Overnight admitted mental health-related care

On this page

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

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

This section presents information on overnight admitted patient mental health-related hospitalisations from Australian hospitals. Further information can be found in the data source section.

Data coverage includes the time period 2006–07 to 2019–20. This section was last updated in February 2022.

Data downloads:

Excel - Overnight admitted mental health-related care 2019–20 tables

PDF - Overnight admitted mental health-related care 2019–20 section

Link – Data source and key concepts

You may also be interested in:

- Same day admitted mental health-related care

Key points

- **275,270** overnight admitted mental health-related hospitalisations occurred in 2019–20, of which **62.7**% included specialised psychiatric care.
- *Depressive episode* (**15.4**%) and *Schizophrenia* (**13.4**%) were the most common diagnoses for overnight mental health-related hospitalisations with specialised psychiatric care.
- Aboriginal and Torres Strait Islander patient rates[1] of overnight mental health-related hospitalisations with and without specialised care were **2.4** and **2.5** times the rates for non-Indigenous patients.
- Over the past decade, the population rate of overnight mental health-related hospitalisations per 10,000 population increased by **2.1**% on average annually.
- For females aged 12–17, the rate of overnight hospitalisations with specialised care per 10,000 population has more than **doubled** between 2006–07 (37.3) and 2019–20 (78.1). The rate of hospitalisation for males of this age group reduced slightly over this time, from 11.4 per 10,000 population to 10.5.
- For those aged 85+, the rate of overnight mental health-related hospitalisations without specialised care per 10,000 population has increased by **85**% between 2006–07 and 2019–20.
- For 12–17 year old females, the rate of overnight mental health-related hospitalisations with specialised psychiatric care per 10,000 population has been about **2 to 3 times** the rate for males between 2006–07 and 2019–20.

There were almost 4.3 million overnight admitted hospitalisations in 2019–20 across both public and private sectors. Of these, 275,270 were mental health-related, representing about 1 in 15 (6.4%) of all overnight hospitalisations. Almost two-thirds of these involved specialised psychiatric care (172,641 or 62.7%) and more than 3 in 4 occurred in public hospitals (78.6%).

Long-term trends show steady increases in the rates (per 10,000 population) of overnight mental health-related hospitalisationhospitalisations, both with and without specialised psychiatric care.

Specialised overnight admitted patient mental health care

Specialised overnight admitted patient mental health care (also referred to as specialised psychiatric care) takes place within a designated psychiatric ward/unit, which is staffed by health professionals with specialist mental health qualifications or training

[1] Age standardised rates are calculated for the Indigenous-based analysis.

and have as their principal function the treatment and care of patients affected by mental illness.

States and territories

In 2019–20, there were 172,641 overnight admitted mental health-related hospitalisations with specialised psychiatric care; equivalent to a national rate of 67.5 per 10,000 population.

For all states and territories, the rate of overnight mental health-related hospitalisations with specialised psychiatric care was higher for public acute hospitals than other hospital types (public psychiatric hospitals and private hospitals). The Australian Capital Territory had the highest rate (53.7 per 10,000 population) and Tasmania the lowest (35.3) (Figure ON.1.1).

For public acute hospitals and public psychiatric hospitals, there were 673.3 and 196.6 patient days per 10,000 population respectively for overnight mental health-related hospitalisations with specialised psychiatric care in 2019–20. The highest was in the Australian Capital Territory and Tasmania (935.0 and 640.6 per 10,000 population) respectively. The highest rate of public hospitals patient days was in Tasmania (1,132.3 per 10,000 population). Among jurisdictions for which private hospital figures are published, Queensland reported the highest rate of patient days (517.4 per 10,000 population), while South Australia reported the lowest (109.1).

Figure ON.1: Overnight mental health-related hospitalisations , patient days, psychiatric care and procedures with specialised psychiatric care, state and territory, by hospital type, 2006–07 to 2019–20

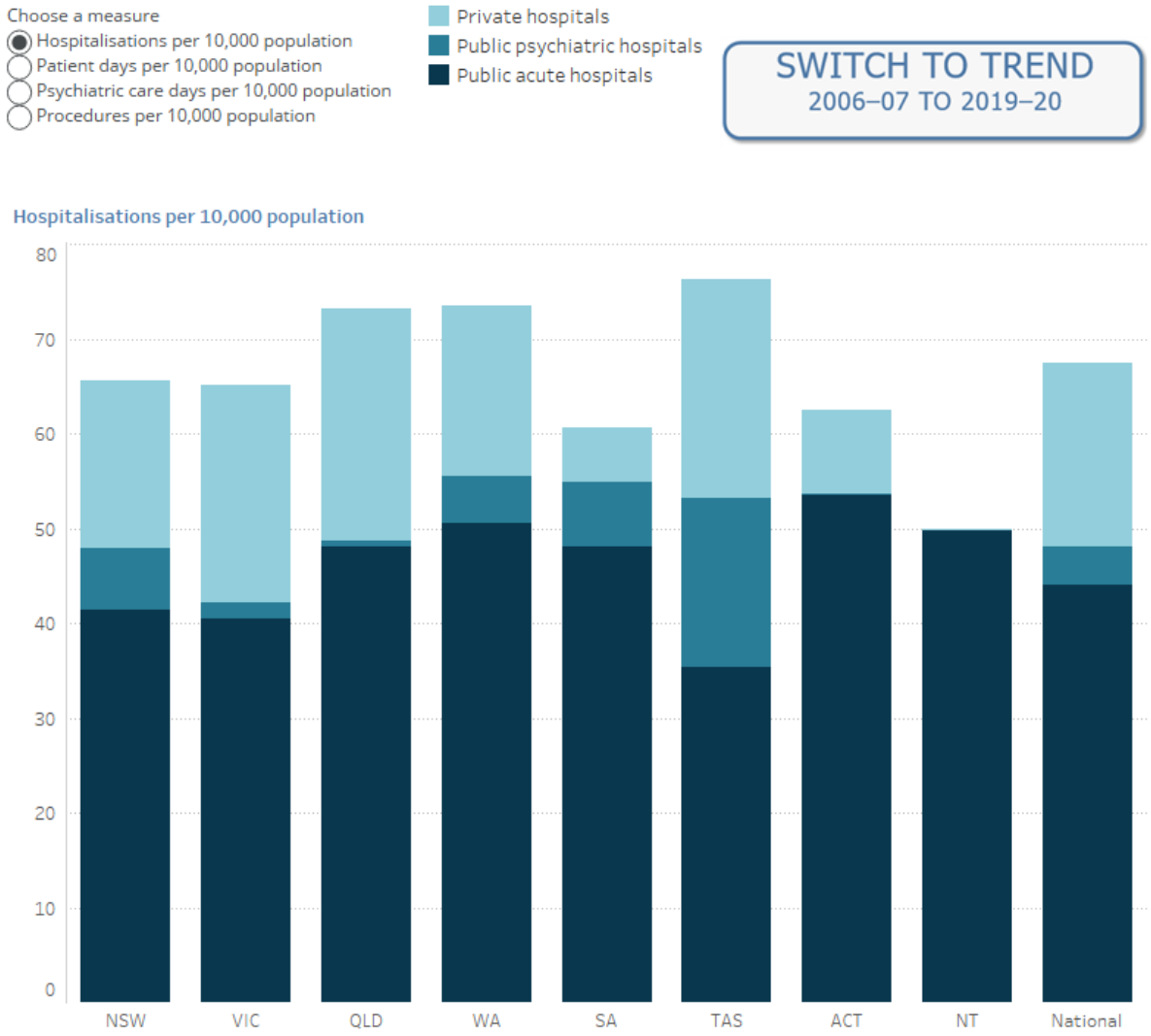

Figure ON.1.1: Overnight mental health-related hospitalisations, patient days, psychiatric care and procedures with specialised psychiatric care, state and territory, by hospital type, 2019–20

http://www.aihw.gov.au/mhsa

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

Source: Overnight admitted mental health-related care 2019–20 table ON.5, table ON.3

Figure ON.1 is an interactive figure, which can be explored in detail on the MHSA website.
Figure ON.1.2, timeseries trend of Figure ON.1.1 can be found on the MHSA website.

Length of stay and mode of separation

In 2019–20, the national average length of stay for overnight mental health-related hospitalisations in *public acute hospitals* was 15.3 days, which is similar to the 2018–19 figures (15.1 days). Please refer to the data source for information on patient day fluctuations over time. New South Wales had the longest average length of stay (18.1 days) and the Northern Territory the shortest (11.9 days). The average length of stay in *public psychiatric hospitals* ranged between 35.1 days in South Australia to 246.6 days in Queensland.

In 2019–20, the most common mode of separation (e.g. leaving hospital) for overnight mental health-related hospitalisations in both public (84.8%) and private (94.3%) hospitals was discharge to 'home', which includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services). Most of the remaining hospitalisations were either transfers to other facilities (e.g. an (other) acute hospital, residential aged care facility, an (other) psychiatric hospital, or other health accommodation) (10.6% from public hospitals and 3.1% from private) or statistical discharges (changes in care type, or discharges from leave) (2.5% for public and 0.4% for private). For jurisdictions, the proportion of discharges from public hospitals to 'home' ranged from 88.4% in the Australian Capital Territory to 78.2% in South Australia.

Note that information on the place to which a patient was discharged or transferred may not be available for some hospitalisations .

Patient demographics

In 2019–20, the rate of overnight mental health-related hospitalisations with specialised psychiatric care was highest for patients aged 18–24 years and 35–44 years (108.1 and 104.3 per 10,000 population respectively) and lowest for those aged 0-4 years and 5–11 years (0.7 and 1.9 per 10,000 population respectively) (Figure ON.2.1). Overall, the rate was higher for females than males (70.0 and 65.0 per 10,000 population respectively), but there is variation across individual age groups.

There were 13,039 overnight mental health-related hospitalisations with specialised psychiatric care for Indigenous Australians in 2019–20, or 154.2 per 10,000 population, which is 2.4 times higher than the rate for non-indigenous patients (63.5). Age standardised rates were 169.6 and 62.8 per 10,000 population respectively, so the standardised rate for Indigenous people was 2.7 times that of other patients.

Patients living in *Major cities* and *Inner regional* areas had the highest overnight mental health-related hospitalisations with specialised psychiatric care in 2019–20 (66.9 and 67.5 per 10,000 population respectively), whilst those living in *Remote* and *Very remote* areas had the lowest (42.0).

Figure ON.2: Overnight mental health-related hospitalisations with specialised psychiatric care, by demographics, 2006–07 to 2019–20

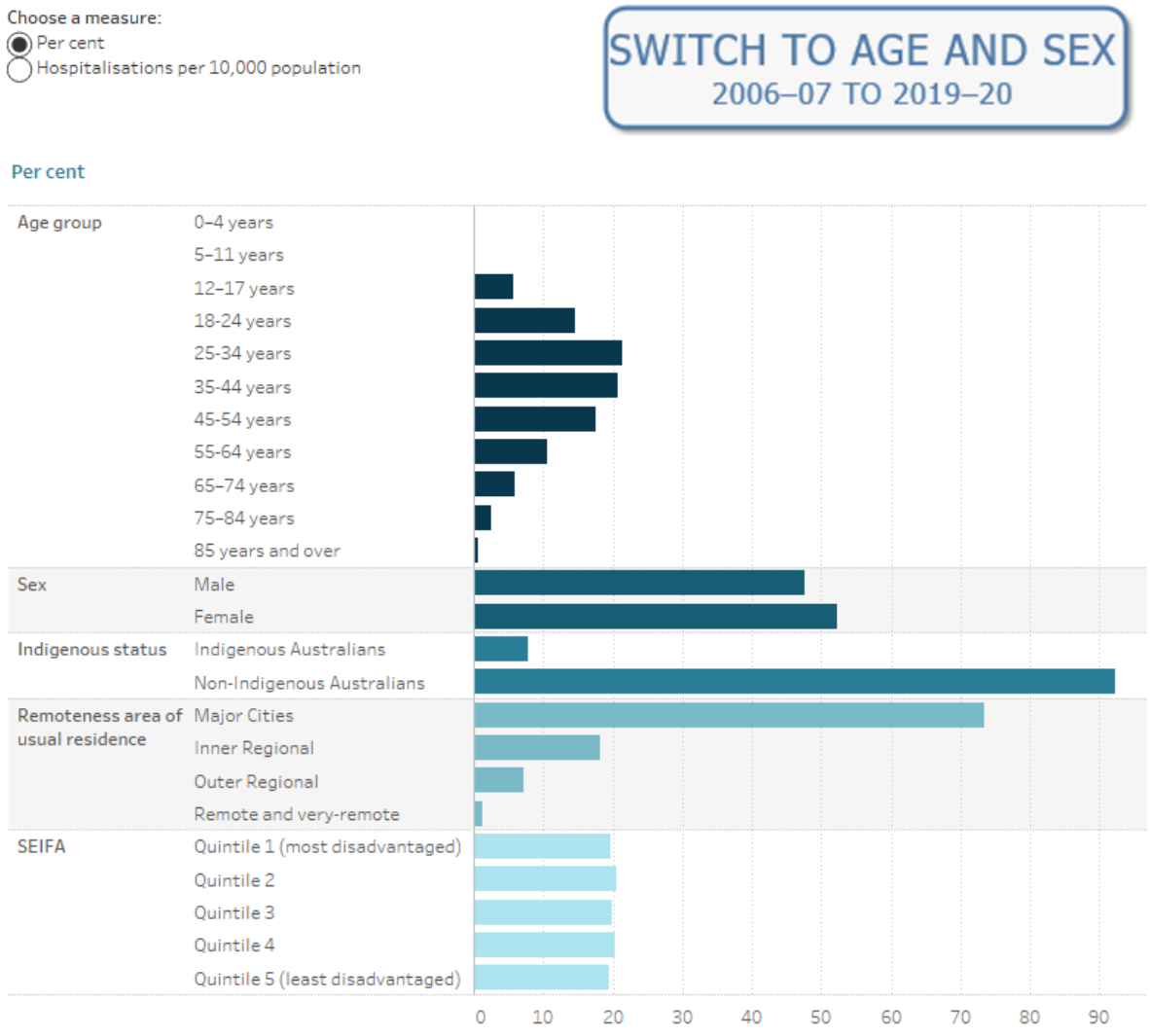

Figure ON.2.1: Overnight mental health-related hospitalisations with specialised psychiatric care, by demographic variable, 2019–20.
http://www.aihw.gov.au/mhsa

Source: Overnight admitted mental health-related care 2019–20 Table ON.6 & Table ON.4

Figure ON.2 is an interactive figure, which can be explored in detail on the MHSA website.
Figure ON.2.2, hospitalisations by age and sex can be found on the MHSA website.

Alt text: Figure ON.2.1, a horizontal bar chart showing the per cent and rate (per 10,000 population) of overnight admitted mental health-related hospitalisations with specialised psychiatric care by age group, sex, Indigenous status, remoteness and SEIFA quintiles in 2019–20. The figure reports age group by 0–4 years, 5–11 years, 12–17 years, 18–24 years, 25–34 years, 35–44 years, 45–54 years, 55–64 years, 65–74 years, 75–84 years, and 85 years and older. Sex is reported for males and females, Indigenous status is reported by Indigenous Australians and Non-Indigenous Australians, remoteness is reported by people living in *Major cities*, *Inner regional*, *Outer regional*, and *Remote and very remote* and SEIFA quintiles are reported from 1 (most disadvantaged) to Quintile 5 (least disadvantaged). Refer to Table ON.6.
Figure ON.2.2, a vertical stacked bar chart showing the rate (per 10,000) of overnight admitted mental health-related hospitalisations with specialised psychiatric care, by age and sex from 2006–07 to 2019–20. In 2019–20, there were 0.6 and 0.7 hospitalisations per 10,000 population for males and females aged 0–4 years with specialised psychiatric care; 2.3, 1.6 for 5–11 years, 31.6, 78.1 for 12–17 years, 92.3, 124.4 for 18–24 years, 97.8, 94.6 for 25–34 years, 112.1, 96.5 for 35–44 years, 93.7, 93.0 for 45–54 years, 59.2, 63.7 for 55–64 years, 40.9, 47.9 for 65–74 years, 29.3,38.5 for 75–84 years, and 21.5, 25.6 for 85 years and older. Refer to table ON.4.

Changes over time

The rate of overall overnight mental health-related hospitalisations with specialised psychiatric care per 10,000 population has been steadily increasing in the past decade with an average annual increase of 4.0% between 2009–10 and 2019–20, and an average increase of 2.5% in the 5 years to 2019–20 (Figure ON.1.2).

Hospitalisation rates for people aged 12–17 years have increased substantially since 2006–07. In 2019–20 the rates for males and females in this age range were 31.6 and 78.1 per 10,000 population respectively, which represent 72.3% and 109.3% increases on 2006–07 rates.

For male and female populations aged 18–24 years, the rates per 10,000 population have increased 25.7% and 75.9% respectively since 2006–07, and the female rate was 1.3 times the male rate in 2019–20 (Figure ON.2.2). The reverse occured for those aged 35–44 years, with the 2019–20 male and female rates being 112.1 and 96.5 respectively, 35.8% and 19.1% higher than 2006–07 rates (82.6 and 81.0 respectively). In recent years, the rate for males has been 13% to 16% higher rate than the female rate in this age group.

Principal diagnosis

The most frequently reported principal diagnoses in 2019–20 for an overnight mental health-related hospitalisation with specialised psychiatric care were *Depressive episode* (ICD-10-AM code: F32) (15.4%) followed by *Schizophrenia* (F20) (13.4%), and *Reaction to severe stress and adjustment disorders* (F43) (10.2%).

The profile of diagnoses varies with hospital type. For example, about 1 in 5 hospitalisations in public acute hospitals and public psychiatric hospitals had a principal diagnosis of *Schizophrenia* (F20) (17.6% and 22.2% respectively), compared with about 1 in 42 for private hospitals (2.0%). Over 1 in 4 (27.5%) hospitalisations with specialised

psychiatric care in private hospitals had a principal diagnosis of *Depressive episode* (F32), compared with 11.0% and 5.7% for public acute and public psychiatric hospitals respectively (Figure ON.3.1).

Procedures

The most frequently reported procedure block for overnight mental health-related hospitalisations with specialised psychiatric care in 2019–20 was *Generalised allied health interventions* (44.4% of procedures, and associated with 58.9% of hospitalisations) followed by *Psychological/psychosocial therapies* (13.9% of procedures and 19.0% of hospitalisations), (Figure ON.3.2). *Cerebral anesthesia* was the third most frequently reported procedure block (11.2% of procedures and associated with 5.1% of hospitalisations). *Cerebral anesthesia* is most likely associated with the administration of electroconvulsive therapy (ECT), the fourth most frequently reported procedure block, and a form of treatment for depression, which was the most common principal diagnosis for hospitalisations with specialised psychiatric care.

Of *Generalised allied health interventions*, procedures provided by Social work were the most common (26.9% of allied health interventions), followed by Pharmacy (18.6%) and Occupational therapy (17.1%).

Figure ON.3: Proportion of overnight mental health-related hospitalisations with specialised psychiatric care, for 5 commonly reported principal diagnoses and procedure blocks, by hospital type, 2019–20

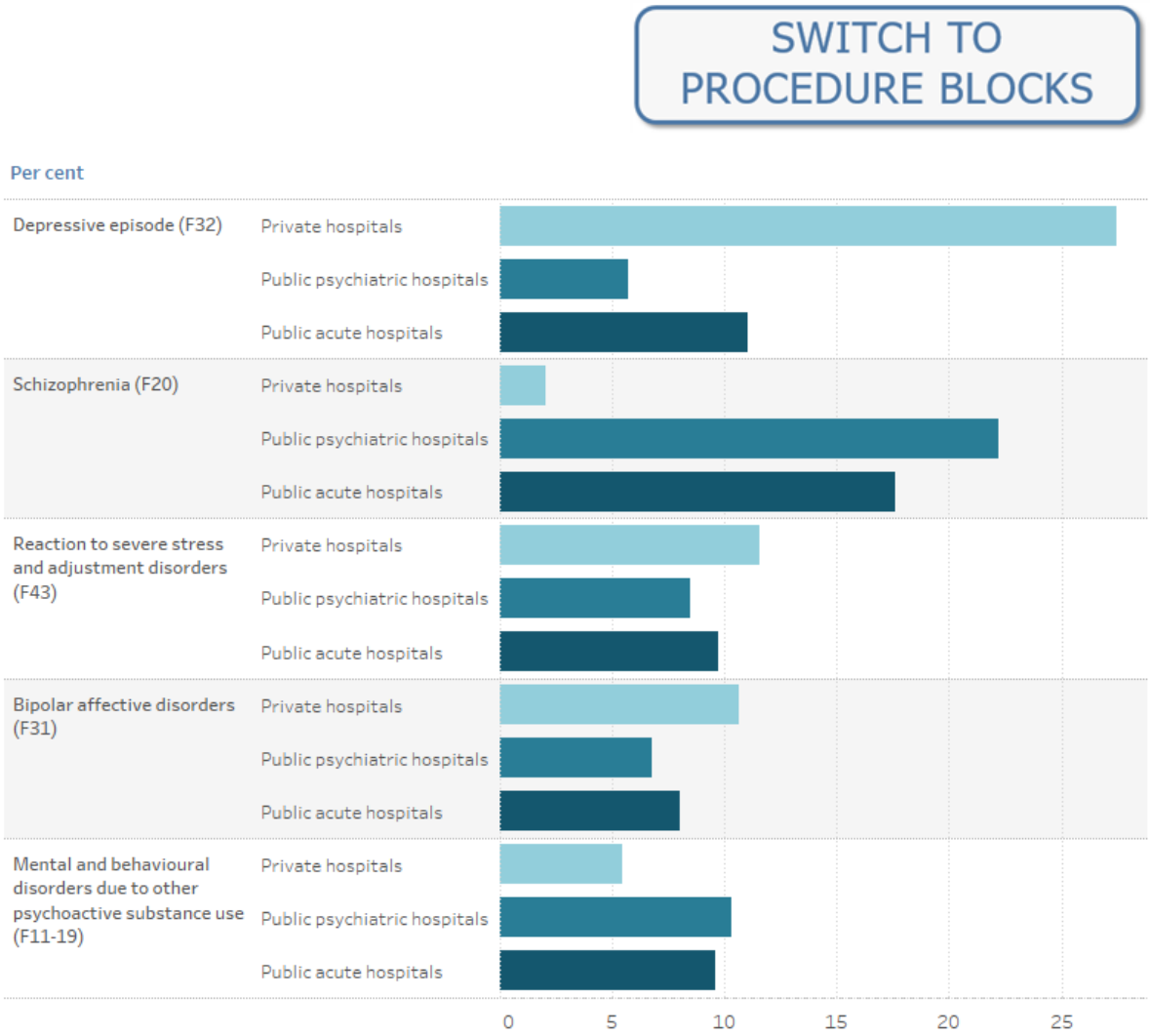

Figure ON.3.1: Proportion of overnight mental health-related hospitalisations with specialised psychiatric care, for 5 commonly reported principal diagnoses, by hospital type, 2019–20

http://www.aihw.gov.au/mhsa

Source: Overnight admitted mental health-related care 2019–20 tableON.7, & ON.10

Figure ON.3.1 is an interactive figure, which can be explored in detail on the MHSA website.
Figure ON.3.2, hospitalisations by procedure blocks can be found on the MHSA website.

Non-specialised admitted patient mental health care

Non-specialised admitted patient mental health care takes place in hospital but outside a designated psychiatric unit but for which the principal diagnosis is considered to be mental health-related.

A list of mental health-related principal diagnoses is available in the technical information section. Data for public acute and public psychiatric hospitals are combined, as there were very few hospitalisations without specialised psychiatric care in public psychiatric hospitals in 2019–20.

States and territories

In 2019–20, the national rate of public hospital mental health-related hospitalisations without specialised psychiatric care was 36.5 per 10,000 population. The rate ranged between 23.6 (Tasmania) and 77.6 (Northern Territory) (Figure ON.4.1).

The national rate of mental health-related hospitalisations without specialised psychiatric care in private hospitals was 3.6 per 10,000 population. The rate ranged between 0.4 (Northern Territory) and 6.4 (Queensland).

Figure ON.4: Overnight mental health-related hospitalisations , patient days and procedures without specialised psychiatric care, states and territories, by hospital type, 2006–07 to 2019–20

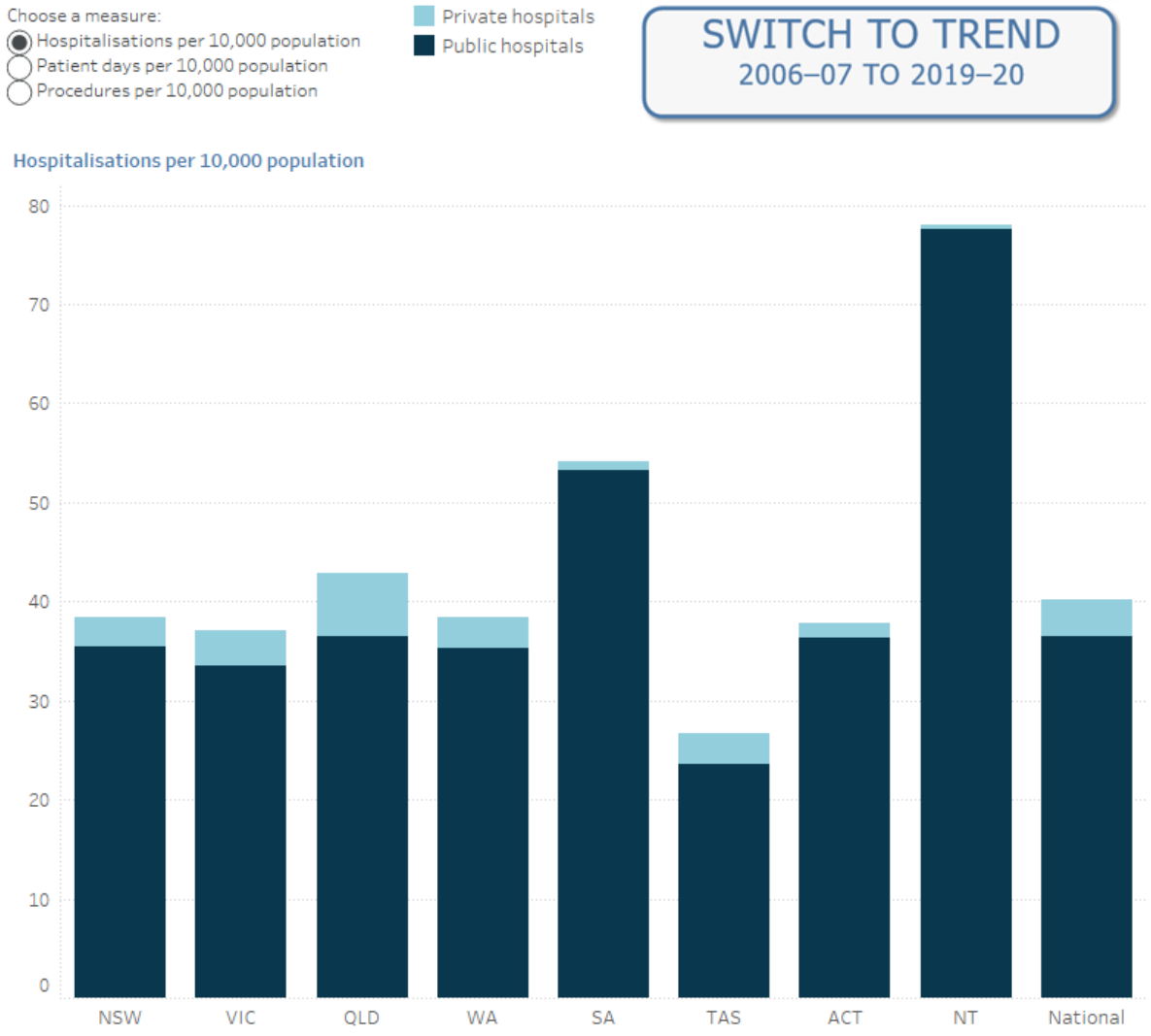

Figure ON.4.1: Overnight mental health-related hospitalisations, patient days and procedures without specialised psychiatric care, state and territory, by hospital type, 2019–20

http://www.aihw.gov.au/mhsa

Source: Overnight admitted mental health-related care 2019–20 Table ON.5, & Table ON.3

Figure ON.4 is an interactive figure, which can be explored in detail on the MHSA website.
Figure ON.4.2, timeseries trend of Figure ON.4.1 can be found on the MHSA website.

Patient demographics

In 2019–20, the highest rate of overnight mental health-related hospitalisations without specialised psychiatric care was for patients aged 85 and older (297.0 per 10,000 population) and the lowest for those aged 5–11 (3.8). The rate was slightly higher for females than males (41.5 and 38.7 respectively) (Figure ON.5.1), but there is variation across individual age groups. Females had higher rates for age groups 5–11 years, 12–17 years, 18–24 years, and 25–34 years, while males had higher rates for all other age groups.

There were 7,980 overnight mental health-related hospitalisations without specialised psychiatric care for Indigenous Australians in 2019–20, or 94.4 per 10,000 population, which is 2.5 times higher than the rate of 38.1 for other patients. Age standardised rates were 115.1 and 31.5 respectively, so the standardised rate for Indigenous people was 3.7 times that of other patients.

People living in *Remote* and *Very remote* areas had the highest rate of overnight mental health-related hospitalisations without specialised psychiatric care in 2019–20 and those living in *Major cities* had the lowest rate (77.8 and 37.5 respectively).

People living in the most disadvantaged socioeconomic quintile (SEIFA Quintile 1) had the highest rate of overnight mental health-related hospitalisations without specialised psychiatric care at 44.8 per 10,000 people. Those living in the least disadvantaged quintile (SEIFA Quintile 5) had the lowest rate of 34.1.

Figure ON.5: Overnight mental health-related hospitalisations without specialised psychiatric care, demographics, 2006–07 to 2019–20

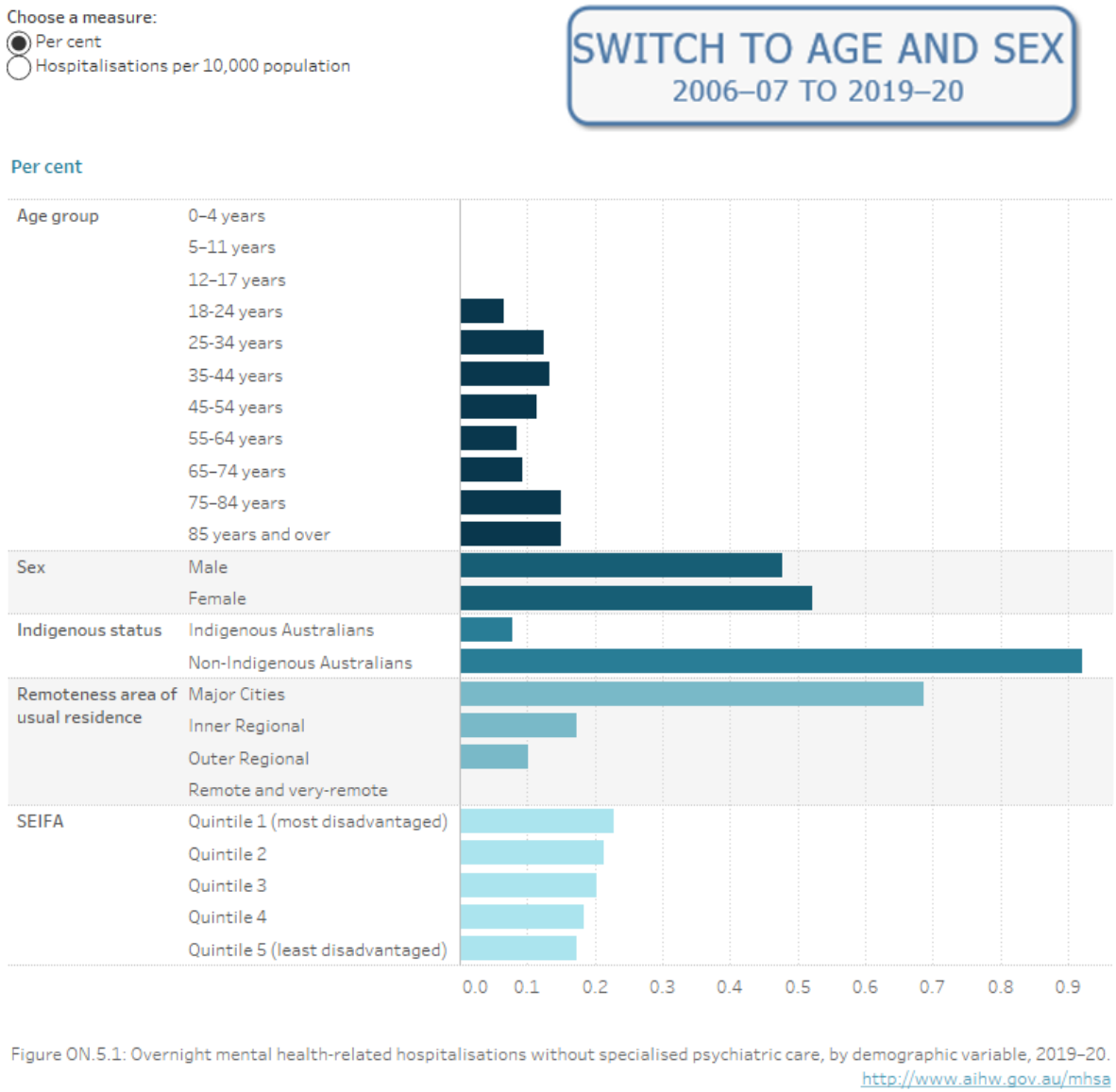

Figure ON.5.1: Overnight mental health-related hospitalisations without specialised psychiatric care, by demographic variable, 2019–20.
http://www.aihw.gov.au/mhsa

Source: Overnight admitted mental health-related care 2019–20 table ON.6, & ON.4

Figure ON.5 is an interactive figure, which can be explored in detail on the MHSA website.
Figure ON.5.2, hospitalisations by age and sex can be found on the MHSA website.

Changes over time

The rate of overall overnight mental health-related hospitalisations without specialised psychiatric care per 10,000 population has increased over the past decade at an average

annual rate of 1.6% between 2009–10 and 2019–20, and a larger increase of 2.0% in the 5 years from 2015–16 and 2019–20.

For each year examined, and for each sex, the rate of overnight mental health-related hospitalisations without specialised care per population was highest for older adults (75–84 years, and 85+ years) (Figure ON.5.2). For the 12–17 years age group, the rate of hospitalisations for females was more than 3 times the rate of males, a similar pattern to that seen for hospitalisations with specialised psychiatric care.

In both the 75–84 year old and 85+ year old age groups, the rate of hospitalisations per 10,000 population have been increasing over time. For these age groups, males have consistently had a higher rate than the female population. The contrast with the rates for overnight mental health related hospitalisations with specialised care should be noted for these older age groups.

Principal diagnosis

In 2019–20, the most frequently reported principal diagnosis for overnight mental health-related hospitalisations without specialised psychiatric care were *Other organic mental disorders* (20.4% in public and 21.4% in private hospitals), followed by *Mental and behavioural disorders due to use of alcohol* (ICD-10-AM code F10) (20.2% in public hospitals and 23.8% in private hospitals) (Figure ON.6.1).

Procedures

Two-thirds (69.8%) of overnight mental health-related hospitalisations without specialised psychiatric care recorded at least 1 procedure in 2019–20. The most frequently reported procedure block was *Generalised allied health intervention* (69.5%), which was recorded for more than half of these hospitalisations (55.6%). The most frequent *Allied health interventions* were *Social work* (21.5% of allied health procedures), followed by *Physiotherapy* (21.0%) and *Occupational therapy* (16.4%) (Figure ON.6.2).

The next most frequently reported procedure block was *Alcohol and drug rehabilitation and detoxification*, which was recorded for 8.8% of overnight hospitalisationswithout specialised psychiatric care.

Figure ON.6: Proportion of overnight mental health-related hospitalisations without specialised psychiatric care, for 5 commonly reported principal diagnoses and procedure blocks, by hospital type, 2019–20

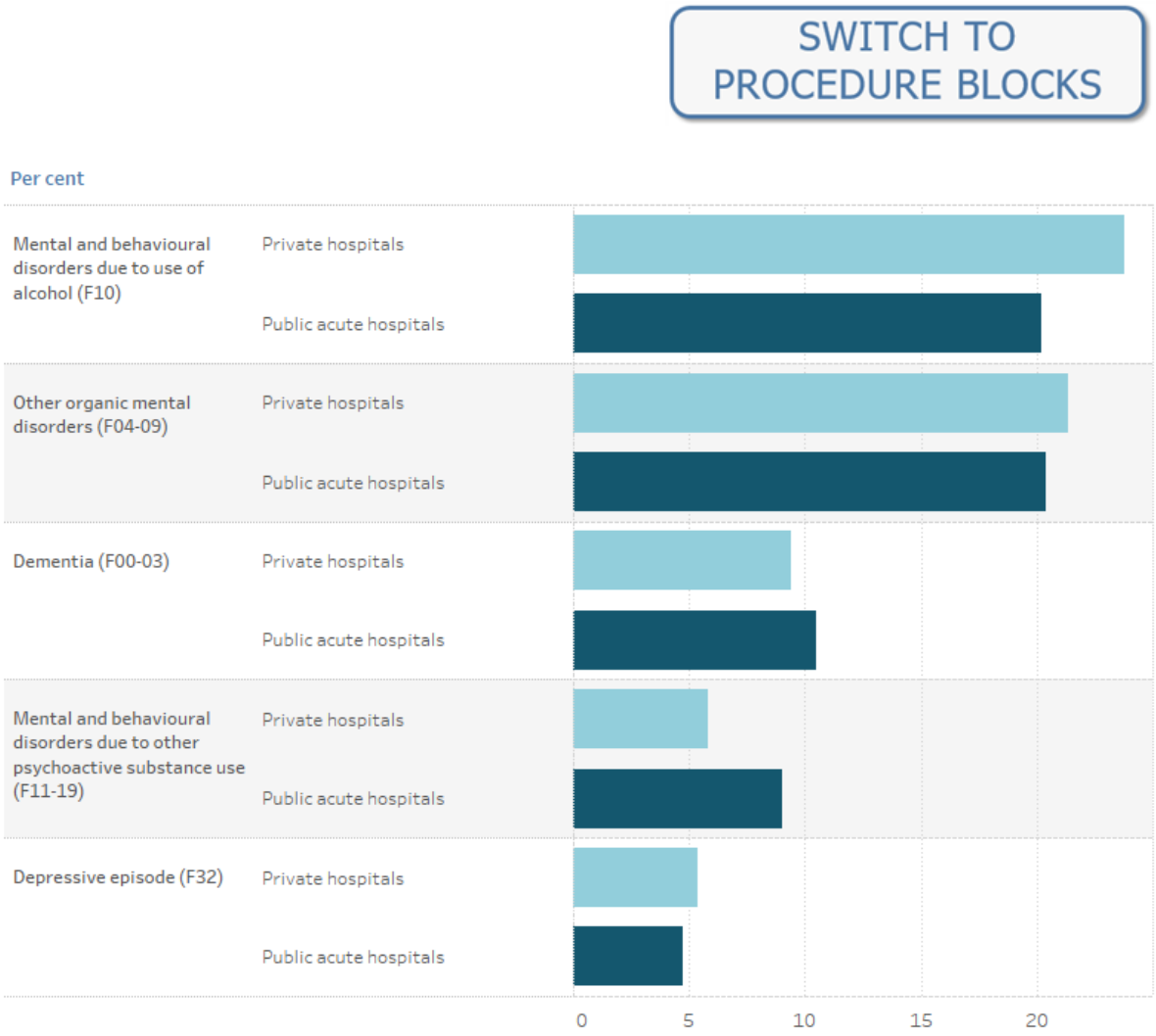

Figure ON.6.1: Proportion of overnight mental health-related hospitalisations without specialised psychiatric care, for 5 commonly reported principal diagnoses, by hospital type, 2019–20

http://www.aihw.gov.au/mhsa

Source: Overnight admitted mental health-related care 2019–20 table ON.7, & ON.10

Figure ON.6 is an interactive figure, which can be explored in detail on the MHSA website.
Figure ON.6.2, hospitalisations by procedure blocks can be found on the MHSA website.

Regional reporting

Information on overnight mental health-related hospitalisations is reportable at smaller geographic areas than state and territory boundaries. Sub-jurisdictional reporting provides the opportunity to consider differences within jurisdictions. For the analysis presented here, the geographical area is based on the usual residence of the patient rather than the geographical location of the hospital. There are 2 types of geographical areas which are reported here:

- Primary Health Network (PHN) areas – 31 geographic areas covering Australia, with boundaries defined by the Australian Government Department of Health.
- Statistical Areas Level 3 (SA3s) – 337 geographic areas covering Australia, with boundaries defined by the Australian Bureau of Statistics.

In 2019–20, the national rate of mental health-related hospitalisations was 107.7 per 10,000 population. At the PHN level, *Western Queensland* (PHN code 305) had the highest rate (156.3) and *Western Sydney* (PHN code 103) had the lowest (82.5).

The observed variability in hospitalisation rates between geographical areas may be due to a range of factors including the proportion of the population in an area with a diagnosable mental illness who are admitted to hospital, availability of community-based services and variability in approaches to planning and delivering mental health support services across and within states and territories.

Data source

On this page

National Hospital Morbidity Database

Data are sourced from the National Hospital Morbidity Database (NHMD); a collation of data on admitted patient care in Australian hospitals defined by the Admitted Patient Care National Minimum Data Set (APC NMDS). It is possible for patients to have multiple hospitalisations in any given reference period. The statistical measures presented are derived based on episodes of care that ended within a collection period. The NHMD is a compilation of episode-level records from admitted patient morbidity data collections in Australian hospitals. It includes demographic, administrative and length of stay data for each hospitalisation. Clinical information such as diagnoses, procedures undergone and external causes of injury and poisoning are also recorded. For further details on the scope and quality of data in the NHMD, refer to *Admitted patient care: Australian Hospital Statistics 2019–20*.

The 2019–20 collection contains data for separations (referred to as hospitalisations in this report) that occurred between 1 July 2019 and 30 June 2020. Admitted patient episodes of care/hospitalisations that began before 1 July 2019 are included if the hospitalisation date fell within the collection period (2019–20). A record is generated for each hospitalisation rather than each patient. Therefore, those patients who separated from hospital more than once in the reference year have more than one record in the database.

Specialised mental health care is identified by the patient having 1 or more psychiatric care days recorded—that is, care was received in a specialised psychiatric unit or ward during that hospitalisation. In public acute hospitals, a 'specialised' episode of care or hospitalisation may comprise some psychiatric care days and some days in general care. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only and to be 'specialised', unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

Although there are national standards for data on admitted patient care, the results presented here may be affected by variations in admission and reporting practices between states and territories. Interpretation of the differences between states and territories therefore needs to be made with care. The principal diagnosis refers to the diagnosis established after observation by medical staff to be chiefly responsible for the patient's episode of admitted patient care. For 2019–20, diagnoses are classified

according to the *International Statistical Classification of Diseases and Related Health Problems, 11th revision, Australian Modification* (ICD-10-AM 11th edition) (ACCD 2016). Further information on this is included in the technical information section.

For 2019–20, procedures are classified according to the *Australian Classification of Health Interventions, 10th edition*. Further information on this classification is included in the technical information section. More than one procedure can be reported for a hospitalisation and not all hospitalisations have a procedure reported.

The large decline in patient days associated with public hospital mental health-related hospitalisations from 2016–17 to 2017–18 followed large increases from 2014–15 to 2016–17. These fluctuations are likely to be related to the introduction of the *Mental health* care type from 1 July 2015. For example, to change the care type of patients receiving mental health care, Queensland (in 2015–16) and New South Wales (in 2016–17) discharged and readmitted patients, causing the rise in hospitalisations and patient days counted in those years. The rise in patient days is substantially impacted by long stay mental health patients, who can individually account for hundreds, or in some cases thousands, of days. The subsequent decline in patient days seen in 2017–18 is impacted by days accrued before the change in care type being counted in an earlier year.

References

ACCD (Australian Consortium for Classification Development) 2016. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS), 10th ed. Sydney: University of Sydney.

Key Concepts

Overnight admitted mental health-related care

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

	the type of service provided by the hospital for boarders or posthumous organ procurement (other care).

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

Overnight admitted patient care	For this report **overnight admitted patient hospitalisations** refers to those hospitalisations when a patient undergoes a hospital's formal admission process, completes an episode of care, is in hospital for more than one day and 'separates' from the hospital. Same-day hospitalisations are reported separately in the Admitted patient care – same-day care section of this report.
Patient day	**Patient day** means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day. The length of stay for an overnight patient is calculated by subtracting the date the patient was admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day. Patient day statistics can be used to provide information on hospital activity that, unlike hospitalisation statistics, account for differences in length of stay. The patient day data presented in this report include days within hospital stays that occurred before 1 July provided that the hospitalisation occurred during the relevant reporting period (that is, the financial year period). This has little or no impact in private and public acute

	hospitals, where hospitalisations are relatively brief, the amount of information delivered is relatively high and the patient days that occurred in the previous year are expected to be approximately balanced by the patient days not included in the counts because they are associated with patients yet to separate from the hospital and therefore yet to be reported. However, some public psychiatric hospitals provide very long stays for a small number of patients and, as a result, would have comparatively large numbers of patient days recorded that occurred before the relevant reporting period and may not be balanced by patient days associated with patients yet to separate from the hospital.
Principal diagnosis	The principal diagnosis is the diagnosis established after examination to be chiefly responsible for occasioning the patient's episode of admitted patient care.
Procedure	**Procedure** refers to a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included. Procedures are grouped together in blocks (**Procedure blocks**) based on the area of the body, health professional or intervention involved.
Psychiatric care days	**Psychiatric care days** are the number of days or part days the person received care as an admitted patient in a designated psychiatric unit or ward.

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