5 Ambulatory-equivalent admitted patient care

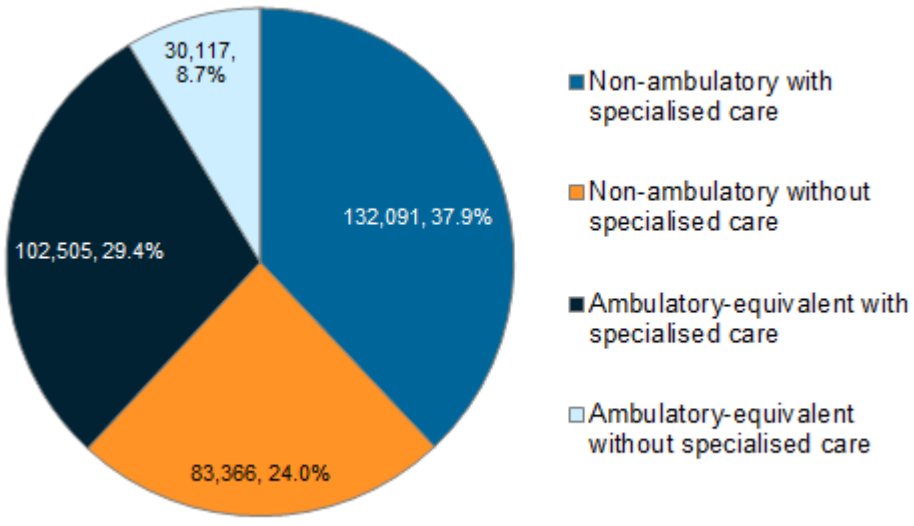
This section presents information on ***mental health-related*** hospital ***separations*** that could be considered to be ***ambulatory-equivalent*** admitted patient care. The data presented in this section are from the National Hospital Morbidity Database (NHMD). More detailed information on the NHMD is available in data source. Definitions of hospital type can be found in the mental health care facilities key concepts section.

Key points

- In 2008–09, there were nearly 133,000 ambulatory-equivalent mental health-related separations.
- Since 2004–05, there has been an annual average increase of 3% in the total number of ambulatory-equivalent mental health-related separations.
- The data show that the typical separation in 2008–09 involved an Australian born non Indigenous female patient, aged 35–54 years, residing in a major city.
- *Depressive episode* (20%) was the most common principal diagnosis recorded.
- The most common procedure (or intervention) recorded for a mental health-related separation was *Cognitive Behaviour Therapy*.

Overview

In 2008–09, a total of 8,148,448 separations were reported from public and private acute and psychiatric hospitals. Approximately 4.3% (348,079) of these separations were mental health-related, comprising both ambulatory-equivalent and non-ambulatory admitted patient separations. There were 132,622 ambulatory-equivalent admitted patient mental health-related care separations reported in 2008–09, accounting for 1.6% of all hospital separations and 38.1% of all mental health-related separations (Figure 5.1).



Note: 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.

Source: National Hospital Morbidity Database

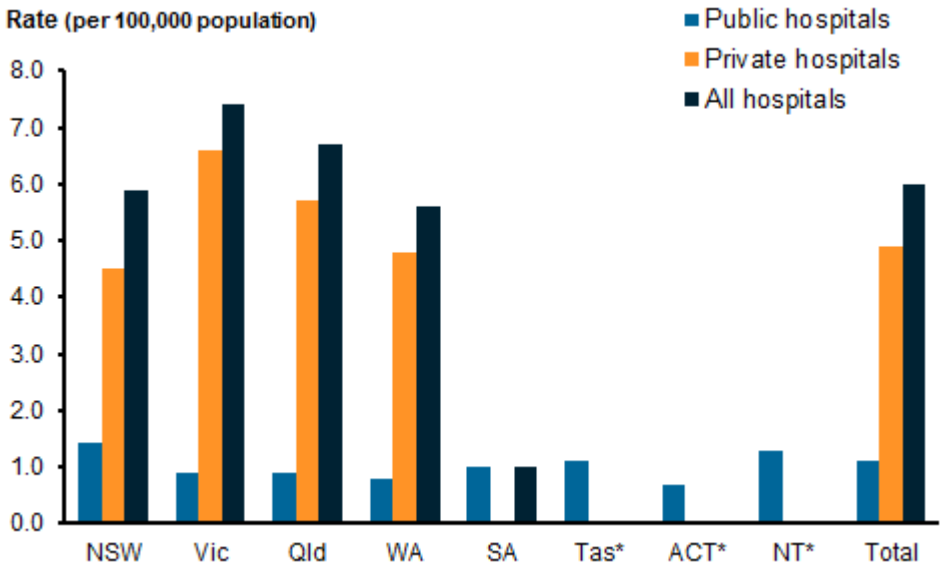
Figure 5.1: Mental health-related separations with or without specialised psychiatric care, 2008–09

Ambulatory-equivalent mental health-related separations by states and territories

There were 132,622 ambulatory-equivalent mental health-related separations reported in 2008–09. This accounted for 1.6% of all separations and 38.1% of all mental health-related separations.

Private hospitals (82.5%) were the predominant providers of ambulatory equivalent mental health-related admitted patient care. ***Specialised psychiatric care*** was provided in 77.3% of all separations, and most commonly by private hospitals (95.3%). Public acute hospitals (60.6%) provided the greatest proportion of separations without specialised psychiatric care.

Nationally, there were 6.0 ambulatory-equivalent mental health-related separations per 1,000 population were reported (Figure 5.2). Victoria (7.4) reported the highest number of separations per 1,000 population, while South Australia (1.0) reported the lowest.



Note:

Public hospitals include public psychiatric and public acute hospitals.

* Data not published. Private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory are not published due to confidentiality reasons, however are included in the total.

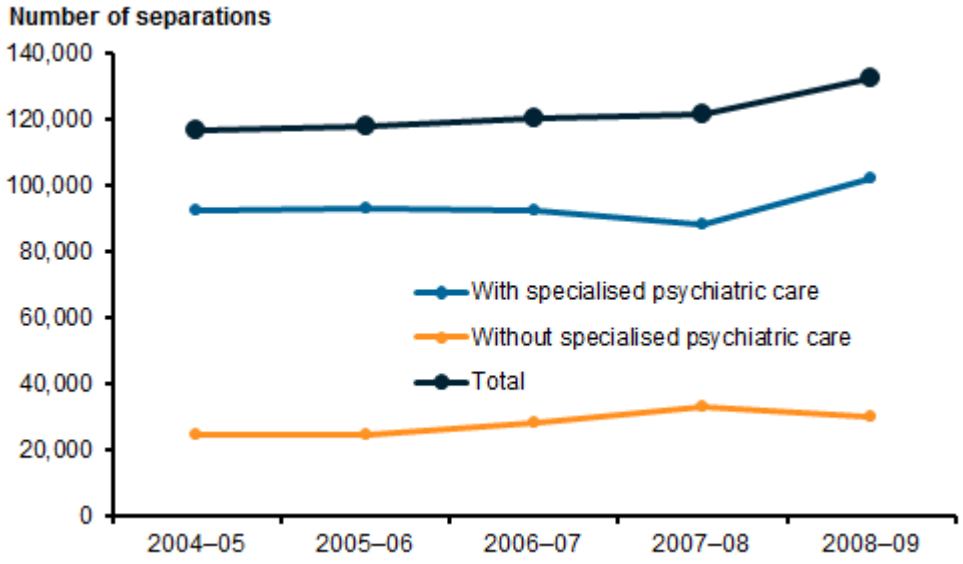
Source: National Hospital Morbidity Database

Figure 5.2: Ambulatory-equivalent mental health-related separations by hospital type, states and territories 2008–09

Ambulatory-equivalent mental health-related separations over time

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.

The total number of ambulatory-equivalent mental health-related separations increased by an annual average of 3.2% between 2004–05 and 2008–09. Between 2007–08 and 2008–09, there was a 16.0% increase in separations with specialised psychiatric care which was offset by a decrease of 9.6% in separations without specialised psychiatric care (Figure 5.3).



Source: National Hospital Morbidity Database.

Figure 5.3: Ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, 2004–05 to 2008–09

Patient characteristics for ambulatory-equivalent mental health-related separations

Patient demographics

The highest number of ambulatory-equivalent mental health-related separations (26,303 or 19.8%) were for patients aged 45–54 years. However, the highest rate of separations (10.1 per 1,000 population) was for patients aged 55–64 years.

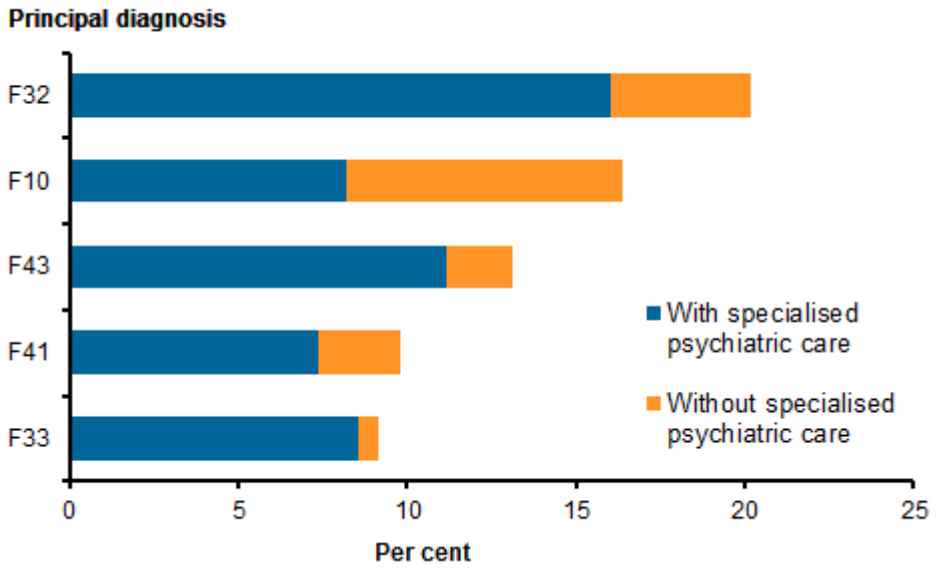
The separation rate for females (7.2 per 1,000 population) was higher than that of males (4.9). The higher proportion of female mental health-related separations was noticeable in those aged 15–54 years. The gender differences evened out in separations involving people aged 55 years and older. The rate of separations of Australian-born patients (6.9) was more than twice that of those born overseas (3.2).

Note that as the data reports the number of separations rather than the number of patients, it is not possible to determine how many separations an individual patient had.

Principal diagnosis

In 2008–09, the principal diagnosis of *Depressive episode* (F32) accounted for the largest number of separations (26,779 or 20.2%) across all hospitals and all separations with and without specialised psychiatric care (Figure 5.3). However, for separations that did not involve specialised care, *Mental and behavioural disorders due to use of alcohol* (F10) (8.2%) was the leading principal diagnosis. Figure 5.4 shows the 5 most commonly reported principal diagnoses by specialised care. Figure 5.5 shows the 5 most commonly reported principal diagnoses by specialised care and hospital type.

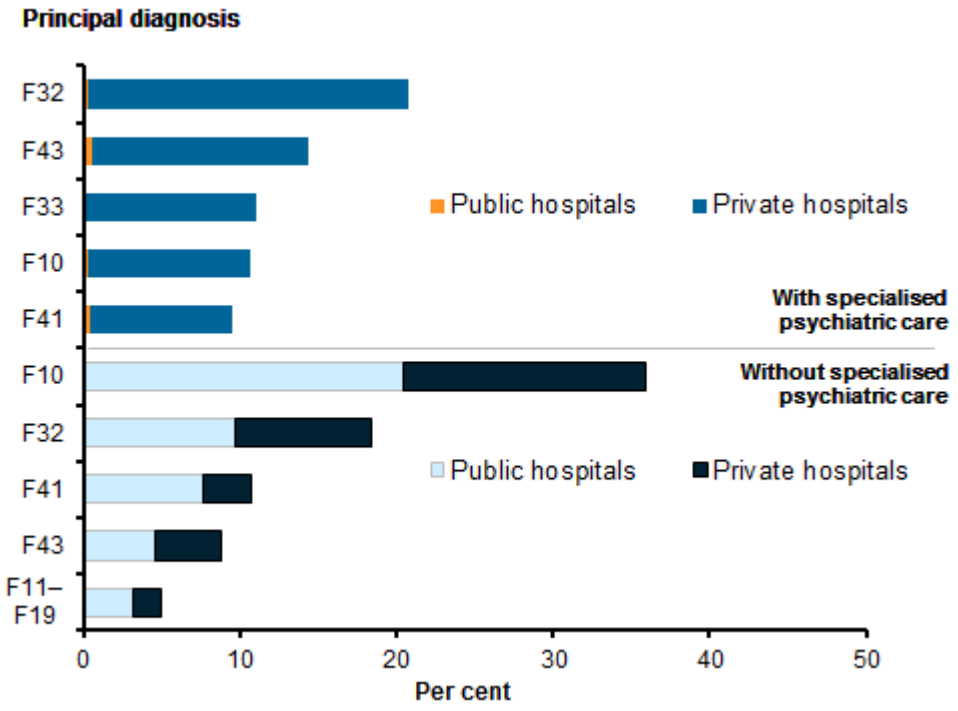
Diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM). Further information on the ICD-CD-AM is provided in the technical information—classifications section.



Key
F10 Mental and behavioural disorders due to use of alcohol
F32 Depressive episode
F33 Recurrent depressive disorders
F41 Other anxiety disorders
F43 Reaction to severe stress and adjustment disorders

Source: National Hospital Morbidity Database.

Figure 5.4: Ambulatory-equivalent mental health-related separations for the 5 most commonly reported principal diagnoses, 2008–09



Key
F10 Mental and behavioural disorders due to use of alcohol
F11–19 Mental and behavioural disorders due to other psychoactive substance use
F32 Depressive episode
F33 Recurrent depressive disorders
F41 Other anxiety disorders
F43 Reaction to severe stress and adjustment disorders

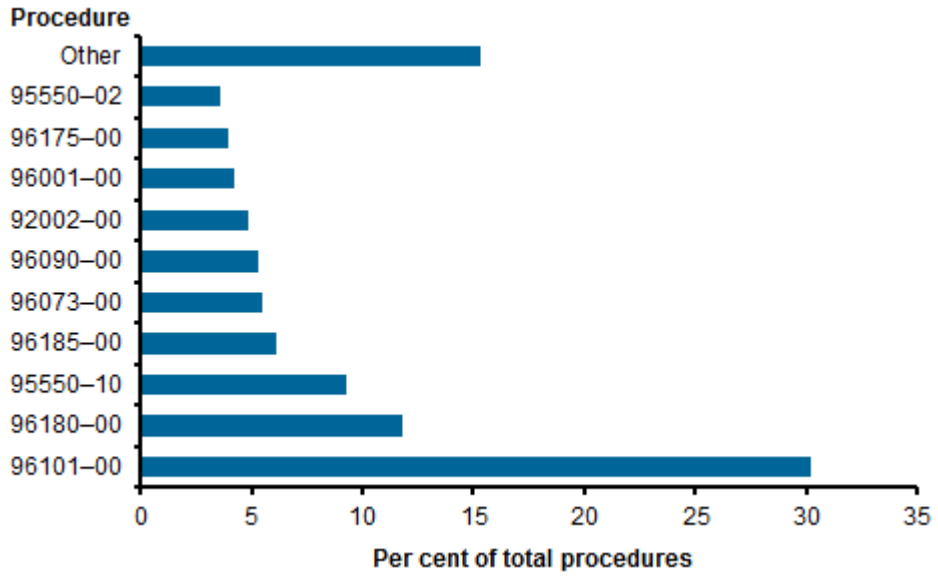
Source: National Hospital Morbidity Database.

Figure 5.5: Ambulatory-equivalent mental health-related separations for the 5 most commonly reported principal diagnoses by type of care and hospital type, 2008–09

Procedures for ambulatory-equivalent mental health-related separations

In 2008–09, around 44.7% of all mental health-related separations had procedures (or interventions) recorded. In total, 68,898 procedures were reported, averaging 1.2 procedures per separation. The most frequently reported procedure was *Cognitive behaviour therapy* (30.2), followed by *Other psychotherapies or psychosocial therapies* (11.8%) and *Allied health intervention, psychology* (9.3%)(Figure 5.6).

The procedures are classified according to the *Australian Classification of Health Interventions (ACHI), 5th edition*. Further information on the ACHI is provided in Technical information—classifications section.



Key
96101–00 Cognitive behaviour therapy
96180–00 Other psychotherapies or psychosocial therapies
95550–10 Allied health intervention, psychology
96185–00 Supportive psychotherapy, not elsewhere classified
96073–00 Substance addiction counselling or education
96090–00 Other counselling or education
92002–00 Alcohol rehabilitation
96001–00 Psychological skills training
96175–00 Mental/behavioural assessment
95550–02 Allied health intervention, occupational therapy

Note:
(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.

Source: National Hospital Morbidity Database.

Figure 5.6: The 10 most frequently reported procedures for ambulatory-equivalent mental health-related separations, 2008–09

Data source

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. 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 2008–09 collection contains data for hospital separations that occurred between 1 July 2008 and 30 June 2009. Data on separations that began before 1 July 2008 are included if the separation date fell within the collection period (2008–09). 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 2008–09* (AIHW 2010).

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.

Before interpreting any 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, differences in admission practices or differences in the types of establishments categorised as hospitals. Interpretation of the differences between jurisdictions therefore needs to be done with care.

References

AIHW 2010. Australian hospital statistics 2008–09. Health services series no. 34. Cat. no. HSE 84. Canberra: AIHW.