confused and disturbed elderly
CSTDA	Commonwealth State/Territory Disability Agreement
CSTDA NMDS	Commonwealth State/Territory Disability Agreement National Minimum Data Set
DHA	Department of Health and Ageing
FTE	Full-time-equivalent
HIC	Health Insurance Commission
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICPC-2	International Classification of Primary Care, 2nd edition
LCL	Lower confidence limit
NCMHED	National Community Mental Health Establishments Database
NCMHCD	National Community Mental Health Care Database
NHDD	National Health Data Dictionary
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NMHWG	National Mental Health Working Group
NPHEd	National Public Hospital Establishments Database
NSMHS	National Survey of Mental Health Services
PBS	Pharmaceutical Benefits Scheme
PHEC	Private Health Establishments Collection
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RFE	Reason for encounter
RPBS	Repatriation Pharmaceutical Benefits Scheme
UCL	Upper confidence limit

1 Overview

Mental Health Services in Australia 2002–03 is the sixth of the Australian Institute of Health and Welfare’s annual reports describing the characteristics and activity of Australian mental health services. This chapter presents summary data on key themes within the report.

1.1 Changes in mental health care over time

The three Plans of the National Mental Health Strategy have guided the reform of mental health services in Australia since 1993. The reform has resulted in significant changes in the level and type of activity of some mental health-related services.

General practice

In 2003–04, there were an estimated 10.4 million mental health-related general practice encounters. The contribution of general practice to mental health care has remained relatively stable in recent years. In 2003–04, the estimated number of mental health-related general practice encounters was 522 encounters per 1,000 population (Figure 1.1 and Table 3.1).

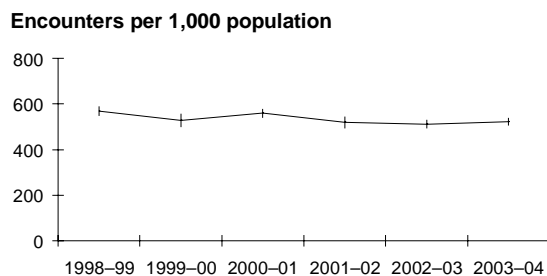


Figure 1.1: Mental health-related general practice encounters per 1,000 population, 1998–99 to 2003–04

Private psychiatrists

In 2003–04, there were over 2 million Medicare-funded psychiatrist attendances, provided at a rate of 100.6 attendances per 1,000 population. This rate has declined each year since 1998–99 (Figure 1.2 and Table 3.1).

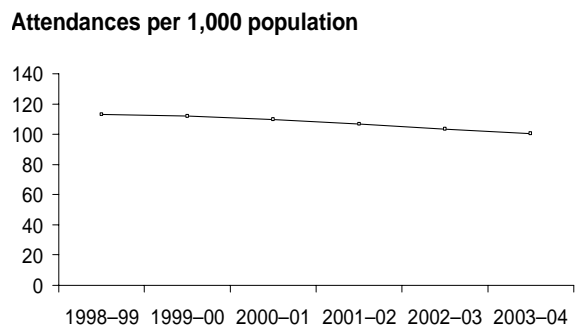


Figure 1.2: Medicare-funded psychiatrist attendances per 1,000 population, 1998–99 to 2003–04

The decline was accompanied by an 11.4% increase in the number of medical officers employed in public mental health services between 1998–99 and 1999–2000 (DHA 2002). The total number of psychiatrists employed in the public and private sectors increased 9.9% between 1998 and 2002 (Table 7.2).

Community mental health services

An objective of the National Mental Health Strategy has been to increase the provision of community-based mental health care. In 2002–03, there were nearly 4.7 million mental health service contacts in public hospital outpatient clinics and community-based mental health services. This equated to 236.5 service contacts per 1,000 population (Table 3.2). At this stage, there are no reliable national time series data available on the activity of these services.

Some same-day care for a hospital-admitted patient can be considered to be ambulatory equivalent (see Appendix 2). The number of ambulatory-equivalent mental health-related separations increased from 82,326 in 1998-99 to 108,946 in 2002-03. The number per 1,000 population increased in the private sector by 50.0% and decreased in the public sector by 18.8% (Figure 1.3 and Table 3.1).

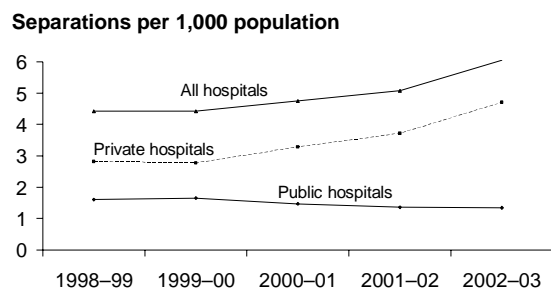


Figure 1.3: Ambulatory-equivalent mental health-related separations per 1,000 population, by hospital sector, Australia, 1998-99 to 2002-03

Disability support services

The Commonwealth State/Territory Disability Agreement (CSTDA) allocates responsibility and funding for disability support services between the Australian, state and territory governments. CSTDA-funded services include accommodation support, residential care, employment support and community access support. Data have been collected in all jurisdictions on clients of these services on a 'snapshot day' each year between 1997 and 2002. Some psychiatric disability services are not CSTDA-funded and are not included in this collection.

The number of CSTDA-funded services (residential and ambulatory) received by people with a psychiatric disability (i.e. primary or other significant disability) was between 55 and 60 services per 100,000 population between 1999 and 2002 (Figure 1.4). The rate for people with a psychiatric disability that was not their primary

disability increased; this contrasted with an overall decrease, due to a drop in 2002, for those for whom it was their primary disability.

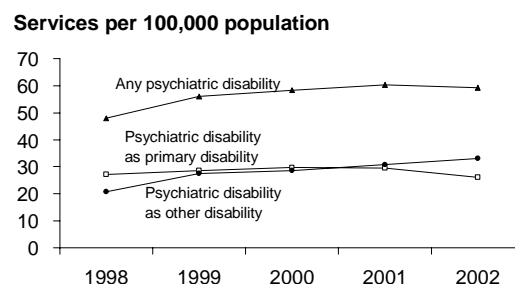


Figure 1.4: CSTDA-funded disability support services received by people with a psychiatric disability per 100,000 population, 1998 to 2002

For 2002-03, these data were collected on all services provided in the period 1 January to 30 June. These data are not comparable to the snapshot day data collected between 1997 and 2002 (see Figure 3.4 for 2003 data).

Hospital admitted patient care

Another objective of the National Mental Health Strategy has been to reduce the size and number of stand-alone psychiatric hospitals and increase the role of psychiatric units in general hospitals in providing mental health-related care to admitted patients. Admission to a specialist psychiatric unit or hospital is not always the most appropriate treatment for all mental and behavioural disorders. For some disorders, treatment without specialised psychiatric care may be appropriate to the needs of the patient. This section presents information on the changes to admitted patient care in terms of the number of separations, patient-days and average length of stay. Information on the relative merits of these different measures of hospital activity is provided in Box 4.1.

Hospital admitted patient care is regarded as mental health-related in this report if it includes specialised psychiatric care

and/or a mental health-related principal diagnosis is reported for it. It can also be regarded as comprising ambulatory-equivalent same-day care (see above), other same-day care, and care that lasts for at least one night. Information on non-ambulatory-equivalent separations is presented below.

Separations

There were 192,169 mental health-related separations not considered to be ambulatory-equivalent in 2002-03.

The number of these separations was relatively stable between 1998-99 and 2002-03 (Figure 1.5). However, over this period, separations from public acute hospitals increased by 11.3%, but separations from private hospitals and public psychiatric hospitals decreased by 1.1% and 24.4% respectively (Table 4.1).

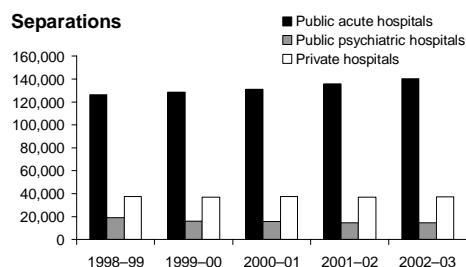


Figure 1.5: Non-ambulatory-equivalent mental health-related separations by hospital type, 1998-99 to 2002-03

The number of separations per 1,000 population by hospital type for the period 1998-99 to 2002-03 is available on the Internet at <www.aihw.gov.au>.

Patient-days

The patient-day data presented includes all days of patient care received during the hospitalisation. Some of these may have occurred in previous years, particularly for public psychiatric hospitals, for which numbers of very extended stays were reported, particularly in 1998-99 and 1999-00.

There were 2,926,670 patient-days attributed to non-ambulatory-equivalent mental health-related separations in 2002-03. The number of patient-days for public acute hospitals increased by 8.9% between 1998-99 and 2002-03, the number for private hospitals increased by 5.4% and the number for public psychiatric hospitals decreased by 28.7% (Table 4.1 and Figure 1.6).

The number of non-ambulatory-equivalent mental health-related patient-days per 1,000 population by hospital type for the period 1998-99 to 2002-03 is available on the Internet at <www.aihw.gov.au>.

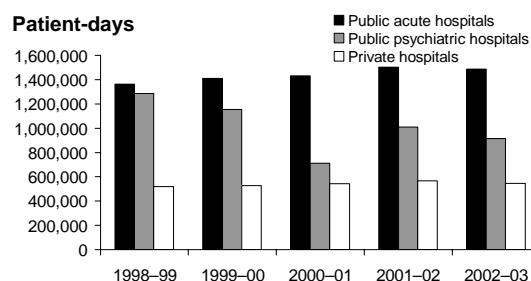


Figure 1.6: Patient-days attributed to overnight mental health-related separations by hospital type, 1998-99 to 2002-03

Average length of stay

In order to maximise the comparability over time, the average length of stay (ALOS) data in this chapter exclude separations for patients who transferred from one hospital to another, who changed type of episode of care during their hospital stay, who died in hospital, who left against medical advice or who were transferred to a residential aged care facility. These data also exclude any separations that began with a transfer from another hospital or a change of care type.

For public acute hospitals, the ALOS for these selected separations remained relatively stable between 1998-99 and 2002-03. In 1998-99, the ALOS was

9.8 days and had increased by 4.1% to 10.2 days in 2002–03 (Figure 1.7). Private hospital separations had longer average lengths than public acute hospital separations and increased to 16.3 days for 2002–03. In 2002–03, the median lengths of stay for public acute and private hospitals were 5 and 12 days, respectively.

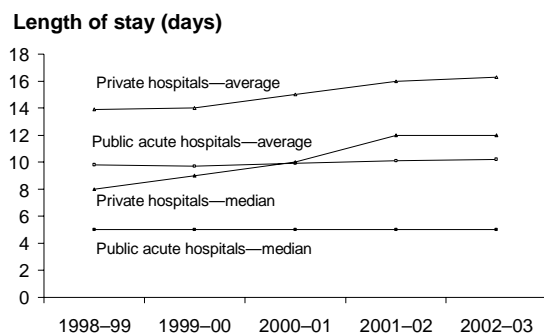


Figure 1.7: Average and median length of stay for selected mental health-related overnight separations by hospital type, 1998–99 to 2002–03

1.2 Patient demographics

Age and sex

The overall prevalence of mental disorders declines with age (ABS 1998). Females are more likely to experience affective and anxiety disorders whereas males are more likely to experience substance use and psychotic disorders (ABS 1998; Jablensky et al. 1999). Patterns of service use differ for males and females and by age group, often reflecting the particular disorders most often treated by the service provider.

General practice

In 2003–04, 59.5% of mental health-related general practice encounters were with female patients. The female proportion was higher than the male proportion in all age groups except for patients aged less than 15 years (Figures 1.8 and 3.2). This is

consistent with the distribution pattern of male and female patients for all general practice encounters.

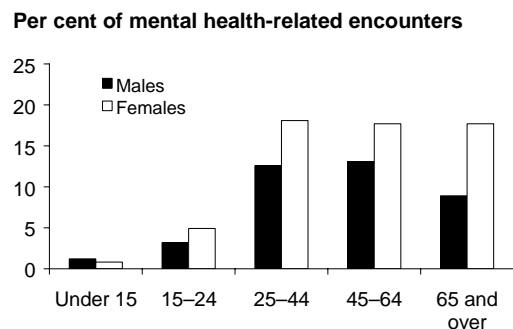


Figure 1.8: Mental health-related general practice encounters by age group and sex of patient, 2003–04

Private psychiatrists

The patient age and sex distribution for Medicare-funded attendances with private psychiatrists was similar to that for general practice. In 2003–04, 60.6% of these attendances were for female patients. There were 121.9 attendances per 1,000 population for females, compared with 80.4 for males. The rate was higher for females than males in all age groups except for patients under 15 years (Figure 1.9 and Table 3.19).

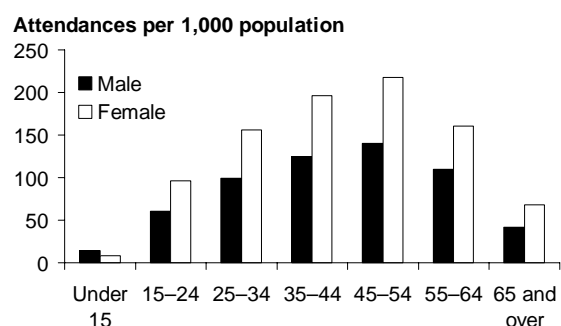


Figure 1.9: Medicare-funded psychiatrist attendances per 1,000 population by age group and sex of patient, 2003–04

Community mental health services

In 2002–03 there were more public community-based mental health service

contacts for male (51.0%) than for female patients. There were 243.0 service contacts per 1,000 population for males, compared with 226.5 for females. Male patients dominated the age groups below 45 years and females dominated the older age groups (Figure 1.10 and Table 3.26).

Service contacts per 1,000 population

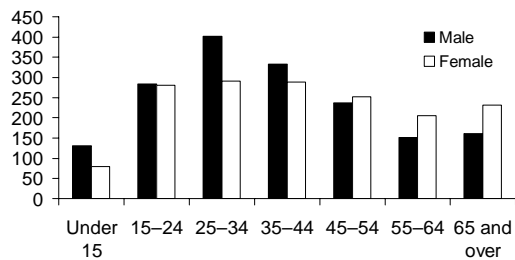


Figure 1.10: Community mental health service contacts per 1,000 population by age group and sex of patient, 2002-03

Ambulatory-equivalent separations

In 2002-03, there were 42,630 ambulatory-equivalent separations for male patients (39.1%) and 66,315 for female patients (60.9%). Separations for male patients who received ambulatory-equivalent care were most likely to be for the 45-54 years age group (20.7% of male separations) and for the 35-44 years age group for females (22.2% of female separations) (Figure 1.11 and Table 3.35).

Separations per 1,000 population

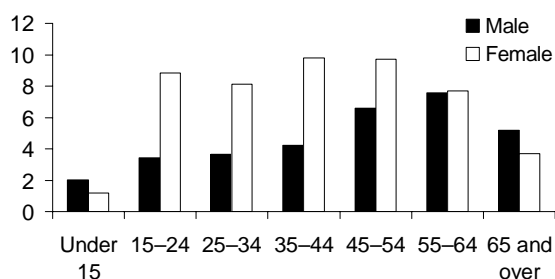


Figure 1.11: Ambulatory-equivalent mental health-related separations per 1,000 population by age group and sex of patient, 2002-03

Hospital admitted patient care

In 2002-03, there were 192,169 mental health-related separations, excluding separations that could be considered to be equivalent to ambulatory mental health care. For more information on these ambulatory-equivalent separations, refer to Chapter 3 and Appendix 2.

Of the 192,169 non-ambulatory-equivalent mental health-related separations, 52.5% were for female patients. There were 10.1 of these separations per 1,000 population for females, compared with 9.3 for males. The rate was higher for females in all age groups above 35 years and between 15 and 24 years (Figure 1.12).

In 2002-03, there were 1,510,706 patient-days for male patients compared with 1,434,269 for females. There were 153.9 days per 1,000 population for males, compared with 144.2 for females. The rates were higher for males than for females in all age groups except for the 55-64 age group where rates for females were higher (Tables 5.1 and 6.1).

Separations per 1,000 population

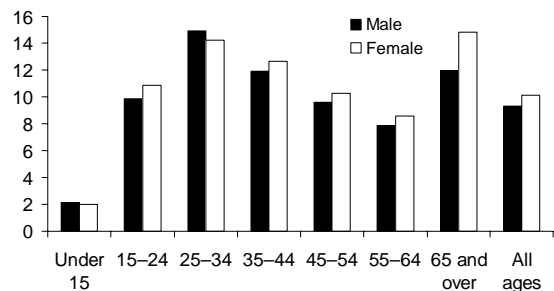


Figure 1.12: Non-ambulatory-equivalent mental health-related separations per 1,000 population by age group and sex of patient, 2002-03

Patient's area of usual residence

This section presents summary information on service use by the area of usual residence of the patient. Community mental health care is not included in this

section due to substantial underreporting of patient's area of usual residence.

Hospital admitted patient care

The pattern of non-ambulatory-equivalent separations per 1,000 population by Remoteness Area differed for separations with and without specialised psychiatric care (Figure 1.13 and Tables 5.5 and 6.2). In the case of separations with specialised psychiatric care, the rate per 1,000 population was highest for patients living in major cities (5.8) and lowest for those living in very remote areas (2.7).

The opposite was true for separations without specialised psychiatric care. There the rate was highest for patients living in very remote areas (8.3) and lowest for those living in major cities (3.3).

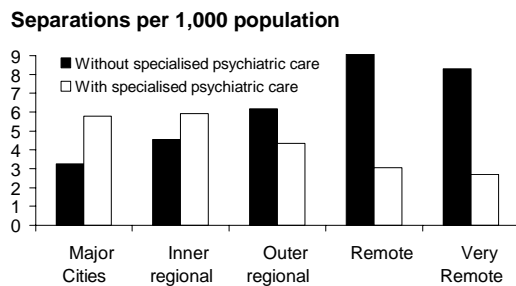


Figure 1.13: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Remoteness Area of usual residence, 2002-03

Aboriginal and Torres Strait Islander peoples

Indigenous Australians view mental health basically as social and emotional wellbeing. Hence, data on their use of services may reflect a different range of conditions compared with other Australians. Aboriginal and Torres Strait Islander peoples are thought to be under-identified in health care data collections, including those for mental health care.

Ambulatory-equivalent separations

The number of ambulatory-equivalent mental health-related separations per 1,000 Aboriginal and Torres Strait Islander peoples was lower than that of other Australians (3.2 compared with 5.5) (Table 3.36).

This was particularly the case for ambulatory-equivalent separations with specialised psychiatric care. The rate of these separations per 1,000 Aboriginal and Torres Strait Islander peoples was less than one-third that of the rate for other Australians (1.3 compared with 4.5) (Figure 1.14 and Table 3.36).

In contrast, the number of ambulatory-equivalent separations with non-specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander peoples was almost double that of other Australians (1.8 compared with 1.0) (Figure 1.14 and Table 3.36).

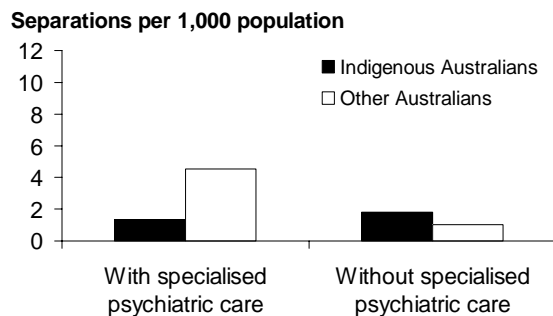


Figure 1.14: Ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2002-03

Hospital admitted patient care

In comparison, the number of non-ambulatory-equivalent mental health-related separations per 1,000 Aboriginal and Torres Strait Islander peoples was more than double that of other Australians (22.6 compared with 9.4) (Figure 1.15 and Tables 5.6 and 6.3).

The difference in rates between the two groups was not as pronounced for non-ambulatory-equivalent separations with

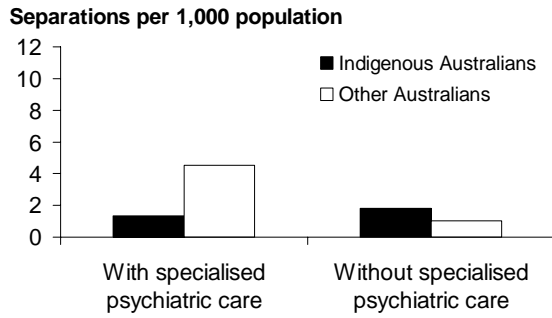


Figure 1.14: Ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2002-03

Hospital admitted patient care

For non-ambulatory-equivalent mental health-related separations per 1,000 Aboriginal and Torres Strait Islander peoples the rate was more than double that of other Australians (22.6 compared with 9.4) (Figure 1.15 and Tables 5.6 and 6.3).

The difference in rates between the two groups was less pronounced for non-ambulatory-equivalent separations with specialised psychiatric care. The rate of these separations per 1,000 Aboriginal and Torres Strait Islander peoples was almost double the rate for other Australians (10.0 compared with 5.6) (Figure 1.15 and Table 5.6).

In contrast, the number of non-ambulatory-equivalent separations without specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander peoples was more than three times that of other Australians (12.6 compared with 3.8) (Figure 1.15 and Table 6.3).

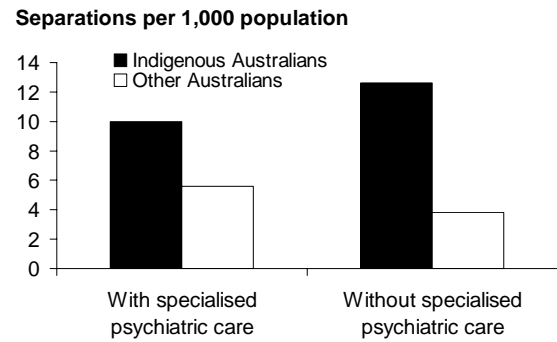


Figure 1.15: Non-ambulatory-equivalent mental health-related separations per 1,000 population by Indigenous status, 2002-03

The relatively greater reliance of Aboriginal and Torres Strait Islander peoples on non-specialised care compared to specialised care may be partially explained by geographical differences. A higher proportion of this group live in remote or very remote areas (25%) compared to other Australians (2%) (AIHW & ABS 2003), and there are fewer specialised care facilities in these areas. In 2002-03, there were no public psychiatric hospitals and only one public acute care hospital with a psychiatric unit or ward with 1.19 available beds per 100,000 population in remote and very remote areas (Tables 7.14 and 7.19). Conversely, the proportion of other Australians living in major cities (67%) was much higher than the proportion of Aboriginal and Torres Strait Islander peoples (30%) (AIHW & ABS 2003). In 2002-03 in major cities, there were 10 public psychiatric hospitals with 12.7 available beds per 100,000 population, and 87 public acute care hospital with a psychiatric unit or ward with 19.51 available beds per 100,000 population (Tables 7.14 and 7.19).

Along with reduced access to hospital services, Aboriginal and Torres Strait Islander peoples had a shorter average length of stay for overnight separations without specialised psychiatric care (4.6 days compared with 8.5 for other Australians). Difference in length of stay may reflect differences in casemix between

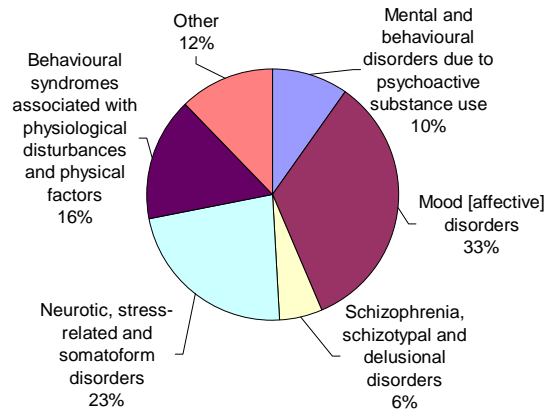


Figure 1.16: Mental health-related problems managed by general practitioners, 2003-04

Community mental health care services

The mental disorders treated in public community-based ambulatory mental health services and hospital outpatient services in 2002-03 included low-prevalence disorders such as *Schizophrenia, schizotypal and delusional disorders* (Figure 1.17 and Table 3.32).

These data should be interpreted with caution because no principal diagnosis information was available for a large proportion of service contacts.

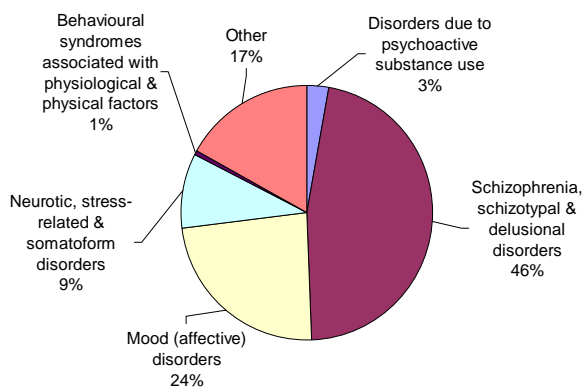


Figure 1.17: Principal diagnoses for service contacts, public community mental health care, 2002-03

Ambulatory-equivalent separations

The most common principal diagnoses, for ambulatory-equivalent mental health-related separations with specialised psychiatric care, were *Mood (affective) disorders* (45%) and *Neurotic, stress-related and somatoform disorders* (24%) (Figure 1.18).

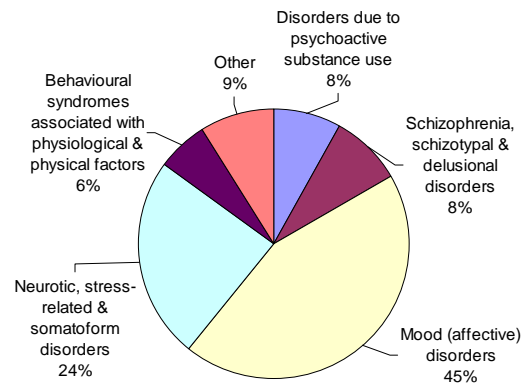


Figure 1.18: Principal diagnoses for ambulatory-equivalent mental health-related separations, with specialised psychiatric care, 2002-03

The most common principal diagnoses, for ambulatory-equivalent mental health-related separations without specialised psychiatric care, were *Disorders due to Psychoactive substance use* (40%) and *Neurotic, stress-related and somatoform disorders* (21%) (Figure 1.19).

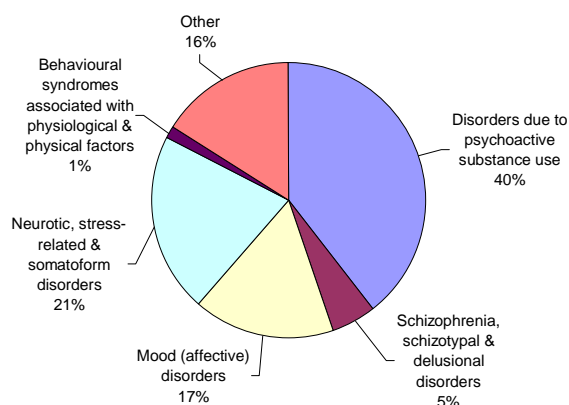


Figure 1.19: Principal diagnoses for ambulatory-equivalent mental health-related separations, without specialised psychiatric care, 2002-03

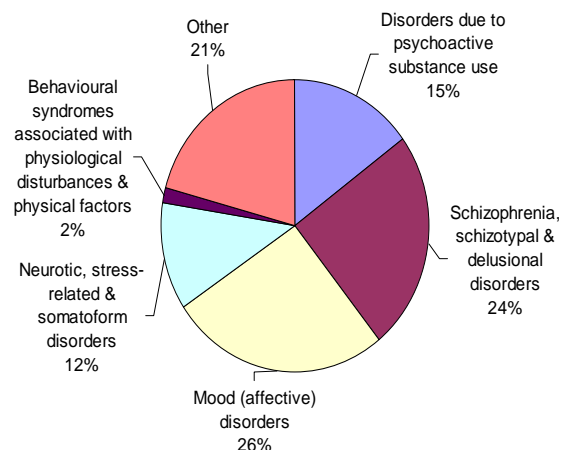


Figure 1.20: Principal diagnoses for non-ambulatory-equivalent mental health-related separations, public hospitals, 2002-03

Hospital admitted patient care

This section presents information on the mental health-related diagnoses reported for non-ambulatory-equivalent mental health-related separations in public and private hospitals, and related patterns of the provision of specialised psychiatric care.

Of the non-ambulatory-equivalent mental health-related separations in public and private hospitals, 56.3% or 87,343 public hospital separations included a component of specialised psychiatric care, that is, care in a specialised psychiatric unit or hospital. This compares with 69.2% or 25,702 separations with a component of specialised psychiatric care in private hospitals (Tables 5.2 and 6.2).

Public hospitals

In 2002-03, *Mood (affective) disorders* and *Schizophrenia, schizotypal and delusional disorders* were the most common principal diagnoses for public hospital non-ambulatory-equivalent mental health-related separations (Figure 1.20 and Tables 5.9 and 6.6).

A high proportion of separations with principal diagnoses of *Mood (affective) disorders*, *Schizophrenia, schizotypal and delusional disorders* and *Disorders of adult personality and behaviour* had specialised psychiatric care (Figure 1.21 and Tables 5.9 and 6.6).

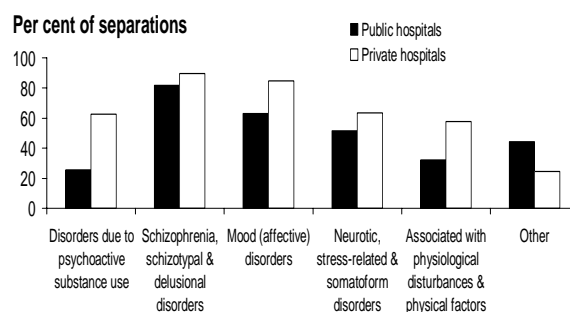


Figure 1.21: Non-ambulatory-equivalent mental health-related separations with specialised psychiatric care, 2002-03

Private hospitals

Principal diagnoses of *Mood (affective) disorders* and *Neurotic, stress-related and somatoform disorders* were the most common for private hospital non-ambulatory-equivalent mental health-related separations (Figure 1.22 and Tables 5.9 and 6.6).

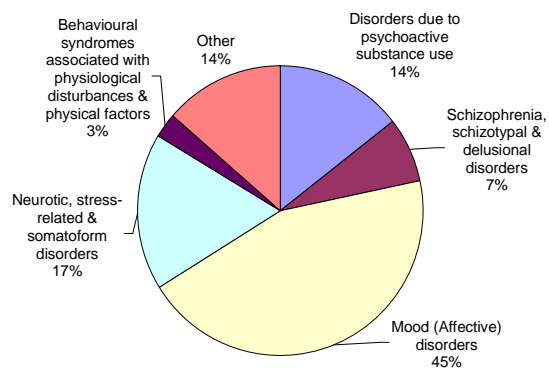


Figure 1.22: Principal diagnoses for non-ambulatory-equivalent mental health-related separations, private hospitals, 2002-03

1.4 Medication

This report presents data on mental health-related medication subsidised through the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) and prescribed by private psychiatrists and other medical practitioners.

For non-psychiatrists, only mental health-related medications are included (see Appendix 2 for more details). For psychiatrists, all medications prescribed are included.

In 2003-04, mental health-related medications accounted for 10.9% (17.8 million) of all the medications prescribed by general practitioners (Table 3.15 and unpublished PBS and RPBS data). Private psychiatrists prescribed a total of 1.96 million medications (Table 3.23).

In 2003-04, antidepressants were the most frequently prescribed mental health-related medication, accounting for 59.4% of mental health-related medications, 54.6% of mental health-related medication prescribed by psychiatrists and 59.9% of mental health-related medication prescribed by general practitioners (Tables 3.15 and 3.23).

Between 1998-99 and 2003-04, there was an increase in the number of antidepressant and antipsychotic PBS-

subsidised medications and a decrease in the numbers for hypnotics and sedatives and anxiolytics (Figure 1.23 and Tables 3.14 and 3.22).

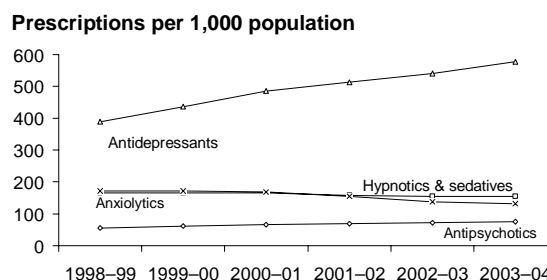


Figure 1.23: Selected PBS-funded mental health-related prescriptions per 1,000 population, 1998-99 to 2003-04

1.5 Labour force

This report presents data on three mental health-related professions for which there are recent national data available:

psychiatry, mental health nursing and clinical psychology. For psychiatrists and mental health nurses, labour force data were collected in conjunction with the annual registration renewal of these practitioners. Data for clinical psychologists were from the Australian Bureau of Statistics (ABS) Census of Population and Housing.

Psychiatrists

Psychiatrists presented here are those that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Both public and private sector psychiatrists are included.

In 2002, Australia had 12.1 psychiatrists per 100,000 population (including 1.0 non-

clinician) and 3.0 psychiatrists-in-training per 100,000 population (Table 7.1).

Major cities had a relatively high number of psychiatrists per 100,000 population (Figure 1.24 and Table 7.1). Remote and very remote areas had fewer psychiatrists per 100,000 population.

Psychiatrists per 100,000 population

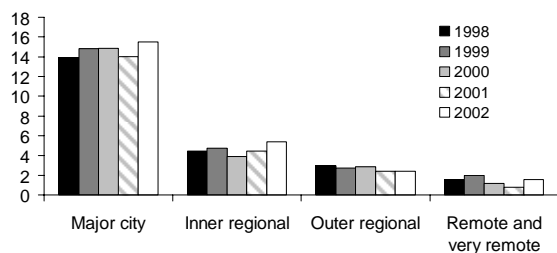


Figure 1.24: Psychiatrists per 100,000 population by Remoteness Area, 1998 to 2002

Mental health nurses

Mental health nurses were defined as nurses who reported that their main area of nursing was mental health. Both public and private sector nurses are included.

In 2001, 12,094 nurses identified psychiatric and mental health nursing as their main area of nursing (Table 7.6). They accounted for 6.0% of all employed clinical nurses.

There were 62.2 mental health nurses per 100,000 population in 2001, a level consistent with previous years.

Major cities and inner regional areas had a relatively high number of mental health nurses per 100,000 population (Figure 1.25). Remote and very remote areas had fewer of these nurses per 100,000 population, but rates increased between 1997 and 2001.

Mental health nurses per 100,000 population

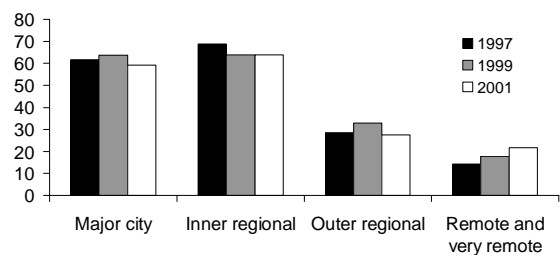


Figure 1.25: Mental health nurses per 100,000 population by Remoteness Area, 1997 to 2001

In 2001, just over two-thirds of mental health nurses were female. The majority of mental health nurses were in the 45–54 and 34–44 year age groups (35.9% and 32.9%, respectively) (Figure 1.26 and Table 7.6).

Mental health nurses

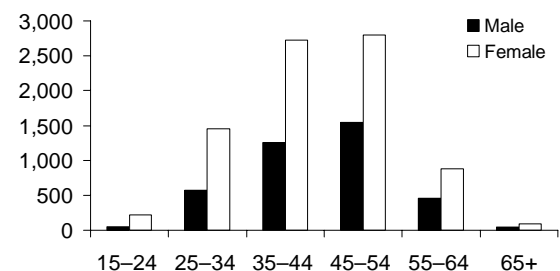


Figure 1.26: Mental health nurses by age and sex, Australia, 2001

2 Introduction

Mental Health Services in Australia 2002–03 is the sixth in the Australian Institute of Health and Welfare's (AIHW) series of annual reports describing the activity and characteristics of Australia's mental health care services. A key role of these reports is to make publicly available the data collected as specified in the National Minimum Data Sets (NMDSs) for Mental Health Care, which cover public community mental health services and specialised psychiatric care for patients admitted to public and private hospitals (see Appendix 1 for descriptions). Alongside the NMDS data, these reports also include a range of other data to describe mental health-related service delivery in Australia.

A wide range of service types is involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and services outside the health sector, provided in both residential and ambulatory care settings. Many are government services, but private hospitals, non-government organisations and private medical practitioners are also responsible for providing mental health care. This report gives an overview of this range of services.

This report and accompanying additional tables are available on the Internet at <www.aihw.gov.au/publications/hse/mhsa02-03/>. Some of the national data on admitted-patient care are also available in an interactive data cube format on the Internet at <www.aihw.gov.au/hospitaldata/datacubes/index.html>. Users can access these data cubes to create customised tables based on the age group, sex, principal diagnosis and mental health legal status of admitted patients who received specialised psychiatric care between 1998–99 and 2002–03.

2.1 Report structure

Chapter 1 presents overview information on mental health-related service activity over recent years and mental health-related service use by selected population groups.

Chapter 2 presents information on this report's structure and background information on the prevalence of mental disorders and on the objectives of the National Mental Health Strategy.

Chapter 3 summarises the available data on ambulatory care provided by specialised mental health care services and other non-specialised service providers that play a role in providing services for people with mental disorders. Reported specialised mental health care services include those provided by private psychiatrists and specialist mental health outpatient and community mental health care services. The non-specialised services reported include general practitioners, and ambulatory disability support services that were funded under the Commonwealth State/Territory Disability Agreement (CSTDA). The CSTDA-funded services include some specialised mental health care services provided by non-government organisations. This chapter also presents Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data on mental health-related medications.

Chapters 4, 5 and 6 summarise the available data on residential and admitted patient mental health care and CSTDA-funded residential disability support services. The information

presented on patients admitted to hospitals includes data on those who received specialised psychiatric care (chapter 5) and those who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care (chapter 6).

Chapter 7 presents information on the public and private psychiatrist, mental health nurse and clinical psychologist labour force. This chapter also presents data on the staffing and expenditure of public community mental health care establishments and public and private hospitals that provide specialised psychiatric care.

Chapter 8 presents information on mental health care for schizophrenia, accompanied by information on the estimated prevalence of this condition, and the burden and health system expenditure related to this condition.

The appendixes provide more detailed technical notes on the data and analyses that are included in the chapters. Appendix 1 outlines the data sources used for this report and their respective strengths and weaknesses, and details the data elements specified in the NMDs for Mental Health Care. Appendix 2 provides information on the codes used to define mental health-related care and medications and on the definition of hospital separations that could be considered equivalent to ambulatory mental health care. Appendix 3 provides state- and territory-specific data on admitted patient care, including ambulatory-equivalent mental health care, and community mental health care. Appendix 4 presents information on the National Survey of Mental Health Services and how it compares with the establishment-level data collections used in this report.

The data in this report are mainly for 2002–03 or, in the case of the CSTDA MDS data, for the first six months of 2003. In the interest of presenting the most up-to-date data, data for 2003–04 are presented from the Medicare, PBS and Bettering the Evaluation and Care of Health (BEACH) data collections. Readers requiring 2002–03 data from the Medicare or PBS collections can refer to the Internet tables accompanying this report on the Institute's web site (<www.aihw.gov.au>). Those requiring 2002–03 data from the BEACH data collection can refer to the *Mental Health Services in Australia 2001–02* report (AIHW 2004a).

2.2 Background

This publication focuses on mental health services. However, this section provides some background information on the prevalence of mental disorders and psychiatric disability from the 1997 National Survey of Mental Health and Wellbeing of Adults, the 2003 Survey of Disability, Ageing and Carers, and the 1999 National Survey of Mental Health and Wellbeing of Children and Adolescents. This section also includes background information on the National Mental Health Strategy and its objectives (Box 2.1).

Prevalence of mental disorders in adults

The most commonly quoted figure of mental disorders in Australia is that approximately one in five adults will experience a mental illness at some time in their life. This figure is from the adult component of the National Survey of Mental Health and Wellbeing (NSMHWB) conducted in 1997 by the Australia Bureau of Statistics (ABS 1998). Approximately 10,600 people aged 18 years and over participated in the survey; a range of mental disorders was diagnosed using a computerised version of the Composite International Diagnostic Interview. These disorders included anxiety or affective disorders and substance use disorders.

The survey found that an estimated 18% of Australian adults had experienced a mental disorder in the 12 months before the interview (ABS 1998). The prevalence of mental disorders decreased with age, with the highest prevalence reported for adults aged 18–24 years (27%), reflecting a relatively high rate of substance use disorders in that age group. The prevalence was lowest, at 6%, for those aged 65 and over.

Women were more likely than men to have had an anxiety or affective disorder and men were more than twice as likely as women to have had a substance use disorder. Anxiety disorders were most common for women aged 45–54 years (16%). Affective disorders, which include depression, were most common for women aged 18–24 years (11%). Substance use disorders were most common for men aged 18–24 years (22%). More information on the results of this study can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

The child and adolescent component of the 1998 National Survey of Mental Health and Wellbeing found the most frequently reported disorder for children aged 6–17 years was attention-deficit hyperactivity disorders (ADHD) (11% or an estimated 355,000 children and adolescents). Less prevalent were depressive disorders (4% or 117,000) and conduct disorders (3% or 95,000) (Sawyer et al. 2000).

Box 2.1: National Mental Health Strategy

In 1992, the Commonwealth, state and territory governments in Australia endorsed the National Mental Health Strategy as a framework to guide the reform agenda for mental health. A brief outline of the Strategy is given below. For more information on the National Mental Health Strategy, refer to the National Mental Health Report 2002 (DHA 2002). The aims of the Strategy are to:

- *promote the mental health of the Australian community and, where possible, prevent the development of mental disorder;*
- *reduce the impact of mental disorders on individuals, families and the community*
- *assure the rights of people with mental disorders.*

The broad aims and objectives of the Strategy are described in the National Mental Health Policy. The Policy has 38 objectives including objectives relating to the shift from institutional to community care and the delivery of services in mainstream settings. The approach to be taken by the Australian, state and territory governments in implementing the aims and objectives of the Policy were described by the First National Mental Health Plan, which ran from 1992–93 to 1997–98. Near the end of the First Plan, an independent evaluation concluded that significant progress had been achieved but that the reform agenda had yet to be completed (AHMAC 1997).

In order to continue these reforms, the Second National Mental Health Plan (1998–99 to 2002–03) was endorsed by all governments in 1998. The aim of the Second Plan was to consolidate reforms of the First Plan and to extend into additional areas with a particular focus on promotion and prevention, partnerships in service reform and delivery, and service quality and effectiveness.

The National Mental Health Plan 2003–08 consolidates reforms begun under the first two plans and has four priority themes: promoting mental health and preventing mental health problems, increasing service responsiveness, strengthening quality and fostering research, and innovation and sustainability.

Prevalence of psychiatric disability

Having a mental health condition such as depression or anxiety can be disabling in its impact on day-to-day life and/or long-term functioning at home and in the community. In 2003, the Australian Bureau of Statistics conducted the Survey of Disability, Ageing and Carers

(SDAC). Data from this survey estimated the prevalence of psychiatric disability at 4.7% of the Australian population of all ages, representing around 926,000 people.

Data from the NSMHWB estimated the prevalence of mental disorders for persons aged 18 years and over at 18% (see previous page). The prevalence of disability, as defined in the NMHWB survey, was estimated at 7.8% of persons aged 18 years and over.

There are a number of differences between the two surveys which may account for these disparities in the prevalence rates and which show that the data from these surveys are not able to be compared. For example, the NSMHWB was specifically designed to measure, through a structured questionnaire, the prevalence of mental disorder, whereas the SDAC was designed, among other things, to measure levels of disability. The population surveyed for the NSMHWB was persons aged 18 years and over, whereas the SDAC surveyed the Australian population of all ages. In addition, the definitions used in each survey for mental disorder differ.

In the 2003 SDAC, prevalence levels were higher for those aged 65 years and older (11.8% compared with 3.7% for those aged less than 65 years), and higher among older females (14.0%) than older males (9.0%).

There was a proportion of the Australian population who had a psychiatric disability and also had a severe or profound core activity limitation (2.4%) (i.e. they sometimes or always needed help with self care, mobility or communication activities). These higher levels of restriction were more common in older people (8.6% of those 65 years and older compared with 1.5% of those aged less than 65), especially older females (10.6% compared to 6.0% of older males).

Table 2.1: Persons with a psychiatric disability ('000) by age group, sex and profound/severe core activity limitation, Australia, 2003

	Males		Females		Total	
	With a psychiatric disability	All males	With a psychiatric disability	All females	With a psychiatric disability ^(a)	Total
0-64 years						
Profound/severe core-activity limitation	118.4	347.8	134.7	335.0	253.1	682.9
Total with a disability	292.5	1,346.5	339.9	1,220.3	632.4	2,566.8
<i>All persons</i>	<i>351.4</i>	<i>8,752.4</i>	<i>479.5</i>	<i>8,560.1</i>	<i>830.9</i>	<i>17,312.4</i>
65 years and over						
Profound/severe core-activity limitation	66.5	190.5	147.4	371.2	213.9	561.7
Total with a disability	99.4	611.2	194.2	780.3	293.6	1,391.5
<i>All persons</i>	<i>111.8</i>	<i>1,110.0</i>	<i>212.4</i>	<i>1,388.7</i>	<i>324.2</i>	<i>2,498.7</i>
Total						
Profound/severe core-activity limitation	184.9	538.3	282.1	706.2	466.9	1,244.5
Total with a disability	391.9	1,957.6	534.1	2,000.7	926.0	3,958.3
All persons	463.2	9,862.3	691.9	9,948.8	1,155.1	19,811.1

(a) Includes 229,100 persons with a psychiatric condition that was not a disability. That is, they were not restricted in their everyday life by their psychiatric condition.

Source: Unpublished data from the 2003 Survey of Disability, Ageing and Carers, Australian Bureau of Statistics.

2.3 Health service expenditure for mental health disorders

A detailed analysis of health service expenditure by disease and injury categories, including mental health, has been undertaken for 1993–94 and 2000–01 (AIHW 2004b). This analysis distributed total health expenditure in Australia by disease category, estimated using information such as diagnoses reported for patients admitted to hospital, and problems managed for patients attending general practitioners.

In this report, expenditure costs of dementias have been included as well as mental disorders because dementias are included in the definition of mental health-related separations used in this report. This reflects mental health-related care provided to patients with dementias who have been admitted to hospital. The expenditure on dementias in other settings (e.g. aged care homes) may not necessarily be regarded as mental health-related care to the same extent. Data for hospital services expenditure have been adjusted to take into account the impact of long-stay patients on annual expenditure figures.

For 2000–01 it was estimated that health care expenditure for mental health disorders, including expenditure on community mental health, was \$3,861 million (Table 2.2), or 6.7% of recurrent health care expenditure. The majority of this expenditure was for hospital services (31.0% of mental health care expenditure or \$1,196 million), community mental health services (21.8% or \$842 million) and pharmaceuticals (15.9% or \$615 million). In 2000–01, expenditure on Alzheimer's disease and other dementias totalled \$2,679 million and the majority of this expenditure occurred in aged care homes (87.3% or \$2,339 million).

In comparison, the health care expenditure for mental health disorders (including community health expenditure of \$408 million) for 1993–94 (converted to 2000–01 prices) was estimated at \$2,697 million or 6.6% of recurrent health care expenditure. The expenditure was mostly for hospital services (40.5% or \$1,091 million) and out-of-hospital medical services (19.0% or \$512 million). Expenditure on Alzheimer's disease and other dementias totalled \$814 million in 1993–94 (2.0% of recurrent health care expenditure) which was lower than the expenditure in 2000–01 (4.7% or \$2,679 million).

Table 2.2: Health system costs of mental disorders and Alzheimer's disease and other dementias in Australia, 1993–94^(a) and 2000–01 (\$ millions)

Year	Hospitals ^(b)	Aged care homes	Out-of-hospital medical ^(c)	Pharmaceuticals	Other health professional services ^(d)	Research	Community mental health	Total
Mental disorders excluding dementias^(e)								
2000–01	1,196	366	589	615	144	109	842	3,861
1993–94 ^(a)	1,091	316	512	237	99	34	408	2,697
Alzheimer's disease and other dementias^(f)								
2000–01	175	2,339	20	33	9	102	n.a	2,679
1993–94 ^(a)	132	647	13	2	5	14	n.a	814

(a) Expenditures for 1993–94 have been converted to 2000–01 prices by adjusting for health price inflation between 1993–94 and 2000–01.

(b) Hospitals include admitted and non-admitted patients and in-hospital private medical services.

(c) Out-of-hospital medical includes unreferral attendances, imaging, pathology and other medical.

(d) Other health professional services include services delivered by physiotherapists, chiropractors, occupational therapists, audiologists, speech therapists, hydropaths, podiatrists, therapeutic and clinical massage therapists, clinical psychologists, dieticians and osteopaths.

(e) Mental disorders include ICD-10-AM codes F04–F99 (all mental and behavioural disorders excluding dementia in Alzheimer's disease, vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia), and G31.2 (degeneration of nervous system due to alcohol) for 2000–01; ICD-9 chapter V (mental disorders), excluding 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–94.

(f) Alzheimer's disease and other dementias include ICD-10-AM codes F01–F03 (vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia), and G30–G31 (Alzheimer's disease and other degenerative disease of the nervous system not elsewhere classified) excluding G31.2 (degeneration of nervous system due to alcohol) for 2000–01; ICD-9 CM codes 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–04.

n.a. Not available.

Further information

For information on recent estimates of the prevalence of self-reported long-term mental health conditions, psychological distress, use of medication for mental wellbeing, and consultations with health professionals, see *Mental Health Services in Australia 2001–02* (AIHW 2004a).

3 Ambulatory mental health care

This chapter describes the activity of health care services that provide ambulatory mental health-related care and the characteristics of their clients and patients. It presents the available data on ambulatory mental health:

- general practitioners (see pages 24–47)
- private psychiatrists (see pages 48–58)
- hospital-based outpatient services and community-based mental health care services (see pages 59–71)
- non-residential disability support services funded by the Commonwealth State/Territory Disability Agreement (CSTDA) (see pages 72–73)
- admitted-patient services in public and private hospitals that could be considered equivalent to ambulatory mental health care (see pages 73–85).

The term ‘ambulatory’ in this report refers to services that are delivered to clients or patients in non-residential and non-admitted-patient care settings. However, also included are some same-day admissions to hospitals that could be considered to be equivalent to ambulatory care, for example same-day admissions to hospital to receive group psychotherapy, individual counselling, or other care which could be provided in an ambulatory setting. The definition of ‘ambulatory-equivalent non-admitted care’ is detailed in Appendix 2. In table and figure titles and in some text references in this report, this definition has been abbreviated to ‘ambulatory-equivalent’.

3.1 Overview

National statistics on the number of general practice encounters for mental health-related problems, Medicare-funded psychiatrist attendances and ambulatory-equivalent mental health hospital separations are presented for the years 1998–99 to 2003–04 (Table 3.1).

A summary of the number of services and the services per 1,000 population for each type of ambulatory service provider is presented in Table 3.2 by state and territory for 2002–03. Data for 2003–04 available at the time of publishing this report are presented in Table 3.3.

The data collections for different health service providers use different definitions for a ‘service contact or event’. For this reason, comparison of these data must be undertaken with caution. Appendix 1 includes more detailed presentation of the definitions used for each data source and notes on interpretation. Box 4.2 in Chapter 4 also provides relevant information relating to variations in admission practices that can affect reports of non-admitted and admitted-patient services.

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently used by people with mental health-related problems (29% of these people) (ABS 1998). According to

the 2003–04 Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, 10.4% of general practice encounters involved the management of at least one mental health-related problem (Figure 3.1). A simple extrapolation based on the 96.9 million non-specialist attendances claimed from Medicare for 2002–03 suggests that there were about 10.0 million attendances in which general practitioners managed mental health-related problems (Table 3.2). The same extrapolation based on the 96.3 million non-specialist attendances claimed from Medicare for 2003–04 suggests that there were about 10.4 million attendances in which general practitioners managed mental health-related problems (Table 3.3). This corresponded to 511 attendances per 1,000 population in 2002–03 (Table 3.2) and 522 attendances per 1,000 population in 2003–04 (Table 3.3). The estimated rate of attendance has been comparatively stable since 1998–99, when the BEACH survey began (Table 3.1 and Figure 1.1). These attendances include encounters at the surgery and visits to the patient's residence, including service settings such as residential aged care services.

Specialised ambulatory mental health care was accessed through private psychiatrists at a rate of 103.5 attendances per 1,000 population in 2002–03 and 100.6 in 2003–04 (Tables 3.2 and 3.3). Table 3.1 shows that there has been a gradual decline in the number of private psychiatrist attendances reported per 1,000 population since 1998–99. The decline was accompanied by a 36% increase in the number of consultant psychiatrists employed in public mental health services between 1994–95 and 2001–02 and a 50% increase in psychiatry registrars (p.30 DHA 2004).

The AIHW collates data on ambulatory care service contacts provided by public community mental health services. These services include public hospital outpatient services and community-based mental health services. In 2002–03, there were 4.7 million service contacts reported for these services at a rate of 236.5 per 1,000 population (Table 3.2).

The role of private hospitals in the provision of ambulatory mental health care for non-admitted patients was relatively small at 2.5 occasions of service per 1,000 population in 2002–03 (Table 3.2).

As noted above, some same-day admissions to hospitals can be regarded as functionally equivalent to ambulatory mental health care. For this reason, this chapter includes data on ambulatory-equivalent mental health-related hospital separations based on the definition provided in Appendix 2. In 2002–03, there were 1.3 of these separations per 1,000 population provided by public hospitals and 4.2 per 1,000 population by private hospitals (Table 3.2). There was a 19% decrease in the rate of public hospital ambulatory-equivalent mental health-related separations per 1,000 population, and a 50% increase in the rate of similar private hospital separations per 1,000 population, from 1998–99 to 2002–03 (Table 3.1).

Mental health-related disability support services are also a component of the mental health service delivery system. Disability support services funded under the CSTDA can be services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types.

There are national data available from the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) collection on the characteristics of these services and their clients (Figure 3.4). Unit record data are available for 1 January to 30 June 2003. According to these data, during this period there were 26,120 non-residential users of CSTDA-funded disability support services who had a primary or other psychiatric disability. The majority of these service users had a psychiatric primary disability (72.2%) and were male (58.6%).

The 2002–03 collection was the first time an on-going collection was conducted so data quality considerations need to be taken into account. Additional information on the quality of data from the CSTDA NMDS collection can be obtained from Chapter 3 of the publication *Disability support services 2002–03: the first six months of data from the Commonwealth State/Territory Disability Agreement National Minimum Dataset* (AIHW 2004g).

Table 3.1: Summary of ambulatory mental health care provided by general practitioners and private psychiatrists and ambulatory-equivalent mental health admitted-patient care in hospitals, Australia, 1998–99 to 2003–04

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
General practice encounters for mental health-related problems^(a)						
Estimated number of encounters	10,733,000	9,999,000	10,834,000	10,143,000	9,986,000	10,431,000
Lower 95% confidence limit	10,339,000	9,431,000	10,433,000	9,612,000	9,607,000	10,093,000
Upper 95% confidence limit	11,127,000	10,578,000	11,234,000	10,674,000	10,366,000	10,787,000
Estimated number of encounters per 1,000 population ^(b)	570	525	562	519	506	522
Lower 95% confidence limit	550	495	541	492	486	505
Upper 95% confidence limit	591	556	583	546	525	539
Medicare-funded psychiatrist services^(c)						
Services	2,133,414	2,104,544	2,112,550	2,085,095	2,048,601	2,012,725
Services per 1,000 population ^(b)	113.0	112.0	109.8	106.8	103.5	100.6
Ambulatory-equivalent mental health-related hospital separations^(d)						
Public hospitals						
Separations	30,404	31,496	28,568	26,498	26,188	n.a.
Separations per 1,000 population ^(e)	1.6	1.7	1.5	1.4	1.3	n.a.
Private hospitals						
Separations	51,922	51,946	62,455	71,298	82,758	n.a.
Separations per 1,000 population ^(e)	2.8	2.8	3.3	3.7	4.2	n.a.

(a) *Source:* Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December of the reference year.

(c) Medicare data from DHA. Items included are detailed in Table 3.19.

(d) See Appendix 2 for definition. *Source:* National Hospital Morbidity Database.

(e) Rates are directly age-standardised to the Australian population at 30 June 2001.

n.a. Not available.

Table 3.2: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health-related problems^(a)									
Estimated number of encounters	3,405,000	3,088,000	1,787,000	812,000	1,030,000	279,000	153,000	64,000	9,986,000
Lower 95% confidence limit	3,204,000	2,761,000	1,653,000	727,000	882,000	235,000	100,000	46,000	9,607,000
Upper 95% confidence limit	3,606,000	3,414,000	1,922,000	897,000	1,178,000	321,000	205,000	82,000	10,366,000
Estimated number of encounters per 1,000 population ^(b)	515	638	488	424	679	588	477	324	511
Lower 95% confidence limit	485	571	451	380	582	497	314	234	492
Upper 95% confidence limit	546	706	524	469	777	680	640	414	531
Medicare-funded psychiatrist services^(c)									
Services	662,173	663,105	339,173	110,384	201,571	46,244	21,245	4,706	2,048,601
Services per 1,000 population ^(b)	99.3	135.2	90.4	56.9	132.3	97.5	65.8	23.8	103.5
Public hospital outpatient and community-based services^(d)									
Service contacts	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
Service contacts per 1,000 population ^(b)	195.5	329.8	207.4	214.0	206.3	108.1	554.5	114.3	236.5
Ambulatory-equivalent mental health-related hospital separations^(e)									
Public hospitals									
Separations	12,675	6,228	4,578	1,086	1,184	251	70	116	26,188
Separations per 1,000 population ^(f)	1.9	1.3	1.2	0.6	0.8	0.5	0.2	0.6	1.3
Private hospitals									
Separations	19,904	32,757	18,808	6,705	1,225	n.p.	n.p.	n.p.	82,758
Separations per 1,000 population ^(f)	3.0	6.7	5.1	3.5	0.8	n.p.	n.p.	n.p.	4.2
Private hospital non-admitted-patient occasions of service^(g)									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	48,800
Individual occasions of service/group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2.5

(a) Source: BEACH survey of general practice activity.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2002.

(c) Medicare data from DHA. Items included are detailed in Table 3.19.

(d) Source: National Community Mental Health Care Database.

(e) See Appendix 2 for definition. Source: National Hospital Morbidity Database.

(f) Rates are directly age-standardised to the Australian population at 30 June 2001.

(g) Private Health Establishments Collection (PHEC) data provided by ABS. PHEC occasions of service data could not be disaggregated by state and territory.

n.a. Not available.

n.p. Not published.

Table 3.3: Summary of available data for ambulatory mental health care provided by general practitioners and private psychiatrists, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health-related problems^(a)									
Estimated number of encounters	3,266,000	2,863,000	2,097,000	948,000	1,171,000	350,000	103,000	40,000	10,431,000
Lower 95% confidence limit	3,106,000	2,673,000	1,900,000	844,000	1,054,000	284,000	88,000	30,000	10,093,000
Upper 95% confidence limit	3,425,000	3,052,000	2,295,000	1,051,000	1,288,000	417,000	119,000	49,000	10,787,000
Estimated number of encounters per 1,000 population ^(b)	487	579	546	482	765	731	322	202	522
Lower 95% confidence limit	463	541	494	430	689	592	274	153	505
Upper 95% confidence limit	511	618	597	535	842	869	369	251	539
Medicare-funded psychiatrist services^(c)									
Services	629,543	655,030	342,686	120,183	190,776	46,950	23,273	4,284	2,012,725
Services per 1,000 population ^(b)	93.8	132.6	89.1	61.1	124.7	97.8	72.0	21.5	100.6

(a) Source: BEACH survey of general practice activity.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

(c) Medicare data from DHA. Items included are detailed in Table 3.19.

3.2 Mental health care in general practice

The ABS National Survey of Mental Health and Wellbeing reported that over 29% of adults with mental disorders had visited a general practitioner for a mental health-related problem in the previous 12 months (ABS 1998). This section presents data from the BEACH survey on the mental health-related care and medication provided by general practitioners (GPs) and the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) data collection on PBS-subsidised medications prescribed by general practitioners to patients with a mental health-related problem.

Bettering the Evaluation and Care of Health (BEACH) survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 GP-patient encounters each year. The data for 2003-04, used in this report, included a total of 98,876 encounters after post-stratification weighting to ensure the data reflected national general practice activity patterns.

For this report, mental health-related problems and reasons for encounter (RFEs) were defined as those classified in the psychological chapter of the *International Classification of Primary Care* (2nd edition) (ICPC-2), which includes alcohol and other drug-related problems/RFEs. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 2003-04* (Britt et al. 2004).

Overview

Mental health-related encounters have been defined as those at which a mental health-related problem was managed. However, some information on mental health-related RFEs is also presented. This captures those instances where a patient may present with a mental health-related RFE but the general practitioner may assess the problem as not mental health-related. The reverse may also occur, where there are mental health-related problems that do not have a mental health-related RFE. Figure 3.1 shows data on general practitioner encounters in which a mental health-related problem was managed and how this relates to other data collected for the encounter. Mental health-related problems were managed at 10.4% of encounters and accounted for 7.4% of all problems managed. Mental health-related problems were most commonly managed for patients of the middle age groups, with those between 25-44 years and 45-64 years accounting for 31.0% and 31.5% of these problems respectively. The patients were predominantly female (60.5%).

The most common patient reason for these encounters was a prescription request, reported at a rate of 25.1 per 100 encounters. Depression was also a common reason, recorded at 16.8 per 100 of these encounters.

Temazepam and diazepam were the medications most frequently prescribed for mental health-related problems, at rates of 9.0 and 6.8 per 100 problems managed respectively. Psychological counselling was the most common clinical treatment, provided at a rate of 25.2 per 100 problems. Referrals to psychiatrists were the most frequent referral type, (2.2 per 100 problems managed).

Reasons for encounter

RFEs are those concerns and expectations that patients bring to the doctor. They may be in the form of symptoms and complaints or requests for services or treatment. For each encounter, the GP could record up to three RFEs.

Overall in 2003–04, there were 148,517 RFEs reported in BEACH survey data at a rate of 150.2 per 100 encounters (Britt et al. 2004). Of these, 7,245 RFEs (4.9% of all RFEs) were mental health-related, reported at a rate of 7.3 per 100 encounters (Table 3.4). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

In 2003–04, there were fewer mental health-related RFEs recorded for male patients than there were for female patients for all age groups, except for patients under the age of 15 years (Figure 3.2). Patients aged 25–44 years accounted for 34.6% of mental health-related RFEs. The next largest group were patients aged 45–64 (30.1%).

Problems managed

The problem managed is a formal statement of the GP's understanding of a health problem presented by the patient, which may at times be limited to the level of symptoms. For each patient encounter, up to four problems could be recorded by the GP.

Table 3.5 presents data on the ten most frequently reported mental health-related problems managed, by patient sex, from 1998–99 to 2003–04. In 1998–99, mental health-related problems accounted for 6.7% of all problems managed by GPs and at least one was managed at 9.7% of all GP encounters. In 2003–04, mental health-related problems accounted for 7.1% of all problems managed by GPs and at least one was managed at 10.4% of all GP encounters. The most frequently reported problems managed over this period were for depression, anxiety, sleep disturbances and acute stress reaction. The rate per 100 encounters for each of these problems remained fairly stable between 1998–99 and 2003–04.

Overall, there were 144,674 problems managed in the 2003–04 BEACH survey, at a rate of 146.3 per 100 encounters (Britt et al. 2004). GPs in the survey managed 10,716 mental health-related problems (7.4% of all problems managed) at a rate of 10.4 per 100 encounters (Figure 3.1). Depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem, accounting for 33.7% of all mental health-related problems managed and 2.5% of all problems managed. Anxiety (P01, P74, 15.8% of all mental health-related problems managed) and sleep disturbance (P06, 14.9% of all mental health-related problems managed) were the next most frequently managed mental health-related problems (Table 3.6).

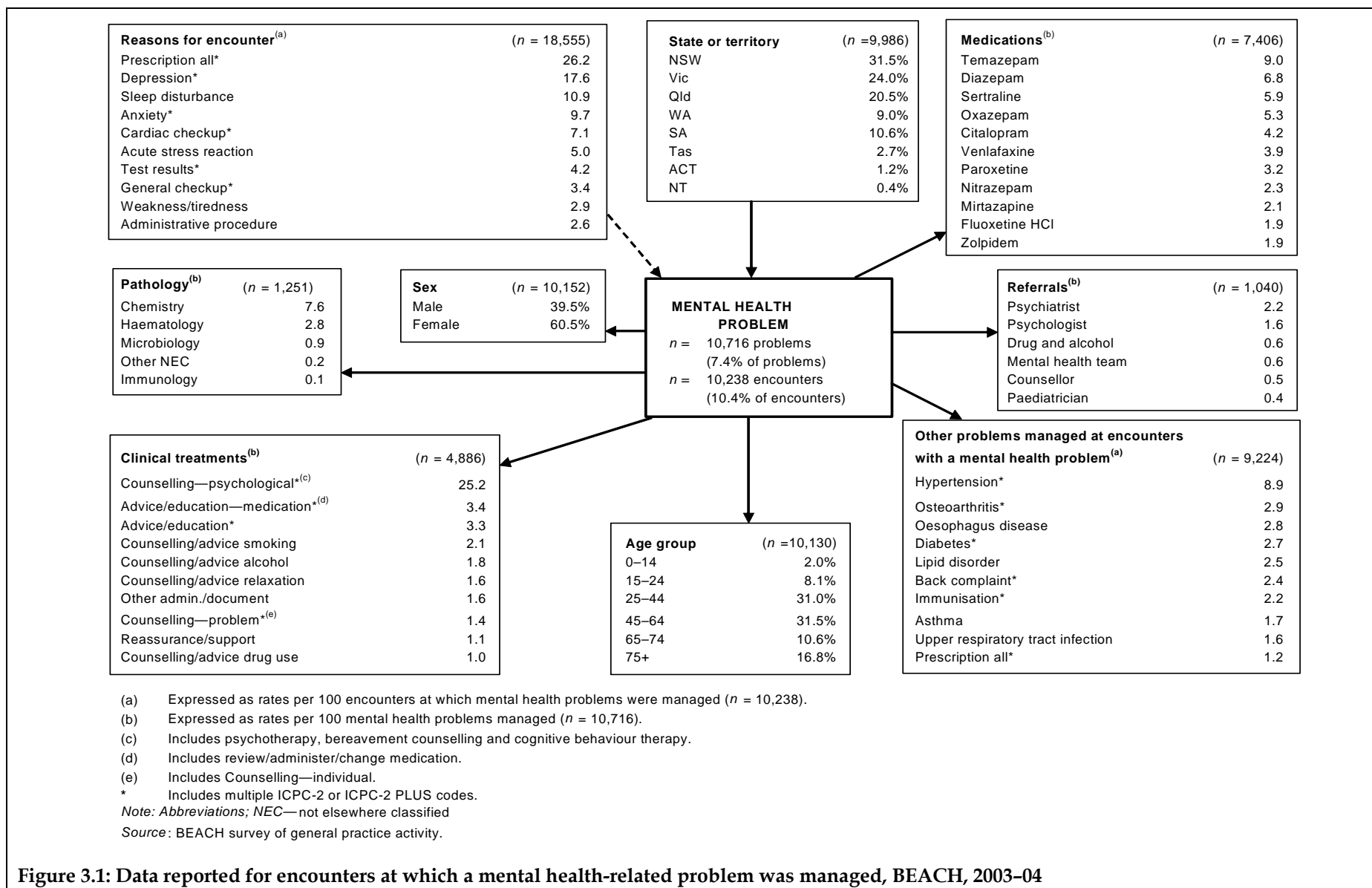


Figure 3.1: Data reported for encounters at which a mental health-related problem was managed, BEACH, 2003–04

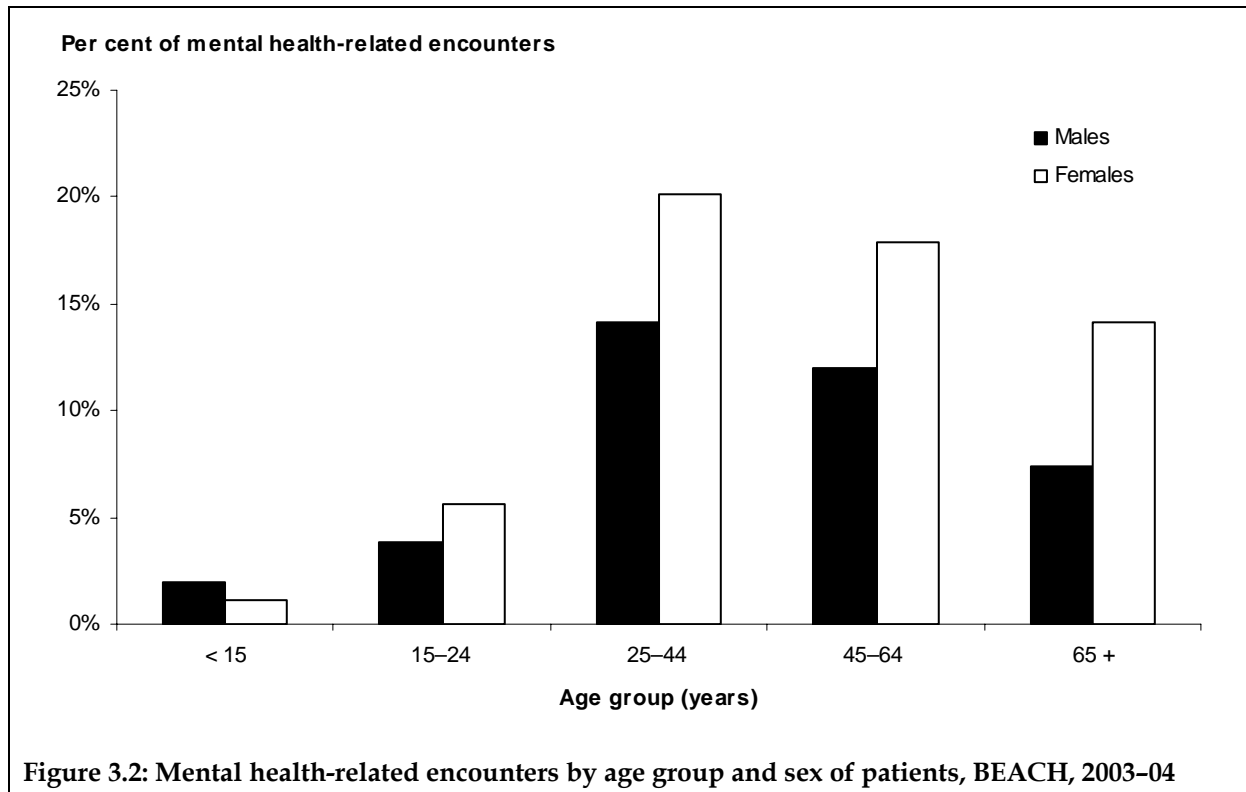


Table 3.4: Most frequent reported mental health-related reasons for encounter, by patient sex, BEACH, 2003–04

ICPC-2 descriptor	Reason for encounter	% total RFEs	Rate per 100 encounters	95% LCL	95% UCL
Males					
P03, P76	Depression	1.0	1.4	1.3	1.5
P06	Sleep disturbance	0.8	1.1	1.0	1.2
P01, P74	Anxiety	0.6	0.9	0.8	1.0
P50	Medication request/renewal/treatment	0.4	0.6	0.5	0.7
P02	Acute stress reaction	0.3	0.5	0.4	0.6
P19	Drug abuse	0.1	0.2	0.1	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P72	Schizophrenia	0.1	0.2	0.2	0.2
P17	Tobacco abuse	0.1	0.2	0.1	0.2
P20	Memory disturbance	0.1	0.1	0.1	0.2
	Other	1.0	1.5	1.4	1.6
	<i>Total</i>	<i>4.7</i>	<i>6.9</i>	<i>6.7</i>	<i>7.4</i>
Females					
P03, P76	Depression	1.4	2.1	2.0	2.2
P06	Sleep disturbance	0.8	1.2	1.1	1.3
P01, P74	Anxiety	0.7	1.1	1.0	1.2
P50	Medication request/renewal/treatment	0.5	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.6	0.7
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.2	0.2
P70	Dementia	0.1	0.2	0.1	0.2
P17	Tobacco abuse	0.1	0.1	0.0	0.0
P19	Drug abuse	0.1	0.1	0.0	0.0
	Other	0.9	1.4	1.3	1.4
	<i>Total</i>	<i>5.0</i>	<i>7.7</i>	<i>7.5</i>	<i>8.1</i>
Total^(a)					
P03, P76	Depression	1.2	1.8	1.7	1.9
P06	Sleep disturbance	0.8	1.1	1.1	1.2
P01, P74	Anxiety	0.7	1.0	0.9	1.1
P50	Medication request/renewal/treatment	0.4	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.5	0.6
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.2	0.2
P70	Dementia	0.1	0.1	0.0	0.0
P19	Drug abuse	0.1	0.1	0.0	0.0
P17	Tobacco abuse	0.1	0.1	0.1	0.2
	Other	0.9	1.3	1.2	1.3
	Total	4.9	7.3	7.1	7.6

(a) Includes sex not stated.

Note: UCL—upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity

Table 3.5: Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1998-99 to 2003-04

Mental health-related problem	1998-99		1999-00		2000-01		2001-02		2002-03		2003-04	
	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)
Males												
P03, P76 Depression	1.9	2.6	1.8	2.6	2.0	2.8	1.9	2.7	1.9	2.7	2.0	2.8
P06 Sleep disturbance	1.0	1.5	1.0	1.5	1.0	1.4	1.1	1.6	1.1	1.6	1.1	1.6
P01, P74 Anxiety	0.9	1.3	0.9	1.4	1.0	1.3	0.9	1.3	0.9	1.2	1.0	1.4
P72 Schizophrenia	0.3	0.5	0.3	0.4	0.4	0.5	0.4	0.5	0.4	0.5	0.4	0.6
P19 Drug abuse	0.5	0.7	0.6	0.9	0.6	0.8	0.6	0.8	0.5	0.7	0.4	0.6
P15, P16 Alcohol abuse	0.4	0.5	0.4	0.5	0.4	0.6	0.4	0.5	0.4	0.5	0.4	0.5
P02 Acute stress reaction	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.4	0.2	0.3	0.3	0.4
P17 Tobacco abuse	0.3	0.4	0.2	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3
P70 Dementia	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.3	0.2	0.3
P82 Post-traumatic stress disorder	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.2
Other	0.9	1.2	1.0	1.4	1.0	1.4	0.9	1.3	1.0	1.3	0.9	1.3
Total^(d)	6.3	8.9	6.3	9.0	6.6	9.2	6.6	9.3	6.4	8.9	6.6	9.4
Females												
P03, P76 Depression	2.8	4.1	2.7	4.0	2.9	4.3	2.7	4.0	2.8	4.1	2.9	4.3
P01, P74 Anxiety	1.3	2.0	1.4	2.0	1.3	1.9	1.3	1.9	1.2	1.8	1.3	1.9
P06 Sleep disturbance	1.2	1.8	1.1	1.6	1.1	1.6	1.1	1.7	1.0	1.6	1.1	1.7
P02 Acute stress reaction	0.5	0.8	0.5	0.7	0.5	0.7	0.5	0.7	0.4	0.6	0.4	0.6
P70 Dementia	0.3	0.4	0.3	0.5	0.3	0.4	0.3	0.5	0.3	0.5	0.4	0.6
P72 Schizophrenia	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.4
P19 Drug abuse	0.2	0.4	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.4	0.2	0.3
P17 Tobacco abuse	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.4	0.1	0.2	0.2	0.2
P50 Prescription request/renewal	<0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
P73 Affective psychosis	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2
Other	0.7	1.1	0.7	1.1	0.7	1.1	0.7	1.1	0.7	1.1	0.7	1.1
Total^(d)	7.0	10.3	6.8	10.1	7.1	10.5	7.2	10.5	6.8	10.1	7.2	10.7

(continued)

Table 3.5 (continued): Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1998-99 to 2003-04

Mental health-related problem	1998-99		1999-00		2000-01		2001-02		2002-03		2003-04	
	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)	% total problems ^(a)	Rate per 100 encounters ^(b)
	Total^(c)											
P03, P76 Depression	2.4	3.5	2.3	3.4	2.5	3.6	2.4	3.4	2.4	3.5	2.5	3.6
P01, P74 Anxiety	1.2	1.7	1.2	1.7	1.1	1.7	1.1	1.6	1.1	1.5	1.2	1.7
P06 Sleep disturbance	1.1	1.6	1.1	1.5	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.6
P02 Acute stress reaction	0.4	0.6	0.4	0.6	0.4	0.6	0.4	0.6	0.4	0.5	0.4	0.5
P70 Dementia	0.2	0.4	0.3	0.4	0.2	0.3	0.3	0.4	0.3	0.4	0.3	0.5
P72 Schizophrenia	0.2	0.4	0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.5
P19 Drug abuse	0.4	0.5	0.4	0.6	0.4	0.6	0.4	0.5	0.3	0.5	0.3	0.4
P15, P16 Alcohol abuse	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3
P17 Tobacco abuse	0.2	0.3	0.1	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3
P50 Prescription request/renewal	<0.1	<0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
Other	0.8	1.2	0.8	1.2	0.9	1.3	0.8	1.2	0.8	1.2	0.8	1.2
Total^(d)	6.7	9.7	6.6	9.6	6.9	10.0	6.9	10.0	6.6	9.6	7.1	10.4

(a) Per cent of total problems represents the number of each mental health problem managed as a percentage of all problems managed.

(b) Rate per 100 encounters represents the number of each mental health problem managed reported per 100 of all encounters.

(c) Includes sex not stated.

(d) Total represents the number of encounters at which at least one mental health problem was managed. As more than one mental health problem may be represented for each encounter, figures do not add to total.

Source: BEACH survey of general practice activity.

Table 3.6: Most frequently reported mental health-related problems managed, by patient sex, BEACH, 2003–04

ICPC-2 descriptor	Mental health-related problem	% total problems ^(c)	Rate per 100 encounters ^(d)	95% LCI	95% UCI
Males					
P03,P76	Depression	2.0	2.8	2.6	3.0
P06	Sleep disturbance	1.1	1.6	1.4	1.7
P01,P74	Anxiety	1.0	1.4	1.3	1.5
P72	Schizophrenia	0.4	0.6	0.5	0.7
P19	Drug abuse	0.4	0.6	0.4	0.8
P15,P16	Alcohol abuse	0.4	0.5	0.5	0.6
P02	Acute stress reaction	0.3	0.4	0.4	0.5
P17	Tobacco abuse	0.2	0.3	0.3	0.4
P70	Dementia	0.2	0.3	0.3	0.4
P82	Post-traumatic stress disorder	0.1	0.2	0.2	0.2
	Other	0.9	1.3	1.2	1.4
	Total^(a)	7.1	9.4	8.8	10.0
Females					
P03,P76	Depression	2.9	4.3	4.0	4.5
P01,P74	Anxiety	1.3	1.9	1.8	2.1
P06	Sleep disturbance	1.1	1.7	1.5	1.8
P02	Acute stress reaction	0.4	0.6	0.5	0.7
P70	Dementia	0.4	0.6	0.5	0.7
P72	Schizophrenia	0.2	0.4	0.3	0.4
P19	Drug abuse	0.2	0.3	0.2	0.4
P17	Tobacco abuse	0.2	0.2	0.2	0.3
P50	Prescription request/renewal	0.1	0.2	0.2	0.3
P73	Affective psychosis	0.1	0.2	0.1	0.2
	Other	0.7	1.1	1.0	1.3
	Total^(a)	7.6	10.7	10.2	11.2
Total^(b)					
P03,P76	Depression	2.5	3.6	3.4	3.8
P01,P74	Anxiety	1.2	1.7	1.6	1.8
P06	Sleep disturbance	1.1	1.6	1.5	1.7
P02	Acute stress reaction	0.4	0.5	0.5	0.6
P70	Dementia	0.3	0.5	0.4	0.5
P72	Schizophrenia	0.3	0.5	0.4	0.5
P19	Drug abuse	0.3	0.4	0.3	0.6
P15,P16	Alcohol abuse	0.2	0.3	0.3	0.3
P17	Tobacco abuse	0.2	0.3	0.3	0.3
P50	Prescription request/renewal	0.1	0.2	0.1	0.2
	Other	1.1	1.6	1.5	1.7
	Total^(a)	7.4	10.4	9.6	10.7

(a) As more than one mental health-related problem may be managed for each encounter, the totals are not the sums of the columns in this table.

(b) Includes sex not stated.

(c) Per cent of total problems represents the number of each mental health problem managed as a percentage of all problems managed.

(d) Rate per 100 encounters represents the number of each mental health problem managed reported per 100 of all encounters.

Note: UCL—upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Referrals

In addition to providing primary health care for people with mental health-related problems, general practice also plays a role in referral to specialised mental health care. For every problem managed, GPs could record up to two referrals, including referrals to medical specialists, allied health professionals and hospitals. The total number of referrals recorded was 11,495, or 11.6 per 100 encounters (Britt et al. 2004).

There were 1,040 referrals for patients with a mental health-related problem, made at a rate of 9.7 per 100 mental health-related problems (Table 3.7). This represented 9.0% of all referrals recorded. Most of the referrals were to a private psychiatrist (2.2 per 100 mental health-related problems), or a psychologist (1.6 per 100 mental health-related problems).

Table 3.8 presents the number of referrals, by sex, made for the most frequently managed mental health-related problems. Overall, problems relating to hyperkinetic disorder (P81) had the highest rate of referral to other professionals (54.8 referrals per 100 hyperkinetic disorder problems) followed by post-traumatic stress disorder (P82) (21.4 referrals per 100 post-traumatic stress disorder problems).

Referrals to psychiatrists

The majority of mental health-related problems referred to psychiatrists were for depression (49.4% of all mental health-related problems referred to a psychiatrist). Post-traumatic stress disorder had the highest problem-specific rate of referral (12.7 referrals per 100 post-traumatic stress disorder problems) (Table 3.9).

Clinical treatments for mental health-related problems

For each problem managed, GPs could record up to two non-pharmacological treatments that were provided. These could be clinical treatments (e.g. advice, counselling) or procedural treatments (e.g. removal of sutures, application/removal of plaster).

A total of 50,775 non-pharmacological treatments were recorded in BEACH survey data for all encounters. Of these, 36,211 or 71.3% were clinical treatments (Britt et al. 2004). Table 3.10 presents the number and type of clinical treatments provided by GPs for mental health-related problems. A total of 4,886 treatments, 13.4% of all clinical treatments, were reported as treatment for mental health-related problems (45.6 per 100 mental health-related problems).

Table 3.11 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided in the management of acute stress reaction (P02) were recorded at a rate of 84.2 per 100 acute stress reaction problems managed. The clinical treatment of tobacco abuse (P17) was recorded at a rate of 73.9 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey, a total of 104,814 medications were prescribed, recommended or supplied by GPs at a rate of 72 per hundred problems managed (Britt et al. 2004). Of these, 7,406 medications were provided for mental health-related problems at a rate of 69.1 medications per 100 mental health-related problems (Table 3.12). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (27.8 medications per 100 mental health-related problems), followed by anti-anxiety medications (14.1) and sedative hypnotics (13.7). At the generic level, temazepam and diazepam were the most frequently reported for mental health-related problems, being prescribed at a rate of 9.0 and 6.8 per 100 problems respectively.

Medication request/renewal/treatment (P50) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by GPs (101.1 medications per 100 treatment procedure problems) (Table 3.13). Medication was next most frequently prescribed, recommended or supplied for affective psychosis (P73), at a rate of 93.3 medications per 100 affective psychosis problems, and schizophrenia (P72), at a rate of 89.4 medications per 100 schizophrenia problems. Males in the 65 and over age group had the highest rate of medications prescribed (75.0 medications per 100 total problems managed), followed by females in the 45–64 age group (74.4 medications per 100 total problems managed) (Figure 3.3).

Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) expenditure

Tables 3.14 to 3.17 present data from the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) on the number of prescriptions for mental health-related medications by GPs and non-psychiatrist specialists. Non-psychiatrist specialists who prescribed mental health-related medications include cardiologists, pathologists, anaesthetists, obstetricians and gynaecologists. PBS and RPBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications prescribed by non-psychiatrists were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A). Previous reports have included only PBS data, whereas this report includes RPBS data in the 2003–04 tables; therefore, the numbers in some tables in this section may appear to have increased relative to earlier reports. RPBS data are not included in the time-series tables which are PBS data only.

Between 1998–99 and 2003–04, the rate of PBS-subsidised mental health-related prescriptions by GPs rose by 27.7% (or 139.1 per 1,000 population). This was largely due to increases in antidepressant and antipsychotic prescriptions, which rose by 63.1% (3.9 million) and 40.9% (0.3 million), respectively. Similarly, PBS-subsidised mental health-related prescriptions by non-psychiatrist specialists showed an overall increase of 48.4%, rising from 20.8 to 30.9 prescriptions per 1,000 population (Table 3.14). This was also largely due to increases in the number of prescriptions for antipsychotics and antidepressants (175.8% and 71.5%, respectively).

According to the PBS and RPBS data for 2003–04, GPs prescribed a total of 17.8 million mental health-related medications (Table 3.15). The majority of the PBS and RPBS-reimbursed prescriptions were for antidepressant medication (10.7 million or 59.9%). Tasmania (1,224.3) and South Australia (1,067.6) were the jurisdictions with the highest number of mental health-related prescriptions by GPs per 1,000 population. The Northern Territory had the lowest, with 303.8 prescriptions per 1,000 population. Non-psychiatrist specialists prescribed a total of 0.7 million mental health-related medications at a rate of 33.4 per 1,000 population for 2003–04. These made up 3.3% of all mental health-related prescriptions.

PBS and RPBS expenditure data for mental health-related medications prescribed by GPs and non-psychiatrist medical specialists are presented in Tables 3.16 and 3.17. Between 1998–99 and 2003–04, expenditure on PBS-subsidised mental health-related medications prescribed by general practitioners rose 109.5% from \$208.6 million to \$437.1 million (Table 3.16). This was largely due to a 258.7% (\$107.6 million) increase in expenditure on antipsychotics and an 85.9% (\$121.9 million) increase on antidepressants. A similar pattern was seen with non-psychiatric specialists, where mental health-related expenditure increased by 229.1% (\$17.5 million). This also appeared to be due to large increases in expenditure on antipsychotics and antidepressants (443.2% or \$13.2 million, and 104.4% or \$4.3 million, respectively).

In 2003–04, there was more PBS/RPBS expenditure on mental health-related medications prescribed by GPs (\$461.6 million) (Table 3.17) than on those prescribed by private psychiatrists (\$112.85 million) (Table 3.25). PBS/RPBS expenditure on mental health-related medications prescribed by non-psychiatrist specialists accounted for \$26.4 million.

Of all PBS/RPBS funds relating to GP mental health-related prescriptions, 60.6% were for antidepressant medication. For non-psychiatrist medical specialist prescriptions, antipsychotic medications accounted for the majority of PBS/RPBS funds paid (63.6%), followed by antidepressants (33.8%).

The Northern Territory had the lowest rate of PBS/RPBS expenditure for mental health-related medications prescribed by GPs, non-psychiatrist specialists and psychiatrists, at \$10,200 per 1,000 population. South Australia (\$34,200 per 1,000 population) and Victoria (\$32,500 per 1,000 population) had the highest rates of PBS/RPBS expenditure for these medications (Table 3.17).

Table 3.7: Referrals for mental health-related problems, BEACH, 2003–04

ICPC-2 description	Type of referral	Referrals per 100 mental health-related problems	95% LCL	95% UCL
P67002	Referral to psychiatrist (private)	2.2	2.0	2.5
P66003	Referral to psychologist	1.6	1.4	1.7
P66006	Referral to drug & alcohol professional	0.6	0.5	0.8
P66005	Referral to mental health team	0.6	0.5	0.7
P66004	Referral to counsellor	0.5	0.4	0.5
A67004	Referral to paediatrician	0.4	0.4	0.5
P67006	Referral to sleep clinic	0.3	0.2	0.4
A67010	Referral to hospital	0.3	0.3	0.4
A68011	Referral (not specified)	0.3	0.2	0.4
R67002	Referral to respiratory physician	0.2	0.2	0.3
A67012	Referral to clinic/centre	0.3	0.1	0.4
A67006	Referral to geriatrician	0.3	0.2	0.3
Z66008	Referral to social worker	0.1	0.1	0.2
A67020	Referral to general practitioner	0.2	0.1	0.2
N67002	Referral to neurologist	0.1	0.1	0.2
	Other	1.8	1.7	1.9
	Total	9.7	9.1	10.3

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.8: The most frequently referred mental health-related problems, by patient sex, BEACH, 2003–04

ICPC-2 description	Mental health-related problem	% of all referrals	Problems referred per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	2.3	10.1	9.0	11.3
P01, P74	Anxiety	1.0	8.9	7.1	10.8
P06	Sleep disturbance	1.0	7.9	6.1	9.6
P19	Drug abuse	0.6	13.4	7.0	19.9
P81	Hyperkinetic disorder	0.6	55.2	45.4	65.0
P70	Dementia	0.5	18.1	10.6	25.6
P82	Post-traumatic stress disorder	0.3	23.0	15.5	30.4
P02	Acute stress reaction	0.3	8.5	4.8	12.1
P72	Schizophrenia	0.3	5.6	3.9	7.3
P73	Affective psychosis	0.2	16.2	9.7	22.7
	Other	2.5	16.3	11.7	22.1
	<i>Total</i>	<i>9.4</i>	<i>11.8</i>	<i>11.0</i>	<i>12.6</i>
Females					
P03, P76	Depression	2.7	8.0	6.5	9.4
P01, P74	Anxiety	1.2	7.6	6.4	8.9
P06	Sleep disturbance	0.5	3.6	2.5	4.7
P02	Acute stress reaction	0.4	9.1	6.9	11.2
P19	Drug abuse	0.4	15.2	10.6	19.9
P70	Dementia	0.3	7.0	5.5	8.4
P72	Schizophrenia	0.2	5.5	3.5	7.6
P73	Affective psychosis	0.2	11.9	6.6	17.2
P82	Post-traumatic stress disorder	0.1	19.4	12.7	26.1
P86	Anorexia nervosa, Bulimia	0.1	27.8	<0.1	76.4
	Other	1.5	14.0	9.8	18.7
	<i>Total</i>	<i>7.5</i>	<i>8.3</i>	<i>7.6</i>	<i>13.0</i>
Total^(a)					
P03, P76	Depression	2.5	8.7	7.6	9.8
P01, P74	Anxiety	1.1	8.1	7.0	9.2
P06	Sleep disturbance	0.7	5.3	4.4	6.2
P19	Drug abuse	0.5	14.1	8.9	19.4
P70	Dementia	0.4	10.1	7.5	12.6
P02	Acute stress reaction	0.4	8.8	6.9	10.6
P81	Hyperkinetic disorder	0.3	54.8	45.2	64.4
P82	Post-traumatic stress disorder	0.2	21.4	16.4	26.3
P72	Schizophrenia	0.2	5.5	4.3	6.7
P73	Affective psychosis	0.2	13.4	9.7	17.2
	Other	1.9	15.1	19.9	20.4
	Total	8.3	9.7	9.1	10.3

(a) Includes sex not stated.

Note: UCL—upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.9: Mental health-related problems most frequently referred by GPs to psychiatrists, by patient sex, BEACH, 2003–04

ICPC-2 descriptor	Mental health-related problem	Problems referred per 100 of these problems	95% LCL	95% UCL
Males				
P03, P76	Depression	3.7	3.0	4.3
P01, P74	Anxiety	2.6	1.7	3.5
P82	Post-traumatic stress disorder	14.7	8.7	20.8
P81	Hyperkinetic disorder	12.9	8.0	29.7
P73	Affective psychosis	6.6	7.0	18.1
	Other	1.4	1.2	1.5
	<i>Total</i>	<i>2.7</i>	<i>2.4</i>	<i>3.0</i>
Females				
P03, P76	Depression	3.1	2.3	3.9
P01, P74	Anxiety	1.8	1.3	2.3
P73	Affective psychosis	8.3	3.1	13.5
P72	Schizophrenia	2.8	1.8	5.2
P82	Post-traumatic stress disorder	9.7	4.2	20.8
	Other	0.5	0.4	0.6
	<i>Total</i>	<i>2.0</i>	<i>1.6</i>	<i>2.3</i>
Total^(a)				
P03, P76	Depression	3.3	2.7	3.9
P01, P74	Anxiety	2.1	1.6	2.5
P82	Post-traumatic stress disorder	12.7	9.0	19.2
P73	Affective psychosis	7.6	7.3	14.0
P72	Schizophrenia	2.1	1.5	3.5
	Other	1.0	0.8	1.1
	Total	2.2	2.0	2.5

(a) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.10: Clinical treatments provided by GPs for mental health-related problems, BEACH, 2003–04

ICPC-2 Plus codes	Clinical treatments	Per cent of total clinical treatments	Clinical treatments per 100 mental health-related problems	95% LCL	95% UCL
P58001, P58004, P58005, P58006, P58013, P58014, P58015, P58018	Counselling—psychological	6.8	23.4	22.2	24.5
P45001, P45002	Advice/education/observe/wait—psychological	0.9	3.0	2.7	3.3
P45004, P58008	Counselling/advice/education—smoking	0.6	2.1	1.8	2.3
A55003, A48003, A48005, A48006, A48007, A48008, A48009, A48010	Review/change/administer—medication	0.6	1.9	1.7	2.1
P45005, P58009	Counselling/advice/education—alcohol	0.5	1.8	1.7	2.0
A62	Administration	0.5	1.8	1.6	1.9
P45007, P58011, P58017	Counselling/advice/education—relaxation	0.5	1.6	1.3	1.9
A45015	Advice/education—medication	0.4	1.5	1.3	1.7
A58010	Reassurance/support	0.3	1.1	0.9	1.2
P45006, P58010	Counselling/advice/education—drugs	0.3	1.0	0.8	1.2
P58019	Cognitive behaviour therapy	0.3	0.9	0.8	1.1
A58003	Counselling—individual	0.3	0.9	0.8	1.0
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	0.2	0.8	0.7	0.9
P58007	Counselling—bereavement	0.2	0.7	0.6	0.8
A45006	Advice/education—diet	0.1	0.3	0.2	0.3
A58002, B58001, D58001, F58001, H58001, K58001, L58001, N58001, R58001, S58001, T58001	Counselling—health problem	0.1	0.2	0.2	0.3
A45002	Advice/education	<0.1	0.2	0.1	0.2
P58002	Psychotherapy	<0.1	0.1	0.1	0.2
	Other	0.7	2.3	2.1	2.6
	Total	13.4	45.6	43.8	47.4

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.11: Mental health-related problems for which GPs most frequently used clinical treatment, by patient sex, BEACH, 2003–04

ICPC-2 descriptor	Mental health-related problem	Per cent of total clinical treatments	Clinical treatments per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	4.0	49.4	45.3	53.5
P01, P74	Anxiety	2.0	49.0	43.3	54.7
P06	Sleep disturbance	1.1	23.9	20.5	27.3
P02	Acute stress reaction	0.9	80.8	66.9	94.6
P17	Tobacco abuse	0.7	72.6	61.1	84.0
P19	Drug abuse	0.6	38.0	29.1	46.9
P72	Schizophrenia	0.5	26.4	21.9	30.9
P82	Post-traumatic stress disorder	0.2	45.2	33.4	57.0
P70	Dementia	0.2	22.0	15.6	28.3
P73	Affective psychosis	0.1	35.1	25.7	44.5
	Other	2.3	46.3	41.7	50.9
	<i>Total</i>	<i>12.6</i>	<i>43.8</i>	<i>41.9</i>	<i>45.7</i>
Females					
P03, P76	Depression	5.9	53.7	49.7	57.8
P01, P74	Anxiety	2.6	51.9	47.3	56.5
P02	Acute stress reaction	1.3	85.9	75.5	96.2
P06	Sleep disturbance	0.9	21.9	18.7	25.0
P17	Tobacco abuse	0.5	76.8	64.8	88.8
P70	Dementia	0.4	24.3	17.0	31.7
P19	Drug abuse	0.3	36.0	21.3	50.7
P72	Schizophrenia	0.2	24.2	20.3	28.0
P73	Affective psychosis	0.2	48.2	34.7	61.7
P82	Post-traumatic stress disorder	0.1	67.4	52.9	82.0
	Other	1.3	43.0	38.7	47.3
	<i>Total</i>	<i>13.9</i>	<i>47.0</i>	<i>44.9</i>	<i>49.1</i>
Total^(a)					
P03, P76	Depression	5.1	52.1	48.4	55.7
P01, P74	Anxiety	2.4	51.0	46.8	55.2
P02	Acute stress reaction	1.2	84.2	74.3	94.2
P06	Sleep disturbance	1.0	22.7	20.0	25.4
P17	Tobacco abuse	0.6	73.9	63.9	83.9
P19	Drug abuse	0.4	37.4	26.0	48.7
P72	Schizophrenia	0.3	25.2	22.2	28.3
P70	Dementia	0.3	23.6	17.4	29.8
P82	Post-traumatic stress disorder	0.2	54.0	44.3	63.7
P73	Affective psychosis	0.2	42.6	31.3	53.8
	Other	1.7	44.6	40.1	49.1
	Total	13.4	45.6	43.8	47.4

(a) Includes sex not stated.

Note: UCL—upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.12: Medications most commonly prescribed, supplied or recommended by GPs for mental health-related problems, by drug group^(a) and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drugs	Per cent of medications	Medications	95% LCL	95% UCL
		per 100 mental health-related problems		
Males				
P4 Antidepressants	2.3	23.6	22.2	25.0
P418 Sertraline	0.4	4.3	3.9	4.7
P423 Citalopram	0.3	3.3	2.9	3.7
P420 Venlafaxine	0.3	3.0	2.7	3.2
P419 Paroxetine	0.4	4.1	3.6	4.6
P416 Fluoxetine HCl	0.1	1.5	1.2	1.7
P414 Dothiepin	0.1	0.9	0.8	1.1
P1 Sedative hypnotics	1.3	13.6	12.6	14.6
P116 Temazepam	0.9	8.9	8.2	9.7
P104 Nitrazepam	0.2	2.2	1.9	2.4
P2 Anti-anxiety	1.4	14.4	13.4	15.3
P201 Diazepam	0.7	7.4	6.7	8.1
P202 Oxazepam	0.5	5.2	4.8	5.7
P3 Antipsychotic	0.7	6.7	6.0	7.3
Other	0.9	9.7	8.0	11.3
N201 Methadone	0.1	1.5	0.8	2.2
<i>Total</i>	6.6	67.9	64.9	70.9
Females				
P4 Antidepressants	3.3	30.4	28.6	32.2
P418 Sertraline	0.8	7.0	6.3	7.6
P423 Citalopram	0.5	4.8	4.4	5.2
P419 Paroxetine	0.4	3.4	3.1	3.6
P420 Venlafaxine	0.4	3.6	3.2	4.1
P416 Fluoxetine hcl	0.2	2.3	2.0	2.5
P414 Dothiepin	0.1	1.3	1.1	1.5
P1 Sedative hypnotics	1.5	14.0	13.0	14.8
P116 Temazepam	0.7	6.4	8.5	9.7
P104 Nitrazepam	0.6	5.4	2.2	2.7
P2 Anti-anxiety	1.5	13.9	13.2	14.8
P201 Diazepam	1.0	9.1	5.9	6.8
P202 Oxazepam	0.3	2.5	5.0	5.8
P3 Antipsychotic	0.5	4.4	4.0	4.7
Other	0.8	7.1	6.2	8.1
N201 Methadone	0.1	0.8	0.4	1.3
<i>Total</i>	7.6	69.8	66.9	72.6

(continued)

Table 3.12 (continued): Medications most commonly prescribed, supplied or recommended by GPs for mental health-related problems, by drug group^(a) and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drugs	Per cent of medications	Medications per 100 mental health-related problems	95% LCL	95% UCL
		Total ^(b)		
P4 Antidepressants	2.9	27.8	26.2	29.3
P418 Sertraline	0.6	5.9	5.5	6.4
P423 Citalopram	0.4	4.2	3.9	4.6
P419 Paroxetine	0.3	3.2	3.0	3.4
P420 Venlafaxine	0.4	3.9	3.5	4.2
P416 Fluoxetine hcl	0.2	1.9	1.7	2.1
P414 Dothiepin	0.1	1.2	1.0	1.3
P1 Sedative hypnotics	1.4	13.7	12.8	14.6
P116 Temazepam	0.9	9.0	8.4	9.6
P104 Nitrazepam	0.2	2.3	2.1	2.5
P2 Anti-anxiety	1.5	14.1	13.4	14.9
P201 Diazepam	0.7	6.8	6.3	7.3
P202 Oxazepam	0.6	5.3	4.9	5.7
P3 Antipsychotic	0.6	5.3	4.9	5.7
Other	0.8	8.2	7.0	9.4
N201 Methadone	0.1	1.1	0.5	1.6
Total	7.2	69.1	66.4	71.8

(a) Pharmaceuticals prescribed or provided and over-the-counter medications advised by the GP are coded and classified into drug groups according to an in-house classification, the Coding Atlas for Pharmaceutical Substances (CAPS).

(b) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.13: Mental health-related problems most frequently managed by medication and medication rate per 100 problems managed, by patient sex, BEACH, 2003–04

ICPC-2 descriptor	Mental health-related problem	Per cent of total medications	Medications per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	2.1	77.1	71.2	83.0
P06	Sleep disturbance	1.3	85.1	77.6	92.6
P01, P74	Anxiety	1.0	70.5	63.5	77.5
P72	Schizophrenia	0.5	91.2	79.2	103.1
P19	Drug abuse	0.4	74.4	48.7	100.1
P50	Medication request/renewal/treatment	0.1	93.7	59.9	127.5
P82	Post-traumatic stress disorder	0.1	75.6	53.3	97.9
P17	Tobacco abuse	0.1	41.1	33.6	48.6
P73	Affective psychosis	0.1	94.1	69.2	119.1
P70	Dementia	0.1	36.8	31.0	42.6
	Other	0.7	35.1	31.6	38.6
	<i>Total</i>	6.6	67.9	64.9	70.9
Females					
P03, P76	Depression	3.2	78.4	73.0	83.7
P06	Sleep disturbance	1.5	92.5	85.1	100.0
P01, P74	Anxiety	1.2	66.3	60.8	71.8
P72	Schizophrenia	0.3	87.0	72.4	101.7
P19	Drug abuse	0.2	80.0	46.8	113.1
P50	Medication request/renewal/treatment	0.2	105.2	83.9	126.5
P70	Dementia	0.2	30.4	24.2	36.5
P73	Affective psychosis	0.1	88.9	59.6	118.1
P02	Acute stress reaction	0.1	22.7	18.6	26.9
P17	Tobacco abuse	0.1	39.6	32.0	47.3
	Other	0.4	41.8	37.6	46.0
	<i>Total</i>	7.6	69.8	66.9	72.6
Total^(a)					
P03, P76	Depression	2.7	78.1	73.0	83.1
P06	Sleep disturbance	1.4	89.6	82.7	96.5
P01, P74	Anxiety	1.1	67.7	62.4	73.0
P72	Schizophrenia	0.4	89.4	78.9	99.9
P19	Drug abuse	0.3	77.6	49.2	106.1
P50	Medication request/renewal/treatment	0.2	101.1	79.0	123.2
P70	Dementia	0.1	31.9	26.7	37.1
P73	Affective psychosis	0.1	93.3	72.3	114.3
P02	Acute stress reaction	0.1	24.2	20.3	28.0
P17	Tobacco abuse	0.1	41.0	34.8	47.1
	Other	0.5	41.4	37.3	45.5
	Total	7.2	69.1	66.4	71.8

(a) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

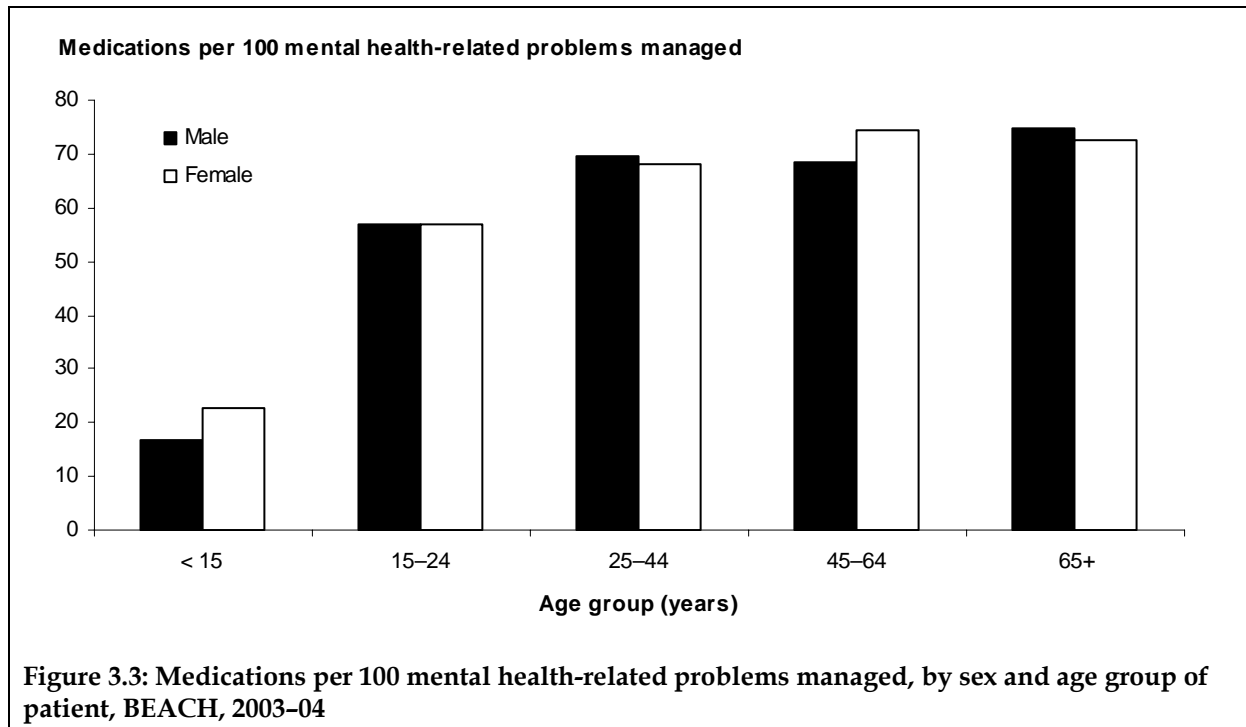


Table 3.14: PBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1998–99 to 2003–04

ATC group	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
General practitioners						
N05A Antipsychotics	775,502	865,276	924,114	981,869	1,042,691	1,092,441
N05B Anxiolytics	2,914,631	2,955,744	2,965,462	2,881,652	2,856,394	2,865,229
N05C Hypnotics & sedatives	3,076,153	3,104,338	3,089,699	2,878,005	2,591,953	2,496,126
N06A Antidepressants	6,198,348	7,073,596	8,079,718	8,691,296	9,305,112	10,108,369
<i>Total</i>	<i>12,964,634</i>	<i>13,998,954</i>	<i>15,058,993</i>	<i>15,432,822</i>	<i>15,796,150</i>	<i>16,562,165</i>
Per 1,000 population ^(a)	689.08	735.30	781.37	790.24	799.61	828.20
Non-psychiatrist specialists						
N05A Antipsychotics	34,649	51,095	60,044	66,699	79,747	95,550
N05B Anxiolytics	58,219	64,602	65,490	64,338	64,388	66,431
N05C Hypnotics & sedatives	76,294	83,014	84,839	80,611	74,047	74,301
N06A Antidepressants	222,490	260,432	297,925	320,027	348,694	381,565
<i>Total</i>	<i>391,652</i>	<i>459,143</i>	<i>508,298</i>	<i>531,675</i>	<i>566,876</i>	<i>617,847</i>
Per 1,000 population ^(a)	20.82	24.12	26.37	27.22	28.70	30.90
General practitioners, non-psychiatrist specialists and private psychiatrists^(b)						
Total mental health-related prescriptions	14,583,143	15,788,184	16,968,908	17,386,875	17,827,477	18,677,725
Per 1,000 population ^(a)	775.11	829.28	880.47	890.30	902.44	933.99

(a) The rate per 1,000 population is a crude rate based on estimated resident population at 31 December of the reference year.

(b) Data for psychiatrists are presented in Table 3.22.

Source: DHA.

Table 3.15: PBS and RPBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2003–04

ATC group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	377,754	323,886	206,129	89,653	121,308	26,090	12,253	3,874	1,160,947
N05B Anxiolytics	893,243	855,337	638,143	252,604	288,155	133,743	26,091	6,732	3,094,048
N05C Hypnotics & sedatives	905,328	746,280	540,135	289,951	274,683	101,479	23,417	6,863	2,888,136
N06A Antidepressants	3,240,218	2,581,511	2,265,430	1,097,269	949,689	326,533	163,362	42,960	10,666,972
<i>Total</i>	<i>5,416,543</i>	<i>4,507,014</i>	<i>3,649,837</i>	<i>1,729,477</i>	<i>1,633,835</i>	<i>587,845</i>	<i>225,123</i>	<i>60,429</i>	<i>17,810,103</i>
Per 1,000 population ^(b)	807.2	912.1	949.4	879.5	1,067.6	1,224.3	696.9	303.8	890.6
Non-psychiatrist specialists									
N05A Antipsychotics	24,201	43,390	15,444	10,060	4,799	1,105	1,054	707	100,760
N05B Anxiolytics	18,697	22,683	15,048	7,714	7,921	1,992	498	170	74,723
N05C Hypnotics & sedatives	24,431	27,524	16,908	10,459	6,630	1,779	798	257	88,786
N06A Antidepressants	112,658	109,606	83,983	52,822	28,029	9,022	5,005	2,014	403,139
<i>Total</i>	<i>179,987</i>	<i>203,203</i>	<i>131,383</i>	<i>81,055</i>	<i>47,379</i>	<i>13,898</i>	<i>7,355</i>	<i>3,148</i>	<i>667,408</i>
Per 1,000 population ^(b)	26.8	41.1	34.2	41.2	31.0	28.9	22.8	15.8	33.4
General practitioners, non-psychiatrist specialists and private psychiatrists^(c)									
Total mental health-related prescriptions	6,201,951	5,271,926	4,140,609	1,981,324	1,866,466	649,164	258,454	68,534	20,438,428
Per 1,000 population ^(b)	924.2	1,066.9	1,077.0	1,007.6	1,219.6	1,352.0	800.0	344.6	1,022.0

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

(c) Data for psychiatrists are presented in Table 3.23.

Source: DHA.

Table 3.16: PBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1998–99 to 2003–04

ATC code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
General practitioners							
N05A	Antipsychotics	41,589	65,786	89,300	115,699	134,508	149,198
N05B	Anxiolytics	12,997	13,562	13,635	13,804	13,854	13,981
N05C	Hypnotics and sedatives	12,067	12,280	12,020	11,562	10,474	10,013
N06A	Antidepressants	141,959	170,144	202,316	221,746	238,821	263,885
	<i>Total (\$'000)</i>	<i>208,613</i>	<i>261,772</i>	<i>317,271</i>	<i>362,810</i>	<i>397,657</i>	<i>437,076</i>
	Per 1,000 population (\$'000) ^(a)	11.09	13.75	16.46	18.58	20.13	21.86
Non-psychiatrist specialists							
N05A	Antipsychotics	2,974	5,993	8,120	10,213	13,021	16,155
N05B	Anxiolytics	252	281	285	285	285	289
N05C	Hypnotics and sedatives	293	324	324	316	289	283
N06A	Antidepressants	4,124	5,129	6,156	6,764	7,510	8,430
	<i>Total (\$'000)</i>	<i>7,644</i>	<i>11,728</i>	<i>14,886</i>	<i>17,579</i>	<i>21,106</i>	<i>25,158</i>
	Per 1,000 population (\$'000) ^(a)	0.41	0.62	0.77	0.90	1.07	1.26
General practitioners, non-psychiatrist specialists and psychiatrists^(b)							
	Total (\$'000)	273,065	342,990	410,988	465,478	509,416	557,553
	Per 1,000 population (\$'000) ^(a)	14.51	18.02	21.32	23.83	25.79	27.88

(a) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December of the reference year.

(b) Data for psychiatrists are presented in Table 3.24.

Source: DHA

Table 3.17: PBS and RPBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2003–04

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
General practitioners										
N05A	Antipsychotics	51,564	44,034	27,532	11,834	14,172	3,196	1,854	551	154,738
N05B	Anxiolytics	4,227	4,418	3,071	1,163	1,406	697	122	33	15,136
N05C	Hypnotics and sedatives	3,770	3,046	2,291	1,189	1,147	435	96	27	12,001
N06A	Antidepressants	81,582	69,725	59,342	30,617	24,847	8,615	4,026	984	279,738
	<i>Total (\$'000)</i>	<i>141,143</i>	<i>121,223</i>	<i>92,236</i>	<i>44,802</i>	<i>41,572</i>	<i>12,944</i>	<i>6,098</i>	<i>1,595</i>	<i>461,613</i>
	Per 1,000 population (\$'000) ^(b)	21.0	24.5	24.0	22.8	27.2	27.0	18.9	8.0	23.1
Non-psychiatrist specialists										
N05A	Antipsychotics	3,749	7,714	2,474	1,712	643	160	179	141	16,771
N05B	Anxiolytics	81	98	64	31	36	10	2	1	323
N05C	Hypnotics and sedatives	96	105	68	41	26	7	3	1	347
N06A	Antidepressants	2,300	2,527	1,881	1,318	571	174	110	42	8,922
	<i>Total (\$'000)</i>	<i>6,225</i>	<i>10,444</i>	<i>4,486</i>	<i>3,102</i>	<i>1,276</i>	<i>351</i>	<i>294</i>	<i>184</i>	<i>26,362</i>
	Per 1,000 population (\$'000) ^(b)	0.9	2.1	1.2	1.6	0.8	0.7	0.9	0.9	1.3
General practitioners, non-psychiatrist specialists and psychiatrists^(c)										
	Total (\$'000)	180,118	160,806	114,039	54,544	52,309	15,152	7,849	2,020	586,837
	Per 1,000 population (\$'000) ^(b)	26.8	32.5	29.7	27.7	34.2	31.6	24.3	10.2	29.3

(c) State/territory is determined according to the address of the pharmacy supplying the item.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

(e) Data for psychiatrists are presented in Table 3.25.

Source: DHA

3.3 Private psychiatrist services

During 2003–04, private psychiatrists provided over 2 million services that were funded through Medicare (Table 3.18). This represented 0.9% of total Medicare-funded services (226.4 million) and 9.9% of specialist services (20.3 million). There were 100.6 services per 1,000 population, an 11.0% decrease since 1998–99 (Figure 1.2). This decline was accompanied by a 36% increase in the number of consultant psychiatrists employed in public mental health services between 1994–95 and 2001–02 and a 50% increase in psychiatry registrars (p.30 DHA 2004).

Of private psychiatrist services, 86.7% specified the location as the psychiatrist's consulting room. The number of private psychiatrist services per 1,000 population was highest in Victoria and South Australia and lowest for the Northern Territory (Table 3.18). The number of services provided for female patients per 1,000 population was greater than that for male patients for all age groups except the under 15 age group (Table 3.19 and Figure 1.9).

Although this chapter describes health care services providing ambulatory mental health care, Tables 3.18 and 3.19 include data for private psychiatrist services subsidised by Medicare delivered in a hospital setting (10.4% of private psychiatrist services), only some of which are ambulatory-equivalent mental health care services. Privately funded (i.e. funding source is private health insurance or self-funded) mental health hospital separations could be considered similar to Medicare-subsidised private psychiatrist services. Analysis of the privately-funded mental health hospital separations shows that approximately 67% were considered to be ambulatory-equivalent. This could indicate that, similarly, about 67% of these Medicare-subsidised in-hospital services relate to ambulatory-equivalent separations. However, admitted patients may have received more than one Medicare-subsidised service per hospital separation, and the proportion of these services that could be regarded as relating to ambulatory-equivalent care may not be the same as the proportion of privately funded patient separations that could be considered to be ambulatory-equivalent.

For the 33% privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 68% received specialised psychiatric care. Hence, about 22% of these in-hospital Medicare-subsidised services could be related to admitted-patient care (not considered to be ambulatory equivalent) with specialised psychiatric care. Further information on non-ambulatory mental health-related hospital separations with specialised psychiatric care can be found in Chapter 5.

For privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 32% received non-specialised care. Hence, about 11% of these in-hospital Medicare-subsidised services could be related to admitted-patient care (not considered to be ambulatory-equivalent) without specialised psychiatric care. Information on non-ambulatory-equivalent mental health-related hospital separations without specialised psychiatric care can be found in Chapter 6.

Some of the 'Other services' in Tables 3.18 and 3.19 (such as group psychotherapy) could also relate to non-ambulatory care. However, there are no data available that could provide an indication of how many would be in that category. Services for electroconvulsive therapy (ECT) have not been included in these tables, as they are usually provided to non-ambulatory-equivalent admitted patients and would be included in the data presented in Chapters 5 and 6. There were 15,468 ECT services subsidised through Medicare in 2003–04.

The total Medicare funds (current prices) paid for private psychiatrist services has remained between \$10.0 and \$10.2 thousand per 1,000 population since 1998–99 (Table 3.20).

Medicare expenditure

In 2003–04, a total of \$201.3 million of Medicare funds were used to reimburse services provided by private psychiatrists (Table 3.20). The benefits paid to private psychiatrists represented 2.3% of total Medicare expenditure (\$8,600.0 million) and 18.0% of expenditure on specialist services (\$1,119.5 million) for 2003–04. A total of \$10,064 per 1,000 population was paid during 2003–04. The per capita benefits paid to private psychiatrists in Victoria and South Australia were above the national average (Table 3.21), consistent with the distribution of private psychiatrists (Table 7.5) and the number of private psychiatry services provided in each jurisdiction (Table 3.18). Similarly, the per capita benefits paid to private psychiatrists in Western Australia, the Australian Capital Territory and the Northern Territory were well below the national average (Table 7.5).

PBS and RPBS expenditure

The purchase costs of many medications prescribed by private psychiatrists, GPs and non-psychiatrist medical specialists are fully or partially reimbursed through the PBS or RPBS. This section presents PBS and RPBS expenditure data for all prescriptions by private psychiatrists. PBS and RPBS medication data are classified using the ATC classification. This section of previous reports has included only PBS data, so the numbers may appear to have increased this year due to the inclusion of the RPBS data.

Table 3.22 presents data from the PBS and Table 3.23 from the PBS and RPBS on the number of prescriptions for medication provided by private psychiatrists. Between 1998–99 and 2003–04, selected PBS-subsidised mental health-related prescriptions by private psychiatrists increased by 270,856 (22.1%) (Table 3.22). This represented an increase of 14.8% or 9.68 prescriptions per 1,000 population. As for general practitioners and non-psychiatrist specialists (Table 3.14), the largest increases were in antipsychotic (45.1%) and antidepressant (21.5%) medications.

In 2003–04, private psychiatrists prescribed almost 2.0 million PBS/RPBS -subsidised medications during 2003–04 (Table 3.23). Most of these were for antidepressant (1.1 million or 54.6%) and antipsychotic (0.3 million or 15.4%) medication. South Australia (121.0) and Victoria (113.7) had the highest number of mental health-related prescriptions per 1,000 population. The Northern Territory had the lowest, with 24.9 prescriptions per 1,000 population.

Table 3.24 presents expenditure data from the PBS and Table 3.25 presents expenditure data from the PBS and RPBS for medication provided by private psychiatrists. Between 1998–99 and 2003–04, there was a 67.8% increase in PBS-subsidised expenditure (from \$56.8 million to \$95.3 million) on selected medications prescribed by private psychiatrists (Table 3.24). This translates to an increase of 57.9% or \$1,750 per 1,000 population. Contributing to this was a 98.8% increase in expenditure on antipsychotics, and a 40.0% increase in expenditure on antidepressants. In 2003–04, of the selected medications prescribed by private psychiatrists, antipsychotic medications accounted for the majority of PBS/RPBS funds paid (48.9%), followed by antidepressants (37.3%) (Table 3.25).

The Highly Specialised Drugs Program

In addition to reimbursement under the PBS, the Australian Government provides funding under s. 100 of the *National Health Act 1953* for certain drugs for chronic conditions which, because of their clinical use or other special features, are limited to supply through hospitals. This is known as the Highly Specialised Drugs Program. Clozapine, an antipsychotic drug used to treat schizophrenia, was included in this program in 1993–94. In 2003–04, expenditure on clozapine was \$30.9 million, 92.7% of which was through public hospitals. (See Chapter 8 for further details on clozapine.)

Table 3.18: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2003–04

Service		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient attendances in consulting room										
300, 310	15 minutes or less	19,804	9,351	4,871	3,595	2,375	1,851	1,641	863	44,351
302, 312	16 to 30 minutes	93,866	78,429	55,411	19,081	19,950	9,354	5,145	862	282,098
304, 314	31 to 45 minutes	135,722	155,373	100,955	31,677	47,495	15,944	4,672	1,061	492,899
306, 316	46 to 75 minutes	265,508	283,518	103,740	35,165	87,038	9,642	8,068	1,253	793,932
308, 318	Over 75 minutes	14,476	11,802	6,173	2,478	6,888	1,731	1,073	45	44,666
319	Selected cases (> 45 min)	32,493	33,179	10,203	1,493	8,853	237	1,078	0	87,536
	<i>Total</i>	<i>561,869</i>	<i>571,652</i>	<i>281,353</i>	<i>93,489</i>	<i>172,599</i>	<i>38,759</i>	<i>21,677</i>	<i>4,084</i>	<i>1,745,482</i>
Patient attendances in hospital^(a)										
320	15 minutes or less	1,635	5,773	3,762	3,562	877	569	300	2	16,480
322	16 to 30 minutes	12,939	21,721	33,945	9,533	5,732	2,708	564	18	87,160
324	31 to 45 minutes	17,403	15,085	13,020	6,494	4,429	2,543	328	43	59,345
326	46 to 75 minutes	13,683	11,350	5,926	3,944	3,318	1,183	228	30	39,662
328	Over 75 minutes	2,423	1,329	698	1,082	451	276	51	39	6,349
	<i>Total</i>	<i>48,083</i>	<i>55,258</i>	<i>57,351</i>	<i>24,615</i>	<i>14,807</i>	<i>7,279</i>	<i>1,471</i>	<i>132</i>	<i>208,996</i>
Patient attendances in other locations										
330	15 minutes or less	609	276	58	179	14	0	0	0	1,136
332	16 to 30 minutes	931	904	53	177	68	11	12	1	2,157
334	31 to 45 minutes	1,781	943	95	73	142	13	12	3	3,062
336	46 to 75 minutes	2,268	885	279	55	263	22	13	5	3,790
338	Over 75 minutes	1,131	171	122	80	468	6	2	3	1,983
	<i>Total</i>	<i>6,720</i>	<i>3,179</i>	<i>607</i>	<i>564</i>	<i>955</i>	<i>52</i>	<i>39</i>	<i>12</i>	<i>12,128</i>
Other services^(b)										
342, 344, 346	Group psychotherapy	11,826	23,933	2,329	901	1,860	741	9	42	41,641
348, 350, 352	Interview with non-patient	1,005	974	972	614	553	119	50	14	4,301
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	40	34	74	0	2	0	27	0	177
	<i>Total</i>	<i>12,871</i>	<i>24,941</i>	<i>3,375</i>	<i>1,515</i>	<i>2,415</i>	<i>860</i>	<i>86</i>	<i>56</i>	<i>46,119</i>
Total		629,543	655,030	342,686	120,183	190,776	46,950	23,273	4,284	2,012,725
Per 1,000 population ^(c)		93.8	132.6	89.1	61.1	124.7	97.8	72.0	21.5	100.6

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 4, 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6. Services for electroconvulsive therapy (ECT) have not been included in this table, as they usually are provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

Source: DHA.

Table 3.19: Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2003-04

Service	Under 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 and over	Total	
Males									
Patient attendances in consulting room									
300, 310	15 minutes or less	780	2,387	5,243	6,565	5,148	3,058	1,324	24,505
302, 312	16 to 30 minutes	3,296	12,223	25,941	31,777	31,446	21,098	9,944	135,725
304, 314	31 to 45 minutes	7,128	22,221	38,425	46,537	49,367	31,777	12,829	208,284
306, 316	46 to 75 minutes	14,284	34,449	56,215	75,658	73,734	40,030	11,613	305,983
308, 318	Over 75 minutes	1,836	2,743	2,876	3,711	4,120	2,441	718	18,445
319	Selected cases (> 45 min)	411	1,291	3,701	6,033	5,446	1,591	268	18,741
	<i>Total</i>	<i>27,735</i>	<i>75,314</i>	<i>132,401</i>	<i>170,281</i>	<i>169,261</i>	<i>99,995</i>	<i>36,696</i>	<i>711,683</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	26	656	572	674	960	723	880	4,491
322	16 to 30 minutes	36	3,125	3,384	3,960	5,769	4,141	3,382	23,797
324	31 to 45 minutes	71	2,240	2,187	3,236	4,012	2,475	2,209	16,430
326	46 to 75 minutes	61	1,412	1,348	1,932	2,531	1,299	1,341	9,924
328	Over 75 minutes	3	231	253	315	399	243	222	1,666
	<i>Total</i>	<i>197</i>	<i>7,664</i>	<i>7,744</i>	<i>10,117</i>	<i>13,671</i>	<i>8,881</i>	<i>8,034</i>	<i>56,308</i>
Patient attendances in other locations									
330	15 minutes or less	2	14	12	43	51	90	341	553
332	16 to 30 minutes	7	30	37	54	171	143	429	871
334	31 to 45 minutes	7	44	109	84	179	202	529	1,154
336	46 to 75 minutes	32	203	287	209	192	185	469	1,577
338	Over 75 minutes	23	286	99	77	205	73	155	918
	<i>Total</i>	<i>71</i>	<i>577</i>	<i>544</i>	<i>467</i>	<i>798</i>	<i>693</i>	<i>1,923</i>	<i>5,073</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	1,319	956	2,147	5,227	5,675	2,809	445	18,578
348, 350, 352, 353, 355, 356, 357, 358, 364, 366, 367, 369,	Interview with non-patient	248	543	287	261	246	177	252	2,014
370	Telepsychiatry	1	6	7	0	9	4	0	27
	<i>Total</i>	<i>1,568</i>	<i>1,505</i>	<i>2,441</i>	<i>5,488</i>	<i>5,930</i>	<i>2,990</i>	<i>697</i>	<i>20,619</i>
Total		29,571	85,060	143,130	186,353	189,660	112,559	47,350	793,683
Per 1,000 population ^(c)		14.5	61.0	99.6	125.0	140.5	110.0	41.7	80.4

(continued)

Table 3.19 (continued): Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2003–04

Service	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total	
Females									
Patient attendances in consulting room									
300, 310	15 minutes or less	296	1,931	3,503	4,632	4,519	2,906	2,049	19,836
302, 312	16 to 30 minutes	1,664	11,454	23,414	33,028	34,337	23,948	18,528	146,373
304, 314	31 to 45 minutes	3,444	30,175	52,577	65,975	68,269	39,694	24,481	284,615
306, 316	46 to 75 minutes	7,945	52,451	97,883	127,830	120,966	59,216	21,658	487,949
308, 318	Over 75 minutes	802	3,079	4,944	6,094	6,468	3,256	1,578	26,221
319	Selected cases (> 45 min)	403	4,152	14,387	19,356	22,535	7,411	551	68,795
	<i>Total</i>	<i>14,554</i>	<i>103,242</i>	<i>196,708</i>	<i>256,915</i>	<i>257,094</i>	<i>136,431</i>	<i>68,845</i>	<i>1,033,789</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	114	1,993	1,487	2,026	2,034	1,829	2,506	11,989
322	16 to 30 minutes	174	9,438	10,029	11,738	12,356	9,202	10,426	63,363
324	31 to 45 minutes	179	5,794	6,761	8,947	9,099	5,844	6,291	42,915
326	46 to 75 minutes	143	4,486	4,953	6,704	6,527	3,651	3,274	29,738
328	Over 75 minutes	43	762	852	1,054	1,003	556	413	4,683
	<i>Total</i>	<i>653</i>	<i>22,473</i>	<i>24,082</i>	<i>30,469</i>	<i>31,019</i>	<i>21,082</i>	<i>22,910</i>	<i>152,688</i>
Patient attendances in other locations									
330	15 minutes or less	0	8	10	25	114	59	367	583
332	16 to 30 minutes	2	29	58	70	174	101	852	1,286
334	31 to 45 minutes	8	57	149	210	249	140	1,095	1,908
336	46 to 75 minutes	11	102	276	192	331	370	931	2,213
338	Over 75 minutes	24	76	122	139	249	155	300	1,065
	<i>Total</i>	<i>45</i>	<i>272</i>	<i>615</i>	<i>636</i>	<i>1,117</i>	<i>825</i>	<i>3,545</i>	<i>7,055</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	893	1,934	3,515	6,826	7,016	2,641	238	23,063
348, 350, 352	Interview with non-patient	134	467	354	349	320	214	449	2,287
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	7	33	39	56	10	5	150
	<i>Total</i>	<i>1,027</i>	<i>2,408</i>	<i>3,902</i>	<i>7,214</i>	<i>7,392</i>	<i>2,865</i>	<i>692</i>	<i>25,500</i>
Total		16,279	128,395	225,307	295,234	296,622	161,203	95,992	1,219,032
Per 1,000 population ^(c)		8.4	96.3	156.0	196.1	217.5	160.9	68.0	121.9

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 4, 5 and 6.

(b) Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 4, 5 and 6. Services for ECT have not been included in this table, as they are usually provided to non-ambulatory-equivalent admitted patients.

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

Source: DHA.

Table 3.20: Medicare expenditure (\$'000) on services provided by private psychiatrists (current prices), by schedule item, Australia, 1998–99 to 2003–04

Code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
Patient attendances							
Consulting rooms							
300, 310	15 minutes or less	2,109.38	1,844.14	1,655.94	1,598.20	1,419.47	1,349.31
302, 312	16 to 30 minutes	17,690.23	17,797.41	17,818.50	17,805.83	17,545.88	17,159.91
304, 314	31 to 45 minutes	38,358.01	39,295.71	40,764.93	41,185.58	42,408.80	44,191.43
306, 316	46 to 75 minutes	100,881.09	101,595.52	101,942.75	100,215.02	99,212.22	100,158.09
308, 318	Over 75 minutes	6,205.96	6,138.69	6,404.04	6,182.83	6,549.27	6,723.30
319	Selected cases (> 45 min)	10,090.37	10,859.05	11,071.54	11,684.52	11,732.88	12,287.11
	<i>Total</i>	<i>175,335.03</i>	<i>177,530.52</i>	<i>179,657.70</i>	<i>178,671.97</i>	<i>178,868.51</i>	<i>181,869.14</i>
Hospital							
320	15 minutes or less	491.53	453.46	514.57	500.54	455.71	439.30
322	16 to 30 minutes	3,773.37	3,610.30	3,966.19	4,239.07	4,605.41	4,646.07
324	31 to 45 minutes	3,309.24	3,264.77	3,567.58	3,984.61	4,268.62	4,633.49
326	46 to 75 minutes	3,141.70	3,199.92	3,630.87	3,742.38	3,971.43	4,274.71
328	Over 75 minutes	596.48	562.63	676.12	674.31	663.13	832.74
	<i>Total</i>	<i>11,312.32</i>	<i>11,091.07</i>	<i>12,355.34</i>	<i>13,140.92</i>	<i>13,964.29</i>	<i>14,826.31</i>
Other location							
330	15 minutes or less	42.03	30.62	38.60	56.30	58.45	63.05
332	16 to 30 minutes	240.35	127.08	152.47	221.69	228.26	188.07
334	31 to 45 minutes	247.16	279.36	296.37	325.05	366.80	371.35
336	46 to 75 minutes	381.52	408.44	427.36	539.57	608.23	558.78
338	Over 75 minutes	300.22	280.32	263.42	344.12	309.25	357.05
	<i>Total</i>	<i>1,211.27</i>	<i>1,125.82</i>	<i>1,178.22</i>	<i>1,486.72</i>	<i>1,570.98</i>	<i>1,538.30</i>
Other services							
342, 344, 346	Group psychotherapy	2,929.65	2,640.75	2,495.41	2,358.29	2,185.09	2,120.25
348, 350, 352	Interview with non-patient	191.25	226.72	249.77	199.40	198.60	208.15
14224	Electroconvulsive therapy ^(a)	513.57	491.96	575.38	620.57	694.94	670.96
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0.00	0.00	0.00	0.00	1.90	19.32
	<i>Total</i>	<i>3,634.47</i>	<i>3,359.42</i>	<i>3,320.56</i>	<i>3,178.25</i>	<i>3,080.52</i>	<i>3,018.68</i>
Total expenditure (\$'000)		191,493.10	193,106.84	196,511.81	196,477.86	197,484.31	201,252.43
Per 1,000 population (\$) ^(b)		10,178.07	10,143.05	10,196.41	10,060.68	9,996.75	10,063.74

(a) The data for the electroconvulsive therapy item may include data for medical practitioners other than psychiatrists.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2003.

Source: DHA.

Table 3.21: Medicare expenditure (\$'000) on services provided by private psychiatrists by schedule item, states and territories, 2003-04

Code	Description	NSW	Vic	Qld	SA	Tas	ACT	WA and NT	Total
Patient attendances									
Consulting rooms									
300, 310	15 minutes or less	601.46	285.15	148.31	71.95	56.08	50.07	136.29	1,349.31
302, 312	16 to 30 minutes	5,705.35	4,764.94	3,381.06	1,209.04	567.97	314.89	1,216.67	17,159.90
304, 314	31 to 45 minutes	12,166.25	13,900.99	9,074.75	4,235.05	1,422.40	433.82	2,958.18	44,191.43
306, 316	46 to 75 minutes	33,748.20	35,854.72	12,986.15	10,738.55	1,199.63	1,028.22	4,602.62	100,158.09
308, 318	Over 75 minutes	2,178.29	1,779.34	919.24	1,036.89	268.44	160.54	380.57	6,723.30
319	Selected cases (> 45 min)	4,639.53	4,646.90	1,421.99	1,205.86	33.48	139.34	200.01	12,287.11
	<i>Total</i>	59,039.08	61,232.04	27,931.49	18,497.35	3,547.99	2,126.87	9,494.34	181,869.14
Hospital									
320	15 minutes or less	43.65	153.88	100.27	23.37	15.12	8.00	95.01	439.30
322	16 to 30 minutes	688.86	1,157.53	1,810.86	305.46	144.40	30.04	508.93	4,646.07
324	31 to 45 minutes	1,357.47	1,177.92	1,016.83	345.90	198.78	25.63	510.96	4,633.49
326	46 to 75 minutes	1,473.70	1,223.17	638.74	357.69	127.75	24.56	429.10	4,274.71
328	Over 75 minutes	317.46	173.99	91.48	59.17	36.13	6.72	147.78	832.74
	<i>Total</i>	3,881.14	3,886.48	3,658.18	1,091.59	522.19	94.94	1,691.79	14,826.31
Other location									
330	15 minutes or less	33.78	15.32	3.23	0.78	0.00	0.00	9.95	63.05
332	16 to 30 minutes	81.18	78.69	4.63	5.90	0.96	1.14	15.57	188.07
334	31 to 45 minutes	215.85	114.22	11.48	17.30	1.57	1.68	9.26	371.35
336	46 to 75 minutes	335.04	129.63	41.41	38.57	3.23	2.11	8.78	558.78
338	Over 75 minutes	206.65	30.91	22.45	81.21	1.05	0.35	14.44	357.05
	<i>Total</i>	872.50	368.76	83.19	143.76	6.81	5.28	57.99	1,538.30
Other services									
342, 344, 346	Group psychotherapy	606.98	1,222.83	119.10	96.58	28.11	0.60	46.06	2,120.25
348, 350, 352	Interview with non-patient	49.31	46.44	45.09	29.82	5.13	2.97	29.39	208.15
14224	Electroconvulsive therapy ^(b)	166.81	161.74	216.06	56.17	14.37	5.19	50.61	670.96
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	5.26	1.63	8.46	0.20	0.00	3.75	0.00	19.32
	<i>Total</i>	828.36	1,432.64	388.71	182.78	47.62	12.51	126.06	3,018.68
Total expenditure (\$'000)		64,621.08	66,919.93	32,061.58	19,915.47	4,124.61	2,239.59	11,370.18	201,252.43
Per 1,000 population (\$) ^(c)		9,629.98	13,542.71	8,339.80	13,013.23	8,590.04	6,932.49	5,251.10	10,063.74

(a) Figures for Western Australia and the Northern Territory have been combined for confidentiality reasons.

(b) The data for the electroconvulsive therapy item may include data for medical practitioners other than psychiatrists.

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2003.

Source: DHA.

Table 3.22: Selected PBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1998–99 to 2003–04

ATC code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
N05A	Antipsychotics	205,384	241,059	267,378	282,387	292,451	298,037
N05B	Anxiolytics	127,310	130,890	135,108	135,758	141,462	141,848
N05C	Hypnotics and sedatives	68,830	70,502	70,061	63,344	58,881	54,910
N06A	Antidepressants	825,333	887,636	929,070	940,889	971,657	1,002,918
	Total prescriptions^(b)	1,226,857	1,330,087	1,401,617	1,422,378	1,464,451	1,497,713
	Per 1,000 population ^(a)	65.21	69.86	72.73	72.83	74.13	74.89

(a) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 1998, 1999, 2000, 2001, 2002 and 2003.

(b) These data may include some public psychiatrist prescriptions.

Source: DHA.

Table 3.23: PBS and RPBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2003–04

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	10,443	10,207	8,574	2,499	2,547	909	355	35	35,569
B	Blood and blood-forming organs	1,084	1,155	1,024	618	340	101	48	0	4,370
C	Cardiovascular system	16,645	12,115	9,401	3,747	4,221	1,208	629	198	48,164
D	Dermatologicals	784	789	494	260	220	45	33	4	2,629
G	Genitourinary system and sex hormones	2,937	2,133	2,748	875	850	188	155	17	9,903
H	Systemic hormonal preparations, excluding sex hormones	1,182	1,431	1,123	452	488	104	67	2	4,849
J	General anti-infectives for systematic use	2,971	2,760	1,951	586	629	127	219	22	9,265
L	Antineoplastic and immunomodulating agents	294	136	108	58	89	11	30	2	728
M	Musculoskeletal system	4,682	5,522	3,273	1,206	1,099	530	225	72	16,609
N	Central nervous system									
N05A	Antipsychotics	108,119	90,377	47,479	14,982	29,777	4,932	5,602	754	302,022
N05B	Anxiolytics	39,636	52,217	28,382	6,478	14,271	6,906	1,006	204	149,100
N05C	Hypnotics and sedatives	15,428	19,945	13,927	4,554	7,185	2,552	622	167	64,380
N06A	Antidepressants	335,110	308,074	203,820	80,795	102,865	22,988	13,410	2,943	1,070,005
	Other	60,633	49,647	32,741	52,505	19,087	6,478	3,383	511	224,985
	<i>Total</i>	558,926	520,260	326,349	159,314	173,185	43,856	24,023	4,579	1,810,492
P	Antiparasitic products	200	140	124	24	55	33	5	1	582
R	Respiratory system	3,338	3,357	2,298	608	844	188	150	21	10,804
S	Sensory organs	1,315	1,209	788	385	477	84	30	0	4,288
	Total prescriptions^{(b) (d)}	605,421	561,709	359,389	170,792	185,252	47,421	25,976	4,957	1,960,917
	Per 1,000 population ^(c)	90.2	113.7	93.5	86.9	121.0	98.8	80.4	24.9	98.1

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) Includes ATC classified as unknown or various (Chapter V and Z).

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

(d) These data may include some public psychiatrist prescriptions.

Source: DHA.

Table 3.24: PBS-funded expenditure (\$'000) on selected medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories, 1998–99 to 2003–04

ATC code	Description	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04
N05A	Antipsychotics	27,667	36,880	43,354	48,384	52,236	54,995
N05B	Anxiolytics	1,046	1,098	1,090	1,107	1,157	1,146
N05C	Hypnotics and sedatives	262	269	261	244	225	205
N06A	Antidepressants	27,833	31,243	34,126	35,354	37,036	38,973
	Total (\$'000)	56,808	69,491	78,831	85,089	90,654	95,319
	Per 1,000 population (\$'000) ^(a)	3.02	3.65	4.09	4.36	4.59	4.77

(a) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 1998, 1999, 2000, 2001, 2002 and 2003.

Source: DHA.

Table 3.25: PBS and RPBS-funded expenditure (\$'000) on medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2003–04

ATC code	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	307	285	256	71	78	27	12	1	1,037
B	Blood and blood-forming organs	32	22	22	8	7	2	1	0	94
C	Cardiovascular system	457	320	263	102	107	33	21	2	1,304
D	Dermatologicals	11	9	6	3	2	1	1	0	33
G	Genitourinary system and sex hormones	158	103	155	38	34	4	10	1	503
H	Systemic hormonal preparations, excluding sex hormones	13	24	10	5	7	1	0	0	60
J	General anti-infectives for systematic use	72	68	46	19	15	2	4	1	227
L	Antineoplastic and immunomodulating agents	94	23	30	19	14	1	2	0	182
M	Musculoskeletal system	117	146	83	28	26	11	5	1	419
N	Central nervous system									
N05A	Antipsychotics	20,019	16,464	8,775	2,822	5,203	859	954	144	55,240
N05B	Anxiolytics	302	469	231	52	116	50	7	1	1,229
N05C	Hypnotics and sedatives	72	79	76	29	40	10	4	2	311
N06A	Antidepressants	12,357	12,126	8,235	3,738	4,103	938	491	94	42,082
	Other	2,792	2,679	1,651	1,424	753	203	114	21	9,636
	<i>Total</i>	35,542	31,817	18,967	8,064	10,215	2,060	1,571	262	108,497
P	Antiparasitic products	1	1	1	0	0	0	0	0	4
R	Respiratory system	98	103	68	19	21	5	4	0	319
S	Sensory organs	15	15	10	5	6	1	0	0	52
	Total (\$'000)^(b)	36,943	32,962	19,963	8,389	10,542	2,151	1,631	268	112,850
	Per 1,000 population (\$'000) ^(c)	5.5	6.7	5.2	4.3	6.9	4.5	5.0	1.3	5.6

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) Includes ATC unknown or various (Chapters V and Z).

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2003.

Source: DHA.

3.4 Hospital outpatient services and community mental health care services

The National Community Mental Health Care Database (NCMHCD) is a collation of data on specialised mental health services provided to non-admitted patients, in both public community-based and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Each record in the database is for a service contact, defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which resulted in a dated entry being made in the individual's record.

Further information on data quality issues relating to NCHMCD can be found in the working paper *Community Mental Health Care 2000–2001 Review of Data Collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004c). Additional tables covering principal diagnosis and client demographics by state and territory are available in Appendix 3 of this publication.

Coverage

The NCMHCD was agreed to be collected from 1 July 2000 and collated for the first year during 2002. Data for 2000–01 were incomplete. Review of 2001–02 data in *Mental Health Services in Australia 2001–02* indicated that coverage was again incomplete, but had improved. There has been further improvement in coverage for the 2002–03 data. Evidence of this includes the number of establishments reporting to the NCMHCD and the proportion of expenditure on community mental health establishments that the data relate to. In addition, the increase in the number of service contacts reported in 2002–03 (4,672,423 compared with 4,203,731 in 2001–02) may also reflect improved coverage. As a result of these improvements, for the first time information on marital status, country of birth and area of usual residence have been included in this report.

Number of establishments

The number of establishments contributing data to the NCMHCD rose from 125 in 2000–01 and 139 in 2001–02 to 151 in 2002–03. During 2000–01 there were 15 mental health care establishments that provided ambulatory care services but did not contribute data to the NCMHCD. This figure remained at 15 establishments in 2001–02, and dropped to 14 establishments in 2002–03. These comprised 7 establishments in South Australia, 4 establishments in Tasmania, 2 establishments in Queensland, and 1 establishment in the Australian Capital Territory that did not contribute data.

There were 2 establishments in South Australia, 1 establishment in Tasmania and 1 establishment in New South Wales that did not report data for one or several of the months during the collection period. For 2001–02, 90% of establishments providing ambulatory services reported to the NCMHCD. The corresponding proportion for 2002–03 was 91.5%. However, the counts of establishments may not be meaningful because they differ in size, and not all establishments reported all service contacts, as indicated above.

Proportion of expenditure

An alternative measure of coverage is the ratio of the expenditure of establishments that reported service contacts to NCMHCD to the expenditure of all establishments in NCMHED that provided ambulatory care services. Using this ratio, coverage for the NCMHCD in 2000–01 was 96.9% nationally, with complete coverage achieved for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. National coverage increased to 99.0% in 2001–02 and 2002–03, with complete coverage achieved for New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. In 2002–03, 3 jurisdictions lacked complete coverage: South Australia (90.0% coverage), Tasmania (90.5%) and the Australian Capital Territory (96.9%).

This measure also has limitations, however, since community mental health establishment expenditure data are currently reported without delineating which components of expenditure relate to ambulatory service provision and which relate to residential service provision. Therefore, there is some residential care expenditure included in the calculation of these ratios for establishments which provide both ambulatory and residential care. In addition, incomplete reporting of service contacts by services is not taken into consideration.

Service contacts in 2002–03

The number of service contacts reported to the NCMHCD has increased from 3,635,873 in 2000–01 and 4,203,731 in 2001–02 to 4,672,423 in 2002–03. This increase is likely to reflect the increased coverage of the database as described above.

Table 3.26 presents data on the number of service contacts and service contacts per 1,000 population by patient sex and age group. In 2002–03 there were 4.7 million service contacts reported for public hospital-based outpatient services and community-based ambulatory mental health care services, at a rate of 236.5 contacts per 1,000 population.

As noted above, service contacts were not reported by every establishment for every month of the collection period. As a result, an unknown amount of under-reporting has occurred. An attempt has been made to quantify the level of under-reporting in 2002–03.

Nationally, there were 1,197,762 service contacts reported in the last and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 4.79 million service contacts reported compared with the 4.67 million actually reported. Although the last quarter had the highest number of service contacts for Australia as a whole, the fourth quarter was not the highest reporting quarter for several jurisdictions. If the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 4.90 million. If the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of service contacts increases to 5.29 million. This estimate does not include an estimate for non-reporting establishments.

Sex and age group

There were more service contacts per capita for male patients than for female patients (Table 3.26). There were also more service contacts per capita for patients in the 25–34 and 35–44 age groups than for other age groups. This is consistent with the high proportion of separations from hospital with specialised psychiatric care in the 25–34 age group (Figures 1.11 and 1.12).

Aboriginal and Torres Strait Islander peoples

Table 3.27 presents the number of service contacts in the different jurisdictions by Indigenous status. Overall, the proportion of service contacts that were reported for Aboriginal and Torres Strait Islander peoples was 3.2% and ranged from 1.3% for both Tasmania and Victoria to 27.9% for the Northern Territory. There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples than for other Australians (348.5 and 215.2 respectively).

Quality of data on Indigenous status

The number and rate of service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples varies among the states and territories. This may reflect variations in completeness of Indigenous identification among patients or varying coverage of service contacts in total or service contacts for Aboriginal and Torres Strait Islander peoples.

For a number of jurisdictions, the NCMHCD data reported for the 'Both Aboriginal and Torres Strait Islander' category is suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander peoples (e.g. Maoris and South Sea Islanders) and use of the category as an 'Indigenous, not further specified'.

Seven state and territory health authorities provided information on the quality of the data for the NCMHCD 2002–03 (New South Wales, Victoria, Queensland, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory). Information on the quality of data on Indigenous status for 2002–03 was not available for Tasmania.

NSW Health Department has identified data quality problems with its Indigenous status data and has advised that these will be corrected in future submissions.

The Department of Human Services Victoria considered that the quality of Indigenous status data was not acceptable and that improvement was required.

Queensland Health reported that several initiatives were implemented in the collection year to improve the quality of Indigenous data. These initiatives included: dissemination of information materials to services explaining the importance of the data element and how to collect the data; an audit of all 'Both Aboriginal and Torres Strait Islander' codes which found that over half of the clients were reclassified to a different Indigenous status category due to the above mentioned issues; and validation by Queensland Health of all 'not stated' codes, all codes where Indigenous status is positive where the client was not born in Australia, and clients with more than one different Indigenous status code in the collection period.

Therefore, any change in Indigenous reporting is likely to be a result of improved quality, rather than a change in service delivery. Even with the quality improvements achieved, Queensland has still identified ongoing quality issues at the fine level of reporting that will continue to be addressed.

The Department of Health Western Australia reported that the quality of the Indigenous status data for 2002–03 was in need of improvement, particularly for the 'Both Aboriginal and Torres Strait Islander' code. Further analysis is required to determine whether the quality of this data varies across establishments.

The Department of Health South Australia indicated that although processes have been established to collect Indigenous status, there are no mechanisms in place to ensure that information collected is validated appropriately. Therefore, the quality of the data is uncertain at this stage.

Australian Capital Territory Health considered the quality of its Indigenous status data provided to be in need of improvement. In addition, only one establishment reported these data for the 2002–03 collection period.

The Department of Health and Community Services Northern Territory indicated that the quality of its Indigenous status data was acceptable and that the quality of the data did not vary across establishments.

Mental health legal status

Table 3.28 presents data on the number of service contacts by mental health legal status and jurisdiction. Nationally, 15.1% of service contacts were involuntary compared with 10.4% in 2001–02. However, for 11.0% of service contacts, mental health legal status was not reported. There were different patterns across jurisdictions, with higher proportions of involuntary service contacts for the Australian Capital Territory (26.7%) and Victoria (21.5%). This may reflect differences in legislative arrangements for each jurisdiction or variation in the quality of the data reported.

Marital status

Table 3.29 presents data on the number of service contacts by marital status and jurisdiction. In 2002–03 the most frequently reported marital status was ‘never married’ (55.0%) followed by ‘married (including de facto)’ (17.0%). Some jurisdictions had high rates of marital status ‘not reported’. Marital status was not reported for 21.7% of service contacts in New South Wales and 19.1% for the Northern Territory.

Country of birth

In 2002–03 country of birth details coded to the ABS’s Standard Australian Classification of Countries as specified in the *National Health Data Dictionary* Version 11 (AIHW 2001a) were supplied by states and territories (Table 3.30).

Australian-born patients accounted for 79.4% (3,709,595) of total community mental health care service contacts at a rate of 252.2 service contacts per 1,000 population.

The regions of birth with the highest rate of service contacts per 1,000 population were *The Caribbean* (376.3) and *Other Africa excluding North Africa* (311.5). The regions of birth with the lowest rate of service contacts per 1,000 population were *China* (64.6) and *Japan* (76.1).

The age-standardised service contact rate for Australian-born patients was higher (252.2 per 1,000) than that for the overseas-born population (143.3 per 1,000).

Area of usual residence

Table 3.31 presents data on service contacts by Remoteness area of usual residence. In 2002–03, the highest rate of service contacts was in major cities (211.0 per 100,000 population). This rate decreased with the remoteness of classification, with the lowest rate in ‘very remote’ areas (82.3 per 100,000 population). Remoteness Area of usual residence was not reported for 36.2% of service contacts, including all service contacts in Victoria.

Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital, or attendance at a health care facility.

The following caveats concerning variability in data collection and coding practices which may affect data quality need to be taken into account when using principal diagnosis data:

- there are differences among states and territories in the type of classification used, i.e.
 - most state and territory health authorities use the complete ICD-10-AM classification to code principal diagnosis; excepting
 - New South Wales which uses a combination of ICD-10-AM and ICD-10-PC; and
 - the Australian Capital Territory and Northern Territory which use only the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification;
- the ability of small community facilities to accurately code principal diagnosis,
- the availability of appropriate clinicians to assign principal diagnoses;
- whether the principal diagnosis is applied to an individual service contact, or to a period of care;
- New South Wales reports current diagnosis for each service contact rather than a principal diagnosis for a longer period of care; and
- Queensland did not report principal diagnosis for 2002–03.

Table 3.32 presents the number of service contacts for selected principal diagnosis groups for 2002–03. Over 35% of all service contacts did not have a specified principal diagnosis, comprising records coded to F99 *Mental disorder not otherwise specified*, or not stated/not reported. Apart from Queensland who did not report principal diagnosis, the Northern Territory had the highest proportion of service contacts without a specified principal diagnosis code (56.8%) followed by New South Wales (47.8%), Tasmania (31.2%), Australian Capital Territory (20.5%) and South Australia (11.6%). Victoria (7.8%) and Western Australia (5.0%) both had quite low rates of service contacts without a specified principal diagnosis code (Table A3.6).

Of those service contacts specifying a principal diagnosis, 35.9% had a principal diagnosis of *Schizophrenia* (F20). The next most common principal diagnosis was *Depressive episode* (F32) accounting for 11.9% of the service contacts, followed by *Bipolar affective disorders* (F31, 7.7%).

Table 3.26: Community mental health care service contacts and per 1,000 population^(a) by sex and age group, Australia, 2002–03

Sex	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
Number								
Males	267,439	392,339	577,511	495,089	317,714	150,833	180,594	2,383,815
Females	155,367	371,489	421,613	434,404	341,499	201,380	323,862	2,251,982
Total	427,984	764,715	1,008,393	932,108	661,104	352,485	504,807	4,672,423
Per 1,000 population^(b)								
Males	130.9	284.0	402.2	332.7	236.6	150.7	161.5	243.0
Females	80.0	280.6	291.7	288.8	252.2	205.8	231.9	226.5
Total	107.4	282.7	350.0	311.5	245.1	178.1	200.7	236.5

(a) Includes service contacts for which sex and/or age group was not reported.

(b) Crude rates based on estimated resident population as at December 2002.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

Table 3.27: Community mental health care service contacts and per 1,000 population by Indigenous status, states and territories, 2002-03^(a)

Indigenous status	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal	30,662	19,333	34,736	19,172	8,634	640	2,872	5,955	122,004
Torres Strait Islander	1,696	1,075	3,929	168	56	15	113	24	7,076
Both Aboriginal and Torres Strait Islander	10,344	1,255	3,669	2,522	55	10	260	336	18,451
<i>Indigenous^(d)</i>	<i>42,702</i>	<i>21,663</i>	<i>42,334</i>	<i>21,862</i>	<i>8,745</i>	<i>665</i>	<i>3,245</i>	<i>6,315</i>	<i>147,531</i>
Neither Aboriginal nor Torres Strait Islander	951,945	1,589,011	732,429	391,967	275,859	45,900	135,412	15,667	4,138,190
Not reported	306,586	0	4,764	354	29,481	4,749	40,094	674	386,702
Total	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
	Per 1,000 population^(e)								
Indigenous Australians ^(d)	373.6	806.6	339.5	383.5	343.4	33.0	953.1	108.6	348.5
Other Australians	146.5	326.7	204.4	210.6	185.3	99.2	409.7	104.1	215.2
Total^(e)	193.9	329.5	210.0	215.6	208.4	108.1	537.5	107.2	236.8

(a) These data should be interpreted with caution due to likely under identification of Indigenous Australians.

(b) NSW has identified data quality problems with its Indigenous status data and these will be corrected in future submissions.

(c) Rates were indirectly age-standardised to the Aboriginal and Torres Strait Islander estimated resident population as at 30 June 2002.

(d) Includes 'Aboriginal', 'Torres Strait Islander' and 'Both Aboriginal and Torres Strait Islander'.

(e) Includes Indigenous status 'not reported'.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

Table 3.28: Community mental health care service contacts by mental health legal status, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Voluntary patient	570,057	1,264,018	752,067	..	251,246	49,883	131,022	22,030	3,040,323
Involuntary patient	224,471	346,656	27,460	..	58,055	879	47,729	626	705,876
Not permitted to be reported due to legislative arrangements	..	..	..	414,183	..	..	..	..	414,183
Not reported	506,705	0	0	..	4,784	552	0	0	512,041
Total	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
Per cent									
Voluntary patient	43.8	78.5	96.5	..	80.0	97.2	73.3	97.2	65.1
Involuntary patient	17.3	21.5	3.5	..	18.5	1.7	26.7	2.8	15.1
Not permitted to be reported due to legislative arrangements	..	..	..	100.0	..	..	..	..	8.9
Not reported	38.9	0.0	0.0	..	1.5	1.1	0.0	0.0	11.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

.. Not applicable.

Table 3.29: Community mental health care service contacts by marital status, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number									
Never married	629,924	882,070	479,662	229,582	196,533	18,232	118,217	13,413	2,567,633
Widowed	38,527	92,104	28,171	21,410	17,353	9,846	6,446	164	214,021
Divorced	86,231	184,604	66,998	38,902	30,655	3,192	19,384	516	430,482
Separated	71,779	94,297	51,699	28,129	17,311	3,036	6,242	482	272,975
Married (including de facto)	192,050	282,908	147,836	90,725	42,467	10,925	21,405	3,751	792,067
Not reported	282,722	74,691	5,161	5,435	9,766	6,083	7,057	4,330	395,245
Total	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
Per cent									
Never married	48.4	54.8	61.5	55.4	62.6	35.5	66.1	59.2	55.0
Widowed	3.0	5.7	3.6	5.2	5.5	19.2	3.6	0.7	4.6
Divorced	6.6	11.5	8.6	9.4	9.8	6.2	10.8	2.3	9.2
Separated	5.5	5.9	6.6	6.8	5.5	5.9	3.5	2.1	5.8
Married (including de facto)	14.8	17.6	19.0	21.9	13.5	21.3	12.0	16.6	17.0
Not reported	21.7	4.6	0.7	1.3	3.1	11.9	3.9	19.1	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

Table 3.30: Community mental health care service contacts and per 1,000 population, by selected country/region of birth, Australia, 2002-03

Country/region	Number of service contacts	Rate per 1,000 population^(a)
Australia	3,709,595	252.2
New Zealand	48,435	101.0
Papua New Guinea	5,313	163.0
Fiji	5,750	111.3
Other Oceania	10,157	261.5
<i>Oceania including Australia (total)</i>	<i>3,779,250</i>	<i>246.7</i>
United Kingdom & Ireland	177,030	140.3
Greece	26,696	213.1
Italy	46,674	230.5
Malta	11,609	248.5
Former Yugoslavia	42,041	161.3
Former USSR and Baltic States	14,513	256.7
Hungary	7,559	280.3
Poland	20,309	236.7
Romania	3,824	230.2
France	3,588	147.5
Germany	22,727	155.1
Netherlands	13,320	106.9
Cyprus	2,939	142.3
Other Europe and the former USSR	28,119	186.8
<i>Europe (total)</i>	<i>420,948</i>	<i>159.9</i>
Lebanon	13,771	136.6
Turkey	10,159	241.4
Iran	4,639	194.9
Iraq	5,642	205.1
Egypt	7,602	185.5
Other Middle East and North Africa	9,734	216.7
<i>Middle East and North Africa (total)</i>	<i>51,547</i>	<i>182.9</i>
Indonesia	5,088	95.0
Cambodia	5,250	180.1
Malaysia & Brunei	9,352	97.4

(continued)

Table 3.30 (continued): Community mental health care service contacts and per 1,000 population, by selected country/region of birth, Australia, 2002–03

Country/region	Number of service contacts	Rate per 1,000 population^(a)
Philippines	13,203	95.6
Singapore	5,253	164.0
Vietnam	34,761	145.4
China	12,473	64.6
Hong Kong & Macau	7,227	84.5
Japan	2,007	76.1
India	13,386	109.6
Sri Lanka	9,977	132.9
Other Asia	19,665	100.1
<i>Asia (total)</i>	<i>137,642</i>	<i>103.5</i>
Canada	3,404	106.2
USA	7,212	115.9
Other North America	764	1529.0
<i>North America (total)</i>	<i>11,380</i>	<i>121.8</i>
Argentina	1,957	150.8
Chile	5,257	213.3
The Caribbean	1,489	376.3
Other South America, Central America and the Caribbean	9,763	194.9
<i>South America, Central America and The Caribbean (total)</i>	<i>18,466</i>	<i>196.5</i>
Mauritius	3,872	161.5
South Africa	9,857	93.2
Other Africa excluding North Africa	19,039	311.5
<i>Africa excluding North Africa (total)</i>	<i>32,768</i>	<i>172.8</i>
Overseas (total)	742,406	143.3
Not stated, inadequately described or unknown	220,422	..
Total	4,672,423	237.9

(a) The rates were directly age-standardised to the Australian population at 30 June 2001.

.. Not applicable.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

Table 3.31: Community mental health care service contacts and per 100,000 population, by Remoteness area of usual residence, Australia^(a), 2002-03

	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	Total^(b)
Number of service contacts	1,996,323	615,964	303,960	51,845	14,728	1,689,603	4,672,423
Rate per 100,000 population ^(c)	211.0	201.6	171.5	162.7	82.3	. .	237.9

(a) Includes Other territories and excludes non-Australian residents.

(b) Excludes Victoria. Victoria was unable to provide area of usual residence for 2002-03.

(c) Rates per 1,000 population were directly age-standardised to the Australian population at 30 June 2001.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

Table 3.32: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03^(a)

Code	Description	Number	Per cent of specified principal diagnosis
F00–F03	Dementia	72,729	2.4
F04–F09	Other organic mental disorders	21,913	0.7
F10	Mental and behavioural disorders due to use of alcohol	27,525	0.9
F11–F19	Mental and behav disorders due to other psychoactive substances use	53,117	1.8
F20	Schizophrenia	1,084,779	35.9
F21, F24, F28, F29	Schizotypal and other delusional disorders	44,989	1.5
F22	Persistent delusional disorders	32,307	1.1
F23	Acute and transient psychotic disorders	82,939	2.7
F25	Schizoaffective disorders	170,529	5.6
F30	Manic episode	17,375	0.6
F31	Bipolar affective disorders	234,267	7.7
F32	Depressive episode	358,670	11.9
F33	Recurrent depressive disorders	67,151	2.2
F34	Persistent mood (affective) disorders	27,070	0.9
F38, F39	Other and unspecified mood (affective) disorders	6,232	0.2
F40	Phobic anxiety disorders	17,699	0.6
F41	Other anxiety disorders	89,132	2.9
F42	Obsessive–compulsive disorders	18,677	0.6
F43	Reaction to severe stress and adjustment disorders	149,832	5.0
F44	Dissociative (conversion) disorders	3,083	0.1
F45, F48	Somatoform and other neurotic disorders	6,462	0.2
F50	Eating disorders	15,183	0.5
F51–F59	Other behav syndromes associated w physiol dist & phys factors	5,658	0.2
F60	Specific personality disorders	94,258	3.1
F61–F69	Disorders of adult personality and behaviour	7,645	0.3
F70–F79	Mental retardation	10,885	0.4
F80–F89	Disorders of psychological development	20,608	0.7
F90	Hyperkinetic disorders	17,813	0.6
F91	Conduct disorders	34,867	1.2
F92–F98	Other & unspecified disorders w onset childhood adolescence	46,086	1.5
	Other	183,967	6.1
<i>Total with specified principal diagnosis</i>		3,023,447	100.0
F99	Mental disorder not otherwise specified	460,516	
	Not reported ^(b)	1,188,460	
<i>Total with unspecified principal diagnosis</i>		1,648,976	
Total service contacts		4,672,423	

(a) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions for reporting principal diagnosis.

(b) Includes all service contacts reported by Queensland (779,527). Queensland was unable to report principal diagnosis for 2002–03.

Abbreviations: w—with, phys—physical physiol—physiological, dist—disturbances, behav—behavioural.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1 and AIHW (2004f).

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

The data presented here are on CSTDA-funded support services provided for clients with a psychiatric disability. The psychiatric disability can be the client's primary psychiatric disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting the client's everyday life. A number of 'other significant' disabilities may be identified by the client. See Appendix 1 for further information on disability groups.

Data on non-residential disability support services have been included in this report as the mental health-related care provided by these services may, to varying extents, be used to substitute for, or supplement, other forms of community or hospital-based non-residential mental health care.

CSTDA-funded disability support services provide a broad range of non-residential services for people with mental health-related disabilities. These services include accommodation support, community support (including case management, counselling, intervention and therapy), community access (including learning and life skills development and recreation), and respite and employment support services. The data presented here exclude residential care services such as group homes but include accommodation support services that provide in-home support.

The CSTDA NMDS collection includes all psychiatric and mental health-related disability support services that receive CSTDA funds. Some psychiatric and mental health-related disability support services have different sources of funding and do not report to the CSTDA NMDS collection. For this reason, the information presented in this section must be interpreted with caution, as it does not include all psychiatric and mental health-related disability support services, and the proportion of these services receiving CSTDA funding differs among the states and territories. These variations in coverage are outlined in the data sources section of Appendix 1.

Prior to 2003, data were available from the CSTDA NMDS for a snapshot day each year. This year, unit record data on clients (known as 'service users') with a psychiatric disability and the disability support services they receive are available for the period from 1 January to 30 June 2003. In this report, data have been presented for service users with a primary psychiatric disability or where the service user has indicated an 'other significant' psychiatric disability.

Figure 3.4 illustrates the data reported for non-residential service users with a psychiatric disability. From 1 January to 30 June 2003 there were 26,120 non-residential users of CSTDA-funded disability support services with a primary or other psychiatric disability. Among these service users, the major primary disability groups were psychiatric disability (72.2% of service users) and intellectual disability (17.5%). The majority of service users were male (58.6%) and the most common age group was 35–44 years (27.1%). The non-residential care service types most frequently received were *Employment* (48.0%) and *Community access* (31.3%) services. Victorian disability support services reported the largest number of service users (52.5%).

The majority of service users were Australian-born (83.7%) and 7.2% were born in non-English-speaking countries. During the reported time period, 2.79% service users were identified as being of Aboriginal or Torres Strait Islander origin or both.

The main income source for the majority of service users aged over 16 years of age (45.7%) was *Disability support pension*. For service users aged less than 16 years, 54.9% of their parents or guardians received a carer allowance indicating that care was provided to the service user from one or both of their parents or guardians.

The location of service users was classified as *Major city*, *Inner regional*, *Outer regional*, *Remote*, *Very remote* or *Not reported* based on the service user's postcode – 66.7% of service users were located in major cities. The most commonly reported living arrangement was *Lives with family* (40.4%), and the most commonly reported accommodation type was *Private residence* (72.6%).

3.6 Ambulatory-equivalent mental health-related separations

This section presents data on same-day mental health-related hospital separations that could be considered equivalent to ambulatory mental health care (see Appendix 2 for further information). Briefly, for the purpose of this report, a separation was classified as ambulatory-equivalent if:

- it was a same-day separation (that is, admission and separation occurred on the same day), and
- no procedure or other intervention was recorded, or any procedure recorded was identified as probably able to be provided in ambulatory mental health care (a list of these procedures is included in Appendix 2), and
- the mode of admission did not include a care type change or transfer, or the mode of separation did not include a transfer (to another facility), a care type change, left against medical advice or death.

Ambulatory-equivalent separations were first identified in this way in *Mental Health Services in Australia 2001–02*. Previously, these separations were included in the residential and admitted-patient mental health care chapter.

Definition of mental health-related separations

Mental health-related separations from hospital include separations with a mental health-related principal diagnosis and separations that include 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 specialised psychiatric unit (also referred to as a designated psychiatric unit) of an acute care hospital or of a public psychiatric hospital. 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 (see Appendix 2 and *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

Overview

During 2002–03, there were 108,946 ambulatory-equivalent mental health-related separations, which accounted for 36.2% of all mental health-related separations (Tables 3.33 and 4.1). Of these, 87,219 separations included specialised psychiatric care, which accounted for 43.6% of all mental health-related separations with specialised psychiatric care (Tables 3.33 and 4.1). Ambulatory-equivalent mental health-related hospital separations accounted for 1.6% of total hospital separations during 2002–03 and 0.5% of total hospital patient-days (AIHW 2004d).

Table 3.33 shows the number of ambulatory-equivalent mental health-related separations per 1,000 population, by hospital type for each state and territory. For Victoria, the establishment in private hospitals of specialised day program clinics for the treatment of depression and anorexia resulted in a marked increase in the number of ambulatory-equivalent mental health-related separations compared with 2001–02.

For Australia as a whole, there were 5.6 ambulatory-equivalent mental health-related separations per 1,000 population, and 80.1% of ambulatory-equivalent mental health-related separations received specialised psychiatric care. The separation rate per 1,000 population was higher for private hospitals (4.3) than for public acute hospitals (1.2), and there was also a higher proportion of specialised psychiatric care for private hospital separations (88.5%) than for public acute hospitals (49.7%).

Victoria was the jurisdiction with the highest rate of ambulatory-equivalent separations (8.1 separations per 1,000 population), followed by Tasmania (7.7 separations per 1,000 population). Western Australia had the largest proportion of separations with specialised psychiatric care, with 86.6% of ambulatory-equivalent mental health-related separations including specialised psychiatric care.

Mental health legal status

Table 3.34 summarises the mental health legal status reported for ambulatory-equivalent mental health-related separations with specialised psychiatric care during 2002–03. The data on mental health legal status are collected to indicate whether a patient has been involuntarily detained (see Chapter 5 for more information).

Overall, 1.3% of ambulatory-equivalent mental health-related separations with specialised psychiatric care recorded a mental health legal status of involuntary. However, 8.0% of these separations from public acute hospitals were involuntary, compared with 0.1% from private hospitals.

Age and sex

Table 3.35 presents the age and sex distribution of the ambulatory-equivalent mental health-related separations. There were 42,630 separations reported for male patients and 66,315 for female patients. Patients who received ambulatory-equivalent care were most likely to be in the 45–54 age group for males (20.7% of male separations) and in the 35–44 age group for females (22.2% of female separations). Patients who did not receive specialised psychiatric care were most likely to be in the 35–44 age group.

Area of usual residence and Aboriginal and Torres Strait Islander status

Table 3.36 shows the number of separations by the patient's Indigenous status and area of usual residence. There were 3.2 separations per 1,000 population for Aboriginal and Torres Strait Islander peoples compared with 5.5 for other Australians. The reported rate for Indigenous separations is likely to be an underestimate due to incomplete Indigenous identification in this data set. For further information on the quality of Indigenous status data for all hospital separations, refer to *Australian Hospital Statistics 2002–03* (AIHW 2004d).

Principal diagnosis

Table 3.37 shows the distribution of ambulatory-equivalent mental health-related separations with specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2002–03, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of separations with specialised psychiatric care (20,014 or 22.9%), followed by *Recurrent depressive disorders* (F33, 12,490 or 14.3%) and *Reaction to severe stress and adjustment disorders* (F43, 10,739 or 12.3%).

Table 3.38 shows the distribution of ambulatory-equivalent mental health-related separations without specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2002–03, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (7,470 or 34.4%) followed by *Other anxiety disorders* (F41, 2,405 or 11.1%) and *Sleep disorders* (G47, 2,122 or 9.8%).

Table 3.37 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 95% of separations with *Schizotypal and other delusional disorders* (F21, F24, F28–F29), *Phobic anxiety disorders* (F40), *Eating disorders* (F50), *Hyperkinetic disorders* (F90) and *Conduct disorders* (F91) were separations with specialised psychiatric care, whereas for principal diagnoses such as *Sleep disorders* (G47), *Mental disorders and diseases of the nervous system complicating pregnancy, childhood and the puerperium* (O99.3) and *Other symptoms and signs involving general sensations and perceptions* (R44) the proportion of separations with specialised psychiatric care was relatively low (0.4%, 0.4% and 1.5% respectively).

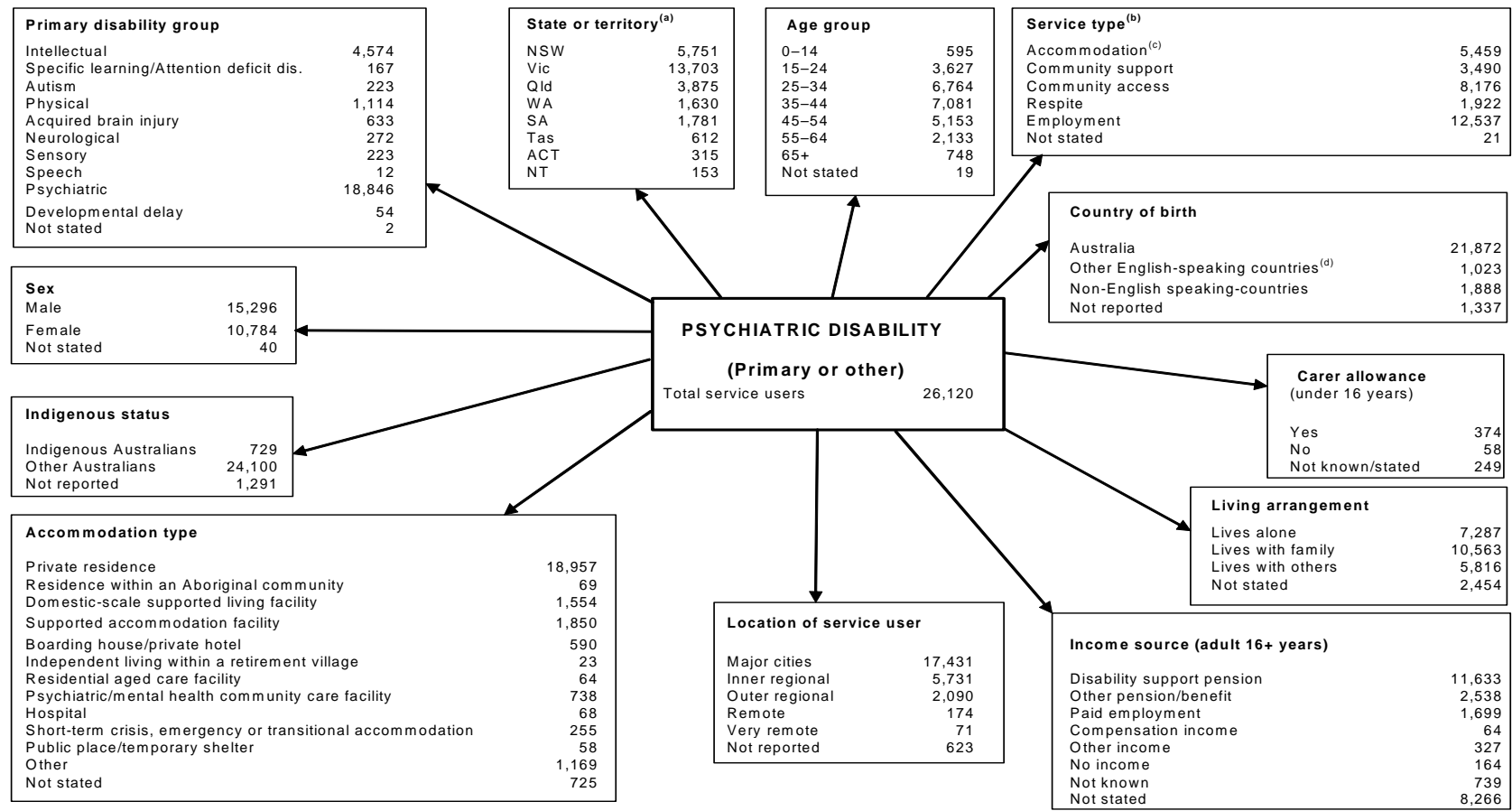
Procedures

Table 3.39 details the number of separations relating to the 30 procedures or interventions most frequently reported for ambulatory-equivalent mental health-related hospital separations with and without specialised psychiatric care. The most frequently reported procedures for separations with specialised psychiatric care were *Cognitive behaviour therapy* (9,113 separations), *Psychological skills training* (6,125 separations) and *Other psychotherapies or psychosocial therapies* (4,206 separations). For separations without specialised psychiatric care, the most frequently reported procedures were *Alcohol rehabilitation* (2,417 separations), *Psychological skills training* (1,771 separations), *Allied health intervention, psychology* (723 separations) and *Cognitive behaviour therapy* (624 separations).

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements (see Chapter 5 for more information). Version 5.0 AR-DRGs are used in this report.

The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations are presented in Table 3.40. The most commonly reported AR-DRG was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z, 83,485 separations or 84.1%), followed by *Alcohol use disorder and dependence, same day* (V62B, 7,047 separations or 7.1%) and *Alcohol intoxication and withdrawal* (V60B, 3,785 separations or 3.8%).



(a) Totals for state/territory of service provider may add to more than the total service user number because service users may access services in more than one state or territory.
 (b) Totals for service type may add to more than total service users because service users may access more than one service type over the 6-month period.
 (c) These non-residential accommodation services comprise Attendant Care/Personal Care, In-home accommodation support, alternative family placement, and other accommodation services.
 (d) Comprises Canada, Ireland, New Zealand, South Africa, United Kingdom and United States of America.
 (e) Data quality issues should be considered when interpreting the data in this table; see Chapter 3 of AIHW 2004g for a detailed discussion of these issues.

Figure 3.4: Summary of data reported for psychiatric disability, all CSTDA-funded ambulatory disability support services (non-residential)^(e), 1 January to 30 June, 2003

Table 3.33: Summary of ambulatory-equivalent mental health-related separations, states and territories^(a), 2002–03

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Separations with specialised psychiatric care									
Public acute hospitals	6,979	1,097	3,405	187	207	75	30	28	12,008
Public psychiatric hospitals	1,914	2	0	7	35	0	0	0	1,958
<i>Public hospitals</i>	<i>8,893</i>	<i>1,099</i>	<i>3,405</i>	<i>194</i>	<i>242</i>	<i>75</i>	<i>30</i>	<i>28</i>	<i>13,966</i>
Private hospitals	17,580	30,384	15,851	6,555	1,201	n.p.	n.p.	n.p.	73,253
All hospitals	26,473	31,483	19,256	6,749	1,443	n.p.	n.p.	n.p.	87,219
Separations without specialised psychiatric care									
Public acute hospitals	3,704	5,129	1,173	892	942	176	40	88	12,144
Public psychiatric hospitals	78	0	0	0	0	0	0	0	78
<i>Public hospitals</i>	<i>3,782</i>	<i>5,129</i>	<i>1,173</i>	<i>892</i>	<i>942</i>	<i>176</i>	<i>40</i>	<i>88</i>	<i>12,222</i>
Private hospitals	2,324	2,373	2,957	150	24	n.p.	n.p.	n.p.	9,505
All hospitals	6,106	7,502	4,130	1,042	966	n.p.	n.p.	n.p.	21,727
All mental health-related same-day separations									
Public acute hospitals	10,683	6,226	4,578	1,079	1,149	251	70	116	24,152
Public psychiatric hospitals	1,992	2	0	7	35	0	0	0	2,036
<i>Public hospitals</i>	<i>12,675</i>	<i>6,228</i>	<i>4,578</i>	<i>1,086</i>	<i>1,184</i>	<i>251</i>	<i>70</i>	<i>116</i>	<i>26,188</i>
Private hospitals	19,904	32,757	18,808	6,705	1,225	n.p.	n.p.	n.p.	82,758
All hospitals	32,579	38,985	23,386	7,791	2,409	n.p.	n.p.	n.p.	108,946
% of same-day separations with specialised psychiatric care									
Public acute hospitals	65.3	17.6	74.4	17.3	18.0	29.9	42.9	24.1	49.7
Public psychiatric hospitals	96.1	100.0	..	100.0	100.0	..	..	..	96.2
<i>Public hospitals</i>	<i>70.2</i>	<i>17.6</i>	<i>74.4</i>	<i>17.9</i>	<i>20.4</i>	<i>29.9</i>	<i>42.9</i>	<i>24.1</i>	<i>53.3</i>
Private hospitals	88.3	92.8	84.3	97.8	98.0	n.p.	n.p.	n.p.	88.5
All hospitals	81.3	80.8	82.3	86.6	59.9	n.p.	n.p.	n.p.	80.1
Same-day separations per 1,000 population^(c)									
Public acute hospitals	1.62	1.29	1.27	0.57	0.75	0.54	0.22	0.60	1.24
Public psychiatric hospitals	0.31	0.00	..	0.00	0.02	..	..	..	0.11
<i>Public hospitals</i>	<i>1.93</i>	<i>1.29</i>	<i>1.26</i>	<i>0.57</i>	<i>0.78</i>	<i>0.53</i>	<i>0.22</i>	<i>0.59</i>	<i>1.35</i>
Private hospitals	3.03	6.81	5.20	3.52	0.80	n.p.	n.p.	n.p.	4.26
All hospitals	4.96	8.10	6.46	4.10	1.58	n.p.	n.p.	n.p.	5.61
95% confidence intervals	4.9 – 5.0	8.0 – 8.2	6.4 – 6.5	4.0 – 4.2	1.5 – 1.6	n.p.	n.p.	n.p.	5.6 – 5.6

(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.

(b) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(c) All rates are indirectly age-standardised to the estimated resident population of Australia on 30 June 2001.

n.p. Not published.

.. Not applicable.

Table 3.34: Ambulatory-equivalent mental health-related separations, by mental health legal status^(a) and hospital type, states and territories,^(b) 2002–03

Separations	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Involuntary	111	145	614	24	34	14	6	9	957
Voluntary	6,868	952	2,791	163	173	61	24	11	11,043
Not reported	0	0	0	0	0	0	0	8	8
Total	6,979	1,097	3,405	187	207	75	30	28	12,008
Private hospitals									
Involuntary	0	0	88	0	1	n.p.	n.p.	n.p.	89
Voluntary	17,580	0	15,763	6,555	1,200	n.p.	n.p.	n.p.	41,098
Not reported	0	30,384	0	0	0	n.p.	n.p.	n.p.	32,066
Total	17,580	30,384	15,851	6,555	1,201	n.p.	n.p.	n.p.	73,253
Public psychiatric hospitals^(c)									
Involuntary	33	1	0	4	27	0	..	..	65
Voluntary	1,881	1	0	3	8	0	..	..	1,893
Not reported	0	0	0	0	0	0	..	..	0
Total	1,914	2	0	7	35	0	..	..	1,958
All hospitals									
Involuntary	144	146	702	28	62	n.p.	n.p.	n.p.	1,111
Voluntary	26,329	953	18,554	6,721	1,381	n.p.	n.p.	n.p.	54,034
Not reported	0	30,384	0	0	0	n.p.	n.p.	n.p.	32,074
Total	26,473	31,483	19,256	6,749	1,443	n.p.	n.p.	n.p.	87,219

(a) Mental health legal 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.

(c) Victoria has only one public psychiatric hospital which is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

n.p. Not published.

.. Not applicable.

Table 3.35: Ambulatory-equivalent mental health-related separations, by sex and age group, Australia 2002–03

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 or older	Total ^(a)
Males								
With psychiatric care	2,827	3,173	3,478	4,651	6,894	6,210	5,047	32,280
Without psychiatric care	1,335	1,543	1,752	1,646	1,947	1,385	739	10,350
<i>Total</i>	<i>4,162</i>	<i>4,716</i>	<i>5,230</i>	<i>6,297</i>	<i>8,841</i>	<i>7,595</i>	<i>5,786</i>	<i>42,630</i>
Females								
With psychiatric care	1,157	10,042	9,538	12,372	11,213	6,395	4,222	54,939
Without psychiatric care	1,132	1,639	2,187	2,381	1,937	1,151	948	11,376
<i>Total</i>	<i>2,289</i>	<i>11,681</i>	<i>11,725</i>	<i>14,753</i>	<i>13,150</i>	<i>7,546</i>	<i>5,170</i>	<i>66,315</i>
Total^(b)								
With psychiatric care	3,984	13,215	13,016	17,023	18,107	12,605	9,269	87,219
Without psychiatric care	2,467	3,183	3,939	4,027	3,884	2,536	1,687	21,727
Total	6,451	16,398	16,955	21,050	21,991	15,141	10,956	108,946

(a) Includes separations for which the age was not reported.

(b) Includes sex not stated.

Table 3.36: Ambulatory-equivalent mental health-related separations, by Indigenous status and Remoteness area^(a) of usual residence, Australia, 2002–03

Remoteness area of usual residence	Aboriginal and/or Torres Strait Islander patients ^(b)			Non-Aboriginal and/or Torres Strait Islander patients ^(c)			All patients		
	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total	With specialised psychiatric care	Without specialised psychiatric care	Total
Major cities	403	246	649	75,365	13,045	88,410	76,279	14,603	90,882
Inner regional	55	115	170	7,637	4,558	12,195	7,804	5,022	12,826
Outer regional	21	157	178	1,380	997	2,377	1,413	1,221	2,634
Remote	6	121	127	145	180	325	152	314	466
Very remote	5	109	114	48	46	94	53	164	217
Not reported	6	24	30	1,479	370	1,849	1,518	403	1,921
<i>Total</i>	<i>496</i>	<i>772</i>	<i>1,268</i>	<i>86,054</i>	<i>19,196</i>	<i>105,250</i>	<i>87,219</i>	<i>21,727</i>	<i>108,946</i>
<i>Per 1,000 population^(d)</i>	<i>1.3</i>	<i>1.8</i>	<i>3.2</i>	<i>4.5</i>	<i>1.0</i>	<i>5.5</i>	<i>4.5</i>	<i>1.1</i>	<i>5.6</i>

(a) Defined according to the ABS's *Australian Standard Geographical Classification Remoteness Structure*, 2001 Census edition. See Glossary for more information.

(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 which Indigenous status was not reported.

(d) Separations per 1,000 population are indirectly age-standardised rates based on estimated Aboriginal and Torres Strait Islander population for 30 June 2001 and the estimated resident population for 30 June 2001.

Table 3.37: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	% Total ^(a)
F00–F03	Dementia	68	0	163	231	65.3
F04–F09	Other organic mental disorders	11	0	159	170	66.9
F10	Mental and behavioural disorders due to use of alcohol	525	21	5,149	5,695	43.3
F11–F19	Mental and behav disorders due to other psychoactive substances use	237	8	1,090	1,335	55.3
F20	Schizophrenia	850	92	2,557	3,499	84.7
F21, F24, F28–F29	Schizotypal and other delusional disorders	195	90	259	544	81.2
F22	Persistent delusional disorders	121	0	56	177	51.2
F23	Acute and transient psychotic disorders	70	11	214	295	77.2
F25	Schizoaffective disorders	414	59	2,414	2,887	94.8
F30	Manic episode	24	0	88	112	76.7
F31	Bipolar affective disorders	170	3	3,982	4,155	92.3
F32	Depressive episode	2,452	155	17,407	20,014	90.5
F33	Recurrent depressive disorders	392	1	12,097	12,490	92.7
F34	Persistent mood (affective) disorders	151	2	1,588	1,741	94.0
F38, F39	Other and unspecified mood (affective) disorders	54	0	155	209	92.1
F40	Phobic anxiety disorders	77	0	702	779	97.1
F41	Other anxiety disorders	923	106	6,322	7,351	75.3
F42	Obsessive–compulsive disorders	19	43	913	975	92.8
F43	Reaction to severe stress and adjustment disorders	1,296	28	9,415	10,739	85.5
F44	Dissociative (conversion) disorders	11	0	699	710	80.7
F45, F48	Somatoform and other neurotic disorders	173	50	226	449	76.2
F50	Eating disorders	883	18	4,176	5,077	97.6
F51–F59	Other behav syndromes associated w physiol dist & phys factors	52	0	170	222	57.8
F60	Specific personality disorders	400	16	2,246	2,662	90.2
F61–F69	Disorders of adult personality and behaviour	24	0	293	317	89.8
F70–F79	Mental retardation	26	0	0	26	54.2
F80–F89	Disorders of psychological development	25	56	108	189	90.0
F90	Hyperkinetic disorders	110	114	24	248	97.6
F91	Conduct disorders	1,264	709	132	2,105	95.9
F92–F98	Other & unspec disorders w onset childhood adolescence	209	207	216	632	91.2
F99	Mental disorder not otherwise specified	11	0	8	19	32.2
G30	Alzheimer's disease	2	0	51	53	60.2
G47	Sleep disorders	6	0	3	9	0.4
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	1	0	0	1	0.4
R44	Other symptoms & signs involving general sensations and perceptions	1	0	0	1	1.5
R45	Symptoms & signs involving emotional state	14	1	10	25	19.4
	Other factors related to mental and behavioural disorders ^(b)	199	2	9	210	65.4
	Other ^(c)	548	166	152	866	100.0
Total		12,008	1,958	73,253	87,219	80.1

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

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

Note: Main abbreviations: W—with, phys—physical, physiol—physiological, dist—disturbances, behav—behavioural, dis—diseases, nerv sys—nervous system, complic—complications, preg—pregnancy, child—child, puerp—puerperium, unspec—unspecified.

Table 3.38: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	% Total ^(a)
F00–F03 Dementia	115	0	8	123	34.7
F04–F09 Other organic mental disorders	81	1	2	84	33.1
F10 Mental and behavioural disorders due to use of alcohol	3,647	13	3,810	7,470	56.7
F11–F19 Mental and behav disorders due to other psychoactive substances use	731	11	339	1,081	44.7
F20 Schizophrenia	406	7	217	630	15.3
F21, F24,					
F28–F29 Schizotypal and other delusional disorders	116	1	9	126	18.8
F22 Persistent delusional disorders	120	0	49	169	48.8
F23 Acute and transient psychotic disorders	87	0	0	87	22.8
F25 Schizoaffective disorders	56	0	103	159	5.2
F30 Manic episode	33	0	1	34	23.3
F31 Bipolar affective disorders	146	3	199	348	7.7
F32 Depressive episode	950	10	1,147	2,107	9.5
F33 Recurrent depressive disorders	105	1	878	984	7.3
F34 Persistent mood (affective) disorders	43	1	68	112	6.0
F38, F39 Other and unspecified mood (affective) disorders	15	1	2	18	7.9
F40 Phobic anxiety disorders	7	0	16	23	2.9
F41 Other anxiety disorders	1,539	1	865	2,405	24.7
F42 Obsessive–compulsive disorders	22	0	54	76	7.2
F43 Reaction to severe stress and adjustment disorders	926	15	873	1,814	14.5
F44 Dissociative (conversion) disorders	124	0	46	170	19.3
F45, F48 Somatoform and other neurotic disorders	85	0	55	140	23.8
F50 Eating disorders	61	0	64	125	2.4
F51–F59 Other behav syndromes associated w physiol dist & phys factors	98	0	64	162	42.2
F60 Specific personality disorders	222	12	56	290	9.8
F61–F69 Disorders of adult personality and behaviour	21	0	15	36	10.2
F70–F79 Mental retardation	22	0	0	22	45.8
F80–F89 Disorders of psychological development	20	0	1	21	10.0
F90 Hyperkinetic disorders	5	0	1	6	2.4
F91 Conduct disorders	89	0	1	90	4.1
F92–F98 Other & unspec disorders w onset childhood adolescence	61	0	0	61	8.8
F99 Mental disorder not otherwise specified	38	0	2	40	67.8
G30 Alzheimer's disease	33	0	2	35	39.8
G47 Sleep disorders	1,614	0	508	2,122	99.6
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	235	0	30	265	99.6
R44 Other symptoms & signs involving general sensations and perceptions	63	0	1	64	98.5
R45 Symptoms & signs involving emotional state	98	0	6	104	80.6
Other factors related to mental and behavioural disorders ^(b)	97	1	13	111	34.6
Other factors related to substance use ^(c)	13	0	0	13	100.0
Total	12,144	78	9,505	21,727	19.9

(a) The proportion of mental health-related ambulatory-equivalent separations with these diagnoses that did not have specialised psychiatric care.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: w—with, phys—physical, physiol—physiological, dist—disturbances, behav—behavioural, dis—diseases, nerv sys—nervous system, complic—complications, preg—pregnancy, child—childbirth, puerp—puerperium, unspec—unspecified.

Table 3.39: The 30 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2002–03

With specialised psychiatric care		Without specialised psychiatric care	
Procedure	Separations	Procedure	Separations
96101–00 Cognitive behaviour therapy [CBT]	9,113	92002–00 Alcohol rehabilitation	2,417
96001–00 Psychological skills training	6,125	96001–00 Psychological skills training	1,771
96180–00 Other psychotherapies or psychosocial therapies	4,206	95550–10 Allied health intervention, psychology	723
96090–00 Other counselling or education	3,704	96101–00 Cognitive behaviour therapy [CBT]	624
95550–10 Allied health intervention, psychology	1,820	95550–01 Allied health intervention, social work	490
96073–00 Substance addiction counselling or education	1,451	96073–00 Substance addiction counselling or education	428
96185–00 Supportive psychotherapy, not elsewhere classified	1,003	96185–00 Supportive psychotherapy, not elsewhere classified	392
92002–00 Alcohol rehabilitation	503	96175–00 Mental/behavioural assessment	322
96181–00 Art therapy	375	92008–00 Combined alcohol and drug rehabilitation	276
95550–02 Allied health intervention, occupational therapy	374	92004–00 Alcohol rehabilitation and detoxification	209
96027–00 Prescribed/self-selected medication assessment	239	96176–00 Behaviour therapy	117
92004–00 Alcohol rehabilitation and detoxification	211	92005–00 Drug rehabilitation	93
96175–00 Mental/behavioural assessment	187	92006–00 Drug detoxification	76
96066–00 Preventative counselling or education	156	96090–00 Other counselling or education	65
		Counselling or education on preparing for parenthood, parenting skills or	
95550–01 Allied health intervention, social work	144	96080–00 family planning	57
92005–00 Drug rehabilitation	113	96075–00 Self-care/self-maintenance counselling or education	54
96177–00 Interpersonal psychotherapy [IPT]	70	96067–00 Nutritional/dietary counselling or education	32
96032–00 Psychosocial assessment	61	96034–00 Alcohol and other drug assessment	30
96030–00 Situational/occupational/environmental assessment	48	92003–00 Alcohol detoxification	20
92003–00 Alcohol detoxification	33	96081–00 Relationship counselling	20
96074–00 Gambling or betting addiction counselling or education	26	96089–00 Resource education	17
96148–00 Play/leisure/recreation therapy	21	96181–00 Art therapy	9
Counselling or education on preparing for parenthood, parenting skills or			
96080–00 family planning	21	92007–00 Drug rehabilitation and detoxification	8
96100–00 Psychodynamic therapy	21	96180–00 Other psychotherapies or psychosocial therapies	7
92010–00 Combined alcohol and drug rehabilitation and detoxification	17	96145–00 Skills training in parenting techniques	5
96102–00 Systems therapy	11	92010–00 Combined alcohol and drug rehabilitation and detoxification	5
96104–00 Music therapy	11	96085–00 Grief/bereavement counselling	4
92007–00 Drug rehabilitation and detoxification	10	96032–00 Psychosocial assessment	4
96178–00 Couples therapy	10	95550–02 Allied health intervention, occupational therapy	4
92008–00 Combined alcohol and drug rehabilitation	7	92009–00 Combined alcohol and drug detoxification	3
Other	10	Other	5
No procedure or not reported	59,321	No procedure or not reported	14,042
Total^(a)	87,219		21,727

(a) Total of the rows is not necessarily equivalent to the total as multiple procedures can be reported for each separation.

Table 3.40: The 30 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations^(a), Australia, 2002-03

AR-DRG Description	Separations	Per 1,000 population ^(b)
U60Z Mental Health Treatment, Sameday, W/O ECT	83,485	4.23
V62B Alcohol Use Disorder and Dependence, Sameday	7,047	0.36
V60B Alcohol Intoxication and Withdrawal W/O CC	3,785	0.19
V64Z Other Drug Use Disorder and Dependence	1,026	0.05
Z64B Other Factors Influencing Health Status, Sameday	699	0.04
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	559	0.03
V61Z Drug Intoxication and Withdrawal	525	0.03
V63A Opioid Use Disorder and Dependence	364	0.02
V60A Alcohol Intoxication and Withdrawal W CC	342	0.02
O61Z Postpartum and Post Abortion W/O O.R. Procedure	307	0.02
O66B Antenatal & Other Obstetric Admission, Sameday	242	0.01
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	139	<0.01
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	127	<0.01
B64B Delirium W/O Catastrophic CC	97	<0.01
I68C Non-surgical Spinal Disorders, Sameday	68	<0.01
K62C Miscellaneous Metabolic Disorders Age <75 W/O Catastrophic or Severe CC	53	<0.01
X60C Injuries Age <65	38	<0.01
B76B Seizure W/O Catastrophic or Severe CC	33	<0.01
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	23	<0.01
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	19	<0.01
E75C Other Respiratory System Diagnosis Age <65 W/O CC	17	<0.01
I71C Other Musculotendinous Disorders Age <70 W/O CC	15	<0.01
J65B Trauma to the Skin, Subcutaneous Tissue and Breast Age <70	12	<0.01
O60B Vaginal Delivery W/O Catastrophic or Severe CC	12	<0.01
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	8	<0.01
C63B Other Disorders of the Eye W/O CC	6	<0.01
E75B Other Respiratory System Diagnosis Age >64 or W CC	6	<0.01
B60B Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O Catastrophic CC	5	<0.01
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	5	<0.01
Z61Z Signs and Symptoms	5	<0.01
All other AR-DRGS	147	<0.01
Total	99,216	5.02

(a) Separations with a care type of *Acute*, *Newborn with qualified days* and *Not reported* only.

(b) Rates are crude rates based on the total Australian estimated resident population of 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy,

Cat/Sev—catastrophic or severe, O.R.—operating room, AdmWt—admitted weight, Proc—procedure.

4 Residential and admitted patient mental health care

This chapter provides an overview of the provision of residential and admitted-patient mental health care by hospitals and other service providers. It also presents some data on the characteristics of the admitted patients and residents in residential disability support services funded by the Commonwealth, State/Territory Disability Agreement (CSTDA).

As documented in Chapter 1, ambulatory care is the form of mental health care most often used by people with a mental health disorder. Admitted-patient and residential mental health care, however, play 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 admitted-patient and residential mental health care is provided by public and private hospitals and by public residential mental health care services. Data on these different types of services have therefore been collated for this chapter, as well as data on CSTDA-funded residential care provided by disability support services for clients with psychiatric disabilities. Although these latter services are not usually regarded as health services, they may be, to some extent, an alternative to admitted-patient and residential mental health care for some clients. The CSTDA data are summarised in Figure 4.2.

This chapter (and Chapters 5 and 6) presents data from the National Hospital Morbidity Database (see Appendix 1) on overnight mental health-related separations and on same-day mental health-related separations that were not considered to be equivalent to ambulatory mental health care. The definition of ambulatory-equivalent care is provided in Chapter 3 and Appendix 2. Briefly, for the purpose of this report a separation was considered to be ambulatory-equivalent if:

- it was a same-day separation (that is, admission and separation were on the same date), and
- no procedure or intervention was recorded, or any procedure that was recorded was identified as able to be provided in ambulatory mental health care (a list of these procedures is included in Appendix 2), and
- the mode of admission did not include care type change or transfer, or the mode of separation did not include transfer (from another facility), care type change, left against medical advice or death.

This is the second year that same-day separations have been classified in this way. Previously, all same-day separations for admitted patients were included in the admitted-patient mental health care chapters. The time series in Table 4.1 excludes ambulatory-equivalent same-day separations for all years presented. Therefore, some of these figures differ from those reported in earlier publications. For this reason, caution must be used when comparing figures in this report with reports in this series prior to 2001–02 (AIHW 2001b, 2002a, 2003a). Data on same-day separations that were identified as equivalent to ambulatory mental health care are presented in Chapter 3.

4.1 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 include 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 specialised psychiatric unit (also referred to as a designated psychiatric unit) of an acute care hospital or of a public psychiatric hospital. 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 (see *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

The ICD-10-AM 3rd edition codes are used to define a mental health-related principal diagnosis. These have not changed from those presented in ICD-10-AM 2nd edition in the 2000–01 report, other than to allow a finer level of detail. The codes are now available at a 5-digit level instead of a 4-digit level. However, in order to provide a more comprehensive description of mental health-related care, the codes were changed slightly compared with the 1999–2000 publication, and substantially compared with the 1998–99 report. For this reason, caution must be used when comparing figures reported here with those reported in *Mental Health Services in Australia 1998–99* and *Mental Health Services in Australia 1999–00* (AIHW 2001b, 2002a). Those publications include details on the codes used to define mental health-related principal diagnoses for 1998–99 and 1999–2000.

In addition, for 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the National Hospital Morbidity Database (NHMD) using ICD-9-CM diagnosis and procedure codes, and these data were mapped to ICD-10-AM for Table 4.1. Further information on this mapping is available in *Australian Hospital Statistics 1998–99* (AIHW 2000).

4.2 National overview

Table 4.1 summarises mental health-related separations and patient-days for 1998–99 to 2002–03, excluding ambulatory-equivalent mental health-related separations. Tables 4.2 and 4.3 present information on the number of mental health-related separations and patient-days by jurisdiction for 2002–03.

- There were 193,822 mental health-related residential and admitted-patient separations in 2002–03, of which 21,894 were same-day separations and 171,928 were overnight (which means a residential stay or a hospital stay of one night or more) (Table 4.2).
- Public community residential mental health care establishments reported a relatively low number of separations in comparison to hospitals. In 2002–03, the number of community residential mental health care separations reported for Australia was 1,653 (Table 4.2).
- There were 192,169 mental health-related hospital separations during 2002–03 (Table 4.1), of which 21,894 were same-day separations which were not categorised as ‘ambulatory-equivalent’. Nearly 3 million patient-days (2,946,670) were associated with these separations which accounted for 2.9% of total hospital separations during 2002–03 and 12.5% of total hospital patient-days. Psychiatric care days accounted for 79.6% (2,346,002 days) of all patient-days for mental health-related separations, and 10.0% of total hospital patient-days.
- Of the 192,169 mental health-related hospital separations, 113,045 or 58.8% reported some specialised psychiatric care (Tables 4.1 and 4.2). The proportion of same-day separations

that included specialised psychiatric care was 40.9%, and for overnight separations, 61.1%. The proportion of all mental health-related overnight patient-days that were psychiatric care days was 79.6%.

- Separations with specialised psychiatric care accounted for 52.6% of mental health-related separations in public acute hospitals, and 69.2% of those in private hospitals.
- Public hospital separations accounted for 80.7% of all mental health-related separations and 81.5% of all mental health-related patient-days in 2002–03.
- In comparison with other hospital types, public psychiatric hospitals reported the smallest numbers of separations (7.6% of all mental health-related separations) and separations with specialised psychiatric care (12.0%) and public acute hospitals reported the largest numbers (73.1% and 65.3%, respectively) (Table 4.1).
- Public psychiatric hospitals reported a relatively large proportion of patient-days (31.1% of the total), especially for separations with specialised psychiatric care (38.0%). However, it is estimated that a relatively large proportion of these patient-days occurred prior to the 2002–03 financial year. Of patient-days for separations from public psychiatric hospitals, an estimated 35.8% occurred during 2002–03 compared with estimates of 89.3% for public acute hospitals and 94.5% for private hospitals (Table 4.3). For information on how these estimates were calculated, refer to *Mental Health Services in Australia 1999–00* (AIHW 2002a).

The next section presents data from Table 4.1 on the changes from 1998–99 to 2002–03. Figures 1.5, 1.6 and 1.7 also present time series information on the number of separations, patient-days and average and median lengths of stay by hospital type.

- The number of mental health-related separations for 2002–03 (192,169) was 5.0% more than the 182,981 reported for 1998–99. There was an increase of 2.1% for overnight separations (166,802 to 170,275 separations) and an increase of 35.3% for same-day separations (16,179 to 21,894 separations).
- The 113,045 separations with specialised psychiatric care for 2002–03 represent a 6.8% increase from 1998–99 (105,837 separations) and a 1.9% increase from 2001–02 (110,969 separations).
- Between 1998–99 and 2002–03, the number of mental health-related non-ambulatory-equivalent same-day separations in private hospitals increased by 44.2%.
- The majority of mental health-related hospital separations continued to be reported in the public sector. In 2002–03, 80.7% of mental health-related hospital separations were reported by public hospitals. In 1998–99, this figure was 79.5%.
- Compared with 1998–99, the patient-days reported for 2002–03 decreased by 5.0% for separations with specialised psychiatric care (2,508,412 to 2,384,159 days) and by 14.4% for separations without specialised psychiatric care (from 657,080 to 562,511 days). The corresponding comparisons between 2001–02 and 2002–03 show a decrease of 3.0% in patient-days for separations with specialised psychiatric care and a decrease of 9.1% in those without specialised psychiatric care.
- Patient-days for mental health separations in public hospitals accounted for 81.5% of all mental health patient-days in 2002–03, compared with 83.6% in 1998–99.
- Patient-days for mental health-related separations decreased by 6.9% between 1998–99 and 2002–03 and by 4.3% between 2001–02 and 2002–03. The relatively large decrease in patient-days from 1999–00 to 2000–01 was largely attributable to public sector hospitals where patient-days decreased by 16.5% between 1999–00 and 2000–01 (see Figure 1.6). This reduction in patient-days was marked for Queensland and was largely the result of

the statistical discharge and readmission of long-stay patients on 30 June 2000 in this state to cater for the change in the *National Health Data Dictionary* care type definition, effective from 1 July 2000. This would have had the effect of inflating the number of patient-days reported in 1999–00 and of reducing the number of patient-days reported for 2000–01. Also, a number of long-stay patients were separated from public psychiatric hospitals in Tasmania and admitted to residential facilities over the period 2000–01 to 2001–02. This would also have had the effect of inflating the number of patient-days reported compared with earlier years. In private hospitals, the number of patient-days for mental health-related separations increased by 5.4%, from 517,963 in 1998–99 to 545,934 in 2002–03.

Box 4.1: 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). Statistics on admitted patients are compiled when an **admitted patient** (a patient who undergoes a hospital's formal admission process) completes an episode of care and 'separates' from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of patients' episodes of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate.*

Separation and patient-day data provide valuable information on the level of admitted-patient health care activity undertaken by hospitals. However, this information should be interpreted with an understanding of the characteristics of these two types of data.

***Separation** is the term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. 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 after 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).*

***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 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 include days within hospital stays that occurred prior to 1 July 2002, provided that the separation from hospital occurred during 2002–03. 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 2002–03. Table 4.3 presents information on the estimated proportion of patient-days that occurred within the 2002–03 financial year for 2002–03 separations. For public psychiatric hospitals the proportion of mental health-related patient days that occurred in the year was 35.8%. In comparison, the figures for public acute and private hospitals were 89.3% and 94.5% respectively.

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 2002–03 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 2002–03.

There was some variation between jurisdictions in the organisation and distribution of admitted-patient and residential mental health care services. These differences included:

- the availability of admitted-patient mental health care services in each state and territory
- the availability of residential mental health care facilities
- differing admission practices, particularly with regard to same-day separations
- differences in the types of establishments that are categorised as hospitals (see Box 4.2).

There are also differences between jurisdictions in the spread of the population in major cities and in regional and remote areas, and other demographic characteristics of the population. These differences may result in variation in the proportions of separations and patient-days 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 specialised psychiatric care (see Chapter 5) and without specialised psychiatric care (see Chapter 6). This allows comparisons to be made between provider types and jurisdictions including or excluding particular types of separations, as appropriate for specific purposes.

4.3 Admitted patient mental health care

National overview

This section presents a brief overview of the data available on mental health-related separations for 2002–03 (Figure 4.1). There were 192,169 mental health-related separations in 2002–03, with 113,045 of these separations including specialised psychiatric care. The total number of patient-days was 2,946,670, which included 2,346,002 days with specialised psychiatric care (Table 4.1). The average length of stay was 15.3 days with a median of 6 days (Figure 4.1). Nationally, there were 9.9 hospital separations and 151.9 patient-days for mental health-related separations and 120.9 psychiatric care days per 1,000 population (see Tables 4.2 and 4.3 respectively).

The mental health legal status of most separations was either *Voluntary* or *Not reported*, with 19.6% reporting *Involuntary* status. Over three-quarters of the separations (76.5%) reported a funding source of *Public patient* (includes Australian Health Care Agreements and reciprocal health care agreements) and 17.3% reported a funding source of *Private health insurance*. Over half (52.5%) the separations were for female patients, and 41.0% of patients were in the 25–44 age group. The majority of separations were in the public sector (80.7%) and most patients (93.8%) had a care type of *Acute care*. A large proportion of patients (79.4%) had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital.

Depressive episode (F32) was the most common principal diagnosis. The most common procedure reported was *General allied health interventions* (Block 1916), followed by *Cerebral anaesthesia* (Block 1910) and *Electroconvulsive therapy* (Block 1907). The most commonly reported AR-DRG was *Major affective disorders age less than 70 without catastrophic or severe complications or comorbidities* (U63B).

States and territories

Table 4.2 shows the number of same-day, overnight and total mental health-related separations per 1,000 population by hospital type for each state and territory. Ambulatory-equivalent mental health-related same-day hospital separations are excluded (see Chapter 3).

Box 4.2: 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 jurisdictions 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 done with care.

Some of the differences in service delivery practices are illustrated in Tables 4.2 and 4.3. These show, for example, the relatively high rates of separations for public residential mental health care establishments for Tasmania compared with other jurisdictions.

There are some differences in the approach states and territories and the public and private sectors take to the formal admission and separation of 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, the majority of patients are formally admitted for this care and therefore this care is reported as same-day separations. For example, psychotherapy (and other allied health psychology interventions) tends to be provided on an admitted-patient basis in New South Wales, Victoria, Queensland, Western Australia and South Australia (see Tables A3.12 and A3.20), but not in the other jurisdictions. Where possible, same-day separations which can be regarded as equivalent to ambulatory mental health care have been reported in Chapter 3 (also see Appendix 3). However, these differences may still have some potential to affect the comparability of the separation and service contact data.

States and territories also differ in the extent to which they classify some of their mental health-related residential facilities as admitted patient services within hospitals (or separate hospitals) or as community-based, non-admitted services. This variation applies, for example, with psychogeriatric 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 increases the number of separations, the number of patient-days and the average length of stay relative to jurisdictions that exclude one or more of these services.

In New South Wales, Western Australia and South Australia mental health services that provide long-stay rehabilitation services and some specialised psychogeriatric units are included within admitted-patient settings. In New South Wales, the number of these units included is relatively small. In the Australian Capital Territory and the Northern Territory these activities are undertaken outside admitted-patient settings. In Tasmania, psychogeriatric patients are cared for in community (non-hospital) settings. In Victoria, long-stay aged care mental health services have been transferred to community-based services, acute psychogeriatric care occurs in specialised admitted-patient facilities, and a number of long-term rehabilitation beds have been transferred to community-based residential beds. Queensland does not classify any of its extended treatment services as residential. Whereas many of these services are included in admitted-patient data, some psychogeriatric beds are co-located in nursing homes and are reported in the aged care data set.

Some of this variation is illustrated in Tables 5.25, 5.26, 6.20 and 6.21. These tables show, for example, that public hospitals in New South Wales, Queensland, Western Australia and South Australia reported markedly more separations and patient-days for the care types of 'rehabilitation', 'psychogeriatric care' and 'maintenance care' than all the other jurisdictions. In Queensland public hospitals, the administrative practice of assigning a care type of 'maintenance care' to long-stay patients has the effect of reducing the proportion of rehabilitation and psychogeriatric patients reported.

For Australia as a whole, there were 9.9 mental health-related hospital separations per 1,000 population. South Australia had the highest rate (12.6 separations per 1,000 population).

Nationally, there were 8.8 overnight mental health-related separations per 1,000 population. South Australia had the highest rate at 11.3 overnight mental health-related separations per 1,000 population. Victoria had the highest rate for same-day mental health related separations (1.7 per 1,000 population).

Table 4.3 presents a summary of the patient-days, psychiatric care-days and patient days per 1,000 population by hospital type and state and territory for separations that occurred during 2002–03. Of the 2,946,670 patient-days for mental health-related separations, 2,924,776 were overnight separations.

Queensland reported the highest number of patient-days for mental health-related separations per 1,000 population (210.6 patient-days) and also had the highest number of psychiatric care days per 1,000 population (185.4). South Australia had the second highest population rate for patient-days (160.9 patient-days per 1,000 population) and for psychiatric care days (128.2 per 1,000 population).

These state and territory differences may reflect differences in the provision of admitted-patient mental health services. They may also reflect administrative practice differences between jurisdictions in the coding of statistical discharge, with variation in the proportion of separations ending in statistical discharge (see Tables 5.24 and 6.19). Further, Queensland does not classify any of its extended treatment services as residential. Although many of these services are included in admitted-patient data, some psychogeriatric beds are co-located within residential aged care facilities and not covered in this report.

Principal and additional diagnoses

Table 4.4 presents statistics on type of separation, patient-days and psychiatric care days of mental health-related separations (as defined for this report) and other separations for which a mental health-related additional diagnosis was reported.

- There were 449,524 separations that either received specialised psychiatric care and/or reported a mental health-related diagnosis.
- Of these, 41.2% reported a mental health-related principal diagnosis, and 76.7% reported a mental health-related additional diagnosis.
- Approximately 57.3% of separations that reported a mental health-related principal diagnosis and 24.7% of separations that reported a mental health-related principal and/or additional diagnosis received specialised psychiatric care
- In 2002–03, 94.0% of separations with specialised psychiatric care had a mental health-related principal diagnosis and 49.5% of those with a mental health-related principal diagnosis also had a mental health-related additional diagnosis. The majority of those without a mental health-related principal diagnosis had a mental health-related additional diagnosis (59.3%) (statistics for these separations are presented in Chapter 5).
- There were 79,124 separations with a mental health-related principal diagnosis that did not receive specialised psychiatric care (statistics for these separations are presented in Chapter 6); 39.2% of these also reported a mental health-related additional diagnosis. For separations where the patient did not receive specialised psychiatric care and the principal diagnosis was not mental health-related, a mental health-related additional diagnosis was reported for 257,355 separations.

Data on the principal diagnosis groups presented in Table 4.5 indicate the number of separations and patient-days (with and without specialised psychiatric care) by principal diagnosis chapters. Overall, 90.4% of all mental health-related separations reported a

principal diagnosis in *Mental and behavioural disorders* (F00–F99), and 4.0% reported a principal diagnosis in *Diseases of the nervous system* (G00–G99).

Of the separations with specialised psychiatric care in 2002–03, 104,799 or 92.7% were reported as having a principal diagnosis in the chapter *Mental and behavioural disorders* (F00–F99). Almost 58% of the remaining separations had principal diagnoses of *Injury, poisoning and certain other consequences of external causes* (S00–T98) or *Factors influencing health status and contact with health services* (Z00–Z99).

Of the separations without specialised psychiatric care, 87.1% reported a principal diagnosis in *Mental and behavioural disorders* (F00–F99) and 8.3% in *Diseases of the nervous system* (G00–G99). For more detail on patient characteristics and principal diagnoses, refer to Chapters 5 and 6.

4.4 Residential care provided by public residential mental health care establishments

In 2002–03, there were 1,653 residential mental health care separations reported for Australia (see Table 4.2) compared with 1,559 separations for 2001–02. The available data for 2002–03 represent an increase in separations reported for Tasmania and Western Australia of 51.6% and 32.5% respectively. Tasmania had the largest number of separations from residential care per 1,000 population (1.1). There were no separations reported for Queensland and the Northern Territory, as these jurisdictions do not have facilities reported as public residential mental health care establishments.

There are no national data available on the characteristics of residents of residential mental health establishments, nor on the length of time that residents spend in the establishments. However, data are expected to become available from the 2004–05 reference year.

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

The disability support services data presented in this section were sourced from the CSTDA NMDS collection. This data collection contains data on the characteristics of persons using a CSTDA-funded disability support service between 1 January and 30 June 2003 (see section 3.5 in Chapter 3 for information on changes to this collection since 2002). The data presented below are on clients with a psychiatric disability who received residential services. The psychiatric disability can be the service user's primary psychiatric disability or one of the service user's other significant disabilities. The term 'primary disability' refers to the disability category identified by the service user, carer or service as the disability most affecting the client's everyday life. A number of 'other significant' disabilities may be identified by the service user.

Figure 4.2 illustrates the profile of residential service users in terms of CSTDA NMDS data items. Between 1 January and 30 June, there were 2,408 users, of CSTDA-funded residential disability support services who had *Psychiatric disability* reported as either a primary or other significant disability. *Psychiatric disability* was more commonly reported by service users as an 'other significant disability' rather than as a primary disability. The most common primary disability was *Intellectual disability* (72.9%) compared with 13.6% for *Psychiatric*

disability. Males represented 55.4% of residential service users with *Psychiatric disability* reported as either a primary or other significant disability. The number of residential service users was greatest in the 35–44 age group. New South Wales had the largest number of residential care service users.

The majority of residential service users were Australian-born (93.4%). Residents born in English-speaking countries other than Australia and non-English-speaking countries made up 5.5% of service users. For residential care provided to clients with *Psychiatric disability* reported as either a primary or other significant disability, 3.5% of service users were identified as being Aboriginal or Torres Strait Islander peoples.

The main source of income for a majority of service users aged 16 years and over (72.6%) was *Disability Support Pension*. For 25.5% income was not known or not stated. For clients aged less than 16 years, 43.6% of the clients' parents or guardians received the Carer Allowance, and for 48.7% the provision of the Carer Allowance was not known or not stated.

The most common type of residential service received was for *Group homes* (58.5%). The most commonly reported living arrangement was *Lives with others* (85.5%) and the most common accommodation type was *Domestic-scale supported living facility* (51.4%) followed by *Supported accommodation facility* (32.9%).

The location of clients receiving services was classified as *Major city*, *Inner regional*, *Outer regional*, *Remote*, *Very remote* or *Not reported* based on the client's postcode – 63.1% of services were received by residents in major cities.

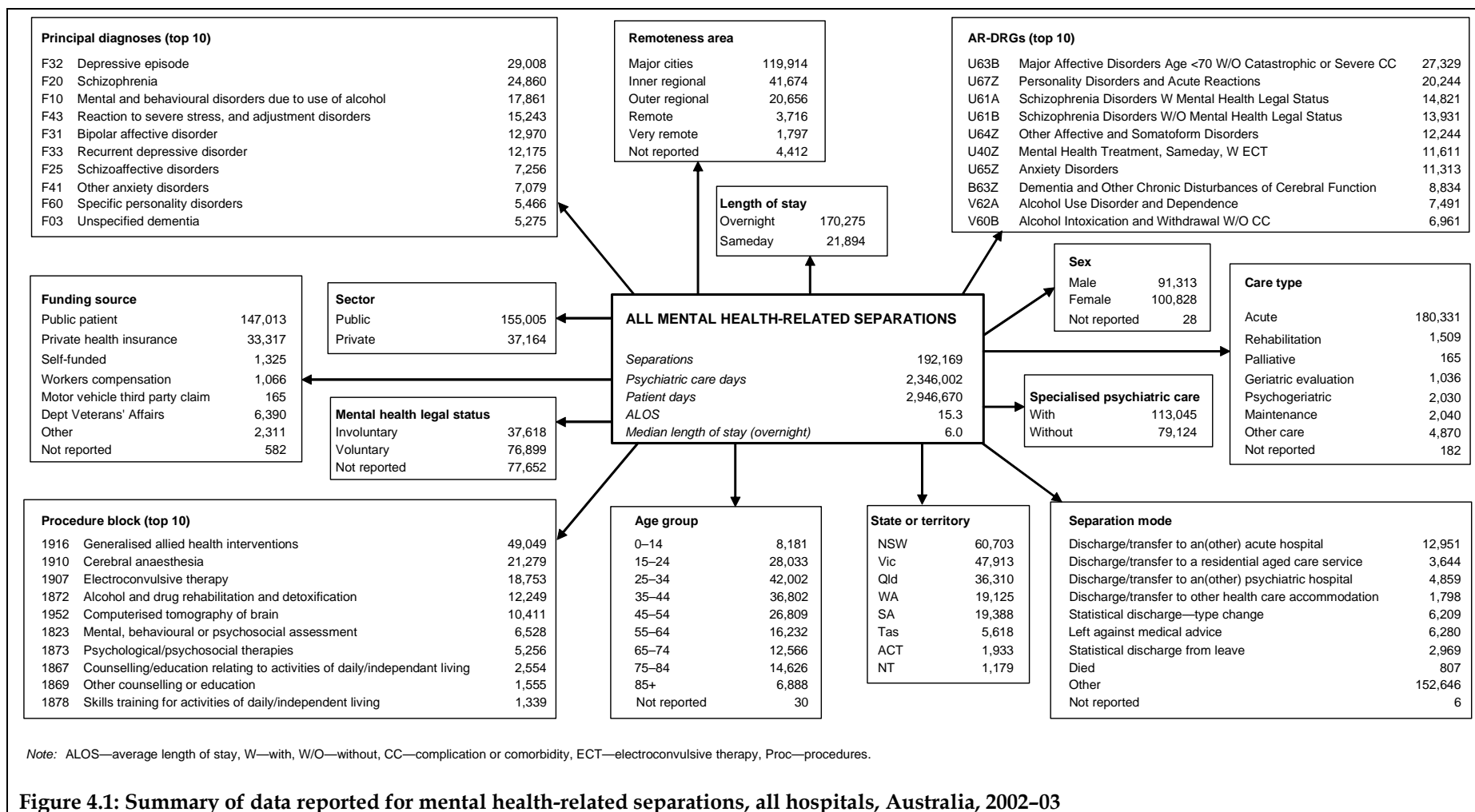


Table 4.1: Mental health-related separations and patient-days, Australia, 1998–99 to 2002–03

	1998–99 ^(a)	1999–00	2000–01	2001–02	2002–03		% of all mental health-related
	Number	Number	Number	Number	Number	% change since 1998–99	
Separations							
Same-day separations with specialised psychiatric care							
Public acute	5,182	4,780	4,796	4,954	4,962	-4.2	2.6
Public psychiatric	1,281	534	1,178	631	648	-49.4	0.3
Private	2,309	2,198	2,370	2,951	3,355	45.3	1.7
<i>Total</i>	<i>8,772</i>	<i>7,512</i>	<i>8,344</i>	<i>8,536</i>	<i>8,965</i>	<i>2.2</i>	<i>4.7</i>
Same-day separations without specialised psychiatric care							
Public acute	6,807	7,232	8,593	11,090	11,946	75.5	6.2
Public psychiatric	0	0	29	93	142	..	0.1
Private	600	884	634	93	841	40.2	0.4
<i>Total</i>	<i>7,407</i>	<i>8,116</i>	<i>9,256</i>	<i>11,276</i>	<i>12,929</i>	<i>74.6</i>	<i>6.7</i>
All same-day mental health-related separations							
Public acute	11,989	12,012	13,389	16,044	16,908	41.0	8.8
Public psychiatric	1,281	534	1,207	724	790	-38.3	0.4
Private	2,909	3,082	3,004	3,615	4,196	44.2	2.2
<i>Total same-day separations</i>	<i>16,179</i>	<i>15,628</i>	<i>17,600</i>	<i>20,383</i>	<i>21,894</i>	<i>35.3</i>	<i>11.4</i>
Overnight separations with specialised psychiatric care							
Public acute	59,252	63,635	63,279	66,937	68,866	16.2	35.8
Public psychiatric	17,982	15,568	13,965	13,246	12,867	-28.4	6.7
Private	19,831	20,126	22,464	22,250	22,347	12.7	11.6
<i>Total^(b)</i>	<i>97,065</i>	<i>99,329</i>	<i>99,708</i>	<i>102,433</i>	<i>104,080</i>	<i>7.2</i>	<i>54.2</i>
Overnight separations without specialised psychiatric care							
Public acute	54,894	53,036	54,402	52,665	54,661	-0.4	28.4
Public psychiatric	0	3	584	694	913	..	0.5
Private	14,843	13,474	12,297	10,868	10,621	-28.4	5.5
<i>Total^(b)</i>	<i>69,737</i>	<i>66,513</i>	<i>67,283</i>	<i>64,227</i>	<i>66,195</i>	<i>-5.1</i>	<i>34.4</i>
All overnight mental health-related separations							
Public acute	114,146	116,671	117,681	119,602	123,527	8.2	64.3
Public psychiatric	17,982	15,571	14,549	13,940	13,780	-23.4	7.2
Private	34,674	33,600	34,761	33,118	32,968	-4.9	17.2
<i>Total overnight separations^(b)</i>	<i>166,802</i>	<i>165,842</i>	<i>166,991</i>	<i>166,660</i>	<i>170,275</i>	<i>2.1</i>	<i>88.6</i>
Separations with specialised psychiatric care							
Public acute	64,434	68,415	68,075	71,891	73,828	14.6	38.4
Public psychiatric	19,263	16,102	15,143	13,877	13,515	-29.8	7.0
Private	22,140	22,324	24,834	25,201	25,702	16.1	13.4
<i>Total^(b)</i>	<i>105,837</i>	<i>106,841</i>	<i>108,052</i>	<i>110,969</i>	<i>113,045</i>	<i>6.8</i>	<i>58.8</i>
Separations without specialised psychiatric care							
Public acute	61,701	60,268	62,995	63,755	66,607	8.0	34.7
Public psychiatric	0	3	613	787	1,055	..	0.5
Private	15,443	14,358	12,931	10,961	11,462	-25.8	6.0
<i>Total^(b)</i>	<i>77,144</i>	<i>74,629</i>	<i>76,539</i>	<i>75,503</i>	<i>79,124</i>	<i>2.6</i>	<i>41.2</i>
Total mental health-related separations							
Public acute	126,135	128,683	131,070	135,646	140,435	11.3	73.1
Public psychiatric	19,263	16,105	15,756	14,664	14,570	-24.4	7.6
Private	37,583	36,682	37,765	36,733	37,164	-1.1	19.3
Total^(b)	182,981	181,470	184,591	187,043	192,169	5.0	100.0

(continued)

Table 4.1 (continued): Mental health-related separations and patient-days, Australia, 1998–99 to 2002–03

	1998–99 ^(a)	1999–00	2000–01	2001–02	2002–03		
	Number	Number	Number	Number	Number	% change since 1998–99	% of all mental health-related
Patient-days							
Patient-days for overnight separations with specialised psychiatric care^(c)							
Public acute	873,842	927,332	964,695	1,016,394	1,052,562	20.5	35.7
Public psychiatric	1,283,108	1,153,859	706,900	1,005,287	905,491	-29.4	30.7
Private	342,690	341,265	395,879	428,266	417,141	21.7	14.2
<i>Total^{(b)(d)}</i>	<i>2,499,640</i>	<i>2,422,456</i>	<i>2,067,474</i>	<i>2,449,947</i>	<i>2,375,194</i>	<i>-5</i>	<i>80.6</i>
Patient-days for overnight separations without specialised psychiatric care							
Public acute	477,309	470,616	452,710	469,497	415,369	-13	14.1
Public psychiatric	0	12	3,075	4,767	9,616	..	0.3
Private	172,364	181,943	142,827	133,357	124,597	-27.7	4.2
<i>Total^{(b)(d)}</i>	<i>649,673</i>	<i>652,571</i>	<i>598,612</i>	<i>607,621</i>	<i>549,582</i>	<i>-15.4</i>	<i>18.7</i>
Patient-days for all overnight mental health-related separations							
Public acute	1,351,151	1,397,948	1,417,405	1,485,891	1,467,931	8.6	49.8
Public psychiatric	1,283,108	1,153,871	709,975	1,010,054	915,107	-28.7	31.1
Private	515,054	523,208	538,706	561,623	541,738	5.2	18.4
<i>Total overnight patient-days^{(b)(d)}</i>	<i>3,149,313</i>	<i>3,075,027</i>	<i>2,666,086</i>	<i>3,057,568</i>	<i>2,924,776</i>	<i>-7.1</i>	<i>99.3</i>
Total patient-days for all mental health-related separations							
Public acute	1,363,140	1,409,960	1,430,794	1,501,935	1,484,839	8.9	50.4
Public psychiatric	1,284,389	1,154,405	711,182	1,010,778	915,897	-28.7	31.1
Private	517,963	526,290	541,710	565,238	545,934	5.4	18.5
Total^{(b)(d)}	3,165,492	3,090,655	2,683,686	3,077,951	2,946,670	-6.9	100.0
Psychiatric care days^(e)							
						% change since 1999–00	
Overnight separations							
Public acute	n.p.	912,599	945,134	998,773	1,036,121	13.5	35.2
Public psychiatric	n.p.	1,117,453	706,146	988,918	886,711	-20.6	30.1
Private	n.p.	338,203	395,879	425,281	414,205	22.5	14.1
<i>Total overnight psychiatric care days^{(b)(d)}</i>	<i>n.p.</i>	<i>2,368,255</i>	<i>2,047,159</i>	<i>2,412,972</i>	<i>2,337,037</i>	<i>-1.3</i>	<i>79.3</i>
Total psychiatric care days for all mental health-related separations							
Public acute	n.p.	917,379	949,930	1,003,727	1,041,083	13.5	35.3
Public psychiatric	n.p.	1,117,987	707,324	989,549	887,359	-20.6	30.1
Private	n.p.	340,401	398,249	428,232	417,560	22.7	14.2
Total^{(b)(d)}	n.p.	2,375,767	2,055,503	2,421,508	2,346,002	-1.3	79.6

(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 3).

(b) In Tasmania some long-stay patients in public psychiatric hospitals were integrated into community mental health care services during 2000–01 and 2001–02. Consequently, the number of separations and lengths of stay for public psychiatric hospitals may be inflated.

(c) 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.

(d) Statistical discharge and readmission of long-stay patients in public psychiatric hospitals in Queensland has resulted in inflated numbers of patient-days and psychiatric care days for 1999–00 and reduced patient-days and psychiatric care days for 2000–01.

(e) Psychiatric care days represent a portion of all mental health-related patient-days. Data for 1998–99 were not reported for Western Australian hospitals, Tasmanian private hospitals or national data and are not comparable with the national data for 1999–00 or 2000–01.

.. Not applicable.

n.p. Not published.

Table 4.2: Summary of separations for residential and admitted patient mental health care, states and territories,^(a) 2002–03

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations									
Same-day separations with specialised psychiatric care									
Public acute hospitals	1,197	343	1,929	241	553	604	78	17	4,962
Public psychiatric hospitals	372	2	3	19	248	4	..	..	648
<i>Public hospitals</i>	<i>1,569</i>	<i>345</i>	<i>1,932</i>	<i>260</i>	<i>801</i>	<i>608</i>	<i>78</i>	<i>17</i>	<i>5,610</i>
Private hospitals	737	833	1,147	292	346	n.p.	n.p.	n.p.	3,355
All hospitals	2,306	1,178	3,079	552	1,147	n.p.	n.p.	n.p.	8,965
Same-day separations without specialised psychiatric care									
Public acute hospitals	2,777	6,679	830	616	911	77	15	41	11,946
Public psychiatric hospitals	142	0	0	0	0	0	..	..	142
<i>Public hospitals</i>	<i>2,919</i>	<i>6,679</i>	<i>830</i>	<i>616</i>	<i>911</i>	<i>77</i>	<i>15</i>	<i>41</i>	<i>12,088</i>
Private hospitals	133	486	85	36	20	n.p.	n.p.	n.p.	841
All hospitals	3,052	7,165	915	652	931	n.p.	n.p.	n.p.	12,929
All mental health-related same-day separations									
Public acute hospitals	3,974	7,022	2,759	857	1,464	681	93	58	16,908
Public psychiatric hospitals	514	2	3	19	248	4	..	..	790
<i>Public hospitals</i>	<i>4,488</i>	<i>7,024</i>	<i>2,762</i>	<i>876</i>	<i>1,712</i>	<i>685</i>	<i>93</i>	<i>58</i>	<i>17,698</i>
Private hospitals	870	1,319	1,232	328	366	n.p.	n.p.	n.p.	4,196
All hospitals	5,358	8,343	3,994	1,204	2,078	n.p.	n.p.	n.p.	21,894
% of same-day separations with specialised psychiatric care									
Public acute hospitals	30.1	4.9	69.9	28.1	37.8	88.7	83.9	29.3	29.3
Public psychiatric hospitals	72.4	0.0	100.0	100.0	100.0	100.0	..	..	82.0
<i>Public hospitals</i>	<i>35.0</i>	<i>4.9</i>	<i>69.9</i>	<i>29.7</i>	<i>46.8</i>	<i>88.8</i>	<i>83.9</i>	<i>29.3</i>	<i>31.7</i>
Private hospitals	84.7	63.2	93.1	89.0	94.5	n.p.	n.p.	n.p.	80.0
All hospitals	43.0	14.1	77.1	45.8	55.2	n.p.	n.p.	n.p.	40.9
Same-day separations per 1,000 population^(c)									
Public acute hospitals	0.60	1.45	0.77	0.46	0.94	1.44	0.30	0.34	0.87
Public psychiatric hospitals	0.08	0.00	0.00	0.01	0.16	0.01	..	..	0.04
<i>Public hospitals</i>	<i>0.68</i>	<i>1.45</i>	<i>0.77</i>	<i>0.47</i>	<i>1.10</i>	<i>1.45</i>	<i>0.30</i>	<i>0.33</i>	<i>0.91</i>
Private hospitals	0.13	0.27	0.34	0.17	0.24	n.p.	n.p.	n.p.	0.22
All hospitals	0.81	1.72	1.12	0.65	1.34	n.p.	n.p.	n.p.	1.13
95% confidence intervals	0.79 – 0.83	1.68 – 1.76	1.08 – 1.15	0.61 – 0.68	1.28 – 1.39	1.5 – 1.73	0.24 – 0.36	0.25 – 0.43	1.11 – 1.14

(continued)

Table 4.2 (continued): Summary of separations for residential and admitted patient mental health care, states and territories,^(a) 2002–03

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations									
Overnight separations with specialised psychiatric care									
Public acute hospitals	18,930	16,935	17,224	6,381	5,133	2,218	1,236	809	68,866
Public psychiatric hospitals	7,316	432	462	1,920	2,459	278	..	..	12,867
Private hospitals	6,396	5,796	4,832	2,694	1,878	n.p.	n.p.	n.p.	22,347
All hospitals	32,642	23,163	22,518	10,995	9,470	n.p.	n.p.	n.p.	104,080
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	26,505	18,010	17,686	8,521	7,592	3,004	1,259	809	83,386
All hospitals and public residential establishments	32,901	23,806	22,518	11,215	9,470	3,378	1,636	809	105,733
Overnight separations without specialised psychiatric care									
Public acute hospitals	19,333	13,366	7,194	6,005	7,047	1,238	207	271	54,661
Public psychiatric hospitals	913	0	0	0	0	0	..	..	913
<i>Public hospitals</i>	20,246	13,366	7,194	6,005	7,047	1,238	207	271	55,574
Private hospitals	2,457	3,041	2,604	921	793	n.p.	n.p.	n.p.	10,621
All hospitals	22,703	16,407	9,798	6,926	7,840	n.p.	n.p.	n.p.	66,195
All mental health-related overnight separations									
Public acute hospitals	38,263	30,301	24,418	12,386	12,180	3,456	1,443	1,080	123,527
Public psychiatric hospitals	8,229	432	462	1,920	2,459	278	..	..	13,780
Private hospitals	8,853	8,837	7,436	3,615	2,671	n.p.	n.p.	n.p.	32,968
All hospitals	55,345	39,570	32,316	17,921	17,310	n.p.	n.p.	n.p.	170,275
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	46,751	31,376	24,880	14,526	14,639	4,242	1,466	1,080	138,960
All hospitals and public residential establishments	55,604	40,213	32,316	18,141	17,310	5,361	1,863	1,120	171,928
% of overnight separations with specialised psychiatric care									
Public acute hospitals	49.5	55.9	70.5	51.5	42.1	64.2	85.7	74.9	55.7
Public psychiatric hospitals	88.9	100.0	100.0	100.0	100.0	100.0	..	..	93.4
Private hospitals	72.2	65.6	65.0	74.5	70.3	n.p.	n.p.	n.p.	67.8
All hospitals	59.0	58.5	69.7	61.4	54.7	n.p.	n.p.	n.p.	61.1
Public residential establishments	100.0	100.0	..	100.0	n.a.	100.0	100.0	..	100.0
Public hospitals and public residential establishments	56.7	57.4	71.1	58.7	51.9	70.8	85.9	74.9	60.0
All hospitals and public residential establishments	59.2	59.2	69.7	61.8	54.7	63.0	87.8	72.2	61.5

(continued)

Table 4.2 (continued): Summary of separations for residential and admitted patient mental health care, states and territories,^(a) 2002–03

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations per 1,000 population^(c)									
Public acute hospitals	5.8	6.2	6.8	6.6	8.0	7.5	4.5	5.7	6.4
Public psychiatric hospitals	1.3	0.1	0.1	1.0	1.6	0.6	..	..	0.7
Public hospitals	7.1	6.3	6.9	7.6	9.6	8.1	4.5	5.6	7.1
Private hospitals	1.3	1.8	2.1	1.9	1.7	n.p.	n.p.	n.p.	1.7
All hospitals	8.4	8.2	9.0	9.5	11.3	n.p.	n.p.	n.p.	8.8
95% confidence intervals	8.3 – 8.5	8.1 – 8.2	8.9 – 9.1	9.4 – 9.7	11.1 – 11.5	10.1 – 10.7	5.5 – 6.1	5.6 – 6.3	8.7 – 8.8
Public residential establishments	0.0	0.1	..	0.1	n.a.	1.1	0.1	..	0.1
Public hospitals and public residential establishments	7.1	6.5	6.9	7.7	9.6	9.2	4.6	5.6	7.2
All hospitals and public residential establishments	8.4	8.3	9.0	9.6	11.3	11.5	5.9	5.9	8.9
Total separations									
Separations with specialised psychiatric care									
Public acute hospitals	20,127	17,278	19,153	6,622	5,686	2,822	1,314	826	73,828
Public psychiatric hospitals	7,688	434	465	1,939	2,707	282	..	..	13,515
Private hospitals	7,133	6,629	5,979	2,986	2,224	n.p.	n.p.	n.p.	25,702
All hospitals	34,948	24,341	25,597	11,547	10,617	n.p.	n.p.	n.p.	113,045
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	28,074	18,355	19,618	8,781	8,393	3,612	1,337	826	88,996
All hospitals and public residential establishments	35,207	24,984	25,597	11,767	10,617	3,986	1,714	826	114,698
Separations with specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	3.1	3.6	5.3	3.5	3.8	6.1	4.0	4.2	3.8
Public psychiatric hospitals	1.2	0.1	0.1	1.0	1.8	0.6	..	..	0.7
Public hospitals	4.2	3.7	5.4	4.5	5.6	6.8	4.0	4.2	4.5
Private hospitals	1.1	1.4	1.7	1.6	1.4	n.p.	n.p.	n.p.	1.3
All hospitals	5.3	5.0	7.1	6.1	7.0	n.p.	n.p.	n.p.	5.8
95% confidence intervals	5.3 – 5.4	5 – 5.1	7 – 7.2	6 – 6.2	6.9 – 7.1	7.3 – 7.8	4.9 – 5.4	3.9 – 4.5	5.8 – 5.9
Public residential establishments	0.0	0.1	..	0.1	n.a.	1.1	0.1	..	0.1
Public hospitals and public residential establishments	4.3	3.8	5.4	4.6	5.6	7.8	4.1	4.2	4.6
All hospitals and public residential establishments	5.4	5.2	7.1	6.2	7.0	8.6	5.3	4.2	5.9
Separations without specialised psychiatric care									
Public acute hospitals	22,110	20,045	8,024	6,621	7,958	1,315	222	312	66,607
Public psychiatric hospitals	1,055	0	0	0	0	0	..	..	1,055
Public hospitals	23,165	20,045	8,024	6,621	7,958	1,315	222	312	67,662
Private hospitals	2,590	3,527	2,689	957	813	n.p.	n.p.	n.p.	11,462
All hospitals	25,755	23,572	10,713	7,578	8,771	n.p.	n.p.	n.p.	79,124

(continued)

Table 4.2 (continued): Summary of separations for residential and admitted patient mental health care, states and territories,^(a) 2002-03

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Separations without specialised psychiatric care per 1,000 population^(c)									
Public acute hospitals	3.3	4.1	2.2	3.6	5.1	2.8	0.7	1.8	3.4
Private hospitals	0.4	0.7	0.8	0.5	0.5	n.p.	n.p.	n.p.	0.6
All hospitals ^(d)	3.9	4.9	3.0	4.1	5.6	n.p.	n.p.	n.p.	4.1
95% confidence intervals	3.8 – 3.9	4.8 – 4.9	2.9 – 3.1	4 – 4.2	5.5 – 5.7	4.3 – 4.7	0.7 – 0.9	1.8 – 2.2	4 – 4.1
% of separations with specialised psychiatric care									
Public acute hospitals	47.7	46.3	70.5	50.0	41.7	68.2	85.5	72.6	52.6
Public psychiatric hospitals	87.9	100.0	100.0	100.0	100.0	100.0	..	..	92.8
Private hospitals	73.4	65.3	69.0	75.7	73.2	n.p.	n.p.	n.p.	69.2
All hospitals	57.6	50.8	70.5	60.4	54.8	n.p.	n.p.	n.p.	58.8
Public residential establishments	100.0	100.0	..	100.0	n.a.	100.0	100.0	..	100.0
Public hospitals and public residential establishments	54.8	47.8	71.0	57.0	51.3	73.3	85.8	72.6	56.8
All hospitals and public residential establishments	57.8	51.5	70.5	60.8	54.8	65.1	87.6	70.1	59.2
Total separations									
Public acute hospitals	42,237	37,323	27,177	13,243	13,644	4,137	1,536	1,138	140,435
Public psychiatric hospitals	8,743	434	465	1,939	2,707	282	..	..	14,570
Private hospitals	9,723	10,156	8,668	3,943	3,037	n.p.	n.p.	n.p.	37,164
All hospitals	60,703	47,913	36,310	19,125	19,388	n.p.	n.p.	n.p.	192,169
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	51,239	38,400	27,642	15,402	16,351	4,927	1,559	1,138	156,658
All hospitals and public residential establishments	60,962	48,556	36,310	19,345	19,388	6,126	1,956	1,179	193,822
Total separations per 1,000 population^(c)									
Public acute hospitals	6.4	7.7	7.6	7.0	8.9	8.9	4.8	6.0	7.2
Public psychiatric hospitals	1.3	0.1	0.1	1.0	1.8	0.6	..	..	0.8
Public hospitals	7.7	7.8	7.7	8.1	10.7	9.5	4.8	6.0	8.0
Private hospitals	1.5	2.1	2.4	2.1	1.9	n.p.	n.p.	n.p.	1.9
All hospitals	9.2	9.9	10.1	10.2	12.6	n.p.	n.p.	n.p.	9.9
95% confidence intervals	9.1 – 9.3	9.8 – 10	10 – 10.2	10 – 10.3	12.5 – 12.8	11.7 – 12.4	5.8 – 6.4	5.9 – 6.7	9.9 – 9.9
Public residential establishments	0.0	0.1	..	0.1	n.a.	1.1	0.1	..	0.1
Public hospitals and public residential establishments	7.8	7.9	7.7	8.2	10.7	10.6	4.9	6.0	8.1
All hospitals and public residential establishments	9.2	10.0	10.1	10.3	12.6	13.1	6.2	6.3	10.0

(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. Ambulatory-equivalent hospital separations are excluded.

(b) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(c) All rates except for those for public community mental health care establishments are directly age-standardised to the estimated resident population of Australia on 30 June 2001. Rates for public community mental health care establishments are crude rates based on the estimated resident population of 31 December 2002.

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

Table 4.3: Summary of patient-days for admitted patient mental health care,^(a) states and territories,^(b) 2002–03

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations									
Patient days for overnight separations with specialised psychiatric care									
Public acute hospitals	298,044	298,266	234,381	104,623	68,985	25,495	13,939	8,829	1,052,562
Public psychiatric hospitals	349,157	33,909	335,521	75,351	94,188	17,365	..	..	905,491
<i>Public hospitals</i>	<i>647,201</i>	<i>332,175</i>	<i>569,902</i>	<i>179,974</i>	<i>163,173</i>	<i>42,860</i>	<i>13,939</i>	<i>8,829</i>	<i>1,958,053</i>
Private hospitals	123,746	105,881	95,711	48,491	31,562	n.p.	n.p.	n.p.	417,141
All hospitals	770,947	438,056	665,613	228,465	194,735	n.p.	n.p.	n.p.	2,375,194
Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring within 2002–03^(d)									
Public acute hospitals	87.1	89.8	90.7	90.7	96.2	85.4	95.9	96.4	89.8
Public psychiatric hospitals	40.8	50.2	10.8	68.4	66.2	56.7	..	..	35.3
Private hospitals	94.7	94.6	92.2	94.5	95.5	n.p.	n.p.	n.p.	94.1
All hospitals	67.3	87.9	50.7	84.1	81.6	n.p.	n.p.	n.p.	69.8
Psychiatric care days for overnight separations with specialised psychiatric care									
Public acute hospitals	288,706	298,266	231,047	101,259	68,985	25,495	13,697	8,666	1,036,121
Public psychiatric hospitals	346,156	18,130	335,521	75,351	94,188	17,365	..	..	886,711
<i>Public hospitals</i>	<i>634,862</i>	<i>316,396</i>	<i>566,568</i>	<i>176,610</i>	<i>163,173</i>	<i>42,860</i>	<i>13,697</i>	<i>8,666</i>	<i>1,922,832</i>
Private hospitals	121,927	105,881	95,245	48,025	31,562	n.p.	n.p.	n.p.	414,205
All hospitals	756,789	422,277	661,813	224,635	194,735	n.p.	n.p.	n.p.	2,337,037
% psychiatric care days per overnight mental health-related patient day									
Public acute hospitals	96.9	100.0	98.6	96.8	100.0	100.0	98.3	98.2	98.4
Public psychiatric hospitals	99.1	53.5	100.0	100.0	100.0	100.0	..	..	97.9
Private hospitals	98.5	100.0	99.5	99.0	100.0	n.p.	n.p.	n.p.	99.3
All hospitals	98.2	96.4	99.4	98.3	100.0	n.p.	n.p.	n.p.	98.4
Patient days for overnight separations without specialised psychiatric care									
Public acute hospitals	160,401	102,150	48,123	42,233	45,588	13,595	2,082	1,197	415,369
Public psychiatric hospitals	9,616	0	0	0	0	0	..	..	9,616
<i>Public hospitals</i>	<i>170,017</i>	<i>102,150</i>	<i>48,123</i>	<i>42,233</i>	<i>45,588</i>	<i>13,595</i>	<i>2,082</i>	<i>1,197</i>	<i>424,985</i>
Private hospitals	34,890	30,968	33,354	8,722	7,291	n.p.	n.p.	n.p.	124,597
All hospitals	204,907	133,118	81,477	50,955	52,879	n.p.	n.p.	n.p.	549,582
Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring within 2002–03^(d)									
Public acute hospitals	84.2	91.9	88.3	83.8	96.7	71.8	93.6	99.3	87.6
Private hospitals	95.7	94.8	94.6	98.3	98.7	n.p.	n.p.	n.p.	95.4
All hospitals	85.9	92.6	90.9	86.3	97.0	n.p.	n.p.	n.p.	89.2

(continued)

Table 4.3 (continued): Summary of patient-days for admitted patient mental health care,^(a) states and territories,^(b) 2002-03

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Total patient days for all mental health-related overnight separations									
Public acute hospitals	458,445	400,416	282,504	146,856	114,573	39,090	16,021	10,026	1,467,931
Public psychiatric hospitals	358,773	33,909	335,521	75,351	94,188	17,365	..	..	915,107
<i>Public hospitals</i>	<i>817,218</i>	<i>434,325</i>	<i>618,025</i>	<i>222,207</i>	<i>208,761</i>	<i>56,455</i>	<i>16,021</i>	<i>10,026</i>	<i>2,383,038</i>
Private hospitals	158,636	136,849	129,065	57,213	38,853	n.p.	n.p.	n.p.	541,738
All hospitals	975,854	571,174	747,090	279,420	247,614	n.p.	n.p.	n.p.	2,924,776
Estimated proportion of patient days for all mental health-related overnight separations occurring within 2002-03^(d)									
Public acute hospitals	86.1	90.4	90.3	88.7	96.4	80.7	95.6	96.7	89.2
Public psychiatric hospitals	41.7	50.2	10.8	68.4	66.2	56.7	..	..	35.7
Private hospitals	94.9	94.7	92.8	95.1	96.1	n.p.	n.p.	n.p.	94.4
All hospitals	71.2	89.0	55.0	84.5	84.9	n.p.	n.p.	n.p.	73.4
% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	63.0	74.5	81.8	69.0	60.2	65.2	85.5	86.4	70.6
Public psychiatric hospitals	96.5	53.5	100.0	100.0	100.0	100.0	..	..	96.9
<i>Public hospitals</i>	<i>77.7</i>	<i>72.8</i>	<i>91.7</i>	<i>79.5</i>	<i>78.2</i>	<i>75.9</i>	<i>85.5</i>	<i>86.4</i>	<i>80.7</i>
Private hospitals	76.9	77.4	73.8	83.9	81.2	n.p.	n.p.	n.p.	76.5
All hospitals	77.6	73.9	88.6	80.4	78.6	n.p.	n.p.	n.p.	79.9
Patient days for all mental health-related overnight separations per 1,000 population^(e)									
Public acute hospitals	69.2	82.2	79.6	79.5	72.9	82.7	53.0	59.9	75.6
Public psychiatric hospitals	54.6	7.0	93.5	39.9	62.4	38.0	..	..	48.5
<i>Public hospitals</i>	<i>123.7</i>	<i>89.3</i>	<i>173.4</i>	<i>119.3</i>	<i>134.9</i>	<i>121.0</i>	<i>51.5</i>	<i>56.3</i>	<i>122.8</i>
Private hospitals	24.0	28.2	36.1	30.7	24.7	n.p.	n.p.	n.p.	27.9
All hospitals	147.7	117.5	209.5	150.1	159.5	n.p.	n.p.	n.p.	150.7
95% confidence intervals	147.4 – 148.0	117.2 – 117.9	209.0 – 210.0	149.5 – 150.6	158.9 – 160.2	151.1 – 153.3	69.6 – 71.5	57.8 – 60.1	150.6 – 150.9
Total separations									
Patient days for separations with specialised psychiatric care									
Public acute hospitals	299,241	298,609	236,310	104,864	69,538	26,099	14,017	8,846	1,057,524
Public psychiatric hospitals	349,529	33,911	335,524	75,370	94,436	17,369	..	..	906,139
<i>Public hospitals</i>	<i>648,770</i>	<i>332,520</i>	<i>571,834</i>	<i>180,234</i>	<i>163,974</i>	<i>43,468</i>	<i>14,017</i>	<i>8,846</i>	<i>1,963,663</i>
Private hospitals	124,483	106,714	96,858	48,783	31,908	n.p.	n.p.	n.p.	420,496
All hospitals	773,253	439,234	668,692	229,017	195,882	n.p.	n.p.	n.p.	2,384,159

(continued)

Table 4.3 (continued): Summary of patient-days for admitted patient mental health care,^(a) states and territories,^(b) 2002–03

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Total separations									
Patient days for separations with specialised psychiatric care per 1,000 population^(e)									
Public acute hospitals	45.4	61.5	66.0	55.9	45.4	56.2	44.1	47.6	54.5
Public psychiatric hospitals	53.2	7.0	93.5	39.9	62.5	38.0	..	..	48.0
<i>Public hospitals</i>	<i>98.5</i>	<i>68.6</i>	<i>159.5</i>	<i>95.8</i>	<i>107.7</i>	<i>94.3</i>	<i>43.7</i>	<i>46.5</i>	<i>101.2</i>
Private hospitals	18.9	22.1	27.0	26.0	20.6	n.p.	n.p.	n.p.	21.7
All hospitals	117.4	90.6	186.5	121.7	128.2	n.p.	n.p.	n.p.	122.9
95% confidence intervals	117.2 – 117.7	90.3 – 90.9	186 – 186.9	121.2 – 122.2	127.6 – 128.8	106 – 107.9	60.6 – 62.3	46.1 – 48	122.7 – 123
Estimated proportion of patient days for separations with specialised psychiatric care occurring within 2002–03^(d)									
Public acute hospitals	86.8	89.8	90.1	90.5	95.5	83.8	95.4	96.2	89.4
Public psychiatric hospitals	40.8	50.2	10.8	68.4	66.1	56.7	..	..	35.3
Private hospitals	94.2	93.9	91.2	93.9	94.5	n.p.	n.p.	n.p.	93.4
All hospitals	67.2	87.7	50.6	84.0	81.2	n.p.	n.p.	n.p.	69.6
Psychiatric care days for all mental health-related separations									
Public acute hospitals	289,903	298,609	232,976	101,500	69,538	26,099	13,775	8,683	1,041,083
Public psychiatric hospitals	346,528	18,132	335,524	75,370	94,436	17,369	..	..	887,359
<i>Public hospitals</i>	<i>636,431</i>	<i>316,741</i>	<i>568,500</i>	<i>176,870</i>	<i>163,974</i>	<i>43,468</i>	<i>13,775</i>	<i>8,683</i>	<i>1,928,442</i>
Private hospitals	122,664	106,714	96,392	48,317	31,908	n.p.	n.p.	n.p.	417,560
All hospitals	759,095	423,455	664,892	225,187	195,882	n.p.	n.p.	n.p.	2,346,002
Psychiatric care days for all mental health-related separations per 1,000 population^(e)									
Public acute hospitals	44.0	61.5	65.1	54.1	45.4	56.2	43.3	46.7	53.6
Public psychiatric hospitals	52.7	3.7	93.5	39.9	62.5	38.0	..	..	47.0
<i>Public hospitals</i>	<i>96.4</i>	<i>65.3</i>	<i>158.5</i>	<i>93.9</i>	<i>107.6</i>	<i>94.2</i>	<i>42.9</i>	<i>45.6</i>	<i>99.3</i>
Private hospitals	18.6	22.1	26.8	25.7	20.6	n.p.	n.p.	n.p.	21.5
All hospitals	115.3	87.4	185.4	119.7	128.2	n.p.	n.p.	n.p.	120.9
95% confidence intervals	115 – 115.5	87.1 – 87.6	185 – 185.9	119.2 – 120.2	127.7 – 128.8	106.1 – 108	59.2 – 60.9	45.2 – 47.1	120.8 – 121.1
Patient days for all mental health-related separations without specialised psychiatric care									
Public acute hospitals	163,178	108,829	48,953	42,849	46,499	13,672	2,097	1,238	427,315
Private hospitals	35,023	31,454	33,439	8,758	7,311	n.p.	n.p.	n.p.	125,438
All hospitals ^(f)	207,959	140,283	82,392	51,607	53,810	n.p.	n.p.	n.p.	562,511
Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population^(e)									
Public acute hospitals	24.3	22.1	14.1	24.2	27.9	27.7	8.0	10.1	22.0
Private hospitals	5.3	6.4	9.5	4.9	4.5	n.p.	n.p.	n.p.	6.5
All hospitals ^(f)	31.0	28.6	23.7	29.0	32.5	n.p.	n.p.	n.p.	29.0
95% confidence intervals	30.9 – 31.2	28.4 – 28.7	23.5 – 23.8	28.7 – 29.2	32.2 – 32.8	45.3 – 46.5	8.3 – 9	12.1 – 13.3	28.9 – 29.0

(continued)

Table 4.3 (continued): Summary of patient-days for admitted patient mental health care,^(a) states and territories,^(b) 2002–03

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Estimated proportion of patient days for separations without specialised psychiatric care occurring within 2002–03^(d)									
Public acute hospitals	83.1	87.1	87.1	82.8	94.9	71.6	93.0	96.2	85.6
Private hospitals	95.4	93.4	94.4	97.9	98.5	n.p.	n.p.	n.p.	94.8
All hospitals ^(f)	84.8	88.5	90.0	85.4	95.4	n.p.	n.p.	n.p.	87.4
Patient days for all mental health-related separations									
Public acute hospitals	462,419	407,438	285,263	147,713	116,037	39,771	16,114	10,084	1,484,839
Public psychiatric hospitals	359,287	33,911	335,524	75,370	94,436	17,369	..	..	915,897
<i>Public hospitals</i>	<i>821,706</i>	<i>441,349</i>	<i>620,787</i>	<i>223,083</i>	<i>210,473</i>	<i>57,140</i>	<i>16,114</i>	<i>10,084</i>	<i>2,400,736</i>
Private hospitals	159,506	138,168	130,297	57,541	39,219	n.p.	n.p.	n.p.	545,934
All hospitals	981,212	579,517	751,084	280,624	249,692	n.p.	n.p.	n.p.	2,946,670
% of patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	62.7	73.3	81.7	68.7	59.9	65.6	85.5	86.1	70.1
Public psychiatric hospitals	96.4	53.5	100.0	100.0	100.0	100.0	..	..	96.9
<i>Public hospitals</i>	<i>77.5</i>	<i>71.8</i>	<i>91.6</i>	<i>79.3</i>	<i>77.9</i>	<i>76.1</i>	<i>85.5</i>	<i>86.1</i>	<i>80.3</i>
Private hospitals	76.9	77.2	74.0	84.0	81.4	n.p.	n.p.	n.p.	76.5
All hospitals	77.4	73.1	88.5	80.2	78.4	n.p.	n.p.	n.p.	79.6
Patient days per 1,000 population^(e)									
Public acute hospitals	69.8	83.6	80.4	80.0	73.8	84.2	53.3	60.3	76.5
Public psychiatric hospitals	54.6	7.0	93.5	39.9	62.5	38.0	0.0	0.0	48.5
<i>Public hospitals</i>	<i>124.4</i>	<i>90.8</i>	<i>174.2</i>	<i>119.8</i>	<i>136.0</i>	<i>122.4</i>	<i>51.8</i>	<i>56.6</i>	<i>123.7</i>
Private hospitals	24.1	28.5	36.5	30.9	25.0	n.p.	n.p.	n.p.	28.1
All hospitals	148.5	119.3	210.6	150.7	160.9	n.p.	n.p.	n.p.	151.9
95% confidence intervals	148.2 – 148.8	119.0 – 119.6	210.2 – 211.1	150.1 – 151.3	160.2 – 161.5	152.7 – 155.0	69.9 – 71.8	58.2 – 60.5	151.7 – 152.0
Estimated proportion of patient days for all mental health-related separations occurring within 2002–03^(d)									
Public acute hospitals	86.2	90.5	90.4	88.8	96.5	81.0	95.6	96.8	89.3
Public psychiatric hospitals	41.8	50.2	10.8	68.4	66.3	56.7	..	..	35.8
Private hospitals	95.0	94.7	92.9	95.1	96.2	n.p.	n.p.	n.p.	94.5
All hospitals	71.4	89.2	55.3	84.6	85.0	n.p.	n.p.	n.p.	73.6

(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. Ambulatory-equivalent hospital separations are excluded.

(c) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(d) See Appendix 4 of Mental Health Services in Australia 1999–00 for details on the estimation process (AIHW 2002a).

(e) All rates are directly age-standardised to the Estimated Resident Population of Australia on 30 June 2001.

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

Table 4.4: Separations, patient-days and psychiatric care days for separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2002-03

			Separations			Patient-days	ALOS (overnight)	Psychiatric care days
		Same-day	Overnight	Total				
<i>With specialised psychiatric care</i>								
with mental health-related principal diagnosis	with mental health-related additional diagnosis	1,754	50,841	52,595	1,010,407	19.8	1,002,268	
	without mental health-related additional diagnosis	6,836	46,864	53,700	1,187,580	25.2	1,164,877	
without mental health-related principal diagnosis	with mental health-related additional diagnosis	295	3,706	4,001	147,569	39.7	142,404	
	without mental health-related additional diagnosis	80	2,669	2,749	38,603	14.4	36,453	
<i>Total with specialised care</i>			<i>8,965</i>	<i>104,080</i>	<i>113,045</i>	<i>2,384,159</i>	<i>22.8</i>	<i>2,346,002</i>
<i>Without specialised psychiatric care</i>								
with mental health-related principal diagnosis	with mental health-related additional diagnosis	2,611	28,421	31,032	249,164	8.7	..	
	without mental health-related additional diagnosis	10,318	37,774	48,092	313,347	8.0	..	
without mental health-related principal diagnosis	with mental health-related additional diagnosis ^(a)	46,133	211,222	257,355	2,565,260	11.9	..	
<i>Total without specialised care</i>			<i>59,062</i>	<i>277,417</i>	<i>336,479</i>	<i>3,127,771</i>	<i>11.1</i>	<i>..</i>
Total								
with mental health-related principal diagnosis	with mental health-related additional diagnosis	4,365	79,262	83,627	1,259,571	15.8	1,002,268	
	without mental health-related additional diagnosis	17,154	84,638	101,792	1,500,927	17.5	1,164,877	
without mental health-related principal diagnosis	with mental health-related additional diagnosis	46,428	214,928	261,356	2,712,829	12.4	142,404	
	without mental health-related additional diagnosis	80	2,669	2,749	38,603	14.4	36,453	
Total			68,027	381,497	449,524	5,511,930	14.3	2,346,002

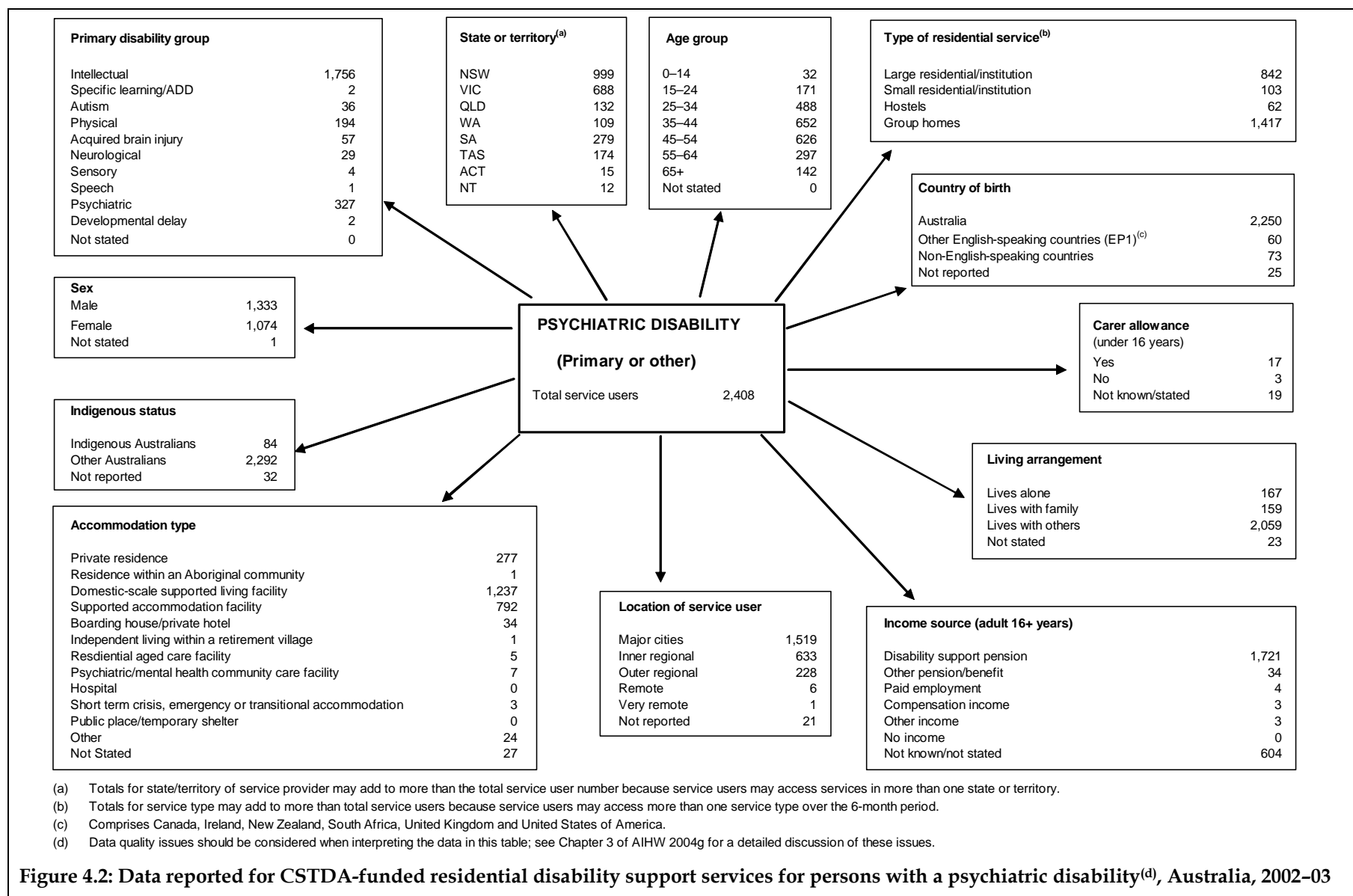
(a) These separations are excluded from the definition of a mental health-related separation for this report (see Appendix 3).

.. Not applicable.

Table 4.5: Separations, patient days and psychiatric care days for mental health-related separations by, principal diagnosis in ICD-10-AM chapter groupings, Australia, 2002-03

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 and parasitic diseases	0	38	38	<0.01	433	412	11.4	10.8	0.02	0.02
C00–D48	Neoplasms	5	130	135	<0.01	1,425	1,082	10.9	8.3	0.07	0.06
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0	40	40	<0.01	206	191	5.2	4.8	0.01	<0.01
E00–E90	Endocrine nutritional and metabolic diseases	1	101	102	<0.01	1,568	1,200	15.5	11.9	0.08	0.06
F00–F99	Mental and behavioural disorders	8,566	96,233	104,799	5.40	2,138,246	2,107,923	22.1	21.8	110.14	108.58
G00–G99	Diseases of the nervous system	4	1,120	1,124	0.06	66,025	65,307	58.9	58.3	3.40	3.36
H00–H59	Diseases of the eye and adnexa	0	4	4	<0.01	22	22	5.5	5.5	<0.01	<0.01
H60–H95	Diseases of the ear and mastoid process	0	12	12	<0.01	44	41	3.7	3.4	<0.01	<0.01
I00–I99	Diseases of the circulatory system	2	271	273	0.01	3,328	2,503	12.3	9.2	0.17	0.13
J00–J99	Diseases of the respiratory system	1	332	333	0.02	5,503	4,946	16.6	14.9	0.28	0.25
K00–K93	Diseases of the digestive system	11	417	428	0.02	2,100	1,714	5.0	4.1	0.11	0.09
L00–L99	Diseases of the skin and subcutaneous tissue	1	94	95	<0.01	878	801	9.3	8.5	0.05	0.04
M00–M99	Diseases of the musculoskeletal system and connective tissue	0	191	191	<0.01	1,620	1,243	8.5	6.5	0.08	0.06
N00–N99	Diseases of the genitourinary system	1	140	141	<0.01	1,218	1,011	8.7	7.2	0.06	0.05
O00–O99	Pregnancy, childbirth and the puerperium	5	103	108	<0.01	1,402	1,247	13.6	12.1	0.07	0.06
P00–P96	Certain conditions originating in the perinatal period	0	1	1	<0.01	19	19	19.0	19.0	<0.01	<0.01
Q00–Q99	Congenital malformations, deformations and chromosomal	0	10	10	<0.01	1,147	1,147	114.7	114.7	0.06	0.06
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	14	373	387	0.02	4,638	4,473	12.4	12.0	0.24	0.23
S00–T98	Injury, poisoning and certain other consequences of external causes	64	2,605	2,669	0.14	22,172	19,670	8.5	7.5	1.14	1.01
Z00–Z99	Factors influencing health status and contact with health services	290	1,789	2,079	0.11	127,595	126,740	71.2	70.7	6.57	6.53
	Not reported	0	76	76	<0.01	4,570	4,310	60.1	56.7	0.24	0.22
<i>Total with specialised psychiatric care</i>		<i>8,965</i>	<i>104,080</i>	<i>113,045</i>	<i>5.82</i>	<i>2,384,159</i>	<i>2,346,002</i>	<i>22.8</i>	<i>22.5</i>	<i>122.81</i>	<i>120.85</i>
Without specialised psychiatric care											
F00–F99	Mental and behavioural disorders	12,591	56,315	68,906	3.55	475,567	..	8.2	..	24.50	..
G00–G99	Diseases of the nervous system	78	6,504	6,582	0.34	70,108	..	10.8	..	3.61	..
O00–O99	Pregnancy, childbirth and the puerperium	111	1,788	1,899	0.10	7,127	..	3.9	..	0.37	..
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	78	472	550	0.03	2,454	..	5.0	..	0.13	..
Z00–Z99	Factors influencing health status and contact with health services	71	1,116	1,187	0.06	7,255	..	6.4	..	0.37	..
<i>Total without specialised psychiatric care</i>		<i>12,929</i>	<i>66,195</i>	<i>79,124</i>	<i>4.08</i>	<i>562,511</i>	<i>..</i>	<i>8.3</i>	<i>..</i>	<i>28.98</i>	<i>..</i>
Total		21,894	170,275	192,169	9.90	2,946,670	..	17.2	..	151.79	..

(a) Rates are crude rates based on the estimated resident population of Australia as at 31 December 2002.
.. Not applicable.



5 Specialised admitted patient mental health care

This chapter describes the provision by hospitals of admitted-patient care that includes specialised psychiatric care, using data from the National Hospital Morbidity Database. Separations are defined as having specialised psychiatric care if the patient is reported as having one or more days in a specialised psychiatric unit (also referred to as a designated psychiatric unit) of an acute care hospital or of a public psychiatric hospital. The separations with specialised psychiatric care reported in this chapter exclude same-day separations that were identified as ambulatory-equivalent mental health-related hospital separations (see Appendix 2 for further information). Data on ambulatory-equivalent separations are presented in chapter 3.

This chapter contains a substantial amount of data on separations with specialised psychiatric care. Key data are located on the following pages:

- Information on patient demographics is presented on pages 110–120;
- Principal diagnosis data are presented on pages 121–139;
- Information on Australian Refined Diagnosis Related Groups is presented on pages 140–141;
- Procedure data are found on pages 141–149; and
- Data on admission and separation modes and care type are presented on pages 150–156.

A national overview of mental health-related separations (both with and without specialised psychiatric care) and residential care can be found in chapter 4. Information on mental health-related separations without specialised psychiatric care is presented in chapter 6.

5.1 Overview

This section presents a brief overview of the data available on separations with specialised psychiatric care for 2002–03 (Figure 5.1). There were a total of 113,045 separations that included specialised psychiatric care. The total number of patient-days was 2,384,159, including 2,346,002 days of specialised psychiatric care. The average length of stay was 21.1 days. The majority of patients (61.1%) had a mental health legal status of *Voluntary*. Approximately 74.9% of separations had a funding source of *Public patient* and 19.9% reported a funding source of *Private health insurance*.

Female patients accounted for 51.8% of mental health-related separations with specialised psychiatric care, and 44.6% of patients were in the 25–44 age group. Over three-quarters of these separations (77.3%) were in the public sector and most patients (93.2%) had a care type of *Acute care*. A large proportion of patients (84.2%) had a separation mode of *Other*, suggesting that patients went home after separation from the hospital. *Schizophrenia* (F20) was the most common group of principal diagnoses. The most common procedure performed was *Generalised allied health interventions* (Block 1916) followed by *Cerebral anaesthesia* (Block 1910),

and the most commonly reported AR-DRG was *Major affective disorders age less than 70 without catastrophic or severe complications or comorbidities* (U63B).

5.2 Patient demographics

This section presents demographic data collected for separations with specialised psychiatric care for 2002–03. These data reflect the level of utilisation of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>

Age and sex

Table 5.1 presents the age and sex distribution of mental health-related separations with specialised psychiatric care. There were 54,412 separations reported for male patients and 58,609 for female patients. Despite this, there were more patient-days reported for male patients, 1,259,586 days compared with 1,122,955 days for female patients. Patients who received specialised psychiatric care were most likely between 25 and 34 years, which accounted for 24.0% of separations for both males and females.

Mental health legal status

Mental health legal status reported for separations with specialised psychiatric care from 1998–99 to 2002–03 by hospital sector is illustrated in Table 5.2. Overall, there were fluctuations in the proportions of separations in each of the mental health legal status categories during this period. There was a 44.2% decrease in the proportion of separations in the ‘Not reported’ category, from 11.7% in 1998–99 to 6.5% of separations in 2002–03. During the same period there was a corresponding increase in the proportion with a mental health legal status of voluntary (from 57.3% to 61.1%) and a small increase in involuntary separations.

Across hospital sectors, excluding ‘Not reported’ separations, the greater change was observed in voluntary separations in public psychiatric hospitals (a 32.2% increase in the 5-year period), from 37.3% of specialised psychiatric care separations in 1998–99 to 49.4% in 2002–03. This corresponded with a decrease in separations with a mental health legal status of ‘Not reported’ from 12.4% in 1998–99 to zero in 2002–03. This trend was similar in the private hospital sector where the proportions of ‘Not reported’ separations dropped by 28.0% in the 5-year period and voluntary separations increased by 18.2%. A different pattern was evident in public acute hospitals where the proportion of voluntary separations decreased by 4.2% over the period (although the actual numbers of separations increased) and the proportion of involuntary separations increased by 12.9%.

The relatively high number of separations with unreported mental health legal status can obscure trends and should be taken into consideration when analysing the data.

The proportion of separations with specialised psychiatric care for which involuntary mental health legal status was recorded was different for male and female patients. In 2002–03, for male patients, 38.7% of separations had an involuntary status reported, whereas 26.6% of separations for female patients were involuntary (Table 5.3). Male patients had a larger

proportion of separations with an involuntary status than female patients for every age group except the under 15 years age group.

Table 5.4 outlines the mental health legal status reported for separations with specialised psychiatric care by hospital type during 2002–03. The data on mental health legal status are 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. Private hospitals in New South Wales, Victoria and South Australia do not have beds gazetted for use by involuntary patients. For all private hospital separations, *Mental health legal status* was recorded as ‘Not reported’ in Victoria. Therefore caution should be used in the interpretation of these data.

The mental health legal status recorded for separations with specialised psychiatric care from public psychiatric hospitals was more often involuntary (50.6%) than separations from public acute (40.1%) and private hospitals (0.8%).

Area of usual residence

Table 5.5 reports the number of separations by the patient’s state or territory and Remoteness Area of usual residence. Generally, there were fewer specialised separations per 1,000 population for patients whose residential area was a remote or outer regional area than for patients from major cities and inner regional areas. There were 5.8 separations per 1,000 population for patients from major cities compared with 5.9 from inner regional areas, 4.3 from outer regional areas, 3.0 from remote areas and 2.7 from very remote areas.

Figure 1.14 presents the number of overnight separations with and without specialised psychiatric care per 1,000 population by Remoteness Area.

Aboriginal and Torres Strait Islander peoples

Table 5.6 presents the number of mental health-related separations with specialised psychiatric care, patient-days and psychiatric care days by Indigenous status for 2002–03. Indigenous Australians include Aboriginal and/or Torres Strait Islander peoples (see Glossary). The quality of data on Aboriginal and Torres Strait Islander status varies by jurisdiction, and so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 2002–03* (AIHW 2004d).

There were 10.0 separations with specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander peoples compared with 5.6 for other Australians. The rates for overnight separations with specialised psychiatric care followed the same pattern as for total separations and are presented in Figure 1.15.

In major cities, the proportion of separations for Aboriginal and Torres Strait Islander peoples that included specialised psychiatric care was slightly larger compared with other Australians (1,655 (65.5%) and 74,049 (64.1%) of mental health-related separations, respectively; see Tables 5.6 and 6.3). However, in regional and remote areas the proportion of separations for Aboriginal and Torres Strait Islander peoples that included specialised psychiatric care was lower than for other Australians. In inner regional areas, Aboriginal and Torres Strait Islander peoples received specialised psychiatric care during 807 (54.2%) of mental health-related separations compared with 21,767 (55.8%) for other Australians. Similarly, Aboriginal and Torres Strait Islander peoples residing in remote areas received less specialised psychiatric

care (21.9% of mental health-related separations) than other Australians (25.9% of mental health-related separations).

The average length of stay for overnight separations with specialised psychiatric care for patients identified as Aboriginal or Torres Strait Islander patients was 20.6 days compared with 22.9 patient-days for other Australians.

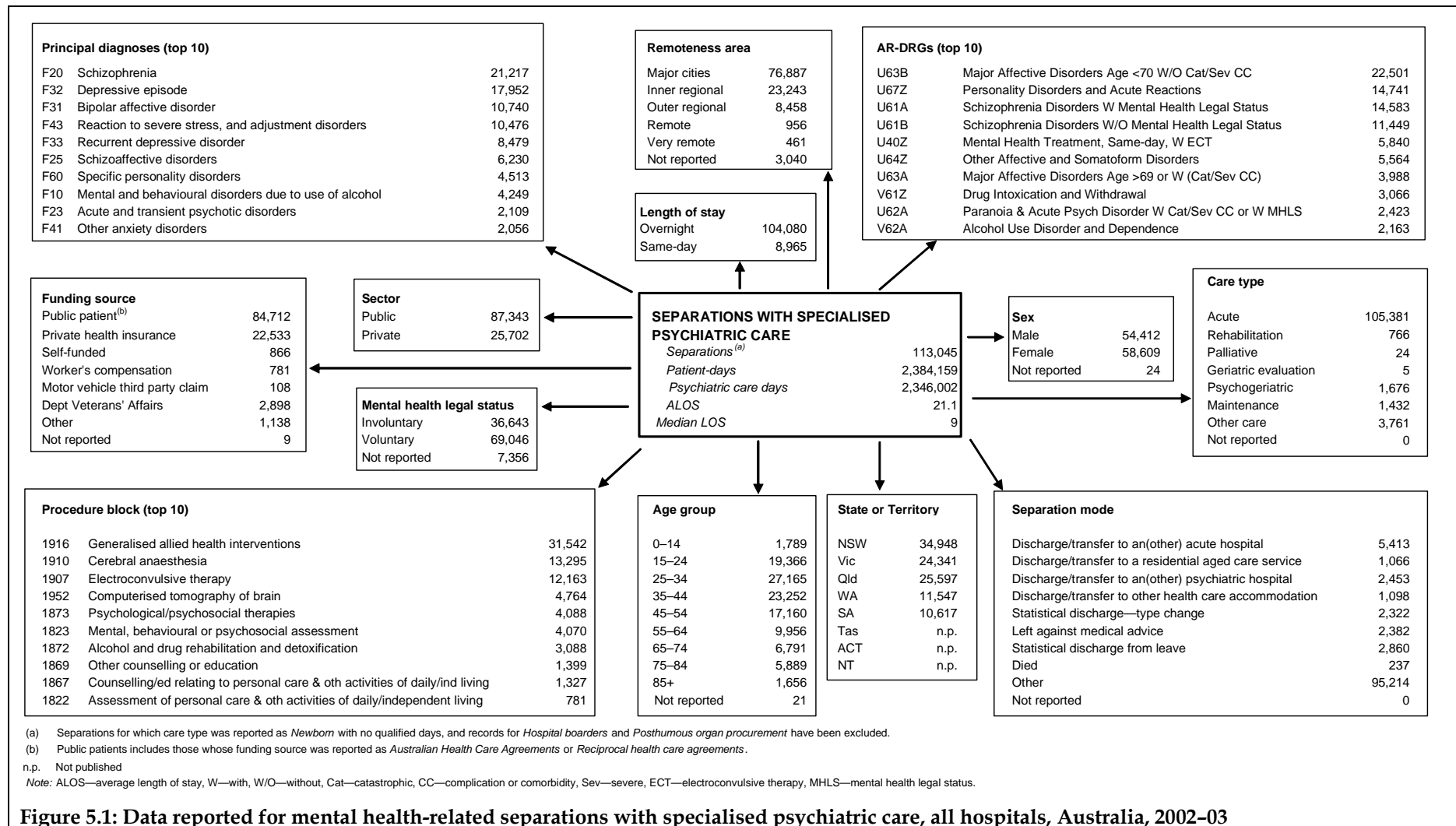


Figure 5.1: Data reported for mental health-related separations with specialised psychiatric care, all hospitals, Australia, 2002-03

Table 5.1: Mental health-related separations^(a) with specialised psychiatric care, by age group and sex, Australia 2002–03

	Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Male								
Separations								
Same-day	53	323	405	583	648	371	846	3,229
Overnight	792	9,512	14,439	10,558	7,180	4,119	4,583	51,183
Total	845	9,835	14,844	11,141	7,828	4,490	5,429	54,412
Patient-days	25,021	225,465	334,208	223,091	173,670	111,870	166,261	1,259,586
Specialised psychiatric care days	24,863	222,965	327,850	219,603	169,332	107,734	162,651	1,234,998
Female								
Separations								
Same-day	130	549	719	1,014	967	774	1,583	5,736
Overnight	814	8,980	11,601	11,097	8,365	4,692	7,324	52,873
Total	944	9,529	12,320	12,111	9,332	5,466	8,907	58,609
Patient-days	10,656	153,115	231,825	210,978	164,080	119,434	232,867	1,122,955
Specialised psychiatric care days	10,182	150,889	230,040	208,381	162,237	118,061	229,596	1,109,386
Total persons^(b)								
Separations								
Same-day	183	872	1,124	1,597	1,615	1,145	2,429	8,965
Overnight	1,606	18,494	26,041	21,655	15,545	8,811	11,907	104,080
Total	1,789	19,366	27,165	23,252	17,160	9,956	14,336	113,045
Patient-days	35,677	378,604	566,093	434,069	337,750	231,304	399,128	2,384,159
Specialised psychiatric care days	35,045	373,878	557,950	427,984	331,569	225,795	392,247	2,346,002

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

Table 5.2: Separations^(a) with specialised psychiatric care, by mental health legal status and hospital type, Australia, 1998–99 to 2002–03

Mental health legal status	1998–99	1999–00	2000–01	2001–02	2002–03
Public acute hospitals					
Involuntary	22,888	25,258	22,328	25,691	29,595
Voluntary	39,957	41,846	44,915	45,370	43,880
Not reported	1,589	1,311	832	830	353
<i>Total public acute hospitals</i>	<i>64,434</i>	<i>68,415</i>	<i>68,075</i>	<i>71,891</i>	<i>73,828</i>
Private hospitals					
Involuntary	280	207	499	390	204
Voluntary	13,479	12,915	18,345	18,645	18,495
Not reported	8,381	9,202	5,990	6,166	7,003
<i>Total private hospitals</i>	<i>22,140</i>	<i>22,324</i>	<i>24,834</i>	<i>25,201</i>	<i>25,702</i>
Public psychiatric hospitals					
Involuntary	9,691	9,362	7,492	6,448	6,844
Voluntary	7,190	6,411	7,651	7,429	6,671
Not reported	2,382	329	0	0	0
<i>Total public psychiatric hospitals</i>	<i>19,263</i>	<i>16,102</i>	<i>15,143</i>	<i>13,877</i>	<i>13,515</i>
All hospitals					
Involuntary	32,859	34,827	30,319	32,529	36,643
Voluntary	60,626	61,172	70,911	71,444	69,046
Not reported	12,352	10,842	6,822	6,996	7,356
Total	105,837	106,841	108,052	110,969	113,045

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 5.3: Separations^(a) with specialised psychiatric care, by mental health legal status, sex and age group, Australia, 2002–03

	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
Males								
Under 15 years	3	62	50	725	0	5	53	792
15–24 years	64	4,688	222	4,599	37	225	323	9,512
25–34 years	121	7,090	273	7,046	11	303	405	14,439
35–44 years	63	4,388	454	5,779	66	391	583	10,558
45–54 years	36	2,333	547	4,370	65	477	648	7,180
55–64 years	32	1,053	313	2,761	26	305	371	4,119
65 or older	36	1,083	767	3,104	43	396	846	4,583
<i>Total males</i>	<i>355</i>	<i>20,697</i>	<i>2,626</i>	<i>28,384</i>	<i>248</i>	<i>2,102</i>	<i>3,229</i>	<i>51,183</i>
Females								
Under 15 years	3	100	126	698	1	16	130	814
15–24 years	64	2,779	419	5,711	66	490	549	8,980
25–34 years	68	3,847	546	6,952	105	802	719	11,601
35–44 years	63	3,410	859	6,767	92	920	1,014	11,097
45–54 years	56	2,305	743	5,178	168	882	967	8,365
55–64 years	25	1,258	662	2,956	87	478	774	4,692
65 or older	79	1,519	1,426	4,985	78	820	1,583	7,324
<i>Total females</i>	<i>358</i>	<i>15,218</i>	<i>4,781</i>	<i>33,247</i>	<i>597</i>	<i>4,408</i>	<i>5,736</i>	<i>52,873</i>
Total^(b)								
Under 15 years	6	162	176	1,423	1	21	183	1,606
15–24 years	128	7,469	641	10,310	103	715	872	18,494
25–34 years	189	10,937	819	13,998	116	1,106	1,124	26,041
35–44 years	126	7,798	1,313	12,546	158	1,311	1,597	21,655
45–54 years	92	4,638	1,290	9,548	233	1,359	1,615	15,545
55–64 years	57	2,311	975	5,717	113	783	1,145	8,811
65 or older	115	2,602	2,193	8,089	121	1,216	2,429	11,907
Total persons	713	35,930	7,407	61,639	845	6,511	8,965	104,080

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

Table 5.4: Separations^(a) with specialised psychiatric care, by mental health legal status and hospital type, states and territories^(b), 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Same-day separations									
Involuntary	104	108	215	52	46	100	0	2	627
Voluntary	1,093	235	1,714	189	507	504	78	3	4,323
Not reported	0	0	0	0	0	0	0	12	12
<i>Total same-day</i>	<i>1,197</i>	<i>343</i>	<i>1,929</i>	<i>241</i>	<i>553</i>	<i>604</i>	<i>78</i>	<i>17</i>	<i>4,962</i>
Overnight separations									
Involuntary	7,969	8,513	7,582	1,760	1,698	850	398	198	28,968
Voluntary	10,961	8,308	9,642	4,621	3,435	1,368	838	384	39,557
Not reported	0	114	0	0	0	0	0	227	341
<i>Total overnight</i>	<i>18,930</i>	<i>16,935</i>	<i>17,224</i>	<i>6,381</i>	<i>5,133</i>	<i>2,218</i>	<i>1,236</i>	<i>809</i>	<i>68,866</i>
All separations									
Involuntary	8,073	8,621	7,797	1,812	1,744	950	398	200	29,595
Voluntary	12,054	8,543	11,356	4,810	3,942	1,872	916	387	43,880
Not reported	0	114	0	0	0	0	0	239	353
<i>Total</i>	<i>20,127</i>	<i>17,278</i>	<i>19,153</i>	<i>6,622</i>	<i>5,686</i>	<i>2,822</i>	<i>1,314</i>	<i>826</i>	<i>73,828</i>
Private hospitals									
Same-day separations									
Involuntary	0	0	7	0	0	n.p.	n.p.	n.p.	7
Voluntary	737	0	1,140	292	346	n.p.	n.p.	n.p.	2,515
Not reported	0	833	0	0	0	n.p.	n.p.	n.p.	833
<i>Total same-day</i>	<i>737</i>	<i>833</i>	<i>1,147</i>	<i>292</i>	<i>346</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,355</i>
Overnight separations									
Involuntary	0	0	69	126	2	n.p.	n.p.	n.p.	197
Voluntary	6,396	0	4,763	2,568	1,876	n.p.	n.p.	n.p.	15,980
Not reported	0	5,796	0	0	0	n.p.	n.p.	n.p.	6,170
<i>Total overnight</i>	<i>6,396</i>	<i>5,796</i>	<i>4,832</i>	<i>2,694</i>	<i>1,878</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>22,347</i>
All separations									
Involuntary	0	0	76	126	2	n.p.	n.p.	n.p.	204
Voluntary	7,133	0	5,903	2,860	2,222	n.p.	n.p.	n.p.	18,495
Not reported	0	6,629	0	0	0	n.p.	n.p.	n.p.	7,003
<i>Total</i>	<i>7,133</i>	<i>6,629</i>	<i>5,979</i>	<i>2,986</i>	<i>2,224</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>25,702</i>

(continued)

Table 5.4 (continued): Separations^(a) with specialised psychiatric care, by mental health legal status and hospital type, states and territories^(b), 2002-03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals^(c)									
Same-day separations									
Involuntary	40	2	2	14	21	0	..	..	79
Voluntary	332	0	1	5	227	4	..	..	569
Not reported	0	0	0	0	0	0	..	..	0
<i>Total same-day</i>	372	2	3	19	248	4	..	..	648
Overnight separations									
Involuntary	2,882	342	322	1,344	1,851	24	..	..	6,765
Voluntary	4,434	90	140	576	608	254	..	..	6,102
Not reported	0	0	0	0	0	0	..	..	0
<i>Total overnight</i>	7,316	432	462	1,920	2,459	278	..	..	12,867
All separations									
Involuntary	2,922	344	324	1,358	1,872	24	..	..	6,844
Voluntary	4,766	90	141	581	835	258	..	..	6,671
Not reported	0	0	0	0	0	0	..	..	0
<i>Total</i>	7,688	434	465	1,939	2,707	282	..	..	13,515
All hospitals									
Same-day separations									
Involuntary	144	110	224	66	67	n.p.	n.p.	n.p.	713
Voluntary	2,162	235	2,855	486	1,080	n.p.	n.p.	n.p.	7,407
Not reported	0	833	0	0	0	n.p.	n.p.	n.p.	845
<i>Total same-day</i>	2,306	1,178	3,079	552	1,147	n.p.	n.p.	n.p.	8,965
Overnight separations									
Involuntary	10,851	8,855	7,973	3,230	3,551	n.p.	n.p.	n.p.	35,930
Voluntary	21,791	8,398	14,545	7,765	5,919	n.p.	n.p.	n.p.	61,639
Not reported	0	5,910	0	0	0	n.p.	n.p.	n.p.	6,511
<i>Total overnight</i>	32,642	23,163	22,518	10,995	9,470	n.p.	n.p.	n.p.	104,080
All separations									
Involuntary	10,995	8,965	8,197	3,296	3,618	n.p.	n.p.	n.p.	36,643
Voluntary	23,953	8,633	17,400	8,251	6,999	n.p.	n.p.	n.p.	69,046
Not reported	0	6,743	0	0	0	n.p.	n.p.	n.p.	7,356
Total	34,948	24,341	25,597	11,547	10,617	n.p.	n.p.	n.p.	113,045

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

(c) Victoria has only one public psychiatric hospital which is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

n.p. Not published.

.. Not applicable.

Table 5.5: Mental health-related separations^(a) with specialised psychiatric care, by Remoteness Area of usual residence of the patient, by hospital type and state or territory of usual residence, 2002–03

Remoteness Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Public acute hospitals									
Major cities	11,924	12,132	11,082	5,140	4,947	..	1,200	..	46,425
Inner regional	6,429	3,718	4,700	747	355	2,045	0	..	18,001
Outer regional	1,240	1,023	2,499	448	257	759	..	466	6,692
Remote	53	21	206	76	56	22	..	154	588
Very remote	17	..	97	21	15	7	..	154	315
Not reported	502	6	5	169	2	0	8	9	1,807
Total	20,165	16,900	18,589	6,601	5,632	2,833	1,208	783	73,828
Private hospitals									
Major cities	6,098	5,897	4,324	2,560	1,872	n.p.	n.p.	n.p.	21,030
Inner regional	1,039	653	1,089	225	214	n.p.	n.p.	n.p.	3,327
Outer regional	246	61	290	115	107	n.p.	n.p.	n.p.	859
Remote	14	2	42	43	13	n.p.	n.p.	n.p.	118
Very remote	3	..	13	27	10	n.p.	n.p.	n.p.	56
Not reported	16	3	3	25	0	n.p.	n.p.	n.p.	312
Total	7,416	6,616	5,761	2,995	2,216	n.p.	n.p.	n.p.	25,702
Public psychiatric hospitals									
Major cities	5,512	392	212	1,366	1,932	..	18	..	9,432
Inner regional	1,063	52	125	118	307	249	0	..	1,915
Outer regional	363	8	105	146	247	34	..	4	907
Remote	73	1	12	102	59	1	..	2	250
Very remote	10	..	6	46	28	0	..	0	90
Not reported	476	0	1	144	0	0	0	0	921
Total	7,497	453	461	1,922	2,573	284	18	6	13,515
All hospitals									
Major cities	23,534	18,421	15,618	9,066	8,751	n.p.	n.p.	n.p.	76,887
Inner regional	8,531	4,423	5,914	1,090	876	n.p.	n.p.	n.p.	23,243
Outer regional	1,849	1,092	2,894	709	611	n.p.	n.p.	n.p.	8,458
Remote	140	24	260	221	128	n.p.	n.p.	n.p.	956
Very remote	30	0	116	94	53	n.p.	n.p.	n.p.	461
Not reported	994	9	9	338	2	n.p.	n.p.	n.p.	3,040
Total	35,078	23,969	24,811	11,518	10,421	n.p.	n.p.	n.p.	113,045
Age-standardised separation rate^(d)									
Same-day separations per 1,000 population									
Major cities	0.4	0.3	1.1	0.3	0.9	..	0.2	..	0.5
Inner regional	0.3	0.1	0.8	0.2	0.4	1.6	0.0	..	0.5
Outer regional	0.1	0.1	0.2	0.2	0.3	0.7	..	0.1	0.2
Remote	0.0	0.0	0.2	0.0	0.1	0.0	..	0.0	0.0
Very remote	0.0	..	0.0	0.0	0.2	0.7	..	0.1	0.1
Total	0.3	0.2	0.8	0.3	0.7	1.3	0.2	0.1	0.5
Overnight separations per 1,000 population									
Major cities	4.5	4.7	6.8	6.3	7.0	..	4.4	..	5.3
Inner regional	6.3	4.4	5.6	4.5	4.3	6.4	0.0	..	5.5
Outer regional	4.0	4.5	4.3	3.7	3.2	4.7	..	4.2	4.1
Remote	3.7	4.4	2.7	2.4	2.8	3.3	..	3.8	3.0
Very remote	3.9	..	2.2	1.9	3.7	2.0	..	3.2	2.6
Total	4.9	4.7	5.9	5.7	6.1	5.8	4.4	3.9	5.3
All separations per 1,000 population									
Major cities	4.9	5.0	7.9	6.6	7.9	..	4.6	..	5.8
Inner regional	6.5	4.5	6.4	4.8	4.8	8.1	0.0	..	5.9
Outer regional	4.1	4.5	4.5	4.0	3.6	5.4	..	4.4	4.3
Remote	3.8	4.3	2.9	2.5	2.9	3.3	..	3.8	3.0
Very remote	4.0	..	2.3	1.9	3.9	2.8	..	3.4	2.7
Total	5.3	4.9	6.7	6.0	6.8	7.1	4.6	4.1	5.8

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Defined according to the ABS's *Remoteness Area Classification*, 2001 Census edition. See Glossary for more information.

(c) Includes separations for which the state of usual residence was Other territories or not reported.

(d) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2001.

n.p. Not published.

.. Not applicable.

Table 5.6: Mental health-related separations^(a) with specialised psychiatric care, by Indigenous status and Remoteness Area of usual residence, Australia, 2002–03

Remoteness Area of usual residence ^(b)	Separations			Patient-days	Psychiatric care days	Average length of stay (overnight)	Psychiatric care days per overnight separation
	Same-day	Overnight	Total				
Aboriginal and/or Torres Strait Islander peoples^(c)							
Major cities	60	1,595	1,655	33,936	33,727	21.2	21.1
Inner regional	12	795	807	12,906	12,770	16.2	16.0
Outer regional	17	771	788	15,643	15,493	20.3	20.1
Remote	3	243	246	6,258	6,245	25.7	25.7
Very remote	4	235	239	3,346	3,321	14.2	14.1
Not reported	2	154	156	6,202	6,201	40.3	40.3
<i>Total</i>	98	3,793	3,891	78,291	77,757	20.6	20.5
<i>Per 1,000 population^(d)</i>	0.3	9.6	10.0	210.6	209.0	..	..
Other Australians^(e)							
Major cities	6,349	67,700	74,049	1,644,560	1,616,478	24.2	23.8
Inner regional	1,798	19,969	21,767	359,584	352,530	17.9	17.6
Outer regional	370	7,054	7,424	180,912	179,438	25.6	25.4
Remote	11	632	643	14,037	13,828	22.2	21.9
Very remote	6	194	200	3,655	3,622	18.8	18.6
Not reported	56	2,697	2,753	58,180	57,724	21.6	21.4
<i>Total</i>	8,590	98,246	106,836	2,260,928	2,223,620	22.9	22.5
<i>Per 1,000 population^(d)</i>	0.4	5.1	5.6	117.4	115.5	..	..
Total							
Major cities	6,583	70,304	76,887	1,702,843	1,674,305	24.1	23.7
Inner regional	1,892	21,351	23,243	383,342	376,122	17.9	17.5
Outer regional	395	8,063	8,458	200,303	198,660	24.8	24.6
Remote	23	933	956	21,116	20,894	22.6	22.4
Very remote	10	451	461	7,424	7,362	16.4	16.3
Not reported	62	2,978	3,040	69,131	68,659	23.2	23.0
Total	8,965	104,080	113,045	2,384,159	2,346,002	22.8	22.5
Per 1,000 population^(d)	0.5	5.3	5.8	121.5	119.5	..	..

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Defined according to the ABS's *Remoteness Area Classification*, 2001 Census edition. See Glossary for more information.

(c) 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.

(d) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2001.

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

.. Not applicable.

5.3 Principal diagnosis

This section presents the principal diagnoses recorded for mental health-related separations with specialised psychiatric care, using various groupings of ICD-10-AM diagnosis codes.

Overview

Table 5.7 presents principal diagnosis information by hospital type for the years 1998–99 to 2002–03.

Separations with the principal diagnosis group *Depressive episode* (F32) increased by 21.0% between 1998–99 and 2002–03 (from 13.1% of all mental health-related separations with specialised psychiatric care to 15.9%) (Table 5.7). The increase was greatest in the private hospital sector (50.1%). In public acute hospitals, separations with the principal diagnosis group *Recurrent depressive disorders* (F33) decreased from 6.8% to 4.8% of separations in this sector. In public psychiatric hospitals, separations for the principal diagnosis groups *Dementia* (F00–F03), *Mental and behavioural disorders due to use of alcohol* (F10) and *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19) all notably decreased from 1998–99 to 2002–03 (by 54.0%, 51.9% and 50.5% respectively).

In 2002–03, principal diagnoses of *Schizophrenia* (F20) accounted for the highest number of overnight separations with specialised psychiatric care (20,767, or 20.0%) and principal diagnoses of *Depressive episode* (F32) had the second largest number (14,693, or 14.1%) (Table 5.8). *Depressive episode* (F32) accounted for the largest number of specialised care same-day separations (3,259 or 36.4%); and the second largest number was for *Recurrent depressive disorders* (F33, 2,390 or 26.7%).

Separations with the principal diagnosis of *Schizophrenia* (F20) accounted for the greatest number of patient-days and psychiatric care days for separations with specialised psychiatric care, with 836,599 or 35.1% of patient-days and 820,895 or 35.0% of total psychiatric care days. The next largest number of days was reported for *Depressive episode* (F32) (242,391 patient days and 238,801 psychiatric care days).

Table 5.8 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 80% of separations with *Schizophrenia* (F20), *Schizoaffective disorders* (F25), *Obsessive-compulsive disorders* (F42), *Specific personality disorders* (F60), *Bipolar affective disorders* (F31) and *Persistent mood (affective) disorders* (F34) had specialised psychiatric care, whereas for disorders such as *Dementia* (F00–F03), *Somatoform and other neurotic disorders* (F45, F48), *Other organic mental disorders* (F04–F09) and *Other behavioural syndromes associated with physiological disturbances and physical factors* (F51–F59), the proportion with specialised psychiatric care was relatively low (16.4%, 23.3%, 22.5% and 18.7% respectively).

Box 5.1: Specialised psychiatric care and principal diagnoses

Data presented in Tables 4.5, 5.8 and 6.5 indicate that the proportion of separations and patient-days that include specialised psychiatric care varied between principal diagnosis chapters or 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 (1.6%), Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium (4.0%), Other symptoms and signs involving general sensations and perceptions (10.2%) and Dementia (16.6%), were relatively low. In comparison, overnight separations with principal diagnoses of Schizoaffective disorders (93.4%), Schizophrenia (90.0%), Persistent mood (affective) disorders (90.5%) and Bipolar affective disorders (87.9%) had relatively high proportions 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 (95.7%), Schizoaffective disorders (95.7%), and Bipolar affective disorders (93.5%) were psychiatric care days. The proportions of patient-days that were psychiatric care days were comparatively low for separations with principal diagnoses of Sleep disorders (1.3%), Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium (12.8%), Other factors related to substance use (13.2%) and Dementia (28.8%), were comparatively low.

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

Hospital type

The distribution of mental health-related separations with specialised psychiatric care for 2002–03 by principal diagnosis for each hospital type is presented in Table 5.9. Of all public acute hospital separations with specialised psychiatric care, approximately 23% had a principal diagnosis in the *Schizophrenia* (F20) grouping, which also accounted for approximately 33% of reported public acute hospital patient-days and psychiatric care days. Approximately 14% had principal diagnoses of *Depressive episode* (F32), which accounted for about 11% of public acute hospital patient-days and psychiatric care days.

Separations with principal diagnoses of *Depressive episode* (F32) accounted for around 25% of all private hospital separations, patient-days and psychiatric care days. Separations with principal diagnoses of *Recurrent depressive disorders* (F33) were the next largest group, accounting for approximately 18% of all private hospital separations and about 16% of patient-days and psychiatric care days. The most common same-day separations with specialised psychiatric care in private hospitals were those with principal diagnoses of *Depressive episode* (F32) (40.9%) and *Recurrent depressive disorders* (F33) (37.2%). For overnight separations with specialised psychiatric care, the corresponding figures were 22.8% for *Depressive episode*, 15.6% for *Recurrent depressive disorders* and 10.7% for *Reaction to severe stress and adjustment disorders*.

Over 25% of all public psychiatric hospital separations with specialised psychiatric care and 51.5% 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 specialised overnight separations and patient-days in public psychiatric hospitals (26.9% and 52.0% respectively).

Figures 1.20 and 1.22 present data on mental health-related separations by principal diagnosis for public and private hospitals, respectively. Figure 1.21 presents the proportions of mental health-related separations that included specialised psychiatric care for public and private hospitals.

Table 5.7: Separations^(a) with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1998–99 to 2002–03

Principal diagnosis	Public acute hospitals					Private hospitals				
	1998–99	1999–00	2000–01	2001–02	2002–03	1998–99	1999–00	2000–01	2001–02	2002–03
F00–F03 Dementia	808	818	806	769	696	162	139	171	141	130
F04–F09 Other organic mental disorders	769	720	705	678	625	192	220	199	158	158
F10 Mental and behavioural disorders due to use of alcohol	1,506	1,572	1,530	1,478	1,541	1,610	1,874	2,154	2,321	2,245
F11–F19 Mental and behav disorders due to other psychoactive substances use	2,509	3,110	3,195	3,434	3,180	1,240	1,442	1,489	1,207	1,086
F20 Schizophrenia	13,879	14,845	15,064	15,830	16,632	1,006	1,060	1,264	1,283	1,110
F21, F24, F28–F29 Schizotypal and other delusional disorders	1,374	1,393	1,335	1,506	1,387	85	92	86	87	93
F22 Persistent delusional disorders	835	1,014	843	863	944	115	127	138	116	125
F23 Acute and transient psychotic disorders	1,396	1,468	1,361	1,709	1,650	97	115	141	148	98
F25 Schizoaffective disorders	3,267	3,261	3,354	3,951	4,330	663	671	785	851	989
F30 Manic episode	567	603	560	602	615	88	85	116	84	76
F31 Bipolar affective disorders	6,272	6,771	6,712	6,884	7,197	1,632	1,711	2,121	2,260	2,356
F32 Depressive episode	8,726	9,623	9,730	9,910	10,267	3,712	4,631	5,677	6,113	6,470
F33 Recurrent depressive disorders	4,386	3,706	3,450	3,289	3,571	4,754	3,998	4,218	4,276	4,730
F34 Persistent mood (affective) disorders	1,176	1,053	997	1,063	1,027	492	374	327	435	362
F38, F39 Other and unspecified mood (affective) disorders	116	120	86	107	134	42	64	37	37	42
F40 Phobic anxiety disorders	53	93	67	67	57	50	63	94	117	60
F41 Other anxiety disorders	550	832	715	761	892	597	882	949	1,001	1,016
F42 Obsessive-compulsive disorders	231	225	183	186	192	127	148	159	160	153
F43 Reaction to severe stress and adjustment disorders	6,000	6,767	6,829	6,796	6,814	1,939	2,490	2,635	2,524	2,520
F44 Dissociative (conversion) disorders	217	182	220	142	163	219	248	264	303	288
F45, F48 Somatoform and other neurotic disorders	280	104	110	82	96	74	71	60	55	62
F50 Eating disorders	749	689	620	608	557	507	443	454	462	482
F51–F59 Other behav syndromes associated w physiol dist & phys factors	191	297	225	249	192	105	171	208	154	102
F60 Specific personality disorders	3,266	3,568	3,668	3,734	3,372	395	455	441	433	403
F61–F69 Disorders of adult personality and behaviour	105	183	198	176	189	73	98	74	86	68
F70–F79 Mental retardation	92	124	144	124	148	7	2	7	4	3
F80–F89 Disorders of psychological development	124	110	125	120	142	13	13	14	12	11
F90 Hyperkinetic disorders	106	132	181	89	66	7	5	19	8	8
F91 Conduct disorders	385	385	436	337	310	37	9	31	14	7
F92–F98 Other & unspec disorders w onset childhood adolescence	193	179	170	144	133	19	12	16	8	8
F99 Mental disorder not otherwise specified	18	68	52	120	185	3	4	1	0	9
G30 Alzheimer's disease	189	392	392	489	514	39	71	73	70	89
G47 Sleep disorders	9	6	5	3	12	258	71	9	20	57
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	179	88	90	63	66	188	8	7	4	5
R44 Other symptoms & signs involving general sensations and perceptions	30	33	24	21	27	4	2	3	0	3
R45 Symptoms & signs involving emotional state	14	35	39	46	59	0	4	5	2	5
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	2	0	0	0	1	0	0	0	0	0
Other factors related to mental and behavioural disorders ^(b)	393	460	364	290	287	8	2	6	3	15
Other factors related to substance use ^(c)	1	1	1	2	3	1	85	7	0	0
Other ^(d)	3,471	3,385	3,489	5,169	5,555	1,580	364	375	244	258
Total	64,434	68,415	68,075	71,891	73,828	22,140	22,324	24,834	25,201	25,702

(continued)

Table 5.7 (continued): Separations^(a) with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1998–99 to 2002–03

Principal diagnosis	Public psychiatric hospitals					All hospitals				
	1998–99	1999–00	2000–01	2001–02	2002–03	1998–99	1999–00	2000–01	2001–02	2002–03
F00–F03 Dementia	707	464	305	210	228	1,677	1,421	1,282	1,120	1,054
F04–F09 Other organic mental disorders	327	263	202	179	172	1,288	1,203	1,106	1,015	955
F10 Mental and behavioural disorders due to use of alcohol	1,371	788	535	487	463	4,487	4,234	4,219	4,286	4,249
F11–F19 Mental and behav disorders due to other psychoactive substances use	2,254	1,614	965	935	783	6,003	6,166	5,649	5,576	5,049
F20 Schizophrenia	4,076	3,867	3,422	3,562	3,475	18,961	19,772	19,750	20,675	21,217
F21, F24, F28–F29 Schizotypal and other delusional disorders	364	278	466	321	293	1,823	1,763	1,887	1,914	1,773
F22 Persistent delusional disorders	234	230	184	199	161	1,184	1,371	1,165	1,178	1,230
F23 Acute and transient psychotic disorders	343	333	206	333	361	1,836	1,916	1,708	2,190	2,109
F25 Schizoaffective disorders	819	845	782	879	911	4,749	4,777	4,921	5,681	6,230
F30 Manic episode	161	158	130	121	89	816	846	806	807	780
F31 Bipolar affective disorders	1,704	1,585	1,441	1,239	1,187	9,608	10,067	10,274	10,383	10,740
F32 Depressive episode	1,451	1,451	1,382	1,143	1,215	13,889	15,705	16,789	17,166	17,952
F33 Recurrent depressive disorders	334	218	231	164	178	9,474	7,922	7,899	7,729	8,479
F34 Persistent mood (affective) disorders	174	169	214	176	170	1,842	1,596	1,538	1,674	1,559
F38, F39 Other and unspecified mood (affective) disorders	27	14	7	27	20	185	198	130	171	196
F40 Phobic anxiety disorders	28	20	47	36	11	131	176	208	220	128
F41 Other anxiety disorders	71	69	83	126	148	1,218	1,783	1,747	1,888	2,056
F42 Obsessive-compulsive disorders	61	31	48	111	63	419	404	390	457	408
F43 Reaction to severe stress and adjustment disorders	1,804	1,543	1,594	1,420	1,142	9,743	10,800	11,058	10,740	10,476
F44 Dissociative (conversion) disorders	36	37	50	11	20	472	467	534	456	471
F45, F48 Somatoform and other neurotic disorders	19	24	15	7	9	373	199	185	144	167
F50 Eating disorders	28	9	23	37	26	1,284	1,141	1,097	1,107	1,065
F51–F59 Other behav syndromes associated w physiol dist & phys factors	106	23	22	59	14	402	491	455	462	308
F60 Specific personality disorders	1,179	1,008	863	653	738	4,840	5,031	4,972	4,820	4,513
F61–F69 Disorders of adult personality and behaviour	39	60	56	52	57	217	341	328	314	314
F70–F79 Mental retardation	66	73	83	66	43	165	199	234	194	194
F80–F89 Disorders of psychological development	50	27	34	46	113	187	150	173	178	266
F90 Hyperkinetic disorders	36	10	42	16	19	149	147	242	113	93
F91 Conduct disorders	32	59	254	87	66	454	453	721	438	383
F92–F98 Other & unspec disorders w onset childhood adolescence	55	28	62	40	49	267	219	248	192	190
F99 Mental disorder not otherwise specified	90	38	3	6	1	111	110	56	126	195
G30 Alzheimer's disease	83	79	108	125	163	311	542	573	684	766
G47 Sleep disorders	0	0	0	0	0	267	77	14	23	69
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	1	1	2	1	5	368	97	99	68	76
R44 Other symptoms & signs involving general sensations and perceptions	2	0	7	1	1	36	35	34	22	31
R45 Symptoms & signs involving emotional state	1	2	2	2	0	15	41	46	50	64
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	2	0	0	0	1
Other factors related to mental and behavioural disorders ^(b)	49	49	341	241	262	450	511	711	534	564
Other factors related to substance use ^(c)	96	112	0	1	6	98	198	8	3	9
Other ^(d)	985	523	932	758	853	6,036	4,272	4,796	6,171	6,666
Total	19,263	16,102	15,143	13,877	13,515	105,837	106,841	108,052	110,969	113,045

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

Note: behav—behavioural, subst—substances, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiological, unspec—unspecified.

Table 5.8: Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2002-03

Principal diagnosis	Separations							Patient-days	Psychiatric care days	% patient-days ^(c)	Average length of stay (o'night)	Psychiatric care days per sep (o'night)
	Same-day	% total ^(b)	Overnight	% total ^(b)	Total	% total ^(b)	Total					
F00-F03	Dementia	11	6	1,043	17	1,054	16	50,169	49,716	28.8	48.1	47.7
F04-F09	Other organic mental disorders	25	12	930	23	955	23	46,515	46,150	53.4	50.0	49.6
F10	Mental and behavioural disorders due to use of alcohol	74	8	4,175	25	4,249	24	54,074	53,227	43.1	12.9	12.7
F11-F19	Mental and behav disorders due to other psychoactive substances use	81	15	4,968	49	5,049	47	49,901	49,523	62.0	10.0	10.0
F20	Schizophrenia	450	25	20,767	90	21,217	85	836,599	820,895	95.7	40.3	39.5
F21, F24, F28-F29	Schizotypal and other delusional disorders	93	23	1,680	76	1,773	68	26,791	26,437	89.7	15.9	15.7
F22	Persistent delusional disorders	43	26	1,187	77	1,230	72	23,996	22,673	84.6	20.2	19.1
F23	Acute and transient psychotic disorders	109	18	2,000	75	2,109	65	26,640	26,128	88.1	13.3	13.0
F25	Schizoaffective disorders	356	37	5,874	93	6,230	86	141,832	141,186	95.7	24.1	24.0
F30	Manic episode	12	9	768	78	780	70	12,283	12,091	88.6	16.0	15.7
F31	Bipolar affective disorders	752	47	9,988	88	10,740	83	201,575	199,912	93.5	20.1	19.9
F32	Depressive episode	3,259	52	14,693	65	17,952	62	242,391	238,801	79.2	16.3	16.0
F33	Recurrent depressive disorders	2,390	54	6,089	78	8,479	70	113,362	112,468	85.3	18.2	18.1
F34	Persistent mood (affective) disorders	41	69	1,518	91	1,559	90	18,532	18,312	92.3	12.2	12.0
F38, F39	Other and unspecified mood (affective) disorders	6	40	190	81	196	78	2,706	2,694	90.4	14.2	14.1
F40	Phobic anxiety disorders	5	42	123	70	128	68	1,873	1,855	80.0	15.2	15.0
F41	Other anxiety disorders	139	40	1,917	28	2,056	29	30,500	29,876	55.0	15.8	15.5
F42	Obsessive-compulsive disorders	42	78	366	85	408	84	6,358	6,276	90.0	17.3	17.0
F43	Reaction to severe stress and adjustment disorders	342	30	10,134	72	10,476	69	83,113	82,471	77.6	8.2	8.1
F44	Dissociative (conversion) disorders	27	30	444	34	471	34	5,567	5,450	53.6	12.5	12.2
F45, F48	Somatoform and other neurotic disorders	4	2	163	31	167	23	2,595	2,565	56.1	15.9	15.7
F50	Eating disorders	61	65	1,004	59	1,065	60	28,984	28,317	66.1	28.8	28.1
F51-F59	Other behav syndromes associated w physiol dist & phys factors	11	22	297	19	308	19	4,313	4,300	40.9	14.5	14.4
F60	Specific personality disorders	104	40	4,409	85	4,513	83	39,530	38,854	91.3	8.9	8.8
F61-F69	Disorders of adult personality and behaviour	10	33	304	63	314	61	15,392	15,372	90.2	50.6	50.5
F70-F79	Mental retardation	3	6	191	73	194	63	55,401	55,368	98.0	290.0	289.9
F80-F89	Disorders of psychological development	74	17	192	38	266	28	4,023	3,947	62.9	20.6	20.2
F90	Hyperkinetic disorders	1	7	92	68	93	62	1,183	1,171	82.6	12.8	12.7
F91	Conduct disorders	13	21	370	56	383	53	2,665	2,650	68.7	7.2	7.1
F92-F98	Other & unspec disorders w onset childhood adolescence	15	41	175	33	190	34	2,303	2,166	57.7	13.1	12.3
F99	Mental disorder not otherwise specified	13	19	182	73	195	61	7,080	7,072	97.0	38.8	38.8
G30	Alzheimer's disease	3	7	763	26	766	26	53,409	53,094	48.7	70.0	69.6
G47	Sleep disorders	0	0	69	2	69	2	220	189	1.3	3.2	2.7
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	1	1	75	4	76	4	1,157	1,064	12.8	15.4	14.2
R44	Other symptoms & signs involving general sensations and perceptions	2	5	29	10	31	10	263	249	14.3	9.0	8.5
R45	Symptoms & signs involving emotional state	6	13	58	22	64	21	324	300	25.2	5.5	5.1
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	1	9	1	8	26	26	18.7	26.0	26.0
	Other factors related to mental and behavioural disorders ^(d)	15	21	549	58	564	55	3,862	3,812	60.6	7.0	6.9
	Other factors related to substance use ^(e)	0	0	9	1	9	1	762	737	13.2	84.7	81.9
	Other ^(f)	372	100	6,294	100	6,666	100	185,890	178,608	96.1	29.5	28.3
Total		8,965	40.9	104,080	61.1	113,045	58.8	2,384,159	2,346,002	79.6	22.8	22.5

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

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

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

(d) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(e) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 5.9: Separations^(a), patient-days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2002–03

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	8	688	696	23,939	23,614	2	128	130	3,702	3,597
F04–F09	Other organic mental disorders	22	603	625	13,908	13,575	1	157	158	2,992	2,989
F10	Mental and behavioural disorders due to use of alcohol	49	1,492	1,541	11,614	11,326	15	2,230	2,245	33,460	33,027
F11–F19	Mental and behav disorders due to other psychoactive substances use	53	3,127	3,180	24,229	24,011	18	1,068	1,086	16,214	16,202
F20	Schizophrenia	358	16,277	16,635	343,693	342,059	81	1,029	1,110	22,163	22,153
F21, F24, F28–F29	Schizotypal and other delusional disorders	32	1,355	1,387	19,636	19,437	0	93	93	1,685	1,685
F22	Persistent delusional disorders	39	905	944	15,284	15,163	3	122	125	2,210	2,189
F23	Acute and transient psychotic disorders	77	1,573	1,650	19,443	19,112	16	82	98	2,097	2,097
F25	Schizoaffective disorders	204	4,126	4,330	86,917	86,476	144	845	989	15,890	15,875
F30	Manic episode	8	608	616	9,533	9,369	3	73	76	1,146	1,146
F31	Bipolar affective disorders	499	6,698	7,197	124,813	123,532	246	2,110	2,356	40,516	40,314
F32	Depressive episode	1,835	8,434	10,269	111,605	109,388	1,371	5,099	6,470	106,134	105,201
F33	Recurrent depressive disorders	1,140	2,431	3,571	40,440	39,757	1,248	3,482	4,730	68,164	68,025
F34	Persistent mood (affective) disorders	36	992	1,028	7,787	7,726	2	360	362	6,606	6,448
F38, F39	Other and unspecified mood (affective) disorders	4	130	134	1,653	1,642	1	41	42	776	776
F40	Phobic anxiety disorders	3	54	57	747	747	1	59	60	928	928
F41	Other anxiety disorders	39	854	893	10,166	9,999	34	982	1,016	16,949	16,928
F42	Obsessive-compulsive disorders	4	188	192	2,545	2,507	2	151	153	3,357	3,357
F43	Reaction to severe stress and adjustment disorders	196	6,620	6,816	36,765	36,215	119	2,401	2,520	39,130	39,062
F44	Dissociative (conversion) disorders	26	137	163	1,284	1,246	1	287	288	4,103	4,024
F45, F48	Somatoform and other neurotic disorders	3	93	96	1,324	1,301	0	62	62	1,180	1,177
F50	Eating disorders	53	504	557	13,509	12,986	7	475	482	14,365	14,260
F51–F59	Other behav syndromes associated w physiol dist & phys factors	8	184	192	2,203	2,193	3	99	102	1,776	1,773
F60	Specific personality disorders	83	3,289	3,372	19,464	19,190	6	397	403	5,561	5,536
F61–F69	Disorders of adult personality and behaviour	3	186	189	1,832	1,813	5	63	68	1,196	1,195
F70–F79	Mental retardation	2	146	148	1,707	1,688	0	3	3	43	43
F80–F89	Disorders of psychological development	3	139	142	1,856	1,849	0	11	11	197	197
F90	Hyperkinetic disorders	1	65	66	851	849	0	8	8	161	161
F91	Conduct disorders	13	297	310	2,314	2,299	0	7	7	107	107
F92–F98	Other & unspec disorders w onset childhood adolescence	3	130	133	1,731	1,629	0	8	8	133	133
F99	Mental disorder not otherwise specified	7	178	185	7,058	7,050	6	3	9	21	21
G30	Alzheimer's disease	3	511	514	25,288	25,009	0	89	89	2,158	2,158
G47	Sleep disorders	0	12	12	56	56	0	57	57	164	133
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	0	66	66	1,004	911	1	4	5	42	42
R44	Other symptoms & signs involving general sensations and perceptions	2	25	27	204	190	0	3	3	14	14
R45	Symptoms & signs involving emotional state	4	55	59	300	276	2	3	5	24	24
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	1	1	26	26	0	0	0	0	0
	Other factors related to mental and behavioural disorders ^(b)	7	280	287	1,841	1,834	6	9	15	163	163
	Other factors related to substance use ^(c)	0	3	3	13	13	0	0	0	0	0
	Other ^(d)	135	5,410	5,545	68,942	63,020	11	247	258	4,969	4,400
Total		4,962	68,866	73,828	1,057,524	1,041,083	3,355	22,347	25,702	420,496	417,560

(continued)

Table 5.9 (continued): Separations^(a), patient-days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2002-03

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	1	227	228	22,528	22,505	11	1,043	1,054	50,169	49,716
F04-F09 Other organic mental disorders	2	170	172	29,615	29,586	25	930	955	46,515	46,150
F10 Mental and behavioural disorders due to use of alcohol	10	453	463	9,000	8,874	74	4,175	4,249	54,074	53,227
F11-F19 Mental and behav disorders due to other psychoactive substances use	10	773	783	9,458	9,310	81	4,968	5,049	49,901	49,523
F20 Schizophrenia	11	3,464	3,475	471,026	456,966	450	20,770	21,220	836,882	821,178
F21, F24, F28-F29 Schizotypal and other delusional disorders	61	232	293	5,470	5,315	93	1,680	1,773	26,791	26,437
F22 Persistent delusional disorders	1	160	161	6,502	5,321	43	1,187	1,230	23,996	22,673
F23 Acute and transient psychotic disorders	16	345	361	5,100	4,919	109	2,000	2,109	26,640	26,128
F25 Schizoaffective disorders	8	903	911	39,025	38,835	356	5,874	6,230	141,832	141,186
F30 Manic episode	1	88	89	1,612	1,584	12	769	781	12,291	12,099
F31 Bipolar affective disorders	7	1,180	1,187	36,246	36,066	752	9,988	10,740	201,575	199,912
F32 Depressive episode	54	1,161	1,215	24,676	24,236	3,260	14,694	17,954	242,415	238,825
F33 Recurrent depressive disorders	2	176	178	4,758	4,686	2,390	6,089	8,479	113,362	112,468
F34 Persistent mood (affective) disorders	4	166	170	4,140	4,139	42	1,518	1,560	18,533	18,313
F38, F39 Other and unspecified mood (affective) disorders	1	19	20	277	276	6	190	196	2,706	2,694
F40 Phobic anxiety disorders	1	10	11	198	180	5	123	128	1,873	1,855
F41 Other anxiety disorders	66	82	148	3,413	2,977	139	1,918	2,057	30,528	29,904
F42 Obsessive-compulsive disorders	36	27	63	456	412	42	366	408	6,358	6,276
F43 Reaction to severe stress and adjustment disorders	27	1,115	1,142	7,220	7,196	342	10,136	10,478	83,115	82,473
F44 Dissociative (conversion) disorders	0	20	20	180	180	27	444	471	5,567	5,450
F45, F48 Somatoform and other neurotic disorders	1	8	9	91	87	4	163	167	2,595	2,565
F50 Eating disorders	1	25	26	1,110	1,071	61	1,004	1,065	28,984	28,317
F51-F59 Other behav syndromes associated w physiol dist & phys factors	0	14	14	334	334	11	297	308	4,313	4,300
F60 Specific personality disorders	15	723	738	14,505	14,128	104	4,409	4,513	39,530	38,854
F61-F69 Disorders of adult personality and behaviour	2	55	57	12,364	12,364	10	304	314	15,392	15,372
F70-F79 Mental retardation	1	42	43	53,651	53,637	3	191	194	55,401	55,368
F80-F89 Disorders of psychological development	71	42	113	1,970	1,901	74	192	266	4,023	3,947
F90 Hyperkinetic disorders	0	19	19	171	161	1	92	93	1,183	1,171
F91 Conduct disorders	0	66	66	244	244	13	370	383	2,665	2,650
F92-F98 Other & unspec disorders w onset childhood adolescence	12	37	49	439	404	15	175	190	2,303	2,166
F99 Mental disorder not otherwise specified	0	1	1	1	1	13	182	195	7,080	7,072
G30 Alzheimers disease	0	163	163	25,963	25,927	3	763	766	53,409	53,094
G47 Sleep disorders	0	0	0	0	0	0	69	69	220	189
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	5	5	111	111	1	75	76	1,157	1,064
R44 Other symptoms & signs involving general sensations and perceptions	0	1	1	45	45	2	29	31	263	249
R45 Symptoms & signs involving emotional state	0	0	0	0	0	6	58	64	324	300
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	0	1	1	26	26
Other factors related to mental and behavioural disorders ^(b)	2	260	262	1,858	1,815	15	549	564	3,862	3,812
Other factors related to substance use ^(c)	0	6	6	749	724	0	9	9	762	737
Other ^(d)	224	629	853	111,633	110,842	370	6,286	6,656	185,544	178,262
Total	648	12,867	13,515	906,139	887,359	8,965	104,080	113,045	2,384,159	2,346,002

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Age and sex

Tables 5.10 and 5.11 describe the distribution of mental health-related separations with specialised care by sex, age group and principal diagnosis.

Separations for male patients

For male patients, *Schizophrenia* (F20) was the most frequently recorded principal diagnosis group, reported for 26.2% of separations (14,275 separations) (Table 5.10). This was followed by *Depressive episode* (F32) and *Reaction to severe stress and adjustment disorders* (F43), which accounted for 12.8% and 9.7% of separations (6,948 and 5,292) respectively. Male separations with principal diagnoses of *Schizophrenia* (F20) were more than double those for female patients.

Separations of male patients aged 25–34 years were concentrated in the principal diagnosis group of *Schizophrenia* (F20, 5,383 separations or 36.3% of specialised separations for male patients aged 25–34 years). This age group contributed the largest number of specialised male separations with a principal diagnosis group of *Schizophrenia* (F20) (37.7%).

Separations for female patients

For female patients, principal diagnoses of *Depressive episode* (F32) contributed the largest number of separations (11,004 or 18.8%), followed by *Schizophrenia* (F20) (6,927 or 11.8%) and *Bipolar affective disorders* (F31, 6,422 or 11.0%) (Table 5.11). The number of separations with principal diagnoses of *Depressive episode* (F32) for females was approximately 1.6 times greater than the number for male patients, and accounted for over 12.7% of specialised separations for female patients aged less than 15 years. This proportion increased with age to 26.6% in the age group 65 years and over.

Separations with principal diagnoses of *Eating disorders* (F50) predominantly involved female patients (1,037 separations compared with 28 separations for male patients). These separations were largest in the younger age groups. Over half (64.6%) of the separations in this category were reported in the 15–24 years age group.

Aboriginal and Torres Strait Islander peoples

Table 5.12 details the number of separations, patient-days and psychiatric care days by principal diagnosis for Aboriginal and Torres Strait Islander peoples in 2002–03. 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 2002–03* (AIHW 2004d).

Separations with the principal diagnosis of *Schizophrenia* (F20) (27.7%), *Reaction to severe stress and adjustment disorders* (F43) (10.8%) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) (10.3%) accounted for the largest proportions of mental health-related separations with specialised psychiatric care for Aboriginal and Torres Strait Islander peoples. In comparison, separations in this category for all patients with *Schizophrenia* (F20), *Reaction to severe stress and adjustment disorders* (F43) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) principal diagnoses accounted for 18.8%, 9.3% and 4.5% respectively (Table 5.8).

Schizophrenia (F20) accounted for the largest proportion of patient-days (47.3%) and specialised psychiatric care days (47.5%) for Aboriginal and Torres Strait Islander peoples. Separations for all patients with principal diagnoses of *Schizophrenia* (F20) accounted for 35.1% of patient-days and 35.0% of specialised psychiatric care days (Table 5.8).

Mental health legal status

Table 5.13 presents information on separations with specialised psychiatric care by principal diagnosis, mental health legal status and hospital type. In public acute hospitals, 63.5% of separations with principal diagnoses of *Manic episode* (F30) were involuntary and 58.3% of public acute separations with principal diagnoses of *Schizophrenia* (F20) were involuntary.

In private hospitals, 1.1% of all separations had a mental health legal status of involuntary. Principal diagnoses of *Conduct disorders* (F91), *Schizotypal and other delusional disorders* (F21, F24, F28–F89) and *Persistent delusional disorders* (F22) had the highest rates of involuntary status, but these accounted for less than 1% of private hospital separations with specialised psychiatric care. Due to variations between jurisdictions in the reporting of mental health legal status for private sector hospitals, caution should be used when interpreting these data.

In public psychiatric hospitals, 50.6% of separations with specialised psychiatric care were involuntary. For principal diagnosis groups with a high volume of public psychiatric separations, the highest proportions of involuntary separations were reported for *Schizophrenia* (F20) (65.2%), *Schizoaffective disorders* (F25) (62.9%) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) (62.5%).

Mental health-related comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses (that is, diagnoses chiefly responsible for occasioning the episodes of care, see Glossary), or as additional diagnoses. Comorbidity in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of a mental health-related disorder.

Separations, patient-days and psychiatric care days for separations with and without specialised psychiatric care are summarised in Table 4.4.

Separations, patient-days and psychiatric care days for separations with specialised psychiatric care and a mental health-related additional diagnosis by principal diagnosis in ICD-10-AM chapter groupings are reported in Table 5.14. Of 113,045 separations with specialised psychiatric care, 56,596 separations reported a mental health-related additional diagnosis. About 91% of separations with a mental health-related additional diagnosis and specialised psychiatric care had a principal diagnosis in the *Mental and behavioural disorders* chapter of ICD-10-AM.

Table 5.15 shows separations with specialised psychiatric care by principal diagnosis and the presence of a mental health-related additional diagnosis. The mental health-related principal diagnoses most likely to have a mental health-related additional diagnosis were *Alzheimer's disease* (G30, 726 separations or 94.8%), *Persistent mood (affective) disorders* (F34, 1,116 separations or 71.6%) and *Hyperkinetic disorders* (F90, 66 separations or 71.0%). Principal diagnoses of *Mental disorders & diseases of the nervous system complicating pregnancy, childbirth & puerperium* (O99.3), which require a mental health-related additional diagnosis to be recorded, had 75 separations or 98.7% with a mental health-related additional diagnosis.

Table 5.16 shows the top five additional mental health-related diagnoses for separations which have both a principal mental health-related diagnosis and an additional mental health-related diagnosis.

Of the 9,298 separations with specialised psychiatric care that had principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19), the most common additional mental health-related diagnoses were *Specific personality disorders* (F60, 1,393 separations) followed by *Depressive episode* (F32, 882 separations) and *Reaction to severe stress and adjustment disorders* (F43, 662 separations).

Of the 32,552 separations with specialised psychiatric care that had principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19, 9,714 separations) followed by *Mental and behavioural disorders due to use of alcohol* (F10, 3,011 separations) and *Specific personality disorders* (F60, 2,077 separations).

Of the 39,706 separations with specialised psychiatric care that had a principal diagnosis of *Mood (affective) disorders* (F30–F39), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 4,872 separations) followed by *Specific personality disorders* (F60, 4,160 separations) and *Mental and behavioural disorders due to use of alcohol* (F10, 3,599 separations).

Of the 13,706 separations with specialised psychiatric care that had principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 2,819 separations) followed by *Specific personality disorders* (F60, 2,703 separations) and *Mental and behavioural disorders due to use of alcohol* (F10, 2,395 separations).

Separations with an external cause indicating self-harm

Table 5.17 outlines the separations, patient-days and psychiatric care days for mental health-related separations with specialised psychiatric care for which an external cause of injury or poisoning in the *Intentional self-harm* (X60–X84) grouping was reported. There were 5,518 separations in this category, including 2,064 with principal diagnoses other than those used to define mental health-related principal diagnoses for this report. Approximately 52% of these 2,064 separations (1,075 separations) had principal diagnoses of *Poisoning by drugs, medicaments and biological substances* (T36–T50).

Table 5.10: Separations^(a) with specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2002–03

Principal diagnosis	Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F03 Dementia	1	0	1	7	10	48	540	607
F04–F09 Other organic mental disorders	3	63	90	86	84	57	148	531
F10 Mental and behavioural disorders due to use of alcohol	0	194	489	667	772	407	165	2,694
F11–F19 Mental and behav disorders due to other psychoactive substances use	6	1,403	1,373	532	121	27	10	3,472
F20 Schizophrenia	18	3,214	5,383	3,191	1,579	574	316	14,275
F21, F24, F28–F29 Schizotypal and other delusional disorders	15	384	319	143	59	22	28	970
F22 Persistent delusional disorders	0	76	173	168	88	54	81	640
F23 Acute and transient psychotic disorders	10	399	380	202	70	29	17	1,107
F25 Schizoaffective disorders	1	426	964	660	381	163	124	2,719
F30 Manic episode	2	86	67	73	54	31	39	352
F31 Bipolar affective disorders	11	485	1,070	1,068	774	525	384	4,317
F32 Depressive episode	31	755	1,227	1,444	1,328	857	1,306	6,948
F33 Recurrent depressive disorders	2	133	244	374	591	405	746	2,495
F34 Persistent mood (affective) disorders	7	85	151	151	95	36	17	542
F38, F39 Other and unspecified mood (affective) disorders	3	14	29	11	10	11	3	81
F40 Phobic anxiety disorders	6	6	8	6	4	3	0	33
F41 Other anxiety disorders	83	90	128	116	133	72	85	707
F42 Obsessive-compulsive disorders	6	48	54	39	19	8	3	177
F43 Reaction to severe stress and adjustment disorders	76	884	1,310	1,165	1,021	636	200	5,292
F44 Dissociative (conversion) disorders	2	8	11	7	9	2	3	42
F45, F48 Somatoform and other neurotic disorders	3	8	12	13	10	4	4	54
F50 Eating disorders	2	20	3	2	1	0	0	28
F51–F59 Other behav syndromes associated w physiol dist & phys factors	1	0	2	7	5	4	4	23
F60 Specific personality disorders	7	313	484	279	109	20	12	1,224
F61–F69 Disorders of adult personality and behaviour	2	35	64	41	14	13	8	177
F70–F79 Mental retardation	3	27	28	20	9	10	3	100
F80–F89 Disorders of psychological development	67	88	26	6	6	1	1	195
F90 Hyperkinetic disorders	48	12	6	1	0	0	0	67
F91 Conduct disorders	151	83	5	6	3	1	3	252
F92–F98 Other & unspec disorders w onset childhood adolescence	81	12	5	1	1	0	0	100
F99 Mental disorder not otherwise specified	2	17	21	11	6	5	28	90
G30 Alzheimer's disease	0	0	0	0	3	27	333	363
G47 Sleep disorders	0	1	3	7	8	29	10	58
R44 Other symptoms & signs involving general sensations and perceptions	0	2	5	6	2	2	0	17
R45 Symptoms & signs involving emotional state	0	14	9	5	3	2	0	33
Other factors related to mental and behavioural disorders ^(b)	113	17	36	51	24	7	9	257
Other factors related to substance use ^(c)	0	2	1	1	1	1	0	6
Other ^(d)	82	431	663	574	421	397	799	3,367
Total	845	9,835	14,844	11,141	7,828	4,490	5,429	54,412

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

Note: Abbreviations: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, physiol—physiological.

Table 5.11: Separations^(a) with specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2002–03

Principal diagnosis		Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F03	Dementia	0	0	0	7	6	22	412	447
F04–F09	Other organic mental disorders	1	13	46	65	65	47	187	424
F10	Mental and behavioural disorders due to use of alcohol	1	108	282	438	452	207	67	1,555
F11–F19	Mental and behav disorders due to other psychoactive substances use	7	569	583	259	109	31	19	1,577
F20	Schizophrenia	15	1,076	1,817	1,630	1,091	677	621	6,927
F21, F24, F28–F29	Schizotypal and other delusional disorders	15	265	209	125	103	31	55	803
F22	Persistent delusional disorders	2	29	92	124	115	66	162	590
F23	Acute and transient psychotic disorders	12	247	294	192	141	61	53	1,000
F25	Schizoaffective disorders	3	397	886	818	728	440	238	3,510
F30	Manic episode	1	67	105	102	76	39	38	428
F31	Bipolar affective disorders	13	534	1,339	1,518	1,153	954	911	6,422
F32	Depressive episode	120	1,437	1,955	2,182	1,753	1,190	2,367	11,004
F33	Recurrent depressive disorders	7	319	650	1,114	1,319	791	1,784	5,984
F34	Persistent mood (affective) disorders	41	281	196	214	173	72	40	1,017
F38, F39	Other and unspecified mood (affective) disorders	8	25	28	27	9	8	10	115
F40	Phobic anxiety disorders	7	21	14	20	14	9	10	95
F41	Other anxiety disorders	54	139	190	221	259	165	321	1,349
F42	Obsessive-compulsive disorders	8	91	52	31	29	11	9	231
F43	Reaction to severe stress and adjustment disorders	141	1,305	1,321	1,291	759	197	170	5,184
F44	Dissociative (conversion) disorders	26	47	95	122	104	28	7	429
F45, F48	Somatoform and other neurotic disorders	5	27	15	20	20	7	19	113
F50	Eating disorders	57	670	188	70	48	2	2	1,037
F51–F59	Other behav syndromes associated w physiol dist & phys factors	0	52	162	62	2	6	1	285
F60	Specific personality disorders	16	1,028	1,078	762	328	52	25	3,289
F61–F69	Disorders of adult personality and behaviour	3	36	27	32	30	5	4	137
F70–F79	Mental retardation	1	34	28	15	8	5	3	94
F80–F89	Disorders of psychological development	40	11	13	1	2	4	0	71
F90	Hyperkinetic disorders	13	9	3	0	1	0	0	26
F91	Conduct disorders	64	49	9	4	2	1	2	131
F92–F98	Other & unspec disorders w onset childhood adolescence	66	18	3	2	1	0	0	90
F99	Mental disorder not otherwise specified	4	19	9	10	3	11	49	105
G30	Alzheimer's disease	0	0	0	0	1	27	375	403
G47	Sleep disorders	1	1	2	1	1	0	5	11
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	0	18	42	12	4	0	0	76
R44	Other symptoms & signs involving general sensations and perceptions	1	4	2	3	0	0	4	14
R45	Symptoms & signs involving emotional state	1	18	6	3	0	2	1	31
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	1	0	1
	Other factors related to mental and behavioural disorders ^(b)	110	31	51	82	21	8	4	307
	Other factors related to substance use ^(c)	0	1	1	0	0	1	0	3
	Other ^(d)	80	533	527	532	402	288	932	3,294
	Total	944	9,529	12,320	12,111	9,332	5,466	8,907	58,609

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnoses as listed in Appendix 3.

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

Table 5.12: Mental health-related separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care reported for Aboriginal and Torres Strait Islander peoples, by principal diagnosis in ICD-10-AM groupings, Australia, 2002-03

Principal diagnosis	Separations			Patient-days	Psychiatric care days
	Same-day	Overnight	Total		
F00-F03 Dementia	0	9	9	197	197
F04-F09 Other organic mental disorders	0	37	37	1,612	1,610
F10 Mental and behavioural disorders due to use of alcohol	7	213	220	3,443	3,439
F11-F19 Mental and behav disorders due to other psychoactive substances use	6	395	401	3,629	3,610
F20 Schizophrenia	16	1,062	1,078	37,018	36,956
F21, F24, F28-F29 Schizotypal and other delusional disorders	2	115	117	2,208	2,195
F22 Persistent delusional disorders	1	36	37	514	511
F23 Acute and transient psychotic disorders	1	117	118	1,149	1,142
F25 Schizoaffective disorders	3	218	221	4,169	4,159
F30 Manic episode	2	25	27	279	278
F31 Bipolar affective disorders	2	212	214	4,275	4,263
F32 Depressive episode	30	340	370	3,295	3,251
F33 Recurrent depressive disorders	1	65	66	615	615
F34 Persistent mood (affective) disorders	1	42	43	300	299
F38, F39 Other and unspecified mood (affective) disorders	0	6	6	63	63
F40 Phobic anxiety disorders	0	4	4	63	63
F41 Other anxiety disorders	0	18	18	210	203
F43 Reaction to severe stress and adjustment disorders	12	407	419	2,240	2,226
F44 Dissociative (conversion) disorders	1	0	1	1	1
F45, F48 Somatoform and other neurotic disorders	0	2	2	8	8
F50 Eating disorders	0	8	8	158	79
F51-F59 Other behav syndromes associated w physiol dist & phys factors	0	9	9	95	95
F60 Specific personality disorders	1	174	175	1,155	1,135
F61-F69 Disorders of adult personality and behaviour	1	12	13	95	95
F70-F79 Mental retardation	1	12	13	3,084	3,082
F80-F89 Disorders of pscychological development	0	4	4	53	53
F90 Hyperkinetic disorders	0	2	2	6	6
F91 Conduct disorders	1	19	20	80	80
F92-F98 Other & unspec disorders w onset childhood adolescence	0	7	7	289	244
F99 Mental disorder not otherwise specified	2	5	7	9	9
G30 Alzheimer's disease	0	1	1	21	21
G47 Sleep disorders	0	1	1	6	6
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	0	7	7	141	135
R44 Other symptoms & signs involving general sensations and perceptions	1	1	2	2	2
R45 Symptoms & signs involving emotional state	0	6	6	16	15
Other factors related to mental and behavioural disorders ^(b)	2	20	22	139	138
Other factors related to substance use ^(c)	0	3	3	40	40
Other ^(d)	4	179	183	7,614	7,433
Total	98	3,793	3,891	78,291	77,757

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 5.13: Separations^(a) with specialised psychiatric care by mental health legal status and principal diagnosis in ICD-10-AM groupings, and hospital type, Australia, 2002–03

Principal diagnosis		Public acute		Private		Public psychiatric		Total		
		Involuntary	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Not reported
F00–F03	Dementia	308	368	0	60	71	157	379	585	90
F04–F09	Other organic mental disorders	277	343	4	88	100	72	381	503	71
F10	Mental and behavioural disorders due to use of alcohol	544	980	3	1,597	227	236	774	2,813	662
F11–F19	Mental and behav disorders due to other psychoactive substances use	1,681	1,471	13	894	489	294	2,183	2,659	207
F20	Schizophrenia	9,669	6,924	50	817	2,265	1,210	11,984	8,951	282
F21, F24, F28–F29	Schizotypal and other delusional disorders	756	625	7	62	124	169	887	856	30
F22	Persistent delusional disorders	518	422	6	86	119	42	643	550	37
F23	Acute and transient psychotic disorders	968	677	3	79	245	116	1,216	872	21
F25	Schizoaffective disorders	2,401	1,907	9	670	573	338	2,983	2,915	332
F30	Manic episode	387	222	3	58	61	28	451	308	21
F31	Bipolar affective disorders	3,755	3,418	37	1,496	693	494	4,485	5,408	847
F32	Depressive episode	2,345	7,883	29	4,866	380	835	2,754	13,584	1,614
F33	Recurrent depressive disorders	685	2,875	5	3,211	57	121	747	6,207	1,525
F34	Persistent mood (affective) disorders	203	819	1	278	55	115	259	1,212	88
F38, F39	Other and unspecified mood (affective) disorders	51	83	0	31	7	13	58	127	11
F40	Phobic anxiety disorders	7	50	0	44	1	10	8	104	16
F41	Other anxiety disorders	119	769	3	688	16	132	138	1,589	329
F42	Obsessive-compulsive disorders	40	152	0	77	5	58	45	287	76
F43	Reaction to severe stress and adjustment disorders	1,771	5,004	13	1,942	573	569	2,357	7,515	604
F44	Dissociative (conversion) disorders	47	116	1	244	13	7	61	367	43
F45, F48	Somatoform and other neurotic disorders	31	65	1	53	3	6	35	124	8
F50	Eating disorders	114	443	4	374	11	15	129	832	104
F51–F59	Other behav syndromes associated w physiol dist & phys factors	49	142	0	79	9	5	58	226	24
F60	Specific personality disorders	1,082	2,287	4	269	327	411	1,413	2,967	133
F61–F69	Disorders of adult personality and behaviour	51	137	3	61	22	35	76	233	5
F70–F79	Mental retardation	64	84	0	2	23	20	87	106	1
F80–F89	Disorders of psychological development	32	110	0	7	20	93	52	210	4
F90	Hyperkinetic disorders	6	60	0	8	0	19	6	87	0
F91	Conduct disorders	80	230	1	6	11	55	92	291	0
F92–F98	Other & unspec disorders w onset childhood adolescence	9	124	0	5	7	42	16	171	3
F99	Mental disorder not otherwise specified	78	104	0	6	1	0	79	110	6
G30	Alzheimer's disease	160	322	0	52	63	100	223	474	69
G47	Sleep disorders	1	11	1	54	0	0	2	65	2
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	30	36	1	2	4	1	35	39	2
R44	Other symptoms & signs involving general sensations and perceptions	4	23	0	3	0	1	4	27	0
R45	Symptoms & signs involving emotional state	20	38	0	3	0	0	20	41	3
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	1	0	0	0	0	0	1	0
	Other factors related to mental and behavioural disorders ^(b)	34	252	1	9	11	251	46	512	6
	Other factors related to substance use ^(c)	0	3	0	0	1	5	1	8	0
	Other ^(d)	1,218	4,300	1	214	257	596	1,476	5,110	80
	Total	29,595	43,880	204	18,495	6,844	6,671	36,643	69,046	7,356

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

Table 5.14: Separations^(a), patient-days and psychiatric care days for separations with specialised psychiatric care, with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2002–03

Principal diagnosis	Separations			Patient-days	Psychiatric care days
	Same-day	Overnight	Total		
A00–B99 Certain infectious and parasitic diseases	0	10	10	230	216
C00–D48 Neoplasms	0	19	19	655	401
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0	15	15	122	113
E00–E90 Endocrine nutritional and metabolic diseases	0	59	59	1,216	883
F00–F99 Mental and behavioural disorders	1,749	49,948	51,697	962,389	954,667
G00–G99 Diseases of the nervous system	4	944	948	54,975	54,363
H00–H59 Diseases of the eye and adnexa	0	2	2	12	12
H60–H95 Diseases of the ear and mastoid process	0	3	3	20	19
I00–I99 Diseases of the circulatory system	0	77	77	1,750	1,083
J00–J99 Diseases of the respiratory system	1	54	55	3,892	3,535
K00–K93 Diseases of the digestive system	0	59	59	901	636
L00–L99 Diseases of the skin and subcutaneous tissue	1	20	21	448	390
M00–M99 Diseases of the musculoskeletal system and connective tissue	0	36	36	749	583
N00–N99 Diseases of the genitourinary system	0	39	39	666	518
O00–O99 Pregnancy childbirth and the puerperium	1	85	86	1,286	1,139
P00–P96 Certain conditions originating in the perinatal period	0	0	0	..	..
Q00–Q99 Congenital malformations deformations and chromosomal abnormalities	0	5	5	1,129	1,129
R00–R99 Symptoms signs and abnormal clinical and laboratory findings not elsewhere classified	0	162	162	1,746	1,626
S00–T98 Injury poisoning and certain other consequences of external causes	49	2,156	2,205	19,466	17,306
Z00–Z99 Factors influencing health status and contact with health services	244	854	1,098	106,324	106,053
Total	2,049	54,547	56,596	1,157,976	1,144,672

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 5.15: Separations^(a), patient-days and psychiatric care days for separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2002-03

Principal diagnosis	With no other mental health-related diagnosis						With a mental health-related additional diagnosis						
	Separations			Patient-days	Psychiatric care days	Average length of stay (o'night)	Separations			Patient-days	Psychiatric care days	Average length of stay (o'night)	
	Same-day	Overnight	Total				Same-day	Overnight	Total				
F00-F03	Dementia	6	566	572	30,110	30,000	53.2	5	477	482	20,059	19,716	42.0
F04-F09	Other organic mental disorders	4	383	387	10,621	10,494	27.7	21	547	568	35,894	35,656	65.6
F10	Mental and behavioural disorders due to use of alcohol	32	1,341	1,373	17,647	17,501	13.1	42	2,834	2,876	36,427	35,726	12.8
F11-F19	Mental and behav disorders due to other psychoactive substances use	36	1,596	1,632	15,257	15,108	9.5	45	3,372	3,417	34,644	34,415	10.3
F20	Schizophrenia	324	11,762	12,086	561,251	546,351	47.7	126	9,005	9,131	275,348	274,544	30.6
F21, F24, F28-F29	Schizotypal and other delusional disorders	25	847	872	13,109	12,857	15.4	68	833	901	13,682	13,580	16.3
F22	Persistent delusional disorders	26	660	686	12,843	11,578	19.4	17	527	544	11,153	11,095	21.1
F23	Acute and transient psychotic disorders	62	969	1,031	13,361	13,127	13.7	47	1,031	1,078	13,279	13,001	12.8
F25	Schizoaffective disorders	290	3,302	3,592	77,881	77,451	23.5	66	2,572	2,638	63,951	63,735	24.8
F30	Manic episode	6	402	408	6,917	6,772	17.2	6	366	372	5,366	5,319	14.6
F31	Bipolar affective disorders	656	6,176	6,832	122,306	121,569	19.7	96	3,812	3,908	79,269	78,343	20.8
F32	Depressive episode	2,848	7,169	10,017	122,450	120,652	16.7	411	7,524	7,935	119,941	118,149	15.9
F33	Recurrent depressive disorders	2,138	3,483	5,621	62,828	62,333	17.4	252	2,606	2,858	50,534	50,135	19.3
F34	Persistent mood (affective) disorders	20	423	443	4,471	4,442	10.5	21	1,095	1,116	14,061	13,870	12.8
F38, F39	Other and unspecified mood (affective) disorders	4	84	88	1,044	1,037	12.4	2	106	108	1,662	1,657	15.7
F40	Phobic anxiety disorders	4	44	48	594	586	13.4	1	79	80	1,279	1,269	16.2
F41	Other anxiety disorders	95	767	862	11,561	11,133	14.9	44	1,150	1,194	18,939	18,743	16.4
F42	Obsessive-compulsive disorders	2	126	128	2,202	2,159	17.5	40	240	280	4,156	4,117	17.2
F43	Reaction to severe stress and adjustment disorders	88	3,035	3,123	21,448	21,141	7.0	254	7,099	7,353	61,665	61,330	8.7
F44	Dissociative (conversion) disorders	19	126	145	1,698	1,679	13.3	8	318	326	3,869	3,771	12.1
F45, F48	Somatoform and other neurotic disorders	2	47	49	555	551	11.8	2	116	118	2,040	2,014	17.6
F50	Eating disorders	44	453	497	13,124	12,795	28.9	17	551	568	15,860	15,522	28.8
F51-F59	Other behav syndromes associated w physiol dist & phys factors	8	185	193	2,652	2,644	14.3	3	112	115	1,661	1,656	14.8
F60	Specific personality disorders	41	1,677	1,718	12,717	12,238	7.6	63	2,732	2,795	26,813	26,616	9.8
F61-F69	Disorders of adult personality and behaviour	2	91	93	1,180	1,168	12.9	8	213	221	14,212	14,204	66.7
F70-F79	Mental retardation	2	91	93	26,401	26,375	290.1	1	100	101	29,000	28,993	290.0
F80-F89	Disorders of psychological development	2	96	98	1,029	958	10.7	72	96	168	2,994	2,989	30.4
F90	Hyperkinetic disorders	0	27	27	265	255	9.8	1	65	66	918	916	14.1
F91	Conduct disorders	8	140	148	841	835	6.0	5	230	235	1,824	1,815	7.9
F92-F98	Other & unspec disorders w onset childhood adolescence	14	59	73	549	526	9.1	1	116	117	1,754	1,640	15.1
F99	Mental disorder not otherwise specified	9	158	167	6,945	6,941	43.9	4	24	28	135	131	5.5
G30	Alzheimer's disease	0	40	40	7,772	7,750	194.3	3	723	726	45,637	45,344	63.1
G47	Sleep disorders	0	55	55	78	78	1.4	0	14	14	142	111	10.1
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	0	1	1	77	76	77.0	1	74	75	1,080	988	14.6
R44	Other symptoms & signs involving general sensations and perceptions	2	13	15	153	145	11.6	0	16	16	110	104	6.9
R45	Symptoms & signs involving emotional state	6	24	30	53	52	2.0	0	34	34	271	248	8.0
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	0	..	0	1	1	26	26	26.0
	Other factors related to mental and behavioural disorders ^(b)	14	507	521	3,637	3,592	7.1	1	42	43	225	220	5.3
	Other factors related to substance use ^(c)	0	3	3	33	8	11.0	0	6	6	729	729	121.5
	Other ^(d)	77	2,605	2,682	38,523	36,373	14.8	295	3,689	3,984	147,367	142,235	39.9
	Total	6,916	49,533	56,449	1,226,183	1,201,330	24.6	2,049	54,547	56,596	1,157,976	1,144,672	21.2

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

Note: unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, behav—behavioural, child—childbirth, physiol—physiological.

Table 5.16: Separations^(a), patient-days and psychiatric care days for the top five additional mental health-related diagnoses for separations with specialised psychiatric care, by selected mental health-related principal diagnosis, Australia, 2002–03

Principal diagnosis	Separations			Patient-days	Psychiatric care days	Average length of stay (o'night)	Average length of psychiatric care	
	Same-day	Overnight	Total					
Mental and behavioural disorders due to psychoactive substances use (F10–F19)								
Top five additional diagnoses^(b)								
F60	Specific personality disorders	15	1,378	1,393	12,692	12,589	9.2	9.1
F32	Depressive episode	10	872	882	11,828	11,377	13.6	13.0
F43	Reaction to severe stress and adjustment disorders	6	656	662	7,201	7,156	11.0	10.9
F20	Schizophrenia	7	382	389	5,831	5,802	15.2	15.2
	Other factors related to mental and behavioural disorders ^(c)	3	367	370	3,762	3,746	10.2	10.2
	<i>Total</i>	155	9,143	9,298	103,975	102,750	11.4	11.2
Schizophrenia, schizotypal and delusional disorders (F20–F29)								
Top five additional diagnoses^(b)								
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	79	9,635	9,714	213,700	212,842	22.2	22.1
F10	Mental and behavioural disorders due to use of alcohol	24	2,987	3,011	73,435	73,108	24.6	24.5
F60	Specific personality disorders	17	2,060	2,077	48,898	48,793	23.7	23.7
F32	Depressive episode	79	968	1,047	19,557	19,404	20.1	20.0
	Other factors related to mental and behavioural disorders ^(c)	8	1,021	1,029	20,795	20,631	20.4	20.2
	<i>Total</i>	1,051	31,508	32,559	1,055,858	1,037,319	33.5	32.9
Mood (affective) disorders (F30–F39)								
Top five additional diagnoses^(b)								
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	127	4,745	4,872	70,399	69,903	14.8	14.7
F60	Specific personality disorders	144	4,016	4,160	63,350	62,835	15.7	15.6
F10	Mental and behavioural disorders due to use of alcohol	98	3,501	3,599	47,942	47,418	13.7	13.5
F43	Reaction to severe stress and adjustment disorders	93	2,220	2,313	31,188	30,793	14.0	13.8
F41	Other anxiety disorders	131	1,829	1,960	36,130	35,790	19.7	19.5
	<i>Total</i>	6,460	33,246	39,706	590,849	584,278	17.6	17.4
Neurotic, stress-related and somatoform disorder (F40–F49)								
Top five additional diagnoses^(b)								
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	58	2,761	2,819	17,390	17,230	6.3	6.2
F60	Specific personality disorders	45	2,658	2,703	21,003	20,880	7.9	7.8
F10	Mental and behavioural disorders due to use of alcohol	50	2,345	2,395	21,334	21,213	9.1	9.0
F32	Depressive episode	126	1,916	2,042	27,446	27,199	14.3	14.1
	Other factors related to mental and behavioural disorders ^(c)	30	1,124	1,154	8,894	8,835	7.9	7.8
	<i>Total</i>	559	13,147	13,706	130,006	128,493	9.8	9.7

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Where the additional diagnosis is different from the principal diagnosis.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

Table 5.17: Separation statistics for separations^(a) with specialised psychiatric care, with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis	Separations			Patient-days	Psychiatric care days
	Same-day	Overnight	Total		
F00–F03 Dementia	0	2	2	50	46
F04–F09 Other organic mental disorders	0	18	18	376	369
F10 Mental and behavioural disorders due to use of alcohol	3	100	103	651	634
F11–F19 Mental and behav disorders due to other psychoactive substances use	3	84	87	653	632
F20 Schizophrenia	0	270	270	4,928	4,848
F21, F24, F28–F29 Schizotypal and other delusional disorders	1	34	35	644	623
F22 Persistent delusional disorders	0	17	17	300	299
F23 Acute and transient psychotic disorders	1	22	23	256	244
F25 Schizoaffective disorders	1	72	73	2,131	2,102
F30 Manic episode	0	6	6	98	98
F31 Bipolar affective disorders	1	151	152	2,313	2,268
F32 Depressive episode	17	764	781	12,314	11,949
F33 Recurrent depressive disorders	0	263	263	5,058	4,932
F34 Persistent mood (affective) disorders	1	121	122	1,228	1,113
F38, F39 Other and unspecified mood (affective) disorders	0	10	10	88	86
F40 Phobic anxiety disorders	0	4	4	58	58
F41 Other anxiety disorders	0	39	39	586	575
F42 Obsessive-compulsive disorders	0	13	13	237	235
F43 Reaction to severe stress and adjustment disorders	24	676	700	4,737	4,496
F44 Dissociative (conversion) disorders	0	38	38	733	726
F45,F48 Somatoform and other neurotic disorders	1	13	14	94	92
F50 Eating disorders	0	41	41	1,722	1,606
F51–F59 Other behav syndromes associated with physiological dist and physical factors	0	2	2	25	24
F60 Specific personality disorders	10	571	581	4,509	4,394
F60–F69 Disorders of adult personality and behaviour	0	26	26	133	124
F70–F79 Mental retardation	0	2	2	65	64
F80–F89 Disorders of psychological development	0	1	1	13	13
F90 Hyperkinetic disorders	0	1	1	3	3
F91 Conduct disorders	0	10	10	94	92
F92–F98 Other and unspecified disorders with onset in childhood or adolescence	0	6	6	298	245
F99 Mental disorder not otherwise specified	1	7	8	46	42
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	1	1	2	6	6
R44 Mental disorders & dis of the nerv sys complic pregnancy, childhood & puerperium	1	0	1	1	1
R45 Symptoms & signs involving emotional state	0	1	1	5	5
Other factors related to mental and behavioural disorders ^(b)	0	2	2	27	23
Other factors related to substance use ^(c)	0	0	0	0	0
Other ^(d)	46	2,018	2,064	16,917	15,009
Total	112	5,406	5,518	61,397	58,076

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3.

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

5.4 Australian Refined Diagnosis Related Groups

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 version 5.0 (DHAC 2000a, 2000b). Although the AR-DRGs are designed to be homogeneous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogeneous than most other AR-DRG types.

Overview

The 30 most frequently reported AR-DRGs for mental health-related separations with specialised psychiatric care are detailed in Table 5.18. The largest number of same-day separations was reported for U40Z *Mental health treatment, same day, with electroconvulsive therapy* (5,840 separations or 73.3% of same-day separations).

The largest number of overnight separations was reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities, which* accounted for 23.1% (22,502 separations) of overnight separations. *Personality disorders and acute reactions* (U67Z), *Schizophrenia disorders with mental health legal status* (U61A) and *Schizophrenia disorders without mental health legal status* (U61B) were the AR-DRGs with the next largest number of separations.

Data for 2002–03 on the average and median length of stay by AR-DRG can be found in Tables A3.15 and A3.16 and on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

Hospital type

Tables 5.19 to 5.21 outline the 30 most frequently reported AR-DRGs for mental health-related separations with specialised psychiatric care for each hospital type.

The largest number of overnight and total separations for public acute care hospitals were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 13,019 separations) (Table 5.19). *Mental health treatment, same day, with electroconvulsive therapy* (U40Z, 3,415 separations) was reported for the largest number of same-day separations for public acute hospitals. The largest number of patient-days and psychiatric care days in this category were reported for the AR-DRG *Schizophrenia disorders with mental health legal status* (U61A, 273,031 patient-days and 272,155 psychiatric care days).

In private hospitals, *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B, 7,595 separations) had the largest numbers of overnight and total separations with specialised psychiatric care (Table 5.20). *Mental health treatment, same day, with electroconvulsive therapy* (U40Z) again had the largest numbers of same-day separations in this category (2,420 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, 144,264 patient-days and 143,447 psychiatric care days).

Public psychiatric hospitals had a slightly different distribution of separations by AR-DRG, with *Schizophrenia disorders with mental health legal status* (U61A) having the largest number of overnight and total separations with specialised psychiatric care (2,597 separations or 22.3% of overnight separations), followed by *Personality disorders and acute reactions* (U67Z), 1,924 separations or 16.5% of overnight separations, (see Table 5.21). Over 44% of all patient-days and psychiatric care days in public psychiatric hospitals were for separations classified in the AR-DRG *Schizophrenia disorders with mental health legal status* (U61A).

5.5 Procedures

The *National Health Data Dictionary*, version 11 (NHDC 2002), defines a procedure as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting. One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions.

Table 5.22 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations with specialised psychiatric care by hospital type. The most frequently reported procedures in public acute hospitals were *Allied health intervention, social work* (12,260 separations), *Allied health intervention, occupational therapy* (9,537 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,118 separations). For private hospitals, the most frequently reported procedures were *Electroconvulsive therapy, 8 treatments or less* (4,697 separations), *General anaesthesia, ASA 99* (4,115 separations) and *Allied health intervention, psychology* (1,662 separations). For public psychiatric hospitals, the most frequently reported procedures were *Allied health intervention, social work* (5,225 separations), *Mental/behavioural assessment* (2,755 separations) and *Allied health intervention, occupational therapy* (2,669 separations).

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM, which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. American Society of Anaesthesiologists (ASA) Physical Status Classification scores were newly incorporated into ICD-10-AM 3rd edition. The ASA score is reflected in the last two digits of anaesthesia codes, with the first digit representing the ASA score and the second digit identifying whether the procedure was being performed as an emergency (see the Glossary for more information).

Note that where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Table 5.18: The 30 most frequently reported AR-DRGs version 5.0 for separations^(a) with specialised psychiatric care, Australia, 2002–03

AR-DRG Description	Separations			Per 1,000 population ^(b)	Patient-days	Patient-days per 1,000 population ^(b)	Psychiatric care days per 1,000 population ^(b)	
	Same-day	Overnight	Total				Psychiatric care days	1,000 population ^(b)
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	0	22,502	22,502	1.14	374,350	18.95	371,057	18.78
U67Z Personality Disorders and Acute Reactions	0	14,743	14,743	0.75	110,213	5.58	108,905	5.51
U61A Schizophrenia Disorders W Mental Health Legal Status	0	14,583	14,583	0.74	457,103	23.14	451,978	22.88
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	11,451	11,451	0.58	233,476	11.82	231,863	11.74
U40Z Mental Health Treatment, Sameday, W ECT	5,840	0	5,840	0.30	5,840	0.30	5,840	0.30
U64Z Other Affective and Somatoform Disorders	0	5,564	5,564	0.28	69,000	3.49	67,707	3.43
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	0	3,989	3,989	0.20	96,992	4.91	94,904	4.80
V61Z Drug Intoxication and Withdrawal	49	3,017	3,066	0.16	25,728	1.30	25,551	1.29
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	2,423	2,423	0.12	38,079	1.93	37,674	1.91
V62A Alcohol Use Disorder and Dependence	0	2,163	2,163	0.11	27,240	1.38	26,579	1.35
U65Z Anxiety Disorders	0	1,867	1,867	0.09	24,756	1.25	24,455	1.24
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,847	1,847	0.09	23,142	1.17	22,708	1.15
U60Z Mental Health Treatment, Sameday, W/O ECT	1,789	0	1,789	0.09	1,789	0.09	1,789	0.09
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	33	1,681	1,714	0.09	64,104	3.24	63,486	3.21
U66Z Eating and Obsessive-Compulsive Disorders	0	1,297	1,297	0.07	32,239	1.63	31,490	1.59
V64Z Other Drug Use Disorder and Dependence	23	1,213	1,236	0.06	11,478	0.58	11,302	0.57
V60B Alcohol Intoxication and Withdrawal W/O CC	37	1,103	1,140	0.06	6,613	0.33	6,527	0.33
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	20	915	935	0.05	4,826	0.24	4,416	0.22
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	16	900	916	0.05	8,746	0.44	7,736	0.39
Z64A Other Factors Influencing Health Status	0	904	904	0.05	10,130	0.51	9,680	0.49
B64B Delirium W/O Catastrophic CC	1	412	413	0.02	7,128	0.36	6,933	0.35
U68Z Childhood Mental Disorders	0	387	387	0.02	4,980	0.25	4,756	0.24
V63A Opioid Use Disorder and Dependence	2	311	313	0.02	3,215	0.16	3,198	0.16
O61Z Postpartum and Post Abortion W/O O.R. Procedure	10	277	287	0.01	4,202	0.21	4,188	0.21
V60A Alcohol Intoxication and Withdrawal W CC	9	242	251	0.01	3,330	0.17	3,252	0.16
X60C Injuries Age <65	14	237	251	0.01	1,391	0.07	1,318	0.07
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	3	213	216	0.01	7,605	0.38	7,540	0.38
E62C Respiratory Infections/Inflammations W/O CC	0	69	69	<0.01	351	0.02	329	0.02
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	0	66	66	<0.01	451	0.02	410	0.02
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1	59	60	<0.01	103	<0.01	100	<0.01
All other AR-DRGS	120	2,979	3,099	0.16	58,247	2.95	52,743	2.67
Total	7,967	97,414	105,381	5.33	1,716,847	86.89	1,690,414	85.56

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the total Australian estimated resident population of 31 December 2002.

Note: W—without, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic, CDE—common duct exploration.

Table 5.19: Separations, patient-days and psychiatric care days for separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs version 5.0, public acute hospitals, Australia, 2002-03

AR-DRG Description	Separations				Total patient-days	Patient-days per 1,000 population ^(b)	Total psychiatric care days	Psychiatric care days per 1,000 population ^(b)
	Same-day	Overnight	Total	Per 1,000 population ^(b)				
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	0	13,019	13,019	0.66	190,915	9.66	188,931	9.56
U61A Schizophrenia Disorders W Mental Health Legal Status	0	11,920	11,920	0.60	273,031	13.82	272,155	13.77
U67Z Personality Disorders and Acute Reactions	0	10,391	10,391	0.53	59,297	3.00	58,472	2.96
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	8,379	8,379	0.42	126,420	6.40	125,278	6.34
U64Z Other Affective and Somatoform Disorders	0	3,915	3,915	0.20	41,078	2.08	40,459	2.05
U40Z Mental Health Treatment, Same-day, W ECT	3,415	0	3,415	0.17	3,415	0.17	3,415	0.17
V61Z Drug Intoxication and Withdrawal	41	2,430	2,471	0.13	19,699	1.00	19,546	0.99
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	0	2,213	2,213	0.11	53,447	2.71	51,721	2.62
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	1,979	1,979	0.10	29,649	1.50	29,335	1.48
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,411	1,411	0.07	15,653	0.79	15,454	0.78
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	29	1,127	1,156	0.06	35,892	1.82	35,431	1.79
U60Z Mental Health Treatment, Same-day, W/O ECT	1,080	0	1,080	0.05	1,080	0.05	1,080	0.05
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	20	892	912	0.05	4,550	0.23	4,165	0.21
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	15	859	874	0.04	8,204	0.42	7,239	0.37
U65Z Anxiety Disorders	0	780	780	0.04	7,899	0.40	7,769	0.39
V60B Alcohol Intoxication and Withdrawal W/O CC	30	684	714	0.04	2,994	0.15	2,922	0.15
U66Z Eating and Obsessive-Compulsive Disorders	0	696	696	0.04	16,090	0.81	15,529	0.79
V62A Alcohol Use Disorder and Dependence	0	618	618	0.03	4,272	0.22	4,136	0.21
V64Z Other Drug Use Disorder and Dependence	10	595	605	0.03	3,318	0.17	3,261	0.17
Z64A Other Factors Influencing Health Status	0	464	464	0.02	6,367	0.32	6,359	0.32
U68Z Childhood Mental Disorders	0	289	289	0.01	3,856	0.20	3,746	0.19
B64B Delirium W/O Catastrophic CC	1	267	268	0.01	3,720	0.19	3,549	0.18
X60C Injuries Age <65	14	233	247	0.01	1,352	0.07	1,279	0.06
O61Z Postpartum and Post Abortion W/O O.R. Procedure	7	186	193	<0.01	2,366	0.12	2,354	0.12
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	2	168	170	<0.01	1,699	0.09	1,654	0.08
V60A Alcohol Intoxication and Withdrawal W CC	6	144	150	<0.01	1,812	0.09	1,754	0.09
V63A Opioid Use Disorder and Dependence	2	79	81	<0.01	372	0.02	368	0.02
E62C Respiratory Infections/Inflammations W/O CC	0	69	69	<0.01	351	0.02	329	0.02
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	0	65	65	<0.01	426	0.02	396	0.02
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	1	59	60	<0.01	103	<0.01	100	<0.01
All other AR-DRGS	81	2,552	2,633	0.13	29,019	1.47	24,476	1.24
Total	4,754	66,483	71,237	3.61	948,346	48.00	932,662	47.20

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the estimated resident population as at 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic, CDE—common duct exploration.

Table 5.20: Separations, patient-days and psychiatric care days for separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs version 5.0, private hospitals, Australia, 2002–03

AR-DRG Description	Separations			Per 1,000 population ^(b)	Patient-days	Patient-days per 1,000 population ^(b)	Psychiatric care days	Psychiatric care days per 1,000 population ^(b)
	Same-day	Overnight	Total					
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	0	7,595	7,595	0.38	144,264	7.30	143,447	7.26
U67Z Personality Disorders and Acute Reactions	0	2,428	2,428	0.12	35,753	1.81	35,658	1.80
U40Z Mental Health Treatment, Same-day, W ECT	2,420	0	2,420	0.12	2,420	0.12	2,420	0.12
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,631	1,631	0.08	33,233	1.68	33,208	1.68
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	0	1,479	1,479	0.07	33,972	1.72	33,616	1.70
V62A Alcohol Use Disorder and Dependence	0	1,401	1,401	0.07	21,139	1.07	20,727	1.05
U64Z Other Affective and Somatoform Disorders	0	1,238	1,238	0.06	22,102	1.12	21,841	1.11
U65Z Anxiety Disorders	0	1,006	1,006	0.05	15,841	0.80	15,745	0.80
U66Z Eating and Obsessive-Compulsive Disorders	0	554	554	0.03	14,965	0.76	14,860	0.75
V64Z Other Drug Use Disorder and Dependence	7	391	398	0.02	6,579	0.33	6,570	0.33
U60Z Mental Health Treatment, Same-day, W/O ECT	332	0	332	0.02	332	0.02	332	0.02
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2	234	236	0.01	5,418	0.27	5,313	0.27
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	218	218	0.01	3,534	0.18	3,513	0.18
V63A Opioid Use Disorder and Dependence	0	199	199	0.01	2,632	0.13	2,631	0.13
V60B Alcohol Intoxication and Withdrawal W/O CC	2	173	175	<0.01	2,153	0.11	2,152	0.11
V61Z Drug Intoxication and Withdrawal	4	95	99	<0.01	1,632	0.08	1,632	0.08
O61Z Postpartum and Post Abortion W/O O.R. Procedure	3	77	80	<0.01	1,502	0.08	1,500	0.08
B64B Delirium W/O Catastrophic CC	0	76	76	<0.01	1,482	0.08	1,477	0.07
U61A Schizophrenia Disorders W Mental Health Legal Status	0	66	66	<0.01	2,053	0.10	2,053	0.10
V60A Alcohol Intoxication and Withdrawal W CC	0	57	57	<0.01	768	0.04	748	0.04
E63Z Sleep Apnoea	0	49	49	<0.01	94	<0.01	63	<0.01
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	1	39	40	<0.01	529	0.03	484	0.02
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	25	25	<0.01	688	0.03	688	0.03
U68Z Childhood Mental Disorders	0	23	23	<0.01	416	0.02	416	0.02
Z64A Other Factors Influencing Health Status	0	22	22	<0.01	555	0.03	555	0.03
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	0	21	21	<0.01	137	<0.01	135	<0.01
Z61Z Signs and Symptoms	0	17	17	<0.01	345	0.02	345	0.02
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	0	16	16	<0.01	236	0.01	211	0.01
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	0	10	10	<0.01	161	<0.01	155	<0.01
I68B Non-surgical Spinal Disorders W/O CC	0	9	9	<0.01	261	0.01	175	<0.01
All other AR-DRGS	25	151	176	<0.01	3,197	0.16	2,792	0.14
Total	2,796	19,300	22,096	1.12	358,393	18.14	355,462	17.99

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the estimated resident population as at 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 5.21: Separations, patient-days and psychiatric care days for separations^(a) with specialised psychiatric care for the 30 most frequently reported AR-DRGs version 5.0, public psychiatric hospitals, Australia, 2002–03

AR-DRG Description	Separations				Patient-days	Patient-days per 1,000 population ^(b)	Psychiatric care days	Psychiatric care days per 1,000 population ^(b)
	Same-day	Overnight	Total	Per 1,000 population ^(b)				
U61A Schizophrenia Disorders W Mental Health Legal Status	0	2,597	2,597	0.13	182,019	9.21	177,770	9.00
U67Z Personality Disorders and Acute Reactions	0	1,924	1,924	0.10	15,163	0.77	14,775	0.75
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	0	1,888	1,888	0.10	39,171	1.98	38,679	1.96
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	1,441	1,441	0.07	73,823	3.74	73,377	3.71
V61Z Drug Intoxication and Withdrawal	4	492	496	0.03	4,397	0.22	4,373	0.22
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	419	419	0.02	7,742	0.39	7,651	0.39
Z64A Other Factors Influencing Health Status	0	418	418	0.02	3,208	0.16	2,766	0.14
U64Z Other Affective and Somatoform Disorders	0	411	411	0.02	5,820	0.29	5,407	0.27
U60Z Mental Health Treatment, Same-day, W/O ECT	377	0	377	0.02	377	0.02	377	0.02
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2	320	322	0.02	22,794	1.15	22,742	1.15
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	0	297	297	0.02	9,573	0.48	9,567	0.48
V60B Alcohol Intoxication and Withdrawal W/O CC	5	246	251	0.01	1,466	0.07	1,453	0.07
V64Z Other Drug Use Disorder and Dependence	6	227	233	0.01	1,581	0.08	1,471	0.07
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	218	218	0.01	3,955	0.20	3,741	0.19
V62A Alcohol Use Disorder and Dependence	0	144	144	<0.01	1,829	0.09	1,716	0.09
U65Z Anxiety Disorders	0	81	81	<0.01	1,016	0.05	941	0.05
U68Z Childhood Mental Disorders	0	75	75	<0.01	708	0.04	594	0.03
B64B Delirium W/O Catastrophic CC	0	69	69	<0.01	1,926	0.10	1,907	0.10
U66Z Eating and Obsessive-Compulsive Disorders	0	47	47	<0.01	1,184	0.06	1,101	0.06
V60A Alcohol Intoxication and Withdrawal W CC	3	41	44	<0.01	750	0.04	750	0.04
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	1	35	36	<0.01	5,745	0.29	5,731	0.29
V63A Opioid Use Disorder and Dependence	0	33	33	<0.01	211	0.01	199	0.01
O61Z Postpartum and Post Abortion W/O O.R. Procedure	0	14	14	<0.01	334	0.02	334	0.02
B67B Degenerative Nervous System Disorders Age >59 W/O Cat or Sev CC	0	8	8	<0.01	2,012	0.10	2,012	0.10
B67A Degenerative Nervous System Disorders W Cat or Sev CC	0	7	7	<0.01	316	0.02	316	0.02
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	0	7	7	<0.01	40	<0.01	40	<0.01
B64A Delirium W Catastrophic CC	1	4	5	<0.01	68	<0.01	68	<0.01
B67C Degenerative Nervous System Disorders Age <60 W/O Cat or Sev CC	0	5	5	<0.01	445	0.02	445	0.02
O66A Antenatal & Other Obstetric Admission	0	5	5	<0.01	111	<0.01	111	<0.01
U40Z Mental Health Treatment, Same-day, W ECT	5	0	5	<0.01	5	<0.01	5	<0.01
All other AR-DRGS	13	158	171	<0.01	22,319	1.13	21,871	1.11
Total	417	11,631	12,048	0.61	410,108	20.76	402,290	20.36

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the estimated resident population as at 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 5.22: The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care, by hospital type, Australia, 2002–03

Procedure	Separations for which the procedure was reported			Patient-days	Psychiatric care days	ALOS (days) excluding same-day	Total procedures reported
	Same-day	Overnight	Total				
Public acute hospitals							
95550-01 Allied health intervention, social work	71	12,189	12,260	314,846	308,022	25.8	12,270
95550-02 Allied health intervention, occupational therapy	55	9,482	9,537	268,287	263,166	28.3	9,543
93340-00 Electroconvulsive therapy [ECT] <= 8 treatments	3,353	1,765	5,118	44,566	43,897	23.4	5,141
92514-99 General anaesthesia, ASA 99	3,001	2,051	5,052	64,624	63,093	30.0	13,161
56001-00 Computerised tomography of brain	23	3,750	3,773	95,284	92,092	25.4	3,787
95550-03 Allied health intervention, physiotherapy	7	2,930	2,937	85,700	80,434	29.2	2,944
95550-10 Allied health intervention, psychology	21	2,382	2,403	66,684	65,806	28.0	2,405
95550-00 Allied health intervention, dietetics	58	2,327	2,385	79,961	76,620	34.3	2,390
93340-01 Electroconvulsive therapy [ECT] > 8 treatments	243	652	895	36,589	35,962	55.7	899
92514-29 General anaesthesia, ASA 29	318	502	820	13,259	12,683	25.8	2,243
95550-05 Allied health intervention, speech pathology	1	590	591	26,617	25,064	45.1	592
95550-04 Allied health intervention, podiatry	0	548	548	30,605	30,143	55.8	549
56007-00 Computerised tomography of brain with intravenous contrast medium	0	455	455	12,109	11,287	26.6	455
92515-99 Sedation, ASA 99	42	356	398	10,964	9,896	30.7	618
90901-00 Magnetic resonance imaging of brain	2	372	374	14,223	13,296	38.2	377
95550-09 Allied health intervention, pharmacy	2	360	362	9,235	8,629	25.6	362
92514-19 General anaesthesia, ASA 19	66	229	295	4,810	4,678	20.7	884
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	25	251	276	4,214	4,048	16.7	328
95550-11 Allied health intervention, other	0	270	270	6,937	6,589	25.7	270
92514-39 General anaesthesia, ASA 39	60	189	249	6,570	5,759	34.4	680
92003-00 Alcohol detoxification	1	231	232	2,464	2,355	10.7	232
96175-00 Mental/behavioural assessment	3	209	212	6,000	5,721	28.7	212
95550-12 Allied health intervention, pastoral care	0	177	177	7,046	6,969	39.8	177
96032-00 Psychosocial assessment	0	158	158	2,120	2,089	13.4	158
13706-02 Transfusion of packed cells	2	146	148	2,736	1,825	18.7	150
13882-00 Management of continuous ventilatory support, <= 24 hours	1	145	146	1,885	1,456	13.0	146
30473-01 Panendoscopy to duodenum with biopsy	0	140	140	4,271	3,957	30.5	140
13857-00 Continuous ventilatory support, initiation outside of intensive care unit	1	137	138	2,267	1,676	16.5	138
95550-13 Allied health intervention, music therapy	0	124	124	4,572	4,474	36.9	124
92191-00 Enteral infusion of nutritional substances	1	116	117	3,742	3,279	32.3	117
Other	131	5,405	5,536	146,214	125,902	27.0	5,971
No procedure or not reported	1,138	43,578	44,716	478,406	474,607	..	..
Total^(b)	4,962	68,866	73,828	1,057,524	1,041,083	15.3	67,463

(continued)

Table 5.22 (continued): The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care, by hospital type, Australia, 2002–03

Procedure	Separations for which the procedure was reported			Patient-days	Psychiatric care days	ALOS (days) excluding same-day	Total procedures reported	
	Same-day	Overnight	Total					
Private hospitals								
93340-00	Electroconvulsive therapy [ECT] <= 8 treatments	2,807	1,890	4,697	32,310	32,230	16	4,723
92514-99	General anaesthesia, ASA 99	2,339	1,776	4,115	38,573	38,376	20	7,980
95550-10	Allied health intervention, psychology	41	1,621	1,662	40,068	39,810	25	1,666
96180-00	Other psychotherapies or psychosocial therapies	9	1,385	1,394	27,898	27,862	20	1,396
96090-00	Other counselling or education	4	1,318	1,322	34,732	33,865	26	1,343
95550-01	Allied health intervention, social work	6	1,223	1,229	35,807	35,292	29	1,230
96185-00	Supportive psychotherapy, not elsewhere classified	57	1,113	1,170	23,266	23,187	21	1,173
92003-00	Alcohol detoxification	0	1,088	1,088	17,082	17,027	16	1,092
95550-02	Allied health intervention, occupational therapy	1	1,018	1,019	28,068	27,901	28	1,019
96101-00	Cognitive behaviour therapy [CBT]	6	1,000	1,006	22,429	22,217	22	1,008
96001-00	Psychological skills training	4	768	772	17,896	17,364	23	782
93340-01	Electroconvulsive therapy [ECT] > 8 treatments	156	582	738	25,282	25,179	43	783
95550-00	Allied health intervention, dietetics	97	628	725	20,609	20,156	33	727
96073-00	Substance addiction counselling or education	9	680	689	13,806	13,342	20	715
96175-00	Mental/behavioural assessment	1	620	621	14,175	14,163	23	637
92514-29	General anaesthesia, ASA 29	323	273	596	8,043	8,008	28	1,998
95550-11	Allied health intervention, other	26	569	595	10,061	10,029	18	595
92004-00	Alcohol rehabilitation and detoxification	2	581	583	10,418	10,377	18	591
95550-03	Allied health intervention, physiotherapy	7	509	516	15,504	14,879	30	517
92006-00	Drug detoxification	1	444	445	6,285	6,284	14	446
96030-00	Situational/occupational/environmental assessment	1	412	413	12,915	12,249	31	431
96027-00	Prescribed/self-selected medication assessment	1	398	399	10,210	9,564	26	401
96032-00	Psychosocial assessment	1	375	376	11,780	11,216	31	382
92514-19	General anaesthesia, ASA 19	211	145	356	4,071	4,071	27	913
96034-00	Alcohol and other drug assessment	0	289	289	8,121	7,602	28	313
92514-39	General anaesthesia, ASA 39	63	218	281	5,812	5,780	26	1,257
96066-00	Preventative counselling or education	1	273	274	7,254	6,321	27	289
56001-00	Computerised tomography of brain	2	246	248	6,542	6,231	27	249
92007-00	Drug rehabilitation and detoxification	0	236	236	4,355	4,350	18	239
92002-00	Alcohol rehabilitation	0	230	230	5,646	5,281	25	234
	Other	31	3,757	3,788	117,716	109,655	31	4,396
	No procedure or not reported	204	9,734	9,938	154,839	154,568	..	..
Total^(b)		3,355	22,347	25,702	420,496	417,560	18.7	39,525

(continued)

Table 5.22 (continued): The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care, by hospital type, Australia, 2002–03

Procedure	Separations for which the procedure was reported			Patient-days	ALOS (days)		Total procedures reported
	Same-day	Overnight	Total		Psychiatric care days	excluding same-day	
Public psychiatric hospitals							
95550-01 Allied health intervention, social work	130	5,095	5,225	343,477	342,554	67.4	5,227
96175-00 Mental/behavioural assessment	248	2,507	2,755	97,411	97,381	38.8	2,756
95550-02 Allied health intervention, occupational therapy	3	2,666	2,669	291,521	290,748	109.3	2,673
95550-10 Allied health intervention, psychology	78	1,782	1,860	149,579	148,993	83.9	1,863
95550-03 Allied health intervention, physiotherapy	1	629	630	129,648	129,644	206.1	632
95550-00 Allied health intervention, dietetics	8	543	551	125,204	125,140	230.6	552
93340-00 Electroconvulsive therapy [ECT] <= 8 treatments	227	316	543	11,716	11,668	36.4	543
96073-00 Substance addiction counselling or education	0	334	334	10,716	10,716	32.1	334
56001-00 Computerised tomography of brain	0	270	270	29,876	29,849	110.7	271
95550-05 Allied health intervention, speech pathology	2	217	219	49,044	49,042	226.0	219
92514-29 General anaesthesia, ASA 29	149	64	213	3,186	3,186	47.5	642
95550-13 Allied health intervention, music therapy	0	204	204	22,816	22,695	111.8	204
92514-19 General anaesthesia, ASA 19	32	170	202	6,741	6,723	39.5	1,163
95550-04 Allied health intervention, podiatry	0	199	199	56,895	56,895	285.9	199
92514-99 General anaesthesia, ASA 99	3	192	195	46,941	46,849	244.5	1,176
95550-09 Allied health intervention, pharmacy	0	191	191	8,324	8,324	43.6	191
93340-01 Electroconvulsive therapy [ECT] > 8 treatments	0	173	173	39,642	39,578	229.1	184
95550-11 Allied health intervention, other	0	170	170	28,835	28,826	169.6	170
96171-00 Accompanying or transportation of client	0	77	77	7,882	7,882	102.4	80
95550-12 Allied health intervention, pastoral care	0	67	67	1,469	1,469	21.9	67
96181-00 Art therapy	0	51	51	9,306	9,306	182.5	51
95550-07 Allied health intervention, orthoptics	0	44	44	8,587	8,587	195.2	44
92514-39 General anaesthesia, ASA 39	28	13	41	729	729	53.9	148
97012-00 Periodic oral examination	0	39	39	7,605	7,605	195.0	44
96021-00 Self-care/self-maintenance assessment	1	36	37	3,156	3,112	87.6	37
97311-00 Removal of tooth or part(s) thereof	0	28	28	7,448	7,444	266.0	43
97511-00 Metallic restoration of tooth, 1 surface	0	26	26	8,616	8,616	331.4	43
96090-00 Other counselling or education	0	20	20	476	404	23.8	20
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	0	20	20	3,316	3,316	165.8	27
90901-00 Magnetic resonance imaging of brain	0	19	19	1,286	1,277	67.7	19
Other	19	333	352	219,406	219,254	658.8	380
No procedure or not reported	250	5,216	5,466	406,510	389,080	..	..
Total^(b)	648	12,867	13,515	906,139	887,359	70.4	20,002

(continued)

Table 5.22 (continued): The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care, by hospital type, Australia, 2002–03

Procedure	Separations for which the procedure was reported			Patient-days	Psychiatric care days	ALOS (days) excluding same-day	Total procedures reported
	Same-day	Overnight	Total				
All hospitals							
95550-01 Allied health intervention, social work	207	18,507	18,714	694,130	685,868	37.5	18,727
95550-02 Allied health intervention, occupational therapy	59	13,166	13,225	587,876	581,815	44.6	13,235
93340-00 Electroconvulsive therapy [ECT] <= 8 treatments	6,387	3,971	10,358	88,592	87,795	20.7	10,407
92514-99 General anaesthesia, ASA 99	5,343	4,019	9,362	150,138	148,318	36.0	22,317
95550-10 Allied health intervention, psychology	140	5,785	5,925	256,331	254,609	44.3	5,934
56001-00 Computerised tomography of brain	25	4,266	4,291	131,702	128,172	30.9	4,307
95550-03 Allied health intervention, physiotherapy	15	4,068	4,083	230,852	224,957	56.7	4,093
95550-00 Allied health intervention, dietetics	163	3,498	3,661	225,774	221,916	64.5	3,669
96175-00 Mental/behavioural assessment	252	3,336	3,588	117,586	117,265	35.2	3,605
93340-01 Electroconvulsive therapy [ECT] > 8 treatments	399	1,344	1,743	98,898	98,104	73.3	1,803
92514-29 General anaesthesia, ASA 29	790	839	1,629	24,488	23,877	28.2	4,883
96180-00 Other psychotherapies or psychosocial therapies	9	1,475	1,484	29,604	29,548	20.1	1,486
96090-00 Other counselling or education	5	1,362	1,367	35,480	34,528	26.0	1,388
92003-00 Alcohol detoxification	1	1,330	1,331	19,699	19,522	14.8	1,335
96185-00 Supportive psychotherapy, not elsewhere classified	57	1,127	1,184	23,455	23,376	20.8	1,187
96073-00 Substance addiction counselling or education	9	1,127	1,136	27,084	26,589	24.0	1,163
95550-11 Allied health intervention, other	26	1,009	1,035	45,833	45,444	45.4	1,035
96101-00 Cognitive behaviour therapy [CBT]	7	1,009	1,016	22,672	22,460	22.5	1,018
92514-19 General anaesthesia, ASA 19	309	544	853	15,622	15,472	28.1	2,960
95550-05 Allied health intervention, speech pathology	3	838	841	76,869	75,223	91.7	842
95550-04 Allied health intervention, podiatry	1	795	796	89,284	88,698	112.3	797
96001-00 Psychological skills training	4	773	777	17,987	17,451	23.3	787
95550-09 Allied health intervention, pharmacy	2	628	630	19,479	18,769	31.0	630
92004-00 Alcohol rehabilitation and detoxification	2	596	598	10,616	10,532	17.8	606
92514-39 General anaesthesia, ASA 39	151	420	571	13,111	12,268	30.9	2,085
96032-00 Psychosocial assessment	1	535	536	13,924	13,329	26.0	542
92515-99 Sedation, ASA 99	45	482	527	16,497	15,177	34.1	782
56007-00 Computerised tomography of brain with intravenous contrast medium	0	505	505	14,226	13,312	28.2	505
92006-00 Drug detoxification	2	488	490	6,649	6,596	13.6	491
90901-00 Magnetic resonance imaging of brain	2	428	430	16,690	15,753	39.0	434
Other	208	12,528	12,736	625,841	591,804	49.9	13,937
No procedure or not reported	1,592	58,528	60,120	1,039,755	1,018,255	..	..
Total^(b)	8,965	104,080	113,045	2,384,159	2,346,002	22.8	126,990

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) These totals are not necessarily equivalent to the sum of the rows because multiple procedures can be reported for each separation.

.. Not applicable.

5.6 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. A high proportion (83.5%) of separations from public acute hospitals were 'Other admissions'; this includes planned and unplanned admissions excluding transfers from other hospitals and statistical admissions (Table 5.23). For private hospitals, the corresponding percentage was 94.4%. In public psychiatric hospitals, 65.8% of separations with specialised psychiatric care were 'Other admissions'.

5.7 Mode of separation

Approximately 83.0% of separations (61,305 separations) with specialised psychiatric care from public acute hospitals and 95.0% (24,405) from private hospitals ended with a discharge either to the patient's usual residence or own accommodation, or to a welfare institution (Table 5.24). For public psychiatric hospitals, the equivalent figure was 70.3% (9,504), with 9.3% (1,258) ending in statistical discharges from leave and 8.0% (1,077) ending in discharge or transfer to an acute hospital. Statistical discharges from leave are statistical separations that occur while a patient is on leave from the hospital. Statistical discharge occurred for 8.1% of separations with specialised psychiatric care in Western Australia compared with the national average of 2.5%.

5.8 Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care, maintenance care or other admitted-patient care (Tables 5.25, 5.26 and 5.27). See the Glossary for further detail and Box 4.2 for differences between jurisdictions.

Acute care was the most frequently recorded care type in all jurisdictions and hospital sectors (105,381 or 93.2% of separations with specialised psychiatric care). It also accounted for the majority of patient-days (72.0%) reported for these separations, and the majority of associated psychiatric care days (72.1%). Maintenance care accounted for only 1.3% of separations with specialised psychiatric care, but for 17.2% of patient-days and 17.5% of psychiatric care days. In Queensland, the administrative practice of assigning maintenance care to long-stay patients has the effect of reducing the proportion of psychogeriatric and rehabilitation care types reported. The variation among the jurisdictions reflects differences in the types of admitted-patient services provided among the states and territories.

Table 5.23: Separations^(a) with specialised psychiatric care by mode of admission and hospital type, states and territories^(b), 2002–03

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Admitted patient transferred from another hospital	3,085	1,376	1,137	1,155	1,542	300	75	9	8,679
Statistical admission—episode type change	273	2,284	531	96	171	70	2	46	3,473
Other	16,769	13,618	17,485	5,371	3,973	2,452	1,237	771	61,676
Not reported	0	0	0	0	0	0	0	0	0
Total	20,127	17,278	19,153	6,622	5,686	2,822	1,314	826	73,828
Private hospitals									
Admitted patient transferred from another hospital	324	479	82	301	102	n.p.	n.p.	n.p.	1,326
Statistical admission—episode type change	3	15	86	4	0	n.p.	n.p.	n.p.	108
Other	6,806	6,135	5,811	2,681	2,122	n.p.	n.p.	n.p.	24,268
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
Total	7,133	6,629	5,979	2,986	2,224	n.p.	n.p.	n.p.	25,702
Public psychiatric hospitals									
Admitted patient transferred from another hospital	2,352	66	204	791	717	111	..	..	4,241
Statistical admission—episode type change	110	28	24	0	213	0	..	..	375
Other	5,226	340	237	1,148	1,777	171	..	..	8,899
Not reported	0	0	0	0	0	0	..	..	0
Total	7,688	434	465	1,939	2,707	282	..	..	13,515
All hospitals									
Admitted patient transferred from another hospital	5,761	1,921	1,423	2,247	2,361	n.p.	n.p.	n.p.	14,246
Statistical admission—episode type change	386	2,327	641	100	384	n.p.	n.p.	n.p.	3,956
Other	28,801	20,093	23,533	9,200	7,872	n.p.	n.p.	n.p.	94,843
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
Total	34,948	24,341	25,597	11,547	10,617	n.p.	n.p.	n.p.	113,045

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

.. Not applicable.

n.p. Not published.

Table 5.24: Separations^(a) with specialised psychiatric care, by mode of separation and hospital type, states and territories^(b), 2002–03

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Discharge/transfer to an(other) acute hospital	663	1,475	506	160	458	351	52	1	3,666
Discharge/transfer to a Residential Aged Care Service ^(c)	151	344	50	85	138	60	17	2	847
Discharge/transfer to an(other) psychiatric hospital	580	0	84	343	792	0	10	0	1,809
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	121	116	293	52	134	116	4	39	875
Statistical discharge type change	176	881	598	75	115	110	2	41	1,998
Left against medical advice/discharge at own risk	345	286	587	126	140	70	12	24	1,590
Statistical discharge from leave	710	0	203	640	22	3	0	0	1,578
Died	78	20	16	27	16	3	0	0	160
Other (includes discharge to usual residence/own accommodation/welfare institution)	17,303	14,156	16,816	5,114	3,871	2,109	1,217	719	61,305
<i>Total</i>	<i>20,127</i>	<i>17,278</i>	<i>19,153</i>	<i>6,622</i>	<i>5,686</i>	<i>2,822</i>	<i>1,314</i>	<i>826</i>	<i>73,828</i>
Private hospitals									
Discharge/transfer to an(other) acute hospital	134	352	76	82	11	n.p.	n.p.	n.p.	670
Discharge/transfer to a Residential Aged Care Service ^(c)	4	13	3	3	0	n.p.	n.p.	n.p.	25
Discharge/transfer to an(other) psychiatric hospital	47	0	1	32	9	n.p.	n.p.	n.p.	90
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	5	1	2	2	0	n.p.	n.p.	n.p.	13
Statistical discharge type change	3	9	75	9	0	n.p.	n.p.	n.p.	96
Left against medical advice/discharge at own risk	261	27	19	32	26	n.p.	n.p.	n.p.	365
Statistical discharge from leave	22	0	0	2	0	n.p.	n.p.	n.p.	24
Died	5	4	0	2	2	n.p.	n.p.	n.p.	14
Other (includes discharge to usual residence/own accommodation/welfare institution)	6,652	6,223	5,803	2,822	2,176	n.p.	n.p.	n.p.	24,405
<i>Total</i>	<i>7,133</i>	<i>6,629</i>	<i>5,979</i>	<i>2,986</i>	<i>2,224</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>25,702</i>

(continued)

Table 5.24 (continued): Separations(a) with specialised psychiatric care, by mode of separation and hospital type, states and territories(b), 2002–03

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals									
Discharge/transfer to an(other) acute hospital	460	77	76	72	369	23	..	..	1,077
Discharge/transfer to a Residential Aged Care Service ^(c)	48	0	10	25	76	35	..	..	194
Discharge/transfer to an(other) psychiatric hospital	129	0	138	71	216	0	..	..	554
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	89	0	12	21	3	85	..	..	210
Statistical discharge type change	56	43	24	0	94	11	..	..	228
Left against medical advice/discharge at own risk	390	0	2	0	35	0	..	..	427
Statistical discharge from leave	801	11	28	297	110	11	..	..	1,258
Died	28	1	7	10	14	3	..	..	63
Other (includes discharge to usual residence/own accommodation/welfare institution)	5,687	302	168	1,443	1,790	114	..	..	9,504
Total	7,688	434	465	1,939	2,707	282	..	..	13,515
All hospitals									
Discharge/transfer to an(other) acute hospital	1,257	1,904	658	314	838	n.p.	n.p.	n.p.	5,413
Discharge/transfer to a Residential Aged Care Service ^(c)	203	357	63	113	214	n.p.	n.p.	n.p.	1,066
Discharge/transfer to an(other) psychiatric hospital	756	0	223	446	1,017	n.p.	n.p.	n.p.	2,453
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	215	117	307	75	137	n.p.	n.p.	n.p.	1,098
Statistical discharge type change	235	933	697	84	209	n.p.	n.p.	n.p.	2,322
Left against medical advice/discharge at own risk	996	313	608	158	201	n.p.	n.p.	n.p.	2,382
Statistical discharge from leave	1,533	11	231	939	132	n.p.	n.p.	n.p.	2,860
Died	111	25	23	39	32	n.p.	n.p.	n.p.	237
Other (includes discharge to usual residence/own accommodation/welfare institution)	29,642	20,681	22,787	9,379	7,837	n.p.	n.p.	n.p.	95,214
Total	34,948	24,341	25,597	11,547	10,617	n.p.	n.p.	n.p.	113,045

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

(c) Unless this is the usual place of residence.

.. Not applicable.

n.p. Not published.

Table 5.25: Separations^(a) with specialised psychiatric care, by care type and hospital type, states and territories^(b), 2002-03

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Acute care	19,359	17,278	18,278	5,998	5,369	2,822	1,309	824	71,237
Rehabilitation care	105	0	6	0	0	0	1	1	113
Palliative care	20	0	0	0	0	0	0	0	20
Geriatric evaluation and management	1	0	1	0	0	0	1	0	3
Psychogeriatric care	524	0	90	577	4	0	0	0	1,195
Maintenance care	116	0	759	47	50	0	1	1	974
Other admitted patient care	2	0	19	0	263	0	2	0	286
Not reported	0	0	0	0	0	0	0	0	0
Total	20,127	17,278	19,153	6,622	5,686	2,822	1,314	826	73,828
Private hospitals^(c)									
Acute care	4,074	6,629	5,465	2,956	2,221	n.p.	n.p.	n.p.	22,096
Rehabilitation care	0	0	105	0	0	n.p.	n.p.	n.p.	105
Palliative care	0	0	0	1	0	n.p.	n.p.	n.p.	1
Psychogeriatric care	1	0	17	28	0	n.p.	n.p.	n.p.	46
Maintenance care	0	0	5	1	0	n.p.	n.p.	n.p.	6
Other admitted patient care	3,058	0	387	0	3	n.p.	n.p.	n.p.	3,448
Total	7,133	6,629	5,979	2,986	2,224	n.p.	n.p.	n.p.	25,702
Public psychiatric hospitals									
Acute care	7,270	407	10	1,794	2,287	280	..	..	12,048
Rehabilitation care	120	0	19	2	407	0	..	..	548
Palliative care	2	0	0	0	0	1	..	..	3
Geriatric evaluation and management	2	0	0	0	0	0	..	..	2
Psychogeriatric care	294	0	0	140	0	1	..	..	435
Maintenance care	0	0	436	3	13	0	..	..	452
Other admitted patient care	0	27	0	0	0	0	..	..	27
Total	7,688	434	465	1,939	2,707	282	..	..	13,515
All hospitals									
Acute care	30,703	24,314	23,753	10,748	9,877	n.p.	n.p.	n.p.	105,381
Rehabilitation care	225	0	130	2	407	n.p.	n.p.	n.p.	766
Palliative care	22	0	0	1	0	n.p.	n.p.	n.p.	24
Geriatric evaluation and management	3	0	1	0	0	n.p.	n.p.	n.p.	5
Psychogeriatric care	819	0	107	745	4	n.p.	n.p.	n.p.	1,676
Maintenance care	116	0	1,200	51	63	n.p.	n.p.	n.p.	1,432
Other admitted patient care	3,060	27	406	0	266	n.p.	n.p.	n.p.	3,761
Total	34,948	24,341	25,597	11,547	10,617	n.p.	n.p.	n.p.	113,045

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

(c) Private hospitals reported no separations with a *Geriatric evaluation and management* care type.

.. Not applicable.

n.p. Not published.

Table 5.26: Patient-days for separations^(a) with specialised psychiatric care, by care type and hospital type, states and territories^(b), 2002–03

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Acute care	260,670	298,609	201,064	77,635	61,508	26,099	13,958	8,803	948,346
Rehabilitation care	1,476	0	41	0	0	0	32	42	1,591
Palliative care	166	0	0	0	0	0	0	0	166
Geriatric evaluation and management	4	0	12	0	0	0	2	0	18
Psychogeriatric care	19,734	0	2,441	22,161	85	0	0	0	44,421
Maintenance care	17,182	0	32,556	5,068	5,087	0	18	1	59,912
Other admitted patient care	9	0	196	0	2,858	0	7	0	3,070
Total^(b)	299,241	298,609	236,310	104,864	69,538	26,099	14,017	8,846	1,057,524
Private hospitals^(c)									
Acute care	74,952	106,714	85,448	47,648	31,881	n.p.	n.p.	n.p.	358,393
Rehabilitation care	0	0	1,252	0	0	n.p.	n.p.	n.p.	1,252
Palliative care	0	0	0	54	0	n.p.	n.p.	n.p.	54
Psychogeriatric care	3	0	448	999	0	n.p.	n.p.	n.p.	1,450
Maintenance care	0	0	636	82	0	n.p.	n.p.	n.p.	718
Other admitted patient care	49,528	0	9,074	0	27	n.p.	n.p.	n.p.	58,629
Total	124,483	106,714	96,858	48,783	31,908	n.p.	n.p.	n.p.	420,496
Public psychiatric hospitals									
Acute care	272,629	19,245	491	48,962	51,560	17,221	..	..	410,108
Rehabilitation care	17,587	0	1,583	3,613	29,411	0	..	..	52,194
Palliative care	276	0	0	0	0	145	..	..	421
Geriatric evaluation and management	32	0	0	0	0	0	..	..	32
Psychogeriatric care	59,005	0	0	20,239	0	3	..	..	79,247
Maintenance care	0	0	333,450	2,556	13,465	0	..	..	349,471
Other admitted patient care	0	14,666	0	0	0	0	..	..	14,666
Total	349,529	33,911	335,524	75,370	94,436	17,369	..	..	906,139
All hospitals									
Acute care	608,251	424,568	287,003	174,245	144,949	n.p.	n.p.	n.p.	1,716,847
Rehabilitation care	19,063	0	2,876	3,613	29,411	n.p.	n.p.	n.p.	55,037
Palliative care	442	0	0	54	0	n.p.	n.p.	n.p.	641
Geriatric evaluation and management	36	0	12	0	0	n.p.	n.p.	n.p.	50
Psychogeriatric care	78,742	0	2,889	43,399	85	n.p.	n.p.	n.p.	125,118
Maintenance care	17,182	0	366,642	7,706	18,552	n.p.	n.p.	n.p.	410,101
Other admitted patient care	49,537	14,666	9,270	0	2,885	n.p.	n.p.	n.p.	76,365
Total^(b)	773,253	439,234	668,692	229,017	195,882	n.p.	n.p.	n.p.	2,384,159

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

(c) Private hospitals reported no separations with a *Geriatric evaluation and management* care type.

.. Not applicable.

n.p. Not published.

Table 5.27: Psychiatric care days for separations^(a) with specialised psychiatric care, by type of episode of care and hospital type, states and territories^(b), 2002–03

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospital									
Acute care	251,562	298,609	197,747	74,751	61,508	26,099	13,716	8,670	932,662
Rehabilitation care	1,447	0	41	0	0	0	32	12	1,532
Palliative care	165	0	0	0	0	0	0	0	165
Geriatric evaluation and management	3	0	12	0	0	0	2	0	17
Psychogeriatric care	19,695	0	2,441	21,684	85	0	0	0	43,905
Maintenance care	17,025	0	32,543	5,065	5,087	0	18	1	59,739
Other admitted patient care	6	0	192	0	2,858	0	7	0	3,063
Total^(b)	289,903	298,609	232,976	101,500	69,538	26,099	13,775	8,683	1,041,083
Private hospital^(c)									
Acute care	73,133	106,714	84,982	47,187	31,881	n.p.	n.p.	n.p.	355,462
Rehabilitation care	0	0	1,252	0	0	n.p.	n.p.	n.p.	1,252
Palliative care	0	0	0	54	0	n.p.	n.p.	n.p.	54
Psychogeriatric care	3	0	448	994	0	n.p.	n.p.	n.p.	1,445
Maintenance care	0	0	636	82	0	n.p.	n.p.	n.p.	718
Other admitted patient care	49,528	0	9,074	0	27	n.p.	n.p.	n.p.	58,629
Total	122,664	106,714	96,392	48,317	31,908	n.p.	n.p.	n.p.	417,560
Public psychiatric hospital									
Acute care	269,843	14,213	491	48,962	51,560	17,221	..	..	402,290
Rehabilitation care	17,433	0	1,583	3,613	29,411	0	..	..	52,040
Palliative care	276	0	0	0	0	145	..	..	421
Geriatric evaluation and management	32	0	0	0	0	0	..	..	32
Psychogeriatric care	58,944	0	0	20,239	0	3	..	..	79,186
Maintenance care	0	0	333,450	2,556	13,465	0	..	..	349,471
Other admitted patient care	0	3,919	0	0	0	0	..	..	3,919
Total	346,528	18,132	335,524	75,370	94,436	17,369	..	..	887,359
All hospitals									
Acute care	594,538	419,536	283,220	170,900	144,949	n.p.	n.p.	n.p.	1,690,414
Rehabilitation care	18,880	0	2,876	3,613	29,411	n.p.	n.p.	n.p.	54,824
Palliative care	441	0	0	54	0	n.p.	n.p.	n.p.	640
Geriatric evaluation and management	35	0	12	0	0	n.p.	n.p.	n.p.	49
Psychogeriatric care	78,642	0	2,889	42,917	85	n.p.	n.p.	n.p.	124,537
Maintenance care	17,025	0	366,629	7,703	18,552	n.p.	n.p.	n.p.	409,927
Other admitted patient care	49,534	3,919	9,266	0	2,885	n.p.	n.p.	n.p.	65,611
Total^(b)	759,095	423,455	664,892	225,187	195,882	n.p.	n.p.	n.p.	2,346,002

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

(c) Private hospitals reported no separations with a *Geriatric evaluation and management* care type.

.. Not applicable.

n.p. Not published.

6 Non-specialised mental health care for admitted patients

This chapter describes the provision by hospitals of admitted-patient care that does not include specialised psychiatric care. The separations without specialised psychiatric care reported in this chapter exclude same-day separations that were identified as ambulatory-equivalent mental health-related hospital separations (see Appendix 2 for further information). Data on these ambulatory-equivalent separations are presented in chapter 3.

Information on mental health-related separations without specialised psychiatric care reported in this chapter is from the National Hospital Morbidity Database. This chapter contains a substantial amount of data on separations without specialised psychiatric care. Key data are located on the following pages:

- Information on the demographics of mental health-related separations without specialised psychiatric care is presented on pages 160–64.
- Principal diagnosis data are presented on pages 165–80.
- Information on Australian Refined Diagnosis Related Groups is presented on page 180.
- Procedure data are presented on pages 180–81.
- Data on admission and separation modes and care type are presented on pages 181–82.

A national overview of all mental health-related separations (both with and without specialised psychiatric care) and residential care can be found in chapter 4. Information on mental health-related separations with specialised psychiatric care is presented in chapter 5.

6.1 Overview

This section presents a brief overview of the data available on separations without specialised psychiatric care for 2002–03 (Figure 6.1), excluding ambulatory-equivalent hospital separations. There were 79,124 such separations in 2002–03. The total number of patient-days for these separations was 562,511. The average length of stay was 7.1 days, and the median length of stay was 4 days.

Almost 79% of patients were *Public patients* and about 14% reported a funding source of *Private health insurance*. Over 53% of separations were for female patients, and almost 36% of patients were between 25 and 44 years. The majority of these separations (85.5%) were in the public sector and most patients (95%) had a care type of *Acute care*. A large proportion of patients (72.6%) had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital.

Mental and behavioural disorders due to use of alcohol (F10) was the most common principal diagnosis. The most common procedures performed were *Generalised allied health*

interventions (Block 1916) followed by *Alcohol and drug rehabilitation and detoxification* (Block 1872), and the most commonly reported AR-DRG was *Anxiety disorders* (U65Z).

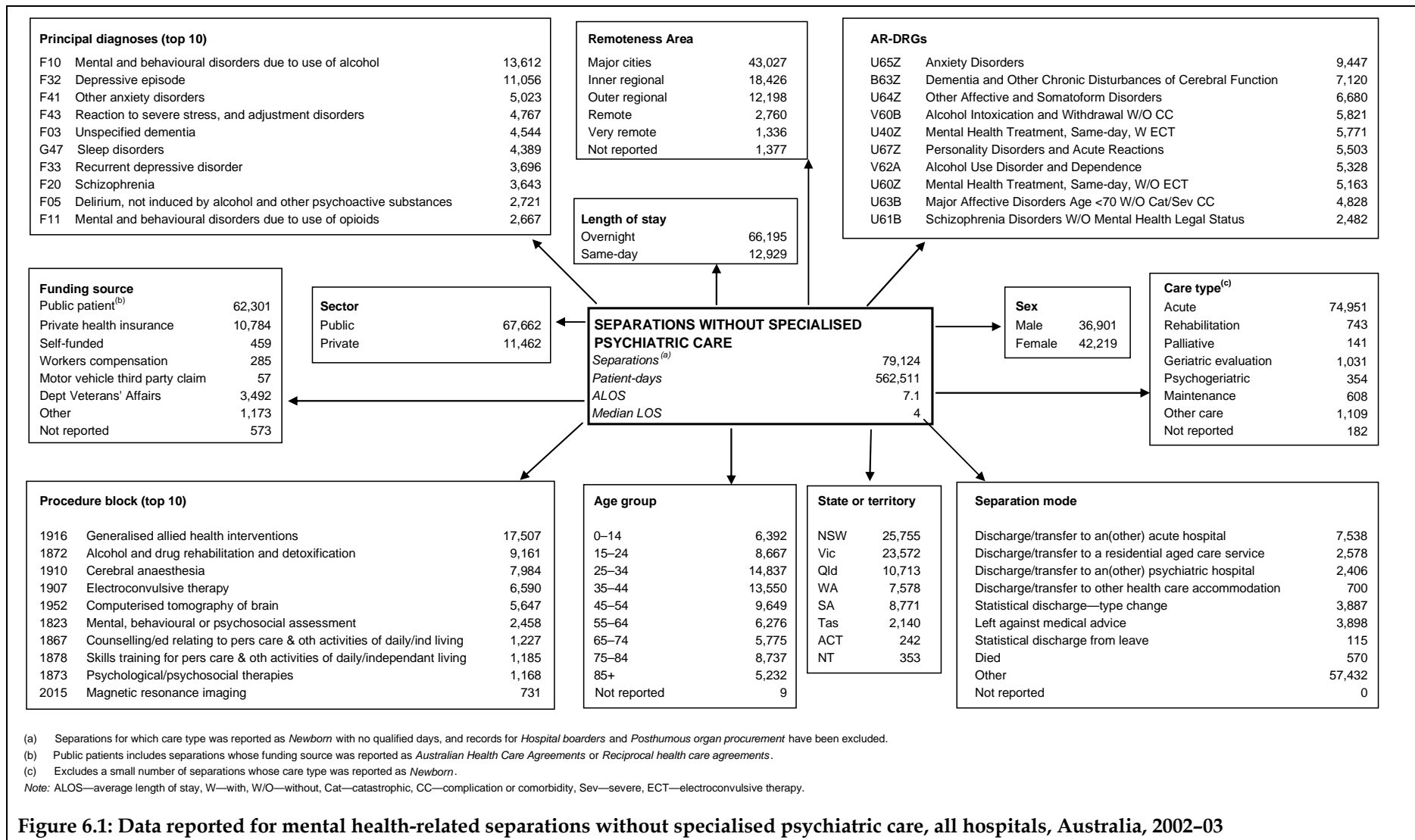


Figure 6.1: Data reported for mental health-related separations without specialised psychiatric care, all hospitals, Australia, 2002-03

6.2 Patient demographics

This section presents demographic data collected for mental health-related separations without specialised psychiatric care for 2002–03. These data reflect the level of utilisation of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Age and sex

Table 6.1 presents the age and sex distribution of mental health-related separations without specialised psychiatric care. There were 36,901 separations reported for male patients and 42,219 for female patients. There were more patient-days reported for separations involving female patients, 311,314 days compared with 251,120 days for male patients. The age group 65 and over had the highest representation for both females (27.9% of female separations) and males (21.6% of male separations). This age group also had the highest proportion of patient-days for both sexes (50.5% of patient-days).

Area of usual residence

Table 6.2 reports the number of separations by the patient's state or territory and Remoteness Area of usual residence. Generally, patients from remote or regional areas had more mental health-related separations without specialised psychiatric care per 1,000 population than patients from major cities. There were 3.3 mental health-related separations without specialised psychiatric care for patients from major cities per 1,000 population compared with 4.6 from inner regional areas, 6.2 from outer regional areas, 9.1 from remote areas and 8.3 per 1,000 for patients from very remote areas. Overall, there were 4.0 mental health-related separations without specialised psychiatric care per 1,000 population.

For all mental health-related separations with or without specialised psychiatric care there were 11.2 separations per 1,000 population (see Table 4.2). For details of the rates of separations with specialised psychiatric care by Remoteness Area, see Table 5.5.

Aboriginal and Torres Strait Islander peoples

Table 6.3 presents the number of mental health-related separations without specialised psychiatric care and patient-days by Indigenous status for 2002–03. Indigenous Australians include Aboriginal and/or Torres Strait Islander peoples (see Glossary). The quality of data on Aboriginal and Torres Strait Islander status varies, so these figures should be used with caution. Further detail about the quality of these data can be found in *Australian Hospital Statistics 2002–03* (AIHW 2004d).

Overall, there were 12.6 separations without specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander peoples compared with 3.8 for other Australians. There was a marked difference between the separation rates for both same day and overnight separations. For Aboriginal and Torres Strait Islander peoples, there were 1.5 same-day

separations without specialised psychiatric care per 1,000 population and 11.1 overnight separations. For other Australians the corresponding rates were 0.6 and 3.1 respectively.

In contrast to mental health-related separations that included specialised psychiatric care, in major cities the proportion of Aboriginal and Torres Strait Islander peoples with mental health-related separations without specialised psychiatric care was markedly lower compared with other Australians (18.7% and 56.9% of mental health-related separations without specialised psychiatric care, respectively). This situation was similar in inner regional areas where 14.6% of mental health-related separations were for Aboriginal and Torres Strait Islander peoples compared with 23.7% for other Australians. However, in outer regional and remote areas, the proportion of Aboriginal and Torres Strait Islander peoples with these separations was higher (30.3%) than for other Australians (14.4%), and similarly for remote areas (18.8% and 2.5% respectively).

The average length of stay for overnight separations without specialised psychiatric care for Aboriginal and/or Torres Strait Islander peoples was 4.6 days compared with 8.5 for other Australians. Difference in length of stay may reflect differences in casemix between Indigenous Australians and other Australians.

Table 6.1: Mental health-related separations^(a) without specialised psychiatric care, by age group and sex, Australia 2002-03

	Under 15 years	15-24	25-34	35-44	45-54	55-64	65 and over	Total^(b)
Male								
Separations								
Same day	359	921	1,325	1,114	758	448	867	5,793
Overnight	3,111	2,894	5,273	5,489	4,332	2,919	7,088	31,108
Total	3,470	3,815	6,598	6,603	5,090	3,367	7,955	36,901
Patient-days	12,592	12,631	25,139	27,892	27,190	25,915	119,758	251,120
Female								
Separations								
Same day	179	627	1,398	1,432	998	710	1,790	7,135
Overnight	2,743	4,225	6,841	5,515	3,561	2,199	9,999	35,084
Total	2,922	4,852	8,239	6,947	4,559	2,909	11,789	42,219
Patient-days	15,009	23,457	32,573	32,483	23,953	19,517	164,320	311,314
Total persons^(c)								
Separations								
Same day	538	1,548	2,723	2,546	1,756	1,158	2,657	12,929
Overnight	5,854	7,119	12,114	11,004	7,893	5,118	17,087	66,195
Total	6,392	8,667	14,837	13,550	9,649	6,276	19,744	79,124
Patient-days	27,601	36,088	57,712	60,375	51,143	45,432	284,078	562,511

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age was not reported.

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

Table 6.2: Mental health-related separations^(a) without specialised psychiatric care, by Remoteness Area of usual residence of the patient, by hospital type and state or territory of usual residence, 2002–03

Remoteness Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Public acute hospitals									
Major cities	12,215	13,397	3,317	2,213	3,933	0	257	0	35,332
Inner regional	5,284	4,595	1,843	764	1,275	904	1	0	14,670
Outer regional	3,484	1,725	1,846	1,908	1,986	377	0	115	11,441
Remote	463	47	500	1,080	483	23	0	109	2,705
Very remote	138	..	401	522	159	7	0	97	1,325
Not reported	515	0	3	113	1	0	0	3	1,134
Total	22,099	19,764	7,910	6,600	7,837	1,311	258	324	66,607
Private hospitals									
Major cities	1,512	2,882	1,222	626	656	n.p.	n.p.	n.p.	6,931
Inner regional	1,007	527	1,105	266	90	n.p.	n.p.	n.p.	3,670
Outer regional	156	60	219	62	56	n.p.	n.p.	n.p.	738
Remote	6	5	21	7	4	n.p.	n.p.	n.p.	55
Very remote	0	..	5	3	1	n.p.	n.p.	n.p.	11
Not reported	26	1	0	0	0	n.p.	n.p.	n.p.	57
Total	2,707	3,475	2,572	964	807	n.p.	n.p.	n.p.	11,462
All hospitals^(d)									
Major cities	14,489	16,280	4,540	2,839	4,589	n.p.	n.p.	n.p.	43,027
Inner regional	6,375	5,122	2,950	1,030	1,365	n.p.	n.p.	n.p.	18,426
Outer regional	3,658	1,786	2,065	1,970	2,042	n.p.	n.p.	n.p.	12,198
Remote	469	52	521	1,087	487	n.p.	n.p.	n.p.	2,760
Very remote	138	..	406	525	160	n.p.	n.p.	n.p.	1,336
Not reported	724	1	3	113	1	n.p.	n.p.	n.p.	1,377
Total	25,853	23,241	10,485	7,564	8,644	n.p.	n.p.	n.p.	79,124
Age-standardised separation rate^(e)									
Same-day separations per 1,000 population									
Major cities	0.3	1.6	0.2	0.1	0.5	..	0.1	..	0.6
Inner regional	0.7	1.1	0.2	0.4	0.7	0.3	0.0	..	0.6
Outer regional	0.9	0.7	0.4	1.4	1.0	0.3	..	0.1	0.7
Remote	1.6	1.0	0.5	0.6	0.9	0.4	..	0.4	0.7
Very remote	1.7	..	1.0	0.6	1.4	0.0	..	0.3	0.7
Total	0.5	1.4	0.3	0.3	0.6	0.3	0.1	0.2	0.7
Overnight separations per 1,000 population									
Major cities	2.7	2.9	2.2	2.0	3.5	..	0.9	..	2.6
Inner regional	4.0	3.9	2.9	4.1	6.6	4.8	1.6	..	3.9
Outer regional	6.7	6.3	2.9	9.6	10.4	3.0	..	1.5	5.5
Remote	10.9	7.7	5.5	12.4	9.8	3.6	..	2.6	8.4
Very remote	17.0	..	7.3	11.1	10.9	3.1	..	2.1	7.6
Total	3.4	3.3	2.6	3.7	4.9	4.2	0.9	1.9	3.4
All separations per 1,000 population									
Major cities	3.0	4.5	2.3	2.1	4.0	..	0.9	..	3.3
Inner regional	4.7	5.0	3.1	4.5	7.3	5.2	1.6	..	4.6
Outer regional	7.6	7.0	3.3	11.1	11.4	3.3	..	1.6	6.2
Remote	12.5	8.7	6.0	13.0	10.7	3.9	..	3.0	9.1
Very remote	18.7	..	8.3	11.7	12.3	3.1	..	2.3	8.3
Total	3.9	4.7	2.9	4.0	5.5	4.5	0.9	2.1	4.0

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Defined according to the ABS's *Remoteness Area Classification*, 2001 Census edition. See Glossary for more information.

(c) Includes separations for which the state of usual residence was *Other territories* or not reported.

(d) Includes separations from NSW public psychiatric hospitals.

(e) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2002.

.. Not applicable.

n.p. Not published.

Table 6.3: Mental health-related separations^(a) without specialised psychiatric care, by Indigenous status and Remoteness Area of usual residence, Australia, 2002–03

Remoteness Area of usual residence ^(b)	Separations				Average length of stay (overnight)	Median length of stay (overnight)
	Same day	Overnight	Total	Patient-days		
Aboriginal and/or Torres Strait Islander^(c)						
Major cities	95	777	872	3,310	4.1	2.0
Inner regional	92	589	681	2,406	3.9	2.0
Outer regional	188	1,225	1,413	4,646	3.6	2.0
Remote	71	805	876	3,138	3.8	2.0
Very remote	76	644	720	5,753	8.8	2.0
Not reported	8	86	94	315	3.6	2.5
<i>Total</i>	<i>530</i>	<i>4,126</i>	<i>4,656</i>	<i>19,568</i>	<i>4.6</i>	<i>2.0</i>
<i>Per 1,000 population^(d)</i>	<i>1.5</i>	<i>11.1</i>	<i>12.6</i>	<i>76.3</i>	<i>..</i>	<i>..</i>
Other Australians^(e)						
Major cities	8,318	33,119	41,437	291,093	8.5	4.0
Inner regional	2,424	14,830	17,254	129,542	8.6	4.0
Outer regional	1,083	9,388	10,471	84,180	8.9	4.0
Remote	147	1,697	1,844	12,375	7.2	3.0
Very remote	39	560	599	3,693	6.5	3.0
Not reported	195	1,044	1,239	5,055	4.7	
<i>Total</i>	<i>12,206</i>	<i>60,638</i>	<i>72,844</i>	<i>525,938</i>	<i>8.5</i>	<i>3.0</i>
<i>Per 1,000 population^(d)</i>	<i>0.6</i>	<i>3.1</i>	<i>3.8</i>	<i>27.1</i>	<i>..</i>	<i>..</i>
Total						
Major cities	8,473	34,554	43,027	300,897	8.5	4.0
Inner regional	2,571	15,855	18,426	139,563	8.6	4.0
Outer regional	1,329	10,869	12,198	91,287	8.3	3.0
Remote	225	2,535	2,760	15,708	6.1	3.0
Very remote	118	1,218	1,336	9,518	7.7	2.0
Not reported	213	1,164	1,377	5,538	4.6	
Total	12,929	66,195	79,124	562,511	8.3	3.0
Per 1,000 population^(d)	0.7	3.4	4.0	28.6	..	..

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Defined according to the ABS's *Remoteness Area Classification*, 2001 Census edition. See Glossary for more information.

(c) 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.

(d) Rates were indirectly age-standardised using the estimated resident population as at 30 June 2001.

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

.. Not applicable.

6.3 Principal diagnoses

This section presents the principal diagnoses recorded for mental health-related separations without specialised psychiatric care using various groupings of ICD-10-AM diagnosis codes.

Overview

Table 6.4 shows principal diagnosis information by hospital type for the years 1998–99 to 2002–03. The principal diagnosis with the highest number of separations without specialised psychiatric care for all hospitals was *Mental and Behavioural disorders due to the use of alcohol* (F10), with an annual average of 16.4% of these separations during this period. Separations for the principal diagnosis group *Schizophrenia* (F20) increased by 48.4% between 1998–99 and 2002–03, from 3.1% in 1998–99 to 4.6% in 2002–03, with most of this increase occurring in public acute hospitals. In contrast, separations for *Sleep disorders* (G47) decreased by 34.1% during this period from 8.3% to 5.5%, with more of this decrease occurring in private hospitals (17.0% in 1998–99 to 11.2% in 2002–03) than in public acute hospitals. The principal diagnosis group with the greatest increase in the private sector was *Disorders of psychological development* (F80–F89) which increased more than tenfold during this period from 0.2% in 1998–99 to 2.3% in 2002–03.

In 2002–03, principal diagnoses group of *Mental and behavioural disorders due to the use of alcohol* (F10) accounted for the largest number of separations (12,792 or 19.3% of overnight separations and 820 or 6.3% of same-day separations) (Table 6.5). Principal diagnoses of *Depressive episode* (F32) had the second largest number of overnight separations (8,068) and the largest number of same-day separations (2,988) (see Box 5.1).

Principal diagnoses of *Dementia* (F00–F03) accounted for the greatest number of patient-days for separations without specialised psychiatric care, with 122,543 or 21.8% of patient-days. The number of patient days for *Dementia* (F00–F03) decreased significantly in 2002–03 compared with 2001–02, owing to a number of long-stay patients separating from hospital in that year causing the number of patient-days to decrease. The next largest number of patient-days in 2002–03 was in the principal diagnosis group, *Mental and behavioural disorders due to the use of alcohol* (F10) (69,524 patient-days).

Table 6.4 also reports the proportion of mental health-related separations with these principal diagnoses where the patient did not receive specialised psychiatric care. Over 90% of separations with *Sleep disorders* (G47), *Mental disorders and diseases of the nervous system complicating pregnancy and the puerperium* (O99.3), *Dyslexia and other symbolic dysfunctions, not elsewhere classified* (R48) and *Other factors relating to substance use* were separations without specialised psychiatric care, whereas for disorders such as *Schizoaffective disorders* (F25) and *Persistent mood (affective) disorders* (F34) the proportion of separations without specialised psychiatric care was very low (6.6% and 9.5% respectively) (See Box 5.1).

Hospital type

The distribution of mental health-related separations without specialised psychiatric care for 2002–03 by principal diagnosis for each hospital type is presented in Table 6.6. The principal diagnosis group with the largest number of mental health-related separations without specialised psychiatric care for public acute hospitals was *Mental and behavioural disorders due to use of alcohol* (F10) (11,784 or 17.7%). The principal diagnosis group of *Dementia* (F00–F03)

accounted for 25.0% of mental health-related patient-days for separations in this category. In private hospitals, separations with principal diagnoses of *Depressive episode* (F32) made up 13.6% of mental health-related separations without specialised psychiatric care, followed by *Mental and behavioural disorders due to use of alcohol* (F10, 13.2%) and *Sleep disorders* (G47, 11.2%). *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest proportion of private hospital patient-days for mental health-related separations without specialised psychiatric care (15.9% of all patient-days), followed by *Depressive episode* (F32, 13.0% of all patient-days).

Figures 1.18 and 1.20 present data on mental health-related separations with and without specialised psychiatric care by principal diagnosis for public and private hospitals, respectively.

Age and sex

Tables 6.7 and 6.8 describe the distribution of mental health-related separations without specialised psychiatric care by sex, age group and principal diagnosis.

Separations for male patients

In 2002–03, the highest number of mental health-related separations without specialised psychiatric care for male patients had principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10, 9,468 separations or 25.7%) followed by *Depressive episode* (F32, 3,983 separations or 10.8%) and *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19, 3,609 separations or 9.8%) (Table 6.7). Of those separations in the age group under 15 years, 1,979 or 57.0% had principal diagnoses of *Sleep disorders* (G47). Over 50% of separations with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) were between 25 and 44 years (4,869 separations). However, the highest number of separations with principal diagnoses of *Mental and behavioural disorders due to other psychoactive substances* (F11–F19) were between 25 and 34 years (1,521 or 42.1%).

Separations for female patients

The principal diagnosis groups with the highest number of mental health-related separations without specialised psychiatric care for female patients in 2002–03 were *Depressive episode* (F32, 7,073 separations or 16.7%), *Mental and behavioural disorders due to use of alcohol* (F10, 4,144 separations or 9.8%) and *Other anxiety disorders* (F41, 3,625 separations or 8.6%) (Table 6.8). The majority of separations in the under 15 age group had principal diagnoses of *Sleep disorders* (G47, 1,445 separations or 49.5%). For *Depressive episode* (F32), the number of separations was highest in the age group 65 years and over (1,932) and the 35–44 age group (1,353). The principal diagnosis group of *Other anxiety disorders* (F41) had separations concentrated in the age group 65 years and over, and for *Mental and behavioural disorders due to use of alcohol* (F10) the number of separations was highest between 35 and 44 years.

Aboriginal and Torres Strait Islander peoples

Table 6.9 details the number of separations and patient-days by principal diagnosis for Aboriginal and Torres Strait Islander peoples in 2002–03. 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 2002–03* (AIHW 2004d).

For Aboriginal and Torres Strait Islander peoples, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 36.5% of mental health-related separations without specialised psychiatric care and 23.2% of patient-days. In comparison, separations for all Australians with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 17.2% of these types of separations and 12.4% of patient-days.

Mental health-related comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses (that is, diagnoses chiefly responsible for occasioning the episodes of care, see Glossary), or as additional diagnoses. Comorbidity in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of another mental health-related disorder.

Table 4.4 summarises separations, patient-days and psychiatric care days for both specialised and non-specialised care separations with a mental health-related diagnosis reported as any diagnosis, principal or additional.

Separations and patient-days for separations with a mental health-related additional diagnosis without specialised psychiatric care are reported in Table 6.10, by principal diagnosis in ICD-10-AM chapter groupings. The most common principal diagnoses for separations without specialised psychiatric care and with a mental health-related additional diagnosis were *Injury, poisoning and certain other consequences of external causes* (S00–T98, 50,291 separations or 17.4%), followed by *Mental and behavioural disorders* (F00–F99, 31,904 or 11.1%) and *Factors influencing health status and contact with health services* (Z00–Z99, 30,600 or 10.6%).

Table 6.11 shows mental health-related separations without specialised psychiatric care by the presence of a mental health-related additional diagnosis. About 39.2% of separations with a mental health-related principal diagnosis had an accompanying mental health-related additional diagnosis. Of mental health-related separations without specialised psychiatric care, the principal diagnoses most likely to have a mental health-related additional diagnosis were *Alzheimer's disease* (G30, 2,019 separations or 92.1%) and *Other factors related to substance use* (657 separations or 90.1%).

Table 6.12 shows the top five additional mental health-related diagnoses for separations without specialised psychiatric care, which have both a principal mental health diagnosis and an additional mental health diagnosis.

Of the 19,277 separations without specialised psychiatric care that had principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19), the most common additional mental health-related diagnoses were *Depressive episode* (F32, 1,457 separations), followed by *Other anxiety disorders* (F41, 644 separations) and *Specific personality disorders* (F60, 433 separations).

Of the 7,129 separations without specialised psychiatric care that had principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29), the most common additional mental health-related diagnosis was for *Mental and behavioural disorders due to other*

psychoactive substances use (F11–F19, 933 separations), followed by *Mental and behavioural disorders due to alcohol* (F10, 422 separations) and *Depressive episode* (F32, 234 separations).

Of the 17,555 separations without specialised psychiatric care that had a principal diagnoses of *Mood (affective) disorders* (F30–F39), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to use of alcohol* (F10, 1,241), followed by *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 1,015) and *Reaction to severe stress and adjustment disorders* (F43, 774).

Of the 11,380 separations without specialised psychiatric care that had principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to use of alcohol* (F10, 837 separations) and *Depressive episode* (F32, 811 separations) followed by *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 639 separations).

Separations with an external cause indicating self-harm

Table 6.13 outlines the separations and patient-days for mental health-related separations without specialised psychiatric care for which an external cause of injury or poisoning in the *Intentional self-harm* (X60–X84) grouping was reported. There were 1,062 separations in this category. The most common principal diagnoses were in the groups of *Depressive episode* (F32, 374 separations) and *Reaction to severe stress and adjustment disorders* (F43, 164 separations).

Table 6.4: Mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1998–99 to 2002–03

Principal diagnosis	Public acute hospitals					Private hospitals				
	1998–99	1999–00	2000–01	2001–02	2002–03	1998–99	1999–00	2000–01	2001–02	2002–03
F00–F03 Dementia	4,170	4,130	4,781	4,315	4,509	802	1,102	1,154	860	875
F04–F09 Other organic mental disorders	4972	2815	2811	2962	2772	1,408	615	562	478	512
F10 Mental and behavioural disorders due to use of alcohol	10355	10336	10748	11362	11784	1,657	1,468	1,410	1,592	1,509
F11–F19 Mental and behav disorders due to other psychoactive substances use	5135	5902	5933	4473	4670	1,558	1,282	929	532	481
F20 Schizophrenia	2233	2467	2639	3302	3528	129	168	129	116	103
F21, F24, F28–F29 Schizotypal and other delusional disorders	661	620	716	848	827	27	33	27	35	21
F22 Persistent delusional disorders	403	404	407	467	431	50	65	53	32	46
F23 Acute and transient psychotic disorders	500	820	951	1187	1100	28	32	45	47	29
F25 Schizoaffective disorders	409	477	465	744	940	57	80	85	88	83
F30 Manic episode	291	237	253	294	318	30	25	28	30	22
F31 Bipolar affective disorders	1408	1397	1389	1650	1937	272	233	223	225	281
F32 Depressive episode	6798	7406	8486	8905	9452	1,763	1,776	1,729	1,650	1,559
F33 Recurrent depressive disorders	2165	2016	2168	2698	3061	956	751	732	868	635
F34 Persistent mood (affective) disorders	953	155	111	143	120	481	95	108	82	56
F38, F39 Other and unspecified mood (affective) disorders	88	46	47	38	50	10	10	16	5	4
F40 Phobic anxiety disorders	40	32	42	37	47	37	36	22	18	13
F41 Other anxiety disorders	3112	4074	4246	4188	4035	841	1,298	1,207	1,097	988
F42 Obsessive–compulsive disorders	58	56	46	61	57	27	37	21	17	17
F43 Reaction to severe stress and adjustment disorders	3189	2992	2956	2921	3692	1,085	1,130	992	923	1,056
F44 Dissociative (conversion) disorders	778	650	834	770	805	96	107	118	95	100
F45, F48 Somatoform and other neurotic disorders	816	502	428	386	347	182	211	198	215	203
F50 Eating disorders	706	741	674	680	644	111	122	127	105	80
F51–F59 Other behav syndromes associated w physiol dist & phys factors	2211	2223	2197	1640	987	460	607	435	293	352
F60 Specific personality disorders	765	759	782	875	888	79	83	45	68	56
F61–F69 Disorders of adult personality and behaviour	99	113	115	87	116	67	81	89	88	84
F70–F79 Mental retardation	112	128	124	91	108	2	8	8	12	6
F80–F89 Disorders of psychological development	495	503	393	456	410	28	67	116	225	266
F90 Hyperkinetic disorders	51	56	53	81	54	6	3	4	2	2
F91 Conduct disorders	396	368	366	338	326	15	53	32	9	4
F92–F98 Other & unspec disorders w onset childhood adolescence	267	198	338	385	366	22	16	15	12	6
F99 Mental disorder not otherwise specified	42	79	76	117	119	1	5	4	0	4
G30 Alzheimer's disease	803	1238	1382	1639	1796	183	292	341	399	397
G47 Sleep disorders	3778	3671	3516	3046	3105	2,632	2,192	1,586	1,016	1,284
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	1691	1606	1699	1674	1670	167	185	211	220	229
R44 Other symptoms & signs involving general sensations and perceptions	108	165	203	201	247	15	32	52	48	45
R45 Symptoms & signs involving emotional state	195	217	183	196	221	128	29	33	19	26
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	9	7	3	4	8	13	5	7	3	3
Other factors related to mental and behavioural disorders ^(b)	1282	465	311	372	435	10	17	29	6	23
Other factors related to substance use ^(c)	117	175	123	122	625	1	6	9	2	2
Total^(d)	61,701	60,268	62,995	63,755	66,607	15,443	14,358	12,931	11,532	11,462

(continued)

Table 6.4 (continued): Mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1998–99 to 2002–03

Principal diagnosis	All hospitals				
	1998–99	1999–00	2000–01	2001–02	2002–03
F00–F03 Dementia	4,972	5,232	5,935	5,175	5,384
F04–F09 Other organic mental disorders	6,380	3,430	3,373	3,440	3,286
F10 Mental and behavioural disorders due to use of alcohol	12,012	11,805	12,370	13,270	13,612
F11–F19 Mental and behav disorders due to other psychoactive substances use	6,693	7,186	7,259	5,360	5,665
F20 Schizophrenia	2,362	2,635	2,770	3,423	3,643
F21, F24, F28–F29 Schizotypal and other delusional disorders	688	653	743	883	850
F22 Persistent delusional disorders	453	469	460	499	477
F23 Acute and transient psychotic disorders	528	852	996	1,234	1,133
F25 Schizoaffective disorders	466	557	551	834	1,026
F30 Manic episode	321	262	281	324	341
F31 Bipolar affective disorders	1,680	1,630	1,612	1,887	2,230
F32 Depressive episode	8,561	9,182	10,215	10,559	11,056
F33 Recurrent depressive disorders	3,121	2,767	2,900	3,573	3,696
F34 Persistent mood (affective) disorders	1,434	250	219	226	177
F38, F39 Other and unspecified mood (affective) disorders	98	56	63	43	55
F40 Phobic anxiety disorders	77	68	64	55	60
F41 Other anxiety disorders	3,953	5,372	5,453	5,285	5,023
F42 Obsessive–compulsive disorders	85	93	67	78	75
F43 Reaction to severe stress and adjustment disorders	4,274	4,122	3,948	3,867	4,767
F44 Dissociative (conversion) disorders	874	757	952	866	905
F45, F48 Somatoform and other neurotic disorders	998	713	626	601	550
F50 Eating disorders	817	863	802	785	724
F51–F59 Other behav syndromes associated w physiol dist & phys factors	2,671	2,830	2,632	1,933	1,340
F60 Specific personality disorders	844	842	827	948	953
F61–F69 Disorders of adult personality and behaviour	166	194	204	175	200
F70–F79 Mental retardation	114	136	132	103	114
F80–F89 Disorders of psychological development	523	570	509	681	676
F90 Hyperkinetic disorders	57	59	57	83	56
F91 Conduct disorders	411	421	398	350	337
F92–F98 Other & unspec disorders w onset childhood adolescence	289	214	353	397	372
F99 Mental disorder not otherwise specified	43	84	80	117	123
G30 Alzheimer's disease	986	1,530	1,723	2,038	2,193
G47 Sleep disorders	6,410	5,863	5,102	4,062	4,389
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	1,858	1,791	1,910	1,895	1,899
R44 Other symptoms & signs involving general sensations and perceptions	123	197	255	249	292
R45 Symptoms & signs involving emotional state	323	246	216	215	247
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	22	12	10	7	11
Other factors related to mental and behavioural disorders ^(b)	1,292	482	340	379	458
Other factors related to substance use ^(c)	118	181	132	175	729
Total^(d)	77,144	74,629	76,539	76,074	79,124

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Includes separations where the principal diagnosis was a mental health principal diagnosis as listed in Appendix 3.

Note: behav—behavioural, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, unspec—unspecified, puerp—puerperium, gen—general, influ—influencing, physiol—physiological.

Table 6.5: Mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis	Separations						Patient-days	% patient-days ^(c)	Average length of stay (o'night)
	Same day	% of total ^(b)	Overnight	% of total ^(b)	Total	% of total ^(b)			
F00–F03 Dementia	159	93.0	5,225	83.4	5,384	83.6	122,543	71.0	23.4
F04–F09 Other organic mental disorders	182	87.9	3,104	76.9	3,286	77.5	39,933	46.2	12.8
F10 Mental and behavioural disorders due to use of alcohol	820	91.7	12,792	75.4	13,612	76.2	69,524	56.3	5.4
F11–F19 Mental and behav disorders due to other psychoactive substances use	470	85.3	5,195	51.1	5,665	52.9	30,039	37.6	5.7
F20 Schizophrenia	1,346	74.9	2,297	10.0	3,643	14.7	21,016	2.5	8.6
F21, F24, F28–F29 Schizotypal and other delusional disorders	314	77.1	536	24.2	850	32.4	2,686	9.1	4.4
F22 Persistent delusional disorders	121	73.8	356	23.1	477	27.9	2,799	10.4	7.5
F23 Acute and transient psychotic disorders	483	81.6	650	24.5	1,133	34.9	3,031	10.2	3.9
F25 Schizoaffective disorders	609	63.1	417	6.6	1,026	14.1	5,661	3.8	12.1
F30 Manic episode	125	91.2	216	22.0	341	30.4	1,369	10.0	5.8
F31 Bipolar affective disorders	856	53.2	1,374	12.1	2,230	17.2	12,157	5.7	8.2
F32 Depressive episode	2,988	47.8	8,068	35.4	11,056	38.1	58,950	19.6	6.9
F33 Recurrent depressive disorders	2,002	45.6	1,694	21.8	3,696	30.3	18,449	14.0	9.7
F34 Persistent mood (affective) disorders	18	30.5	159	9.5	177	10.2	1,308	6.6	8.1
F38, F39 Other and unspecified mood (affective) disorders	9	60.0	46	19.5	55	21.9	275	9.2	5.8
F40 Phobic anxiety disorders	7	58.3	53	30.1	60	31.9	445	19.2	8.3
F41 Other anxiety disorders	205	59.6	4,818	71.5	5,023	71.0	23,837	43.9	4.9
F42 Obsessive–compulsive disorders	12	22.2	63	14.7	75	15.5	618	8.9	9.6
F43 Reaction to severe stress and adjustment disorders	814	70.4	3,953	28.1	4,767	31.3	23,148	21.8	5.6
F44 Dissociative (conversion) disorders	62	69.7	843	65.5	905	65.7	4,598	45.2	5.4
F45, F48 Somatoform and other neurotic disorders	194	98.0	356	68.6	550	76.7	1,974	43.2	5.0
F50 Eating disorders	33	35.1	691	40.8	724	40.5	13,883	32.4	20.0
F51–F59 Other behav syndromes associated w physiol dist & phys factors	39	78.0	1,301	81.4	1,340	81.3	6,201	59.0	4.7
F60 Specific personality disorders	157	60.2	796	15.3	953	17.4	3,025	7.1	3.6
F61–F69 Disorders of adult personality and behaviour	20	60.6	180	37.3	200	38.8	1,646	9.7	9.0
F70–F79 Mental retardation	44	93.6	70	26.8	114	37.0	1,107	2.0	15.2
F80–F89 Disorders of psychological development	364	83.1	312	61.9	676	71.8	2,254	35.9	6.1
F90 Hyperkinetic disorders	13	92.9	43	31.9	56	37.6	234	16.5	5.1
F91 Conduct disorders	49	79.0	288	43.8	337	46.8	1,190	30.9	4.0
F92–F98 Other & unspec disorders w onset childhood adolescence	22	59.5	350	66.7	372	66.2	1,454	38.7	4.1
F99 Mental disorder not otherwise specified	54	80.6	69	27.5	123	38.7	213	2.9	2.3
G30 Alzheimer's disease	41	93.2	2,152	73.8	2,193	74.1	55,562	51.0	25.8
G47 Sleep disorders	37	100.0	4,352	98.4	4,389	98.5	14,546	98.5	3.3
O99.3 Mental disorders & dis of the nerv sys complic preg, child & puerp	111	99.1	1,788	96.0	1,899	96.2	7,127	86.0	3.9
R44 Other symptoms & signs involving general sensations and perceptions	38	95.0	254	89.8	292	90.4	1,474	84.9	5.7
R45 Symptoms & signs involving emotional state	39	86.7	208	78.2	247	79.4	867	72.8	4.0
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	1	100.0	10	90.9	11	91.7	113	81.3	11.2
Other factors related to mental and behavioural disorders ^(d)	57	79.2	401	42.2	458	44.8	2,427	38.6	5.9
Other factors related to substance use ^(e)	14	100.0	715	98.8	729	98.8	4,828	86.4	6.7
Total	12,929	59.0	66,195	38.9	79,124	41.2	562,511	19.1	8.3

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The proportion of mental health-related separations with these diagnoses that did not have specialised psychiatric care.

(c) The proportion of the total number of mental health-related patient-days with these diagnoses where the patient did not receive specialised psychiatric care.

(d) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(e) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 6.6: Separations^(a) and patient-days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2002–2003

Principal diagnosis	Public acute hospitals				Private hospitals				All hospitals ^(b)				
	Same day	Overnight	Total	Patient-days	Same day	Overnight	Total	Patient-days	Same day	Overnight	Total	Patient-days	
F00–F03	Dementia	151	4,358	4,509	106,642	8	867	875	15,901	159	5,225	5,384	122,543
F04–F09	Other organic mental disorders	173	2,599	2,772	33,267	7	505	512	6,664	182	3,104	3,286	39,933
F10	Mental and behavioural disorders due to use of alcohol	781	11,003	11,784	47,294	22	1,487	1,509	19,900	820	12,792	13,612	69,524
F11–F19	Mental and behav disorders due to other psychoactive substances use	441	4,229	4,670	21,226	11	470	481	6,056	470	5,195	5,665	30,039
F20	Schizophrenia	1,337	2,191	3,528	19,214	0	103	103	1,723	1,346	2,297	3,643	21,016
F21, F24, F28–F29	Schizotypal and other delusional disorders	309	518	827	2,575	3	18	21	109	314	536	850	2,686
F22	Persistent delusional disorders	121	310	431	2,059	0	46	46	740	121	356	477	2,799
F23	Acute and transient psychotic disorders	477	623	1,100	2,661	2	27	29	366	483	650	1,133	3,031
F25	Schizoaffective disorders	597	343	940	3,067	10	73	83	1,367	609	417	1,026	5,661
F30	Manic episode	124	194	318	1,127	1	21	22	240	125	216	341	1,369
F31	Bipolar affective disorders	799	1,138	1,937	7,704	47	234	281	2,984	856	1,374	2,230	12,157
F32	Depressive episode	2,734	6,718	9,452	42,544	216	1,343	1,559	16,318	2,988	8,068	11,056	58,950
F33	Recurrent depressive disorders	1,991	1,070	3,061	8,327	11	624	635	10,122	2,002	1,694	3,696	18,449
F34	Persistent mood (affective) disorders	17	103	120	558	0	56	56	749	18	159	177	1,308
F38, F39	Other and unspecified mood (affective) disorders	8	42	50	236	0	4	4	38	9	46	55	275
F40	Phobic anxiety disorders	5	42	47	236	2	11	13	209	7	53	60	445
F41	Other anxiety disorders	192	3,843	4,035	15,901	13	975	988	7,936	205	4,818	5,023	23,837
F42	Obsessive–compulsive disorders	10	47	57	222	1	16	17	395	12	63	75	618
F43	Reaction to severe stress and adjustment disorders	562	3,130	3,692	10,667	233	823	1,056	12,462	814	3,953	4,767	23,148
F44	Dissociative (conversion) disorders	61	744	805	3,633	1	99	100	965	62	843	905	4,598
F45, F48	Somatoform and other neurotic disorders	80	267	347	1,276	114	89	203	698	194	356	550	1,974
F50	Eating disorders	27	617	644	12,506	6	74	80	1,377	33	691	724	13,883
F51–F59	Other behav syndromes associated w physiol dist & phys factors	27	960	987	4,275	11	341	352	1,925	39	1,301	1,340	6,201
F60	Specific personality disorders	147	741	888	2,380	2	54	56	635	157	796	953	3,025
F61–F69	Disorders of adult personality and behaviour	17	99	116	726	3	81	84	920	20	180	200	1,646
F70–F79	Mental retardation	39	69	108	1,094	5	1	6	13	44	70	114	1,107
F80–F89	Disorders of psychological development	292	118	410	1,024	72	194	266	1,230	364	312	676	2,254
F90	Hyperkinetic disorders	13	41	54	232	0	2	2	2	13	43	56	234
F91	Conduct disorders	42	284	326	1,178	1	3	4	5	49	288	337	1,190
F92–F98	Other & unspec disorders w onset childhood adolescence	22	344	366	1,429	0	6	6	25	22	350	372	1,454
F99	Mental disorder not otherwise specified	54	65	119	202	0	4	4	11	54	69	123	213
G30	Alzheimer's disease	39	1,757	1,796	48,421	2	395	397	7,141	41	2,152	2,193	55,562
G47	Sleep disorders	21	3,084	3,105	10,075	16	1,268	1,284	4,471	37	4,352	4,389	14,546
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	105	1,565	1,670	6,184	6	223	229	943	111	1,788	1,899	7,127
R44	Other symptoms & signs involving general sensations and perceptions	38	209	247	1,059	0	45	45	415	38	254	292	1,474
R45	Symptoms & signs involving emotional state	38	183	221	670	1	25	26	197	39	208	247	867
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	1	7	8	84	0	3	3	29	1	10	11	113
	Other factors related to mental and behavioural disorders ^(c)	43	392	435	2,358	14	9	23	69	57	401	458	2,427
	Other factors related to substance use ^(d)	11	614	625	2,982	0	2	2	88	14	715	729	4,828
Total		11,946	54,661	66,607	427,315	841	10,621	11,462	125,438	12,929	66,195	79,124	562,511

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes some separations from public psychiatric hospitals in New South Wales.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 6.7: Mental health-related separations^(a) without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2002–03

Principal diagnosis		Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total ^(b)
F00–F03	Dementia	0	0	0	2	10	70	2,284	2,366
F04–F09	Other organic mental disorders	26	50	46	63	70	138	1,076	1,469
F10	Mental and behavioural disorders due to use of alcohol	74	650	1,499	2,459	2,410	1,454	920	9,468
F11–F19	Mental and behav disorders due to other psychoactive substances use	34	957	1,521	760	248	42	47	3,609
F20	Schizophrenia	1	457	759	530	304	102	85	2,238
F21, F24, F28–F29	Schizotypal and other delusional disorders	5	112	144	91	38	25	38	453
F22	Persistent delusional disorders	1	48	66	35	15	16	63	244
F23	Acute and transient psychotic disorders	8	173	204	118	50	33	29	615
F25	Schizoaffective disorders	0	60	152	97	33	14	15	371
F30	Manic episode	1	33	31	35	18	32	23	173
F31	Bipolar affective disorders	4	62	171	203	152	75	96	763
F32	Depressive episode	34	423	715	819	579	431	981	3,983
F33	Recurrent depressive disorders	5	72	131	206	254	162	469	1,299
F34	Persistent mood (affective) disorders	1	8	12	17	8	9	5	60
F38, F39	Other and unspecified mood (affective) disorders	0	5	6	5	3	1	3	23
F40	Phobic anxiety disorders	3	2	4	10	2	1	1	23
F41	Other anxiety disorders	21	97	162	239	253	193	433	1,398
F42	Obsessive–compulsive disorders	7	4	13	7	3	3	0	37
F43	Reaction to severe stress and adjustment disorders	24	200	428	389	299	285	109	1,734
F44	Dissociative (conversion) disorders	22	26	39	51	41	22	72	273
F45, F48	Somatoform and other neurotic disorders	18	24	18	35	21	31	31	178
F50	Eating disorders	21	21	22	8	5	1	6	84
F51–F59	Other behav syndromes associated w physiol dist & phys factors	337	2	10	12	16	25	21	423
F60	Specific personality disorders	3	80	107	63	29	16	18	316
F61–F69	Disorders of adult personality and behaviour	6	20	23	16	17	7	13	102
F70–F79	Mental retardation	16	5	10	9	7	5	1	53
F80–F89	Disorders of psychological development	383	16	1	4	1	2	0	407
F90	Hyperkinetic disorders	42	5	1	0	0	0	0	48
F91	Conduct disorders	123	33	9	8	13	5	8	199
F92–F98	Other & unspec disorders w onset childhood adolescence	201	10	0	0	2	0	1	214
F99	Mental disorder not otherwise specified	1	18	20	15	9	5	6	74
G30	Alzheimers' disease	0	0	0	0	1	46	912	959
G47	Sleep disorders	1,979	14	45	81	65	70	57	2,311
R44	Other symptoms & signs involving general sensations and perceptions	13	11	21	12	12	8	57	134
R45	Symptoms & signs involving emotional state	15	27	23	20	5	9	39	138
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	2	0	0	0	1	2	5
	Other factors related to mental and behavioural disorders ^(c)	41	38	48	16	17	7	19	186
	Other factors related to substance use ^(d)	0	50	137	168	80	21	15	471
Total		3,470	3,815	6,598	6,603	5,090	3,367	7,955	36,901

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age group was not reported.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.

Note: behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, physiol—physiological.

Table 6.8: Mental health-related separations^(a) without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2002–03

Principal diagnosis		Under 15	15–24	25–34	35–44	45–54	55–64	65 and	Total ^(b)
		years						over	
F00–F03	Dementia	0	0	0	3	11	48	2,956	3,018
F04–F09	Other organic mental disorders	16	26	38	27	61	68	1,580	1,816
F10	Mental and behavioural disorders due to use of alcohol	85	492	736	1,117	934	443	337	4,144
F11–F19	Mental and behav disorders due to other psychoactive substances use	18	553	776	414	168	61	66	2,056
F20	Schizophrenia	1	163	301	354	223	126	234	1,403
F21, F24, F28–F29	Schizotypal and other delusional disorders	8	73	100	78	44	28	66	397
F22	Persistent delusional disorders	0	21	31	32	30	19	100	233
F23	Acute and transient psychotic disorders	8	98	129	110	64	33	76	518
F25	Schizoaffective disorders	0	84	149	133	140	86	63	655
F30	Manic episode	0	17	36	29	30	19	36	168
F31	Bipolar affective disorders	2	84	328	323	219	182	329	1,467
F32	Depressive episode	103	774	1,199	1,353	978	734	1,932	7,073
F33	Recurrent depressive disorders	13	124	272	433	445	283	827	2,397
F34	Persistent mood (affective) disorders	5	21	19	30	22	9	11	117
F38, F39	Other and unspecified mood (affective) disorders	1	6	2	9	4	3	7	32
F40	Phobic anxiety disorders	1	2	4	6	8	3	13	37
F41	Other anxiety disorders	41	226	589	581	476	373	1,339	3,625
F42	Obsessive–compulsive disorders	6	4	13	3	1	6	5	38
F43	Reaction to severe stress and adjustment disorders	72	413	1,195	846	243	115	149	3,033
F44	Dissociative (conversion) disorders	69	121	127	123	76	26	90	632
F45, F48	Somatoform and other neurotic disorders	27	31	33	46	83	58	94	372
F50	Eating disorders	178	319	63	43	12	10	15	640
F51–F59	Other behav syndromes associated w physiol dist & phys factors	263	98	388	143	9	10	6	917
F60	Specific personality disorders	8	165	226	141	62	21	14	637
F61–F69	Disorders of adult personality and behaviour	3	17	16	22	11	10	19	98
F70–F79	Mental retardation	19	8	15	15	1	3	0	61
F80–F89	Disorders of psychological development	241	8	7	2	4	0	7	269
F90	Hyperkinetic disorders	5	1	1	0	0	0	1	8
F91	Conduct disorders	85	27	3	4	3	1	15	138
F92–F98	Other & unspec disorders w onset childhood adolescence	134	15	2	4	2	0	1	158
F99	Mental disorder not otherwise specified	1	5	16	9	10	0	8	49
G30	Alzheimer's disease	0	0	0	0	9	32	1,193	1,234
G47	Sleep disorders	1,445	73	234	133	93	65	35	2,078
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	0	640	1,010	240	9	0	0	1,899
R44	Other symptoms & signs involving general sensations and perceptions	8	20	16	7	6	8	93	158
R45	Symptoms & signs involving emotional state	14	3	16	17	12	9	37	108
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	0	1	0	5	6
	Other factors related to mental and behavioural disorders ^(c)	42	86	63	39	8	8	26	272
	Other factors related to substance use ^(d)	0	34	86	78	47	9	4	258
Total		2,922	4,852	8,239	6,947	4,559	2,909	11,789	42,219

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes separations for which age group was not reported.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 6.9: Mental health-related separations^(a) and patient-days without specialised psychiatric care reported for Aboriginal and Torres Strait Islander peoples, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis		Separations			Patient-days
		Same day	Overnight	Total	
F00–F03	Dementia	2	53	55	5,088
F04–F09	Other organic mental disorders	3	36	39	349
F10	Mental and behavioural disorders due to use of alcohol	156	1,542	1,698	4,542
F11–F19	Mental and behav disorders due to other psychoactive substances use	41	392	433	1,502
F20	Schizophrenia	55	297	352	1,057
F21, F24, F28–F29	Schizotypal and other delusional disorders	25	50	75	168
F22	Persistent delusional disorders	8	19	27	76
F23	Acute and transient psychotic disorders	48	88	136	250
F25	Schizoaffective disorders	5	26	31	138
F30	Manic episode	2	3	5	10
F31	Bipolar affective disorders	14	56	70	291
F32	Depressive episode	78	536	614	2,209
F33	Recurrent depressive disorders	8	68	76	290
F34	Persistent mood (affective) disorders	0	8	8	36
F38, F39	Other and unspecified mood (affective) disorders	0	1	1	1
F40	Phobic anxiety disorders	0	2	2	3
F41	Other anxiety disorders	8	191	199	531
F43	Reaction to severe stress and adjustment disorders	25	219	244	646
F44	Dissociative (conversion) disorders	6	35	41	108
F45, F48	Somatoform and other neurotic disorders	4	11	15	88
F50	Eating disorders	0	5	5	28
F51–F59	Other behav syndromes associated w physiol dist & phys factors	2	24	26	96
F60	Specific personality disorders	15	75	90	339
F61–F69	Disorders of adult personality and behaviour	2	6	8	29
F70–F79	Mental retardation	1	8	9	45
F80–F89	Disorders of psychological development	0	5	5	10
F90	Hyperkinetic disorders	0	3	3	7
F91	Conduct disorders	3	10	13	37
F92–F98	Other & unspec disorders w onset childhood adolescence	0	11	11	45
F99	Mental disorder not otherwise specified	3	8	11	25
G30	Alzheimer's disease	0	11	11	93
G47	Sleep disorders	1	17	18	49
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	10	168	178	787
R44	Other symptoms & signs involving general sensations and perceptions	2	11	13	34
R45	Symptoms & signs involving emotional state	1	14	15	22
	Other factors related to mental and behavioural disorders ^(b)	2	39	41	99
	Other factors related to substance use ^(c)	0	78	78	440
Total		530	4,126	4,656	19,568

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 6.10: Separations^(a) and patient-days for separations without specialised psychiatric care, with a mental health-related additional diagnosis, by principal diagnosis in ICD-10-AM chapter groupings, Australia, 2002–03

Principal diagnosis	Separations			Patient days
	Same day	Overnight	Total	
A00–B99 Certain infectious and parasitic diseases	362	4,130	4,492	50,639
C00–D48 Neoplasms	851	10,752	11,603	175,880
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	311	1,726	2,037	14,542
E00–E90 Endocrine nutritional and metabolic diseases	585	7,032	7,617	80,140
F00–F99 Mental and behavioural disorders	8,631	23,273	31,904	192,167
G00–G99 Diseases of the nervous system	2,169	12,382	14,551	151,079
H00–H59 Diseases of the eye and adnexa	487	434	921	2,769
H60–H95 Diseases of the ear and mastoid process	193	391	584	2,588
I00–I99 Diseases of the circulatory system	1,529	23,043	24,572	269,192
J00–J99 Diseases of the respiratory system	1,242	23,516	24,758	222,631
K00–K93 Diseases of the digestive system	3,555	18,212	21,767	152,117
L00–L99 Diseases of the skin and subcutaneous tissue	440	4,287	4,727	48,734
M00–M99 Diseases of the musculoskeletal system and connective tissue	914	8,040	8,954	96,962
N00–N99 Diseases of the genitourinary system	1,115	8,202	9,317	79,720
O00–O99 Pregnancy, childbirth and the puerperium	4,725	8,950	13,675	48,270
P00–P96 Certain conditions originating in the perinatal period	14	246	260	3,411
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	117	469	586	4,822
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	5,692	19,479	25,171	129,180
S00–T98 Injury, poisoning and certain other consequences of external causes	11,179	39,112	50,291	328,325
Z00–Z99 Factors influencing health status and contact with health services	4,633	25,967	30,600	761,256
Total	48,744	239,643	288,387	2,814,424

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Table 6.11: Separations^(a) and patient-days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and presence of an additional mental health-related condition, Australia, 2002–03

		With no other mental health related diagnosis				Average length of stay (o'night)	With an additional mental health-related diagnosis				Average length of stay (o'night)
		Separations					Separations				
		Same day	Overnight	Total	Patient-days		Same day	Overnight	Total	Patient-days	
F00–F03	Dementia	142	4,174	4,316	95,830	22.9	17	1,051	1,068	26,713	25.4
F04–F09	Other organic mental disorders	147	1,904	2,051	22,165	11.6	35	1,200	1,235	17,768	14.8
F10	Mental and behavioural disorders due to use of alcohol	473	5,847	6,320	27,603	4.6	347	6,945	7,292	41,921	6.0
F11–F19	Mental and behav disorders due to other psychoactive substances use	251	2,242	2,493	12,339	5.4	219	2,953	3,172	17,700	5.9
F20	Schizophrenia	1,124	1,493	2,617	14,631	9.0	222	804	1,026	6,385	7.7
F21, F24, F28–F29	Schizotypal and other delusional disorders	228	339	567	1,580	4.0	86	197	283	1,106	5.2
F22	Persistent delusional disorders	88	200	288	1,488	7.0	33	156	189	1,311	8.2
F23	Acute and transient psychotic disorders	344	382	726	1,622	3.3	139	268	407	1,409	4.7
F25	Schizoaffective disorders	573	260	833	4,033	13.3	36	157	193	1,628	10.1
F30	Manic episode	102	119	221	662	4.7	23	97	120	707	7.1
F31	Bipolar affective disorders	736	952	1,688	8,920	8.6	120	422	542	3,237	7.4
F32	Depressive episode	2,609	5,176	7,785	37,629	6.8	379	2,892	3,271	21,321	7.2
F33	Recurrent depressive disorders	1,849	987	2,836	11,831	10.1	153	707	860	6,618	9.1
F34	Persistent mood (affective) disorders	8	74	82	450	6.0	10	85	95	858	10.0
F38, F39	Other and unspecified mood (affective) disorders	6	23	29	133	5.5	3	23	26	142	6.0
F40	Phobic anxiety disorders	6	22	28	220	9.7	1	31	32	225	7.2
F41	Other anxiety disorders	155	3,445	3,600	15,908	4.6	50	1,373	1,423	7,929	5.7
F42	Obsessive–compulsive disorders	2	32	34	269	8.3	10	31	41	349	10.9
F43	Reaction to severe stress and adjustment disorders	475	1,903	2,378	8,494	4.2	339	2,050	2,389	14,654	7.0
F44	Dissociative (conversion) disorders	43	532	575	2,927	5.4	19	311	330	1,671	5.3
F45, F48	Somatoform and other neurotic disorders	185	232	417	1,165	4.2	9	124	133	809	6.5
F50	Eating disorders	25	449	474	8,658	19.2	8	242	250	5,225	21.6
F51–F59	Other behav syndromes associated w physiol dist & phys factors	30	1,075	1,105	5,120	4.7	9	226	235	1,081	4.7
F60	Specific personality disorders	70	384	454	1,086	2.6	87	412	499	1,939	4.5
F61–F69	Disorders of adult personality and behaviour	12	131	143	1,177	8.9	8	49	57	469	9.4
F70–F79	Mental retardation	40	48	88	949	18.9	4	22	26	158	7.0
F80–F89	Disorders of psychological development	323	257	580	1,301	3.8	41	55	96	953	16.6
F90	Hyperkinetic disorders	8	17	25	73	3.8	5	26	31	161	6.0
F91	Conduct disorders	34	135	169	504	3.5	15	153	168	686	4.4
F92–F98	Other & unspec disorders w onset childhood adolescence	15	165	180	688	4.1	7	185	192	766	4.1
F99	Mental disorder not otherwise specified	42	48	90	142	2.1	12	21	33	71	2.8
G30	Alzheimer's disease	4	170	174	6,766	39.8	37	1,982	2,019	48,796	24.6
G47	Sleep disorders	32	3,290	3,322	10,970	3.3	5	1,062	1,067	3,576	3.4
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	38	628	666	2,167	3.4	73	1,160	1,233	4,960	4.2
R44	Other symptoms & signs involving general sensations and perceptions	31	151	182	881	5.6	7	103	110	593	5.7
R45	Symptoms & signs involving emotional state	19	85	104	306	3.4	20	123	143	561	4.4
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	1	8	9	101	12.5	0	2	2	12	6.0
	Other factors related to mental and behavioural disorders	47	324	371	2,005	6.0	10	77	87	422	5.4
	Other factors related to substance use	1	71	72	554	7.8	13	644	657	4,274	6.6
Total		10,318	37,774	48,092	313,347	8.0	2,611	28,421	31,032	249,164	8.7

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

Table 6.12: Separations^(a) and patient-days for the top five additional mental health-related diagnoses for separations without specialised psychiatric care by selected mental health-related principal diagnosis, Australia, 2002–03

Principal diagnosis	Separations			Patient-days	Average length of stay (o'night)	
	Same day	Overnight	Total			
Mental and behavioural disorders due to psychoactive substances use (F10–F19)						
Top five additional diagnoses^(b)						
F32	Depressive episode	50	1,407	1,457	10,291	7.3
F41	Other anxiety disorders	13	631	644	5,068	8.0
F60	Specific personality disorders	40	393	433	2,305	5.8
F43	Reaction to severe stress and adjustment disorders	20	362	382	3,218	8.8
	Other factors related to mental and behavioural disorders ^(c)	22	243	265	1,211	4.9
	<i>Total</i>	1,290	17,987	19,277	99,563	5.5
Scizophrenia, schizotypal and delusional disorders (F20–F29)						
Top five additional diagnoses^(b)						
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	258	675	933	5,266	7.4
F10	Mental and behavioural disorders due to use of alcohol	98	324	422	1,920	5.6
F32	Depressive episode	45	189	234	1,639	8.4
F60	Specific personality disorders	50	135	185	728	5.0
F00-F03	Dementia	7	97	104	1,741	17.9
	<i>Total</i>	2,873	4,256	7,129	35,193	7.6
Mood (affective) disorders (F30–F39)						
Top five additional diagnoses^(b)						
F10	Mental and behavioural disorders due to use of alcohol	176	1,065	1,241	6,474	5.9
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	200	815	1,015	5,341	6.3
F43	Reaction to severe stress and adjustment disorders	58	716	774	5,149	7.1
F41	Other anxiety disorders	82	663	745	6,493	9.7
F60	Specific personality disorders	91	547	638	3,896	7.0
	<i>Total</i>	5,998	11,557	17,555	92,508	7.5
Neurotic, stress-related and somatoform disorder (F40–F49)						
Top five additional diagnoses^(b)						
F10	Mental and behavioural disorders due to use of alcohol	66	771	837	6,300	8.1
F32	Depressive episode	43	768	811	5,338	6.9
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	78	561	639	3,197	5.6
	Other factors related to mental and behavioural disorders ^(c)	227	299	526	1,899	5.6
F60	Specific personality disorders	45	363	408	1,817	4.9
	<i>Total</i>	1,294	10,086	11,380	54,620	5.3

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Where the additional diagnosis grouping is different from the principal diagnosis grouping.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

Table 6.13: Separations^(a) without specialised psychiatric care, with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2002–03

Principal diagnosis		Separations			Patient-days
		Same day	Overnight	Total	
F00–F03	Dementia	0	1	1	29
F04–F09	Other organic mental disorders	0	5	5	26
F10	Mental and behavioural disorders due to use of alcohol	10	95	105	349
F11–F19	Mental and behav disorders due to other psychoactive substances use	13	32	45	172
F20	Schizophrenia	10	22	32	91
F21, F24, F28–F29	Schizotypal and other delusional disorders	1	10	11	41
F22	Persistent delusional disorders	0	5	5	11
F23	Acute and transient psychotic disorders	6	13	19	50
F25	Schizoaffective disorders	1	5	6	79
F30	Manic episode	0	2	2	4
F31	Bipolar affective disorders	5	20	25	72
F32	Depressive episode	53	321	374	1,784
F33	Recurrent depressive disorders	8	47	55	486
F34	Persistent mood (affective) disorders	1	18	19	87
F38, F39	Other and unspecified mood (affective) disorders	0	1	1	6
F40	Phobic anxiety disorders	0	1	1	1
F41	Other anxiety disorders	4	26	30	151
F42	Obsessive–compulsive disorders	0	0	0	0
F43	Reaction to severe stress and adjustment disorders	21	143	164	667
F44	Dissociative (conversion) disorders	1	5	6	9
F45, F48	Somatoform and other neurotic disorders	6	15	21	88
F50	Eating disorders	0	4	4	229
F51–F59	Other behav syndromes associated w physiol dist & phys factors	0	3	3	60
F60	Specific personality disorders	13	73	86	328
F60–F69	Disorders of adult personality and behaviour	0	1	1	1
F70–F79	Mental retardation	1	0	1	1
F80–F89	Disorders of psychological development	0	0	0	0
F90	Hyperkinetic disorders	0	2	2	13
F91	Conduct disorders	1	5	6	13
F92–F98	Other & unspec disorders w onset childhood adolescence	0	3	3	45
F99	Mental disorder not otherwise specified	3	2	5	6
O99.3	Mental disorders & dis of the nerv sys complic preg, child & puerp	1	5	6	39
R44	Other symptoms & signs involving general sensations and perceptions	0	4	4	4
R45	Symptoms & signs involving emotional state	1	5	6	11
	Other factors related to mental and behavioural disorders ^(b)	1	6	7	31
	Other factors related to substance use ^(c)	0	1	1	1
Total		161	901	1,062	4,985

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

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

6.4 Australian Refined Diagnosis Related Groups

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 version 5.0 (DHAC 2000a, 2000b). Although the AR-DRGs are designed to be homogeneous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogeneous than most other AR-DRG types.

Overview

The 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care are detailed in Table 6.14.

The most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z, 9,447 separations, 12.6% of all separations). The AR-DRG with the largest number of same-day separations was *Mental health treatment, same day, with electroconvulsive therapy* (U40Z, 5,771 separations) which accounted for 44.9% of same-day mental health-related separations without specialised psychiatric care. The AR-DRG that accounted for the largest number of patient-days without specialised psychiatric care was *Dementia and other chronic disturbances of cerebral function* (B63Z, 7,120 separations and 103,978 patient-days).

Data for 2002–03 on the average and median length of stay by AR-DRG can be found in Tables A3.26 and A3.27 and on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

Hospital type

Tables 6.15 and 6.16 outline the 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care for public acute and private hospitals. The largest number of separations for public acute care hospitals was reported for *Anxiety disorders* (U65Z, 7,199 separations, 11.4%). *Mental health treatment, same day, with electroconvulsive therapy* (U40Z, 5,466 separations) accounted for the largest number of same-day separations without specialised psychiatric care. The largest number of patient-days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z, 80,793 patient-days).

The most frequently reported AR-DRG for private hospital separations was *Anxiety disorders* (U65Z, 2,248 separations, 20.2%), followed by *Dementia and other chronic disturbances of cerebral function* (B63Z, 1,375 separations) which also reported the largest number of patient-days for separations in this category (23,184 patient-days).

6.5 Procedures

The *National Health Data Dictionary* version 11 (NHDC 2002) defines a procedure as a clinical intervention that is surgical in nature; carries a procedural risk; carries an anaesthetic risk;

requires specialised training; and/or requires special facilities or equipment available only in an acute care setting. One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions.

Table 6.17 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations without specialised psychiatric care by hospital type.

The most frequently reported procedures in public acute hospitals were *Allied health intervention, social work* (9,121 separations), *Allied health intervention, physiotherapy* (6,359 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,884 separations). In private hospitals the most frequently reported procedures were *Allied health intervention, physiotherapy* (1,385 separations), *Psychological skills training* (811 separations) and *Alcohol rehabilitation and detoxification* (752 separations).

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM, which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. Note that where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

6.6 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 without specialised psychiatric care from public acute hospitals, 91.3% of separations were 'Other admissions'; that is, planned and unplanned admissions excluding transfers from other hospitals and statistical admissions (Table 6.18). For private hospitals, 94.9% of all mental health-related separations without specialised psychiatric care were 'Other admissions'.

6.7 Mode of separation

Approximately 69.9% (46,548) of mental health-related separations without specialised psychiatric care in public acute hospitals ended with a discharge either to the patient's usual residence or own accommodation, or to a welfare institution. In private hospitals, 89.5% (10,259) of mental health-related separations without specialised psychiatric care ended this way (Table 6.19).

6.8 Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care, maintenance care or other admitted-patient care (Tables 6.20 and 6.21). See the Glossary for further detail on care type.

Acute care was the most frequently recorded care type in all jurisdictions and hospitals (74,951 or 94.7% of mental health-related separations without specialised psychiatric care). It also accounted for the majority of patient-days reported for these separations (77.4%).

Maintenance care accounted for 0.8% of mental health-related separations with specialised psychiatric care, but accounted for 8.9% of patient-days. In Queensland, the administrative practice of assigning maintenance care to long-stay patients has the effect of reducing the proportion of psychogeriatric and rehabilitation care types reported.

The variation among the jurisdictions reflects differences in the types of admitted-patient services provided among the states and territories.

Table 6.14: The 30 most frequently reported AR-DRGs for mental health-related separations^(a) without specialised psychiatric care, Australia, 2002–03

AR-DRG Description	Separations			Per 1,000		Patient-days per 1,000 population ^(b)
	Same day	Overnight	Total	population ^(b)	Patient-days	
U65Z Anxiety Disorders	0	9,447	9,447	0.48	36,706	1.86
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	232	6,888	7,120	0.36	103,978	5.26
U64Z Other Affective and Somatoform Disorders	0	6,680	6,680	0.34	37,973	1.92
V60B Alcohol Intoxication and Withdrawal W/O CC	552	5,269	5,821	0.29	14,130	0.72
U40Z Mental Health Treatment, Same day, W ECT	5,771	0	5,771	0.29	5,771	0.29
U67Z Personality Disorders and Acute Reactions	0	5,503	5,503	0.28	28,137	1.42
V62A Alcohol Use Disorder and Dependence	0	5,328	5,328	0.27	39,596	2.00
U60Z Mental Health Treatment, Same day, W/O ECT	5,163	0	5,163	0.26	5,163	0.26
U63B Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	4,828	4,828	0.24	33,474	1.69
U61B Schizophrenia Disorders W/O Mental Health Legal Status	0	2,482	2,482	0.13	13,986	0.71
V64Z Other Drug Use Disorder and Dependence	136	1,660	1,796	0.09	11,166	0.57
V60A Alcohol Intoxication and Withdrawal W CC	106	1,641	1,747	0.09	8,269	0.42
V63A Opioid Use Disorder and Dependence	22	1,499	1,521	0.08	10,025	0.51
B64B Delirium W/O Catastrophic CC	86	1,418	1,504	0.08	13,058	0.66
V61Z Drug Intoxication and Withdrawal	229	1,185	1,414	0.07	4,463	0.23
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,261	1,261	0.06	5,310	0.27
U63A Major Affective Disorders Age > 69 or W (Catastrophic or Severe CC)	0	1,257	1,257	0.06	16,815	0.85
U66Z Eating and Obsessive–Compulsive Disorders	0	896	896	0.05	14,889	0.75
O66A Antenatal & Other Obstetric Admission	0	764	764	0.04	2,403	0.12
O60B Vaginal Delivery W/O Catastrophic or Severe CC	12	701	713	0.04	2,808	0.14
O61Z Postpartum and Post Abortion W/O O.R. Procedure	26	679	705	0.04	3,256	0.16
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	72	479	551	0.03	1,642	0.08
U68Z Childhood Mental Disorders	0	511	511	0.03	2,741	0.14
B64A Delirium W Catastrophic CC	1	444	445	0.02	6,844	0.35
Z64A Other Factors Influencing Health Status	0	315	315	0.02	1,964	0.10
U61A Schizophrenia Disorders W Mental Health Legal Status	0	238	238	0.01	3,676	0.19
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	151	151	<0.01	1,403	0.07
B81B Other Disorders of the Nervous System W/O Catastrophic or Severe CC	51	95	146	<0.01	378	0.02
V62B Alcohol Use Disorder and Dependence, Sameday	146	0	146	<0.01	146	<0.01
B76B Seizure W/O Catastrophic or Severe CC	45	84	129	<0.01	319	0.02
All other AR-DRGS	192	588	780	0.04	6,008	0.30
Total	12,842	62,291	75,133	3.80	436,497	22.09

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the estimated resident population of 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 6.15: Separations and patient-days for mental health-related separations^(a) without specialised psychiatric care for the 30 most frequently reported AR-DRGs, public acute hospitals, Australia, 2002-03

AR-DRG	Description	Separations			Patient-days	
		Same day	Overnight	Total	Per 1,000 population ^(b)	per 1,000 population ^(b)
U65Z	Anxiety Disorders	0	7,199	7,199	0.36	1.28
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	219	5,525	5,744	0.29	4.09
U64Z	Other Affective and Somatoform Disorders	0	5,604	5,604	0.28	1.38
V60B	Alcohol Intoxication and Withdrawal W/O CC	530	5,058	5,588	0.28	0.63
U40Z	Mental Health Treatment, Same day, W ECT	5,466	0	5,466	0.28	0.28
U60Z	Mental Health Treatment, Same day, W/O ECT	4,644	0	4,644	0.24	0.24
U67Z	Personality Disorders and Acute Reactions	0	4,512	4,512	0.23	0.74
V62A	Alcohol Use Disorder and Dependence	0	3,868	3,868	0.20	1.04
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	3,788	3,788	0.19	0.93
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	2,309	2,309	0.12	0.50
V60A	Alcohol Intoxication and Withdrawal W CC	106	1,561	1,667	0.08	0.37
V64Z	Other Drug Use Disorder and Dependence	130	1,382	1,512	0.08	0.37
V61Z	Drug Intoxication and Withdrawal	227	1,090	1,317	0.07	0.18
B64B	Delirium W/O Catastrophic CC	83	1,161	1,244	0.06	0.52
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,188	1,188	0.06	0.22
V63A	Opioid Use Disorder and Dependence	15	1,039	1,054	0.05	0.32
U63A	Major Affective Disorders Age > 69 or W (Catastrophic or Severe CC)	0	879	879	0.04	0.49
U66Z	Eating and Obsessive-Compulsive Disorders	0	806	806	0.04	0.67
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	12	650	662	0.03	0.13
O66A	Antenatal & Other Obstetric Admission	0	659	659	0.03	0.11
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	21	563	584	0.03	0.13
V63B	Opioid Use Disorder and Dependence, Left Against Medical Advice	58	350	408	0.02	0.06
B64A	Delirium W Catastrophic CC	1	387	388	0.02	0.30
U68Z	Childhood Mental Disorders	0	313	313	0.02	0.08
Z64A	Other Factors Influencing Health Status	0	308	308	0.02	0.10
U61A	Schizophrenia Disorders W Mental Health Legal Status	0	238	238	0.01	0.19
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	139	139	<0.01	0.06
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	46	91	137	<0.01	0.02
V62B	Alcohol Use Disorder and Dependence, Sameday	129	0	129	<0.01	<0.01
B76B	Seizure W/O Catastrophic or Severe CC	42	67	109	<0.01	0.01
All other AR-DRGS		156	443	599	0.03	0.22
Total		11,885	51,177	63,062	3.19	15.65

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the estimated resident populations as at 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 6.16: Separations and patient-days for mental health-related separations^(a) without specialised psychiatric care for the 30 most frequently reported AR-DRGs, private hospitals, Australia, 2002-03

AR-DRG	Description	Separations			Per 1,000		Patient-days per 1,000 population ^(b)
		Same day	Overnight	Total	population ^(b)	Patient-days	
U65Z	Anxiety Disorders	0	2,248	2,248	0.11	11,397	0.58
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	12	1,363	1,375	0.07	23,184	1.17
V62A	Alcohol Use Disorder and Dependence	0	1,164	1,164	0.06	16,838	0.85
U64Z	Other Affective and Somatoform Disorders	0	1,074	1,074	0.05	10,674	0.54
U63B	Major Affective Disorders Age < 70 W/O Catastrophic or Severe CC	0	1,032	1,032	0.05	13,508	0.68
U67Z	Personality Disorders and Acute Reactions	0	989	989	0.05	13,610	0.69
U60Z	Mental Health Treatment, Same day, W/O ECT	458	0	458	0.02	458	0.02
U63A	Major Affective Disorders Age > 69 or W (Catastrophic or Severe CC)	0	378	378	0.02	7,083	0.36
U40Z	Mental Health Treatment, Same day, W ECT	265	0	265	0.01	265	0.01
B64B	Delirium W/O Catastrophic CC	2	257	259	0.01	2,843	0.14
V64Z	Other Drug Use Disorder and Dependence	1	233	234	0.01	3,559	0.18
V60B	Alcohol Intoxication and Withdrawal W/O CC	14	206	220	0.01	1,538	0.08
U68Z	Childhood Mental Disorders	0	198	198	0.01	1,175	0.06
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	0	171	171	<0.01	2,816	0.14
V63A	Opioid Use Disorder and Dependence	7	140	147	<0.01	1,549	0.08
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	4	116	120	<0.01	774	0.04
O66A	Antenatal & Other Obstetric Admission	0	105	105	<0.01	261	0.01
V61Z	Drug Intoxication and Withdrawal	1	90	91	<0.01	882	0.04
U66Z	Eating and Obsessive-Compulsive Disorders	0	90	90	<0.01	1,737	0.09
V60A	Alcohol Intoxication and Withdrawal W CC	0	79	79	<0.01	1,015	0.05
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	73	73	<0.01	949	0.05
B64A	Delirium W Catastrophic CC	0	57	57	<0.01	1,002	0.05
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	0	53	53	<0.01	352	0.02
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	0	51	51	<0.01	235	0.01
B76B	Seizure W/O Catastrophic or Severe CC	3	17	20	<0.01	47	<0.01
C63B	Other Disorders of the Eye W/O CC	0	12	12	<0.01	88	<0.01
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	12	12	<0.01	206	0.01
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis	0	11	11	<0.01	591	0.03
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	11	0	11	<0.01	11	<0.01
E75C	Other Respiratory System Diagnosis Age < 65 W/O CC	2	8	10	<0.01	15	<0.01
All other AR-DRGS		38	73	111	<0.01	707	0.04
Total		818	10,300	11,118	0.56	119,369	6.04

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or *Not reported*.

(b) Rates are crude rates based on the estimated resident population as at 31 December 2002.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Psych—psychotic.

Table 6.17: The 30 most frequently reported procedures for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2002–03

Procedure	Separations for which the procedure was reported			Patient-days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total			
Public acute hospitals						
95550–01 Allied health intervention, social work	117	9,004	9,121	139,531	15.5	9,163
95550–03 Allied health intervention, physiotherapy	42	6,317	6,359	121,154	19.2	6,376
93340–00 Electroconvulsive therapy [ECT] <= 8 treatments	5,450	434	5,884	7,495	4.7	5,894
92514–99 General anaesthesia, ASA 99	4,694	320	5,014	9,106	13.8	5,271
56001–00 Computerised tomography of brain	495	3,922	4,417	53,781	13.6	4,443
95550–02 Allied health intervention, occupational therapy	6	4,218	4,224	90,174	21.4	4,237
92003–00 Alcohol detoxification	32	3,183	3,215	17,439	5.5	3,217
95550–00 Allied health intervention, dietetics	14	3,020	3,034	65,169	21.6	3,040
92006–00 Drug detoxification	72	2,045	2,117	10,718	5.2	2,118
96175–00 Mental/behavioural assessment	305	1,525	1,830	9,351	5.9	1,832
95550–05 Allied health intervention, speech pathology	4	1,584	1,588	38,446	24.3	1,593
95550–10 Allied health intervention, psychology	33	1,063	1,096	15,468	14.5	1,097
95550–11 Allied health intervention, other	34	1,029	1,063	14,642	14.2	1,083
95550–09 Allied health intervention, pharmacy	8	857	865	11,784	13.7	865
96145–00 Skills training in parenting techniques	310	478	788	2,675	4.9	788
92515–99 Sedation, ASA 99	347	326	673	5,914	17.1	714
92009–00 Combined alcohol and drug detoxification	10	633	643	3,749	5.9	643
56007–00 Computerised tomography of brain with intravenous contrast medium	89	548	637	7,151	12.9	638
90901–00 Magnetic resonance imaging of brain	188	383	571	5,507	13.9	571
92514–29 General anaesthesia, ASA 29	293	144	437	1,345	7.3	462
39000–00 Lumbar puncture	59	367	426	4,639	12.5	433
95550–04 Allied health intervention, podiatry	0	422	422	24,706	58.5	422
96169–00 Assistance with activities related to parenting	321	80	401	626	3.8	401
96073–00 Substance addiction counselling or education	4	369	373	2,018	5.5	373
96080–00 Counselling or education on preparing for parenthood, parenting skills or family plan	311	9	320	356	5.0	320
92514–39 General anaesthesia, ASA 39	153	111	264	1,319	10.5	286
96034–00 Alcohol and other drug assessment	6	244	250	1,347	5.5	250
92514–19 General anaesthesia, ASA 19	191	53	244	338	2.8	244
92004–00 Alcohol rehabilitation and detoxification	1	243	244	1,199	4.9	244
13706–02 Transfusion of packed cells	3	210	213	4,322	20.6	213
Other	695	7,150	7,845	106,311	14.8	7,979
No procedure or not reported	4,289	29,189	33,478	156,463	..	..
Total^(b)	11,946	54,661	66,607	427,315	7.6	56,047

(continued)

Table 6.17 (continued): The 30 most frequently reported procedures for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2002-03

Procedure	Separations for which the procedure was reported			Patient-days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total			
	Private hospitals					
95550-03 Allied health intervention, physiotherapy	48	1,337	1,385	22,269	16.6	1,387
96001-00 Psychological skills training	1	810	811	16,961	20.9	811
92004-00 Alcohol rehabilitation and detoxification	1	751	752	12,942	17.2	753
95550-01 Allied health intervention, social work	1	634	635	11,941	18.8	636
93340-00 Electroconvulsive therapy [ECT] <= 8 treatments	273	279	552	2,993	9.7	553
56001-00 Computerised tomography of brain	8	521	529	8,440	16.2	532
95550-02 Allied health intervention, occupational therapy	47	466	513	7,911	16.9	513
12203-00 Polysomnography	2	460	462	507	1.1	462
92514-99 General anaesthesia, ASA 99	246	139	385	2,085	13.2	487
95550-10 Allied health intervention, psychology	0	368	368	5,410	14.7	368
92515-99 Sedation, ASA 99	54	291	345	5,218	17.7	810
95550-00 Allied health intervention, dietetics	2	331	333	7,658	23.1	334
96080-00 Counselling or education on preparing for parenthood, parenting skills or family plan	229	33	262	363	4.1	262
92003-00 Alcohol detoxification	0	260	260	2,617	10.1	260
96169-00 Assistance with activities related to parenting	229	8	237	263	4.3	237
96101-00 Cognitive behaviour therapy [CBT]	4	231	235	4,742	20.5	235
96145-00 Skills training in parenting techniques	227	1	228	228	1.0	228
96034-00 Alcohol and other drug assessment	1	197	198	3,539	18.0	198
96073-00 Substance addiction counselling or education	0	190	190	3,741	19.7	191
95550-12 Allied health intervention, pastoral care	0	167	167	2,632	15.8	168
95550-11 Allied health intervention, other	0	161	161	2,439	15.1	161
96140-00 Skills training in activities related to self care/self maintenance	47	101	148	834	7.8	149
96185-00 Supportive psychotherapy, not elsewhere classified	1	139	140	2,996	21.5	140
92514-29 General anaesthesia, ASA 29	25	115	140	1,632	14.0	297
92007-00 Drug rehabilitation and detoxification	0	138	138	2,718	19.7	138
95550-05 Allied health intervention, speech pathology	0	133	133	3,007	22.6	133
92010-00 Combined alcohol and drug rehabilitation and detoxification	0	124	124	2,267	18.3	124
92514-19 General anaesthesia, ASA 19	42	81	123	1,157	13.8	278
30473-01 Panendoscopy to duodenum with biopsy	47	74	121	1,502	19.7	122
30473-00 Panendoscopy to duodenum	59	61	120	1,019	15.7	121
Other	251	3,331	3,582	53,827	16.1	3,658
No procedure or not reported	53	4,403	4,456	35,364	..	..
Total^(b)	841	10,621	11,462	125,438	11.7	14,746

(continued)

Table 6.17 (continued): The 30 most frequently reported procedures for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2002–03

Procedure	Separations for which the procedure was reported			Patient-days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total			
All hospitals						
95550–01 Allied health intervention, social work	122	9,745	9,867	154,678	15.9	9,910
95550–03 Allied health intervention, physiotherapy	90	7,654	7,744	143,423	18.7	7,763
93340–00 Electroconvulsive therapy [ECT] <= 8 treatments	5,763	714	6,477	10,532	6.7	6,488
92514–99 General anaesthesia, ASA 99	4,980	463	5,443	13,916	19.3	5,854
56001–00 Computerised tomography of brain	503	4,444	4,947	62,235	13.9	4,976
95550–02 Allied health intervention, occupational therapy	54	4,765	4,819	101,127	21.2	4,832
92003–00 Alcohol detoxification	39	3,525	3,564	20,444	5.8	3,566
95550–00 Allied health intervention, dietetics	16	3,352	3,368	72,842	21.7	3,375
92006–00 Drug detoxification	82	2,298	2,380	12,037	5.2	2,381
96175–00 Mental/behavioural assessment	307	1,622	1,929	11,232	6.7	1,931
95550–05 Allied health intervention, speech pathology	4	1,717	1,721	41,453	24.1	1,726
95550–10 Allied health intervention, psychology	34	1,471	1,505	23,049	15.6	1,506
95550–11 Allied health intervention, other	35	1,191	1,226	17,226	14.4	1,246
92004–00 Alcohol rehabilitation and detoxification	2	1,181	1,183	15,747	13.3	1,184
92515–99 Sedation, ASA 99	401	617	1,018	11,132	17.4	1,524
96145–00 Skills training in parenting techniques	537	479	1,016	2,903	4.9	1,016
95550–09 Allied health intervention, pharmacy	8	928	936	12,920	13.9	936
96001–00 Psychological skills training	1	847	848	17,121	20.2	848
56007–00 Computerised tomography of brain with intravenous contrast medium	92	652	744	8,662	13.1	745
92009–00 Combined alcohol and drug detoxification	10	674	684	4,062	6.0	684
92007–00 Drug rehabilitation and detoxification	9	664	673	5,876	8.8	674
90901–00 Magnetic resonance imaging of brain	201	464	665	6,582	13.8	665
96169–00 Assistance with activities related to parenting	550	88	638	889	3.9	638
12203–00 Polysomnography	3	600	603	668	1.1	603
96080–00 Counselling or education on preparing for parenthood, parenting skills or family plan	540	42	582	719	4.3	582
92514–29 General anaesthesia, ASA 29	318	259	577	2,977	10.3	759
96073–00 Substance addiction counselling or education	4	559	563	5,759	10.3	564
95550–04 Allied health intervention, podiatry	0	469	469	25,933	55.3	469
39000–00 Lumbar puncture	61	396	457	5,108	12.7	465
96034–00 Alcohol and other drug assessment	7	442	449	4,891	11.0	449
Other	1,464	11,032	12,496	179,513	16.1	12,886
No procedure or not reported	4,421	33,631	38,052	192,141	..	..
Total^(b)	12,929	66,195	79,124	562,511	8.3	81,245

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. Not applicable.

Table 6.18: Mental health-related separations^(a) without specialised psychiatric care, by mode of admission and hospital type, states and territories^(b), 2002–03

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
Admitted patient transferred from another hospital	1,180	2,141	161	277	377	64	4	2	4,206
Statistical admission—episode type change	513	777	173	79	21	10	2	6	1,581
Other	20,417	17,127	7,690	6,265	7,560	1,241	216	304	60,820
Not reported	0	0	0	0	0	0	0	0	0
Total	22,110	20,045	8,024	6,621	7,958	1,315	222	312	66,607
Private hospitals									
Admitted patient transferred from another hospital	135	123	83	54	53	n.p.	n.p.	n.p.	472
Statistical admission—episode type change	14	16	22	8	0	n.p.	n.p.	n.p.	66
Other	2,441	3,388	2,584	895	760	n.p.	n.p.	n.p.	10,883
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	41
Total	2,590	3,527	2,689	957	813	n.p.	n.p.	n.p.	11,462
All hospitals^(c)									
Admitted patient transferred from another hospital	1,439	2,264	244	331	430	n.p.	n.p.	n.p.	4,802
Statistical admission—episode type change	576	793	195	87	21	n.p.	n.p.	n.p.	1,696
Other	23,740	20,515	10,274	7,160	8,320	n.p.	n.p.	n.p.	72,585
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	41
Total	25,755	23,572	10,713	7,578	8,771	n.p.	n.p.	n.p.	79,124

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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.

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

n.p. Not published.

Table 6.19: Mental health-related separations^(a) without specialised psychiatric care, by mode of separation and hospital type, states and territories^(b), 2002–03

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Discharge/transfer to an(other) acute hospital	2,183	3,070	760	302	707	54	11	30	7,117
Discharge/transfer to a Residential Aged Care Service ^(c)	877	714	171	135	322	27	15	5	2,266
Discharge/transfer to an(other) psychiatric hospital	805	0	8	464	1,049	0	2	1	2,329
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	187	61	136	48	51	68	5	17	573
Statistical discharge type change	895	1,852	391	245	141	69	9	13	3,615
Left against medical advice/discharge at own risk	1,639	328	631	540	327	73	2	31	3,571
Statistical discharge from leave	52	0	10	3	43	1	0	0	109
Died	148	180	57	40	41	8	4	1	479
Other (includes discharge to usual residence/own accommodation/welfare institution)	15,324	13,840	5,860	4,844	5,277	1,015	174	214	46,548
Total	22,110	20,045	8,024	6,621	7,958	1,315	222	312	66,607
Private hospitals									
Discharge/transfer to an(other) acute hospital	99	114	96	36	36	n.p.	n.p.	n.p.	382
Discharge/transfer to a Residential Aged Care Service ^(c)	86	66	42	31	85	n.p.	n.p.	n.p.	310
Discharge/transfer to an(other) psychiatric hospital	23	0	1	27	24	n.p.	n.p.	n.p.	75
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	9	3	14	12	2	n.p.	n.p.	n.p.	64
Statistical discharge type change	15	51	72	25	2	n.p.	n.p.	n.p.	205
Left against medical advice/discharge at own risk	29	13	16	6	5	n.p.	n.p.	n.p.	73
Statistical discharge from leave	1	0	2	0	0	n.p.	n.p.	n.p.	3
Died	21	25	25	13	6	n.p.	n.p.	n.p.	91
Other (includes discharge to usual residence/own accommodation/welfare institution)	2,307	3,255	2,421	807	653	n.p.	n.p.	n.p.	10,259
Total	2,590	3,527	2,689	957	813	n.p.	n.p.	n.p.	11,462
All hospitals^(d)									
Discharge/transfer to an(other) acute hospital	2,321	3,184	856	338	743	n.p.	n.p.	n.p.	7,538
Discharge/transfer to a Residential Aged Care Service ^(c)	965	780	213	166	407	n.p.	n.p.	n.p.	2,578
Discharge/transfer to an(other) psychiatric hospital	830	0	9	491	1,073	n.p.	n.p.	n.p.	2,406
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	259	64	150	60	53	n.p.	n.p.	n.p.	700
Statistical discharge type change	977	1,903	463	270	143	n.p.	n.p.	n.p.	3,887
Left against medical advice/discharge at own risk	1,922	341	647	546	332	n.p.	n.p.	n.p.	3,898
Statistical discharge from leave	56	0	12	3	43	n.p.	n.p.	n.p.	115
Died	169	205	82	53	47	n.p.	n.p.	n.p.	570
Other (includes discharge to usual residence/own accommodation/welfare institution)	18,256	17,095	8,281	5,651	5,930	n.p.	n.p.	n.p.	57,432
Total	25,755	23,572	10,713	7,578	8,771	n.p.	n.p.	n.p.	79,124

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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 categorisation of establishments.

(c) Unless this is the usual place of residence.

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

n.p. Not published

Table 6.20: Mental health-related separations^(a) without specialised psychiatric care, by care type and hospital type, states and territories^(b), 2002-03

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Acute care	19,962	19,098	7,717	6,520	7,938	1,302	220	305	63,062
Rehabilitation care	616	1	9	0	0	0	0	1	627
Palliative care	45	43	17	5	7	3	1	0	121
Geriatric evaluation and management	138	798	66	24	2	1	0	0	1,029
Psychogeriatric care	211	0	79	5	0	1	0	0	296
Maintenance care	369	0	116	67	3	8	1	6	570
Other admitted patient care	766	105	19	0	8	0	0	0	898
Not reported	0	0	0	0	0	0	0	0	0
Total^(c)	22,110	20,045	8,024	6,621	7,958	1,315	222	312	66,607
Private hospitals									
Acute care	2,387	3,515	2,634	944	812	n.p.	n.p.	n.p.	10,936
Rehabilitation care	0	3	9	2	0	n.p.	n.p.	n.p.	14
Palliative care	6	2	6	6	0	n.p.	n.p.	n.p.	20
Geriatric evaluation and management	2	0	0	0	0	n.p.	n.p.	n.p.	2
Psychogeriatric care	0	0	12	0	0	n.p.	n.p.	n.p.	58
Maintenance care	5	0	14	4	1	n.p.	n.p.	n.p.	38
Other admitted patient care	190	7	14	0	0	n.p.	n.p.	n.p.	211
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	182
Total^(c)	2,590	3,527	2,689	957	813	n.p.	n.p.	n.p.	11,462
All hospitals^(d)									
Acute care	23,302	22,613	10,351	7,464	8,750	n.p.	n.p.	n.p.	74,951
Rehabilitation care	718	4	18	2	0	n.p.	n.p.	n.p.	743
Palliative care	51	45	23	11	7	n.p.	n.p.	n.p.	141
Geriatric evaluation and management	140	798	66	24	2	n.p.	n.p.	n.p.	1,031
Psychogeriatric care	211	0	91	5	0	n.p.	n.p.	n.p.	354
Maintenance care	374	0	130	71	4	n.p.	n.p.	n.p.	608
Other admitted patient care	956	112	33	0	8	n.p.	n.p.	n.p.	1,109
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	182
Total^(c)	25,755	23,572	10,713	7,578	8,771	n.p.	n.p.	n.p.	79,124

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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 categorisation of establishments.

(c) The total includes a small number of separations whose care type was reported as *Newborn*.

(d) Includes separations from NSW public psychiatric hospitals.

n.a. Not published.

Table 6.21: Patient-days for mental health-related separations^(a) without specialised psychiatric care, by care type and hospital type, states and territories^(b), 2002–03

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Acute care	110,221	70,336	35,545	33,707	46,310	9,878	2,058	1,074	309,129
Rehabilitation care	2,842	17	136	0	0	0	0	10	3,005
Palliative care	459	438	247	46	68	6	11	0	1,275
Geriatric evaluation and management	2,320	29,931	1,798	343	34	1	0	0	34,427
Psychogeriatric care	7,938	0	3,906	202	0	15	0	0	12,061
Maintenance care	28,917	0	7,244	8,551	13	3,772	28	154	48,679
Other admitted patient care	10,475	8,107	72	0	74	0	0	0	18,728
Not reported	0	0	0	0	0	0	0	0	0
Total^(c)	163,178	108,829	48,953	42,849	46,499	13,672	2,097	1,238	427,315
Private hospitals									
Acute care	32,127	30,952	31,722	8,459	7,310	n.p.	n.p.	n.p.	118,029
Rehabilitation care	0	43	137	88	0	n.p.	n.p.	n.p.	268
Palliative care	124	22	159	129	0	n.p.	n.p.	n.p.	434
Geriatric evaluation and management	6	0	0	0	0	n.p.	n.p.	n.p.	6
Psychogeriatric care	0	0	327	0	0	n.p.	n.p.	n.p.	770
Maintenance care	76	0	806	80	1	n.p.	n.p.	n.p.	1,174
Other admitted patient care	2,690	437	288	0	0	n.p.	n.p.	n.p.	3,415
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	1,340
Total^(c)	35,023	31,454	33,439	8,758	7,311	n.p.	n.p.	n.p.	125,438
All hospitals^(c)									
Acute care	150,348	101,288	67,267	42,166	53,620	n.p.	n.p.	n.p.	435,158
Rehabilitation care	4,600	60	273	88	0	n.p.	n.p.	n.p.	5,031
Palliative care	583	460	406	175	68	n.p.	n.p.	n.p.	1,709
Geriatric evaluation and management	2,326	29,931	1,798	343	34	n.p.	n.p.	n.p.	34,433
Psychogeriatric care	7,938	0	4,233	202	0	n.p.	n.p.	n.p.	12,831
Maintenance care	28,993	0	8,050	8,631	14	n.p.	n.p.	n.p.	49,853
Other admitted patient care	13,165	8,544	360	0	74	n.p.	n.p.	n.p.	22,143
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	1,340
Total^(c)	207,959	140,283	82,392	51,607	53,810	n.p.	n.p.	n.p.	562,511

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(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 categorisation of establishments.

(c) Includes patient-days for a small number of separations whose care type was reported as *Newborn*.

(d) Includes patient-days for NSW public psychiatric separations without specialised psychiatric care.

n.p. Not published.

7 Specialised mental health care resources

This chapter presents an overview of available data on the characteristics of psychiatrist, mental health nursing and clinical psychologist labour forces. It also describes the characteristics of establishments delivering specialised mental health care in Australia. The establishments described include public community mental health establishments, public and private psychiatric hospitals, and psychiatric units or wards in public acute care hospitals.

7.1 Specialised mental health care labour force

This section presents information on the characteristics of psychiatrists using data from the National Medical Labour Force Survey and of mental health nurses using data from the National Nursing Labour Force Survey. Data from the Australian Bureau of Statistics (ABS) Census of Population and Housing are also used to provide information on clinical psychologists.

Psychiatrists

The National Medical Labour Force Survey includes data on psychiatrists and trainee psychiatrists practising in both the public and private sectors. The Remoteness Area information on private psychiatrist services is sourced from the Department of Health and Ageing (DHA) Medicare data collections. Background information on *Medical Labour Force 2002* (AIHW 2004e) and the Medicare data collection is presented in Appendix 1.

National medical labour force survey data on the number of specialists practising as psychiatrists and psychiatry trainees are presented in Tables 7.1 to 7.4. For the purposes of the survey, a psychiatrist was defined as a medical practitioner that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Psychiatrists-in-training were defined as medical practitioners who had been accepted by the RANZCP into a training position supervised by a member of the college. Psychiatrists may work as clinicians or non-clinicians. All psychiatrists-in-training work as clinicians. The work of non-clinicians may include administration, teaching, research and public health.

In 2002, it was estimated that there were 15.0 psychiatrists and psychiatrists-in-training per 100,000 population in Australia. These comprised 2,367 specialists practising psychiatry as their main speciality (12.1 psychiatrists per 100,000 population) and 587 psychiatrists-in-training (3.0 psychiatrists-in-training per 100,000 population) (Table 7.1).

From 1998 to 2002, the number of psychiatrists and psychiatrists-in-training increased by 15.7%, from 2,554 to 2,954. For the majority of psychiatrists (85.3%), their main place of work was in a major city (Table 7.1 and Figure 1.24). There has been little or no variation in this pattern since 1998.

Of the estimated 2,954 psychiatrists and psychiatrists-in-training in Australia in 2002, two-thirds were male (65.9%). The increase in female psychiatrists between 1998 to 2002 (34.5%) was greater than for males (11.9%) (Table 7.2). This trend is set to continue with a growth in the proportion of female psychiatrists-in-training (33.2%) compared to a decline in male psychiatrists-in-training (10.2%). Female psychiatrists-in-training (50.6%) now just outnumber males (49.4%).

In 2002, the majority of psychiatrists in Australia were clinicians (2,167 or 11.0 per 100,000 population) compared with a total of 200 non-clinicians (1.0 per 100,000 population). Most clinician and non-clinician psychiatrists were males (69.5% and 75.5%, respectively) (Table 7.2).

The main age group for psychiatrists in 2002 was 45–54 years (31.3% for clinicians and 37.0% for non-clinicians), and the majority of psychiatrists-in-training were aged under 35 years (58.3%) (Table 7.3). The proportion of psychiatrists who were clinicians was between 90.2% and 93.1% across all age groups. There were 166 female psychiatrists working as clinicians in the 55–64 age group (27.8% of all clinicians in this age group), and this dropped to 37 female psychiatrists for those aged 65 and over (13.3%).

The state with the highest number of psychiatrists per 100,000 population was Victoria (15.7). The Northern Territory had the lowest, with 5.9 per 100,000 population (Table 7.4).

Based on Medicare Benefits Schedule fee income, the estimated number of full-time-equivalent private psychiatrists for 2003–04 was 1,024.3 (Table 7.5). The majority of these full-time-equivalent private psychiatrists were located in major cities (939.6 or 91.7%). South Australia (7.1) and Victoria (7.0) were the jurisdictions with the highest number of full-time-equivalent private psychiatrists per 100,000 population.

Table 7.1: Psychiatrists and psychiatrists-in-training, by Remoteness Area of main place of work, Australia, 1998 to 2002

	1998	1999	2000	2001	2002
Psychiatrists (clinicians and non-clinicians)^{(a)(b)}					
Major cities	1,724	1,855	1,888	1,806	2,019
Inner regional	173	187	155	180	221
Outer regional	59	54	58	49	49
Remote and very remote	8	10	6	4	8
<i>Total all regions^(c)</i>	<i>2,008</i>	<i>2,140</i>	<i>2,176</i>	<i>2,101</i>	<i>2,367</i>
Per 100,000 population ^(d)	10.7	11.3	11.4	10.8	12.1
Psychiatrists-in-training^{(a)(e)}					
Major cities	501	521	502	562	509
Inner regional	18	23	39	35	34
Outer regional	8	16	17	10	17
Remote and very remote	3	4	3	6	1
<i>Total all regions^(c)</i>	<i>546</i>	<i>581</i>	<i>587</i>	<i>643</i>	<i>587</i>
Per 100,000 population ^(d)	2.9	3.1	3.1	3.3	3.0
Total psychiatrists and psychiatrists-in-training^(a)					
Major cities	2,226	2,376	2,390	2,368	2,527
Inner regional	190	210	194	215	256
Outer regional	67	69	75	59	65
Remote and very remote	11	15	10	10	9
<i>Total all regions^(c)</i>	<i>2,554</i>	<i>2,722</i>	<i>2,763</i>	<i>2,744</i>	<i>2,954</i>
Per 100,000 population ^(d)	13.7	14.4	14.4	14.1	15.0

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same. Disaggregation of psychiatrists by clinician and non-clinician is not available for Remoteness Area.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e. a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Includes practitioners for whom Remoteness Area was not stated.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 1998, 1999, 2000, 2001 and 2002.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.2: Psychiatrists and psychiatrists-in-training by sex, Australia, 1998 to 2002

	1998	1999	2000	2001	2002
Psychiatrists^{(a)(b)}					
Clinicians					
Male	1,369	1,396	1,450	1,378	1,505
Female	485	595	552	563	661
<i>Total^(c)</i>	<i>1,854</i>	<i>1,991</i>	<i>2,002</i>	<i>1,941</i>	<i>2,167</i>
Per 100,000 population ^(d)	9.9	10.5	10.5	10.0	11.0
Non-clinicians					
Male	111	106	118	108	151
Female	43	43	56	52	49
<i>Total^(c)</i>	<i>154</i>	<i>150</i>	<i>174</i>	<i>160</i>	<i>200</i>
Per 100,000 population ^(d)	0.8	0.8	0.9	0.8	1.0
Psychiatrists-in-training^{(a)(e)}					
Male	323	326	330	317	290
Female	223	256	257	326	297
<i>Total^(c)</i>	<i>546</i>	<i>581</i>	<i>587</i>	<i>643</i>	<i>587</i>
Per 100,000 population ^(d)	2.9	3.1	3.1	3.3	3.0
Total psychiatrists and psychiatrists-in-training^(a)					
Male	1,804	1,828	1,898	1,804	1,946
Female	751	894	865	940	1,008
<i>Total^(c)</i>	<i>2,554</i>	<i>2,722</i>	<i>2,763</i>	<i>2,744</i>	<i>2,954</i>
Per 100,000 population ^(d)	13.7	14.4	14.4	14.1	15.0

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not sum to totals due to rounding.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 1998, 1999, 2000, 2001 and 2002.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.3: Psychiatrists and psychiatrists-in-training by age and sex, Australia, 2002

	<35	35–44	45–54	55–64	65+	Total
Psychiatrists^{(a)(b)}						
Clinicians						
Male	41	347	443	432	242	1,505
Female	31	192	235	166	37	661
<i>Total^(c)</i>	72	539	678	598	279	2,167
Non-clinicians						
Male	3	35	55	38	20	151
Female	3	18	20	5	3	49
<i>Total^(c)</i>	6	53	74	44	23	200
Psychiatrists-in-training^{(a)(d)}						
Male	183	68	39	0	0	290
Female	163	81	53	0	0	297
Total^(c)	346	148	93	0	0	587
Total psychiatrists and psychiatrists-in-training^(a)						
Male	227	450	537	471	262	1,946
Female	197	291	308	171	40	1,008
Total^(c)	425	741	845	642	302	2,954

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not add to totals due to rounding.

(d) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.4: Psychiatrists and psychiatrists-in-training by sex, states and territories, 2002

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatrists^{(a)(b)}									
Clinicians									
Male	498	495	215	103	119	38	27	10	1,505
Female	192	203	105	53	75	13	18	2	661
<i>Total^(c)</i>	<i>691</i>	<i>698</i>	<i>321</i>	<i>157</i>	<i>194</i>	<i>51</i>	<i>44</i>	<i>12</i>	<i>2,167</i>
Per 100,000 population ^(d)	10.4	14.4	8.6	8.1	12.8	10.7	13.8	5.9	11.0
Non-clinicians									
Male	60	48	16	10	10	6	1	0	151
Female	18	15	4	3	6	0	3	0	49
<i>Total^(c)</i>	<i>78</i>	<i>62</i>	<i>20</i>	<i>13</i>	<i>17</i>	<i>6</i>	<i>4</i>	<i>0</i>	<i>200</i>
Per 100,000 population ^(d)	1.2	1.3	0.5	0.7	1.1	1.2	1.4	0.0	1.0
Psychiatrists-in-training^{(a)(e)}									
Male	96	116	21	20	30	0	4	2	290
Female	114	76	27	30	35	6	0	10	297
<i>Total^(c)</i>	<i>210</i>	<i>191</i>	<i>48</i>	<i>50</i>	<i>66</i>	<i>6</i>	<i>4</i>	<i>12</i>	<i>587</i>
Per 100,000 population ^(d)	3.2	3.9	1.3	2.6	4.3	1.2	1.4	6.2	3.0
Total psychiatrists and psychiatrists-in-training^(a)									
Male	654	659	253	133	160	44	32	12	1,946
Female	324	293	136	87	116	18	21	13	1,008
<i>Total^(c)</i>	<i>978</i>	<i>952</i>	<i>388</i>	<i>220</i>	<i>276</i>	<i>62</i>	<i>53</i>	<i>24</i>	<i>2,954</i>
Per 100,000 population ^(d)	14.7	19.6	10.5	11.4	18.2	13.1	16.5	12.2	15.0

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists presented here are those that identified themselves as being a specialist (i.e. a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not add to totals due to rounding.

(d) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2002.

(e) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

Source: AIHW Medical Labour Force Survey.

Table 7.5: Medicare-funded full-time-equivalent private psychiatrists, by Remoteness Area of psychiatrists' services, states and territories, 2003–04

Full-time-equivalent psychiatrists	NSW	Vic	Qld	SA	Tas	ACT	WA and NT	Total
Number								
Major cities	297.3	332.1	137.9	105.4	0.0	11.3	55.6	939.6
Inner regional	21.7	11.9	17.2	1.3	21.0	0.0	1.7	74.8
Outer regional	1.3	1.2	5.2	n.a.	n.a.	n.a.	1.7	9.4
Remote	0.0	0.0	0.0	n.a.	n.a.	n.a.	0.4	0.4
Very remote	0.0	0.0	0.1	n.a.	n.a.	n.a.	0.0	0.1
<i>Total all regions</i>	<i>320.3</i>	<i>345.2</i>	<i>160.3</i>	<i>108.0</i>	<i>21.3</i>	<i>11.3</i>	<i>59.4</i>	<i>1,024.3</i>
Per 100,000 population^(a)								
Major cities	6.2	9.2	6.9	9.6	0.0	3.5	4.0	7.1
Inner regional	1.6	1.1	1.7	0.7	6.9	0.0	0.7	1.8
Outer regional	0.3	0.5	0.8	n.a.	n.a.	n.a.	0.6	0.1
Remote	0.0	0.0	0.0	n.a.	n.a.	n.a.	0.3	0.0
Very remote	0.0	0.0	0.2	n.a.	n.a.	n.a.	0.0	0.0
<i>Total all regions</i>	<i>4.8</i>	<i>7.0</i>	<i>4.2</i>	<i>7.1</i>	<i>4.5</i>	<i>3.5</i>	<i>2.8</i>	<i>5.9</i>

(a) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2003.

n.a. Not available due to confidentiality protocols.

Source: Medicare data from DHA.

Mental health nurses

This information is based on the AIHW national nursing labour force collection from 1997 to 2003. The national nursing labour force collection is a biennial collection and the latest available data is from 2001. Additional information on this collection is presented in Appendix 1.

Mental health nurses are defined as nurses who indicate that their main area of nursing is in the psychiatric or mental health field. The latest data available on mental health nurses are for 2001 and these data were presented in *Mental Health Services in Australia, 2001–02* (AIHW 2004a).

In 2001, there were 12,077 mental health nurses, representing a per capita rate of 62.2 per 100,000 population. The main place of work for the majority of mental health nurses was in a major city, followed by inner regional areas. For further information see *Mental Health Services in Australia, 2001–02* (AIHW 2004a).

Information on the number of mental health nurses by age and sex is presented in Table 7.6. In 2001, just over two-thirds of mental health nurses were female. The majority of mental health nurses were in the 45–54 and 34–44 age groups (35.9% and 32.9%, respectively).

Table 7.6: Mental health nurses^{(a)(b)} by age and sex, Australia, 2001

	15–24	25–34	35–44	45–54	55–64	65+	Total
Sex							
Male	52	576	1,251	1,543	453	43	3,918
Female	218	1,452	2,727	2,802	883	95	8,177
Total	270	2,028	3,978	4,345	1,336	137	12,094

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Includes registered and enrolled nurses.

Source: AIHW 2003b.

Clinical psychologists

A clinical psychologist is defined in the *Health and Community Services Labour Force, 2001* (AIHW 2003c) report as someone who consults with individuals and groups, assesses psychological disorders and administers programs of treatment. This information is based on health and community services workers' data from the Australian Bureau of Statistics (ABS) 2001 Census of Population and Housing analysed in the *AIHW Health and Community Services Labour Force, 2001* report (AIHW 2003c).

Information on the number of clinical psychologists by age and sex and by state and territory is presented in Tables 7.7 and 7.8. In 2001, there were 7,572 clinical psychologists compared with 5,252 clinical psychologists in 1996 – an increase of 44.2% (AIHW 2003c). The majority of persons employed as clinical psychologists in Australia were females (71.7%) (Table 7.7). The highest proportion of clinical psychologists were aged between 45 and 54 years (30.7%) followed by the 25–34 age group (26.5%). Most male clinical psychologists were between 45 and 54 years (36.5%), and most females were between 25 and 34 years (30.6%).

In 2001, there were 40 persons employed as clinical psychologists in Australia per 100,000 population (Table 7.8). The highest numbers of clinical psychologists per 100,000 population were in the Australian Capital Territory (58), followed by Victoria (47) and Western Australia (43).

Table 7.7: Persons employed as clinical psychologists by age and sex, Australia, 2001

	15–24	25–34	35–44	45–54	55–64	65+	Total
Sex							
Male	21	345	559	782	346	92	2,145
Female	205	1,658	1,313	1,543	603	105	5,427
Total	226	2,003	1,872	2,325	949	197	7,572

Source: AIHW 2003c.

Table 7.8: Persons employed as clinical psychologists per 100,000 population, states and territories, 2001

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number	2,638	2,222	1,100	794	456	126	183	53	7,572
Per 100,000 population ^(a)	41	47	31	43	31	27	58	30	40

(a) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2001.

Source: AIHW 2003c.

7.2 Public community mental health establishments

This section describes community mental health establishments in terms of the number of establishments, availability of beds, staff employed and expenditure. The data in this section relate only to public community mental health care establishments which are staffed 24 hours a day, as data on non-government community mental health establishments and public establishments staffed less than 24 hours are not available.

The Community Mental Health Establishments Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community mental health care establishment in Australia, from routine administrative collections. Further information on the NCMHED can be found in Appendix 1. The National Survey of Mental Health Services also collects data on these services, presented in the *National Mental Health Report* series (DHA 2004). The similarities and differences between the data collated by the survey and NCMHED are discussed in Appendix 4.

Table 7.9 presents a summary of establishments, number of available beds, staffing and expenditure from NCMHED since 1998–99. Information from the NCMHED on the number of establishments by state and territory in 2002–03 is presented in Table 7.10. A list of the establishments that report to NCMHED can be found in the Internet-only tables at <www.aihw.gov.au>.

Note that the definitions of the establishments varied between jurisdictions. In some jurisdictions, such as Tasmania and Queensland, the establishments were equivalent to individual service units, which can include hospital-based mental health outpatient and outreach services. In other jurisdictions, such as Western Australia, entire health regions or areas were defined as establishments. For these reasons, the number of establishments reported does not necessarily reflect the number of physical buildings or service outlets from which community mental health care was provided.

Between 1998–99 and 2002–03 the number of full-time equivalent staff increased 20.1% from 8,679 to 10,420. Salaries and wages expenditure over the same period increased 66.1% from \$390.4 million to \$648.4 million (in constant prices) and non-salary expenditure increased 66.2% from \$154.3 to \$256.4.

There were 1,241 available beds reported to the NCMHED for 2002–03 representing 6.3 beds per 100,000 population (Table 7.10). Tasmania had the highest number of available beds per 100,000 (29.5) followed by Victoria (18.2).

Data on the number of full-time equivalent (FTE) staff employed in community mental health establishments by state and territory are presented in Table 7.11. The FTE staff data presented are the average available staff for the year. Note that data collection by staff category is not consistent across all states and territories, with some jurisdictions providing best estimates. A total of 10,420 FTE staff were employed in community mental health establishments for 2002–03.

FTE staffing data by staff category were able to be supplied to the NCMHED by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For these jurisdictions, the majority of the FTE staff were *Nurses* (35.1% or 2,136 FTE staff) and *Diagnostic and allied health professionals* (32.7% or 1,995 FTE staff). The community mental health care workforce also included *Administrative and clerical staff* (18.2% or 1,111 FTE staff), *Salaried medical officers* (7.4% or 449 FTE staff), *Domestic and other staff* (5.1% or 308 FTE staff) and *Other personal care staff* (1.5% or 92 FTE staff).

The salary category made up 71.6% (\$624.6 million) of total expenditure (Tables 7.12 and 7.13). Salary payments include salaries and wages, payments to staff on paid leave, workers compensation, and salaries paid to contract staff for supply of labour. Non-salary expenditure includes expenses for medical supplies (excluding equipment purchases), administrative expenses, drug and food supplies, patient transport and repairs and maintenance. Recurrent expenditure by community mental health establishments in 2002-03 was \$871.7 million (Table 7.13).

New South Wales, Queensland, Tasmania, the Australia Capital Territory and the Northern Territory were able to supply their salary and wage data by staffing category. The proportion of salary and wage expenditure paid by the five jurisdictions to *Total nurses* and *Diagnostic and allied health professionals* was 36.8% (\$112.8 million) and 31.2% (\$95.6 million) respectively. *Administrative and clerical staff* payments and *Salaried medical officers* payments accounted for 14.6% (\$44.7 million) and 13.1% (\$40.3 million) of the salary expenditure.

Table 7.9: Summary of public and private psychiatric hospitals^(a) and public community mental health establishments^(b), Australia, 1998–99 to 2002–03

	1998–99	1999–00	2000–01	2001–02	2002–03
Public psychiatric hospitals					
Number of establishments	21	22	23	22	19
Available beds ^(c)	2,943	2,759	2,478	2,457	2,358
Full-time-equivalent staff	6,395	6,274	5,601	5,545	5,546
<i>Current prices^(d)</i>					
Salaries and wages expenditure (\$'000)	318,056	303,812	281,494	303,693	312,638
Non-salary expenditure (\$'000)	119,284	133,078	135,194	141,531	143,334
Total recurrent expenditure (\$'000)	437,340	423,827	416,688	445,224	455,972
Revenue (\$'000)	22,131	19,769	21,978	19,260	19,419
<i>Constant prices^(d)</i>					
Salaries and wages expenditure (\$'000)	291,657	284,672	272,768	303,693	323,580
Non-salary expenditure (\$'000)	109,383	124,694	131,003	141,531	148,351
Total recurrent expenditure (\$'000)	401,041	397,126	403,771	445,224	471,931
Revenue (\$'000)	20,294	18,524	21,297	19,260	20,099
Public acute hospitals					
Number of establishments with a specialised psychiatric unit or ward	115	107	111	108	128
Available beds in psychiatric units or wards	n.a.	n.a.	n.a.	2,985	3,281
Private psychiatric hospitals^(e)					
Number of establishments	26	24	24	24	25
Available beds ^(b)	1,471	1,369	1,369	1,387	1,463
Full-time-equivalent staff	1,660	1,572	1,566	1,707	1,704
<i>Current prices^(d)</i>					
Total recurrent expenditure (\$'000)	123,601	122,498	133,491	143,653	158,529
<i>Constant prices^(d)</i>					
Total recurrent expenditure (\$'000)	113,342	114,781	129,353	143,653	164,078
Public community mental health establishments					
Number of establishments ^(b)	208	232	233	246	242
Available beds ^(c)	1,301	1,171	1,306	1,249	1,241
Full-time-equivalent staff	8,679	8,570	8,933	9,759	10,420
<i>Current prices^(d)</i>					
Salaries and wages expenditure (\$'000)	421,192	453,492	505,310	563,495	624,680
Non-salary expenditure (\$'000)	166,409	177,865	187,887	214,636	247,052
Total recurrent expenditure (\$'000)	588,006	631,358	695,709	778,131	871,751
<i>Constant prices^(d)</i>					
Salaries and wages expenditure (\$'000)	390,445	431,271	493,183	563,495	648,418
Non-salary expenditure (\$'000)	154,261	169,150	183,378	214,636	256,440
Total recurrent expenditure (\$'000)	545,082	600,421	679,012	778,131	905,878

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) The count of public community mental health establishments can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(c) Average beds for the year.

(d) Expenditure and revenue data are listed in both current and constant prices. Constant price values are referenced to 2001–02 and are adjusted for inflation and expressed in terms of prices for the reference year.

(e) ABS defined private psychiatric hospitals as those that are licensed/approved by each state or territory health authority and for which 50% or more of the total patient-days were for psychiatric patients.

n.a. Not available.

Source: NPHEd, PHEC, NCMHED.

Table 7.10: Public community mental health establishments, establishments with residential care services, available beds and available beds per 100,000 population, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Establishments ^(a)	19	39	95	18	33	30	2	6	242
Establishments with residential care services	6	31	0	2	1	9	1	0	50
Available beds ^(b)	138	891	0	22	20	140	30	0	1,241
Available beds per 100,000 population ^(c)	2.1	18.2	0.0	1.1	1.3	29.5	9.3	0.0	6.3

(a) The number of establishments reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets. For details on the establishments reporting to NCMHED, refer to <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2003.

(c) Rates are crude rates based on the estimated resident population at 31 December 2002.

Source: NCMHED.

Table 7.11: Full-time-equivalent staff^(a), public community mental health establishments^(b), states and territories, 2002–03

Full-time-equivalent staff	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	220	n.a.	122	n.a.	76	8	13	10	449
Nurses									
Registered nurses	n.a.	n.a.	433	n.a.	228	124	70	30	885
Enrolled nurses	n.a.	n.a.	7	n.a.	6	48	12	0	73
<i>Total nurses</i>	<i>1,177</i>	<i>n.a.</i>	<i>440</i>	<i>n.a.</i>	<i>234</i>	<i>172</i>	<i>83</i>	<i>30</i>	<i>2,136</i>
Other personal care staff	n.a.	n.a.	25	n.a.	9	58	0	0	92
Diagnostic and allied health professionals	967	n.a.	574	n.a.	273	54	105	22	1,995
Administrative and clerical staff	695	n.a.	205	n.a.	117	38	37	19	1,111
Domestic and other staff	245	n.a.	8	n.a.	6	39	10	0	308
Total staff^(c)	3,305	3,255	1,374	1,071	715	369	249	82	10,420

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2003 were used.

(b) For details on the services reporting to the NCMHED, refer to <www.aihw.gov.au>.

(c) Includes total for establishments which were not able to provide data by staffing category.

n.a. Not available.

Source: NCMHED.

Table 7.12: Salaries and wages expenditure (\$'000), public community mental health establishments,^(a) states and territories, 2002-03

Recurrent expenditure category	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	23,729	n.a.	12,861	n.a.	n.a.	752	1,693	1,283	40,318
Nurses									
Registered nurses	n.a.	n.a.	22,780	n.a.	n.a.	6,078	4,526	1,975	35,359
Enrolled nurses	n.a.	n.a.	283	n.a.	n.a.	1,837	611	0	2,731
<i>Total nurses</i>	<i>74,729</i>	<i>n.a.</i>	<i>23,063</i>	<i>n.a.</i>	<i>n.a.</i>	<i>7,915</i>	<i>5,137</i>	<i>1,975</i>	<i>112,819</i>
Other personal care staff	n.a.	n.a.	966	n.a.	n.a.	1,780	0	0	2,746
Diagnostic and allied health professionals	55,720	n.a.	29,688	n.a.	n.a.	3,130	5,620	1,493	95,651
Administrative and clerical staff	32,730	n.a.	7,883	n.a.	n.a.	1,533	1,608	965	44,719
Domestic and other staff	8,378	n.a.	263	n.a.	n.a.	1,290	392	1	10,324
Total salaries and wages^(c)	195,286	211,529	74,725	64,354	42,224	16,396	14,450	5,716	624,680

(a) For details on the establishments reporting to NCMHED, refer to <www.aihw.gov.au>.

(b) Expenditure data for this collection are not regarded as reliable by the NSW Health Department.

It is recommended that data from the National Survey of Mental Health Services as published in the National Mental Health Report are used in preference.

(c) Includes total for establishments which were not able to provide salaries and wages data by staffing category.

n.a. Not available.

Source: NCMHED.

Table 7.13: Non-salary and total recurrent expenditure (\$'000), public community mental health establishments^(a), states and territories, 2002–03

Recurrent expenditure category	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Payments to visiting medical officers	10,125	n.a.	5,185	n.a.	n.a.	99	448	0	15,857
Superannuation	16,130	n.a.	8,324	n.a.	n.a.	1,842	1,688	465	28,449
Drug supplies	5,768	n.a.	2,625	n.a.	n.a.	554	43	38	9,028
Medical and surgical supplies	1,720	n.a.	252	n.a.	n.a.	39	6	2	2,019
Food supplies	1,336	n.a.	114	n.a.	n.a.	523	127	4	2,104
Domestic services	2,758	n.a.	1,384	n.a.	n.a.	534	149	25	4,850
Repairs and maintenance	6,640	n.a.	733	n.a.	n.a.	52	102	127	7,654
Patient transport	991	n.a.	12	n.a.	n.a.	14	37	1	1,055
Administrative expenses	30,325	n.a.	10,011	n.a.	n.a.	6,002	1,617	1,033	48,988
Interest payments	10	n.a.	0	n.a.	n.a.	0	0.1	0	10
Depreciation	9,482	n.a.	628	n.a.	n.a.	0	10	0	10,120
Other recurrent expenditure	17,033	n.a.	1,767	n.a.	n.a.	326	1,168	1,249	21,543
<i>Total non-salary expenditure^(c)</i>	102,319	64,100	31,036	20,862	10,410	9,985	5,396	2,944	247,052
Total recurrent expenditure^(c)	297,624	275,629	105,761	85,216	52,634	26,381	19,846	8,660	871,751

(a) For details on the services reporting to the NCMHED, refer to <www.aihw.gov.au>.

(b) Expenditure data for this collection are not regarded as reliable by the NSW Health Department. It is recommended that data from the National Survey of Mental Health Services as published in the National Mental Health Report are used in preference.

(c) Includes total for establishments which were not able to provide data by recurrent expenditure category.

n.a. Not available.

Source: NCMHED

7.3 Psychiatric and acute care hospitals

Public and private sector psychiatric and acute care hospitals provide admitted-patient and non-admitted-patient mental health care. For a complete picture of hospital-based mental health care, data from both psychiatric and acute care hospitals have been presented in this section. In order to present data on the different hospital types, this chapter has drawn on data from the National Public Hospital Establishments Database (NPHEd) and the ABS's PHEC. More details on each collection are presented in Appendix 1. Although there are currently more mental health-specific data available on psychiatric hospitals than on acute care hospitals, this does not indicate the relative importance or contribution of the two hospital types.

The NPHEd is not the only source of mental health-related staffing, resource and expenditure data on Australia's public hospitals. The National Survey of Mental Health Services also collects data on these hospitals, which are presented in the *National Mental Health Report* series (DHA 2002). The similarities and differences between the data collated by the survey and by the NPHEd are discussed in Appendix 4.

Public psychiatric hospitals

This section describes public psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. The public psychiatric hospital data were obtained from the NPHEd, which holds a record for each public hospital in Australia and is collated from routine administrative collections. The information presented below relates only to those establishments classified as public psychiatric hospitals.

In 2002–03, there were 19 public psychiatric hospitals in Australia providing 11.9% of the separations with specialised psychiatric care and 37.8% of the total psychiatric care days (Tables 4.2 and 4.3). The number of separate establishments reported was similar to that reported in the previous four years (Table 7.9).

When comparing between jurisdictions, note that the hospital reported by Victoria is a specialist forensic service, whereas the hospitals reported by other jurisdictions include a broader range of services. A list of the public psychiatric hospitals that were reported to NPHEd is presented on the AIHW web site.

A useful indicator of public psychiatric hospital service delivery is the number of available beds. The number of available beds for the 2002–03 year was 2,358 compared with 2,457 available beds for the 2001–02 year (Table 7.9). This represents a continuance of the earlier decline in available bed numbers, after a year of comparative stability.

The majority of public psychiatric hospital beds were located in major cities (68.3%). There were no public psychiatric hospitals in remote and very remote areas (Table 7.14).

Data on the number of staff employed in public psychiatric hospitals by state and territory are presented in Table 7.15. The data on FTE staff refer to the average available staff for the year. Note that data collection by staff category was not consistent across all states and territories, with some jurisdictions providing best estimates. FTE staff employed in Australian public psychiatric hospitals remained stable with an average of 5,546 FTE staff reported for 2002–03 compared with 5,545 reported for 2001–02.

The majority of the FTE staff were *Nursing staff* (49.7% or 2,759 FTE staff), followed by *Domestic and other staff* (18.9% or 1,046 FTE staff). *Salaried medical officers* and *Diagnostic and*

allied health professionals made up 5.4% (299 FTE staff) and 10.2% (566 FTE staff) of the public psychiatric hospital workforce respectively.

Box 7.1 Expenditure and staffing data for public psychiatric hospital services provided to non-admitted patients

The expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients and some community-based services (e.g. psychiatric outpatient services and community outreach services) are included in both the public hospital data and the public community mental health establishments data. Public hospitals report expenditure and staffing data for specialised mental health community, outpatient and outreach services under their management to NPHEd. Many of these mental health community, outpatient and outreach services also report these data separately to NCMHED. For this reason, the expenditure and staffing totals for public psychiatric hospitals and public community mental health services should not be added together.

Available on the AIHW web site is a list of the public psychiatric hospitals contributing to NPHEd and the community mental health establishments contributing to NCMHED. Dual listing of some establishments provides some evidence of overlap.

Tables 7.16 and 7.17 present information on recurrent expenditure in current prices by public psychiatric hospitals, including salary and non-salary categories. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation and amounts paid to contract staff for supply of labour. Non-salary expenditure includes payments for medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies.

The recurrent expenditure on public psychiatric hospitals in 2002–03 was \$456.0 million (Table 7.17). Between 2001–02 and 2002–03 recurrent expenditure increased by 6.0%, from \$445.2 million to \$471.9 million (constant prices) (Table 7.9).

The salary category made up 68.6% (\$312.6 million) of the recurrent expenditure of public psychiatric hospitals. In jurisdictions other than Victoria (for which detailed data were not available), salary and wage payments to *Nursing staff* made up 52.1% (\$162.9 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic and other staff* and *Salaried medical officers* made up 12.1% (\$37.9 million) and 9.7% (\$30.3 million) respectively.

Data on public psychiatric hospital revenue, excluding general revenue payments received from state or territory governments, are presented in Table 7.18. The revenue received by Australian public psychiatric hospitals (other than in Tasmania) was \$19.4 million for 2002–03 compared with \$19.3 million for 2001–02. This amount is equivalent to 4.3% of the total recurrent expenditure. A relatively large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (78.2% or \$15.2 million). In comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 55.0% (AIHW 2004d). The recoveries, which include income from the use of hospital facilities by salaried medical officers or private practitioners, were 14.6% (\$2.8 million) of the collected revenue in comparison to 5.2% (\$1.0 million) for 2001–02.

Table 7.14: Public psychiatric hospitals^(a) and available beds by Remoteness Area, states, 2002–03

Region	NSW	Vic	Qld	WA	SA	Tas	Total
Public psychiatric hospitals							
Major cities	6	1	1	1	1	..	10
Inner regional	3	0	1	0	0	3	7
Outer regional	0	0	2	0	0	0	2
Remote and very remote	0	0	0	0	0	0	0
Total all regions	9	1	4	1	1	3	19
Available beds^(b)							
Major cities	821	95	180	201	313	..	1,610
Inner regional	345	0	205	0	0	80	630
Outer regional	0	0	118	0	0	0	118
Remote and very remote	0	0	0	0	0	0	..
Total all regions	1,166	95	503	201	313	80	2,358
Available beds per 100,000 population^(c)							
Major cities	17.3	2.7	9.2	14.8	28.7	..	12.7
Inner regional	25.3	0.0	21.3	0.0	0.0	26.6	15.4
Outer regional	0.0	0.0	18.0	0.0	0.0	0.0	6.2
Remote and very remote	0.0	0.0	0.0	0.0	0.0	0.0	..
Total all regions	17.6	2.0	13.6	10.4	20.6	16.9	12.3

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2003.

(c) Rates are crude rates based on the estimated resident population at 30 June 2002.

.. Not applicable.

Source: NPHED.

Table 7.15: Full-time-equivalent staff^(a), public psychiatric hospitals^(b), states, 2002–03

Staffing category	NSW^(c)	Vic^(d)	Qld	WA	SA	Tas	Total
Salaried medical officers	133	20	28	37	81	0	299
Nurses							
Registered nurses	n.a.	122	479	241	449	30	1,321
Enrolled nurses	n.a.	22	106	49	116	3	296
<i>Total nurses</i>	<i>1,142</i>	<i>144</i>	<i>584</i>	<i>290</i>	<i>565</i>	<i>34</i>	<i>2,759</i>
Other personal care staff	n.a.	n.a.	47	n.a.	n.a.	0	47
Diagnostic and allied health professionals	246	25	99	65	131	0	566
Administrative and clerical staff	490	37	119	64	119	1	830
Domestic and other staff	524	10	229	110	159	14	1,046
Total staff	2,534	237	1,106	565	1,056	49	5,546

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2003 were used.

(b) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

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

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

n.a. Not available.

Source: NPHED.

Table 7.16: Salaries and wages expenditure (\$'000), public psychiatric hospitals^(a), states, 2002–03

	NSW ^(b)	Vic ^(c)	Qld	WA	SA	Tas	Total
Salaried medical officers	15,614	n.a.	3,257	5,795	5,670	0	30,335
Nurses							
Registered nurses	n.a.	n.a.	28,009	15,258	26,885	1,831	71,982
Enrolled nurses	n.a.	n.a.	4,612	2,134	5,137	130	12,014
<i>Total nurses</i>	<i>78,943</i>	<i>0</i>	<i>32,621</i>	<i>17,392</i>	<i>32,023</i>	<i>1,961</i>	<i>162,940</i>
Other personal care staff	0	0	1,917	0	0	0	1,917
Diagnostic and allied health professionals	13,620	0	5,348	3,306	6,187	0	28,461
Administrative and clerical staff	16,736	0	5,463	2,959	4,868	35	30,060
Domestic and other staff	18,975	0	8,741	4,331	5,310	547	37,904
Total salaries and wages^(d)	143,887	21,022	57,347	33,782	54,057	2,543	312,638

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) New South Wales expenditure recorded against special purposes and trust funds is not included. *Other personal care staff* are included in *Diagnostic and allied health professionals*.

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

(d) Includes recurrent expenditure not allocatable to a salary expenditure category.

n.a. Not available.

Source: NPHED.

Table 7.17: Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals^(a), states, 2002-03

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA	Tas	Total
Payments to visiting medical officers	1,841	n.a.	1,058	0	1,512	0	4,411
Superannuation	13,992	n.a.	5,616	3,277	4,750	150	27,785
Drug supplies	5,255	n.a.	1,555	1,376	1,768	46	10,000
Medical and surgical supplies	1,610	n.a.	608	478	284	2	2,982
Food supplies	4,342	n.a.	1,322	932	1,462	61	8,119
Domestic services	3,869	n.a.	3,435	1,404	1,811	46	10,565
Repairs and maintenance	6,005	n.a.	862	1512	3,706	4	12,088
Patient transport	97	n.a.	23	46	788	1	9,54
Administrative expenses	16,820	n.a.	5,923	2,426	2,233	826	28,228
Interest payments	11	n.a.	0	0	0	n.a.	11
Depreciation	10,359	n.a.	10,595	1,004	n.a.	n.a.	21,957
Other recurrent expenditure	3,055	n.a.	169	44	4,380	17	7,665
Total non-salary expenditure^(e)	67,255	8,570	31,166	12,498	22,692	1,153	143,334
Total recurrent expenditure	211,142	29,592	88,513	46,280	76,749	3,696	455,972

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements, for example the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) New South Wales expenditure recorded against special purposes and trust funds is not included.

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

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

(e) Includes recurrent expenditure not allocatable to a salary expenditure category.

n.a. Not available.

Source: NPHED.

Table 7.18: Revenue (\$'000), public psychiatric hospitals^(a), states, 2002–03

Revenue	NSW	Vic^(b)	Qld^(c)	WA	SA	Tas	Total
Patient revenue ^(d)	8,937	0	2,964	1,105	2,057	114	15,177
Recoveries	1,751	1,036	41	0	0	0	2,828
Other revenue	1,068	238	-412	255	263	2	1,414
Total revenue	11,756	1,274	2,593	1,360	2,319	116	19,419

(a) For details on the hospitals reporting to NPHED, refer to <www.aihw.gov.au>.

(b) Revenue based on one separately reporting forensic public psychiatric hospital.

(c) Negative figure for Queensland is due to adjustments made for previous years.

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

Source: NPHED.

Public acute hospitals

In 2002–03, public acute hospitals provided 65.3% of the separations with specialised psychiatric care and 44.4% of the total psychiatric care days (Table 5.9). In 2002–03, there were 128 public acute hospitals with specialised psychiatric units or wards in Australia (Table 7.19).

New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (42 and 37 respectively). The majority of public acute hospitals with specialised psychiatric units or wards were located in major cities (68.0%).

In 2002–03, public acute hospitals reported an average of 16.7 available beds in psychiatric units and wards. Of these beds, 77.5% were in hospitals in major cities. The largest number of these beds per 100,000 population was also in major cities (19.5 beds per 100,000 population).

Private psychiatric hospitals

In 2002–03, private hospitals provided 22.7% of the separations with specialised psychiatric care and 17.8% of the total psychiatric care days (Tables 4.2 and 4.3). Private hospitals are designated by the ABS as psychiatric where they are licensed or approved as such by the relevant state or territory health authority and for which 50% or more of the patient-days were for psychiatric patients. There were 25 private hospitals designated as psychiatric during 2002–03 (Table 7.9). The average number of available private psychiatric hospital beds for 2002–03 (1,463) was higher than the previous two years (Table 7.9).

There was a slight decrease in the number of FTE staff compared with the previous year. In 2002–03, the average number of FTE staff employed by private sector psychiatric hospitals was 1,704 (Table 7.21). This was 0.2% less than the 2001–02 figure of 1,707.

There were increases for both expenditure and revenue. In 2002–03, the recurrent expenditure in current prices for private psychiatric hospitals in Australia was \$158.5 million, an increase of 10.4% from \$143.7 million in 2001–02 (Tables 7.9 and 7.23). Private psychiatric hospital expenditure was 26.1% of the total psychiatric hospital expenditure in Australia. The total revenue for private psychiatric hospitals for 2002–03 exceeded total expenditure at \$186.5 million (Table 7.24)

Table 7.19: Public acute hospitals with psychiatric units or wards,^(a) by Remoteness Area, states and territories, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute care hospitals with psychiatric units or wards									
Major cities	27	28	9	13	8	..	2	..	87
Inner regional	12	8	6	1	0	2	0	..	29
Outer regional	3	1	3	2	0	1	..	1	11
Remote and very remote	0	0	0	0	0	0	..	1	1
Total all regions	42	37	18	16	8	3	2	2	128
Available beds^(b)									
Major cities	634	769	556	367	172	..	45	..	2,542
Inner regional	174	89	230	13	..	54	..	..	560
Outer regional	2	12	101	12	..	20	..	26	173
Remote and very remote	..	..	..	..	..	..	..	6	6
Total all regions	810	870	887	391	172	74	45	32	3,281
Available beds per 100,000 population									
Major cities	13.38	21.55	28.52	27.01	15.76	..	14.03	..	19.51
Inner regional	12.76	8.64	23.95	5.44	..	17.94	0	..	13.71
Outer regional	0.41	4.74	15.42	6.44	..	12.45	..	24.13	8.54
Remote and very remote	..	..	..	..	..	..	..	6.60	1.19
Total all regions	12.21	17.91	23.90	20.32	11.33	15.66	14.00	16.11	16.70

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) Does not include 100 beds reported in prison health services.

.. Not applicable.

Source: NPHED.

Table 7.20: Private psychiatric hospitals, available beds and available beds per 1,000 population, states^(a), 2002–03

	NSW	Vic	Qld	SA	WA	Tas	Total ^(b)
Private psychiatric hospitals	9	6	4	n.a.	3	n.a.	25
Available beds ^(c)	531	358	290	n.a.	155	n.a.	1,463
Available beds per 100,000 population ^(d)	8.0	7.3	7.7	n.a.	8.0	n.a.	7.4

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Total includes figures not available.

(c) Average available beds.

(d) Rates are crude rates based on the estimated resident population at 31 December 2002.

n.a. Not available.

Source: PHEC.

Table 7.21: Full-time-equivalent staff^(a), private psychiatric hospitals, states^(b), 2002–03

Full-time-equivalent staff	NSW	Vic	Qld	SA	WA	Tas	Total ^(c)
Salaried medical officers	9	n.a.	n.a.	n.a.	n.a.	n.a.	17
Total nurses ^(d)	278	346	182	n.a.	77	n.a.	967
Diagnostic and allied health professionals	54	28	30	n.a.	n.a.	n.a.	135
Administrative and clerical staff	107	76	45	n.a.	n.a.	n.a.	274
Domestic and other staff ^(e)	123	n.a.	n.a.	n.a.	29	n.a.	310
Total full-time-equivalent staff^(c)	571	525	315	n.a.	148	n.a.	1,704

(a) Average full-time-equivalent staff.

(b) Includes totals for establishments which were not able to provide data by staffing category.

(c) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(d) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses, Other nursing staff* and *Other personal care staff* categories.

(e) Includes *Catering and kitchen, Domestic, Engineering and maintenance* and *Other* categories.

(f) Includes totals for establishments which were not able to provide data by staffing category.

n.a. Not available.

Source: PHEC.

Table 7.22: Salaries and wages expenditure (\$'000), private psychiatric hospitals, states^(a), 2002–03

Full-time equivalent staff	NSW	Vic	Qld	SA	WA	Tas	Total^(b)
Salaried medical officers	765	n.a.	n.a.	n.a.	n.a.	n.a.	1,567
Total nurses ^(c)	16,718	17,223	11,223	n.a.	3,999	n.a.	54,374
Diagnostic and allied health professionals	2,876	1,522	1,801	n.a.	n.a.	n.a.	7,629
Administrative and clerical staff	5,088	3,868	2,405	n.a.	n.a.	n.a.	13,559
Domestic and other staff ^(d)	4,061	n.a.	n.a.	n.a.	980	n.a.	10,740
Total salaries and wages^(b)	29,509	25,338	17,947	n.a.	7,374	n.a.	87,868

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Includes total for establishments which were not able to provide salaries and wages data by staffing category.

(c) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses, Other nursing staff* and *Other personal care staff* categories.

(d) Includes *Catering and kitchen, Domestic, Engineering and maintenance* and *Other* categories.

n.a. Not available.

Source: PHEC.

Table 7.23: Non-salary expenditure (\$'000), and total recurrent expenditure (\$'000), private psychiatric hospitals, states^(a), 2002-03

Recurrent expenditure category	NSW	Vic	Qld	SA	WA	Tas	Total
Superannuation	2,458	2,118	1,337	n.a.	653	n.a.	7,479
Payroll tax	817	1,347	776	n.a.	n.a.	0	3,646
On-costs excluding superannuation and payroll tax ^(b)	n.a.	776	303	n.a.	389	n.a.	4,485
Drug supplies	n.a.	437	290	n.a.	38	n.a.	2,037
Medical and surgical supplies	207	137	n.p.	n.a.	n.a.	n.a.	703
Surgically implanted prostheses and homograft items	0	0	0	0	0	0	0
Food supplies	2,616	1,369	738	n.a.	399	n.a.	5,650
Domestic services	1,047	720	607	n.a.	193	n.a.	2,866
Repairs and maintenance	803	470	362	n.a.	185	n.a.	1,994
Patient transport	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	71
Administrative expenses	12,379	7,151	2,066	n.a.	n.a.	n.a.	26,515
Interest payments	n.a.	n.a.	n.a.	0	n.a.	0	362
Depreciation	1,581	n.a.	794	n.a.	n.a.	n.a.	4,464
Contract services (excluding medical practitioners)	3,165	2,426	3,318	n.a.	n.a.	n.a.	9,899
Other recruitment expenditure	0	n.a.	150	n.a.	n.a.	n.a.	490
Total non-salary expenditure	29,010	18,441	10,984	n.a.	n.a.	n.a.	70,661
Total recurrent expenditure	58,519	43,779	28,931	n.a.	13,863	n.a.	158,529

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Includes total for establishments which were not able to provide data by recurrent expenditure category.

(c) Includes workers compensation premiums, uniforms and personal costs.

n.a. Not available.

Source: PHEC.

Table 7.24: Revenue (\$'000), private psychiatric hospitals, states^(a), 2002-03

Revenue	NSW	Vic	Qld	SA	WA	Tas	Total^(b)
Patient revenue ^(c)	62,818	48,883	33,804	n.a.	14,397	n.a.	176,723
Recoveries	n.a.	2,601	n.a.	n.a.	n.a.	n.a.	7,098
Other ^(d)	n.a.	n.a.	n.a.	0	n.a.	n.a.	2,656
Total revenue	68,323	51,574	34,362	n.a.	14,849	n.a.	186,478

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Total includes figures not available.

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

(d) Other revenue includes investment income, income from charities, bequests, visitors' meals and accommodation, and kiosk sales.

n.a. Not available.

Source: PHEC.

8 Mental health care for schizophrenia and related disorders

This report presents information on the delivery of specialised and non-specialised mental health care relating to all mental disorders categorised by the type of care provided. Data can also be presented for specific mental disorders to illustrate disorder-specific patterns in service use.

This chapter presents an overview of the available data on the prevalence and burden of schizophrenia in the Australian community, the characteristics of mental health care and medication provided for people with this disorder and the health system costs associated with it. In this chapter the term *schizophrenia* is used to encompass schizophrenia and a number of related disorders as specified below.

Definitions

Schizophrenia is a condition that can affect a person's thoughts, perceptions, emotions and behaviour in a variety of ways. It is not a single illness, but a cluster of illnesses in which signs and symptoms can overlap. First onset often occurs during adolescence or early adulthood (NSW Health Department 2001).

ICD-10-AM 3rd edition groups schizophrenia, schizotypal and delusional disorders under codes F20–F29 (*Schizophrenia, schizotypal and delusional disorders*). This grouping comprises schizophrenia, schizotypal disorder, persistent delusional disorders, and a larger group of acute and transient psychotic disorders and schizoaffective disorders (NCCH 2002).

For the purposes of this chapter we have also included specific sub-categories from codes F10–F19 (*Mental and behavioural disorders due to psychoactive substance use*) as they comprise psychotic disorders due to substance use. There are 10 sub-categories used in codes F10–F19 (from .0 to .9). Relevant sub-categories used in this chapter are *Psychotic disorders* (.5) and *Residual and late-onset psychotic disorders* (.7).

The following definitions are from ICD-10-AM 3rd edition (NCCH 2002).

Mental and behavioural disorders due to psychoactive substance use (F10–F19)

'This block contains a wide variety of disorders that differ in severity and clinical form but that are all attributable to the use of one or more psychoactive substances, which may or may not have been medically prescribed. The third character of the code identifies the substance involved, and the fourth character specifies the clinical state' (NCCH 2002).

The psychoactive substances included in F10–F19 are: alcohol (F10); opioids (F11); cannabinoids (F12); sedatives or hypnotics (F13); cocaine (F14); other stimulants including caffeine (F15); hallucinogens (F16); tobacco (F17); volatile solvents (F18); multiple drug use and use of other psychoactive substances (F19).

The two relevant sub-categories used in this chapter are .5 and .7.

Psychotic disorder (.5)

'A cluster of psychotic phenomena that occur during or following psychoactive substance use but are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state. The disorder is characterised by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and an abnormal affect, which may range from intense fear to ecstasy. The sensorium is usually clear but some degree of clouding of consciousness, though not severe confusion, may be present' (NCCH 2002).

Residual and late-onset psychotic disorder (.7)

'A disorder in which alcohol- or psychoactive substance-induced changes of cognition, affect, personality, or behaviour persist beyond the period during which a direct psychoactive substance-related effect might reasonably be assumed to be operating. Onset of the disorder should be directly related to the use of the psychoactive substance' (NCCH 2002).

Schizophrenia (F20)

'The schizophrenic disorders are characterised in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusions of control; influence or passivity; hallucinatory voices commenting or discussing the patient in the third person; thought disorders and negative symptoms' (NCCH 2002).

Schizotypal disorder (F21)

'A disorder characterised by eccentric behaviour and anomalies of thinking and affect which resemble those seen in schizophrenia, though no definite and characteristic schizophrenic anomalies occur at any stage. The symptoms may include a cold or inappropriate affect; anhedonia; odd or eccentric behaviour; a tendency to social withdrawal; paranoid or bizarre ideas not amounting to true delusions; obsessive ruminations; thought disorder and perceptual disturbances; occasional transient quasi-psychotic episodes with intense illusions, auditory or other hallucinations, and delusion like ideas, usually occurring without external provocation. There is no definite onset and evolution and course are usually those of a personality disorder' (NCCH 2002).

Persistent delusional disorders (F22)

'Includes a variety of disorders in which long-standing delusions constitute the only, or the most conspicuous, clinical characteristic and which cannot be classified as organic, schizophrenic or affective' (NCCH 2002).

Acute and transient psychotic disorders (F23)

'A heterogeneous group of disorders characterised by the acute onset of psychotic symptoms such as delusions, hallucinations, and perceptual disturbances, and by the severe disruption of ordinary behaviour. Acute onset is defined as a crescendo development of a clearly abnormal clinical picture in about two weeks or less. For these disorders there is no evidence of organic causation. Perplexity and puzzlement are often present but disorientation for time, place and person is not persistent or severe enough to justify a diagnosis of organically caused delirium

(F05.-). Complete recovery usually occurs within a few months, often within a few weeks or even days' (NCCH 2002).

Induced delusional disorder (F24)

'A delusional disorder shared by two or more people with close emotional links. Only one of the people suffers from a genuine psychotic disorder; the delusions are induced in the other(s) and usually disappear when the people are separated' (NCCH 2002).

Schizoaffective disorders (F25)

'Episodic disorders in which both affective and schizophrenic symptoms are prominent but which do not justify a diagnosis of either schizophrenia or depressive or manic episodes' (NCCH 2002).

Other nonorganic psychotic disorders (F28)

'Delusional or hallucinatory disorders that do not justify a diagnosis of schizophrenia, persistent delusional disorders, acute and transient psychotic disorders, psychotic types of manic episode, or severe depressive episode' (NCCH 2002).

Unspecified nonorganic psychosis (F29)

'Psychosis not otherwise specified' (NCCH 2002).

Data sources and definitions for schizophrenia in this chapter

Box 8.1 provides information on the source of the data on schizophrenia used in this chapter, the type of data used and the classification system used to define schizophrenia. The following is a summary of the classifications used to define schizophrenia in each of the data sources used in this chapter:

- Hospital separations data and community mental health service contact data: based on the ICD-10-AM categories of *Schizophrenia, schizotypal and delusional disorders* (F20-F29) and *Mental and behavioural disorders (psychotic disorders and residual and late-onset psychotic disorders) due to psychoactive substance use* (F10-F19, for .5 and .7 sub-categories only).
- Mortality data: based on the ICD-10 version of the above categories.
- Health service expenditure data: based on the ICD-10 categories of *Schizophrenia, schizotypal and delusional disorders* (F20-F29) only.
- The Low Prevalence (Psychotic) Disorders study: based on the ICD-10-AM codes *Schizophrenia, schizotypal and delusional disorders* (F20-F29) excluding *Schizotypal disorder* (F21) and *Induced delusional disorder* (F24). In addition, it also included mood disorders that contain psychosis, such as bipolar disorder and mania or severe depression with psychosis (relevant codes from F30-F33).
- AIHW Burden of Disease and Injury in Australia study: based on the ICD-9 codes, which are similar, but not exactly equivalent, to codes F20-F29 in the ICD-10-AM.
- The BEACH survey of general practice activity: based on the International Classification for Primary Care (ICPC-2). The codes used are similar, but not exactly equivalent to codes F20-F29 and codes F10-F19, for .5 and .7 sub-categories only in the ICD-10-AM.

Box 8.1: Schizophrenia data sources, type of data and classification system used

<i>ABS National Survey of Mental Health and Wellbeing: Low Prevalence (Psychotic) Disorders Component</i>	<i>This study included people with psychotic disorders that could be classified using the ICD-10-AM codes: Schizophrenia (F20); Schizoaffective disorders (F25); Persistent delusional disorder (F22); Acute or transient psychotic disorder (F23); Other and Unspecified non-organic psychotic disorder (F28, F29); Manic episode with psychotic symptoms (F30.2); Bipolar affective disorder with psychotic symptoms (F31.2, F31.5); Severe depressive episode with psychotic symptoms (F32.3); or recurrent depressive disorder with psychotic symptoms (F33.3). For the prevalence estimate reported in this chapter all of the above codes were used.</i>
<i>AIHW National Mortality Database</i>	<i>Data on the underlying cause of death. Schizophrenia was defined as ICD-10 codes Schizophrenia, schizotypal and delusional disorders (F20–F29); and Mental and behavioural disorders due to psychoactive substance use (F10–F19) limited to psychotic disorders or residual and late-onset psychotic disorders due to psychoactive substance use (codes .5 and .7 only).</i>
<i>AIHW Burden of Disease and Injury in Australia study</i>	<i>Data are disability-adjusted life years data (DALY). Schizophrenia was defined using the ICD-9 code Schizophrenic disorders (295), which includes: Simple type (295.0); Disorganised/hebephrenic type (295.1); Catatonic type (295.2); Paranoid type (295.3); Acute-schizophrenic-like psychotic disorder (295.4); Latent schizophrenia (295.5); Residual schizophrenia (295.6); Schizo-affective type (295.7); Other specified types of schizophrenia (295.8); Unspecified schizophrenia (295.9).</i>
<i>BEACH survey of GPs</i>	<i>Data on encounters from the 2003–04 BEACH survey of GPs. Schizophrenia was defined using the International Classification for Primary Care (ICPC–2) as codes: P72 (Schizophrenia: Hebephrenic, catatonic, schizoaffective and schizophrenic psychoses; Paranoia; Paranoid schizophrenia, reaction or state; Paraphrenia; Schizophrenia; and Delusions); P15002 (Chronic alcohol abuse, Psychosis); P15003 (Chronic alcohol abuse, Alcoholic brain syndrome); P15004 (Chronic alcohol abuse, Dementia); P19004 (Drug abuse, Psychosis); P98003 (Psychoses not otherwise specified, other Psychotic); P98004 (Psychoses not otherwise specified, other Psychosis).</i>
<i>AIHW National Community Mental Health Care Database</i>	<i>Data are for service contacts in specialised mental health outpatient and ambulatory community-based services. Schizophrenia was defined using the ICD–10–AM codes Schizophrenia, schizotypal and delusional disorders (F20–F29); and Mental and behavioural disorders due to psychoactive substance use (F10–F19) limited to psychotic disorders or residual and late-onset psychotic disorders due to psychoactive substance use (codes .5 and .7 only).</i>
<i>AIHW National Hospital Morbidity Database</i>	<i>Ambulatory-equivalent admitted-patient care data and hospital-admitted-patient care data (separations and patient-days). Schizophrenia was defined using the ICD–10–AM codes Schizophrenia, schizotypal and delusional disorders (F20–F29); and Mental and behavioural disorders due to psychoactive substance use (F10–F19) limited to psychotic disorders or residual and late-onset psychotic disorders due to psychoactive substance use (codes .5 and .7 only).</i>
<i>Health service expenditure data</i>	<i>Health service expenditure data by disease and injury categories for schizophrenia. Schizophrenia was defined ICD–10–AM codes Schizophrenia, schizotypal and delusional disorders (F20–F29).</i>

8.1 Prevalence

Between September 1997 and January 1998, the University of Western Australia undertook the Low Prevalence (Psychotic) Disorders component of the ABS's National Survey of Mental Health and Wellbeing. This study aimed to examine the prevalence of psychotic disorders

among Australians aged 18–64 years. The first phase of the study involved conducting a systematic one-month census to identify people with a psychotic disorder who attended mental health services, such as hospitals and community clinics, in geographically defined areas of the Australian Capital Territory, Queensland, Victoria and Western Australia. Other relevant service providers and agencies, such as general practitioners, private psychiatrists, boarding houses and homeless shelters, were also approached and invited to participate in the study. In the second phase of the study, a sample of 980 persons were interviewed to obtain information on sociodemographic characteristics, symptoms, functioning in daily life activities, use of mental health and social services, and quality of life of adults with psychotic disorders.

This study found the treated prevalence of psychotic disorders in the adult urban population to be between 4 and 7 persons per 1,000, depending on the catchment area. Schizophrenia and schizoaffective disorders were reported for over 60% of the people identified with psychotic disorders (Jablensky et al. 1999).

Mortality

In 2002, there were 73 deaths for which schizophrenia (ICD-10 codes F20–F29 and F10–F19 for 4th subdivisions of .5 and .7 only) was the underlying cause of death (43 deaths for males and 30 for females). Between 1997 and 2002, the age-standardised mortality rate for schizophrenia as the underlying cause of death remained between 0.4 to 0.5 deaths per 100,000 population, with the exception of a drop in 2000 to 0.2 per 100,000 population, mainly due to a drop in the rate for males (AIHW National Mortality Database). For males, the age-standardised mortality rate varied over this time from a high of 0.7 per 100,000 population in 1997 to a low of 0.2 in 2000. The rate was 0.5 in 2002. For females, the age-standardised mortality rate varied from a high of 0.3 per 100,000 population in 1997 and a low of 0.2 in 2002. Males were more than twice as likely as females to have schizophrenia as their underlying cause of death with an age-standardised mortality rate of 0.5 per 100,000 population and 0.3 per 100,000 population in 2002.

Burden

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

In this study, among the 75 leading causes of disease burden, schizophrenia was ranked 35th for males and 27th for females. It accounted for 0.7% (8,960) of total DALYs for males and 0.7% (8,728) of total DALYs for females (AIHW: Mathers et al. 1999). For persons with schizophrenia the years of healthy life lost (DALY) are almost completely due to the disability burden (98.7% for males and 98.2% for females) rather than to premature death (1.3% for males and 1.8% for females).

8.2 Mental health care

This section summarises the available data on the use of mental health-related services by people with schizophrenia.

Ambulatory mental health care

The main source of data on ambulatory care for schizophrenia by general practitioners (GP) in Australia is the BEACH survey. The BEACH survey includes information on the reason for the patient visit (encounter), the problem that was managed, the medication that was prescribed, supplied or recommended and whether a referral was made.

Information on ambulatory care provided by private psychiatrists is available from Medicare and information on medications prescribed by private psychiatrists and non-specialists is contained in the PBS and RPBS data collections. However, these data were not available in time for inclusion.

General practice

According to the Low Prevalence (Psychotic) Disorders component of the National Survey of Mental Health and Wellbeing, approximately 9% of the survey sample of people with a psychotic disorder such as schizophrenia who were using health services saw a GP during the census month (Jablensky et al 1999) (see Section 8.1). Figure 8.1 presents BEACH data on encounters where schizophrenia was managed and how this relates to other data collected for the encounter. In 2003–04, schizophrenia was managed at 0.5% of GP encounters. Since 1998–99, when the BEACH survey commenced, schizophrenia has consistently accounted for approximately 0.3% of all problems managed by GPs. Based on these data, it is estimated that there were approximately 289,000 visits to GPs that involved the management of schizophrenia in 2003–04, and approximately 290,000 visits in 2002–03.

Patients aged between 25–44 years (39.7%) and 45–64 years (33.7%) and patients who were male (54.6%) accounted for the greatest proportion of schizophrenia problems managed. Almost two thirds (64.7%) of GPs who took part in the BEACH survey were located in major cities, similarly the majority of problems relating to schizophrenia (58.5%) were managed by GPs who resided in these areas.

At 40.4% of encounters at which schizophrenia was managed, the patient reason for encounter (RFE) was prescription request. Schizophrenia was a patient RFE for 24.7% of encounters at which schizophrenia was managed and psychological follow-up was a patient RFE for 8.4% of these encounters.

Clinical treatments were used at a much lower rate for the management of schizophrenia problems (25.2%) than for all mental health-related problems (45.6%) (Table 3.11). These treatments included psychological counselling (13.0% of schizophrenia problems managed) and referrals to other health professionals (5.5%), most commonly to a mental health team (2.2%).

Outpatient services and community-based ambulatory mental health care

Data on outpatient and community-based ambulatory services presented in this report are drawn from the National Community Mental Health Care Database (NCMHCD). The data quality concerns pertaining to this data collection are detailed in Chapter 3, Section 3.4 (e.g. the proportion of service contacts with no principal diagnosis reported).

In 2002–03, schizophrenia (ICD-10-AM codes F20–F29, or codes F10–F19 where the fourth digit was .5 or .7) was reported for 1.4 million service contacts (47.6%) provided by those ambulatory mental health services for which a principal diagnosis was reported.

Schizophrenia was more frequently reported for males (110.1 of service contacts with a schizophrenia diagnosis per 1,000 population) than for females (69.5 per 1,000 population) (Table 8.1). Patients in the 25–34 year age group had the highest rate of service contacts with a schizophrenia diagnosis (173.5 per 1,000 in this age group) followed by patients aged 35–44 years (149.8 per 1,000).

Of those service contacts that were schizophrenia-related, 9.6% had a mental health legal status of involuntary. This proportion excludes Western Australia, which was unable to report mental health legal status for 2002–03. A small proportion of schizophrenia-related service contacts were for patients who identified as Aboriginal and/or Torres Strait Islander peoples (0.8%).

Ambulatory-equivalent admitted-patient care

Figure 8.2 presents hospital separations that were considered equivalent to ambulatory mental health care (see Appendix 2) and where the patient's principal diagnosis was schizophrenia (ICD-10-AM codes F20–F29, or codes F10–F19 where the fourth digit was .5 or .7). In 2002–03, there were 8,950 separations with a principal diagnosis of schizophrenia with 7,592 psychiatric care days. Over two-thirds (66.7%) of separations with this principal diagnosis were in private hospitals and the majority of separations (95.3%) were for patients who received acute care. A small proportion of these separations were involuntary (3.9%).

Between 1998–99 and 2002–03, the number of these separations that were in private hospitals increased 53% (from 3,895 separations to 5,974) and those in public hospitals decreased by 13% (from 3,409 separations to 2,976) (Table 8.2).

The most common diagnosis in addition to a principal diagnosis of schizophrenia was *Problems related to lifestyle* (Z72); and the most common procedures performed were *Psychological/psychosocial therapies* (Block 1873) and *Other counselling or education* (Block 1869). The most commonly reported AR-DRG was *Mental health treatment same day without electroconvulsive therapy* (AR-DRG U60Z).

Medications used in ambulatory mental health care

General practice

Based on BEACH data in 2003–04, medications were prescribed or supplied for schizophrenia at a rate of 89.4 per 100 schizophrenia problem contacts. Olanzapine and fluphenazine decanoate were the medications most frequently prescribed for schizophrenia, at rates of 14.6 and 10.5 per 100 schizophrenia problem contacts, respectively (Figure 8.1).

Male patients were prescribed 91.2 medications per 100 schizophrenia problems managed by GPs compared with 87.0 per 100 for female patients. Persons aged between 25 and 44 years (41%) received the highest proportion of medications for schizophrenia prescribed by GPs.

Highly Specialised Drugs Program

Under the Department of Health and Ageing's Highly Specialised Drugs Program (HSDP), the antipsychotic drug clozapine is provided to treat schizophrenia. In 2003–04, expenditure by HSDP on clozapine was \$30.9 million, 92.7% of which was supplied by public hospitals (Table 8.2). Information on the provision of clozapine is reported differently for public and private

hospitals. For 2003–04, private hospitals dispensed 7,846 prescriptions for clozapine and public hospitals provided 121,890 individual packs of this drug (Table 8.3). Figures in the HSDP show that patient numbers for clozapine increased from just over 5,000 in 1998–99 to approximately 9,000 in 2003–04.

Low Prevalence (Psychotic) Disorders survey

According to the 1998 Low Prevalence (Psychotic) Disorders component of the National Survey of Mental Health and Wellbeing, a majority of the survey respondents with a diagnosis of schizophrenia used a typical (conventional or older) antipsychotic (61.4%) such as fluphenazine decanoate, almost one quarter used an atypical (newer) antipsychotic (34.9%) such as olanzapine or clozapine, and 16.4% used an antidepressant (DHA 2002). Respondents may have used more than one medication at a time so percentages are not additive.

Hospital admitted patient care

Figure 8.3 describes available data for mental health-related separations that were not considered equivalent to ambulatory mental health care and for which the patient's principal diagnosis was schizophrenia (ICD-10-AM codes F20–F29, or codes F10–F19 where the fourth digit was .5 or .7). In 2002–03, there were 43,826 separations with a principal diagnosis of schizophrenia with 1,072,393 psychiatric care days. The majority of separations (96.7%) were for patients who received acute care. Almost half of the separations were involuntary (45.6%).

Separations with a principal diagnosis of schizophrenia (ICD-10-AM codes F20–F29, or codes F10–F19 where the fourth digit was .5 or .7) accounted for 35,694 (31.6%) mental health-related separations with specialised psychiatric care and 8,132 (10.3%) of those separations without specialised psychiatric care.

The most common diagnosis in addition to a principal diagnosis of schizophrenia was *Problems related to lifestyle (Z72)*, while the most common procedures performed were *Generalised allied health interventions (Block 1916)* and *Cerebral anaesthesia (Block 1910)*. The most commonly reported AR-DRG was *Schizophrenia disorders with mental health legal status (AR-DRG U61A)*.

The total number of mental health-related separations, including ambulatory-equivalent separations, with a principal diagnosis of schizophrenia increased from 43,896 in 1998–99 to 52,776 in 2002–03 (Table 8.4), with 86% of the increase in public acute hospitals. However the number of patient-days decreased (1,153,361 in 1998–99 to 1,140,220 in 2002–03). The number of same-day separations (excluding ambulatory-equivalent) in public acute hospitals rose 68% during this period (from 2,255 to 3,792) and 135% in private hospitals (from 113 to 265), but, for public psychiatric hospitals this number decreased 76% (from 503 to 121).

8.3 Health service expenditure for schizophrenia

For health service expenditure, a detailed analysis by disease and injury categories, including mental health, was undertaken for 1993–94 and 2000–01 (AIHW 2004b). Note that data for hospital services expenditure have been adjusted to take into account the impact of long-stay patients on annual expenditure figures.

For 2000–01, it was estimated that health care expenditure for schizophrenia (ICD-10-AM codes F20–F29) was \$709 million (1.3% of recurrent health expenditure) (Table 8.5). (This expenditure excludes community mental health expenditure, as it was not able to be allocated to the different mental health disorders.) The majority of this \$709 million expenditure was for

hospital services (69% or \$489 million) such as admitted and non-admitted patients and in-hospital private medical services, and for pharmaceutical services (16% or \$110 million).

In comparison, the health care expenditure for schizophrenia in 1993–94 (2000–01 prices) was estimated at \$408 million or 1.0% of recurrent health care expenditure. This was mostly for hospital services (82% or \$335 million). The proportion of expenditure on pharmaceutical services in 1993–94 was lower (2% or \$10 million) than in 2000–01.

This section focuses on health service expenditure for schizophrenia, but it is only part of the financial costs associated with this illness. There are also the indirect financial costs to people with schizophrenia, their families and the community. For 2001, the indirect costs of schizophrenia were estimated to total \$1,186.1 million, or \$31,857 per person with schizophrenia. These included loss of earnings (\$459.8 million), carer costs (\$88.1 million), absenteeism costs (\$27.8 million), payments for disability support (\$249.9 million), and prison, police and legal costs (\$51.8 million)(Access Economics, 2002).

Table 8.1: Community mental health care service contacts with a principal diagnosis of schizophrenia^(a), by sex and age group, Australia^(b), 2002–03

	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total ^(c)
Sex	Number							
Males	1,691	150,438	286,388	229,699	129,131	47,284	28,974	873,831
Females	1,338	63,391	118,278	132,627	116,063	68,932	59,296	560,546
Total^(c)	3,392	214,018	405,703	363,725	245,672	116,387	88,341	1,438,731
	Per 1,000 population^(d)							
Males	1.0	135.3	245.7	189.9	118.8	58.6	31.6	110.1
Females	0.9	59.5	100.9	108.8	105.8	87.0	51.3	69.5
Total^(c)	1.1	98.3	173.5	149.8	112.5	72.8	42.6	89.9

(a) Schizophrenia includes principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29) and *Mental and behavioural disorders due to psychoactive substance abuse* (F10–F19, for .5 and .7 sub-categories only).

(b) Excluding Queensland who was unable to provide principal diagnosis for 2002–03.

(c) Includes service contacts for which sex and/or age group was not reported.

(d) The rate per 1,000 population is a crude rate based on the Estimated Resident Population, excluding Queensland, at 31 December 2002. Queensland was unable to provide principal diagnosis for 2002–03.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 2.

Table 8.2: Highly Specialised Drugs Program expenditure (\$'000) on clozapine, by state or territory, 1998–99 to 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Private hospitals	Public hospitals	Total
1998–99	5,488.8	5,875.1	2,856.6	1,341.7	859.2	365.4	276.8	82.7	n.a.	n.a.	17,146.3
1999–00	6,382.3	6,986.7	3,639.4	1,620.0	1,182.7	456.6	303.2	90.0	n.a.	n.a.	20,660.7
2000–01	6,867.8	7,972.4	4,006.6	1,704.9	1,383.6	515.0	303.9	83.5	873.7	21,963.8	22,837.5
2001–02	7,770.1	8,968.7	4,376.6	1,817.9	1,721.8	571.7	326.0	87.9	1,705.0	23,935.7	25,640.7
2002–03	8,357.3	9,576.4	4,955.4	2,071.3	1,985.8	603.2	343.8	121.2	1,948.2	26,066.1	28,014.3
2003–04	9,298.7	10,389.3	5,844.3	2,134.3	2,110.6	636.5	334.3	156.7	2,241.8	28,662.8	30,904.6

n.a. Not available.

Source: DHA.

Table 8.3: Highly Specialised Drugs Program: number of packs and prescriptions for clozapine, by hospital sector and state or territory, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Number of individual packs	35,715	40,509	23,809	8,742	7,821	2,979	1,648	667	121,890
Private hospitals									
Number of prescriptions	3,168	2,757	918	352	634	17	..	..	7,846

.. Not applicable.

Source: DHA.

Table 8.4: Number of separations and patient-days for separations with a principal diagnosis of schizophrenia^(a), by hospital type, Australia, 1998–99 to 2002–03

Hospital and separation type	1998–99		1999–00		2000–01		2001–02		2002–03	
	Separations	Patient-days	Separations	Patient-days	Separations	Patient-days	Separations	Patient-days	Separations	Patient-days
Public acute hospitals										
Ambulatory-equivalent admitted patient care ^(b)	2,901	2,901	3,089	3,089	2,795	2,795	2,779	2,779	2,712	2,712
Other separations										
Same day	2,255	2,255	2,488	2,488	2,813	2,813	3,830	3,830	3,792	3,792
Overnight	25,360	421,353	27,397	448,139	27,540	453,801	30,106	497,025	31,446	538,013
<i>Total</i>	<i>27,615</i>	<i>423,608</i>	<i>29,885</i>	<i>450,627</i>	<i>30,353</i>	<i>456,614</i>	<i>33,936</i>	<i>500,855</i>	<i>35,238</i>	<i>541,805</i>
Public psychiatric hospitals										
Ambulatory-equivalent admitted patient care ^(b)	508	508	467	467	81	81	63	63	264	264
Other separations										
Same day	503	503	72	72	140	140	159	159	121	121
Overnight	6,080	682,396	6,055	643,355	5,603	383,594	5,812	580,848	5,632	538,738
<i>Total</i>	<i>6,583</i>	<i>682,899</i>	<i>6,127</i>	<i>643,427</i>	<i>5,743</i>	<i>383,734</i>	<i>5,971</i>	<i>581,007</i>	<i>5,753</i>	<i>538,859</i>
Private hospitals										
Ambulatory-equivalent admitted patient care ^(b)	3,895	3,895	4,501	4,501	4,551	4,551	4,681	4,681	5,974	5,974
Other separations										
Same day	113	113	185	185	227	227	220	220	265	265
Overnight	2,281	39,437	2,433	41,649	2,721	51,826	2,738	66,720	2,570	50,341
<i>Total</i>	<i>2,394</i>	<i>39,550</i>	<i>2,618</i>	<i>41,834</i>	<i>2,948</i>	<i>52,053</i>	<i>2,958</i>	<i>66,940</i>	<i>2,835</i>	<i>50,606</i>
Total	43,896	1,153,361	46,687	1,143,945	46,471	899,828	50,388	1,156,325	52,776	1,140,220

(a) Schizophrenia includes principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29) and *Mental and behavioural disorders due to psychoactive substance abuse* (F10–F19, for .5 and .7 sub-categories only).

(b) See Appendix 2 for definition of ambulatory-equivalent mental health-related separations.

Table 8.5: Health system costs^(a) of schizophrenia^(b) in Australia, 2000–01 and 1993–94 (\$ millions)

Year	Hospitals^(c)	Aged care homes	Out-of-hospital medical^(d)	Pharmaceuticals	Other professional services	Research	Total expenditure
2000–01	489	54	31	110	2	22	709
1993–94^(e)	335	24	32	10	1	6	408

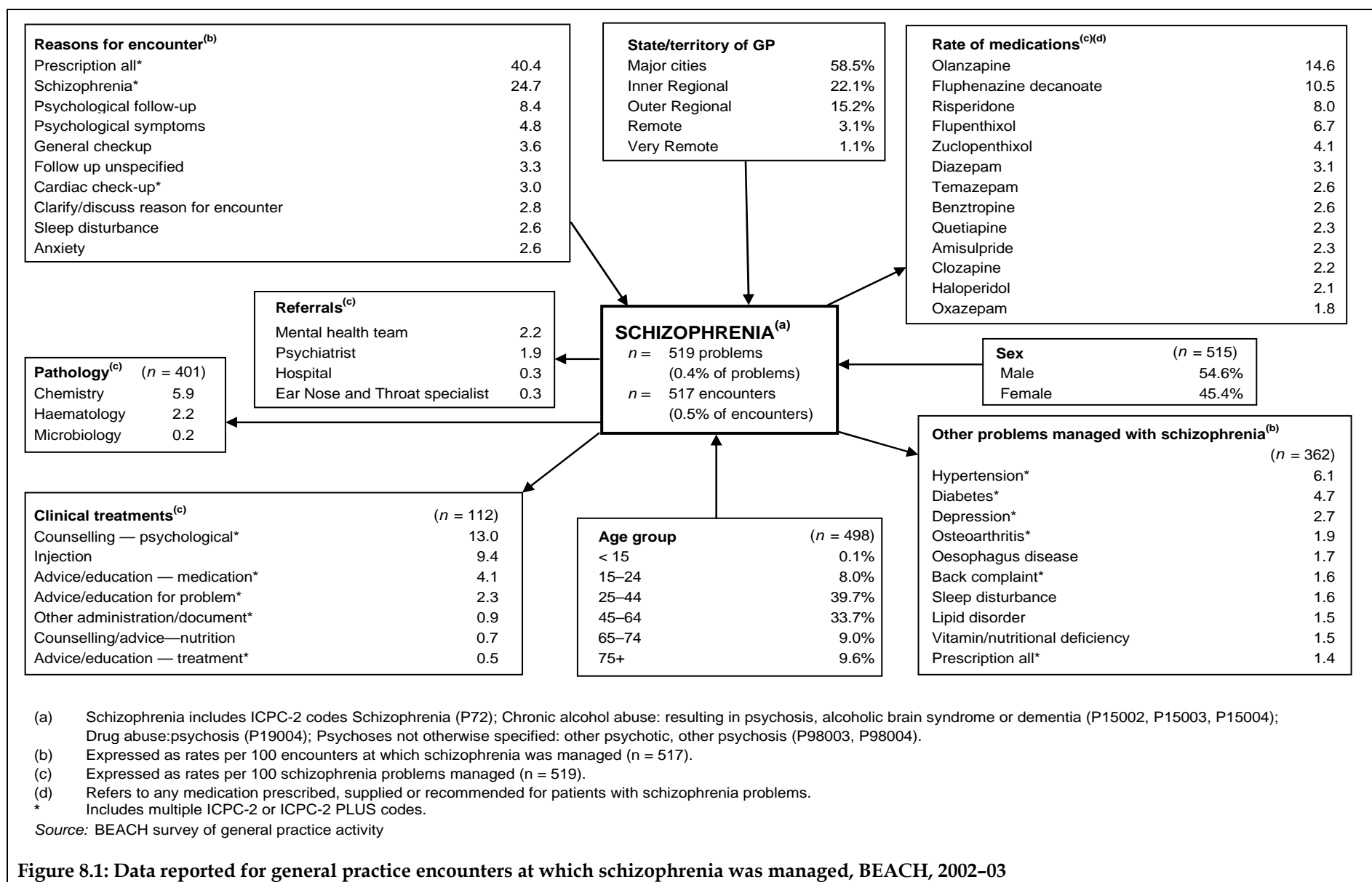
(a) Excludes expenditure on community mental health care.

(b) Includes ICD-10-AM codes F20–F29.

(c) Hospital costs include the costs of admitted and non-admitted patients and in-hospital private medical services.

(d) Out-of-hospital medical includes unreferral attendances, imaging, pathology and other medical.

(e) Expenditures for 1993–94 have been converted to 2000–01 prices by adjusting for health price inflation between 1993–94 and 2000–01.



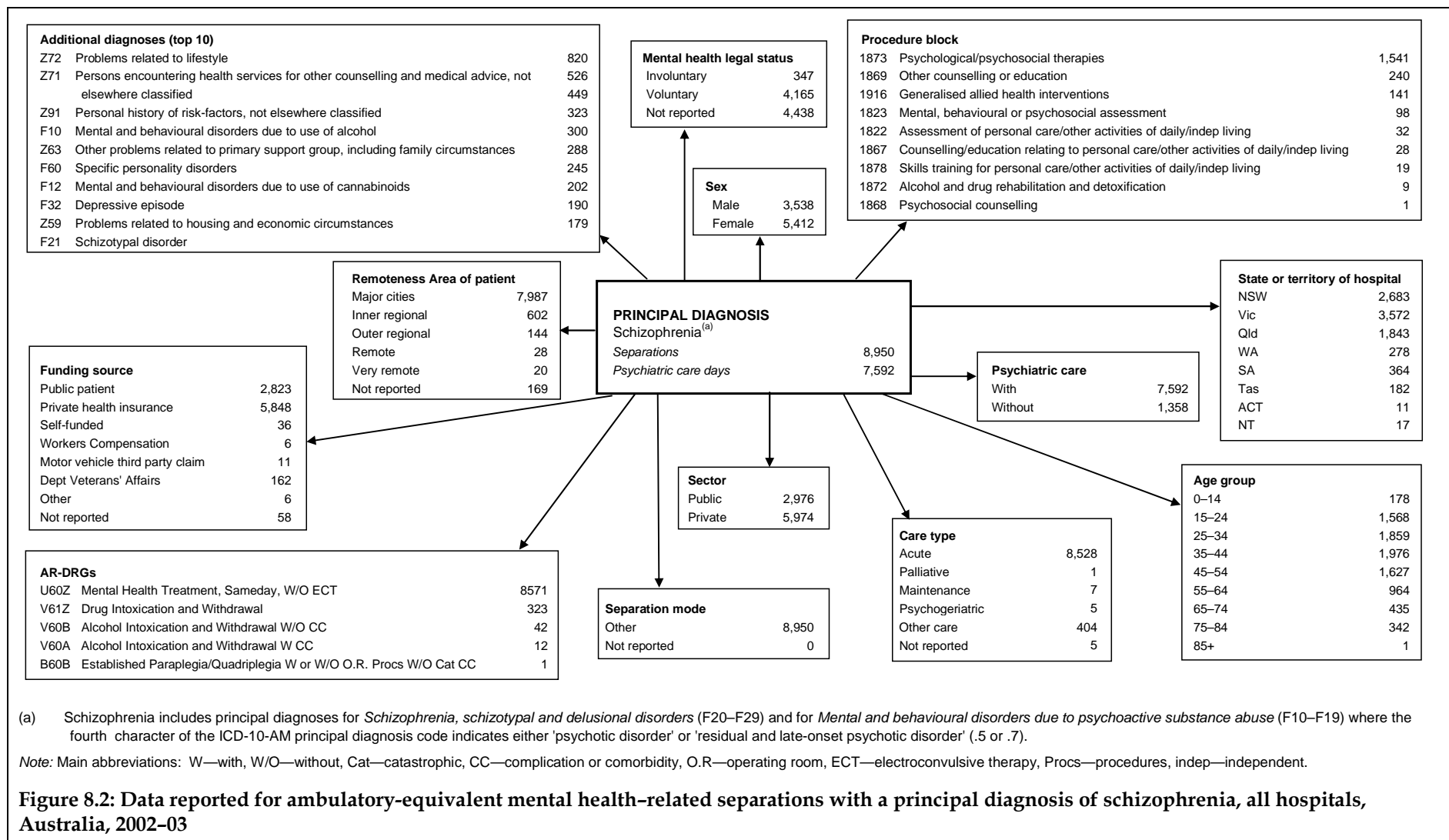
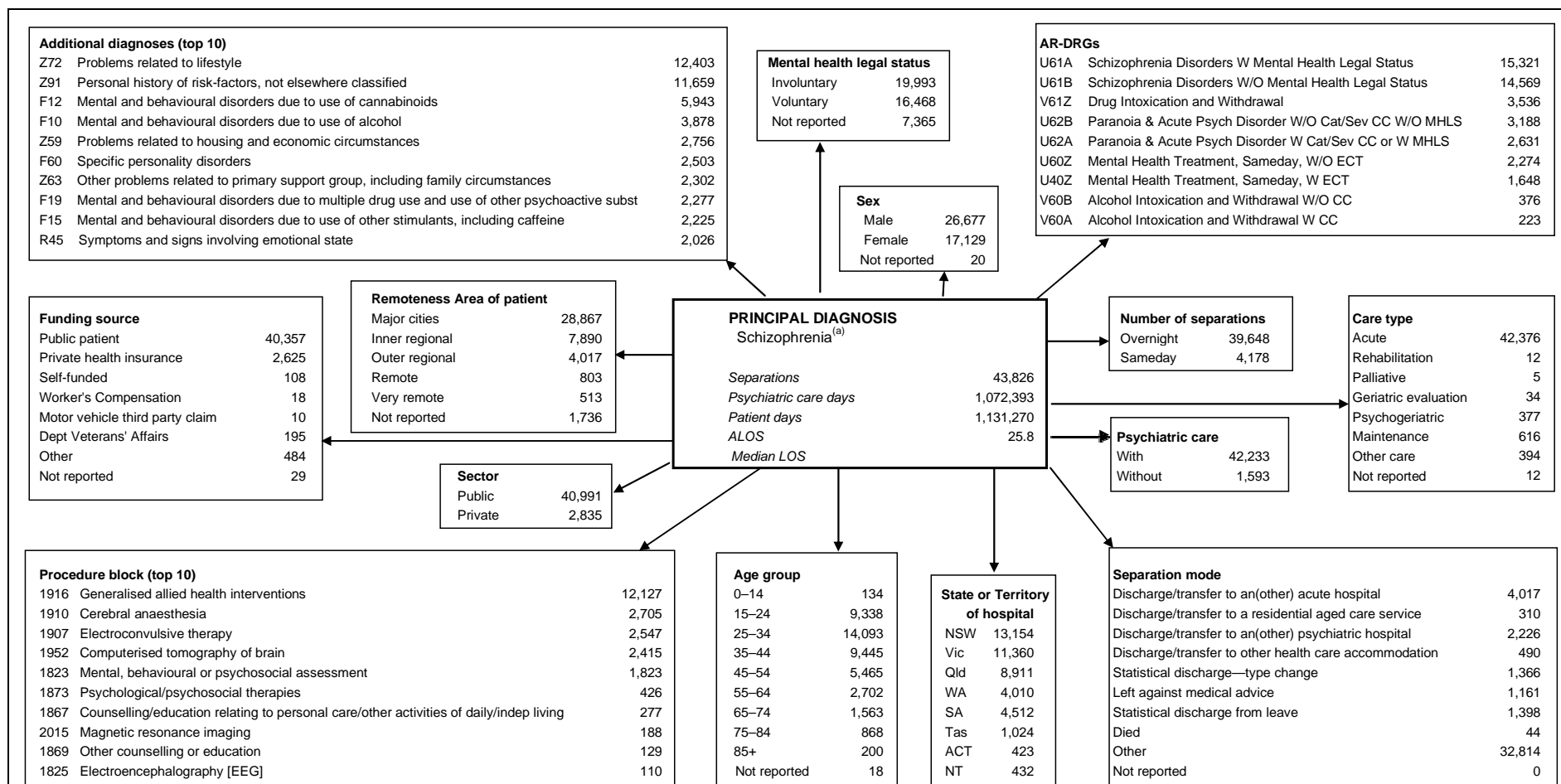


Figure 8.2: Data reported for ambulatory-equivalent mental health-related separations with a principal diagnosis of schizophrenia, all hospitals, Australia, 2002–03



(a) Schizophrenia includes principal diagnoses for *Schizophrenia, schizotypal and delusional disorders* (F20–F29) and for *Mental and behavioural disorders due to psychoactive substance abuse* (F10–F19) where the fourth character of the ICD-10-AM principal diagnosis code indicates either 'psychotic disorder' or 'residual and late-onset psychotic disorder' (.5 or .7).

Note: Main abbreviations: ALOS—average length of stay, Cat—catastrophic, CC—complication or comorbidity, ECT—electroconvulsive therapy, LOS—length of stay, MHLS—mental health legal status, Sev—severe, W—with, W/O—without.

Figure 8.3: Data reported for non-ambulatory-equivalent mental health-related separations with a principal diagnosis of schizophrenia, all hospitals, Australia, 2002–03

Appendix 1: Data sources

Introduction

In order to present a broad picture of mental health-related care in Australia, this report has used data drawn from a variety of AIHW and other data sources. These data sources include AIHW databases such as the National Hospital Morbidity Database (NHMD) and the National Community Mental Health Establishments Database (NCMHED) which were supplied data under the National Health Information Agreement and specified as the National Minimum Data Sets (NMDSs) for Mental Health Care in the *National Health Data Dictionary*, Version 11.0. For a description of the component data sets of the NMDSs for Mental Health Care, refer to the next section in this appendix.

The range of the mental health-related care services provided in Australia is broader and more diverse than is currently included in the scope of the NMDSs for Mental Health Care. Therefore, this report presents data from other AIHW data collections such as the National Public Hospital Establishments Database (NPHEd), the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, and the Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set collection. Data from collections external to the AIHW were also used, including the Australian Bureau of Statistics (ABS) Private Health Establishments Collection (PHEC), and the Department of Health and Ageing's (DHA) Medicare, Pharmaceutical and Repatriation Pharmaceutical Benefits Scheme (MBS, PBS and RPBS) data collections. Each of these data sources has different characteristics that need to be considered when interpreting the data, as reviewed below.

Overall, there is potential for inconsistency when collections rely on data extracted from the information systems of different state and territory health authorities and private providers. In these situations, NMDSs based on agreed data definitions as specified in the *National Health Data Dictionary* are often used to enhance the consistency of the data obtained. However, the quality of NMDS reporting by state and territory health authorities and private providers may be affected by variations from the *National Health Data Dictionary* definitions and differences in scope. The definitions used for originally recording the data may have varied among the data providers and from one year to another. In addition, fine details of the scope of the data collections may vary. Comparisons between different state and territory health authorities, reporting years and sectors should therefore be made with reference to the accompanying text and footnotes.

Service utilisation data can reflect an aspect of the burden of disease in the community but they are not a measure of the incidence or prevalence of specific disease conditions. This is because not all persons with an illness receive the same treatment, and the number and pattern of services received can reflect admission or registration practices, regional differences in service provision, and repeat service provision for some chronic conditions. Each state and territory has a particular demographic structure that differs from other jurisdictions. Factors such as the geographic spread of the population and the proportion of Aboriginal and Torres Strait Islander peoples can have a substantial effect on the delivery of health care.

Data collections

National Hospital Morbidity Database (NHMD)

The NHMD is a compilation of electronic summary records from admitted-patient morbidity data collections in Australian hospitals. It includes demographic, administrative and length of stay data, and data on the diagnoses of patients, the procedures they underwent in hospital, external causes of injury and poisoning, and the AR-DRG for each hospital separation (see Glossary).

Records for 2002–03 are for hospital separations between 1 July 2002 and 30 June 2003. Data on patients admitted before 1 July 2002 are included, provided they separated between 1 July 2002 and 30 June 2003. A record is included for each separation, not for each patient; thus, patients who separated more than once in the year have more than one record in the database.

Data relating to admitted patients in almost all hospitals are included. The coverage is described in greater detail in *Australian Hospital Statistics 2002–03* (AIHW 2004d).

This report contains data specified under the NMDS for Admitted Patient Mental Health Care, which represents a subset of the data collated in the NHMD, for patients receiving specialised mental health care.

This care is identified through recording the fact they had one or more psychiatric care days, i.e. care received in a specialised psychiatric hospital, unit or ward. In acute care hospitals, a 'specialised' episode of care or separation may comprise some psychiatric care days and some days in general care, or psychiatric care days only. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only and to be 'specialised', unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

States and territories have confirmed that all public hospitals with specialised psychiatric facilities reported psychiatric care days to the NHMD for 2002–03, with estimates that between 95% and 100% of psychiatric care days were reported.

The majority of data elements were reported for at least 95% of all separations that received specialised psychiatric care. However, *Employment status* was not recorded for public acute hospitals in New South Wales and Victoria, for private hospitals in New South Wales, Victoria, South Australia and the Australian Capital Territory, and for public psychiatric hospitals in New South Wales. *Type of usual accommodation* was not recorded for public acute and private hospitals in Victoria, and was not reported for 29.9% of public psychiatric hospital separations nationally. *Referral to further care (psychiatric patient)* was not recorded for 53% of separations with care in a specialised psychiatric unit or hospital nationally. *Previous specialised treatment* was not recorded for public acute hospitals in Victoria, for private hospitals in New South Wales and Victoria, and was not stated/unknown for 24% of mental health-related separations that received specialised psychiatric care nationally. Data quality was deemed to be too poor for publication due to the high numbers not reported for the data elements *Type of usual accommodation*, *Employment status*, *Referral to further care (psychiatric patient)* and *Previous specialised treatment*.

Data for 2002–03 on source of referral as presented in previous *Mental Health Services in Australia* reports are now on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

Unless otherwise specified, the state and territory of the hospital is reported, rather than the state or territory of the patient's usual residence. Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NHMD, refer to *Australian Hospital Statistics 2002–03* (AIHW 2004d). Lists of the public psychiatric hospitals and public acute hospitals with specialised psychiatric units contributing to this report can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

National Community Mental Health Establishments Database (NCMHED)

The NCMHED includes data on public community mental health establishments, and their expenditure and staffing. For residential facilities, data on beds and 'separations' are also collected. Within this database, the term 'separation' refers to episodes of non-admitted-patient residential care in residential services. The data collated in the NCMHED is specified by the NMDS for Community Mental Health Establishments.

For this NMDS, community mental health care refers to all specialised public mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients. The scope is both residential and ambulatory public community mental health care establishments, including adult, aged, and adolescent and child community mental health services, and non-admitted services in hospitals such as specialised psychiatric outpatient services. The scope excludes admitted-patient mental health care services, support services that are not specialised mental health care services (e.g. accommodation support services) and services provided by non-government organisations. Only residential services that were staffed 24 hours per day were included.

For more information on the NMDS for Community Mental Health Establishments, refer to *Mental Health Services in Australia 2000–01* (AIHW 2003a). A list of the public community mental health establishments contributing to this report can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

National Community Mental Health Care Database (NCMHCD)

The NCMHCD includes data on ambulatory service contacts provided by public community mental health establishments. The data collated in the NCMHCD are specified by the NMDS for Community Mental Health Care. The NCMHCD contains data on the date of service contact and on the characteristics of the patient ranging from demographic information such as age and sex to clinically relevant information such as principal diagnosis and mental health legal status.

The scope for this collection is all ambulatory mental health service contacts provided by the public community mental health establishments that are included in for the NMDS for Community Mental Health Establishments. A list of the public community mental health establishments contributing this patient-level data to NCMHCD can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

A mental health service contact for the purposes of this collection was defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised

residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.

In 2002–03, a small number of mental health care establishments that provided ambulatory care services did not contribute data to the National Community Mental Health Care Database (NCMHCD) (see Chapter 3, Section 3.4 for more details).

Table A1.1 provides an indication of the quality of NCMHCD data from 2000–01 to 2002–03 in relation to the number of service contacts and the estimated number of patients treated in community mental health services. For service contacts, there was an increase in the number during this time period which mainly reflects improvements in coverage.

There has been interest in knowing the number of patients treated in community mental health care services in order to monitor trends in patient numbers and access to services. An estimate of patient numbers can be derived by counting patient identifiers in records for service contacts within individual establishments. However, not all establishments have used, or currently use, unique person identifiers for each individual patient. When a non-unique identifier is used this results in the same patient being allocated a different patient identifier and being counted in the estimation process as a new patient. This leads to an over-estimate of the real number of patients treated by that establishment. The changes in the national figures in Table A1.1 indicate variation over time in the use of unique patient identifiers. It is anticipated, however, that these data will be used to provide estimates of patients at some time in the future.

Further discussion of the estimation process is included in *Community Mental Health Care 2000–01: Review of the data collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004c).

National Public Hospital Establishments Database (NPHEd)

The AIHW is the custodian of the NPHEd, which holds a record for each public hospital in Australia. The data are collected by state and territory health authorities from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The database does not include private hospital data, which are collated by the ABS in the Private Health Establishments Collection.

The collection covers only hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in off-shore territories) are not included.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and summary information on services to admitted and non-admitted patients. Limitations have been identified in the financial data reported to the NPHEd. In particular, some states and territories have not yet fully implemented accrual accounting procedures and systems, which means the expenditure and revenue data are a mixture of expenditure/payments and revenue/receipts, respectively. A need for further development has been identified in the areas of capital expenditure, expenditure at the area health service administration level and group services expenditure (e.g. central laundry and

pathology services). Refer to *Australian Hospital Statistics 2002–03* for further detail on the data quality for the NPHED (AIHW 2004d).

The NPHED includes the data for *Full-time-equivalent staff, Salaries and wages* and the *Non-salary operating costs* subcategory data elements (types of staff and types of non-salary expenditure). The public acute hospital establishments that contain one or more specialised psychiatric units or wards are flagged in NPHED. However, no financial or staffing data are available for these specialised psychiatric wards, as these data are not provided for separate units or wards.

Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NPHED, refer to *Australian Hospital Statistics 2002–03* (AIHW 2004d).

A list of the public psychiatric hospitals contributing to this report can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

Private Health Establishments Collection (PHEC)

The ABS conducts an annual census of all private acute care hospitals and private psychiatric hospitals licensed by state and territory health authorities and all freestanding day hospital facilities approved by the DHA. The collection contains data on the staffing, finances and activity of these establishments. Differences in accounting policy and practices, and the administration of property and fixed asset accounts by parent organisations may have resulted in some inconsistencies in the financial data (ABS 2004).

The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary, Version 11.0* (NHDC 2002), which makes comparison between the NPHED and NCMHED possible. The ABS definition for private psychiatric hospitals is ‘those establishments that are licensed/approved by each state or territory health authority and cater primarily for admitted patients with psychiatric or behavioural disorders’. The term ‘cater primarily’ applies when 50% or more of total patient-days are for psychiatric patients.

Additional information on the PHEC can be obtained from the annual ABS publication on private hospitals (ABS 2004).

Bettering the Evaluation and Care of Health (BEACH)

The BEACH survey of general practice activity is a collaborative study between the AIHW and the University of Sydney. For each year’s data collection, a random sample of about 1,000 general practitioners reports details of 100 consecutive general practice encounters of all types on structured encounter forms. Each form collects information about the consultation (e.g. date, type of consultation), the patient (e.g. date of birth, sex, reasons for encounter), the problems managed and the management of each problem (e.g. treatment provided, prescriptions, referrals). Data on patient risk factors and health status, and on general practitioner characteristics are also collected. BEACH data for 2003–04 have been used in Tables 3.3 to 3.13 and for Figures 1.8, 1.16 and 3.1 to 3.3. BEACH data for 2002–03 have been used in Table 3.2 and Table 3.1 presents BEACH data for the years 1998–99 to 2003–04.

At least one diagnosis or problem is identified for each encounter, although up to four problems can be reported for each. Problems are classified according to the International

Classification of Primary Care, 2nd edition (ICPC-2) (Family Practice Wonca News), and codes more specifically according to ICPC-2 Plus, an extended terminology of terms. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 2003–04* (Britt et al. 2004).

Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set collection

The CSTDA allocates the responsibility for specific types of disability support services between Australian, state and territory governments. The AIHW manages the CSTDA NMDS to collate nationally consistent data on services funded under the CSTDA and their clients.

The collection covers disability support services receiving funding under the CSTDA. Services that do not receive CSTDA funding are specifically excluded. Not every specialist psychiatric disability support service is included in the CSTDA NMDS collection as some are not funded through the CSTDA.

- In New South Wales, psychiatric disability services are provided by the New South Wales Department of Health and are not included in the CSTDA NMDS collection.
- South Australia and Tasmania do not report data for psychiatric disability services to the CSTDA NMDS collection.
- In Victoria, specialist psychiatric and other disability support services are included in the CSTDA NMDS collection.
- In Queensland, psychiatric disability services wholly or jointly funded by Disability Services Queensland are included in the CSTDA NMDS collection.
- In the Australian Capital Territory and the Northern Territory, only some psychiatric disability services are included in the CSTDA NMDS collection.
- In Western Australia, only some psychiatric disability services are included in the CSTDA NMDS collection. The Health Department is the main provider of services for people with a psychiatric disability and these services are not included.

However, even in those states where specific psychiatric services are not CSTDA-funded, people with a psychiatric disability do receive various CSTDA disability support services. Prior to 2003, data were available from the CSTDA NMDS collection on these services and their clients on a snapshot day each year. From 2003, unit record data on all clients (known as 'service users') and all the disability support services they receive were collected for the period from 1 January to 30 June 2003. In this report, data have been presented for service users with any significant psychiatric disability. Therefore, data are presented for service users with a primary psychiatric disability or where the service user has indicated an 'other significant' psychiatric disability. The term 'primary disability' refers to the disability category identified by the service user, carer or service as the disability most affecting the client's everyday life. A number of 'other significant' disabilities may be identified by the service user.

Given that the 2002–03 collection was the first time an on-going collection was conducted and there were the limitations listed above with respect to the coverage of psychiatric disability support services in the CSTDA NMDS, these data need to be interpreted with caution and data quality considerations need to be taken into account. Additional information on the data from the CSTDA NMDS collection can be obtained from the

publication *Disability support services 2002–03: the first six months of data from the Commonwealth State/Territory Disability Agreement National Minimum Dataset* (see Chapter 3 of this publication for detailed information on data quality) (AIHW 2004g).

National Medical Labour Force Survey and National Nursing Labour Force Survey data

The AIHW conducts the National Medical Labour Force Survey and the National Nursing Labour Force Survey, in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each state and territory. The AIHW has conducted the medical practitioner survey annually since 1993 and the nursing survey since 1995. The National Nursing Labour Force Survey is collected biennially.

The figures produced from these surveys are estimates only. Not all medical practitioners or nurses who were sent a questionnaire responded to the survey, and estimates of the whole medical practitioner and nursing populations are based on survey data weighted to match available registration information.

Coverage in some jurisdictions may exclude some practitioners who registered for the first time during the survey year and practitioners with conditional registration. The latest information on these surveys is provided in *Medical Labour Force 2002* (AIHW 2004e) and *Nursing Labour Force 2002* (AIHW 2003b) reports.

Medicare data

The Health Insurance Commission (HIC) collects data on all medical services funded through Medicare and provides these data to the DHA. Information collected includes the type of service provided (Medicare item number) and the benefit paid by Medicare for the service. The figures presented in this report on services provided by private psychiatrists include only those services performed by a registered provider that qualify for Medicare benefit and for which a claim has been processed by the HIC. They do not include services provided to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account.

The state or territory is determined according to the patient's mailing address postcode at the time of making the claim. In some cases this will not be the same as the patient's residential address postcode. The year is determined from the date the service was processed by the HIC, not the date the service was provided.

Time series data presented in this report are based on the mapping of old item numbers to current item numbers. For example, item 144 (private psychiatrist home visit of less than 15 minutes) was renumbered to item 330 during 1996.

Repatriation Pharmaceutical Benefits Scheme (RPBS) and Pharmaceutical Benefits Scheme (PBS) data

The HIC collects data on prescriptions funded through the RPBS and PBS and provides these data to the DHA. Details are collected on the medication prescribed (e.g. type and cost), the prescribing practitioner (e.g. speciality) and the supplying pharmacy (e.g. location). The figures reported in this publication relate to the prescription costs funded by the PBS and the number of prescriptions processed by the HIC. They refer only to paid services processed

from claims presented by approved pharmacies. They do not include any adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions. Items supplied to general patients that cost less than \$23.10 from 1 January 2003 or \$23.70 from 1 January 2004 do not receive an RPBS or PBS benefit and are therefore not included. The RPBS and PBS data do not contain Section 100 items, i.e. highly specialised drugs available through hospital pharmacies for outpatients.

The state or territory is determined as the address of the pharmacy supplying the item. The year is determined from the date the service was processed by the HIC, not the date of prescribing or the date of supply by the pharmacy. The data presented in this report include medications provided to war veterans through the RPBS, except in the case of time series data where only PBS data were available.

Table A1.1: Counts of service contacts and estimated number of clients, states and territories, 2000–01 to 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Service contacts									
2000–01^(a)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	3,635,873
2001–02	942,307	1,645,974	705,895	395,513	280,056	48,246	156,108	29,952	4,203,731
2002–03	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
Number of person identifier-establishment identifier combinations^(b)									
2000–01	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	224,773
2001–02	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	251,074
2002–03	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	228,764

(a) State and territory data for 2000–01 have been withdrawn from the *Mental Health Services in Australia 2002-03* publication as the quality of the data is not considered to be comparable to that for the following years.

(b) State and territory data have not been published, due to the likely variability in reporting of person identifiers and establishment identifiers.

n.p. Not published.

Appendix 2: Definitions of mental health-related care and medications, and of ambulatory-equivalent separations

With the exception of NCMHED and NCMHCD, the health care data collections used in this report contain data on more than just mental health care, so a mental health-related subset of the data needed to be defined. For some data collections this was relatively simple. For NPHEd and PHEC data, mental health-related care was defined by hospital type (psychiatric hospital) or specialised unit flag (e.g. specialised psychiatric unit in acute care hospital). Medicare and National Medical Labour Force Survey data were defined as mental health-related based on the profession of the medical practitioner (e.g. psychiatrist).

For other data collections, it was necessary to use the classifications in the collections for diagnoses, problems or disabilities to define mental health-related care. The principal and additional diagnosis data in the NHMD are classified using the ICD-10-AM classification; the BEACH data set uses ICPC-2 for coding reasons for encounters (RFEs) and problems; and the CSTDA MDS collection uses a simple customised classification to classify disabilities. Details are provided below for each classification for which codes were used to define a mental health-related principal or additional diagnosis, a mental health-related problem or RFE, or mental health-related disability.

The definition of mental health-related medications was based on the Anatomical Therapeutic Chemical (ATC) classification for PBS data. Details are provided in Table A2.1.

National Hospital Morbidity Database

The definition of a mental health-related diagnosis includes all ICD-10-AM 3rd edition codes which were either clinically or statistically relevant to mental health. This definition was developed in consultation with the National Mental Health Working Group Information Strategy Committee and the Clinical Casemix Committee of Australia. The list of codes and further information can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a). This list of codes was compiled using ICD-10-AM 2nd edition codes. For ICD-10-AM third edition, a number of these disease codes were expanded at the fourth or fifth character level to provide more detail. These changes are not likely to have affected the statistics included in this report. The ICD-9-CM codes used to define mental health-related separations for 1995–96 to 1997–98 are available on request.

Same-day separations that could be considered equivalent to ambulatory mental health care

Mental Health Services in Australia reports up to 2000–01 presented all same-day mental health-related hospital separation data in the chapters on admitted-patient care. However, it was considered that some of these data could be more appropriately placed in the chapter on ambulatory care. For *Mental Health Services in Australia 2001–02*, a definition of same-day mental health-related separations that could be considered to be equivalent to ambulatory mental health care (termed ‘ambulatory-equivalent mental health-related separations’) was developed. Data for these ambulatory-equivalent mental health-related separations were included in the chapter on ambulatory care of the 2001–02 report and of this report. (AIHW 2004a)

Ambulatory-equivalent mental health-related separations were defined by excluding those same-day separations unlikely to involve the type of activity to be undertaken in ambulatory mental health care. Excluded were separations for which the following were reported:

- electroconvulsive therapy and/or general anaesthesia procedures
- other procedures that would not be expected to be undertaken in ambulatory mental health care
- a mode of admission of care type change or transfer
- a mode of separation of transfer, care type change, left against medical advice or death.

Procedures used to exclude separations

In general, separations were excluded from the ambulatory-equivalent category if they were reported with procedures that were considered unlikely to be undertaken in ambulatory mental health care. The procedures used as the basis for excluding separations were mainly electroconvulsive therapy (ECT) and general anaesthesia. A smaller number of separations were excluded on the basis that they had other procedures, other than selected non-invasive intervention, that were also unlikely to be undertaken in ambulatory mental health care.

Procedures not used to exclude separations

A small number of procedures were identified as probably equivalent to ambulatory mental health care provided by specialised community mental health services. Separations for which the only procedures reported were from the following list were included in the ambulatory-equivalent category (unless they were excluded for another reason such as mode of separation or mode of admission).

The procedures were mostly psychosocial interventions, located in the ICD-10-AM 3rd edition procedure, *Non-invasive, cognitive and interventions, not elsewhere classified* (Chapter 19). They are as follows:

- 1822 Assessment of personal care and other activities of daily/independent living
- 1823 Mental, behavioural or psychosocial assessment
- 1867 Counselling or education relating to personal care and other activities of daily/independent living
- 1868 Psychosocial counselling
- 1869 Other counselling or education
- 1872 Alcohol and drug rehabilitation

- 1873 Psychological or psychosocial therapies
- 1875 Skills training in relation to learning, knowledge and cognition
- 1878 Skills training for personal care and other activities of daily/independent living
- 1879 Other skills training
- 1916 Generalised allied health interventions as follows:
 - 95550-01 Allied health intervention, social work
 - 95550-02 Allied health intervention, occupational therapy
 - 95550-10 Allied health intervention, psychology.

For more information on the definition of ambulatory-equivalent mental health-related separations and on data quality concerns to be considered when interpreting the data, see *Mental Health Services in Australia 2001–02* (AIHW 2004a).

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For the purposes of this report, mental health-related reasons for encounters (RFEs) and problems managed were defined as those included in the ICPC-2 *Psychological* chapter. The same set of codes was used for both RFEs and problems. For the list of the codes used, refer to *Mental Health Services in Australia 2000–01* (AIHW 2003a). Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 2003–04* (Britt et al. 2004).

Commonwealth State/Territory Disability Agreement National Minimum Data Set

The CSTDA NMDS questionnaire has an item that asks users of a service or their carer ‘What is the service user’s primary disability group?’ The survey form also asks respondents to tick all applicable other significant disability groups. For both questions, the 12 disability categories are listed in tick-a-box format. The list of categories can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003a).

Data are presented in this report on those service users with a psychiatric primary disability or a psychiatric disability as one of their other significant disabilities. The CSTDA NMDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation, and reflect those disabilities identified as significant in the CSTDA. The specification of the CSTDA NMDS disability groups arose from terminology commonly used by service providers and was formulated specifically for the CSTDA collection. Refer to the *National Community Services Data Dictionary* for additional detail on the CSTDA NMDS disability groups (AIHW 2004f).

Repatriation Pharmaceutical Benefits Scheme and Pharmaceutical Benefits Scheme

Prescription data from the RPBS and PBS are coded using the ATC classification. Table A2.1 contains the list of the codes used to define mental health-related medications. Not all

medications included in each code group are used solely for mental health-related conditions. In addition, not all medications listed under the mental health-related ATC codes are classified under mental health-related codes by the RPBS and PBS. For example, prochlorperazine (N05AB04) is classified under the ATC as an antipsychotic, but is frequently prescribed as an anti-nausea medication. This medication is not included under the antipsychotics (N05A) code by the RPBS or PBS.

Table A2.1: Anatomical Therapeutic Chemical codes used to define mental health-related medication prescribed by general practitioners and non-psychiatrist medical specialists in RPBS and PBS data

ATC code	Description
N05	Psycholeptics
N05A	Antipsychotics
N05B	Anxiolytics
N05C	Hypnotics and sedatives
N06	Psychoanaleptics
N06A	Antidepressants

Appendix 3: State and territory ambulatory and admitted patient mental health care data

This appendix presents state and territory data on ambulatory (community mental health services) mental health care, ambulatory-equivalent mental health-related hospital separations and admitted-patient mental health care.

Ambulatory and ambulatory-equivalent mental health care

Tables A3.1 to A3.4 present information on ambulatory-equivalent mental health-related hospital separations (see Appendix 2) with and without specialised psychiatric care by state and territory and principal diagnosis. See Chapter 3 for the national data on these separations.

Tables A3.5 and A3.6 provide information by state and territory for public community mental health service contacts by age and sex and by principal diagnosis. See Chapter 3 for the national data on these service contacts.

Admitted patient mental health care

The remaining tables in this appendix provide more detailed state and territory information on admitted-patient mental health care that was not considered to be ambulatory-equivalent.

Tables A3.7 to A3.18 provide information by state and territory for mental health-related separations with specialised psychiatric care which were not considered ambulatory-equivalent. These tables include counts of separations, patient-days and psychiatric care days by principal diagnosis, AR-DRGs and procedures. See Chapter 5 for the national data on these separations.

Tables A3.19 to A3.29 provide information by state and territory for mental health-related separations without specialised psychiatric care which were not considered ambulatory-equivalent. These tables include counts of separations and patient-days by principal diagnosis, AR-DRGs and procedures. See Chapter 6 for the national data on these separations.

Table A3.1: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	66	1	1	0	0	0	0	0	68
F04–F09	Other organic mental disorders	3	0	8	0	0	0	0	0	11
F10	Mental and behavioural disorders due to use of alcohol	273	23	220	9	18	3	0	2	548
F11–F19	Mental and behav disorders due to other psychoactive substances use	19	13	196	6	7	1	3	1	246
F20	Schizophrenia	358	73	459	12	30	7	1	4	944
F21, F24, F28–F29	Schizotypal and other delusional disorders	250	6	23	0	6	0	0	0	285
F22	Persistent delusional disorders	94	6	17	1	1	2	0	0	121
F23	Acute and transient psychotic disorders	43	2	31	2	2	1	0	0	81
F25	Schizoaffective disorders	343	10	106	0	8	2	1	3	473
F30	Manic episode	13	2	7	1	1	0	0	0	24
F31	Bipolar affective disorders	57	12	80	13	4	5	1	1	173
F32	Depressive episode	2,063	35	462	16	22	4	5	1	2,608
F33	Recurrent depressive disorders	341	5	41	2	2	1	0	1	393
F34	Persistent mood (affective) disorders	67	3	70	4	8	0	1	0	153
F38, F39	Other and unspecified mood (affective) disorders	50	1	3	0	0	0	0	0	54
F40	Phobic anxiety disorders	54	17	5	1	0	0	0	0	77
F41	Other anxiety disorders	896	5	98	22	5	2	0	1	1,029
F42	Obsessive–compulsive disorders	55	0	4	4	0	0	0	0	63
F43	Reaction to severe stress and adjustment disorders	262	83	845	30	75	21	4	10	1,330
F44	Dissociative (conversion) disorders	0	0	7	1	3	0	0	0	11
F45, F48	Somatoform and other neurotic disorders	213	0	10	0	0	0	0	0	223
F50	Eating disorders	149	737	15	0	0	0	0	0	901
F51–F59	Other behavioural syndromes associated w physiol dist and phys factors	30	7	14	0	1	0	0	0	52
F60	Specific personality disorders	152	26	187	16	14	13	7	1	416
F61–F69	Disorders of adult personality and behaviour	3	4	14	2	1	1	0	0	25
F70–F79	Mental retardation	3	0	21	0	0	2	0	0	26
F80–F89	Disorders of psychological development	74	0	7	0	0	0	0	0	81
F90	Hyperkinetic disorders	218	0	6	0	0	0	0	0	224
F91	Conduct disorders	1,943	3	19	0	7	1	0	0	1,973
F92–F98	Other and unspec disorders w onset childhood adolescence	365	0	6	45	0	0	0	0	416
F99	Mental disorder not otherwise specified	2	5	4	0	0	0	0	0	11
G30	Alzheimer's disease	1	0	1	0	0	0	0	0	2
G47	Sleep disorders	0	0	5	0	1	0	0	0	6
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	0	0	1	0	0	0	0	1
R44	Other symptoms and signs involving general sensations and perceptions	0	0	1	0	0	0	0	0	1
R45	Symptoms and signs involving emotional state	4	4	6	0	0	1	0	0	15
	Other factors related to mental and behavioural disorders ^(a)	147	1	45	0	6	1	0	1	201
	Other ^(b)	282	15	361	6	20	7	7	2	700
	Total	8,893	1,099	3,405	194	242	75	30	28	13,966
	Age-standardised same-day separation rate^(c)	1.35	0.23	0.94	0.10	0.16	0.16	0.10	0.16	0.72
	95% confidence interval	1.38–1.32	0.24–0.21	0.98–0.91	0.12–0.09	0.18–0.14	0.19–0.12	0.13–0.06	0.21–0.10	0.73–0.71

(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.

(b) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(c) Indirect age-standardisation using the estimated resident population as at 30 June 2001.

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

Table A3.2: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	0	150	1	12	0	n.p.	n.p.	n.p.	163
F04–F09 Other organic mental disorders	10	87	21	40	1	n.p.	n.p.	n.p.	159
F10 Mental and behavioural disorders due to use of alcohol	2,525	1,583	689	233	4	n.p.	n.p.	n.p.	5,149
F11–F19 Mental and behav disorders due to other psychoactive substances use	620	253	127	84	0	n.p.	n.p.	n.p.	1,090
F20 Schizophrenia	488	1,400	546	48	61	n.p.	n.p.	n.p.	2,557
F21, F24, F28–F29 Schizotypal and other delusional disorders	65	99	23	35	0	n.p.	n.p.	n.p.	259
F22 Persistent delusional disorders	0	45	5	1	3	n.p.	n.p.	n.p.	56
F23 Acute and transient psychotic disorders	57	41	53	59	0	n.p.	n.p.	n.p.	214
F25 Schizoaffective disorders	364	1,483	373	15	137	n.p.	n.p.	n.p.	2,414
F30 Manic episode	21	42	25	0	0	n.p.	n.p.	n.p.	88
F31 Bipolar affective disorders	575	2,279	639	335	111	n.p.	n.p.	n.p.	3,982
F32 Depressive episode	3,407	7,699	4,254	1,642	131	n.p.	n.p.	n.p.	17,407
F33 Recurrent depressive disorders	1,276	6,302	2,075	1,691	486	n.p.	n.p.	n.p.	12,097
F34 Persistent mood (affective) disorders	237	438	601	159	0	n.p.	n.p.	n.p.	1,588
F38, F39 Other and unspecified mood (affective) disorders	37	39	57	15	1	n.p.	n.p.	n.p.	155
F40 Phobic anxiety disorders	150	242	172	121	13	n.p.	n.p.	n.p.	702
F41 Other anxiety disorders	1,231	2,279	1,627	771	178	n.p.	n.p.	n.p.	6,322
F42 Obsessive–compulsive disorders	33	572	89	216	1	n.p.	n.p.	n.p.	913
F43 Reaction to severe stress and adjustment disorders	2,555	2,235	3,514	844	71	n.p.	n.p.	n.p.	9,415
F44 Dissociative (conversion) disorders	62	133	493	10	0	n.p.	n.p.	n.p.	699
F45, F48 Somatoform and other neurotic disorders	57	16	20	8	0	n.p.	n.p.	n.p.	226
F50 Eating disorders	2,347	1,409	378	38	0	n.p.	n.p.	n.p.	4,176
F51–F59 Other behavioural syndromes associated w physiol dist and phys factors	0	143	8	19	0	n.p.	n.p.	n.p.	170
F60 Specific personality disorders	1,176	936	16	70	3	n.p.	n.p.	n.p.	2,246
F61–F69 Disorders of adult personality and behaviour	194	38	16	20	0	n.p.	n.p.	n.p.	293
F80–F89 Disorders of psychological development	0	52	15	2	0	n.p.	n.p.	n.p.	108
F90 Hyperkinetic disorders	2	4	0	18	0	n.p.	n.p.	n.p.	24
F91 Conduct disorders	0	103	0	29	0	n.p.	n.p.	n.p.	132
F92–F98 Other and unspec disorders w onset childhood adolescence	0	204	0	12	0	n.p.	n.p.	n.p.	216
F99 Mental disorder not otherwise specified	1	6	0	0	0	n.p.	n.p.	n.p.	8
G30 Alzheimer's disease	0	48	3	0	0	n.p.	n.p.	n.p.	51
G47 Sleep disorders	0	3	0	0	0	n.p.	n.p.	n.p.	3
R45 Symptoms and signs involving emotional state	0	9	1	0	0	n.p.	n.p.	n.p.	10
Other factors related to mental and behavioural disorders ^(b)	2	0	0	7	0	n.p.	n.p.	n.p.	9
Other ^(b)	88	12	10	1	0	41	n.p.	n.p.	152
Total	17,580	30,384	15,851	6,555	1,201	n.p.	n.p.	n.p.	73,253
Age-standardised same-day separation rate^(c)	2.68	6.31	4.38	3.44	0.79	n.p.	n.p.	n.p.	3.77
95% confidence interval	2.72–2.64	6.38–6.24	4.45–4.31	3.52–3.35	0.83–0.74	n.p.	n.p.	n.p.	3.80–3.75

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiol

Table A3.3: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	49	37	14	3	8	4	0	0	115
F04–F09	Other organic mental disorders	24	35	8	7	6	1	0	1	82
F10	Mental and behavioural disorders due to use of alcohol	1,310	989	494	445	293	63	17	49	3,660
F11–F19	Mental and behav disorders due to other psychoactive substances use	328	169	66	102	59	13	1	4	742
F20	Schizophrenia	150	133	39	18	59	6	3	5	413
F22	Persistent delusional disorders	31	39	3	4	3	4	1	2	87
F23	Acute and transient psychotic disorders	43	44	12	6	10	2	0	0	117
F25	Schizoaffective disorders	19	18	4	0	14	0	0	1	56
F21, F24, F28–F29	Schizotypal and other delusional disorders	45	57	7	5	4	1	1	0	120
F30	Manic episode	12	13	4	1	2	1	0	0	33
F31	Bipolar affective disorders	60	39	14	8	27	1	0	0	149
F32	Depressive episode	368	336	94	44	93	13	5	7	960
F33	Recurrent depressive disorders	35	12	7	9	39	3	1	0	106
F34	Persistent mood (affective) disorders	20	13	8	0	3	0	0	0	44
F38, F39	Other and unspecified mood (affective) disorders	8	6	1	1	0	0	0	0	16
F40	Phobic anxiety disorders	3	4	0	0	0	0	0	0	7
F41	Other anxiety disorders	579	638	138	71	90	14	5	5	1,540
F42	Obsessive–compulsive disorders	7	3	3	2	5	1	0	1	22
F43	Reaction to severe stress and adjustment disorders	189	410	91	97	129	23	1	1	941
F44	Dissociative (conversion) disorders	35	42	27	11	5	2	0	2	124
F45, F48	Somatoform and other neurotic disorders	41	20	10	4	6	3	0	1	85
F50	Eating disorders	14	37	3	3	2	1	0	1	61
F51–F59	Other behav syndromes associated w physiol dist and phys factors	30	57	3	3	4	0	1	0	98
F60	Specific personality disorders	89	71	18	14	34	7	1	0	234
F61–F69	Disorders of adult personality and behaviour	7	5	4	1	3	0	0	1	21
F70–F79	Mental retardation	10	5	3	3	1	0	0	0	22
F80–F89	Disorders of psychological development	8	4	6	0	2	0	0	0	20
F90	Hyperkinetic disorders	2	1	1	0	0	0	1	0	5
F91	Conduct disorders	23	58	4	0	2	2	0	0	89
F92–F98	Other and unspec disorders w onset childhood adolescence	16	41	2	1	1	0	0	0	61
F99	Mental disorder not otherwise specified	22	12	3	0	1	0	0	0	38
G30	Alzheimer's disease	15	6	6	1	5	0	0	0	33
G47	Sleep disorders	11	1,578	22	2	1	0	0	0	1,614
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	83	79	34	11	17	3	2	6	235
R44	Other symptoms and signs involving general sensations and perceptions	23	30	4	3	3	0	0	0	63
R45	Symptoms and signs involving emotional state	24	48	5	9	11	1	0	0	98
	Other factors related to mental and behavioural disorders ^(a)	36	40	11	3	0	7	0	1	98
	Other factors related to substance use ^(b)	13	0	0	0	0	0	0	0	13
	Total	3,782	5,129	1,173	892	942	176	40	88	12,222
	Age-standardised same day separation rate^(c)	0.58	1.07	0.32	0.47	0.64	0.38	0.12	0.41	0.63
	95% confidence interval	0.56–0.59	1.04–1.10	0.30–0.34	0.44–0.50	0.60–0.68	0.33–0.44	0.08–0.16	0.32–0.49	0.62–0.64

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.4: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	1	1	5	0	1	n.p.	n.p.	n.p.	8
F04–F09 Other organic mental disorders	0	0	1	1	0	n.p.	n.p.	n.p.	2
F10 Mental and behavioural disorders due to use of alcohol	10	1,368	2,134	42	3	n.p.	n.p.	n.p.	3,810
F11–F19 Mental and behav disorders due to other psychoactive substances use	11	34	283	8	0	n.p.	n.p.	n.p.	339
F20 Schizophrenia	181	33	3	0	0	n.p.	n.p.	n.p.	217
F21, F24, Schizotypal and other delusional disorders	29	0	1	0	2	n.p.	n.p.	n.p.	49
F23 Acute and transient psychotic disorders	0	1	0	0	0	n.p.	n.p.	n.p.	9
F25 Schizoaffective disorders	29	13	28	0	0	n.p.	n.p.	n.p.	103
F30 Manic episode	0	0	0	1	0	n.p.	n.p.	n.p.	1
F31 Bipolar affective disorders	96	60	20	1	0	n.p.	n.p.	n.p.	199
F32 Depressive episode	156	259	167	7	1	n.p.	n.p.	n.p.	1,147
F33 Recurrent depressive disorders	635	32	76	0	0	n.p.	n.p.	n.p.	878
F34 Persistent mood (affective) disorders	8	0	16	1	0	n.p.	n.p.	n.p.	68
F38, F39 Other and unspecified mood (affective) disorders	0	0	1	0	0	n.p.	n.p.	n.p.	2
F40 Phobic anxiety disorders	8	0	0	0	0	n.p.	n.p.	n.p.	16
F41 Other anxiety disorders	442	36	90	9	8	n.p.	n.p.	n.p.	865
F42 Obsessive–compulsive disorders	0	1	0	0	0	n.p.	n.p.	n.p.	54
F43 Reaction to severe stress and adjustment disorders	620	11	104	6	1	n.p.	n.p.	n.p.	873
F44 Dissociative (conversion) disorders	42	0	0	1	0	n.p.	n.p.	n.p.	46
F45, F48 Somatoform and other neurotic disorders	0	0	0	2	1	n.p.	n.p.	n.p.	55
F50 Eating disorders	3	0	1	0	0	n.p.	n.p.	n.p.	64
F51–F59 Other behav syndromes associated w physiol dist and phys factors	1	13	3	42	1	n.p.	n.p.	n.p.	64
F60 Specific personality disorders	42	2	1	2	0	n.p.	n.p.	n.p.	56
F61–F69 Disorders of adult personality and behaviour	0	0	12	0	0	n.p.	n.p.	n.p.	15
F80–F89 Disorders of psychological development	0	0	0	1	0	n.p.	n.p.	n.p.	1
F90 Hyperkinetic disorders	1	0	0	0	0	n.p.	n.p.	n.p.	1
F91 Conduct disorders	0	0	1	0	0	n.p.	n.p.	n.p.	1
F99 Mental disorder not otherwise specified	0	0	0	2	0	n.p.	n.p.	n.p.	2
G30 Alzheimer's disease	1	0	0	0	1	n.p.	n.p.	n.p.	2
G47 Sleep disorders	1	503	1	2	1	n.p.	n.p.	n.p.	508
O99.3 Mental disorders and dis of the nerv sys complic preg, child and puerp	6	6	7	7	3	n.p.	n.p.	n.p.	30
R44 Other symptoms and signs involving general sensations and perceptions	0	0	1	0	0	n.p.	n.p.	n.p.	1
R45 Symptoms and signs involving emotional state	1	0	1	2	1	n.p.	n.p.	n.p.	6
Other factors related to mental and behavioural disorders ^(a)	0	0	0	13	0	n.p.	n.p.	n.p.	13
Total	2,324	2,373	2,957	150	24	n.p.	n.p.	n.p.	9,505
Age-standardised same day separation rate^(c)	0.35	0.49	0.82	0.08	0.02	n.p.	n.p.	n.p.	0.49
95% confidence interval	0.34–0.37	0.47–0.51	0.79–0.85	0.07–0.09	0.01–0.02	n.p.	n.p.	n.p.	0.48–0.50

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physio

Table A3.5: Community mental health service contacts, by sex and age group, states and territories, 2002–03^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Less than 15 years	51,198	82,085	73,470	23,383	28,235	1,744	6,019	1,305	267,439
15–24	108,488	134,252	67,883	29,882	25,066	2,263	21,459	3,046	392,339
25–34	158,469	215,404	91,417	45,239	35,492	4,453	23,295	3,742	577,511
35–44	148,919	162,776	74,491	40,255	38,293	4,438	22,123	3,794	495,089
45–54	97,476	104,213	50,368	31,962	20,560	3,054	8,890	1,191	317,714
55–64	42,816	52,893	26,596	14,837	8,733	1,245	3,267	446	150,833
65+	32,231	86,832	22,533	18,224	11,590	5,777	3,171	236	180,594
<i>Total males^(b)</i>	<i>641,243</i>	<i>838,761</i>	<i>406,827</i>	<i>203,894</i>	<i>168,075</i>	<i>23,018</i>	<i>88,224</i>	<i>13,773</i>	<i>2,383,815</i>
Females									
Less than 15 years	32,765	44,776	43,289	13,156	13,975	1,502	5,317	587	155,367
15–24	112,635	113,675	69,348	29,242	20,515	2,862	21,290	1,922	371,489
25–34	127,980	139,154	67,097	39,001	24,930	3,766	17,422	2,263	421,613
35–44	128,593	146,658	68,397	42,594	26,257	4,190	15,666	2,049	434,404
45–54	102,380	112,381	52,694	34,998	20,902	4,131	12,474	1,539	341,499
55–64	59,865	66,055	30,972	18,866	14,369	1,750	9,248	255	201,380
65+	60,164	147,905	40,829	32,171	24,491	10,086	8,030	186	323,862
<i>Total females^(b)</i>	<i>625,130</i>	<i>771,871</i>	<i>372,693</i>	<i>210,163</i>	<i>145,562</i>	<i>28,296</i>	<i>89,447</i>	<i>8,820</i>	<i>2,251,982</i>
Total persons^(b)									
Less than 15 years	88,866	126,861	116,760	36,539	42,386	3,246	11,434	1,892	427,984
15–24	221,588	247,929	137,234	59,163	45,736	5,125	42,971	4,969	764,715
25–34	295,529	354,580	158,514	84,242	60,461	8,219	40,781	6,067	1,008,393
35–44	279,970	309,450	142,889	82,888	64,605	8,628	37,835	5,843	932,108
45–54	201,669	216,596	103,062	67,001	41,464	7,185	21,397	2,730	661,104
55–64	102,950	118,948	57,568	33,706	23,102	2,995	12,515	701	352,485
65+	92,660	234,737	63,362	50,397	36,093	15,863	11,273	422	504,807
Total^(b)	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1 and Chapter 3.

(b) Includes service contacts for which sex and/or age group was not reported.

Table A3.6: Community mental health service contacts, by principal diagnosis, states and territories, 2002–03^{(a)(b)}

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT ^(c)	NT ^(c)	Australia
F00–F03	Dementia	5,382	43,595	n.a.	11,358	7,175	3,823	1,372	24	72,729
F04–F09	Other organic mental disorders	2,281	7,615	n.a.	8,101	1,734	67	1,974	141	21,913
F10	Mental and behavioural disorders due to use of alcohol	6,940	13,726	n.a.	3,695	1,395	146	1,406	217	27,525
F11–F19	Mental and behav disorders due to other psychoactive substances	12,722	24,468	n.a.	9,697	1,873	164	3,654	539	53,117
F20	Schizophrenia	264,861	547,419	n.a.	106,333	96,820	11,639	55,077	2,630	1,084,779
F21, F24, F28, F29	Schizotypal and other delusional disorders	1,029	23,675	n.a.	8,905	6,178	93	5,021	88	44,989
F22	Persistent delusional disorders	883	19,958	n.a.	4,846	3,636	34	2,850	100	32,307
F23	Acute and transient psychotic disorders	50,379	16,845	n.a.	6,765	5,671	1,479	1,689	111	82,939
F25	Schizoaffective disorders	7,519	119,076	n.a.	11,479	20,847	2,254	8,985	369	170,529
F30	Manic episode	1,195	6,055	n.a.	5,846	2,873	162	1,223	21	17,375
F31	Bipolar affective disorders	45,171	118,995	n.a.	29,366	24,731	2,980	12,645	379	234,267
F32	Depressive episode	107,713	144,451	n.a.	53,159	34,961	4,372	12,473	1,541	358,670
F33	Recurrent depressive disorders	1,970	40,677	n.a.	14,716	4,922	184	4,409	273	67,151
F34	Persistent mood (affective) disorders	839	13,491	n.a.	7,365	2,387	107	2,796	85	27,070
F38, F39	Other and unspecified mood (affective) disorders	335	1,657	n.a.	1,664	885	24	1,587	80	6,232
F40	Phobic anxiety disorders	6,334	4,729	n.a.	3,216	2,644	132	585	59	17,699
F41	Other anxiety disorders	32,232	25,145	n.a.	17,270	8,406	2,095	3,694	290	89,132
F42	Obsessive–compulsive disorders	2,816	7,333	n.a.	4,860	1,983	297	1,379	9	18,677
F43	Reaction to severe stress and adjustment disorders	28,289	69,018	n.a.	30,518	16,221	1,311	2,878	1,597	149,832
F44	Dissociative (conversion)	1,487	794	n.a.	626	113	38	9	16	3,083
F45, F48	Somatoform and other neurotic disorders	2,761	1,386	n.a.	1,286	851	35	143	0	6,462

(continued)

Table A3.6 (continued): Community mental health service contacts, by principal diagnosis, states and territories, 2002–03^{(a)(b)}

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT ^(c)	NT ^(c)	Australia
F50	Eating disorders	3,501	7,360	n.a.	2,564	457	379	873	49	15,183
F51–F59	Other behav syndromes associated with phys dist & phys	238	2,131	n.a.	1,830	303	83	994	79	5,658
F60	Specific personality disorders	14,068	51,451	n.a.	13,466	7,575	934	6,396	368	94,258
F61–F69	Disorders of adult personality and behaviour	1,325	2,254	n.a.	1,450	1,412	49	1,043	112	7,645
F70–F79	Mental retardation	2,801	4,531	n.a.	1,807	520	233	977	16	10,885
F80–F89	Disorders of psychological development	1,502	14,324	n.a.	1,852	1,996	131	748	55	20,608
F90	Hyperkinetic disorders	3,807	8,512	n.a.	3,103	1,176	434	596	185	17,813
F91	Conduct disorders	7,469	17,592	n.a.	2,647	5,827	234	977	121	34,867
F92–F98	Other & unspec disorders with onset childhood adolescence	2,480	23,390	n.a.	10,531	5,525	265	3,668	227	46,086
	Other	59,291	103,700	n.a.	13,276	6,585	1,115	0	0	183,967
<i>Total with specified principal diagnosis</i>		<i>679,620</i>	<i>1,485,353</i>	<i>n.a.</i>	<i>393,597</i>	<i>277,682</i>	<i>35,293</i>	<i>142,121</i>	<i>9,781</i>	<i>3,023,447</i>
F99	Mental disorder not otherwise specified	241,820	125,321	n.a.	20,586	36,403	5	36,266	115	460,516
	Not reported	379,793	0	779,527	0	0	16,016	364	12,760	1,188,460
<i>Total with unspecified principal diagnosis</i>		<i>621,613</i>	<i>125,321</i>	<i>779,527</i>	<i>20,586</i>	<i>36,403</i>	<i>16,021</i>	<i>36,630</i>	<i>12,875</i>	<i>1,648,976</i>
Total service contacts		1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used across jurisdictions. For more information refer to Appendix 1 and Chapter 3.

(b) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions when reporting principal diagnosis.

(c) The Australian Capital Territory and Northern Territory reported principal diagnosis using the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification only.

n.a. Not available.

Table A3.7: Same day separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	2	6	1	1	0	1	0	0	11
F04–F09 Other organic mental disorders	5	3	3	12	2	0	0	0	25
F10 Mental and behavioural disorders due to use of alcohol	32	9	21	7	4	0	0	1	74
F11–F19 Mental and behav disorders due to other psychoactive substances use	24	14	24	11	7	0	0	1	81
F20 Schizophrenia	70	49	207	9	85	29	1	0	450
F21, F24, F28–F29 Schizotypal and other delusional disorders	20	5	12	1	5	0	0	0	43
F22 Persistent delusional disorders	60	8	31	5	5	0	0	0	109
F23 Acute and transient psychotic disorders	53	79	153	9	48	11	2	1	356
F25 Schizoaffective disorders	71	8	4	4	4	2	0	0	93
F30 Manic episode	2	3	2	3	1	0	1	0	12
F31 Bipolar affective disorders	129	149	267	45	61	98	1	2	752
F32 Depressive episode	940	385	1,245	141	88	435	23	3	3,260
F33 Recurrent depressive disorders	512	309	747	229	536	10	45	2	2,390
F34 Persistent mood (affective) disorders	10	3	21	2	5	0	1	0	42
F38, F39 Other and unspecified mood (affective) disorders	1	0	3	1	1	0	0	0	6
F40 Phobic anxiety disorders	2	3	0	0	0	0	0	0	5
F41 Other anxiety disorders	75	18	30	3	6	7	0	0	139
F42 Obsessive–compulsive disorders	40	2	0	0	0	0	0	0	42
F43 Reaction to severe stress and adjustment disorders	43	45	166	40	38	6	1	3	342
F44 Dissociative (conversion) disorders	22	2	2	1	0	0	0	0	27
F45, F48 Somatoform and other neurotic disorders	4	4	3	0	0	0	0	0	11
F50 Eating disorders	22	30	3	1	1	0	0	0	57
F51–F59 Other behavioural syndromes associated w physiol dist and phys factors	2	5	5	1	0	0	1	0	14
F60 Specific personality disorders	20	21	32	14	11	5	0	0	103
F61–F69 Disorders of adult personality and behaviour	2	0	1	1	0	0	1	0	5
F70–F79 Mental retardation	2	0	0	0	0	1	0	0	3
F80–F89 Disorders of psychological development	73	0	0	0	1	0	0	0	74
F90 Hyperkinetic disorders	0	0	0	0	1	0	0	0	1
F91 Conduct disorders	5	1	6	0	1	0	0	0	13
F92–F98 Other and unspec disorders w onset childhood adolescence	13	0	1	1	0	0	0	0	15
F99 Mental disorder not otherwise specified	3	2	8	0	0	0	0	0	13
G30 Alzheimer's disease	0	0	1	0	2	0	0	0	3
O99.3 Mental disorders and dis of the nerv sys complic preg, child and puerp	2	0	0	1	0	0	0	0	3
R44 Other symptoms and signs involving general sensations and perceptions	4	1	2	3	0	0	0	0	4
R45 Symptoms and signs involving emotional state	1	3	3	4	0	0	0	0	11
Other factors related to mental and behavioural disorders ^(b)	41	8	69	5	234	3	1	4	365
Other ^(c)	2	3	6	0	0	0	0	0	11
Total	2,309	1,178	3,079	555	1,147	608	78	17	8,965
Age-standardised same day separation rate^(d)	0.35	0.24	0.84	0.29	0.73	1.26	0.26	0.10	0.46
95% confidence interval	0.33–0.36	0.23–0.25	0.81–0.87	0.27–0.32	0.69–0.77	1.16–1.36	0.2–0.31	0.05–0.15	0.45–0.47

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.8: Overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	202	344	89	139	101	36	4	0	915
F04–F09 Other organic mental disorders	216	124	144	186	70	24	7	2	773
F10 Mental and behavioural disorders due to use of alcohol	888	221	383	190	156	60	10	37	1,945
F11–F19 Mental and behav disorders due to other psychoactive substances use	1,344	656	869	524	297	88	41	81	3,900
F20 Schizophrenia	5,880	5,190	4,686	1,619	1,454	568	179	165	19,741
F21, F24, F28–F29 Schizotypal and other delusional disorders	546	376	236	282	52	43	25	27	1,587
F22 Persistent delusional disorders	301	273	195	126	104	31	27	8	1,065
F23 Acute and transient psychotic disorders	850	284	394	149	149	28	39	25	1,918
F25 Schizoaffective disorders	1,504	1,339	1,038	332	597	80	67	72	5,029
F30 Manic episode	253	144	124	65	58	25	12	15	696
F31 Bipolar affective disorders	2,478	1,781	1,563	812	797	252	138	57	7,878
F32 Depressive episode	2,535	2,515	2,188	870	904	336	145	102	9,595
F33 Recurrent depressive disorders	720	489	448	279	486	59	93	33	2,607
F34 Persistent mood (affective) disorders	338	196	343	83	130	28	29	11	1,158
F38, F39 Other and unspecified mood (affective) disorders	43	25	29	24	5	16	7	0	149
F40 Phobic anxiety disorders	22	5	15	7	11	4	0	0	64
F41 Other anxiety disorders	254	156	204	146	108	42	21	5	936
F42 Obsessive–compulsive disorders	83	35	34	26	18	15	4	0	215
F43 Reaction to severe stress and adjustment disorders	1,888	1,264	1,709	1,335	957	371	109	102	7,735
F44 Dissociative (conversion) disorders	46	24	47	13	6	18	2	1	157
F45, F48 Somatoform and other neurotic disorders	40	16	20	8	10	5	2	0	101
F50 Eating disorders	71	187	136	26	84	19	5	1	529
F51–F59 Other behav syndromes associated w physiol dist and phys factors	37	97	27	10	15	3	8	1	198
F60 Specific personality disorders	1,332	698	849	544	296	149	132	12	4,012
F61–F69 Disorders of adult personality and behaviour	79	22	53	35	34	9	8	1	241
F70–F79 Mental retardation	81	20	50	13	5	18	1	0	188
F80–F89 Disorders of psychological development	72	19	68	15	7	0	0	0	181
F90 Hyperkinetic disorders	35	12	26	9	0	0	1	1	84
F91 Conduct disorders	161	67	87	22	16	7	3	0	363
F92–F98 Other and unspec disorders w onset childhood adolescence	45	22	46	38	15	0	1	0	167
F99 Mental disorder not otherwise specified	30	127	16	1	1	3	1	0	179
G30 Alzheimer's disease	137	168	49	186	115	18	1	0	674
G47 Sleep disorders	2	1	4	2	1	1	0	1	12
O99.3 Mental disorders and dis of the nerv sys complic preg, child and puerp	25	11	19	4	5	7	0	0	71
R44 Other symptoms and signs involving general sensations and perceptions	11	8	3	1	1	2	0	0	26
R45 Symptoms and signs involving emotional state	9	18	17	3	0	6	0	2	55
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	1	0	0	0	0	1
Other factors related to mental and behavioural disorders ^(b)	446	53	24	9	0	3	3	2	540
Other factors related to substance use ^(c)	9	0	0	0	0	0	0	0	9
Other ^(d)	3,233	380	1,454	167	527	122	111	45	6,039
Total	26,246	17,367	17,686	8,301	7,592	2,496	1,236	809	81,733
Age-standardised overnight separation rate^(e)	3.99	3.59	4.91	4.37	5.05	5.47	3.75	4.01	4.21
95% confidence interval	3.94–4.04	3.53–3.64	4.84–4.98	4.27–4.46	4.93–5.16	5.25–5.68	3.54–3.96	3.74–4.29	4.18–4.24

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(e) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.9: Overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	23	67	20	9	4	n.p.	n.p.	n.p.	128
F04–F09 Other organic mental disorders	24	65	23	28	13	n.p.	n.p.	n.p.	157
F10 Mental and behavioural disorders due to use of alcohol	985	577	192	231	167	n.p.	n.p.	n.p.	2,230
F11–F19 Mental and behav disorders due to other psychoactive substances use	651	162	89	102	47	n.p.	n.p.	n.p.	1,068
F20 Schizophrenia	276	232	328	83	93	n.p.	n.p.	n.p.	1,029
F21, F24, F28–F29 Schizotypal and other delusional disorders	25	24	22	13	6	n.p.	n.p.	n.p.	93
F22 Persistent delusional disorders	33	28	22	13	19	n.p.	n.p.	n.p.	122
F23 Acute and transient psychotic disorders	29	12	14	15	6	n.p.	n.p.	n.p.	82
F25 Schizoaffective disorders	235	250	152	50	139	n.p.	n.p.	n.p.	845
F30 Manic episode	31	13	16	8	1	n.p.	n.p.	n.p.	73
F31 Bipolar affective disorders	466	694	381	289	220	n.p.	n.p.	n.p.	2,110
F32 Depressive episode	1,635	1,236	1,435	441	273	n.p.	n.p.	n.p.	5,099
F33 Recurrent depressive disorders	571	1,152	492	607	494	n.p.	n.p.	n.p.	3,482
F34 Persistent mood (affective) disorders	81	68	117	19	37	n.p.	n.p.	n.p.	360
F38, F39 Other and unspecified mood (affective) disorders	8	9	18	1	2	n.p.	n.p.	n.p.	41
F40 Phobic anxiety disorders	19	16	12	6	6	n.p.	n.p.	n.p.	59
F41 Other anxiety disorders	246	297	210	121	81	n.p.	n.p.	n.p.	982
F42 Obsessive–compulsive disorders	35	72	17	15	9	n.p.	n.p.	n.p.	151
F43 Reaction to severe stress and adjustment disorders	492	441	733	411	164	n.p.	n.p.	n.p.	2,401
F44 Dissociative (conversion) disorders	10	40	214	10	11	n.p.	n.p.	n.p.	287
F45, F48 Somatoform and other neurotic disorders	20	8	14	12	8	n.p.	n.p.	n.p.	62
F50 Eating disorders	176	99	92	79	24	n.p.	n.p.	n.p.	475
F51–F59 Other behav syndromes associated w physiol dist and phys factors	52	22	3	15	5	n.p.	n.p.	n.p.	99
F60 Specific personality disorders	142	124	36	56	26	n.p.	n.p.	n.p.	397
F61–F69 Disorders of adult personality and behaviour	38	3	4	7	9	n.p.	n.p.	n.p.	63
F70–F79 Mental retardation	0	1	1	1	0	n.p.	n.p.	n.p.	3
F80–F89 Disorders of psychological development	0	2	6	0	1	n.p.	n.p.	n.p.	11
F90 Hyperkinetic disorders	5	0	0	1	2	n.p.	n.p.	n.p.	8
F91 Conduct disorders	0	0	3	2	2	n.p.	n.p.	n.p.	7
F92–F98 Other and unspec disorders w onset childhood adolescence	3	3	2	0	0	n.p.	n.p.	n.p.	8
F99 Mental disorder not otherwise specified	1	0	0	0	0	n.p.	n.p.	n.p.	3
G30 Alzheimer's disease	5	37	34	11	2	n.p.	n.p.	n.p.	89
G47 Sleep disorders	1	2	51	3	0	n.p.	n.p.	n.p.	57
O99.3 Mental disorders and dis of the nerv sys complic preg, child and puerp	0	2	0	2	0	n.p.	n.p.	n.p.	4
R44 Other symptoms and signs involving general sensations and perceptions	0	0	1	1	1	n.p.	n.p.	n.p.	3
R45 Symptoms and signs involving emotional state	0	2	0	1	0	n.p.	n.p.	n.p.	3
Other factors related to mental and behavioural disorders ^(b)	1	5	1	2	0	n.p.	n.p.	n.p.	9
Other ^(c)	77	31	77	29	6	n.p.	n.p.	n.p.	247
Total	6,396	5,796	4,832	2,694	1,878	n.p.	n.p.	n.p.	22,347
Age-standardised overnight separation rate^(e)	0.97	1.20	1.34	1.43	1.22	n.p.	n.p.	n.p.	1.15
95% confidence interval	0.95–1.00	1.17–1.23	1.31–1.38	1.37–1.48	1.16–1.27	n.p.	n.p.	n.p.	1.14–1.17

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(e) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiol

Table A3.10: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	12,142	12,811	4,524	11,276	4,026	1,557	122	0	46,458
F04–F09	Other organic mental disorders	7,697	4,091	22,285	6,161	2,655	403	201	6	43,499
F10	Mental and behavioural disorders due to use of alcohol	7,694	2,344	4,736	3,216	1,958	347	97	163	20,555
F11–F19	Mental and behav disorders due to other psychoactive substances use	9,586	6,340	9,731	4,906	1,668	461	269	663	33,624
F20	Schizophrenia	291,973	132,223	283,991	57,627	30,504	12,691	2,636	2,705	814,350
F21, F24, F28–F29	Schizotypal and other delusional disorders	8,634	5,924	3,318	5,774	499	357	265	242	25,013
F22	Persistent delusional disorders	5,310	6,092	4,260	3,427	1,388	826	360	83	21,746
F23	Acute and transient psychotic disorders	11,437	4,122	4,234	2,220	1,321	429	505	182	24,450
F25	Schizoaffective disorders	46,688	27,624	25,793	7,700	13,509	2,360	763	1,293	125,730
F30	Manic episode	4,473	2,417	1,857	1,085	560	353	136	255	11,136
F31	Bipolar affective disorders	53,864	33,919	32,062	18,965	12,568	6,528	1,841	806	160,553
F32	Depressive episode	40,774	33,705	23,923	14,769	14,833	3,384	1,923	1,081	134,392
F33	Recurrent depressive disorders	12,933	8,593	8,043	5,799	6,336	747	1,310	295	44,056
F34	Persistent mood (affective) disorders	5,222	2,235	2,224	739	869	409	142	47	11,887
F38, F39	Other and unspecified mood (affective) disorders	540	494	297	341	48	82	123	0	1,925
F40	Phobic anxiety disorders	355	49	191	156	144	46	0	0	941
F41	Other anxiety disorders	4,979	2,564	1,703	1,830	967	1,285	123	23	13,474
F42	Obsessive–compulsive disorders	1,070	514	603	390	219	125	40	0	2,961
F43	Reaction to severe stress and adjustment disorders	9,523	8,711	7,964	8,036	6,914	1,463	657	494	43,762
F44	Dissociative (conversion) disorders	332	164	502	78	48	290	14	10	1,438
F45, F48	Somatoform and other neurotic disorders	507	355	149	222	89	29	60	0	1,411
F50	Eating disorders	3,130	4,167	4,255	323	2,132	468	87	3	14,565
F51–F59	Other behav syndromes associated w physiol dist and phys factors	356	1,491	214	162	169	22	98	17	2,529
F60	Specific personality disorders	9,425	5,709	10,354	4,224	1,679	1,633	781	66	33,871
F61–F69	Disorders of adult personality and behaviour	667	297	12,094	342	464	252	69	6	14,191
F70–F79	Mental retardation	17,661	360	36,982	165	83	102	2	0	55,355
F80–F89	Disorders of psychological development	803	356	2,159	392	42	0	0	0	3,752
F90	Hyperkinetic disorders	325	245	267	162	0	0	20	2	1,021
F91	Conduct disorders	809	902	515	208	41	31	39	0	2,545
F92–F98	Other and unspec disorders w onset childhood adolescence	364	354	525	839	70	0	3	0	2,155
F99	Mental disorder not otherwise specified	273	6,601	153	11	1	12	1	0	7,052
G30	Alzheimer's disease	21,414	6,339	2,938	12,445	5,628	2,472	12	0	51,248
G47	Sleep disorders	2	3	19	13	9	4	0	6	56
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	543	185	198	87	54	48	0	0	1,115
R44	Other symptoms and signs involving general sensations and perceptions	126	73	3	27	7	11	0	0	247
R45	Symptoms and signs involving emotional state	30	150	57	23	0	25	0	11	296
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	26	0	0	0	0	26
	Other factors related to mental and behavioural disorders ^(b)	2,162	1,213	243	31	0	5	6	30	3,690
	Other factors related to substance use ^(c)	762	0	0	0	0	0	0	0	762
	Other ^(d)	52,616	8,439	56,536	5,777	51,671	3,603	1,234	340	180,216
	Total	647,201	332,175	569,902	179,974	163,173	42,860	13,939	8,829	1,958,053
	Age-standardised overnight patient day rate^(e)	98.1	68.5	159.0	95.6	107.2	93.0	43.4	46.4	100.9
	95% confidence limit	97.8–98.3	68.3–68.7	158.6–159.4	95.2–96.1	106.7–107.7	92.1–93.8	42.7–44.1	45.4–47.4	100.8–101.1

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(e) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.11: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	484	1,857	547	468	98	n.p.	n.p.	n.p.	3,700
F04–F09	Other organic mental disorders	489	1,410	431	387	195	n.p.	n.p.	n.p.	2,991
F10	Mental and behavioural disorders due to use of alcohol	15,539	7,571	2,852	4,108	2,403	n.p.	n.p.	n.p.	33,445
F11–F19	Mental and behav disorders due to other psychoactive substances use	10,251	1,510	1,320	2,165	793	n.p.	n.p.	n.p.	16,196
F20	Schizophrenia	5,343	4,967	7,722	2,262	1,481	n.p.	n.p.	n.p.	22,082
F21, F24, F28–F29	Schizotypal and other delusional disorders	293	671	440	159	86	n.p.	n.p.	n.p.	1,685
F22	Persistent delusional disorders	457	615	450	249	353	n.p.	n.p.	n.p.	2,207
F23	Acute and transient psychotic disorders	251	224	1,148	275	63	n.p.	n.p.	n.p.	2,081
F25	Schizoaffective disorders	4,234	4,608	2,794	1,081	2,756	n.p.	n.p.	n.p.	15,746
F30	Manic episode	421	193	278	151	24	n.p.	n.p.	n.p.	1,143
F31	Bipolar affective disorders	10,225	12,398	8,135	4,957	3,575	n.p.	n.p.	n.p.	40,270
F32	Depressive episode	35,039	24,947	30,244	8,068	5,076	n.p.	n.p.	n.p.	104,763
F33	Recurrent depressive disorders	12,306	22,328	10,514	9,519	9,363	n.p.	n.p.	n.p.	66,916
F34	Persistent mood (affective) disorders	1,805	1,221	2,101	376	499	n.p.	n.p.	n.p.	6,604
F38, F39	Other and unspecified mood (affective) disorders	168	214	311	8	25	n.p.	n.p.	n.p.	775
F40	Phobic anxiety disorders	354	239	194	56	84	n.p.	n.p.	n.p.	927
F41	Other anxiety disorders	4,418	5,350	3,689	2,017	1,035	n.p.	n.p.	n.p.	16,915
F42	Obsessive–compulsive disorders	726	1,784	440	167	173	n.p.	n.p.	n.p.	3,355
F43	Reaction to severe stress and adjustment disorders	9,340	6,232	12,288	6,820	2,025	n.p.	n.p.	n.p.	39,011
F44	Dissociative (conversion) disorders	274	700	2,721	247	131	n.p.	n.p.	n.p.	4,102
F45, F48	Somatoform and other neurotic disorders	370	199	311	241	59	n.p.	n.p.	n.p.	1,180
F50	Eating disorders	5,047	2,804	3,806	2,153	470	n.p.	n.p.	n.p.	14,358
F51–F59	Other behav syndromes associated w physiol dist and phys factors	1,161	328	21	124	104	n.p.	n.p.	n.p.	1,773
F60	Specific personality disorders	2,347	1,463	377	885	334	n.p.	n.p.	n.p.	5,555
F61–F69	Disorders of adult personality and behaviour	677	54	114	124	203	n.p.	n.p.	n.p.	1,191
F70–F79	Mental retardation	0	15	14	14	0	n.p.	n.p.	n.p.	43
F80–F89	Disorders of psychological development	0	100	66	0	9	n.p.	n.p.	n.p.	197
F90	Hyperkinetic disorders	145	0	0	12	4	n.p.	n.p.	n.p.	161
F91	Conduct disorders	0	0	57	34	16	n.p.	n.p.	n.p.	107
F92–F98	Other and unspec disorders w onset childhood adolescence	19	89	25	0	0	n.p.	n.p.	n.p.	133
F99	Mental disorder not otherwise specified	3	0	0	0	0	n.p.	n.p.	n.p.	15
G30	Alzheimer's disease	95	858	860	293	52	n.p.	n.p.	n.p.	2,158
G47	Sleep disorders	8	13	63	80	0	n.p.	n.p.	n.p.	164
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	32	0	9	0	n.p.	n.p.	n.p.	41
R44	Other symptoms and signs involving general sensations and perceptions	0	0	2	3	9	n.p.	n.p.	n.p.	14
R45	Symptoms and signs involving emotional state	0	12	0	10	0	n.p.	n.p.	n.p.	22
	Other factors related to mental and behavioural disorders ^(b)	2	122	24	9	0	n.p.	n.p.	n.p.	157
	Other ^(c)	1,455	753	1,352	960	64	n.p.	n.p.	n.p.	4,958
	Total	123,746	105,881	95,711	48,491	31,562	n.p.	n.p.	n.p.	417,141
	Age-standardised overnight patient day rate^(d)	18.8	21.9	26.7	25.8	20.3	n.p.	n.p.	n.p.	21.5
	95% confidence limit	18.7–18.9	21.8–22.0	26.5–26.8	25.6–26.0	20.1–20.6	n.p.	n.p.	n.p.	21.4–21.6

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiol

Table A3.12: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	12,024	12,811	4,348	11,222	4,026	1,557	122	0	46,110
F04–F09	Other organic mental disorders	7,470	4,091	22,244	6,074	2,655	403	194	6	43,137
F10	Mental and behavioural disorders due to use of alcohol	7,514	2,298	4,603	3,165	1,958	347	97	159	20,141
F11–F19	Mental and behav disorders due to other psychoactive substances use	9,405	6,250	9,691	4,861	1,668	461	268	654	33,258
F20	Schizophrenia	290,467	118,675	283,861	57,126	30,504	12,691	2,633	2,699	798,656
F21, F24,	Schizotypal and other delusional disorders	8,413	5,866	3,308	5,710	499	357	265	241	24,659
F22	Persistent delusional disorders	5,255	4,917	4,207	3,408	1,388	826	360	83	20,444
F23	Acute and transient psychotic disorders	11,067	4,089	4,207	2,157	1,321	429	487	181	23,938
F25	Schizoaffective disorders	46,227	27,622	25,735	7,591	13,509	2,360	763	1,292	125,099
F30	Manic episode	4,351	2,407	1,812	1,070	560	353	136	255	10,944
F31	Bipolar affective disorders	52,855	33,919	31,967	18,610	12,568	6,528	1,840	805	159,092
F32	Depressive episode	39,124	33,621	23,526	14,310	14,833	3,384	1,887	1,050	131,735
F33	Recurrent depressive disorders	12,543	8,593	7,903	5,579	6,336	747	1,307	293	43,301
F34	Persistent mood (affective) disorders	5,196	2,235	2,203	727	869	409	139	47	11,825
F38, F39	Other and unspecified mood (affective) disorders	533	494	295	338	48	82	123	0	1,913
F40	Phobic anxiety disorders	337	49	191	156	144	46	0	0	923
F41	Other anxiety disorders	4,488	2,564	1,685	1,737	967	1,285	122	23	12,871
F42	Obsessive–compulsive disorders	993	514	602	386	219	125	40	0	2,879
F43	Reaction to severe stress and adjustment disorders	9,282	8,711	7,859	7,828	6,914	1,463	655	476	43,188
F44	Dissociative (conversion) disorders	302	164	494	78	48	290	14	10	1,400
F45, F48	Somatoform and other neurotic disorders	481	355	148	222	89	29	60	0	1,384
F50	Eating disorders	2,748	4,167	4,148	250	2,132	468	87	3	14,003
F51–F59	Other behav syndromes associated w physiol dist and phys factors	346	1,491	214	162	169	22	98	17	2,519
F60	Specific personality disorders	9,254	5,348	10,308	4,160	1,679	1,633	777	61	33,220
F61–F69	Disorders of adult personality and behaviour	661	297	12,084	342	464	252	69	3	14,172
F70–F79	Mental retardation	17,629	360	36,982	164	83	102	2	0	55,322
F80–F89	Disorders of psychological development	798	287	2,159	390	42	0	0	0	3,676
F90	Hyperkinetic disorders	315	245	267	160	0	0	20	2	1,009
F91	Conduct disorders	798	902	513	206	41	31	39	0	2,530
F92–F98	Other and unspec disorders w onset childhood adolescence	326	354	522	744	70	0	2	0	2,018
F99	Mental disorder not otherwise specified	265	6,601	153	11	1	12	1	0	7,044
G30	Alzheimer's disease	21,348	6,339	2,906	12,228	5,628	2,472	12	0	50,933
G47	Sleep disorders	2	3	19	13	9	4	0	6	56
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	473	185	176	86	54	48	0	0	1,022
R44	Other symptoms and signs involving general sensations and perceptions	112	73	3	27	7	11	0	0	233
R45	Symptoms and signs involving emotional state	29	150	35	22	0	25	0	11	272
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	0	26	0	0	0	0	26
	Other factors related to mental and behavioural disorders ^(b)	2,160	1,170	239	30	0	5	6	30	3,640
	Other factors related to substance use ^(c)	737	0	0	0	0	0	0	0	737
	Other ^(d)	48,534	8,179	54,951	5,234	51,671	3,603	1,072	259	173,503
	Total	634,862	316,396	566,568	176,610	163,173	42,860	13,697	8,666	1,922,832
	Age-standardised overnight psychiatric care day rate^(e)	96.19	65.23	158.05	93.85	107.19	93.00	42.63	45.50	99.13
	95% confidence limit	96.0–96.4	65.0–65.5	157.6–158.5	93.4–94.3	106.7–107.7	92.1–93.9	41.9–43.3	44.5–46.5	99.0–99.3

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(e) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.13: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	469	1,857	547	468	98	n.p.	n.p.	n.p.	3,595
F04–F09	Other organic mental disorders	486	1,410	431	387	195	n.p.	n.p.	n.p.	2,988
F10	Mental and behavioural disorders due to use of alcohol	15,125	7,571	2,833	4,108	2,403	n.p.	n.p.	n.p.	33,012
F11–F19	Mental and behav disorders due to other psychoactive substances use	10,240	1,510	1,319	2,165	793	n.p.	n.p.	n.p.	16,184
F20	Schizophrenia	5,336	4,967	7,722	2,262	1,481	n.p.	n.p.	n.p.	22,072
F21, F24, F28–F29	Schizotypal and other delusional disorders	293	671	440	159	86	n.p.	n.p.	n.p.	1,685
F22	Persistent delusional disorders	436	615	450	249	353	n.p.	n.p.	n.p.	2,186
F23	Acute and transient psychotic disorders	251	224	1,148	275	63	n.p.	n.p.	n.p.	2,081
F25	Schizoaffective disorders	4,219	4,608	2,794	1,081	2,756	n.p.	n.p.	n.p.	15,731
F30	Manic episode	421	193	278	151	24	n.p.	n.p.	n.p.	1,143
F31	Bipolar affective disorders	10,139	12,398	8,063	4,954	3,575	n.p.	n.p.	n.p.	40,068
F32	Depressive episode	34,286	24,947	30,152	7,980	5,076	n.p.	n.p.	n.p.	103,830
F33	Recurrent depressive disorders	12,200	22,328	10,505	9,517	9,363	n.p.	n.p.	n.p.	66,777
F34	Persistent mood (affective) disorders	1,737	1,221	2,011	376	499	n.p.	n.p.	n.p.	6,446
F38, F39	Other and unspecified mood (affective) disorders	168	214	311	8	25	n.p.	n.p.	n.p.	775
F40	Phobic anxiety disorders	354	239	194	56	84	n.p.	n.p.	n.p.	927
F41	Other anxiety disorders	4,402	5,350	3,689	2,017	1,035	n.p.	n.p.	n.p.	16,894
F42	Obsessive–compulsive disorders	726	1,784	440	167	173	n.p.	n.p.	n.p.	3,355
F43	Reaction to severe stress and adjustment disorders	9,307	6,232	12,287	6,786	2,025	n.p.	n.p.	n.p.	38,943
F44	Dissociative (conversion) disorders	274	700	2,721	168	131	n.p.	n.p.	n.p.	4,023
F45, F48	Somatiform and other neurotic disorders	367	199	311	241	59	n.p.	n.p.	n.p.	1,177
F50	Eating disorders	4,942	2,804	3,806	2,153	470	n.p.	n.p.	n.p.	14,253
F51–F59	Other behav syndromes associated w physiol dist and phys factors	1,158	328	21	124	104	n.p.	n.p.	n.p.	1,770
F60	Specific personality disorders	2,328	1,463	377	879	334	n.p.	n.p.	n.p.	5,530
F61–F69	Disorders of adult personality and behaviour	676	54	114	124	203	n.p.	n.p.	n.p.	1,190
F70–F79	Mental retardation	0	15	14	14	0	n.p.	n.p.	n.p.	43
F80–F89	Disorders of psychological development	0	100	66	0	9	n.p.	n.p.	n.p.	197
F90	Hyperkinetic disorders	145	0	0	12	4	n.p.	n.p.	n.p.	161
F91	Conduct disorders	0	0	57	34	16	n.p.	n.p.	n.p.	107
F92–F98	Other and unspec disorders w onset childhood adolescence	19	89	25	0	0	n.p.	n.p.	n.p.	133
F99	Mental disorder not otherwise specified	3	0	0	0	0	n.p.	n.p.	n.p.	15
G30	Alzheimer's disease	95	858	860	293	52	n.p.	n.p.	n.p.	2,158
G47	Sleep disorders	8	13	63	49	0	n.p.	n.p.	n.p.	133
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	0	32	0	9	0	n.p.	n.p.	n.p.	41
R44	Other symptoms and signs involving general sensations and perceptions	0	0	2	3	9	n.p.	n.p.	n.p.	14
R45	Symptoms and signs involving emotional state	0	12	0	10	0	n.p.	n.p.	n.p.	22
	Other factors related to mental and behavioural disorders ^(b)	2	122	24	9	0	n.p.	n.p.	n.p.	157
	Other ^(c)	1,315	753	1,170	737	64	n.p.	n.p.	n.p.	4,389
	Total	121,927	105,881	95,245	48,025	31,562	n.p.	n.p.	n.p.	414,205
	Age-standardised overnight psychiatric care day rate^(d)	18.5	21.9	26.5	25.5	20.4	n.p.	n.p.	n.p.	21.3
	95% confidence limit	18.4–18.6	21.8–22.0	26.4–26.7	25.3–25.8	20.1–20.6	n.p.	n.p.	n.p.	21.3–21.4

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) All other codes not included in the mental health principal diagnosis as listed in Appendix 3, *Mental Health Services in Australia 2000–01*.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiol

Table A3.14: Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	3,253	3,486	3,018	1,231	1,125	400	329	177	13,019
U61A Schizophrenia Disorders W Mental Health Legal Status	2,983	4,015	3,268	549	623	281	125	76	11,920
U67Z Personality Disorders and Acute Reactions	2,232	2,023	2,698	1,615	929	528	250	116	10,391
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2,198	2,343	2,042	712	502	289	128	165	8,379
U64Z Other Affective and Somatoform Disorders	955	1,095	1,073	330	202	148	73	39	3,915
V61Z Drug Intoxication and Withdrawal	715	481	686	252	137	57	32	70	2,430
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	430	736	508	83	340	88	24	4	2,213
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	653	504	451	171	95	38	44	23	1,979
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	425	358	245	190	78	43	39	33	1,411
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	153	562	187	78	122	17	8	0	1,127
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	288	52	346	27	71	52	40	16	892
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	261	61	336	31	97	29	38	6	859
U65Z Anxiety Disorders	191	128	208	88	88	48	24	5	780
U66Z Eating and Obsessive–Compulsive Disorders	118	224	161	48	100	35	9	1	696
V60B Alcohol Intoxication and Withdrawal W/O CC	255	97	201	52	31	22	4	22	684
Private									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,330	2,342	1,832	1,070	812	n.p.	n.p.	n.p.	7,595
U67Z Personality Disorders and Acute Reactions	362	567	642	477	205	n.p.	n.p.	n.p.	2,428
U61B Schizophrenia Disorders W/O Mental Health Legal Status	340	482	456	100	230	n.p.	n.p.	n.p.	1,631
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	235	590	332	112	157	n.p.	n.p.	n.p.	1,479
V62A Alcohol Use Disorder and Dependence	420	540	71	164	150	n.p.	n.p.	n.p.	1,401
U64Z Other Affective and Somatoform Disorders	246	350	243	214	89	n.p.	n.p.	n.p.	1,238
U65Z Anxiety Disorders	154	258	387	112	72	n.p.	n.p.	n.p.	1,006
U66Z Eating and Obsessive–Compulsive Disorders	135	174	109	94	33	n.p.	n.p.	n.p.	554
V64Z Other Drug Use Disorder and Dependence	207	55	36	44	37	n.p.	n.p.	n.p.	391
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	26	124	39	24	12	n.p.	n.p.	n.p.	234
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	53	58	44	29	24	n.p.	n.p.	n.p.	218
V63A Opioid Use Disorder and Dependence	73	87	6	25	5	n.p.	n.p.	n.p.	199
V60B Alcohol Intoxication and Withdrawal W/O CC	43	23	21	54	10	n.p.	n.p.	n.p.	173
V61Z Drug Intoxication and Withdrawal	20	18	17	33	5	n.p.	n.p.	n.p.	95
O61Z Postpartum and Post Abortion W/O O.R. Procedure	41	19	3	12	1	n.p.	n.p.	n.p.	77

(continued)

Table A3.14 (continued): Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Public psychiatric								
U61A Schizophrenia Disorders W Mental Health Legal Status	1,158	184	4	488	746	17	..	..	2,597
U67Z Personality Disorders and Acute Reactions	1,222	29	0	317	341	15	..	..	1,924
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,106	21	2	291	410	58	..	..	1,888
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,066	8	1	165	126	75	..	..	1,441
V61Z Drug Intoxication and Withdrawal	227	16	1	157	91	0	..	..	492
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	187	19	0	118	94	1	..	..	419
Z64A Other Factors Influencing Health Status	391	24	0	2	1	0	..	..	418
U64Z Other Affective and Somatoform Disorders	307	3	1	37	62	1	..	..	411
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	107	2	0	32	129	50	..	..	320
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	100	0	0	17	135	45	..	..	297
V60B Alcohol Intoxication and Withdrawal W/O CC	206	2	0	29	8	1	..	..	246
V64Z Other Drug Use Disorder and Dependence	153	8	0	38	28	0	..	..	227
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	186	0	0	18	9	5	..	..	218
V62A Alcohol Use Disorder and Dependence	118	1	0	11	14	0	..	..	144
U65Z Anxiety Disorders	55	2	0	4	18	2	..	..	81
	Total								
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	5,689	5,849	4,852	2,592	2,347	n.p.	n.p.	n.p.	22,502
U67Z Personality Disorders and Acute Reactions	3,816	2,619	3,340	2,409	1,475	n.p.	n.p.	n.p.	14,743
U61A Schizophrenia Disorders W Mental Health Legal Status	4,141	4,199	3,290	1,071	1,370	n.p.	n.p.	n.p.	14,583
U61B Schizophrenia Disorders W/O Mental Health Legal Status	3,604	2,833	2,499	977	858	n.p.	n.p.	n.p.	11,451
U64Z Other Affective and Somatoform Disorders	1,508	1,448	1,317	581	353	n.p.	n.p.	n.p.	5,564
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	765	1,326	840	212	632	n.p.	n.p.	n.p.	3,989
V61Z Drug Intoxication and Withdrawal	962	515	704	442	233	n.p.	n.p.	n.p.	3,017
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	841	525	457	298	190	n.p.	n.p.	n.p.	2,423
V62A Alcohol Use Disorder and Dependence	759	629	191	234	249	n.p.	n.p.	n.p.	2,163
U65Z Anxiety Disorders	400	388	595	204	178	n.p.	n.p.	n.p.	1,867
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	664	416	289	237	111	n.p.	n.p.	n.p.	1,847
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	286	688	226	134	263	n.p.	n.p.	n.p.	1,681
U66Z Eating and Obsessive–Compulsive Disorders	291	399	270	146	137	n.p.	n.p.	n.p.	1,297
V64Z Other Drug Use Disorder and Dependence	533	198	180	146	96	n.p.	n.p.	n.p.	1,213
V60B Alcohol Intoxication and Withdrawal W/O CC	504	122	222	135	49	n.p.	n.p.	n.p.	1,103

(a) Separations for which the care type was acute, or was not reported.

(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.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

.. Not applicable.

n.p. Not published

Table A3.15: Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002-03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	16.0	14.6	12.5	16.6	12.7	12.8	13.8	12.1	14.4
U61A Schizophrenia Disorders W Mental Health Legal Status	24.6	21.5	20.0	26.3	19.6	15.3	17.6	20.8	21.8
U67Z Personality Disorders and Acute Reactions	5.5	7.1	4.6	5.8	6.8	4.5	6.1	4.9	5.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	16.6	18.0	10.6	16.4	13.7	11.8	9.9	14.9	15.0
U64Z Other Affective and Somatoform Disorders	9.3	12.7	6.6	9.1	9.1	8.8	6.8	8.1	9.4
V61Z Drug Intoxication and Withdrawal	7.7	9.8	7.5	9.4	6.0	6.2	7.3	7.9	8.1
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	28.3	25.2	26.4	27.1	16.7	9.3	21.1	n.p.	24.2
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	14.0	16.0	13.5	20.8	9.9	11.8	14.0	9.8	14.7
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	11.0	14.0	8.5	10.5	11.1	7.7	11.6	7.4	11.1
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	22.9	34.8	23.9	24.2	29.4	14.1	n.p.	.	29.7
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	6.3	3.2	4.7	3.9	5.5	4.5	3.5	4.5	5.1
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	11.4	5.1	8.8	6.4	8.8	11.4	14.4	n.p.	9.5
U65Z Anxiety Disorders	9.4	11.5	7.7	10.2	6.8	11.4	6.3	n.p.	9.1
U66Z Eating and Obsessive-Compulsive Disorders	26.3	21.2	28.1	13.6	23.5	17.1	n.p.	n.p.	23.1
V60B Alcohol Intoxication and Withdrawal W/O CC	3.4	6.4	3.8	6.8	6.8	4.0	n.p.	2.7	4.3
All AR-DRGs	13.8	16.7	11.9	13.4	12.7	9.6	11.3	10.9	13.7
Private									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	21.0	18.9	19.7	16.7	17.4	n.p.	n.p.	n.p.	18.9
U67Z Personality Disorders and Acute Reactions	15.8	13.6	14.5	16.5	13.1	n.p.	n.p.	n.p.	14.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	18.5	19.9	21.8	18.5	18.3	n.p.	n.p.	n.p.	19.8
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	28.8	21.3	23.7	19.6	23.1	n.p.	n.p.	n.p.	23.0
V62A Alcohol Use Disorder and Dependence	15.7	13.3	11.2	19.7	14.8	n.p.	n.p.	n.p.	14.8
U64Z Other Affective and Somatoform Disorders	19.2	19.1	18.3	16.1	14.1	n.p.	n.p.	n.p.	17.9
U65Z Anxiety Disorders	19.1	17.4	13.9	16.9	11.5	n.p.	n.p.	n.p.	15.7
U66Z Eating and Obsessive-Compulsive Disorders	22.0	26.6	39.0	24.7	19.5	n.p.	n.p.	n.p.	27.0
V64Z Other Drug Use Disorder and Dependence	19.1	12.1	10.8	18.4	18.1	n.p.	n.p.	n.p.	16.8
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	17.3	24.8	25.1	14.2	20.9	n.p.	n.p.	n.p.	23.1
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	10.2	22.0	17.5	13.8	18.3	n.p.	n.p.	n.p.	16.2
V63A Opioid Use Disorder and Dependence	14.8	7.0	n.p.	26.7	n.p.	n.p.	n.p.	n.p.	13.2
V60B Alcohol Intoxication and Withdrawal W/O CC	12.3	11.3	17.3	12.5	9.8	n.p.	n.p.	n.p.	12.4
V61Z Drug Intoxication and Withdrawal	12.7	12.7	23.1	20.8	n.p.	n.p.	n.p.	n.p.	17.1
O61Z Postpartum and Post Abortion W/O O.R. Procedure	26.1	15.4	n.p.	9.0	n.p.	n.p.	n.p.	n.p.	19.5
All AR-DRGs	19.4	18.3	18.9	17.8	16.8	n.p.	n.p.	n.p.	18.3

(continued)

Table A3.15 (continued): Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric									
U61A Schizophrenia Disorders W Mental Health Legal Status	34.3	53.8	n.p.	37.5	27.2	65.5	..	..	34.4
U67Z Personality Disorders and Acute Reactions	6.1	14.4	..	10.0	7.4	31.0	..	..	7.3
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17.9	23.2	n.p.	25.5	16.3	11.2	..	..	18.6
U61B Schizophrenia Disorders W/O Mental Health Legal Status	24.2	n.p.	n.p.	28.0	23.4	47.7	..	..	25.9
V61Z Drug Intoxication and Withdrawal	7.7	12.6	n.p.	11.8	5.7	..	..	..	8.9
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	14.1	23.4	..	25.8	10.6	n.p.	..	..	17.1
Z64A Other Factors Influencing Health Status	3.8	40.7	..	n.p.	n.p.	..	..	..	5.9
U64Z Other Affective and Somatoform Disorders	10.1	n.p.	n.p.	12.5	13.6	n.p.	..	..	11.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	56.4	n.p.	..	32.2	51.0	54.5	..	..	51.6
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	23.8	.	..	38.0	35.9	16.6	..	..	29.0
V60B Alcohol Intoxication and Withdrawal W/O CC	4.9	n.p.	..	9.2	n.p.	n.p.	..	..	5.9
V64Z Other Drug Use Disorder and Dependence	5.3	n.p.	..	7.2	4.7	..	..	..	6.9
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	16.0	.	..	22.6	n.p.	n.p.	..	..	16.4
V62A Alcohol Use Disorder and Dependence	13.5	n.p.	..	9.6	6.0	..	..	..	12.7
U65Z Anxiety Disorders	10.0	n.p.	..	..	..	..	..	..	12.5
All AR-DRGs	17.6	37.9	49.1	24.2	21.6	35.2	..	..	20.5
All hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17.5	16.4	15.2	17.6	14.9	13.5	14.6	12.1	16.3
U67Z Personality Disorders and Acute Reactions	6.7	8.6	6.5	8.4	7.8	6.8	7.6	4.9	7.4
U61A Schizophrenia Disorders W Mental Health Legal Status	27.2	22.9	20.0	31.9	23.7	18.0	17.6	20.8	24.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	19.0	18.4	12.7	18.6	16.3	18.9	10.6	14.9	17.1
U64Z Other Affective and Somatoform Disorders	11.0	14.3	8.8	11.9	11.1	11.6	8.6	8.1	11.4
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	27.9	23.4	25.3	24.0	22.4	12.5	18.8	n.p.	24.1
V61Z Drug Intoxication and Withdrawal	7.8	10.0	7.9	11.1	6.0	6.2	7.4	7.9	8.5
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	14.0	16.5	13.6	23.0	10.2	13.7	14.0	9.8	15.2
V62A Alcohol Use Disorder and Dependence	12.3	12.7	7.0	16.4	13.6	9.8	15.7	n.p.	12.4
U65Z Anxiety Disorders	13.2	15.4	11.8	13.8	9.3	15.1	7.5	n.p.	12.8
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12.3	15.1	9.8	11.8	12.6	9.0	11.5	7.4	12.3
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	34.8	33.1	24.1	24.2	39.6	43.1	35.7	..	32.9
U66Z Eating and Obsessive–Compulsive Disorders	24.6	23.5	32.5	20.7	22.0	17.8	13.9	n.p.	24.9
V64Z Other Drug Use Disorder and Dependence	10.9	10.1	5.7	9.3	9.7	4.1	5.4	9.7	9.4
V60B Alcohol Intoxication and Withdrawal W/O CC	4.7	7.6	5.0	9.6	8.2	7.9	n.p.	2.7	6.0
All AR-DRGs	15.4	17.4	13.4	16.4	15.8	12.9	12.1	10.9	15.4

(a) Separations for which the care was acute, or was not reported and the length of stay was less than 366 days.

(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. Refer to Box 4.2 for information.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

.. Not applicable.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Northern Territory, Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A3.16: Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	11.0	10.0	8.0	12.0	9.0	9.0	9.0	10.0	10.0
U61A Schizophrenia Disorders W Mental Health Legal Status	16.0	14.0	12.0	18.0	14.0	9.0	12.0	15.0	14.0
U67Z Personality Disorders and Acute Reactions	3.0	4.0	3.0	4.0	4.0	3.0	3.0	3.0	3.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	10.0	11.0	6.0	10.0	8.0	6.0	7.0	8.0	9.0
U64Z Other Affective and Somatoform Disorders	5.0	6.0	4.0	6.0	5.5	6.0	4.0	6.0	5.0
V61Z Drug Intoxication and Withdrawal	4.0	6.0	4.0	5.0	4.0	5.0	5.5	6.0	5.0
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	21.0	17.0	17.0	20.0	6.0	4.0	17.0	n.p.	16.0
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	9.0	11.0	8.0	14.0	4.0	8.0	11.5	8.0	10.0
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	7.0	9.0	5.0	8.0	6.0	5.0	8.0	6.0	7.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13.0	25.5	15.0	16.5	22.5	3.0	n.p.	.	21.0
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	3.0	2.0	3.0	3.0	3.0	3.0	2.0	2.5	3.0
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	5.0	3.0	6.0	4.0	4.0	4.0	9.5	n.p.	5.0
U65Z Anxiety Disorders	5.0	7.5	5.0	7.0	3.0	6.5	5.0	n.p.	6.0
U66Z Eating and Obsessive–Compulsive Disorders	11.5	14.0	14.0	8.0	14.0	3.0	n.p.	n.p.	13.0
V60B Alcohol Intoxication and Withdrawal W/O CC	2.0	3.0	1.0	3.5	3.0	3.0	n.p.	2.0	2.0
All AR-DRGs	7.0	10.0	6.0	8.0	7.0	5.0	7.0	6.0	7.0
Private									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17.0	15.0	15.0	13.0	14.0	n.p.	n.p.	n.p.	15.0
U67Z Personality Disorders and Acute Reactions	11.0	9.0	11.0	10.0	9.0	n.p.	n.p.	n.p.	10.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	13.0	16.0	14.0	14.0	15.0	n.p.	n.p.	n.p.	14.0
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	24.0	16.0	19.0	14.0	21.0	n.p.	n.p.	n.p.	19.0
V62A Alcohol Use Disorder and Dependence	14.5	11.0	7.0	16.0	13.0	n.p.	n.p.	n.p.	12.0
U64Z Other Affective and Somatoform Disorders	14.5	14.5	12.0	14.0	14.0	n.p.	n.p.	n.p.	14.0
U65Z Anxiety Disorders	16.0	14.0	10.0	12.0	9.5	n.p.	n.p.	n.p.	12.0
U66Z Eating and Obsessive–Compulsive Disorders	21.0	18.0	29.0	17.5	19.0	n.p.	n.p.	n.p.	21.0
V64Z Other Drug Use Disorder and Dependence	16.0	9.0	6.0	11.0	15.0	n.p.	n.p.	n.p.	13.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.5	20.0	21.0	8.5	17.5	n.p.	n.p.	n.p.	18.0
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9.0	15.5	12.0	10.0	15.5	n.p.	n.p.	n.p.	11.0
V63A Opioid Use Disorder and Dependence	12.0	5.0	n.p.	16.0	n.p.	n.p.	n.p.	n.p.	8.0
V60B Alcohol Intoxication and Withdrawal W/O CC	9.0	9.0	12.0	10.0	7.5	n.p.	n.p.	n.p.	10.0
V61Z Drug Intoxication and Withdrawal	8.0	8.5	12.0	16.0	n.p.	n.p.	n.p.	n.p.	12.0
O61Z Postpartum and Post Abortion W/O O.R. Procedure	27.0	12.0	n.p.	6.5	n.p.	n.p.	n.p.	n.p.	17.0
All AR-DRGs	15.0	14.0	13.0	13.0	14.0	n.p.	n.p.	n.p.	14.0

(continued)

Table A3.16 (continued): Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric									
U61A Schizophrenia Disorders W Mental Health Legal Status	20	28	n.p.	27	18	62	..	..	21
U67Z Personality Disorders and Acute Reactions	3	9	..	6	4	5	..	..	4
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	12	22	n.p.	21	12	7	..	..	13
U61B Schizophrenia Disorders W/O Mental Health Legal Status	12	n.p.	n.p.	18	16	23	..	..	13
V61Z Drug Intoxication and Withdrawal	5	10	n.p.	8	3	..	..	..	5
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	10	17	..	17	7	n.p.	..	..	11
Z64A Other Factors Influencing Health Status	4	29	..	n.p.	n.p.	..	..	..	4
U64Z Other Affective and Somatoform Disorders	5	n.p.	n.p.	9	9	n.p.	..	..	6
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	37	n.p.	..	22	32	22	..	..	31
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	20	..	..	43	25	3	..	..	20
V60B Alcohol Intoxication and Withdrawal W/O CC	2	n.p.	..	3	n.p.	n.p.	..	..	2
V64Z Other Drug Use Disorder and Dependence	3	n.p.	..	5	3	..	..	..	4
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9	..	..	14	n.p.	n.p.	..	..	9
V62A Alcohol Use Disorder and Dependence	4	n.p.	..	7	4	..	..	..	5
U65Z Anxiety Disorders	4	n.p.	..	..	..	..	..	..	6
All AR-DRGs	7.0	20.0	32.5	15.0	12.0	14.0	0.0	0.0	9.0
AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
All hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	12	12	10	13	12	10	10	10	12
U67Z Personality Disorders and Acute Reactions	3	4	3	5	4	4	4	3	4
U61A Schizophrenia Disorders W Mental Health Legal Status	17	14	12	23	16	11	12	15	15
U61B Schizophrenia Disorders W/O Mental Health Legal Status	11	12	7	12	11	8	7	8	10
U64Z Other Affective and Somatoform Disorders	6	8	5	8	8	8	6	6	7
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	21	16	18	17	16	4	13	n.p.	17
V61Z Drug Intoxication and Withdrawal	5	6	5	7	3	5	6	6	5
U62A Paranoia and Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	9	12	9	16	5	8	12	8	10
V62A Alcohol Use Disorder and Dependence	7	10	4	13	11	7	17	n.p.	9
U65Z Anxiety Disorders	7	11	8	9	6	8	6	n.p.	8
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	7	10	6	8	7	6	8	6	8
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	16	24	17	15	26	18	21	..	21
U66Z Eating and Obsessive–Compulsive Disorders	15	16	22	13	14	4	11	n.p.	15
V64Z Other Drug Use Disorder and Dependence	6	6	3	4	6	4	5	3	5
V60B Alcohol Intoxication and Withdrawal W/O CC	2	4	1	5	3	6	n.p.	2	2
All AR-DRGs	8.0	11.0	7.0	10.0	10.0	7.0	8.0	6.0	9.0

(a) Separations for which the care type was acute, or was not reported.

(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.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

.. Not applicable.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Northern Territory, Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A3.17: The 15 most frequently reported procedures for same day non-ambulatory-equivalent separations with specialised psychiatric care, states and territories,^(a) 2002–03

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy [ECT] <=8 treatments	1,431	620	2,505	395	823	543	69	2	6,388
92514–99 General anaesthesia, ASA 99	1,232	689	2,362	366	206	494	60	2	5,411
92514–29 General anaesthesia, ASA 29	80	23	80	42	565	0	0	0	790
93340–01 Electroconvulsive therapy [ECT] > 8 treatments	53	130	64	18	122	12	0	0	399
92514–19 General anaesthesia, ASA 19	213	1	52	0	44	0	0	0	310
96175–00 Mental/behavioural assessment	0	0	0	2	250	0	0	0	252
95550–01 Allied health intervention, social work	174	18	4	5	7	0	0	0	208
95550–00 Allied health intervention, dietetics	30	35	96	0	1	0	1	0	163
92514–39 General anaesthesia, ASA 39	12	19	6	2	112	0	0	0	151
95550–10 Allied health intervention, psychology	101	36	4	0	0	0	0	0	141
95550–02 Allied health intervention, occupational therapy	44	11	3	0	1	0	0	0	59
96185–00 Supportive psychotherapy, not elsewhere classified	57	0	0	0	0	0	0	0	57
92515–99 Sedation, ASA 99	3	12	21	1	0	0	8	0	45
30026–00 Repair of wound of skin and subcutaneous tissue of other site, superficial	1	0	25	4	0	0	0	0	30
95550–11 Allied health intervention, other	0	26	0	0	0	0	0	0	26

(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.

Table A3.18: The 15 most frequently reported procedures for overnight separations with specialised psychiatric care, states and territories,^(a) 2002–03

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	7,019	3,587	2,008	2,664	2,829	65	339	8	18,519
92514–99 General anaesthesia, ASA 99	5,375	4,264	4,971	1,100	359	515	320	2	16,906
95550–02 Allied health intervention, occupational therapy	4,910	3,475	1,027	2,502	1,058	5	197	2	13,176
95550–10 Allied health intervention, psychology	2,336	1,712	524	632	471	0	117	1	5,793
56001–00 Computerised tomography of brain	1,381	684	930	604	477	74	75	57	4,282
92514–29 General anaesthesia, ASA 29	1,108	225	431	534	1,766	10	18	1	4,093
95550–03 Allied health intervention, physiotherapy	1,507	589	585	736	594	10	53	4	4,078
93340–00 Electroconvulsive therapy [ECT] <=8 treatments	974	1,045	1,182	322	235	174	78	9	4,019
95550–00 Allied health intervention, dietetics	1,028	637	665	609	356	4	201	6	3,506
96175–00 Mental/behavioural assessment	308	50	454	37	2,503	0	1	0	3,353
92514–19 General anaesthesia, ASA 19	1,714	268	297	129	209	10	23	0	2,650
92514–39 General anaesthesia, ASA 39	348	871	128	126	450	2	8	1	1,934
96180–00 Other psychotherapies or psychosocial therapies	1,407	51	19	0	0	0	0	0	1,477
93340–01 Electroconvulsive therapy [ECT] > 8 treatments	474	353	319	125	171	11	11	3	1,467
96090–00 Other counselling or education	1,367	1	0	9	6	0	0	0	1,383

(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.

Table A3.19: Same day mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	57	54	17	13	5	4	0	1	151
F04–F09	Other organic mental disorders	62	66	33	7	6	1	0	0	175
F10	Mental and behavioural disorders due to use of alcohol	330	135	153	99	62	10	1	8	798
F11–F19	Mental and behav disorders due to other psychoactive substances use	220	77	60	38	50	6	1	7	459
F20	Schizophrenia	354	709	93	45	143	2	0	0	1,346
F22	Persistent delusional disorders	47	45	11	5	10	1	0	2	121
F23	Acute and transient psychotic disorders	160	163	55	26	71	0	0	6	481
F25	Schizoaffective disorders	27	532	2	4	33	1	0	0	599
F21, F24, F28–F29	Schizotypal and other delusional disorders	104	126	35	15	30	0	0	1	311
F30	Manic episode	22	85	8	3	6	0	0	0	124
F31	Bipolar affective disorders	179	465	26	70	64	3	1	1	809
F32	Depressive episode	481	1,962	115	96	96	20	1	1	2,772
F33	Recurrent depressive disorders	247	1,545	6	77	115	1	0	0	1,991
F34	Persistent mood (affective) disorders	7	6	2	1	1	1	0	0	18
F38, F39	Other and unspecified mood (affective) disorders	5	3	0	0	1	0	0	0	9
F40	Phobic anxiety disorders	1	1	0	0	2	1	0	0	5
F41	Other anxiety disorders	74	63	16	14	17	4	1	3	192
F42	Obsessive–compulsive disorders	6	1	1	0	3	0	0	0	11
F43	Reaction to severe stress and adjustment disorders	80	371	35	30	62	3	0	0	581
F44	Dissociative (conversion) disorders	19	11	15	6	7	3	0	0	61
F45, F48	Somatoform and other neurotic disorders	21	13	12	14	19	0	0	1	80
F50	Eating disorders	5	18	3	0	1	0	0	0	27
F51–F59	Other behav syndromes associated w physiol dist and phys factors	10	10	4	1	3	0	0	0	28
F60	Specific personality disorders	64	43	12	6	27	3	0	0	155
F61–F69	Disorders of adult personality and behaviour	9	2	3	1	1	1	0	0	17
F70–F79	Mental retardation	23	3	10	0	1	2	0	0	39
F80–F89	Disorders of psychological development	151	22	43	17	49	4	4	2	292
F90	Hyperkinetic disorders	5	1	4	0	1	2	0	0	13
F91	Conduct disorders	18	11	9	2	8	0	0	0	48
F92–F98	Other and unspec disorders w onset childhood adolescence	10	4	6	0	1	0	1	0	22
F99	Mental disorder not otherwise specified	28	17	5	3	0	0	0	1	54
G30	Alzheimer's disease	14	14	5	2	3	1	0	0	39
G47	Sleep disorders	7	3	3	1	1	0	5	1	21
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	21	46	12	14	9	1	0	2	105
R44	Other symptoms and signs involving general sensations and perceptions	10	21	4	1	0	1	0	1	38
R45	Symptoms and signs involving emotional state	14	13	5	3	2	0	0	1	38
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	1	0	0	0	0	0	0	0	1
	Other factors related to mental and behavioural disorders ^(b)	12	18	7	2	1	1	0	2	43
	Other factors related to substance use ^(c)	14	0	0	0	0	0	0	0	14
	Total	2,919	6,679	830	616	911	77	15	41	12,088
	Age-standardised same day separation rate^(d)	0.45	1.39	0.24	0.33	0.60	0.16	0.05	0.23	0.63
	95% confidence interval	0.43–0.47	1.35–1.42	0.22–0.25	0.31–0.36	0.56–0.63	0.13–0.20	0.02–0.07	0.16–0.30	0.62–0.64

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.20: Same day mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	1	2	2	2	1	n.p.	n.p.	n.p.	8
F04–F09 Other organic mental disorders	0	2	2	3	0	n.p.	n.p.	n.p.	7
F10 Mental and behavioural disorders due to use of alcohol	0	3	7	6	1	n.p.	n.p.	n.p.	22
F11–F19 Mental and behav disorders due to other psychoactive substances use	6	1	2	2	0	n.p.	n.p.	n.p.	11
F23 Acute and transient psychotic disorders	0	0	2	0	0	n.p.	n.p.	n.p.	2
F25 Schizoaffective disorders	0	8	2	0	0	n.p.	n.p.	n.p.	10
F21, F24, F28–F29 Schizotypal and other delusional disorders	0	0	1	2	0	n.p.	n.p.	n.p.	3
F30 Manic episode	0	0	1	0	0	n.p.	n.p.	n.p.	1
F31 Bipolar affective disorders	1	27	16	0	0	n.p.	n.p.	n.p.	47
F32 Depressive episode	11	151	1	4	0	n.p.	n.p.	n.p.	216
F33 Recurrent depressive disorders	0	1	3	1	0	n.p.	n.p.	n.p.	11
F40 Phobic anxiety disorders	1	0	1	0	0	n.p.	n.p.	n.p.	2
F41 Other anxiety disorders	2	4	4	0	2	n.p.	n.p.	n.p.	13
F42 Obsessive–compulsive disorders	0	0	0	1	0	n.p.	n.p.	n.p.	1
F43 Reaction to severe stress and adjustment disorders	6	225	0	1	0	n.p.	n.p.	n.p.	233
F44 Dissociative (conversion) disorders	0	1	0	0	0	n.p.	n.p.	n.p.	1
F45, F48 Somatoform and other neurotic disorders	32	41	13	7	11	n.p.	n.p.	n.p.	114
F50 Eating disorders	0	3	2	0	1	n.p.	n.p.	n.p.	6
F51–F59 Other behav syndromes associated w physiol dist and phys factors	0	4	5	1	0	n.p.	n.p.	n.p.	11
F60 Specific personality disorders	1	0	0	0	0	n.p.	n.p.	n.p.	2
F61–F69 Disorders of adult personality and behaviour	2	1	0	0	0	n.p.	n.p.	n.p.	3
F70–F79 Mental retardation	2	1	0	0	0	n.p.	n.p.	n.p.	5
F80–F89 Disorders of psychological development	48	0	19	3	1	n.p.	n.p.	n.p.	72
F91 Conduct disorders	0	0	0	1	0	n.p.	n.p.	n.p.	1
G30 Alzheimer's disease	2	0	0	0	0	n.p.	n.p.	n.p.	2
G47 Sleep disorders	5	9	1	0	1	n.p.	n.p.	n.p.	16
O99.3 Mental disorders and dis of the nerv sys complic preg, child and puerp	1	1	1	1	1	n.p.	n.p.	n.p.	6
R45 Symptoms and signs involving emotional state	0	0	0	0	1	n.p.	n.p.	n.p.	1
Other factors related to mental and behavioural disorders ^(b)	12	1	0	1	0	n.p.	n.p.	n.p.	14
Total	133	486	85	36	20	n.p.	n.p.	n.p.	841
Age-standardised same day separation rate^(c)	0.02	0.10	0.02	0.02	0.01	n.p.	n.p.	n.p.	0.04
95% confidence interval	0.02–0.02	0.09–0.11	0.02–0.03	0.01–0.03	0.01–0.02	n.p.	n.p.	n.p.	0.04–0.05

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiolc

Table A3.21: Overnight mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	1,630	1,121	608	418	463	86	17	15	4,358
F04–F09	Other organic mental disorders	1,037	900	209	161	211	53	20	8	2,599
F10	Mental and behavioural disorders due to use of alcohol	4,884	1,792	1,993	1,300	794	370	50	122	11,305
F11–F19	Mental and behav disorders due to other psychoactive substances use	2,633	494	605	478	316	171	7	21	4,725
F20	Schizophrenia	608	390	201	297	601	83	10	4	2,194
F21, F24, F28–F29	Schizotypal and other delusional disorders	151	178	40	57	74	12	0	6	518
F22	Persistent delusional disorders	100	98	22	35	49	4	1	1	310
F23	Acute and transient psychotic disorders	167	153	61	90	139	7	3	3	623
F25	Schizoaffective disorders	54	73	20	25	162	10	0	0	344
F30	Manic episode	62	50	14	25	35	8	1	0	195
F31	Bipolar affective disorders	251	244	101	184	335	22	2	1	1,140
F32	Depressive episode	2,130	1,525	715	1,001	1,220	106	13	15	6,725
F33	Recurrent depressive disorders	275	185	52	161	378	11	7	1	1,070
F34	Persistent mood (affective) disorders	32	15	11	16	27	2	0	0	103
F38, F39	Other and unspecified mood (affective) disorders	15	8	8	6	5	0	0	0	42
F40	Phobic anxiety disorders	10	5	2	13	11	1	0	0	42
F41	Other anxiety disorders	1,274	936	512	536	511	51	13	10	3,843
F42	Obsessive–compulsive disorders	24	5	2	4	11	1	0	0	47
F43	Reaction to severe stress and adjustment disorders	688	1,107	268	385	594	76	1	11	3,130
F44	Dissociative (conversion) disorders	210	189	155	65	88	20	10	7	744
F45, F48	Somatoform and other neurotic disorders	99	45	39	34	37	10	1	2	267
F50	Eating disorders	247	222	56	26	41	12	12	1	617
F51–F59	Other behav syndromes associated w physiol dist and phys factors	581	171	105	57	38	2	4	2	960
F60	Specific personality disorders	218	134	71	116	165	35	1	2	742
F61–F69	Disorders of adult personality and behaviour	32	22	15	15	13	1	0	1	99
F70–F79	Mental retardation	30	10	12	3	10	4	0	0	69
F80–F89	Disorders of psychological development	55	23	27	2	6	2	1	2	118
F90	Hyperkinetic disorders	20	2	7	11	0	0	1	0	41
F91	Conduct disorders	99	112	26	19	15	10	0	4	285
F92–F98	Other and unspec disorders w onset childhood adolescence	86	167	66	10	7	8	0	0	344
F99	Mental disorder not otherwise specified	36	22	2	4	0	0	0	1	65
G30	Alzheimer's disease	587	452	258	186	246	22	5	1	1,757
G47	Sleep disorders	387	1,864	632	15	179	3	2	2	3,084
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	570	348	188	180	215	28	18	18	1,565
R44	Other symptoms and signs involving general sensations and perceptions	87	55	20	21	22	1	3	0	209
R45	Symptoms and signs involving emotional state	56	51	28	17	29	1	1	0	183
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	1	4	0	1	0	1	0	0	7
	Other factors related to mental and behavioural disorders ^(b)	111	192	43	31	0	4	3	8	392
	Other factors related to substance use ^(c)	709	2	0	0	0	0	0	2	713
	Total	20,246	13,366	7,194	6,005	7,047	1,238	207	271	55,574
	Age-standardised overnight separation rate^(d)	3.11	2.78	2.05	3.26	4.57	2.63	0.70	1.55	2.90
	95% confidence interval	3.07–3.16	2.73–2.82	2.00–2.10	3.18–3.34	4.47–4.68	2.49–2.78	0.60–0.80	1.36–1.73	2.88–2.93

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.22: Overnight mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	174	192	264	91	110	n.p.	n.p.	n.p.	867
F04–F09 Other organic mental disorders	104	186	101	30	63	n.p.	n.p.	n.p.	505
F10 Mental and behavioural disorders due to use of alcohol	217	492	569	78	79	n.p.	n.p.	n.p.	1,487
F11–F19 Mental and behav disorders due to other psychoactive substances use	42	177	165	40	28	n.p.	n.p.	n.p.	470
F20 Schizophrenia	62	6	15	6	5	n.p.	n.p.	n.p.	103
F21, F24, F28–F29 Schizotypal and other delusional disorders	4	4	2	5	1	n.p.	n.p.	n.p.	18
F22 Persistent delusional disorders	13	7	13	5	4	n.p.	n.p.	n.p.	46
F23 Acute and transient psychotic disorders	7	5	4	5	2	n.p.	n.p.	n.p.	27
F25 Schizoaffective disorders	48	3	12	2	0	n.p.	n.p.	n.p.	73
F30 Manic episode	3	2	4	1	1	n.p.	n.p.	n.p.	21
F31 Bipolar affective disorders	105	19	53	27	8	n.p.	n.p.	n.p.	234
F32 Depressive episode	212	253	398	186	132	n.p.	n.p.	n.p.	1,343
F33 Recurrent depressive disorders	339	37	113	24	23	n.p.	n.p.	n.p.	624
F34 Persistent mood (affective) disorders	16	4	11	2	2	n.p.	n.p.	n.p.	56
F38, F39 Other and unspecified mood (affective) disorders	0	1	1	0	0	n.p.	n.p.	n.p.	4
F40 Phobic anxiety disorders	5	0	2	0	0	n.p.	n.p.	n.p.	11
F41 Other anxiety disorders	118	224	291	134	119	n.p.	n.p.	n.p.	975
F42 Obsessive–compulsive disorders	4	1	3	2	2	n.p.	n.p.	n.p.	16
F43 Reaction to severe stress and adjustment disorders	445	65	154	51	23	n.p.	n.p.	n.p.	823
F44 Dissociative (conversion) disorders	15	11	42	15	10	n.p.	n.p.	n.p.	99
F45, F48 Somatoform and other neurotic disorders	13	22	28	9	7	n.p.	n.p.	n.p.	89
F50 Eating disorders	10	10	22	4	19	n.p.	n.p.	n.p.	74
F51–F59 Other behav syndromes associated w physiol dist and phys factors	30	178	35	33	11	n.p.	n.p.	n.p.	341
F60 Specific personality disorders	14	5	7	5	0	n.p.	n.p.	n.p.	54
F61–F69 Disorders of adult personality and behaviour	21	48	9	0	1	n.p.	n.p.	n.p.	81
F70–F79 Mental retardation	0	0	0	1	0	n.p.	n.p.	n.p.	1
F80–F89 Disorders of psychological development	186	1	4	0	2	n.p.	n.p.	n.p.	194
F90 Hyperkinetic disorders	2	0	0	0	0	n.p.	n.p.	n.p.	2
F91 Conduct disorders	2	0	1	0	0	n.p.	n.p.	n.p.	3
F92–F98 Other and unspec disorders w onset childhood adolescence	2	1	1	1	0	n.p.	n.p.	n.p.	6
F99 Mental disorder not otherwise specified	1	1	0	1	1	n.p.	n.p.	n.p.	4
G30 Alzheimer's disease	77	59	130	57	58	n.p.	n.p.	n.p.	395
G47 Sleep disorders	84	984	86	33	61	n.p.	n.p.	n.p.	1,268
O99.3 Mental disorders and dis of the nerv sys complic preg, child and puerp	66	35	38	50	15	n.p.	n.p.	n.p.	223
R44 Other symptoms and signs involving general sensations and perceptions	7	6	17	8	4	n.p.	n.p.	n.p.	45
R45 Symptoms and signs involving emotional state	9	1	6	6	1	n.p.	n.p.	n.p.	25
R48 Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	1	0	2	0	n.p.	n.p.	n.p.	3
Other factors related to mental and behavioural disorders ^(b)	0	0	3	5	1	n.p.	n.p.	n.p.	9
Other factors related to substance use ^(c)	0	0	0	2	0	n.p.	n.p.	n.p.	2
Total	2,457	3,041	2,604	921	793	n.p.	n.p.	n.p.	10,621
Age-standardised overnight separation rate^(d)	0.38	0.63	0.75	0.51	0.50	n.p.	n.p.	n.p.	0.55
95% confidence interval	0.36–0.39	0.61–0.65	0.72–0.77	0.48–0.54	0.46–0.53	n.p.	n.p.	n.p.	0.54–0.57

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, . . Not applicable, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiological.

Table A3.23: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	42,488	29,541	12,404	12,270	7,587	1,615	332	254	106,491
F04–F09	Other organic mental disorders	13,203	12,668	2,046	1,804	2,356	609	266	142	33,094
F10	Mental and behavioural disorders due to use of alcohol	22,300	6,652	7,819	5,472	3,771	2,357	109	346	48,826
F11–F19	Mental and behav disorders due to other psychoactive substances use	15,261	1,887	2,576	1,700	1,104	930	14	52	23,524
F20	Schizophrenia	4,986	1,570	969	1,148	4,550	4,603	102	19	17,947
F21, F24, F28–F29	Schizotypal and other delusional disorders	860	515	127	197	422	102	0	43	2,266
F22	Persistent delusional disorders	610	623	116	221	325	26	16	1	1,938
F23	Acute and transient psychotic disorders	501	486	230	252	636	45	26	8	2,184
F25	Schizoaffective disorders	1,715	244	55	226	1,383	72	0	0	3,695
F30	Manic episode	321	191	65	170	188	69	1	0	1,005
F31	Bipolar affective disorders	3,328	1,036	448	1,020	2,219	289	15	9	8,364
F32	Depressive episode	13,226	8,172	4,227	5,883	7,431	761	89	71	39,860
F33	Recurrent depressive disorders	1,922	880	447	996	1,917	121	50	3	6,336
F34	Persistent mood (affective) disorders	235	33	34	105	119	15	0	0	541
F38, F39	Other and unspecified mood (affective) disorders	119	21	28	25	35	0	0	0	228
F40	Phobic anxiety disorders	114	12	4	35	62	4	0	0	231
F41	Other anxiety disorders	5,126	3,601	1,692	2,688	2,195	367	22	18	15,709
F42	Obsessive–compulsive disorders	119	29	5	9	49	1	0	0	212
F43	Reaction to severe stress and adjustment disorders	2,756	3,141	827	1,063	2,044	247	1	26	10,105
F44	Dissociative (conversion) disorders	1,111	802	766	239	374	80	170	30	3,572
F45, F48	Somatoform and other neurotic disorders	460	165	158	224	139	42	2	6	1,196
F50	Eating disorders	5,601	4,016	663	454	741	389	614	1	12,479
F51–F59	Other behav syndromes associated w physiol dist and phys factors	2,775	608	388	285	152	6	23	11	4,248
F60	Specific personality disorders	776	300	215	354	460	126	1	3	2,235
F61–F69	Disorders of adult personality and behaviour	167	260	130	91	46	7	0	8	709
F70–F79	Mental retardation	150	95	750	16	36	8	0	0	1,055
F80–F89	Disorders of psychological development	316	114	254	3	16	26	1	2	732
F90	Hyperkinetic disorders	129	2	37	38	0	0	13	0	219
F91	Conduct disorders	349	510	74	67	49	68	0	20	1,137
F92–F98	Other and unspec disorders w onset childhood adolescence	429	599	278	57	13	31	0	0	1,407
F99	Mental disorder not otherwise specified	77	46	2	10	0	0	0	13	148
G30	Alzheimer's disease	18,796	13,965	7,253	4,126	3,736	420	84	2	48,382
G47	Sleep disorders	1,567	5,762	2,189	25	490	3	9	9	10,054
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	2,448	1,377	525	701	747	129	87	65	6,079
R44	Other symptoms and signs involving general sensations and perceptions	437	211	87	149	102	5	30	0	1,021
R45	Symptoms and signs involving emotional state	170	261	74	30	94	2	1	0	632
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	5	71	0	1	0	6	0	0	83
	Other factors related to mental and behavioural disorders ^(b)	363	1,672	161	79	0	14	4	22	2,315
	Other factors related to substance use ^(c)	4,701	12	0	0	0	0	0	13	4,726
	Total	170,017	102,150	48,123	42,233	45,588	13,595	2,082	1,197	424,985
	Age-standardised overnight patient day rate^(d)	25.79	20.97	14.06	24.20	27.54	27.57	8.22	10.07	22.19
	95% confidence interval	25.7–25.9	20.8–21.1	13.9–14.2	24.0–24.4	27.3–27.8	27.1–28.0	7.9–8.6	9.5–10.6	22.1–22.3

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

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

Table A3.24: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2002–03

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	3,350	4,268	4,457	1,648	1,479	n.p.	n.p.	n.p.	15,893
F04–F09	Other organic mental disorders	1,382	2,378	1,282	478	856	n.p.	n.p.	n.p.	6,657
F10	Mental and behavioural disorders due to use of alcohol	2,816	8,222	7,246	426	679	n.p.	n.p.	n.p.	19,878
F11–F19	Mental and behav disorders due to other psychoactive substances use	441	2,742	2,219	207	272	n.p.	n.p.	n.p.	6,045
F20	Schizophrenia	1,267	57	201	44	46	n.p.	n.p.	n.p.	1,723
F22	Persistent delusional disorders	191	86	304	82	28	n.p.	n.p.	n.p.	740
F23	Acute and transient psychotic disorders	114	54	40	21	10	n.p.	n.p.	n.p.	364
F25	Schizoaffective disorders	920	20	327	9	0	n.p.	n.p.	n.p.	1,357
F21, F24, F28–F29	Schizotypal and other delusional disorders	21	21	12	13	13	n.p.	n.p.	n.p.	106
F30	Manic episode	41	29	68	17	1	n.p.	n.p.	n.p.	239
F31	Bipolar affective disorders	1,379	238	865	226	49	n.p.	n.p.	n.p.	2,937
F32	Depressive episode	2,688	2,685	5,338	1,882	1,191	n.p.	n.p.	n.p.	16,102
F33	Recurrent depressive disorders	6,390	492	1,597	259	180	n.p.	n.p.	n.p.	10,111
F34	Persistent mood (affective) disorders	213	79	224	7	9	n.p.	n.p.	n.p.	749
F38, F39	Other and unspecified mood (affective) disorders	0	2	14	0	0	n.p.	n.p.	n.p.	38
F40	Phobic anxiety disorders	129	0	30	0	0	n.p.	n.p.	n.p.	207
F41	Other anxiety disorders	1,314	1,451	2,242	992	887	n.p.	n.p.	n.p.	7,923
F42	Obsessive–compulsive disorders	52	3	219	11	15	n.p.	n.p.	n.p.	394
F43	Reaction to severe stress and adjustment disorders	8,311	402	2,282	321	124	n.p.	n.p.	n.p.	12,229
F44	Dissociative (conversion) disorders	142	228	429	61	66	n.p.	n.p.	n.p.	964
F45, F48	Somatoform and other neurotic disorders	133	163	176	35	13	n.p.	n.p.	n.p.	584
F50	Eating disorders	140	206	343	25	464	n.p.	n.p.	n.p.	1,371
F51–F59	Other behav syndromes associated w physiol dist and phys factors	139	947	145	152	44	n.p.	n.p.	n.p.	1,914
F60	Specific personality disorders	239	63	185	15	0	n.p.	n.p.	n.p.	633
F61–F69	Disorders of adult personality and behaviour	100	722	65	0	19	n.p.	n.p.	n.p.	917
F70–F79	Mental retardation	0	0	0	8	0	n.p.	n.p.	n.p.	8
F80–F89	Disorders of psychological development	1,120	4	15	0	18	n.p.	n.p.	n.p.	1,158
F90	Hyperkinetic disorders	2	0	0	0	0	n.p.	n.p.	n.p.	2
F91	Conduct disorders	2	0	2	0	0	n.p.	n.p.	n.p.	4
F92–F98	Other and unspec disorders w onset childhood adolescence	2	2	8	2	0	n.p.	n.p.	n.p.	25
F99	Mental disorder not otherwise specified	6	1	0	1	3	n.p.	n.p.	n.p.	11
G30	Alzheimer's disease	1,321	1,109	2,582	1,308	638	n.p.	n.p.	n.p.	7,139
G47	Sleep disorders	84	4,070	108	66	69	n.p.	n.p.	n.p.	4,455
O99.3	Mental disorders and dis of the nerv sys complic preg, child and puerp	263	141	184	218	66	n.p.	n.p.	n.p.	937
R44	Other symptoms and signs involving general sensations and perceptions	70	56	112	42	30	n.p.	n.p.	n.p.	415
R45	Symptoms and signs involving emotional state	108	13	14	15	14	n.p.	n.p.	n.p.	196
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	14	0	15	0	n.p.	n.p.	n.p.	29
	Other factors related to mental and behavioural disorders ^(b)	0	0	19	28	8	n.p.	n.p.	n.p.	55
	Other factors related to substance use ^(c)	0	0	0	88	0	n.p.	n.p.	n.p.	88
	Total	34,890	30,968	33,354	8,722	7,291	n.p.	n.p.	n.p.	124,597
	Age-standardised overnight patient day rate^(d)	5.32	6.40	9.64	4.91	4.49	n.p.	n.p.	n.p.	6.51
	95% confidence interval	5.3–5.4	6.3–6.5	9.5–9.7	4.8–5.0	4.4–4.6	n.p.	n.p.	n.p.	6.5–6.5

(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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(c) Includes Z50.2, Z50.3, Z71.4, Z71.5.

(d) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: n.p. Not published, behav—behavioural, unspec—unspecified, w—with, phys—physical, dist—disturbances, dis—diseases, nerv sys—nervous system, complic—complicating, preg—pregnancy, child—childbirth, puerp—puerperium, physiol—physiol

Table A3.25: Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002-03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
U65Z Anxiety Disorders	2,013	2,771	1,216	453	629	73	27	17	7,199
U64Z Other Affective and Somatoform Disorders	1,840	1,222	597	879	958	83	11	14	5,604
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,086	1,127	709	619	819	126	25	14	5,525
V60B Alcohol Intoxication and Withdrawal W/O CC	1,916	972	750	713	395	216	37	59	5,058
U67Z Personality Disorders and Acute Reactions	1,135	1,428	426	559	818	123	4	19	4,512
V62A Alcohol Use Disorder and Dependence	1,748	520	952	391	188	63	5	1	3,868
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	912	767	339	644	1,050	59	12	5	3,788
U61B Schizophrenia Disorders W/O Mental Health Legal Status	627	460	232	329	549	97	10	5	2,309
V60A Alcohol Intoxication and Withdrawal W CC	535	258	253	178	182	87	8	60	1,561
V64Z Other Drug Use Disorder and Dependence	610	186	244	193	102	43	2	2	1,382
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	356	379	101	159	165	17	4	7	1,188
B64B Delirium W/O Catastrophic CC	501	403	91	63	72	15	11	5	1,161
V61Z Drug Intoxication and Withdrawal	347	184	99	190	182	68	3	17	1,090
V63A Opioid Use Disorder and Dependence	584	110	169	85	31	56	2	2	1,039
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	258	272	66	73	188	17	3	2	879
Private									
U65Z Anxiety Disorders	178	1,318	350	114	152	n.p.	n.p.	n.p.	2,248
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	272	286	408	148	198	n.p.	n.p.	n.p.	1,363
V62A Alcohol Use Disorder and Dependence	115	439	508	23	53	n.p.	n.p.	n.p.	1,164
U64Z Other Affective and Somatoform Disorders	137	201	266	213	131	n.p.	n.p.	n.p.	1,074
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	384	111	243	75	58	n.p.	n.p.	n.p.	1,032
U67Z Personality Disorders and Acute Reactions	469	124	194	63	31	n.p.	n.p.	n.p.	989
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	104	49	145	28	24	n.p.	n.p.	n.p.	378
B64B Delirium W/O Catastrophic CC	52	114	46	13	23	n.p.	n.p.	n.p.	257
V64Z Other Drug Use Disorder and Dependence	13	97	93	15	13	n.p.	n.p.	n.p.	233
V60B Alcohol Intoxication and Withdrawal W/O CC	52	37	40	42	14	n.p.	n.p.	n.p.	206
U68Z Childhood Mental Disorders	188	1	4	2	2	n.p.	n.p.	n.p.	198
U61B Schizophrenia Disorders W/O Mental Health Legal Status	108	9	25	8	5	n.p.	n.p.	n.p.	171
V63A Opioid Use Disorder and Dependence	10	59	49	11	6	n.p.	n.p.	n.p.	140
O61Z Postpartum and Post Abortion W/O O.R. Procedure	14	42	13	34	6	n.p.	n.p.	n.p.	116
O66A Antenatal and Other Obstetric Admission	40	13	16	19	6	n.p.	n.p.	n.p.	105

(continued)

Table A3.25 (continued): Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Total								
U65Z Anxiety Disorders	2,191	4,089	1,566	567	781	200	29	24	9,447
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,358	1,413	1,117	767	1,017	168	31	17	6,888
U64Z Other Affective and Somatoform Disorders	1,979	1,423	863	1,092	1,089	204	12	18	6,680
U67Z Personality Disorders and Acute Reactions	1,606	1,552	620	622	849	228	4	22	5,503
V62A Alcohol Use Disorder and Dependence	2,159	959	1,460	414	241	86	7	2	5,328
V60B Alcohol Intoxication and Withdrawal W/O CC	1,973	1,009	790	755	409	233	38	62	5,269
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,304	878	582	719	1,108	212	12	13	4,828
U61B Schizophrenia Disorders W/O Mental Health Legal Status	737	469	257	337	554	113	10	5	2,482
V64Z Other Drug Use Disorder and Dependence	668	283	337	208	115	45	2	2	1,660
V60A Alcohol Intoxication and Withdrawal W CC	557	274	271	189	193	87	8	62	1,641
V63A Opioid Use Disorder and Dependence	914	169	218	96	37	61	2	2	1,499
B64B Delirium W/O Catastrophic CC	553	517	137	76	95	22	13	5	1,418
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	378	391	114	172	170	23	5	8	1,261
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	362	321	211	101	212	45	3	2	1,257
V61Z Drug Intoxication and Withdrawal	370	203	120	205	191	75	4	17	1,185

(a) Separations for which the care type was acute, or was not reported.

(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 4.2 for information.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Northern Territory, Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A3.26: Average length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002–03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
U65Z Anxiety Disorders	4.0	3.1	3.4	4.1	3.4	4.8	8.0	3.4	3.5
U64Z Other Affective and Somatoform Disorders	4.6	4.4	4.3	5.6	5.4	7.3	3.6	5.1	4.9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.3	14.8	12.6	14.9	15.7	16.9	17.8	10.4	14.5
V60B Alcohol Intoxication and Withdrawal W/O CC	2.2	1.8	2.3	2.4	2.5	6.0	1.8	2.0	2.3
U67Z Personality Disorders and Acute Reactions	3.7	2.9	3.3	2.9	3.3	3.7	n.p.	3.1	3.2
V62A Alcohol Use Disorder and Dependence	5.4	5.1	4.8	5.7	7.2	6.4	n.p.	n.p.	5.3
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	4.8	3.2	5.8	5.3	5.3	10.4	3.5	n.p.	4.9
U61B Schizophrenia Disorders W/O Mental Health Legal Status	4.3	2.6	4.5	4.3	4.2	11.8	10.2	n.p.	4.3
V60A Alcohol Intoxication and Withdrawal W CC	4.7	4.7	4.1	4.2	4.7	6.5	n.p.	3.0	4.6
V64Z Other Drug Use Disorder and Dependence	6.9	3.8	4.3	3.8	3.2	3.8	n.p.	n.p.	5.2
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	4.0	2.6	3.3	3.4	5.3	8.2	n.p.	n.p.	3.7
B64B Delirium W/O Catastrophic CC	9.8	7.9	7.9	7.3	8.5	8.9	9.9	n.p.	8.7
V61Z Drug Intoxication and Withdrawal	3.1	3.2	2.4	2.5	3.2	4.8	n.p.	2.5	3.1
V63A Opioid Use Disorder and Dependence	6.6	4.0	5.6	6.0	5.9	7.6	n.p.	n.p.	6.1
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	13.0	7.4	12.7	12.9	12.3	10.6	n.p.	n.p.	11.1
All AR-DRGs	6.2	5.1	5.0	5.6	6.5	8.0	10.0	3.9	5.8
Private									
U65Z Anxiety Disorders	5.3	4.7	5.5	3.9	4.4	n.p.	n.p.	n.p.	5.1
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	18.2	16.3	16.2	19.4	12.7	n.p.	n.p.	n.p.	16.5
V62A Alcohol Use Disorder and Dependence	15.8	16.7	13.3	6.3	10.2	n.p.	n.p.	n.p.	14.5
U64Z Other Affective and Somatoform Disorders	11.5	9.3	10.1	8.8	8.2	n.p.	n.p.	n.p.	9.9
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	16.2	11.0	12.6	7.7	6.8	n.p.	n.p.	n.p.	13.1
U67Z Personality Disorders and Acute Reactions	17.8	9.8	13.5	5.6	5.7	n.p.	n.p.	n.p.	13.8
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	18.8	15.5	19.9	22.5	13.4	n.p.	n.p.	n.p.	18.7
B64B Delirium W/O Catastrophic CC	10.9	10.2	11.7	12.4	13.9	n.p.	n.p.	n.p.	11.1
V64Z Other Drug Use Disorder and Dependence	10.8	18.3	15.3	3.9	11.6	n.p.	n.p.	n.p.	15.3
V60B Alcohol Intoxication and Withdrawal W/O CC	7.0	15.9	6.8	2.2	2.7	n.p.	n.p.	n.p.	7.4
U68Z Childhood Mental Disorders	6.0	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	5.9
U61B Schizophrenia Disorders W/O Mental Health Legal Status	19.2	n.p.	16.2	n.p.	n.p.	n.p.	n.p.	n.p.	16.5
V63A Opioid Use Disorder and Dependence	12.0	10.2	12.7	8.1	n.p.	n.p.	n.p.	n.p.	11.0
O61Z Postpartum and Post Abortion W/O O.R. Procedure	8.0	6.1	4.7	4.6	n.p.	n.p.	n.p.	n.p.	6.6
O66A Antenatal and Other Obstetric Admission	2.7	2.3	2.1	2.4	n.p.	n.p.	n.p.	n.p.	2.5
All AR-DRGs	14.1	9.8	12.4	9.3	9.2	n.p.	n.p.	n.p.	11.4

(continued)

Table A3.26 (continued): Average length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002-03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	All hospitals								
U65Z Anxiety Disorders	4.1	3.6	3.9	4.1	3.6	6.8	10.7	5.5	3.9
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.8	15.1	13.9	15.8	15.1	17.5	16.3	10.1	14.9
U64Z Other Affective and Somatoform Disorders	5.1	5.1	6.1	6.2	5.7	10.5	4.0	5.7	5.7
U67Z Personality Disorders and Acute Reactions	7.8	3.4	6.5	3.2	3.3	5.9	n.p.	4.1	5.1
V62A Alcohol Use Disorder and Dependence	6.2	10.4	7.7	5.8	7.9	7.6	n.p.	n.p.	7.4
V60B Alcohol Intoxication and Withdrawal W/O CC	2.4	2.3	2.5	2.4	2.5	6.0	1.9	2.8	2.6
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	8.2	4.2	8.6	5.6	5.4	12.0	3.5	7.8	6.6
U61B Schizophrenia Disorders W/O Mental Health Legal Status	6.5	2.7	5.7	4.3	4.3	11.5	10.2	n.p.	5.1
V64Z Other Drug Use Disorder and Dependence	6.9	8.8	7.3	3.8	4.2	3.8	n.p.	n.p.	6.6
V60A Alcohol Intoxication and Withdrawal W CC	5.0	5.6	4.4	4.9	4.9	6.5	n.p.	3.1	5.0
V63A Opioid Use Disorder and Dependence	6.6	6.2	7.2	6.2	6.3	8.0	n.p.	n.p.	6.7
B64B Delirium W/O Catastrophic CC	9.9	8.4	9.2	8.1	9.8	9.8	9.4	n.p.	9.1
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	4.6	2.8	5.1	3.6	5.4	12.8	n.p.	n.p.	4.2
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	14.7	8.7	17.7	15.5	12.4	15.8	n.p.	n.p.	13.4
V61Z Drug Intoxication and Withdrawal	3.4	4.6	3.4	2.6	3.5	5.2	n.p.	2.5	3.6
All AR-DRGs	7.1	6.0	7.0	6.1	6.7	9.4	10.0	4.6	6.7

(a) Separations for which the care type was acute, or was not reported and the length of stay was less than 365 days.

(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. Refer to Box 4.2 for information.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

. . Not applicable.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Northern Territory, Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A3.27: Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002-03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute									
U65Z Anxiety Disorders	4.0	3.0	3.0	2.0	3.0	3.0	1.0	3.0	3.0
U64Z Other Affective and Somatoform Disorders	3.0	3.0	3.0	4.0	4.0	4.0	1.0	2.5	3.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10.0	10.0	9.0	10.0	10.0	13.0	17.0	5.5	10.0
V60B Alcohol Intoxication and Withdrawal W/O CC	1.0	1.0	1.0	1.0	1.0	5.0	1.0	1.0	1.0
U67Z Personality Disorders and Acute Reactions	2.0	2.0	2.0	2.0	1.5	2.0	n.p.	2.0	2.0
V62A Alcohol Use Disorder and Dependence	5.0	4.0	4.0	5.0	4.0	5.0	n.p.	n.p.	5.0
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	3.0	1.0	3.0	3.5	3.0	8.0	1.0	n.p.	3.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2.0	1.0	2.0	3.0	2.0	7.0	1.0	n.p.	2.0
V60A Alcohol Intoxication and Withdrawal W CC	2.0	2.0	3.0	2.0	2.0	5.0	n.p.	2.0	2.0
V64Z Other Drug Use Disorder and Dependence	5.0	3.0	4.0	3.0	1.5	2.0	n.p.	n.p.	4.0
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	1.0	1.0	1.0	2.0	2.0	7.0	n.p.	n.p.	1.0
B64B Delirium W/O Catastrophic CC	7.0	6.0	5.0	6.0	7.0	7.0	6.0	n.p.	6.0
V61Z Drug Intoxication and Withdrawal	1.0	1.0	1.0	1.0	2.0	4.0	n.p.	2.0	2.0
V63A Opioid Use Disorder and Dependence	5.0	3.0	6.0	6.0	5.0	6.5	n.p.	n.p.	5.0
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	9.0	1.0	7.0	9.0	7.5	7.0	n.p.	n.p.	7.0
All AR-DRGs	4.0	3.0	3.0	3.0	3.0	5.0	3.0	2.0	3.0
Private									
U65Z Anxiety Disorders	1.0	5.0	3.0	3.0	2.0	n.p.	n.p.	n.p.	5.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	13.0	12.0	11.0	14.5	10.0	n.p.	n.p.	n.p.	12.0
V62A Alcohol Use Disorder and Dependence	19.0	14.0	11.0	5.0	9.0	n.p.	n.p.	n.p.	12.0
U64Z Other Affective and Somatoform Disorders	8.0	7.0	7.0	6.0	6.0	n.p.	n.p.	n.p.	7.0
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	15.0	8.0	8.0	6.0	5.0	n.p.	n.p.	n.p.	9.0
U67Z Personality Disorders and Acute Reactions	18.0	6.0	7.0	3.0	4.0	n.p.	n.p.	n.p.	11.0
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	17.0	13.0	15.0	17.5	9.0	n.p.	n.p.	n.p.	15.0
B64B Delirium W/O Catastrophic CC	9.0	7.0	6.5	11.0	10.0	n.p.	n.p.	n.p.	8.0
V64Z Other Drug Use Disorder and Dependence	9.0	22.0	14.0	2.0	12.0	n.p.	n.p.	n.p.	13.0
V60B Alcohol Intoxication and Withdrawal W/O CC	3.0	16.0	3.0	1.0	2.5	n.p.	n.p.	n.p.	3.0
U68Z Childhood Mental Disorders	1.0	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	1.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	18.5	n.p.	13.0	n.p.	n.p.	n.p.	n.p.	n.p.	14.0
V63A Opioid Use Disorder and Dependence	9.5	7.0	10.0	5.0	n.p.	n.p.	n.p.	n.p.	8.0
O61Z Postpartum and Post Abortion W/O O.R. Procedure	5.5	5.0	4.0	4.0	n.p.	n.p.	n.p.	n.p.	4.0
O66A Antenatal and Other Obstetric Admission	2.0	2.0	1.5	2.0	n.p.	n.p.	n.p.	n.p.	2.0
All AR-DRGs	11.0	5.0	8.0	5.0	7.0	n.p.	n.p.	n.p.	7.0

(continued)

Table A3.27 (continued): Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2002-03

AR-DRG description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	All hospitals								
U65Z Anxiety Disorders	4.0	4.0	3.0	2.0	3.0	5.0	1.0	4.0	3.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	10.0	10.0	10.0	11.0	10.0	14.0	13.0	6.0	10.0
U64Z Other Affective and Somatoform Disorders	3.0	3.0	4.0	4.0	4.0	6.0	1.5	3.0	4.0
U67Z Personality Disorders and Acute Reactions	4.0	2.0	2.0	2.0	2.0	3.0	n.p.	2.0	2.0
V62A Alcohol Use Disorder and Dependence	5.0	7.0	5.0	5.0	5.0	5.0	n.p.	n.p.	5.0
V60B Alcohol Intoxication and Withdrawal W/O CC	1.0	1.0	1.0	1.0	1.0	5.0	1.0	1.0	1.0
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	4.0	1.0	4.0	4.0	3.0	8.0	1.0	7.0	3.0
U61B Schizophrenia Disorders W/O Mental Health Legal Status	2.0	1.0	2.0	3.0	2.0	7.0	1.0	n.p.	2.0
V64Z Other Drug Use Disorder and Dependence	5.0	4.0	5.0	3.0	2.0	2.0	n.p.	n.p.	4.0
V60A Alcohol Intoxication and Withdrawal W CC	3.0	3.0	3.0	2.0	2.0	5.0	n.p.	2.0	3.0
V63A Opioid Use Disorder and Dependence	6.0	4.0	6.0	6.0	5.0	7.0	n.p.	n.p.	6.0
B64B Delirium W/O Catastrophic CC	7.0	6.0	5.0	6.0	7.0	7.0	6.0	n.p.	7.0
U62B Paranoia and Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	2.0	1.0	1.5	2.0	2.0	8.0	n.p.	n.p.	1.0
U63A Major Affective Disorders Age >69 or W Catastrophic or Severe CC	11.0	4.0	13.0	12.0	8.0	10.0	n.p.	n.p.	9.0
V61Z Drug Intoxication and Withdrawal	1.0	2.0	2.0	1.0	2.0	4.0	n.p.	2.0	2.0
All AR-DRGs	4.0	4.0	4.0	3.0	3.0	5.0	3.0	2.0	4.0

(a) Separations for which the care type was acute, or was not reported.

(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.

Note: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

. . . Not applicable.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Northern Territory, Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A3.28: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, states and territories,^(a) 2002-03

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340-00 Electroconvulsive therapy [ECT] <=8 treatments	420	5,011	25	156	77	74	0	0	5,763
92514-99 General anaesthesia, ASA 99	471	4,329	17	14	91	55	2	1	4,980
96169-00 Assistance with activities related to parenting	1	549	0	0	0	0	0	0	550
96080-00 Counselling or education on preparing for parenthood, parenting skills	0	540	0	0	0	0	0	0	540
96145-00 Skills training in parenting techniques	0	537	0	0	0	0	0	0	537
56001-00 Computerised tomography of brain	167	186	90	26	19	12	0	3	503
92515-99 Sedation, ASA 99	83	251	23	23	11	15	0	0	406
92514-29 General anaesthesia, ASA 29	47	138	24	79	22	8	0	1	319
96175-00 Mental/behavioural assessment	7	31	1	37	231	0	0	0	307
92514-19 General anaesthesia, ASA 19	31	134	32	7	14	14	1	0	233
90901-00 Magnetic resonance imaging of brain	96	24	28	4	33	12	4	0	201
92514-39 General anaesthesia, ASA 39	14	61	7	71	1	3	0	0	157
95550-01 Allied health intervention, social work	51	20	16	19	7	6	1	2	122
56007-00 Computerised tomography of brain with intravenous contrast medium	28	23	24	11	6	0	0	0	92
95550-03 Allied health intervention, physiotherapy	56	25	4	4	1	0	0	0	90

(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.

Table A3.29: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, states and territories,^(a) 2002-03

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550-01 Allied health intervention, social work	3,414	2,562	1,242	1,096	1,269	103	73	29	9,788
95550-03 Allied health intervention, physiotherapy	2,541	2,474	849	767	843	134	45	20	7,673
95550-02 Allied health intervention, occupational therapy	1,626	1,657	462	503	426	73	18	13	4,778
56001-00 Computerised tomography of brain	1,481	1,319	576	366	537	126	31	37	4,473
92003-00 Alcohol detoxification	1,461	451	863	386	139	225	1	1	3,527
95550-00 Allied health intervention, dietetics	1,139	1,311	370	203	254	46	24	12	3,359
92006-00 Drug detoxification	1,354	200	427	147	54	117	0	0	2,299
95550-05 Allied health intervention, speech pathology	535	651	259	109	130	20	15	3	1,722
96175-00 Mental/behavioural assessment	210	157	106	336	815	0	0	0	1,624
95550-10 Allied health intervention, psychology	488	342	244	50	163	161	22	1	1,471
95550-11 Allied health intervention, other	830	135	88	68	73	4	5	8	1,211
92004-00 Alcohol rehabilitation and detoxification	488	312	355	8	19	0	0	0	1,182
92515-99 Sedation, ASA 99	461	128	125	58	72	270	4	0	1,118
95550-09 Allied health intervention, pharmacy	251	268	26	139	189	51	1	3	928
92514-99 General anaesthesia, ASA 99	199	290	210	22	44	97	12	0	874

(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.

Appendix 4: National Survey of Mental Health Services

The National Survey of Mental Health Services (NSMHS) is an annual collection of establishment-level data from publicly funded hospital and community mental health care services in all states and territories.

The survey, first collected in 1993, was designed to fulfil reporting requirements under the previous Medicare Agreements and to enable progress to be monitored against the 38 objectives of the National Mental Health Policy. It required the states and territories to collect information about expenditure, staffing, service types and activity levels relating to public mental health services within their jurisdiction. The survey will continue until the 2004–05 period. From 2005–06 onwards the NSMHS will be replaced by the Mental Health Establishments National Minimum Data Set, details of which are available in the Knowledgebase on the AIHW website.

Summary data from the NSMHS for the years 1993–94 to 2001–02 are reported in the *National Mental Health Report* (DHA 2004). Data from the NSMHS for 2002–03 have yet to be published. Future *National Mental Health Report* series will include data from the NSMHS for 2002–03 to 2004–05.

Some basic differences exist between data from the NSMHS and data from the NPHED, NMHD and NCMHED. These differences are presented below.

Comparison with NCMHED data

There is alignment in the scope of the NCMHED and the NSMHS data collection, with the exception of New South Wales. In New South Wales, the NSMHS data collection includes all services described by Area Health Services as providing specialist mental health services. For NCMHED, only those specialist mental health services which are part of the mental health financial program are included. For one Area this has had the effect of excluding most non-admitted child and adolescent services. NCMHED data provided by New South Wales also exclude all Confused and Disturbed Elderly (CADE) services, with the exception of the New England CADE (New South Wales' only mental health program-financed CADE). For the NSMHS, however, New South Wales reports data for all CADEs. This difference in scope affects the comparability of New South Wales full-time equivalent (FTE) staffing and recurrent expenditure data between the NCMHED and the NSMHS. A list of public community mental health establishments that report to NCMHED is available on the AIHW's web site.

Comparison with NCMHCD data

The National Survey of Mental Health Services (NSMHS) collects service contact data for community mental health services. The estimate of 4.87 million service contacts from NCMHCD in 2001–02 is lower than the 5.28 million service contacts reported to the National

Survey of Mental Health Services in 2001–02 (DHA 2004). The NSMHS counts of service contacts were greater than those for NCMHCD for all jurisdictions except Queensland where the figures were the same in both collections. For 2002–03, the estimated number of service contacts rose to 5.29 million (see Section 3.4), probably reflecting ongoing improvements in coverage of this data collection.

Variation between the two collections can be expected because of differences in their scope and coverage, and definitional differences. Information in the *National Mental Health Report 2004* indicated that there were data quality concerns with ambulatory care services data for 2001–2002 (see Appendix 6 in DHA 2004). The concept of a service contact in the NCMHCD collection differs from the service contact definition in the NSMHS in that only same-day services that are non-admitted are considered part of the scope of NCMHCD. The NSMHS includes same-day admitted services as service contacts. It is possible that there were 14,620 ambulatory-equivalent and 5,585 non-ambulatory-equivalent same-day admissions with specialised psychiatric care included in the NSMHS collection for 2001–02 that were not in the NCMHCD for 2001–02 (from Tables 3.21 and 4.1 in AIHW 2004a). Similarly, for 2002–03, there may be 13,966 ambulatory-equivalent and 5,610 non-ambulatory-equivalent same-day admissions with specialised psychiatric care that would be included in the NSMHS collection for 2002–03, that were not in the NCMHCD for 2002–03 (Tables 3.33 and 4.1 in this report).

NCMHCD coverage for Queensland, South Australia, Tasmania and the Australian Capital Territory is incomplete as evidenced by the 15 establishments (14 in 2002–03) contributing to NCMHED in 2001–02, but not reporting service contacts to the NCMHCD. Under-reporting is also indicated since monthly service contact numbers for establishments fluctuated.

These factors may indicate that the coverage in the NCMHCD was not as complete as that in the Survey which, together with the undercounting due to the same day admission issue noted above, may account for the lower number of service contacts in the NCMHCD compared to the Survey.

Comparison with NPHEd data

The fundamental difference between the hospital data reported to the NSMHS and that reported to NPHEd is the different manner in which hospital establishments are classified in the two collections. This makes comparison problematic.

In 2001–02, for the NSMHS collection, four Victorian hospital establishments were classified as public psychiatric hospitals (reflecting actual locations). For NPHEd, one of these establishments was classified as a public psychiatric hospital and the rest were classified as campuses of acute care hospitals (reflecting hospital management arrangements). A list of public hospital establishments that report to NPHEd is available on the AIHW's web site at <www.aihw.gov.au>.

Hospitals reported to NPHEd can also include community-based, non-admitted-patient services that are managed by the hospital, but are located elsewhere. Within the NSMHS these services are classified as distinct service units and data on them are reported as community-based services.

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary, Version 11.0*.

<i>Aboriginal and Torres Strait Islander status</i>	<p>Aboriginal or Torres Strait Islander status of the person according to the following definition:</p> <p>An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.</p>
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care hospitals</i>	<p>Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the state health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.</p> <p>Public acute hospitals are funded by the state or territory health authority. Private acute care hospitals are not controlled by the state or territory health authority.</p>
<i>Additional diagnoses</i>	<p>A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility.</p> <p>Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources. They are used for casemix analyses relating to severity of illness and classification of patients into Australian Refined Diagnosis Related Groups.</p>
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

<i>Ambulatory care</i>	Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.
<i>Ambulatory-equivalent separation</i>	A separation that could be considered to be equivalent to ambulatory (non-admitted) mental health care. Defined by excluding those separations that involved ECT, general anaesthesia or other procedures unlikely to be undertaken by ambulatory mental health care services, and those separations that had a mode of separation or admission of death, care type change, left against medical advice or transfer.
<i>Area of usual residence</i>	Geographic location of usual residence of the person. The location is included in the National Hospital Morbidity Database in Statistical Local Area format but aggregated to Remoteness Areas for this report.
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital. Diagnosis Related Groups provide a summary of the varied reasons for hospitalisation and the complexity of cases a hospital treats. Moreover, as a framework for describing the products of a hospital (that is, patients receiving services), they allow meaningful comparisons of hospitals' efficiency and effectiveness under alternative systems of health care provision.
<i>Available beds</i>	Beds immediately available for use by admitted patients or residents as required. This term includes occupied and unoccupied beds.
<i>Average length of stay (ALOS)</i>	The average number of patient-days for admitted-patient overnight separations.
<i>Care type</i>	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). <i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures. <i>Rehabilitation care</i> is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multidisciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.

Psychogeriatric care is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late-onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames.

Maintenance care is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. Following assessment or treatment, the patient does not require further complex assessment or stabilisation, but requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, e.g. at home or in a nursing home by a relative or carer, that is unavailable in the short term.

Other care types include *Palliative care, Geriatric evaluation and management, Newborn care, Organ procurement posthumous and Hospital boarders.*

Community mental health care

Care which involves specialised public mental health services dedicated to the assessment, treatment, rehabilitation and care of non-admitted patients and clients. This excludes specialised mental health care services for admitted patients, support services that are not specialised mental health care services, any services provided by non-government organisations, and any residential care services that are not staffed 24 hours per day.

Community mental health establishment

Establishment that delivers specialised ambulatory mental health services, in hospitals, community-based settings, or in residential care.

Comorbidity

When a person has two or more health problems at the same time.

Country of birth

The country in which the person was born.

The category 'Other English-speaking country' includes United Kingdom, Ireland, New Zealand, South Africa, United States of America and Canada. All other countries, apart from Australia, are included in the 'Non-English-speaking' category.

Diagnostic and allied health professionals

Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.

<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation, and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>Encounter</i>	Any professional interchange between a patient and a general practitioner.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all states and territories except Victoria where they are registered by the state registration board to practise in this capacity. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some states and territories).
<i>Episode of admitted patient care</i>	<p>The period of admitted-patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.</p> <p>It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See <i>Separation</i>.</p>
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and other adverse effect.
<i>Food supplies expenditure</i>	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
<i>Full-time-equivalent staff</i>	Full-time-equivalent units are on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Hours of unpaid leave are excluded.
<i>Hospital type</i>	Distinguishes public acute hospitals, public psychiatric hospitals, and private hospitals.
<i>ICD-10-AM</i>	See <i>International Classification of Diseases</i> .

<i>Indigenous status</i>	<p>Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:</p> <p>There are three components to the Commonwealth definition:</p> <ul style="list-style-type: none"> - descent; - self-identification; and - community acceptance. <p>In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.</p>
<i>International Classification of Diseases</i>	<p>The World Health Organization's internationally accepted classification of diseases and related health problems. The 10th Revision, Australian Modifications (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.</p>
<i>Involuntary mental health legal status</i>	<p>Involuntary patients are persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.</p>
<i>Marital status</i>	<p>Current marital status of the person.</p>
<i>Medical and surgical supplies expenditure</i>	<p>The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.</p>
<i>Medical officer</i>	<p>Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical officers engaged on an honorary, sessional or fee-for-service basis. It includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent).</p>
<i>Mental disorder</i>	<p>Disturbance of mood or thought that can affect behaviour and distress the person and those around them, so the person cannot function normally.</p>
<i>Mental health legal status</i>	<p>Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period.</p>
<i>Mental health nurses</i>	<p>Nurses who report that their main area of nursing is mental health.</p>
<i>Mental health-related (principal) diagnosis</i>	<p>A separation is defined as having a mental health-related (principal) diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 3 of <i>Mental Health Services in Australia 2000-01</i>.</p>

<i>Mental health service contacts</i>	The provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.
<i>Mode of admission</i>	Describes the mechanism by which a person begins an episode of admitted patient care in a hospital.
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable) following an episode of admitted patient care.
<i>National Mental Health Strategy</i>	See <i>Box 2.1, page 14</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the health service establishment for the purpose of receiving services such as examination, consultation and treatment, but is not admitted. A visit for administrative purposes is not an occasion of service.
<i>Non-admitted patient</i>	A hospital patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: Emergency Department patient; outpatient; other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services).
<i>Non-ambulatory-equivalent</i>	Separations not considered to be equivalent to ambulatory care. See <i>Ambulatory-equivalent separation</i> .
<i>Non-salary expenditure</i>	Total expenditure related to non-salary operating items.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable. Most of the data that are not published relate to private hospitals in Tasmania, Australian Capital Territory and Northern Territory. These data have not been published for confidentiality reasons.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wardspersons, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
<i>Other recurrent expenditure</i>	Other payments are all other recurrent expenditure not included elsewhere in any of the recurrent expenditure categories.
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.

<i>Overnight separation</i>	The term used to refer to separations where the patient separates from hospital one or more nights after admission (i.e. who is admitted to and separated from the hospital on different dates). The length of an overnight separation is calculated by subtracting the date the patient is admitted from the date of the separation and deducting total leave days.
<i>Patient-days</i>	The number of patient-days is the total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period. See <i>Box 4.1</i> .
<i>Patient transport expenditure</i>	The direct cost of transporting patients excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made by a public hospital establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis. A visiting medical officer is a medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis. This category includes the same Australian Standard Classification of Occupations codes as the salaried medical officers category.
<i>Pharmaceutical Benefits Scheme (PBS)</i>	A national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs, and that covers all Australians to help them afford standard medications.
<i>Previous specialised treatment</i>	Whether the patient has had a previous admission or service contact for treatment in the speciality area within which treatment is now being provided. For this report, the speciality area referred to is specialised psychiatric care.
<i>Primary disability</i>	The disability category identified by service users or carers in the CSTDA NMDS as the disability most affecting their everyday life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care in hospital (or attendance at the health care facility).
<i>Private hospital</i>	Privately owned and operated hospital, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.

<i>Private psychiatric hospital</i>	Establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These hospitals are licensed/approved by each state or territory health authority and cater primarily for patients with psychiatric or behavioural disorders.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.
<i>Psychiatric care days</i>	The number of days or part-days a patient spent in a specialised psychiatric unit or ward. All leave days, including the day the patient went on leave, are excluded.
<i>Psychiatric disability</i>	Clinically recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity. Impairments of global or specific mental functions may be experienced. Psychiatric disability may be associated with schizophrenias, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders. As defined in the <i>National Community Services Data Dictionary</i> , Version 3.
<i>Psychiatric hospitals</i>	Establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders.
<i>Psychiatrists</i>	Medical practitioners who have been accepted as members of the Royal Australian and New Zealand College of Psychiatrists (RANZCP).
<i>Public hospital</i>	A hospital controlled by a state and territory health authority. Public hospitals offer free diagnostics services, treatment, care and accommodation to all eligible patients.
<i>Public acute care hospital</i>	See <i>Acute care hospitals</i> .
<i>Reason for encounter</i>	The subjective reason/s given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes: <ul style="list-style-type: none"> • income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors) • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital • other recoveries such as those relating to inter-hospital service where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.

<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It is contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
<i>Registered nurses</i>	Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a state or territory registration board.
<i>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre.</p> <p>The classification is:</p> <ul style="list-style-type: none"> • Major cities • Inner regional • Outer regional • Remote • Very remote • Migratory.
<i>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works. Expenditure of a capital nature is not included here; nor are salaries and wages of repair and maintenance staff.
<i>Repatriation Pharmaceutical Benefits Scheme (RPBS)</i>	A national, government-funded scheme that subsidises the cost of a wide range of pharmaceuticals for the treatment of eligible veterans, war widows and widowers and dependants.
<i>Residential mental health service</i>	<p>A residential mental health service is a specialised mental health service that:</p> <ul style="list-style-type: none"> • employs mental health-trained staff on-site; • provides rehabilitation, treatment or extended care (to residents provided with care intended to be on an overnight basis; in a domestic-like environment); and • encourages the resident to take responsibility for their daily living activities. <p>These services include those that employ mental health-trained staff on-site 24 hours per day and other services with less intensive staffing. However, all these services employ on-site mental health trained staff for some part of each day.</p>
<i>Resident</i>	A person who receives specialised mental health residential care intended to be for a minimum of one night.

<i>Rural, remote and metropolitan region</i>	<ul style="list-style-type: none"> • Capital cities: statistical division • Other metropolitan centres: urban centres with a population of 100,000 or more • Large rural centres (index of remoteness < 10.5): urban centre with a population between 25,000 and 99,999 • Small rural centres (index of remoteness < 10.5): urban centres with a population between 10,000 and 24,999 • Other rural areas (index of remoteness < 10.5): urban centres with a population less than 10,000 • Remote centres (index of remoteness > 10.5): urban centres with a population greater than 4,999 • Other remote areas (index of remoteness > 10.5): urban centres with a population less than 5,000. <p>For more information see <i>Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition</i> (DPIE & DSHS 1994).</p>
<i>Salaried medical officers</i>	Medical officers engaged by the hospital on a full-time or part-time salaried basis.
<i>Salaries and wages expenditure</i>	Salary and wage payments for all employees of the establishment (including contract staff employed by an agency, provided staffing data are also available). This includes all paid leave (recreation, sick and long-service) and salary and wage payments relating to workers compensation.
<i>Same-day patients</i>	A patient who is admitted and who separates on the same date.
<i>Same-day separation</i>	The term used to refer to separations where the patient separates from hospital on the same day as being admitted (i.e. who is admitted to hospital and who separates from the hospital on the same date).
<i>Separation</i>	<p>Separation is the process by which an episode of care for an admitted patient ceases. The treatment and/or care provided to a patient prior to separation occurs over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).</p> <p>A separation may be formal or statistical.</p> <p><i>Formal separation</i> is the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.</p> <p><i>Statistical separation</i> is the administrative process by which the hospital records the cessation of an episode of care for a patient within the one hospital stay.</p> <p>See <i>Box 4.1</i>.</p>
<i>Source of referral to public psychiatric hospital</i>	Source from which the person was transferred/referred to the public psychiatric hospital.

<i>Specialised psychiatric care</i>	Care provided by a facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Statistical separation</i>	The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a state health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.

References

- ABS (Australian Bureau of Statistics) 1998. Mental health and wellbeing, profile of adults, Australia, 1997. ABS cat. no. 4326.0. Canberra: ABS.
- ABS 2004. Private hospitals, Australia, 2002–03. Canberra: ABS.
- Access Economics 2002. Schizophrenia: costs – an analysis of the burden of schizophrenia and related suicide in Australia. Australia: SANE Australia.
- AHMAC (Australian Health Ministers' Advisory Council) 1997. Evaluation of the national mental health strategy: final report. Canberra: Department of Health and Family Services.
- AIHW (Australian Institute of Health and Welfare) 2000. Australian hospital statistics 1998–99. Health Services Series no. 11. Canberra: AIHW.
- AIHW 2001a. National health data dictionary, version 11. AIHW cat. no. HWI 36. Canberra: AIHW.
- AIHW 2001b. Mental health services in Australia 1998–99. Health Services Series no. 2. Canberra: AIHW.
- AIHW 2002a. Mental health services in Australia 1999–00. Health Services Series no. 3. Canberra: AIHW.
- AIHW 2002b. Australian hospital statistics 2000–01. Health Services Series no. 16. Canberra: AIHW.
- AIHW 2003a. Mental health services in Australia 2000–01. Health Services Series no. 4. Canberra: AIHW.
- AIHW 2003b. Nursing labour force 2002. Canberra: AIHW.
- AIHW 2003c. Health and community services labour force 2001. Canberra: AIHW.
- AIHW 2003d. Disability support services 2002: national data on services provided under the Commonwealth/State Disability Agreement. Disability Services Series no. 31. Canberra: AIHW.
- AIHW 2003e. Medical labour force 2001. Canberra: AIHW.
- AIHW 2004a. Mental health services in Australia 2001–02. Mental Health Series no. 5. Canberra: AIHW.
- AIHW 2004b. Health system costs of disease 2000–2001. Health expenditure series no. 19. Canberra: AIHW.
- AIHW 2004c. Community mental health care 2000 – 2001: Review of data collected under the National Minimum Data Set for Community Mental Health Care. AIHW cat. no. HWI 66. Canberra: AIHW (Resources Division Working Paper no 2).
- AIHW 2004d. Australian hospital statistics 2002–03. AIHW cat. no. HSE 32. Canberra: AIHW.
- AIHW 2004e. Medical labour force 2002. Health Services Series no.22. Canberra: AIHW
- AIHW 2004f. National community services data dictionary, version 3. Canberra: AIHW.
- AIHW 2004g. Disability support services 2002–03: the first six months of data from the Commonwealth State/Territory Disability Agreement National Minimum Data set. AIHW cat. no. DIS 35. Canberra: AIHW (Disability Series).

AIHW: Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. Canberra: AIHW.

AIHW & ABS 2003. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. Cat. No. AIHW 11. Canberra: AIHW.

Britt H, Miller G, Knox S, Charles J, Valenti L, Henderson J, Pan Y, Bayram C & Harrison C 2003. General practice activity in Australia 2002-03. General Practice Series No. 14. Canberra: AIHW.

Britt H, Miller G, Knox S, Charles J, Valenti L, Henderson J, et al 2004. General practice activity in Australia 2003-04. General Practice Series No. 16. Canberra: AIHW.

DHA (Department of Health and Ageing) 2002. National mental health report 2002. Canberra: DHA.

DHA (Department of Health and Ageing) 2004. National mental health report 2004: eighth report-summary of changes in Australia's mental health services under the National Mental Health Strategy 1993-2002. Canberra: DHA.

DHAC (Department of Health and Aged Care) 2000a. Australian Refined Diagnosis Related Groups version 4.2: addendum to definitions manual. Volume four changes: AR-DRG v4.1 to 4.2. Canberra: DHAC.

DHAC 2000b. Australian Refined Diagnosis Related Groups version 4.2: addendum to definitions manual. Supplementary volume summarising changes to AR-DRG v4.2. Canberra: DHAC.

DPIE (Department of Primary Industries and Energy) & DSHS (Department of Human Services and Health) 1994. Rural, remote and metropolitan areas classification, 1991 census edition. Canberra: AGPS.

Family Practice Wonca News 24(4):vii-viii.

Jablensky A, McGrath J, Herman H, Castle D, Gureje O, Morgan V & Korten A 1999. National survey of mental health and wellbeing. Report 4. People living with psychotic illness: an Australian study. Canberra: AGPS.

Murray CJL & Lopez AD 1996. The global burden of disease: a comprehensive assessment of mortality and disability from disease, injuries and risk factors in 1990 and projected to 2020. Harvard: Harvard School of Public Health.

NCCH (National Centre for Classification in Health) 2002. The international classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM). Third edition. Sydney: University of Sydney.

NHDC (National Health Data Committee) 2002. National health data dictionary, version 11.0. Canberra: AIHW.

NSW Health Department 2001. The schizophrenias: guidelines for a holistic approach to clinical practice. Sydney: NSW Health Department.

Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, Nurcombe B, Patton GC, Prior MR, Raphael B, Rey J, Whaites LC & Zubrick SR 2000. The mental health of young people in Australia. Canberra: DHAC.

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