Ambulatory-equivalent mental health-related admitted patient care — public hospitals

Ambulatory-equivalent mental health-related care is provided to patients in hospital and is broadly comparable to that provided in community mental health care services. For example, these hospitalisations do not involve an overnight stay and, if any mental health-related procedure is recorded, it is one that could have been administered in an ambulatory setting. This type of care can be classified as being with or without specialised psychiatric care. This care is provided in either a public acute, public psychiatric or private hospitals (see Mental health care facilities key concepts section for hospital types).

The data presented in this section are from the National Hospital Morbidity Database (NHMD) and cover ambulatory-equivalent separations reported from public acute and public psychiatric hospitals. For the first time in 2012–13, the scope of this section no longer includes private hospital ambulatory-equivalent data. A more complete representation of private hospital activity is collected by the Private Mental Health Alliance Centralised Data Management Service (PMHA-CDMS) and is now presented separately in the new ‘Ambulatory-equivalent mental health episodes – private hospitals’ section. More detailed information on both public and private hospital data sources is available in the data source section of each section.

Due to the number of reported ambulatory-equivalent separations from public psychiatric hospitals, these separations have been combined with public acute hospitals. Where possible the data make a distinction between separations with and without specialised psychiatric care.

Key points

- In 2012–13, there were 28,377 ambulatory-equivalent mental health-related separations in public acute and public psychiatric hospitals, accounting for 0.5% of all public hospital separations.
- The largest number and highest rate of ambulatory-equivalent separations without specialised care were for patients aged 15–24.
- Aboriginal and Torres Strait Islander People represented 12.8% of ambulatory-equivalent separations without specialised care, at a rate about 5 times that of other Australians.
- Other anxiety disorders (22.4%) and mental and behavioural disorders due to the use of alcohol (43.3%) were the most common principal diagnoses recorded for ambulatory-equivalent separations both with and without specialised care.

Overview

In 2012–13, there were 5.5 million separations reported from Australian public hospitals (AIHW 2014). There were 28,377 ambulatory-equivalent mental health-related separations in public acute and public psychiatric hospitals, accounting for 0.5% of all public hospital separations. Specialised psychiatric care was provided for 35.4% of ambulatory-equivalent separations in public hospitals; however, the majority (64.6%) did not have specialised psychiatric care.

Nationally, there were 12.3 ambulatory-equivalent mental health-related separations in public hospitals per 10,000 population. Queensland had the highest rate of separations (16.1 per 10,000 population) and Tasmania has the lowest (3.4).
Ambulatory-equivalent mental health-related separations over time — public hospitals

Over the 5-year period to 2012–13, there was an average annual increase of 5.2% in the number of ambulatory-equivalent mental health-related separations in public hospitals. The rate of ambulatory-equivalent separations without specialised psychiatric care has remained relatively stable over time (from 8.3 per 10,000 population in 2008–09 to 8.1 in 2012–13). In contrast, the rate of ambulatory-equivalent separations with specialised psychiatric care has increased over time, from 2.4 per 10,000 population in 2008–09 to 4.2 in 2012–13 (Figure AMB.1).

Figure AMB.1: Ambulatory-equivalent mental health-related separation rates for public hospitals, with and without specialised psychiatric care, 2008–09 to 2012–13

<table>
<thead>
<tr>
<th>Year</th>
<th>With specialised psychiatric care</th>
<th>Without specialised psychiatric care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008–09</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>2009–10</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>2010–11</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>2011–12</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>2012–13</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: Separations with a care type of Newborn (without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded.

Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.2 (264KB XLS).
Ambulatory-equivalent mental health-related separation patient characteristics — public hospitals

Demographics

With specialised care

In 2012–13, the rate of ambulatory-equivalent mental health-related separations with specialised care was highest for patients aged 65 and over and lowest for those aged 55–64 (12.0 and 0.5 per 10,000 population respectively) (Figure AMB.2). Females accounted for 54.4% of ambulatory-equivalent separations, but the rate was similar for males and females (2.0 and 2.4 per 10,000 population respectively). The most marked differences in rates between males and females were seen for patients aged less than 15 and for patients aged between 15 and 24.

Figure AMB.2: Ambulatory-equivalent mental health-related separation rates for public hospitals, with specialised care, by sex and age group, 2012–13

Indigenous Australians accounted for 3.3% of ambulatory-equivalent separations with specialised care—a rate of 4.0 per 10,000 population, similar to that of other Australians (4.2). The rate of separations of Australian-born patients was 3 times that of those born overseas (5.4 and 1.8 per 10,000 population respectively). The majority of people who had an ambulatory-equivalent separation with specialised care lived in Major cities (91.1%), with 5.5 separations per 10,000 population.
Without specialised care

The highest rate of ambulatory-equivalent mental health-related separations without specialised care was for patients aged 15–24 (14.2 per 10,000 population) and the lowest was for those aged under 15 (3.6). Males and females had similar rates of ambulatory-equivalent separations without specialised care (4.1 and 3.9 respectively).

Figure AMB.3: Ambulatory-equivalent mental health-related separation rates for public hospitals, without specialised care, by sex and age group, 2012–13

Rate (per 10,000 population)

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15–24</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>25–34</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>35–44</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>45–54</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>55–64</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>65+</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: Separations with a care type of Newborn (without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded.

Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.6 (264KB XLS).

Indigenous Australians represented 12.8% of ambulatory-equivalent separations without specialised care and had an age-standardised rate more than 5 times that of other Australians (38.9 and 7.3 per 10,000 population respectively). Those living in Remote and Very remote areas had the highest rate of separations without specialised care (22.9 and 24.8 per 10,000 population respectively).
Mental health-related principal diagnosis – public hospitals

With specialised care

In 2012–13, the most common principal diagnosis for ambulatory-equivalent separations with specialised care was other anxiety disorders (ICD-10-AM code F41) (1,768 or 22.4%), followed by Depressive episode (F32) and Eating disorders (F50) (19.7% and 18.0% respectively) (Figure AMB.4).

Figure AMB.4: Ambulatory-equivalent mental health-related separations in public hospitals, for the 5 most commonly reported principal diagnoses, with specialised care, 2012–13

Principal diagnosis (ICD-10-AM code)

- F41 (Other anxiety disorders)
- F32 (Depressive episode)
- F50 (Eating disorders)
- F43 (Reaction to severe stress, and adjustment disorders)
- F20 (Schizophrenia)

Per cent

Note: Separations with a care type of Newborn (without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded.

Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.7 (264KB XLS).
Without specialised care

The most common principal diagnoses for ambulatory-equivalent separations without specialised care was mental and behavioural disorders due to the use of alcohol (F10) (6,512 or 43.3%), other anxiety disorders (F41) (13.1%) and reaction to severe stress and adjustment disorders (F43) (12.6%) (Figure AMB.5).

Figure AMB.5: Ambulatory-equivalent mental health-related separations in public hospitals, for the 5 most commonly reported principal diagnoses, without specialised care, 2012–13

Principal diagnosis (ICD-10-AM code)

- F10 (Mental and behavioural disorders due to use of alcohol)
- F41 (Other anxiety disorders)
- F43 (Reaction to severe stress, and adjustment disorders)
- F11–F19 (Mental and behavioural disorders due to other...)
- F32 (Depressive episode)

Note: Separations with a care type of Newborn (without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded.

Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.8 (264KB XLS).
Procedures for ambulatory-equivalent mental health-related separations

In 2012–13, 7.7% of all public hospital ambulatory-equivalent mental health-related separations included at least 1 procedure. In total, 2,218 procedures were recorded for separations with and without specialised psychiatric care. The most frequently recorded procedure was allied health intervention, social work, accounting for 40.8% of all recorded procedures, followed by alcohol detoxification (22.8%) and mental/behavioural assessment (21.3%).

Figure AMB.6: The 10 most frequently reported procedures for ambulatory-equivalent mental health-related separations in public hospitals, 2012–13

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Per cent of total procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>95550-01</td>
<td>Allied health intervention, social work</td>
<td>40.8</td>
</tr>
<tr>
<td>92003-00</td>
<td>Alcohol detoxification</td>
<td>22.8</td>
</tr>
<tr>
<td>96175-00</td>
<td>Mental/behavioural assessment</td>
<td>21.3</td>
</tr>
<tr>
<td>95550-10</td>
<td>Allied health intervention, psychology</td>
<td>5.1</td>
</tr>
<tr>
<td>96034-00</td>
<td>Alcohol and other drug assessment</td>
<td>3.5</td>
</tr>
<tr>
<td>95550-02</td>
<td>Allied health intervention, occupational therapy</td>
<td>2.0</td>
</tr>
<tr>
<td>92004-00</td>
<td>Alcohol rehabilitation and detoxification</td>
<td>1.8</td>
</tr>
<tr>
<td>92006-00</td>
<td>Drug detoxification</td>
<td>1.6</td>
</tr>
<tr>
<td>96032-00</td>
<td>Psychological assessment</td>
<td>1.1</td>
</tr>
<tr>
<td>92002-00</td>
<td>Alcohol rehabilitation</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Key:
95550-01 Allied health intervention, social work
92003-00 Alcohol detoxification
96175-00 Mental/behavioural assessment
95550-10 Allied health intervention, psychology
96034-00 Alcohol and other drug assessment
95550-02 Allied health intervention, occupational therapy
92004-00 Alcohol rehabilitation and detoxification
92006-00 Drug detoxification
96032-00 Psychological assessment
92002-00 Alcohol rehabilitation

Notes:
1. Separations with a care type of Newborn without qualified days), and records for Hospital boarders and Posthumous organ procurement have been excluded.
2. A patient may receive one or more procedures during any one separation.

Source: National Hospital Morbidity Database. Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.10 (264KB XLS).
Data sources

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of electronic summary separation records from admitted patient morbidity data collections in Australian hospitals. The NHMD is compiled from data supplied by each of the 8 state and territory health authorities. It includes demographic, administrative and length of stay data for each hospital separation. Clinical information such as diagnoses, procedures undergone and external causes of injury and poisoning are also recorded.

The 2012–13 collection contains data for hospital separations that occurred between 1 July 2012 and 30 June 2013. Admitted patient stays that began before 1 July 2012 are included if the separation date fell within the collection period (2012–13). A record is generated for each separation rather than each patient. Therefore, patients who separated more than once in the reference 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 2012–13 (AIHW 2014).

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

In interpreting the NHMD data presented in this report, note that mental health care for admitted patients in Australia is provided in a large and complex system, and there are state and territory differences in the scope of services provided for admitted patients. Differences in the data presented by jurisdictions may reflect different service delivery practices; admission practices; or types of establishments categorised as hospitals. Interpretation of the differences between jurisdictions therefore needs to be done with care.

The scope of the data collection and the definitions used by the data providers may vary from year to year. Consequently, caution should be exercised when making comparisons between reporting years.

Principal diagnosis refers to the diagnosis established after observation by medical staff to be chiefly responsible for the patient’s episode of admitted care. Diagnoses are classified according to the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM). Further information on this is provided in the online technical information section.

Procedures are classified according to the Australian Classification of Health Interventions (ACHI), 5th edition. Further information on this classification is included in the online technical information section. More than one procedure can be reported for a separation and not all separations have a procedure reported.

Reference

### Key Concepts

#### Ambulatory-equivalent mental health-related admitted patient care

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory-equivalent</td>
<td>A separation is classified as ambulatory-equivalent for this report if each of the following applies:</td>
</tr>
<tr>
<td></td>
<td>• the separation was a same day separation (that is, admission and separation occurred on the same day)</td>
</tr>
<tr>
<td></td>
<td>• no procedure or other intervention was recorded, or any procedure recorded was identified as probably able to be provided in ambulatory mental health care (see the Classification Codes section for a list of procedures identified in this way)</td>
</tr>
<tr>
<td></td>
<td>• the mode of admission did not include a care type change or transfer, and the mode of separation did not include a transfer (to another facility), a care type change, the patient leaving against medical advice or death.</td>
</tr>
</tbody>
</table>

#### Mental health-related

A separation is classified as mental health-related if:

- it had a mental health-related principal diagnosis which, for admitted patient care, 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) classification (codes F00–F99) or a number of other selected diagnoses (see the Classification Codes section for the full list of applicable diagnoses), or
- it included any specialised psychiatric 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.

#### Separation

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. Each record includes information on patient length of stay. A same-day separation occurs when a patient is...
admitted and separated from the hospital on the same date. An overnight separation occurs when a patient is admitted to and separated from the hospital on different dates. The numbers of separations and patient days can be a less reliable measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported.

| Specialised psychiatric care | A separation is classified as having **specialised psychiatric care** if the patient was reported as having spent 1 or more days in a specialised psychiatric unit or ward. |