7 Admitted patient mental health-related care

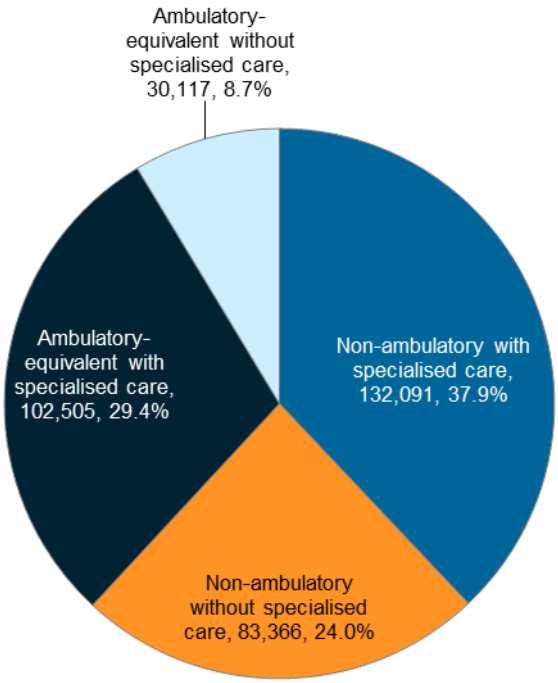
This section presents information on non-ambulatory ***admitted patient*** ***mental health-related separations*** ***with*** or ***without*** specialised psychiatric care. The data are from the National Hospital Morbidity Database (NHMD), a collation of data on admitted patient care in Australian hospitals. Data are not available on the number of separations accrued by an individual, so all the information in this section are in terms of separation events, not patients. For further information on the data see the data source section.

Key points

- Over 215,000 non-ambulatory admitted mental health-related separations were reported and specialised psychiatric care was provided for over half of these separations in 2008–09.
- Nearly 30% of mental health-related separations with specialised care were involuntary.
- The largest numbers and highest rates of mental health-related separations with specialised care were for patients aged 35–44 years.
- *Depressive episode* (F32) and *Schizophrenia* (F20) were most commonly reported for separations with specialised care.
- Mental health-related separations without specialised psychiatric care were predominantly provided by public acute hospitals.
- *Mental and behavioural disorders due to use of alcohol* (F10) was the most commonly reported principal diagnosis for separations without specialised care.

Overview

A total of 8,148,448 separations were reported from public and private acute and psychiatric hospitals in 2008–09. Approximately 4.3% (348,079) of these separations were mental health-related, comprising both ambulatory-equivalent and non-ambulatory admitted patient separations. There were 215,457 non-ambulatory admitted patient mental health-related care separations reported in 2008–09, accounting for 2.6% of all hospital separations and 61.9% of all mental health-related separations (Figure 7.1). Over the 5 years to 2008–09, the average annual rate of increase for all non-ambulatory admitted mental health-related separations was 2.0%.



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.

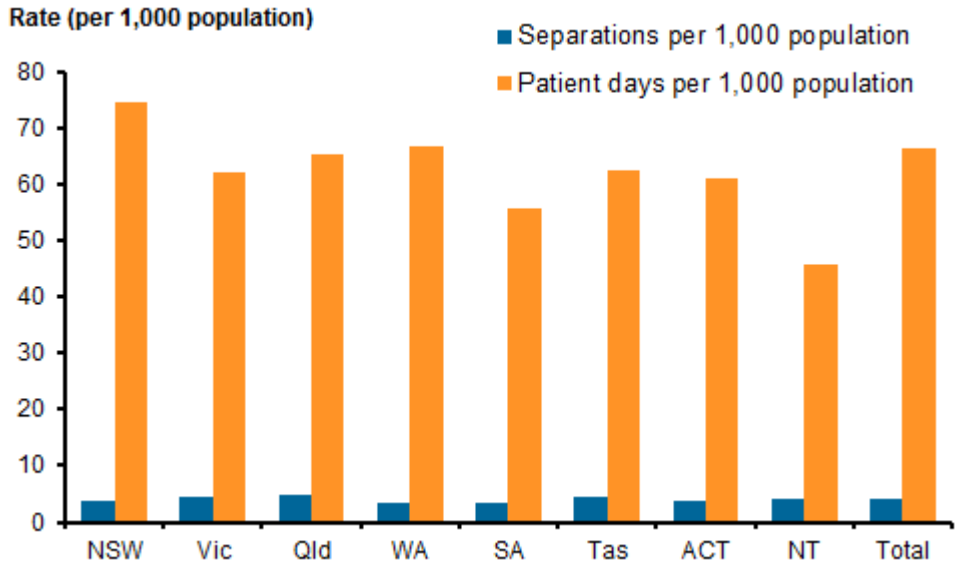
Source: National Hospital Morbidity Database

Figure 7.1: Mental health-related separations with or without specialised psychiatric care, 2008–09

Specialised admitted patient mental health care by states and territories

For public acute hospitals, Queensland had the highest separation rate with specialised psychiatric care (4.7) and Western Australia the lowest (3.4). New South Wales was the jurisdiction with the highest number of public acute hospital patient days (74.5) per 1,000 population which was higher than the national average (66.4) (Figure 7.2).

The number of public psychiatric hospital ***patient days*** per 1,000 population varied greatly from 1.5 days in Victoria to 61.5 days in South Australia. South Australia reported the lowest number of patient days in private hospitals per 1,000 population (15.9).



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

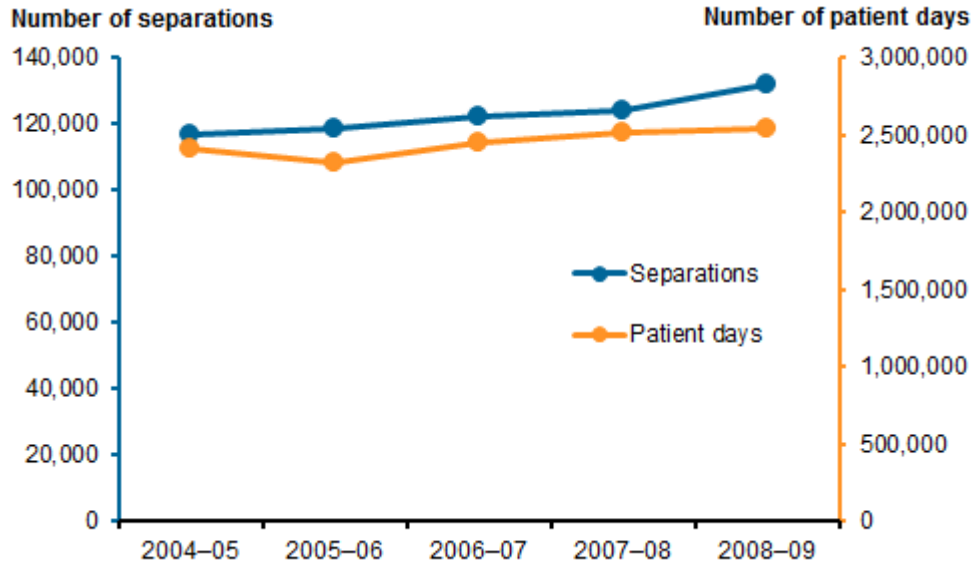
Figure 7.2: Admitted patient mental health-related separations with specialised psychiatric care, separation and patient day rates in public acute hospitals by states and territories, 2008–09

Specialised admitted patient mental health care 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 non-ambulatory admitted mental health-related separations with specialised psychiatric care increased by an annual average of 3.1% between 2004–05 and 2008–09 (Figure 7.3). Between 2007–08 and 2008–09, there was a 6.3% increase in separations with specialised psychiatric care which is due to an 11.2% increase in the number of separations in public acute hospitals from the previous year.

The total number of non-ambulatory admitted mental health-related patient days with specialised psychiatric care increased by an annual average of 1.3% between 2004–05 and 2008–09 (Figure 7.3). While there was an increase from 2007–08 in the number of patient days for both public acute and private hospitals (5.7 and 4.3%, respectively) this was offset by a decrease within public psychiatric hospitals (11.7%).



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 7.3: Admitted patient mental health-related separations and patient days with specialised psychiatric care, 2004–05 to 2008–09

Specialised admitted patient mental health care patient characteristics

Patient demographics

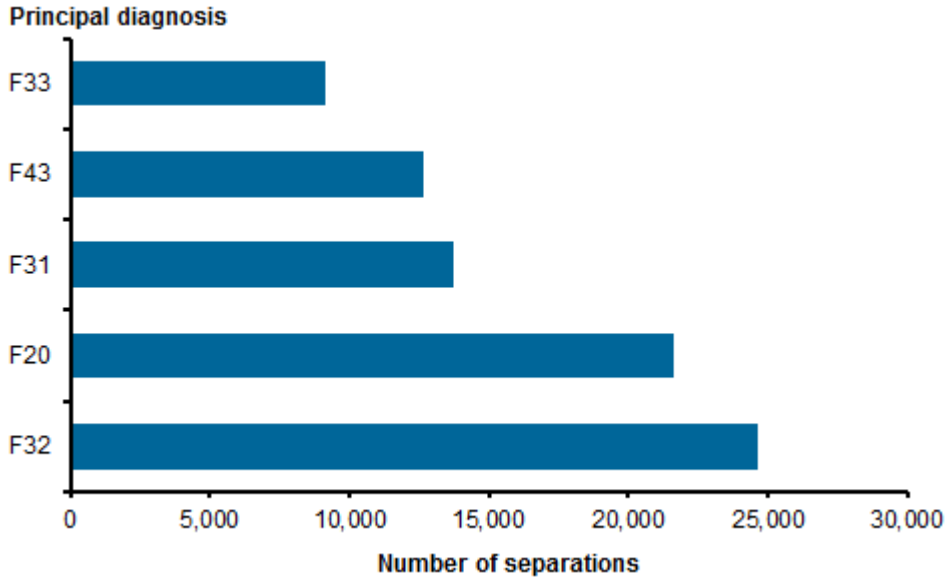
The largest numbers and highest rates of separations were for patients aged 35–44 years. The lowest proportion of separations was for patients aged less than 15 years (1.3%). The separation rate was higher for females than males (6.5 and 5.6 per 1,000 population respectively).

More than half of the separations (52.3%) involved those who had never been married. Those living in *Major cities* had the highest rate of separations (6.3 per 1,00 population) compared to other remoteness areas.

Principal diagnosis

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

In 2008–09, the principal diagnoses of *Depressive episode* (F32) and *Recurrent depressive disorders* (F33) accounted for over a quarter of separations reported (33,773 or 25.6%), with a further 16.4% of the separations having a principal diagnosis of *Schizophrenia* (F20)(Figure 7.4).



Key
F33 Recurrent depressive disorders
F43 Reaction to severe stress and adjustment disorders
F31 Bipolar affective disorders
F20 Schizophrenia
F32 Depressive episode

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.

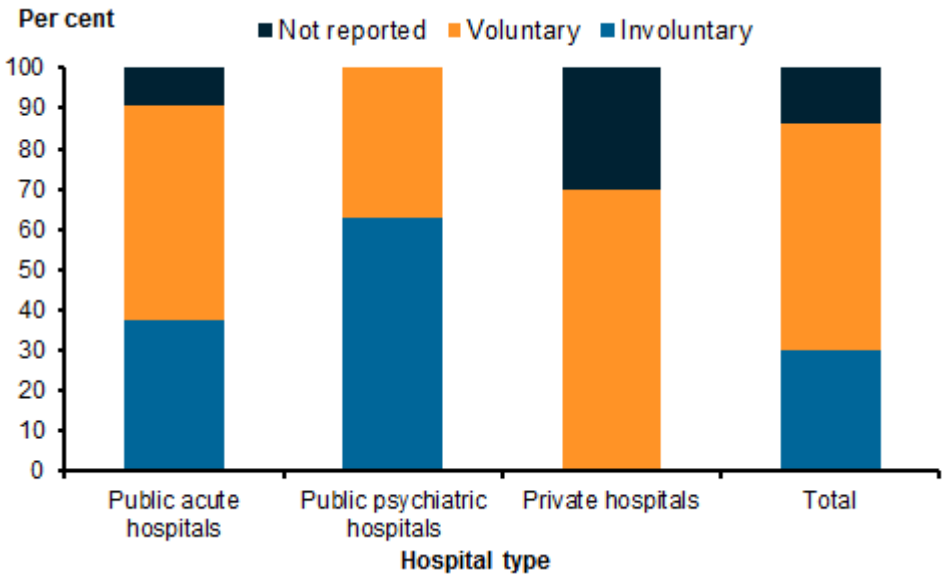
Source: National Hospital Morbidity Database

Figure 7.4: Admitted patient separations with specialised psychiatric care by the five most commonly reported principal diagnoses, 2008–09

Specialised admitted patient mental health care separation characteristics

Mental health legal status

Nearly 30% of all separations with specialised psychiatric care were involuntary with the majority reported by public acute hospitals. Involuntary patient separations comprised 62.7% of public psychiatric hospitals separations whereas only 0.3% of private hospital separations were involuntary (Figure 7.5).



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 7.5: Admitted patient separations with specialised psychiatric care, by mental health legal status and hospital type, 2008–09

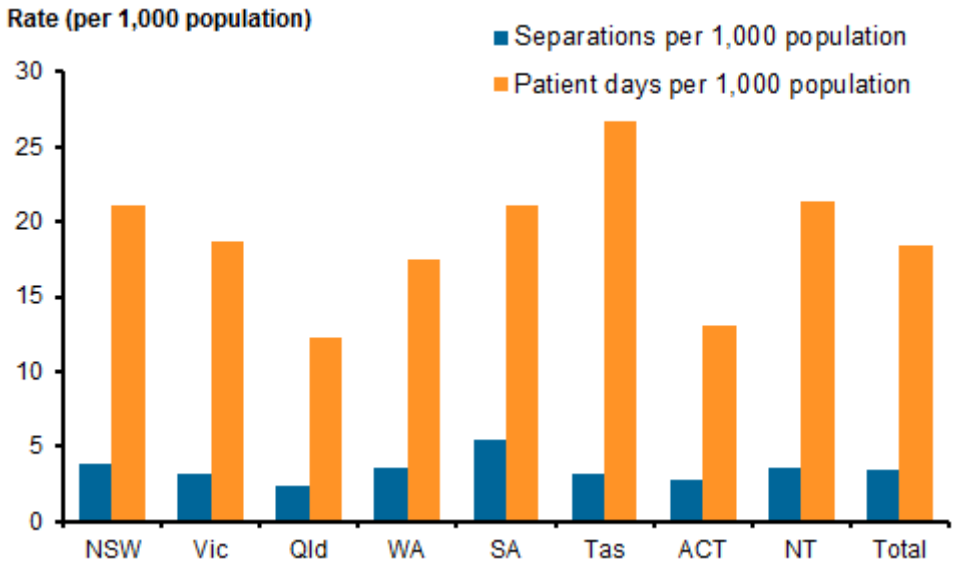
Procedures

Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on this classification is included in the Technical information-classifications section.

A total of 189,441 procedures were reported in relation to 78,288 separations. This reflects the fact that more than one procedure can be reported for each separation. No procedures were reported for 40.7% of separations. Non-emergency general anaesthesia (*General anaesthesia, American Society of Anaesthesiologists (ASA) 99*) was the most frequently reported procedure. Allied health interventions from a number of different health disciplines were also commonly reported.

Non-specialised admitted patient mental health care by states and territories

Figure 7.6 shows mental health-related separations without specialised psychiatric care were predominantly provided by public acute hospitals (89.0% of 83,366). South Australia reported the highest rate of public acute hospital separations per 1,000 population (5.5) and Queensland's rate was the lowest (2.4).



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

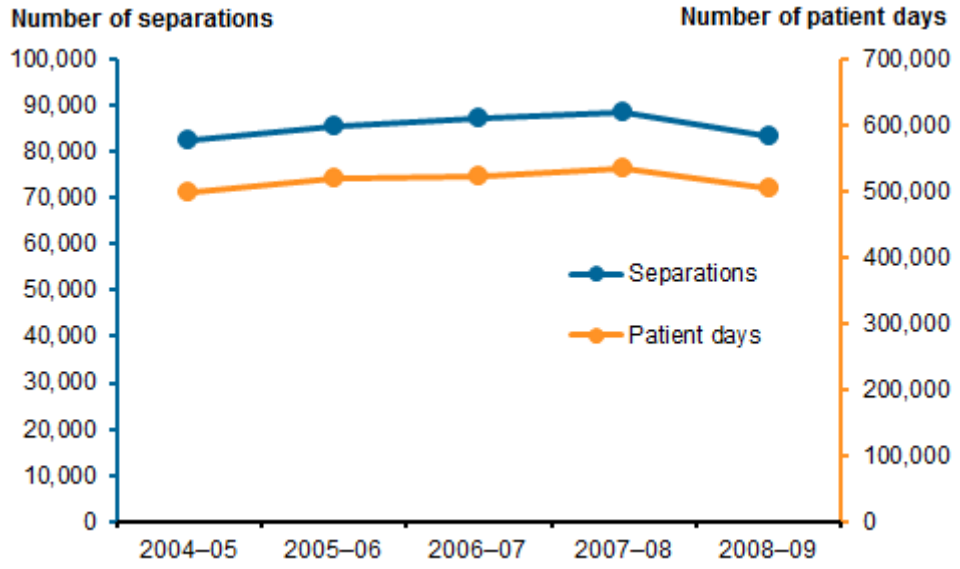
Figure 7.6: Admitted patient mental health-related separations without specialised psychiatric care, separation and patient day rates in public acute hospitals by states and territories, 2008–09

Non-specialised admitted patient mental health care 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 non-ambulatory admitted mental health-related separations without specialised psychiatric care increased by an annual average of 0.3% between 2004–05 and 2008–09 (Figure 7.7). Between 2007–08 and 2008–09, there were decreases in separations without specialised psychiatric care for public acute hospitals (3.7%), public psychiatric hospitals (34.0%) and private hospitals (20.5%).

Similar to the changes seen in the number of separations, the non-ambulatory admitted mental health-related patient days without specialised psychiatric care has increased by an annual average of 0.2% between 2004–05 and 2008–09 (Figure 7.7). Over the last year however, there were decreases in the number of patient days without specialised psychiatric care for public acute hospitals (0.5%), public psychiatric hospitals (60.5%) and private hospitals (22.7%).



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 7.7: Admitted patient mental health-related separations and patient days without specialised psychiatric care, 2004–05 to 2008–09

Non-specialised admitted patient mental health care patient characteristics

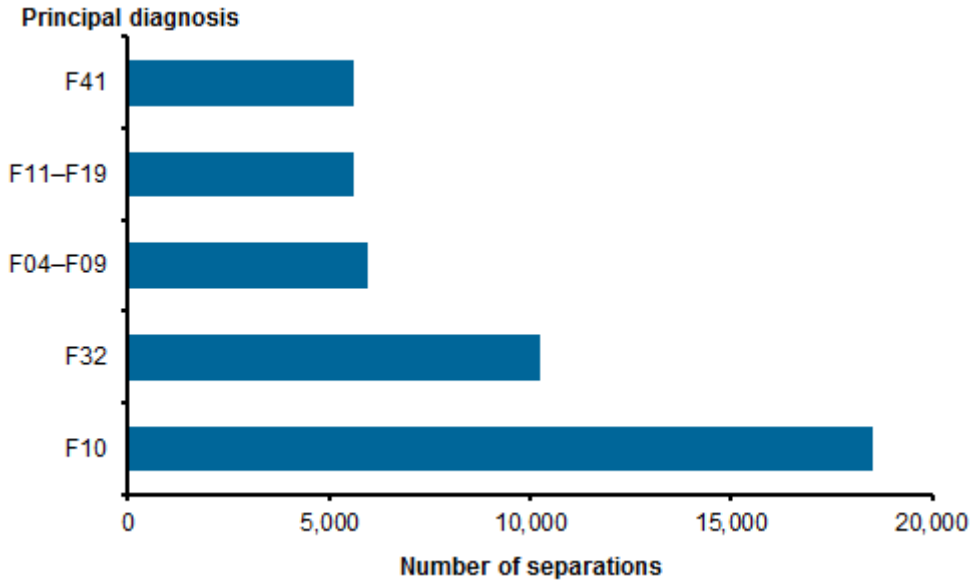
Patient demographics

The 65 years and over age group has the highest number of separations per 1,000 population (7.2). There was no difference between the number of male and female separations per 1,000 population (3.8).

The majority of mental health-related separations without specialised psychiatric care reported were for patients living in *Major cities* (59.2%). However, the highest number of separations per 1,000 population was for patients in *Remote* areas (8.4 per 1,000 population). The rate of separations involving Australian-born people was nearly double that of those born overseas (4.3 and 2.2, respectively).

Principal diagnosis

In 2008–09, the principal diagnosis of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (18,529 or 22.2 %) followed by *Depressive episode* (F32, 12.3%) (Figure 7.8).



Key
F41 Other Anxiety disorders
F11–19 Mental and behavioural disorders due to other psychoactive substance use
F04–09 Other organic mental disorders
F32 Depressive episode
F10 Mental and behavioural disorders due to use of alcohol

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 7.8: Admitted patient separations without specialised psychiatric care by the five most commonly reported principal diagnoses, 2008–09

Non-specialised admitted patient mental health care separation characteristics

Procedures

Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on the classification is included in the Technical information-classifications section.

A total of 105,258 procedures were reported in relation to 46,010 separations. No procedures were reported for 44.8% (37,356 out of 83,366) of the separations. The most frequently reported procedures were *Allied health intervention, social work* (14,621). Other allied health interventions such as physiotherapy and occupational therapy were also commonly reported.

Separations with mental health-related additional diagnoses

In addition to the 348,079 mental health-related separations (both ambulatory and non-ambulatory), 269,626 separations were not classed as mental health-related (that is, did not have a mental health-related principal diagnosis or receive specialised psychiatric care) but had at least one mental health-related additional diagnosis. These separations accounted for 2,749,955 patient days. In relation to these separations, the most commonly reported mental health-related additional diagnoses were *Mental and behavioural disorders due to use of alcohol* (F10; 58,265 separations), *Unspecified dementia* (F03; 44,526 separations) and *Depressive episode* (F32; 28,928 separations).

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.