

# **Institutional mental health services in Australia 1997–98**

**First report on the National Minimum Data Set—  
institutional mental health care**

The Australian Institute of Health and Welfare is an independent health and welfare statistics and information agency. The Institute's mission is to inform community discussion and decision making through national leadership in the development and provision of authoritative and timely information on the health and welfare of Australians.

MENTAL HEALTH SERIES

Number 1

# **Institutional mental health services in Australia 1997–98**

**First report on the National Minimum Data Set—  
institutional mental health care**

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**January 2000**

Australian Institute of Health and Welfare  
Canberra

AIHW cat. no. HSE 7

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This publication is part of the Australian Institute of Health and Welfare's Mental Health Series. A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (<http://www.aihw.gov.au>).

ISSN 1443-6795  
ISBN 1 74024 042 1

### **Suggested citation**

Moore M, Shaw J, Grant B & Braddock D 2000. Institutional mental health services in Australia 1997–98: First report on the National Minimum Data Set—institutional mental health care. Canberra: AIHW (Mental Health Series no. 1).

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Published by Australian Institute of Health and Welfare

Printed by Ausdoc on Demand; Acrobat PDF conversion by Green Words & Images

# Foreword

The Australian Institute of Health and Welfare is pleased to present *Institutional Mental Health Services in Australia 1997–98* which releases data in the first annual report of the National Minimum Data Set—institutional mental health care (NMDS). The publication of these data is a substantial step forward in the release of relevant information and the Institute will continue its efforts to report Australia’s mental health services statistics. Planning and developing the report also reflects a major effort by data providers in State and Territory health authorities, and by Institute staff.

The State and Territory data providers and the Institute will continue their efforts in improving national reporting of both patient-level and establishment-level data through the work of the National Mental Health Information Strategy Committee and the National Health Data Committee. A major effort is in progress under the National Health Information Agreement to improve standards for more consistent reporting on specialised mental health care data by all jurisdictions, and to ensure that the particular needs of data users in the field are met. We hope to improve timeliness of the hospital data further as the data supply problems and validation criteria for specialised mental health services are progressively addressed by State and Territory administrations. In addition, further work is planned for improving data standards and developing new data elements for reporting on community mental health care; data which will have an important strategic purpose in monitoring service delivery for people with a mental disorder.

We are keen to learn from users how the future reports can best meet their information needs and invite readers to comment on this first report of the institutional mental health care NMDS.

Richard Madden

Director

January 2000



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# Acknowledgments

This report would not have been possible without the valued co-operation and effort of the data providers in the health authorities of the States and Territories. The Institute thanks them for their timely supply of the data, validation of the Institute's databases and assistance in the preparation of this report. The Institute also wishes to thank the Commonwealth, State and Territory members of the National Mental Health Information Strategy Committee who assisted in the planning of this report and provided advice on the content of the report.

Within the Institute, the report was prepared by David Braddock, Brad Grant, Maryellen Moore and Janis Shaw. Clara Jellie provided assistance with final production. Jenny Hargreaves, Narelle Grayson and Ruth Pemn provided advice on the morbidity data and Tony Hynes provided advice on the hospital expenditure data. Amanda Nobbs coordinated the printing and publication process.

Janis Shaw managed the project.

# Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
BASIS	Behaviour and Symptom Identification Scale
BEACH	Bettering the Evaluation and Care of Health
CIDI	Composite International Diagnostic Interview
DALY	Disability-adjusted life year
DIP	Diagnostic interview for psychosis
FTE	Full-time equivalent
HACC	Home and Community Care
HONOS	Health of the Nation Outcome Scales
ICD-10	International Classification of Diseases, 10th Revision
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification, Australian version
ICPC-2	International Classification for Primary Care, 2nd Edition
LSP	Life skills profile
MHI	Mental Health Inventory
NHDC	National Health Data Committee
NHDD	<i>National Health Data Dictionary</i>
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NHPC	National Health Priority Committee
NMDS	National Minimum Data Set
NMHISC	National Mental Health Information Strategy Committee
NMHWG	National Mental Health Working Group
NPHEd	National Public Health Establishments Database
NSMHS	National Survey Mental Health Services
OECD	Organisation for Economic Co-operation and Development
PTSD	Post-traumatic stress disorder
RFE	Reason for encounter
RFS	Role Functioning Scale
SF-36	Medical Outcomes Study Short Form 36
WHO	World Health Organisation
YLD	Years lost due to disability
YLL	Years of life lost

# 1 Introduction

This report represents the release of the first year of reporting by States and Territories to the National Minimum Data Set—institutional mental health care. The report provides detailed statistics on the characteristics and hospital care of admitted patients who had a mental health diagnosis and/or who were treated in and separated from specialised psychiatric admitted patient services during the reporting period 1997–98, and includes hospital morbidity data for both public and private sectors. Statistics on public psychiatric hospitals and specialised services in public acute hospitals are also provided. A broad range of other information sources has also been included in the report to locate the hospital data in the broader context of service delivery across different settings.

The National Minimum Data Set—institutional mental health care was endorsed by the National Health Information Management Group in November 1996, for collection from 1 July 1997. At this stage, the status of reporting for institutional mental health care is that data for the NMDS are collected for admitted patients but are not developed for hospital establishments. NMDS data released in this report are collected by hospital services at the patient unit record level for reporting to State and Territory health authorities and national collation at AIHW within the National Hospital Morbidity Database.

The Australian Institute of Health and Welfare (AIHW) is responsible for the carriage of National Minimum Data Set (NMDS) definitional developments and collection strategies for mental health care, through the National Health Information Work Program. The work is funded under the National Mental Health Strategy and developed under the auspices of the Australian Health Ministers' Advisory Council's (AHMAC) National Mental Health Working Group (NMHWG). The National Mental Health Information Strategy Committee (NMHISC) of the NMHWG provides expert subject matter advice on data development and collection.

In addition to the annual release of the NMDS—institutional mental health care, as presented in this report for the 1997–98 reference year, AIHW has responsibility for the continued development of the NMDS—community mental health care. Community care data are agreed for collection at the establishment level from July 1998, and at the patient level from July 2000, and are not yet available for national collection or release. While these are separate collections (of institutional care data and community care data at two levels), the projects have close links and will be carried out under the broader rubric of the NMDS—mental health care. The work also includes improving data standards and developing new data elements as required for the strategic purpose of the data set.

## 1.1 Strategic requirements for mental health information in Australia

### National Mental Health Strategy

Until recent years there has been little data on the mental health status of Australians or on the delivery of health services for people with mental disorders. During the period 1993 to 1998, initiatives by the Commonwealth, States and Territories under the National Mental Health Strategy have led to a number of improvements in the development and collection of data on a range of mental health issues. These include the development of data collections to monitor the reforms in mental health service delivery introduced under the National Strategy, the establishment of ongoing national data collections drawn from records kept by

hospitals and mental health services in the community, and a major survey of the general population to establish the prevalence of mental disorders and associated disabilities.

### **National Minimum Data Set—institutional mental health care**

*The National Minimum Data Set (NMDS)—institutional mental health care represents an agreement between States and Territories to collect and report information on patients in hospital who receive specialised psychiatric care. This includes patients who receive treatment and/or care in psychiatric hospitals or in specialised psychiatric units of public acute hospitals (also referred to as designated units). The NMDS—institutional mental health care is in effect a sub-set of the broader NMDS—institutional health care which covers all patients in all hospitals. The care received is thus referred to as 'specialised'.*

*Hospital morbidity data are a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included. Records for 1997–98 are for hospital separations (discharges, transfers, deaths or changes in type of episode of care) in the period from 1 July 1997 to 30 June 1998. Data on patients who were admitted on any date before 1 July 1998 are included, provided that they also separated between 1 July 1997 and 30 July 1998. 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.*

*The patients in specialised mental health care are identified through recording the number of psychiatric care days, that is the number of days where care was received in a specialised psychiatric unit or ward (defined by the data element Total psychiatric care days, NHDD V7). When a patient has been reported as having received one or more 'psychiatric care days', their record is identified for inclusion in the specialised mental health sub-set. Thus the extent to which full and accurate coverage of the NMDS is achieved depends on the accurate reporting for each admitted patient of the data element Total psychiatric care days.*

*There are several data elements that are collected only for patients who have received specialised psychiatric care, and these are shown in Table 1.3.1. The data element Mental health legal status has been agreed for collection for all patients in hospital, however involuntary status would only apply to patients in specialised treatment settings.*

The First Plan of the Strategy, 1993–1998, has strengthened reforms in the provision of mental health services in the past two decades, leading to substantial changes in the way people with a mental disorder are treated. This is particularly evident in the move away from segregated and custodial institutional care to a more balanced system that integrates hospital services with continuing care in community settings (Richmond 1983; Australian Health Ministers 1992). Only a small proportion of people with mental disorders need to spend extended periods in psychiatric hospitals; most can be cared for in the community, and of those who do require a hospital admission, many are short-stay patients who can be cared for more appropriately in specialised psychiatric units of acute care hospitals. The second plan of the Strategy takes forward a broad range of objectives that seek to improve the quality of care, consumer participation and models of best practice in service delivery; in support of these objectives substantial efforts in information development are planned (CDHAC 1999).

## National Health Priority Areas

In addition to initiatives under the Strategy, mental health has been included in the National Health Priority Areas (NHPA) process since 1996. Its inclusion as a priority area in the NHPA initiative generates involvement from various levels of government and draws on expert advice from non-government organisations, with the primary goal of improving the mental health of the Australian population.

The NHPA initiative emphasises collaborative action between Commonwealth and State and Territory governments, the National Health and Medical Research Council (NHMRC), the AIHW, non-government organisations, appropriate experts, clinicians and consumers. It recognises that specific strategies for reducing the burden of illness should be pluralistic, encompassing the continuum of care from prevention through to treatment, management and maintenance, and based on appropriate research and data sources.

By targeting specific areas that impose high social and financial costs on Australian society, collaborative action can achieve significant and cost-effective advances in improving the health status of Australians. The diseases and conditions targeted through the NHPA process were chosen because these are areas where significant gains in the health of Australia's population can be achieved. In recognition of the prevalence, associated social, human and economic costs and public health impact of depression in Australia, the National Health Priority Committee (NHPC), in consultation with the NMHWG, has identified depression as a mental health disorder requiring a particular focus in the area.

## 1.2 Mental health in context

The *National Health Priority Areas Report on Mental Health* defined mental health as 'the capacity of individuals and groups to interact with one another and the environment, in ways that promote subjective wellbeing, optimal development and the use of cognitive, affective and relational abilities' (CDHAC & AIHW 1999, p. 5). A diverse range of social, environmental, biological and psychological factors can impact on an individual's mental health. In turn, people can develop symptoms and behaviours that are distressing to themselves or others, and interfere with their social functioning and capacity to negotiate daily life. These symptoms and behaviours may require treatment or rehabilitation, even hospitalisation. This chapter reviews the prevalence of these disorders and the patterns of service utilisation by people with particular mental disorders, both in Australia and internationally.

The proportion of those with a mental disorder who actually receive institutional mental health care in hospitals is comparatively small. Institutionalised care is a shrinking sector of mental health service delivery. A greater understanding of the circumstances of this specific group of patients in institutional care in hospitals will be obtained when viewed in comparison with the majority of people with mental disorders, many of whom receive care in community settings only.

### International context

The World Health Organization (WHO) estimates that there are as many as 1,500 million people worldwide with a mental disorder at any one time, with three-quarters of them living in developing countries (WHO 1996). These estimates suggest that there are 340 million people worldwide at any one time experiencing affective disorders. The equivalent estimates for anxiety disorders and schizophrenia disorders are 400 million and 45 million, respectively.

The Organization of Economic Co-operation and Development (OECD) collates health service-related statistics from its 29 member countries (OECD 1999). Table 1.2.1 presents some OECD data on the mortality rate and length of hospital stay associated with mental disorders and the number of available psychiatric care hospital beds. Comparisons between countries should be made with caution and in the recognition that there are significant gaps with respect to international agreements on health data collection methods. The same term (e.g. psychiatric care beds) can refer to very different reporting arrangements among the 29 OECD countries.

According to the 1995 OECD figures, the Australian age-standardised mortality rate for mental disorders (14 per 100,000 population) was above the average for the OECD countries with available data (11 per 100,000 population). The mortality rate for mental health disorders (ICD-9 codes 290–319) across the countries ranged from 1 to 221 per 100,000 population. Taken at face value, the data suggest that Australia had an elevated rate of mortality attributable to mental disorders in comparison with other OECD countries. The extreme ranges for these scores suggest that inconsistencies in reporting arrangements between countries may make up a large proportion of this variation.

Table 1.2.1 also presents the number of hospital beds provided for psychiatric care available per 1,000 population across the 21 OECD countries with data for the 1996 calendar year. The figure indicates that Australia was below the average of 0.9 bed per 1,000 population, with a rate of 0.3 beds per 1,000 population. The rate of available psychiatric hospital beds ranged from 0.1 to 2.9 per 1,000 population. In many OECD member countries, an ongoing decline in psychiatric beds has been apparent since the 1960s (OECD 1999). This trend has been apparent in Australia, United Kingdom and the United States (Figure 1.2.1). This decline contrasts with other developed countries like Japan in which the number of psychiatric beds has been rising over the same period.

The OECD data also suggest that Australia had an average length of stay for mental disorders of 14.6 days in 1996<sup>1</sup>. This compares with an average length of stay of 38.6 days across the selected OECD countries. The average length of stay ranged from 6.3 to 330.7 days.

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<sup>1</sup> *Australian Hospital Statistics 1995–96* report an average length of stay of 11.3 days for mental health disorders (or 15.7 days excluding same-day separations) for 1995–96.

**Table 1.2.1: Mental disorder deaths per 100,000 population, mental disorder average length of stay and psychiatric care hospital beds per 1,000 population, OECD member countries, 1995 and 1996**

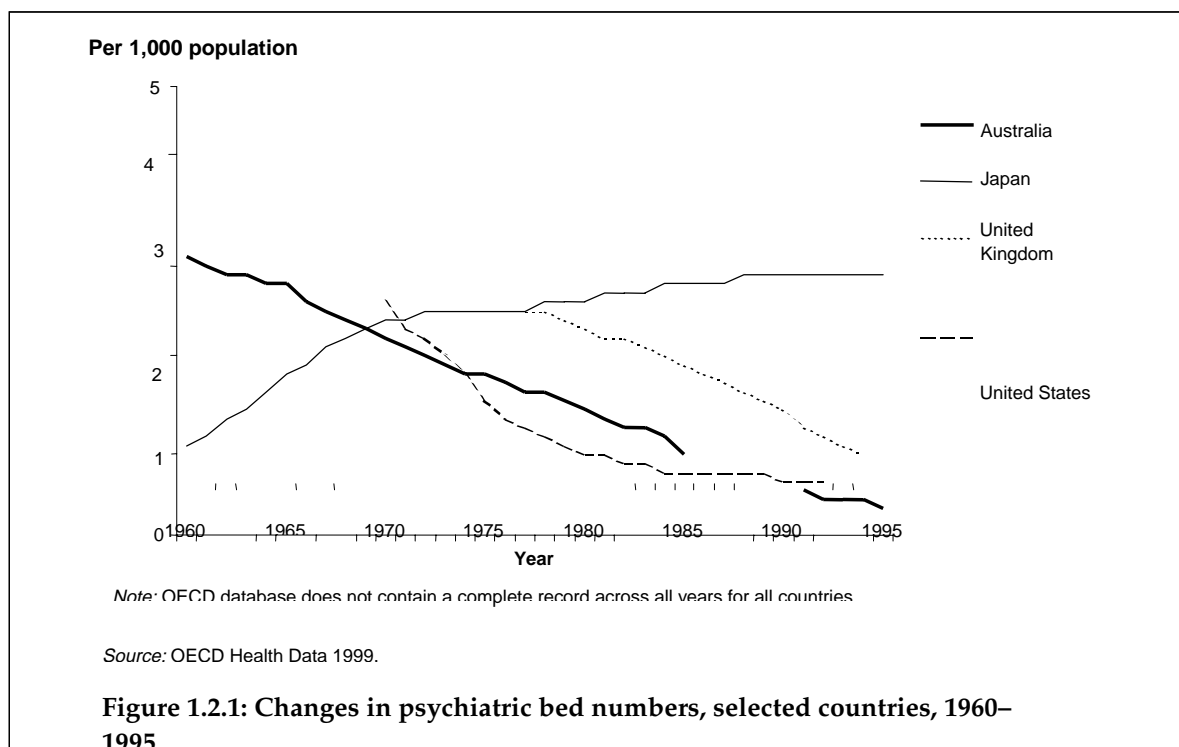
OECD member countries	Deaths per 100,000 population, 1995 <sup>(a)</sup>	Average length of stay, mental disorders 1996 (days) <sup>(b)</sup>	Psychiatric care hospital beds per 1,000 population, 1996 <sup>(c)</sup>
<b>Australia</b>	<b>14</b>	<b>14.6</b>	<b>0.3</b>
Austria	4	27.9	0.7
Belgium	n.a.	n.a.	n.a.
Canada	14	29.2	n.a.
Czech Republic	n.a.	18.3	1.0
Denmark	n.a.	7.7	0.8
Finland	26	29.6	1.2
France	13	7.3	1.3
Germany	10	40.2	1.2
Greece	1	n.a.	1.1
Hungary	13	23.3	0.5
Iceland	1	n.a.	n.a.
Ireland	8	10.4	1.5
Italy	n.a.	14.1	0.5
Japan	n.a.	330.7	2.9
Korea	n.a.	93.0	0.5
Luxembourg	16	n.a.	1.0
Mexico	10	21.4	n.a.
Netherlands	18	31.4	1.6
New Zealand	n.a.	32.0	n.a.
Norway	16	6.3	0.7
Poland	5	n.a.	0.8
Portugal	3	17.6	0.7
Spain	15	n.a.	n.a.
Sweden	17	27.9	0.8
Switzerland	n.a.	n.a.	n.a.
Turkey	n.a.	20.2	0.1
United Kingdom	11	n.a.	n.a.
United States	11	8.5	0.5
<b>Average</b>	<b>11</b>	<b>38.6</b>	<b>0.94</b>

(a) Per 100,000 population. Age-standardised to World Standard Population.

(b) Average length of stay for ICD-9 290–319 mental disorders. Type of hospital varies between countries, and is mainly public acute. Australian data are for public acute and private hospitals, and exclude psychiatric hospitals.

(c) Type of hospital varies. Most countries, including Australia, count beds in both psychiatric hospitals units and psychiatric units of acute care hospitals.

Source: OECD Health Data 1999.



## Burden of disease

The WHO recently employed a measure called the Disability Adjusted Life Year (DALY) to assess the population burden of various health conditions (Murray & Lopez 1996). This measure combines the years of life lost to premature death with years of equivalent healthy life lost due to disability to give an assessment of the impact of each particular health condition. One DALY is equivalent to one lost year of healthy life. Additional detail on the derivation of the DALY is provided below in the section on the Burden of Disease and Injury in Australia study.

Employing this measure of disease burden has highlighted the tremendous impact of mental disorders worldwide (WHO 1999). Mental disorders have a comparatively limited mortality rate, which has meant traditional mortality measures have failed to identify their significant impact. In 1998, an estimated 10% of the disease burden in low-income and middle-income countries was attributed to neuropsychiatric conditions (includes mental disorders and dementia). This figure was 23% for high-income countries. In 1990, unipolar major depression was found to be the fourth leading cause of disease burden globally. Four of the ten leading causes of disease burden amongst young adults (15–44 year age group) were neuropsychiatric conditions.

In Australia, recent years have seen a significant amount of effort directed towards enhancing the information base related to prevalence of mental disorders and the activities of mental health services. The following sections provide an outline of research and survey activities undertaken through the National Survey of Mental Health and Wellbeing and the Burden of Disease and Injury in Australia study.



## Australian context

The National Survey of Mental Health and Wellbeing was conducted as an evidence base to inform governments about the need for improvements in mental health service delivery in the Australian community, and also provided a range of broad-based epidemiological data on the mental status of the population. It comprised three component investigations:

- an Australian Bureau of Statistics (ABS) national mental health survey of over 10,000 adults from randomly selected households;
- a representative survey of children's and adolescent mental health undertaken by the University of Adelaide and collaborating centres; and
- a study of low-prevalence disorders, or psychotic disorders, in selected urban centres coordinated by the University of Western Australia.

Both the adult-survey and the low-prevalence disorders study have been completed and have reported estimates of the prevalence of various mental disorders amongst the Australian adult population. These prevalence estimates provide a useful context for interpreting the results from the NMDS—institutional mental health care. The child and adolescent survey report is yet to be completed.

## National Survey of Mental Health and Wellbeing of Adults

The National Survey of Mental Health and Wellbeing of Adults was conducted by the ABS from May to August 1997 using a nationally representative sample of 10,600 people aged 18 and over (response rate of 78%). The ABS measured mental health and wellbeing using a modified version of the Composite International Diagnostic Interview (CIDI). The CIDI was originally developed through a World Health Organisation collaborative study that involved 17 contributing centres for use in epidemiological studies of mental disorders in general population groups in different countries (WHO 1994). It is a comprehensive interview instrument designed to translate self-reported symptoms to a diagnostic category based on the ICD-10 classification. The limitations of CIDI, along with the low-prevalence levels of some disorders, meant that much of the data were reported for three broad mental disorder categories: anxiety disorders, affective disorders and substance use disorders.

Table 1.2.2 shows that 18% of survey respondents reported that they had experienced the symptoms of a mental disorder at some time during the twelve-month period before interview. Figure 1.2.2 suggests that women were more likely than men to have reported the symptoms of anxiety disorders (12% of women compared to 7% of men). Women were more likely to have reported affective disorders, such as depression (7% of women compared with 4% of men), and young women reported the highest rates (11% for those women aged 18–24) (Figure 1.2.3). Figure 1.2.4 indicates that men were more than twice as likely to have reported the symptoms of substance use disorders (11% of men compared with 4% of women). Young people are much more likely to report a mental disorder, and there is a substantial and steady decline across age groups. Young men reported the highest rate of substance use disorder, at 22% for those men aged 18–24 (Figure 1.2.4).

**Table 1.2.2: Prevalence of common mental disorders in Australia, 1997<sup>(a)</sup>**

Mental disorders <sup>(b)</sup>	Males		Females		Persons	
	'000	Per cent	'000	Per cent	'000	Per cent
<b>Anxiety disorders</b>						
Panic disorder	36.7	0.6	133.8	2.0	170.5	1.3
Agoraphobia	49.2	0.7	101.9	1.5	151.1	1.1
Social phobia	161.4	2.4	207.3	3.0	368.7	2.7
Generalised anxiety disorder	156.8	2.4	256.0	3.7	412.8	3.1
Obsessive-compulsive disorder	19.3	0.3	29.2	0.4	48.6	0.4
Post-traumatic disorder	153.3	2.3	285.8	4.2	439.2	3.3
<i>Total anxiety disorders</i>	<i>470.4</i>	<i>7.1</i>	<i>829.6</i>	<i>12.1</i>	<i>1,299.9</i>	<i>9.7</i>
<b>Affective disorders</b>						
Depression	227.6	3.4	465.3	6.8	692.9	5.1
Dysthymia	63.4	1.0	88.3	1.3	151.7	1.1
<i>Total affective disorders<sup>(c)</sup></i>	<i>275.3</i>	<i>4.2</i>	<i>503.3</i>	<i>7.4</i>	<i>778.6</i>	<i>5.8</i>
<b>Substance use disorders</b>						
Alcohol harmful use	285.4	4.3	123.8	1.8	409.2	3.0
Alcohol dependence	339.8	5.1	126.9	1.9	466.7	3.5
Drug use disorders	206.9	3.1	89.2	1.3	296.0	2.2
<i>Total substance use disorders<sup>(d)</sup></i>	<i>734.3</i>	<i>11.1</i>	<i>307.5</i>	<i>4.5</i>	<i>1,041.8</i>	<i>7.7</i>
<b>Total mental disorders</b>	<b>1,151.6</b>	<b>17.4</b>	<b>1,231.5</b>	<b>18.0</b>	<b>2,383.1</b>	<b>17.7</b>
<b>Total persons</b>	<b>6,627.1</b>	<b>100.0</b>	<b>6,837.7</b>	<b>100.0</b>	<b>13,464.8</b>	<b>100.0</b>

(a) During the last 12 months before interview.

(b) A person may have more than one mental disorder. The components when added may therefore be larger than the subtotals or total.

(c) Includes other affective disorders such as mania, hypomania and bipolar affective disorder.

(d) Includes harmful use and dependence.

Source: ABS 1998a.

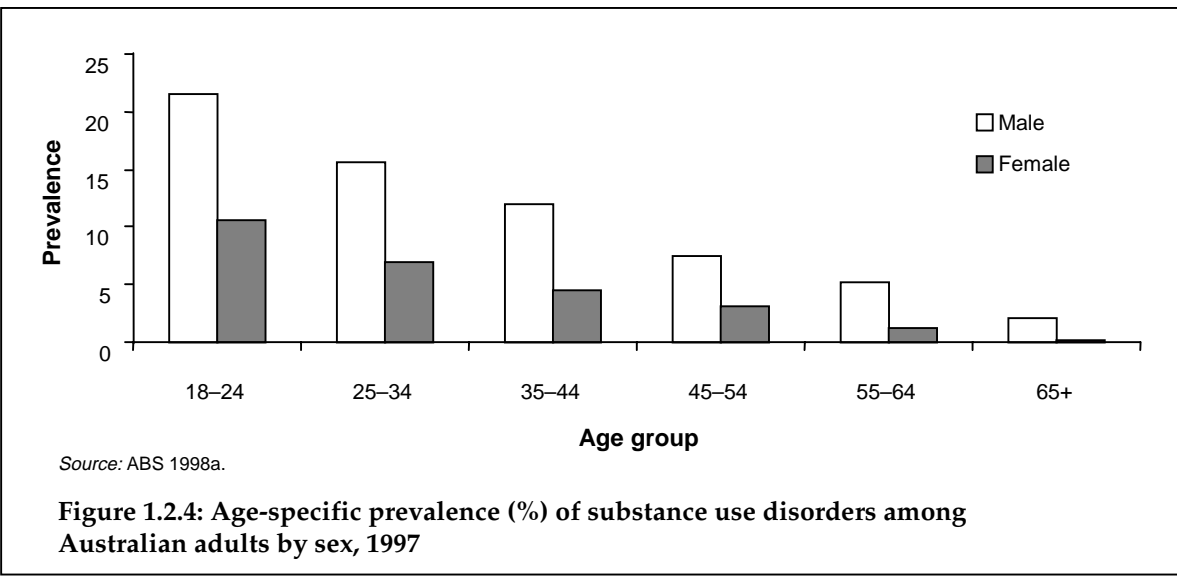
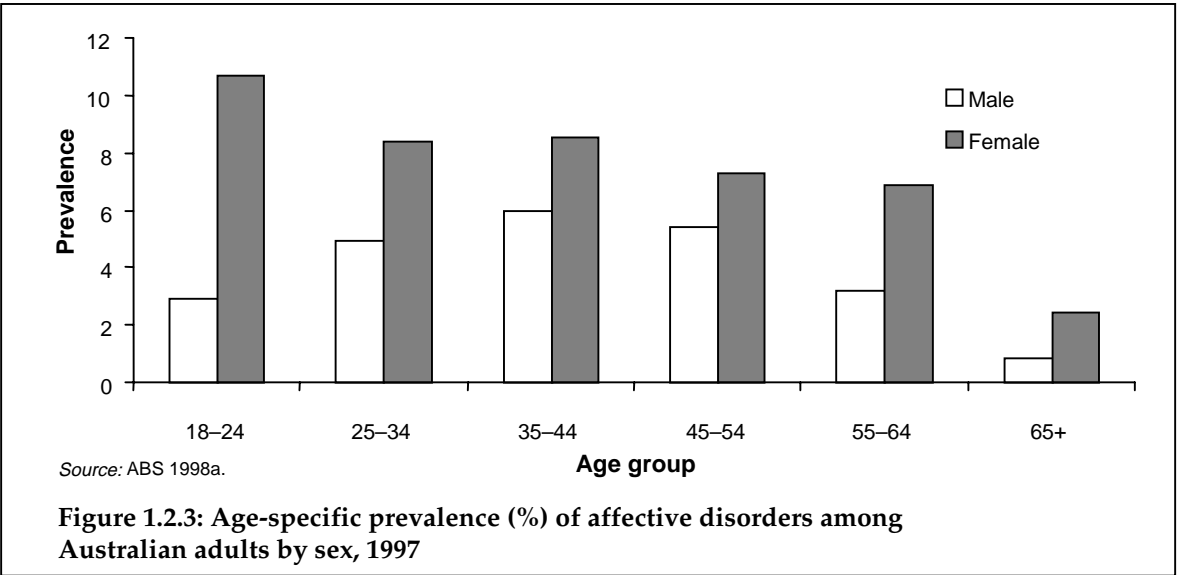
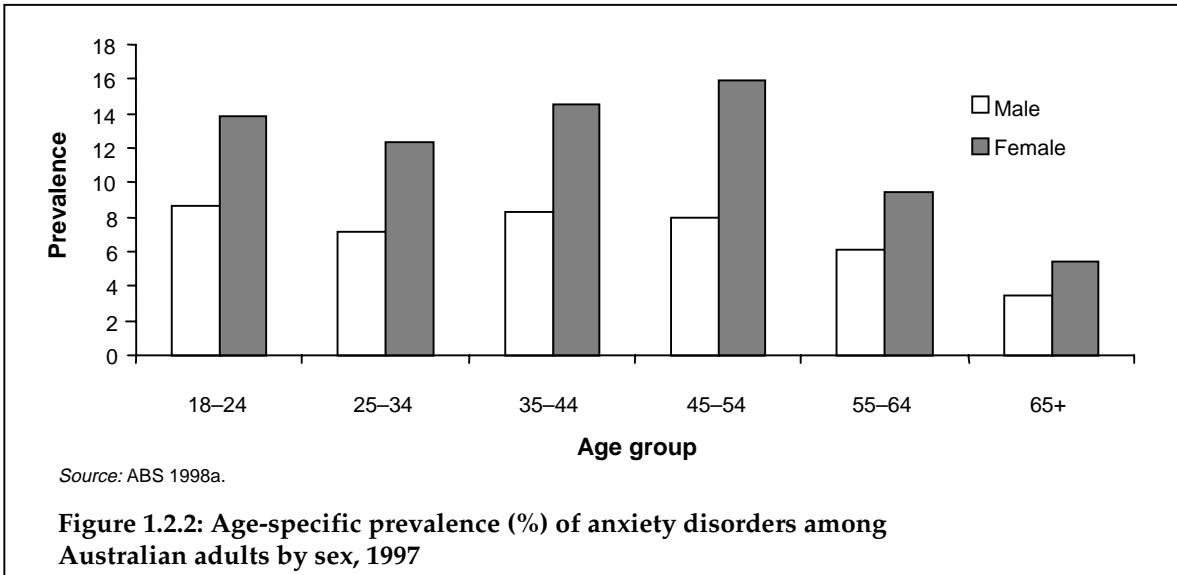


Table 1.2.3 shows that respondents born in Australia had a marginally higher prevalence of mental disorders during the last twelve months before interview than respondents born in other countries. There were too few Aboriginal and Torres Strait Islander people included in the sample to make a reliable estimate of their mental health status.

**Table 1.2.3: Prevalence of mental disorder by country of birth, Australia, 1997**

Country of birth	Anxiety disorders (%)	Affective disorders (%)	Substance abuse disorders (%)	Total mental disorders (%)
Australia	9.8	6.1	8.6	18.6
Other English-speaking countries <sup>(a)</sup>	8.6	4.2	6.8	15.7
Non-English-speaking countries	9.6	5.3	4.0	14.5
<b>Total</b>	<b>9.7</b>	<b>5.8</b>	<b>7.7</b>	<b>17.7</b>

(a) Other English-speaking countries comprise New Zealand, United Kingdom, Ireland, Canada, United States of America and South Africa.

Source: ABS 1998a.

Table 1.2.4 indicates the differences in the prevalence of the three broad mental disorder types between participants in capital cities and regional and remote areas.

**Table 1.2.4: Prevalence of selected mental disorders by geographic area, Australia, 1997**

Geographic area	Substance use disorders (%)	Affective disorders (%)	Anxiety disorders (%)	Total persons ('000)
Capital city	7.7	5.6	9.4	8741.0
Rest of state	7.8	6.1	10.1	4723.8
<b>Total</b>	<b>7.7</b>	<b>5.8</b>	<b>9.7</b>	<b>13464.8</b>

Note: Capital city is the city Statistical Division for each State or Territory. Rest of State covers the remaining areas.

Source: ABS 1998a.

## People Living with Psychotic Illness Study

The third component of the National Survey of Mental Health and Wellbeing was a study of psychotic disorders, coordinated by the University of Western Australia. The study consisted of a systematic one-month census of 3,800 people with a psychotic disorder, who attended a mental health service within defined areas of Brisbane and surrounds, Melbourne, Perth and the Australian Capital Territory.

This was followed up by interviews of 980 individuals with likely psychotic disorders, randomly selected from a sample of people in a wide range of service settings (e.g. acute hospitals, general practice) to obtain detailed demographic, functioning and service use data. The interviews utilised the Diagnostic Interview for Psychosis (DIP), a semi-structured, clinical interview instrument specifically designed for the study. Participants in the study were residents of defined urban areas and were aged between 18 and 64 years. This limits the conclusions that can be drawn about psychotic disorders amongst rural populations or older people.

The study estimated that between 4 and 7 people per 1,000 adults (a weighted mean of 4.7) in the selected urban areas were in contact with mental health services during any given

month due to the symptoms of a psychotic disorder (Jablensky et al. 1999). Demographic data was collected from the 980 people who were enumerated in the one-month census and had agreed to participate in the DIP interviews. This sample included 586 men and 394 women with the age group profile as given in Table 1.2.5.

**Table 1.2.5: People living with psychotic illness study: age group by sex**

<b>Age group (years)</b>	<b>Males (%)</b>	<b>Females (%)</b>	<b>Persons (%)</b>
Under 25	13.1	9.6	11.7
25–34	29.2	21.1	25.9
35–44	28.2	26.9	27.7
45–54	19.1	28.4	22.9
55 and over	10.4	14.0	11.8
<b>Total (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (persons)</b>	<b>586</b>	<b>394</b>	<b>980</b>

*Source:* Jablensky et al. 1999.

Over 75% of the sample were Australia-born (Table 1.2.6). The largest group of overseas-born participants was from the United Kingdom or Ireland (9%). Those from the rest of Europe, including the former USSR, formed 5% of the sample. Aboriginal and Torres Strait Islander persons made up 4% of the sample and 5% of the Australian-born participants.

**Table 1.2.6: People living with psychotic illness study: country of birth by sex**

<b>Country of birth</b>	<b>Males (%)</b>	<b>Females (%)</b>	<b>Persons (%)</b>
Australia	76.6	74.9	75.9
Other	23.4	25.1	24.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

*Source:* Jablensky et al. 1999.

In the month before the interview, approximately one in five participants had been in an institution such as a hospital or nursing home. Thirty-one per cent of participants lived in rental accommodation, including 17% residing in public rental accommodation (Table 1.2.7). The proportion of participants living in their own home or in a family home was relatively low (both 15%).

**Table 1.2.7: People living with psychotic illness study: type of accommodation in past month by sex**

<b>Accommodation</b>	<b>Males (%)</b>	<b>Females (%)</b>	<b>Persons (%)</b>
Rented home (public, private)	27.8	36.8	31.4
Family home	16.4	12.7	14.9
Own home	10.1	21.1	14.5
Other accommodation	50.7	35.8	44.7
Institution (hospital, nursing home)	20.5	18.3	19.6
Hostel	15.2	11.2	13.6
Group home	3.4	2.0	2.9
Supported housing, rented room, crisis shelter, homeless, rooming house.	15.0	5.8	11.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

*Note:* An individual may have used more than one type of accommodation in the month before the interview.

*Source:* Jablensky et al. 1999.

More than 60% of the individuals interviewed met the criteria for the schizophrenia or schizoaffective disorders (Table 1.2.8). The mean age for onset was 24 years for males and 25 years for females.

**Table 1.2.8: People living with psychotic illness study: ICD-10 classification**

<b>Disorder classification</b>	<b>ICD-10 (%)</b>
Schizophrenia	52.0
Schizoaffective disorder	10.4
Bipolar disorder mania	11.4
Depressive psychosis	8.1
Other psychosis	14.8
Did not meet criteria for psychosis	3.3
<b>Total (%)</b>	<b>100.0</b>
<b>Total (persons)</b>	<b>980</b>

*Source:* Jablensky et al. 1999.

## Health service utilisation

Before the National Survey of Mental Health and Wellbeing, it was recognised that the prevalence of serious mental disorders in the community was largely under estimated, and that clinical records are not an adequate proxy indicator; a large proportion of those experiencing mental illnesses were likely to have had no clinical care or diagnosis (Andrews 1994). Historically, there have been few reliable data sources on the use of health services by individuals with a mental disorder. A main aim of National Survey of Mental Health and Wellbeing was to provide information on the patterns of service use by people with a diagnosable mental disorder. Both the adult survey and the low-prevalence disorders study

collected basic information on the use of health services by adults with mental disorders. This service utilisation information provides a suitable background for the interpretation of data from the NMDS—institutional mental health care.

In addition to attempting to assess the prevalence of mental disorders, the National Survey of Mental Health and Wellbeing of Adults sought to obtain data on patterns of service utilisation and perceived service needs. The results indicated that about 38% of those with a mental disorder used a health service for mental health problems in the twelve months before interview. General practitioners were the most commonly accessed service (29% of all reported services) by people with a mental disorder.

Seventy per cent of males and 54% of females with a mental disorder used none of the services listed in the survey. The health service list included contact with a psychiatrist, a psychologist, any other mental health professional and any other health professional. This level of service use can be understood in the framework of perceived need: 53% of participants assessed as having a mental disorder perceived no need for information, 37% perceived no need for medication and 25% perceived no need for counselling. The level of service use in the past year before the interview was particularly low for those with substance use disorders (Table 1.2.9).

**Table 1.2.9: Service use of persons with a selected mental disorder**

<b>Mental disorder</b>	<b>Total who used health service (%)</b>	<b>Total who did not use health service (%)</b>	<b>Total persons ('000)</b>
Anxiety only	28.1	71.9	386.3
Affective only	55.8	44.2	191.7
Substance use only	13.8	86.2	479.7
Combination of mental disorders only	66.1	33.9	304.1
<i>Total mental disorders only</i>	<i>35.4</i>	<i>64.6</i>	<i>1,361.8</i>
Anxiety and physical condition	33.7	66.3	386.3
Affective and physical condition	55.4	44.6	191.7
Substance and physical condition	15.6	84.4	479.7
Combination of mental disorders and physical condition	63.8	36.2	304.1
<i>Total mental disorders and physical condition</i>	<i>41.3</i>	<i>58.7</i>	<i>1,021.3</i>
<b>Total mental disorders</b>	<b>38.0</b>	<b>62.0</b>	<b>2,383.1</b>

Source: ABS 1998a.

An additional source of data on service utilisation is the interviews conducted for the People Living with Psychotic Illness Study. As detailed above, this study involved interviews of 980 individuals with likely psychotic disorders, randomly selected from a sample of people in a wide range of service settings (e.g. acute hospitals, general practice) to obtain detailed demographic, functioning and service use data. More than half of the interviewees (52%) in the low-prevalence disorders study had been admitted to hospital in the twelve months before the interview (Table 1.2.10). The majority of the patients were admitted to either a public psychiatric unit in a general hospital (53%), or a public psychiatric hospital (37%). The proportion of patients who were admitted to a private facility was small (8%).

**Table 1.2.10: Self-reported hospital service used in year before interview**

<b>Hospital service type</b>	<b>Proportion who had contact (%)</b>
------------------------------	---------------------------------------

Psychiatric unit in general/psychiatric hospital	83.2
Public psychiatric unit, general hospital	53.0
Public psychiatric hospital	36.8
General medical inpatient facilities	16.4
Private admitted inpatient facilities (mainly psychiatric)	7.5
Public drug and alcohol unit	2.6

*Note:* An individual may have used more than one type of admitted patient services in the year before interview.

*Source:* Jablensky et al. 1999.

Overall in this study, the average length of stay was 6 weeks for all inpatient services. As a point of comparison, the average length of stay for public psychiatric hospitals in the 1997–98 period, excluding same-day separations, was almost nine weeks (AIHW 1999). Around 10% of the interview participants had been in an inpatient facility for the entire twelve months. Of the total interviewees admitted, about 46% were admitted involuntarily (Table 1.2.11). Additional information derived from the low-prevalence disorders study interviews about the use of non-admitted patient services can be found in Section 4.2.

**Table 1.2.11: Self-reported hospital services: type of stay in year before interview**

Stay type	Proportion of admitted patients (%)
Voluntary only	54.2
Involuntary only	33.4
Both voluntary and involuntary	12.5
<b>Total admitted patients (%)</b>	<b>100.0</b>

*Note:* Due to rounding, proportions do not add to exactly 100%.

*Source:* Jablensky et al. 1999.

In summary, the constituent investigations of the National Survey of Mental Health and Wellbeing have added, and continue to add, to the knowledge about the prevalence of mental disorders in Australia and the patterns of service use associated with them. In addition to this prevalence and service use information, there is a growing awareness of the need to measure the impact of various mental disorders in this community and to compare them with other mental disorders and with physical disorders and injuries. The next section on the Burden of Disease and Injury in Australian Study provides a summary of the assessed impact, in terms of mortality and disability, of mental disorders in Australia and how they compare with other illnesses.



## Burden of disease and injury in Australia

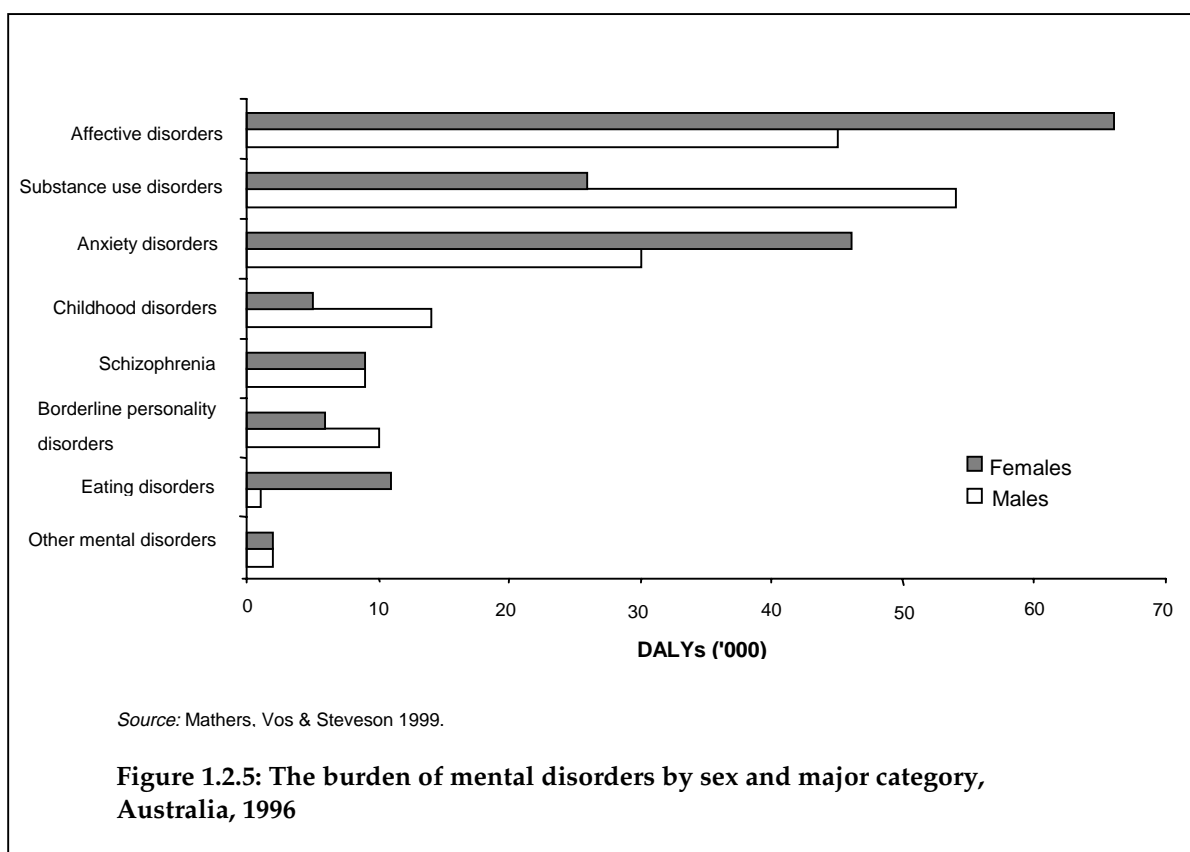
Traditional mortality statistics have been frequently used to assess the significance or impact of various disorders or injuries. Such methodologies can underestimate the impact of mental disorders, which typically have a comparatively low mortality rate despite their capacity for chronic disability. Combining years lost due to premature mortality with years lost due to disability provides a more comprehensive picture of the impact of various disorders and injuries. Mathers, Vos & Stevenson (1999) have attempted to do this for all diseases and injuries, in the Burden of Disease and Injury in Australia Study.

The Burden of Disease and Injury in Australia Study was conducted by the AIHW in close association with the Victorian Department of Human Services. It employed methodologies similar to those developed for the Global Burden of Disease Study, mentioned above. Both studies utilised a health summary measure called a Disability-adjusted life year, or DALY, developed by Murray & Lopez (1996). This measure was designed to combine the concept of years of life lost (YLL) due to premature death with a similar concept of years of equivalent healthy life lost through disability (YLD). One DALY represents one lost year of healthy life.

The years of life lost were derived using projected trends in mortality rates to estimate the average life expectancies likely to be achieved by Australians alive in 1996. The years of equivalent healthy life lost due to disability was calculated by multiplying the incidence of a health condition by its disability weight by the average duration for that condition. The disability weights had been derived previously in a number of studies that utilised structured valuation exercises with lay and expert participants and generated explicit weights for each health condition. The Burden of Disease Study utilised data from the ABS National Survey of Adult Mental Health and Wellbeing, the National Drug Strategy Household Survey and a number reviews of epidemiological studies to calculate the YLD for 21 specific mental disorders (not including senile dementias which are included in central nervous system conditions).

The study found that mental disorders were a major burden in Australia, with 13% of the total DALYs in 1996. Mental health disorders are the third leading cause of burden after cardiovascular diseases and cancer. Mental disorders accounted for only 1% of all deaths and only 1% of the total years of life lost due to mortality, but was associated with 27% of the total years lost due to disability. This is a clear indication that mental disorders are not a major cause of death, but are a major cause of chronic disability. Most of this burden has been attributed to affective disorders, with 34% of the calculated burden, to anxiety disorders with 23% and to substance use disorders with 13%. Substance use disorders were the only category with a significant YLL component.

Figure 1.2.5 presents the distribution of mental health DALYs by sex and by major category of mental disorder. The anxiety, affective and substance use disorders dominated both male and female DALYs. For males, the mental health category with the greatest proportion of DALYs was substance use disorders, accounting for 31% of the male mental health DALYs. The majority of these were due to alcohol abuse (61%). For females the mental health category with the greatest proportion of DALYs was affective disorders, accounting for 39% of female mental health DALYs. The majority of these were attributed to depression (87%).



## 1.3 Overview of institutional mental health data

### Institutional mental health care

Data collected in the first year of States' and Territories' reporting to the NMDS— institutional mental health care, that is 1997–98, constitute the central focus of information provided in this report. Table 1.3.1 presents the data elements that constitute the NMDS— institutional mental health care. Tables that are presented in Chapters 2 and 3 compare these data with data from the broader hospital morbidity collection. Comparisons are mainly related to differences between reports for admitted patients in specialised psychiatric care with reports for admitted patients in general care who had a mental health principal diagnosis.

**Table 1.3.1: Data elements that constitute the National Minimum Data Set—institutional mental health care**

<b>Data element</b>	<b>Specific to specialised</b>	<b>Knowledgebase</b>
<b>Identifiers</b>		
Establishment identifier		000050
Person identifier		000127
<b>Sociodemographic items</b>		
Sex		000149
Date of birth		000036
Country of birth		000035
Indigenous status		000001
Marital status		000089
Area of usual residence		000016
Type of usual accommodation	✓	000173
Employment status	✓	000317
<b>Service and administrative items</b>		
Type of episode of care		000168
Previous specialised treatment	✓	000139
Admission date		000008
Separation date		000043
Total leave days		000163
Mode of separation		000096
Source of referral	✓	000150
Referral to further care	✓	000143
Total psychiatric care days	✓	000164
Mental health legal status	✓	000092
<b>Clinical items</b>		
Principal diagnosis		000136
Additional diagnosis		000005
Diagnosis-related group		000042
Major diagnostic category		000088
Intended length of stay		000076

Notes: 1. All data elements are defined in the *National Health Data Dictionary, Version 6.0 (NHDC 1997)*.

2. The Knowledgebase: Australia's health and community services data registry can be accessed through the AIHW Internet home page at <http://www.aihw.gov.au>.

The collections are planned as annual compilations of data to be managed by the Institute, and have been developed to facilitate policy and epidemiological analyses of mental health services and the characteristics of their clients and to monitor service delivery in mental health admitted, non-admitted and community care under the provisions of the second plan of the National Mental Health Strategy.

## The National Hospital Morbidity Database

The NMDS—institutional mental health care is collected within the context of the National Hospital Morbidity Database,

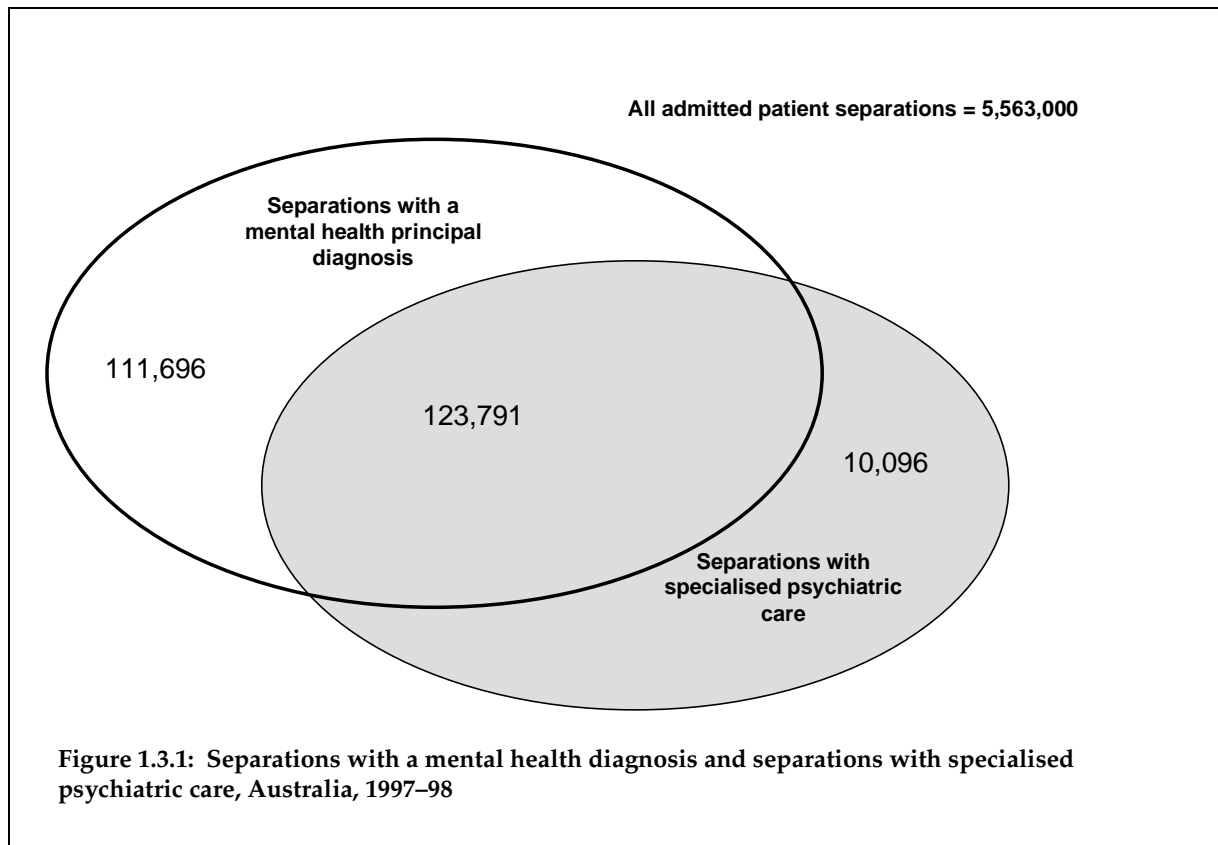


Figure 1.3.1 shows that of the approximately 5.5 million records in the National Hospital Morbidity Database, 133,887 separations received at least one day of specialised psychiatric care. Of these, 123,791 were recorded as having a mental health principal diagnosis. There were, however, 111,696 separations with a mental health principal diagnosis which received no specialised psychiatric care.

This report investigates mental health services in the hospital setting in two ways: on the basis of principal mental health diagnosis, and by looking at specialised psychiatric care. It needs to be noted that it is this second component that is the report on the NMDS. The first component is additional reporting based on the mental health diagnoses of admitted patients. A distinction is also made between separations on the basis of length of stay.

### Principal mental health diagnosis

In this report data are presented for admitted patients with a mental health diagnosis in both specialised and general care. Chapter 2 provides a description of principal diagnoses in mental health and the way in which a diagnosis is established for a patient. Data presented by mental health diagnosis represent diagnostic groups that have been clustered at a higher level than the detailed three-digit ICD-9-CM codes. Where relevant, the clustering is based on the classification used for the Australian Survey of Mental Health and Wellbeing (ABS 1998a), and has been adopted to promote continuity throughout the report. ICD-9-CM codes at higher levels indicate that all lower level codes are included in that group; for example, all levels below the ICD code 295 are included in the grouping for schizophrenia, regardless of

the number of digits reported. The classifications used in this report are presented in Appendix 1.

### **Specialised psychiatric care**

Specialised psychiatric care refers to any treatment given in a public psychiatric hospital or in a designated psychiatric ward or unit of an acute hospital. In public psychiatric hospitals most of the care received by patients is classified as specialised psychiatric care, whereas in acute hospitals only days spent in psychiatric wards are considered specialised. The data element *total psychiatric care days* distinguishes specialised mental health care data from other institutional care and enables the extraction of specialised institutional mental health data from the mainstream morbidity collection.

In acute hospitals, a separation is considered a 'specialised care' separation if at least one day during that separation was in a specialised psychiatric ward. In accordance with this definition, an episode of care may comprise some psychiatric care days and some days in general care, or may comprise psychiatric care days only. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only. Table 1.3.2 compares key statistics for specialised and general care for same-day separations and overnight stay patients (see also Table 1.3.4 for figures showing the proportion of general care patient days for those separations designated as 'specialised psychiatric separations').

### **'Short-stay' and 'long-stay' episodes of care**

This report distinguishes between short-stay (excluding same-day) and long-stay patients using a cut-off point of 35 days before a patient is classified as a 'long-stay patient'. While this point is largely arbitrary, use of such a split in the data enables an investigation of mental disorders that require long-term care. Chapter 2 provides more information on this group of patients.

### **Hospital activity**

Table 1.3.2 presents an overview of mental health activity in hospitals, comparing all hospital separations with mental health separations. Data include same-day separations, overnight separations and patient days. The data also compare short-stay separations with long-stay separations by specialised and general care.

The term mental health-related separations refers to all separations with a mental health principal diagnosis and all separations for which specialised psychiatric care was reported. Mental health-related separations accounted for 4.4% of total hospital separations in 1997–98, and approximately 15% of all patient days. Separations with a mental health principal diagnosis comprised 96% of total mental health-related separations. Long-stay separations with a mental health diagnosis comprised only 5.4% of all mental health-related separations, but contributed 55.7% of all mental health-related patient days. Sixty per cent of same-day separations with a mental health principal diagnosis received specialised care, compared to 50% of short-stay separations. For long-stay separations, approximately 75% of separation received some specialised care.

Table 1.3.3 focuses on patients with a mental health principal diagnosis, divided into same day, short and long-stay. The bulk of these separations fell into the short-stay category (136,973 separations). The relatively small number of long-stay separations contributed the greatest number of psychiatric care days (1,501,305 as compared to 710,765 for short-stay separations).

*Affective disorders* accounted for the greatest number of same-day separations as well as the highest proportions of short-stay separations (Table 1.3.3). *Schizophrenic disorders* had the highest incidence amongst long-stay separations (Table 1.3.3).

Table 1.3.4 differentiates between patients with some specialised care and general care only. For general care separations, *other organic psychotic conditions* and *other affective disorders* contributed the greatest number of overnight separations while *senile and presenile organic conditions* contributed the most patient days. In specialised care, *affective* and *schizophrenic disorders* had the greatest number of separations as well as the highest number of psychiatric care days.

## Data quality and interpretation

This section presents some general notes that should be used to guide interpretation of the hospital morbidity data presented in this report. Additional notes are provided in the descriptive commentary that highlight data quality issues and the limits to interpretation in some instances.

The quality of reporting the NMDS—institutional mental health care depends on the quality of reporting to the National Hospital Morbidity Database. The quality of reporting by States and Territories may be affected by variations in *National Health Data Dictionary* definitions as well as by differences in scope. The definitions used for original recording of 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 from one jurisdiction to another. Comparisons between States and Territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

Private hospital separations are included in the NMDS—institutional mental health care. However, a small proportion of private hospitals do not report to the National Hospital Morbidity Database. Because of this, the counts of private hospital separations presented in this report may be underestimated. This discrepancy is described in detail in *Australian Hospital Statistics 1997–98* (AIHW 1999).

Each State and Territory has a particular demographic structure that differs from other jurisdictions. Population factors such as age and Aboriginal/Torres Strait Islander status can have a substantial effect on the nature of health care delivery amongst jurisdictions. For example, the average length of stay in hospital, or the frequency of different procedures, can be affected by remoteness or the demographic composition of the population in a particular region or jurisdiction.

Data on separations from the National Hospital Morbidity Database can reflect an aspect of the burden of disease in the community; they do not provide measures of the incidence or prevalence of conditions. This is because not all persons with a type or degree of illness are treated in hospital and the number and pattern of hospitalisations can be affected by differing admission practices, differing levels and patterns of service provision and multiple admissions for some chronic conditions, in addition to the differing patterns of morbidity in the population.

The quality of reporting *total psychiatric care days* has been reviewed during the production of this report and problems in analysis have been identified where data cannot be directly attributed to a financial year reporting period. This occurs in cases where a patient episode includes both psychiatric and non-psychiatric care and crosses over reporting periods; in such cases analysis cannot discern the period in which the psychiatric care occurred.

The data element *pension status—psychiatric patients* has not been included in the analysis of the NMDS for this report. There are substantial difficulties associated with use of this data element over time, particularly mapping between contemporary pension and benefit structures to a rigid data domain. Nor can the data provide meaningful comparative analysis between jurisdictions. For these reasons, *pension status—psychiatric patients* has been

retired from the NMDS—institutional mental health care and will be removed from the *National Health Data Dictionary Version 9.0* (to be published in 2000). Data developments currently underway are working toward a better standard to capture information on government pensions or benefits as a principal source of income (see future data developments described in Chapter 5).

*Type of accommodation, employment status, source of referral and referral to further care* were not analysed for the current report due to the inadequacy of the current definitions in providing meaningful information. States and Territories could not report this information consistently because of the lack of clarity in these definitions. Further development for these data elements is required.

Further analysis in relation to the scope, data definitions and collection implementation of the NMDS—institutional mental health care will need to continue to be undertaken by AIHW to inform the data development process of the NMDS.

*Table 1.3.1: Specialised and general care of all mental health separations<sup>(a)</sup>, Australia, 1997–98*

	Sameday separations	Per cent all hospital separations	Per cent of all mental health separations	Overnight separations	Per cent all hospital separations	Per cent of all mental health separations	Patient days	Percent of all patient days	Per cent of all mental health patient days
<b>All hospital separations</b>	<b>2,578,000</b>			<b>2,985,000</b>			<b>22,565,000</b>		
Short stay <sup>(b)</sup>									
General care	34,059	0.61	13.87	67,856	1.22	27.63	542,233	2.40	16.42
Specialised care	51,324	0.92	20.90	69,117	1.24	28.14	762,089	3.38	23.07
Total	85,383	1.53	34.77	136,973	2.46	55.77	1,304,322	5.78	39.49
Long stay <sup>(b)</sup>									
General care	—	—	—	3,350	0.18	3.98	339,512	1.50	10.28
Specialised care	—	—	—	9,781	0.06	1.36	1,501,305	6.65	45.45
Total	—	—	—	13,131	0.24	5.35	1,840,817	8.16	55.73
Total separations with a mental health principal diagnosis	85,383	1.53	34.77	150,104	2.70	61.12	3,145,139	14.09	95.21
Separations with specialised psychiatric care but no mental health principal diagnosis	4,483	0.08	1.83	5,613	0.10	2.29	158,066	0.70	4.79
<b>Total mental health related separations</b>	<b>89,866</b>	<b>1.62</b>	<b>36.59</b>	<b>155,717</b>	<b>2.80</b>	<b>63.41</b>	<b>3,303,205</b>	<b>14.64</b>	<b>100.00</b>

(a) Includes all separations with a mental health principal diagnosis as defined in Appendix 2 and all separations receiving specialised psychiatric care

(b) Short stay - 35 patient days or less. Long stay - 36 patient days or more.



**Table 1.3.2: Specialised and general care of all mental health related separations,<sup>(a)</sup> Australia, 1997–98**

	Number	Per cent of all hospital separations	Per cent of all mental health separations
<b>Separations</b>			
<b>Same-day separations</b>			
All same-day separations <sup>(c)</sup>	<b>2,578,000</b>	<b>46.34</b>	
Same-day separations with a mental health principal diagnosis			
General care	34,059	0.61	13.87
Specialised care	51,324	0.92	20.90
Total	85,383	1.53	34.77
Same-day separations with specialised psychiatric care but no mental health principal diagnosis	4,483	0.08	1.83
Total mental health-related same-day separations	89,866	1.62	36.59
<b>Overnight separations</b>			
All overnight separations <sup>(c)</sup>	<b>2,985,000</b>	<b>53.66</b>	
Short-stay <sup>(b)</sup> separations with a mental health principal diagnosis			
General care	67,856	1.22	27.63
Specialised care	69,117	1.24	28.14
Total	136,973	2.46	55.77
Long-stay <sup>(b)</sup> separations with a mental health principal diagnosis			
General care	3,350	0.18	1.36
Specialised care	9,781	0.06	3.98
Total	13,131	0.24	5.35
Total overnight separations with a mental health principal diagnosis	150,104	2.70	61.12
Overnight separations with specialised psychiatric care but no mental health principal diagnosis	5,613	0.10	2.29
Total mental health-related overnight separations	155,717	2.80	63.41
<b>Total mental health-related separations</b>	<b>245,583</b>	<b>4.41</b>	<b>100.00</b>
<b>Patient days</b>			
<b>All patient days<sup>(c)</sup></b>	<b>22,565,000</b>	<b>100.00</b>	
Same-day patient days with a mental health principal diagnosis			
General care	34,059	0.15	1.03
Specialised care	51,324	0.23	1.55
Total	85,383	0.38	2.58
Short-stay <sup>(b)</sup> patient days with a mental health principal diagnosis			
General care	508,174	2.25	15.38
Specialised care	710,765	3.15	21.52
Total	1,218,939	5.40	36.90
Long-stay <sup>(b)</sup> patient days with a mental health principal diagnosis			
General care	339,512	1.50	10.28
Specialised care	1,501,305	6.65	45.45
Total	1,840,817	8.16	55.73
Total patient days with a mental health principal diagnosis	3,145,139	13.94	95.21
Patient days with specialised psychiatric care but no mental health principal diagnosis	158,066	0.70	4.79
<b>Total mental health-related patient days</b>	<b>3,303,205</b>	<b>14.64</b>	<b>100.00</b>

(a) Includes all separations with a mental health principal diagnosis as defined in Appendix 1 and all separations for which specialised psychiatric care was reported.

(b) Short-stay separations are those with less than 36 patient days, excluding same-day separations. Long-stay separations are those with 36 patient days or more.

(c) From *Australian Hospital Statistics 1997–98*.

Table 1.3.3: Mental health principal diagnosis<sup>(a)</sup> by length of stay, Australia, 1997–98

Principal diagnosis	Same-day separations		Separations with less than 36 patient days excluding same-day			Separations with 36 patient days or more		
	Same-day separations	Same-day separations with psychiatric care	Separations	Patient days in general care	Psychiatric care days	Separations	Patient days in general care	Psychiatric care days
Senile and presenile organic conditions	438	286	5,858	64,662	17,483	1,540	131,058	113,849
Other organic psychotic conditions	1,764	342	13,821	92,020	29,040	987	75,119	172,221
Schizophrenic disorders	8,475	6,345	22,132	26,921	217,981	3,949	26,331	719,992
Affective disorders <sup>(b)</sup>	28,102	18,466	27,688	98,195	207,868	3,503	43,302	186,452
Other affective psychoses	6,607	2,968	10,571	39,180	55,534	902	15,823	123,630
Anxiety disorders <sup>(b)</sup>	8,145	4,823	3,570	11,636	24,920	315	3,253	13,873
Paranoid states	687	203	1,321	3,370	10,773	156	2,004	28,397
Other psychoses	1,253	429	3,129	6,961	19,418	173	5,751	13,841
Other neurotic disorders	3,215	1,212	5,035	16,988	8,529	119	2,664	5,032
Personality disorders <sup>(c)</sup>	2,823	1,416	5,496	7,131	26,839	212	3,011	14,675
Eating disorders	5,012	4,512	1,513	8,109	8,354	419	10,410	17,258
Substance abuse	2,407	470	3,266	6,439	5,340	49	868	1,587
Substance dependence	3,952	1,686	12,203	60,629	22,756	339	8,037	15,877
Acute alcoholic intoxication	1,001	171	2,399	6,942	3,915	20	291	630
Other drug dependence and abuse	500	332	1,256	4,084	4,447	44	413	1,818
Physiological malfunction arising from mental factors	246	n.p.	302	1,174	154	n.p.	163	43
Special syndromes or syndromes not elsewhere classified	534	260	1,093	4,482	465	n.p.	217	78
Acute reaction to stress	1,005	397	3,018	8,169	4,741	29	1,133	615
Adjustment reaction excluding PTSD	3,532	2,314	9,942	24,451	33,149	162	2,875	6,584
Specific non-psychotic mental disorders <sup>(d)</sup>	290	167	1,453	11,765	1,936	116	3,942	11,598
Other non-psychotic mental conditions	5,273	4,460	1,680	4,460	6,401	81	2,765	53,010
Observation for suspected mental condition	86	61	164	194	601	n.p.	—	142
V codes associated with mental illness <sup>(e)</sup>	36	n.p.	63	212	121	n.p.	82	103
<b>Total</b>	<b>85,383</b>	<b>51,324</b>	<b>136,973</b>	<b>508,174</b>	<b>710,765</b>	<b>13,131</b>	<b>339,512</b>	<b>1,501,305</b>

(a) See category inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil

n.p. Not published

**Table 1.3.4: Mental health principal diagnosis<sup>(a)</sup> by type of care, Australia, 1997–98**

Principal diagnosis	Specialised care <sup>(b)</sup>				General care		
	Overnight Separations	Same-day separations	Patient days in general care	Psychiatric care days	Overnight Separations	Same-day separations	Patient days in general care
Senile and presenile organic conditions	1,760	286	463	131,618	5,638	152	195,409
Other organic psychotic conditions	3,596	342	511	201,603	11,212	1,422	168,050
Schizophrenic disorders	22,565	6,345	3,262	944,318	3,516	2,130	52,120
Affective disorders <sup>(b)</sup>	20,266	18,466	4,889	412,786	10,925	9,636	146,244
Other affective psychoses	5,992	2,968	2,242	182,132	5,481	3,639	56,400
Anxiety disorders <sup>(b)</sup>	2,231	4,823	371	43,616	1,654	3,322	17,840
Paranoid states	1,105	203	249	39,373	372	484	5,609
Other psychoses	2,240	429	269	33,688	1,062	824	13,267
Other neurotic disorders	1,206	1,212	252	14,773	3,948	2,003	21,403
Personality disorders <sup>(c)</sup>	4,447	1,348	365	42,930	1,261	1,383	10,399
Eating disorders	1,020	68	774	30,124	912	24	10,423
Substance abuse	840	470	46	7,397	2,475	1,937	9,198
Substance dependence	2,441	1,686	328	40,319	10,101	2,266	70,604
Acute alcoholic intoxication	629	171	231	4,716	1,790	830	7,832
Other drug dependence and abuse	574	332	72	6,597	726	168	4,593
Physiological malfunction arising from mental factors	21	n.p.	—	199	284	244	1,579
Special syndromes or syndromes not elsewhere classified	55	4,772	154	803	1,045	774	13,428
Acute reaction to stress	1,121	397	68	5,753	1,926	608	9,842
Adjustment reaction excluding PTSD	5,576	2,314	451	42,047	4,528	1,218	28,093
Specific non-psychotic mental disorders <sup>(d)</sup>	246	167	89	13,701	1,323	123	15,741
Other non-psychotic mental conditions	832	4,460	24	63,871	929	813	8,014
Observation for suspected mental condition	113	61	12	804	54	25	207
V codes associated with mental illness <sup>(f)</sup>	22	n.p.	n.p.	226	44	34	325
<b>Total</b>	<b>78,898</b>	<b>51,324</b>	<b>15,125</b>	<b>2,263,394</b>	<b>71,206</b>	<b>34,059</b>	<b>866,620</b>

(a) See category inclusions list in Appendix 1

(b) A separation is classified as having specialised care if at least one day of care was given in a specialised psychiatric unit or ward. A specialised care separation may therefore include some general care days.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil

n.p. Not published

## 2 Admitted patients

This chapter presents information concerning patient characteristics and service-related characteristics for both short-stay and long-stay patients with a mental health principal diagnosis, as well as separations reporting specialised care but having no mental health principal diagnosis. Data from hospital morbidity records provide information on the treatment and care provided in hospitals for mental disorders or associated disabilities. Information on the principal diagnosis of each admitted patient is coded using the International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM). In addition to mental health specific principal diagnoses, other relevant principal diagnoses are included, such as other reasons for hospitalisation associated with mental illness, for example special screening for mental disorders. A short section in this chapter that provides information about patients with no mental health principal diagnosis but who were cared for in a specialised psychiatric unit or ward.

### 2.1 Short-stay patients with a mental health principal diagnosis—patient characteristics

The definition of a short-stay patient is one where a record shows a separation length of stay of less than 36 days within one institution, excluding same-day separations and all leave days. Patients with a stay of less than 36 days comprised 94% of all mental health principal diagnoses.

#### Principal diagnosis

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital (NHDC 1997). Arriving at a diagnosis of a mental disorder relies on the clinician's recognition of particular patterns of symptoms through a consideration of different aspects of the patient's behaviour, thought processes, state of mood, and level of arousal. In most cases, there are no key identifying symptoms or specific tests that can be conducted to confirm the diagnosis of a mental disorder, and for some conditions there is a continued reliance on clinical judgments on the extent to which behaviour deviates from the accepted norm (AIHW 1998).

Table 2.1.1 shows hospital separations, same-day separations, patient days, and psychiatric care days for short-stay patients with mental disorders. The data represent the number of separations, patient days, and psychiatric care days that were recorded and are not a count of the number of individuals who received treatment during the period.

The greatest number of same-day separations were recorded for *affective disorders* (1.5 per 1,000 population), followed by *schizophrenic disorders* (0.5 per 1,000 population), and *anxiety disorders* (0.4 per 1,000 population). The greatest number of overnight separations (1.5 per 1,000 population) and patient days (16.5 days per 1,000 population) were also recorded for principal diagnoses of *affective disorders*. The greatest number of overnight psychiatric care days occurred for principal diagnoses of *schizophrenic disorders* (217,981 days), closely followed by *affective disorders* (207,868 days). Overnight patients with *affective disorders* averaged 11 patient days per separation and 7.5 psychiatric care days per separation, whereas for patients with *schizophrenic disorders*, the averages were 11 patient and 10 psychiatric care days.

## Specialised and general care

Table 2.1.2 shows the breakdown of separations between specialised care (e.g. those who received treatment in a public psychiatric unit or ward or public psychiatric hospital) and general care. Note that specialised care separations can have patient days in both general care and psychiatric care (see Glossary). For patients who received only specialised care the greatest number of overnight separations were recorded for principal diagnoses of *schizophrenic disorders* (18,916 separations) followed by *affective disorders* (17,497). Patients with *affective disorders* had the greatest number of same-day separations, patient days in general care, and psychiatric care days. For patients that received only general care, the greatest number of overnight separations occurred for principal diagnoses of *other organic psychotic conditions* (10,599 separations) followed by *affective disorders* (10,191). The greatest number of same-day separations and patient care days in general care were recorded for *affective disorders*.

Table 2.1.3 compares general and specialised care across States and Territories for same-day separations, overnight separations, and patient days for separations with mental health principal diagnoses. For New South Wales, Victoria and Queensland, the majority of same-day separations occurred in specialised care, whereas for the other States and Territories the majority of same-day separations occurred in general care only. For New South Wales, Victoria, Queensland, and the Northern Territory, the majority of overnight separations occurred in specialised care, as well as the majority of patient days for overnight separations. Overall, South Australia recorded the greatest number of overnight separations per 1,000 population with a rate of 9.2, followed by Queensland with 8.4. Western Australia had the highest rate of total separations per 1,000 population at 14.8.

Table 2.1.4 compares general and specialised care between the hospital sectors for same-day separations, overnight separations, and patient days. In public acute hospitals, same-day separations occurred in relatively equal proportions of general and specialised care; however, in private hospitals and public psychiatric hospitals, the majority of same-day separations occurred in specialised care. Approximately 45% of overnight separations recorded in public acute and private hospitals occurred in general care. Almost 90% of overnight separations recorded in public psychiatric hospitals were for specialised care. Public acute hospitals recorded the greatest number of separations overall, at a rate of approximately 7.0 per 1,000 population.

Public psychiatric hospitals recorded the greatest proportion of specialised overnight patient days (94.5%). Approximately half of overnight patient days occurred in specialised care in private and public acute hospitals.

## Selected mental health diagnoses

Throughout this report, mental health diagnoses have been clustered to achieve maximum consistency with the diagnosis groups reported in the National Survey of Mental Health and Wellbeing of Adults (ABS 1998a). Many diagnoses relevant in hospital care were not identified in the National Survey of Mental Health and Wellbeing of Adults data because of low-prevalence and have been clustered into *all other disorders*. Refer to Appendix 1 for details on the clustering of mental health diagnosis groups.

Comparisons of specialised and general care separations for selected mental health diagnoses can indicate the extent to which the type of mental health problem is associated with different types of care. Table 2.1.5 shows that the States and Territories differ with regard to proportions of specialised and general care reported. The majority of same-day separations reported in New South Wales, Victoria, and Queensland for patients hospitalised with *affective disorders*, *anxiety disorders* and *other disorders* occurred in specialised care. For the other States and the two Territories the majority of same-day

separations occurred in general care only. For admitted patients with principal diagnoses of *substance abuse and dependence*, the majority of same-day separations recorded in all States and Territories (except New South Wales) occurred in general care.

The majority of overnight separations reported in New South Wales, Victoria, Queensland, and the Northern Territory for patients diagnosed with *affective disorders*, *anxiety disorders* and *other disorders* occurred in specialised care. For patients with principal diagnoses of *substance abuse and dependence*, the majority of overnight separations recorded in all States and Territories (except the Northern Territory) occurred in general care (see Table 2.1.5).

For all selected disorders the majority of patient days for overnight separations occurred in general care, except in New South Wales for patients with *anxiety disorders* (see Table 2.1.5).

### **Males by age group**

For males that were aged 24 years or under, the majority of separations and patient days occurred in specialised care (see Tables 2.1.6). For males aged 25–44 years, the majority of same-day separations occurred in general care only, but the majority of overnight separations and patient days for overnight separations occurred in specialised care. For males over 45 years of age the majority of same-day separations occurred in specialised care. Only the majority of overnight separations occurred in specialised care for males in the age group 45–54 years. Males aged 65 years and over had the greatest rate of separations per 1,000 population with 17.6.

The majority of patient days for overnight separations occurred in specialised care for males aged less than 65 years. For males 65 years of age and older, the majority of patient days for overnight separations occurred in general care.

### **Females by age group**

For females, the majority of same-day separations occurred in specialised care regardless of age group. For females aged 18–64 years the majority of overnight separations occurred in specialised care, but for females 17 years and under and 65 years and over, the majority of overnight separations occurred in general care. Females aged 25–44 years had the greatest rate of separations per 1,000 population with 16.8.

The majority of patient days for overnight separations occurred in specialised care for females in all age groups under 65 years (Table 2.1.6).

### **Comparison between males and females**

Same-day separations generally tend to be of a specialised nature, particularly in the under 17 age group. Female same-day separations are generally more likely to be in specialised care than male separations. Under 45 years, males have more specialised overnight separations than females, and spend a greater proportion of patient days in specialised care.

Females have a higher separation rate per 1,000 population than males in all age groups, except for the youngest (under 25 years) and oldest (65 years and over) groups.

The low proportions of specialised overnight separations in the 65 and over age group (24% for males and 26% for females) probably reflects the fact that many older people with a mental health problem are better catered for by aged care services.

### **Aboriginal and Torres Strait Islander status**

Table 2.1.7 shows that for Aboriginal and Torres Strait Islander persons the greatest number of same-day separations occurred for the principal diagnoses of *other non-psychotic mental conditions* (15% of all same-day separations) and the greatest number of overnight separations occurred for *substance dependence* (16% of all overnight separations). The greatest

number of separations per 1,000 population was recorded for principal diagnoses of *substance dependence* (1.7 separations per 1,000 ATSI population), closely followed by *schizophrenic disorders* (1.6 separations per 1,000 ATSI population). In comparison, for the total Australian population the greatest number of same-day separations and overnight separations were recorded for principal diagnoses of *affective disorders* (3.0 separations per 1,000 population), followed by *schizophrenic disorders* (1.7 separations per 1,000 population).

Overall, approximately 12 separations per 1,000 population occurred for mental health principal diagnoses in both the Aboriginal and Torres Strait Islander population and the total Australian population.

For the Aboriginal and Torres Strait Islander population, the greatest number of patient days in both general care and psychiatric care were recorded for principal diagnoses of *schizophrenic disorders* followed by *affective disorders*. For the total Australian population, the greatest number of patient days in general care occurred for principal diagnoses of *other organic psychotic conditions*, followed by *affective disorders*, and the greatest number of psychiatric care days were recorded for diagnoses of *affective disorders* followed by *schizophrenic disorders*.

When interpreting data on Aboriginal and Torres Strait Islander persons, it should be noted that there is considerable variation in the total number of reported Aboriginal and Torres Strait Islander separations per 1,000 Aboriginal and Torres Strait Islander population among the States and Territories (AIHW 1999). This may indicate that there is variation in the proportion of Aboriginal and Torres Strait Islander persons who are identified as such in the morbidity data collections and/or in the total population, and/or there is variation in the hospitalisation rates for Aboriginal and Torres Strait Islander persons. Victoria was unable to supply Aboriginal and Torres Strait Islander status data for private hospitals for 1997–98 and the Victorian Department of Human Services has flagged the potential for under-identification of Aboriginal and Torres Strait Islander separations in the data provided for public hospitals.

A study was recently undertaken collaboratively between the Australian Bureau of Statistics and the Institute to identify methods of assessing the quality of Aboriginal and Torres Strait Islander identification in hospitals (Aboriginal and Torres Strait Islander Health and Welfare Information Unit 1999). This study indicated that the quality of Aboriginal and Torres Strait Islander identification in Australian hospitals may vary widely, with results from the 12 hospitals involved in the project ranging from 55% to 100% completeness of identification for Aboriginal and Torres Strait Islander persons. Data on Aboriginal and Torres Strait Islander status contained in this chapter should therefore be interpreted cautiously.

### **Area of usual residence**

Area of usual residence refers to the geographical location of usual residence of admitted patients. The majority of separations recorded for short-stay patients with a mental health diagnosis were for patients who live in the metropolitan area regardless of State/Territory or hospital sector (see Table 2.1.8). The metropolitan areas in Australia have a higher age-standardised rate of separations (1.39 separations per 1,000 population) than both rural (0.39 per 1,000) and remote areas (0.05 per 1,000). The age-standardised rate for overnight separations is more consistent between metropolitan (0.75 per 1,000), rural (0.32 per 1,000) and remote areas (0.04 per 1,000) (Table 2.1.8).

### **Country of birth**

Table 2.1.9 shows that the greatest number of same-day and overnight separations had the principal diagnoses of *affective disorder* reported regardless of whether the patient was born in Australia, another English-speaking country or elsewhere. *Schizophrenic disorders* had the

second largest number of same-day and overnight separations where the country of birth was reported as Australia or a non-English-speaking country.

The greatest number of patient days were reported for the principal diagnoses of *affective disorders* regardless of whether the patient was born in Australia, another English-speaking country or elsewhere. (Table 2.1.10). For patients born in English-speaking countries other than Australia the greatest number of psychiatric care days were recorded for principal diagnoses of *affective disorders*. However, for patients born in Australia and in non-English-speaking countries, the greatest number of psychiatric care days were reported for principal diagnoses of *schizophrenic disorders*, followed by *affective disorders* (Table 2.1.10).

### **Principal procedures**

A principal procedure is defined as the most significant procedure that was performed for the treatment of the principal diagnosis. If no procedure is performed for treatment of the principal diagnosis, other procedures can be reported as the principal procedure. It needs to be noted that procedures are not part of the NMDS—institutional mental health care but have been included to provide additional information.

Table 2.1.11 presents the 30 principal procedures with the highest number of separations of patients with a mental health principal diagnoses. It needs to be noted that for 68% of the separations, no procedure was recorded. Table 2.1.11 shows that the greatest number of separations occurred with a principal procedure within the group *other group therapy* (13,223 separations) followed by *other electroshock therapy* (8,695 separations). Same-day separations made up 62.7% of the separations associated with *other electroshock therapy* and 88.8% of separations associated with *other group therapy*.



**Table 2.1.2: Mental health principal diagnosis <sup>(a)</sup> of short-stay patients <sup>(b)</sup> by type of care, Australia, 1997–98**

Principal diagnosis	Specialised care <sup>(c)</sup>				General care		
	Overnight separations	Same-day separations	Patient days in general care	Psychiatric care days	Overnight separations	Same-day separations	Patient days in general care
Senile and presenile organic conditions	1,025	286	262	17,769	4,833	286	64,552
Other organic psychotic conditions	3,222	342	346	29,382	10,599	342	93,096
Schizophrenic disorders	18,916	6,345	866	224,326	3,216	6,345	28,185
Affective disorders <sup>(d)</sup>	17,497	18,466	2,362	226,334	10,191	18,466	105,469
Other affective psychoses	5,269	2,968	348	58,502	5,302	2,968	42,471
Anxiety disorders <sup>(d)</sup>	1,975	4,823	227	29,743	1,595	4,823	14,731
Paranoid states	978	203	155	10,976	343	203	3,699
Other psychoses	2,105	429	124	19,847	1,024	429	7,661
Other neurotic disorders	1,128	1,212	135	9,741	3,907	1,212	18,856
Personality disorders <sup>(e)</sup>	4,280	1,416	276	28,255	1,216	1,416	7,477
Eating disorders	758	4,512	n.p.	12,866	755	4,512	785
Substance abuse	810	470	45	5,810	2,456	470	8,331
Substance dependence	2,245	1,686	299	24,442	9,958	1,686	62,596
Acute alcoholic intoxication	616	171	219	4,086	1,783	171	7,553
Other drug dependence and abuse	538	332	52	4,779	718	332	4,200
Physiological malfunction arising from mental factors	20	n.p.	n.p.	156	282	n.p.	1,416
Special syndromes or syndromes not elsewhere classified	53	260	154	725	1,040	260	13,211
Acute reaction to stress	1,109	397	37	5,138	1,909	397	8,740
Adjustment reaction excluding PTSD	5,462	2,314	356	35,463	4,480	2,314	25,313
Specific non-psychotic mental disorders <sup>(f)</sup>	194	167	51	2,103	1,259	167	11,837
Other non-psychotic mental conditions	786	4,460	23	10,861	894	4,460	5,250
Observation for suspected mental condition	110	61	12	662	54	61	207
V codes associated with mental illness <sup>(g)</sup>	21	n.p.	n.p.	123	42	n.p.	243
<b>Total</b>	<b>69,117</b>	<b>51,324</b>	<b>6,354</b>	<b>762,089</b>	<b>67,856</b>	<b>34,059</b>	<b>535,879</b>

(a) See classification inclusions list in Appendix 1.

(b) Short-stay separations are those with less than 36 patient days.

(c) A separation is classified as having specialised care if at least one day of care was given in a specialised psychiatric unit or ward. A specialised care separation may therefore include some general care days

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published

**Table 2.1.3: Specialised and general care of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup>, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
<b>Same-day separations</b>									
In general care only	5,314	7,446	3,124	12,948	2,772	2,271	130	54	34,059
In specialised care <sup>(d)</sup>	27,191	14,126	8,505	36	868	552	18	28	51,324
Per cent specialised	83.65	65.48	73.14	0.28	23.85	19.55	12.16	34.15	60.11
<b>Overnight separations</b>									
In general care only	20,428	13,033	11,521	11,561	8,076	2,054	984	199	67,856
In specialised care <sup>(d)</sup>	22,892	18,133	17,321	2,257	5,847	1,633	399	635	69,117
Per cent specialised	52.84	58.18	60.05	16.33	42.00	44.29	28.85	76.14	50.46
<b>Total separations</b>	<b>75,825</b>	<b>52,738</b>	<b>40,471</b>	<b>26,802</b>	<b>17,563</b>	<b>6,510</b>	<b>1,531</b>	<b>916</b>	<b>222,356</b>
Overnight separations per 1,000 population (age-standardised) <sup>(e)</sup>	6.83	6.59	8.43	7.68	9.20	7.89	4.61	4.48	7.30
Separations per 1,000 population	12.03	11.40	11.82	14.79	11.85	13.77	4.98	4.86	11.94
Separations per 1,000 population (age-standardised) <sup>(e)</sup>	11.9	11.2	11.8	14.8	11.6	13.5	5.1	4.9	11.8
<b>Patient days for overnight separations</b>									
Total general care days <sup>(f)</sup>	133,082	97,218	80,084	96,585	71,870	18,147	10,282	906	508,174
Total psychiatric care days	245,502	199,048	153,497	30,336	60,768	13,014	3,436	5,164	710,765
Per cent specialised	72.03	71.95	69.36	23.93	46.47	43.54	25.18	85.54	62.52

(a) Short-stay separations are those with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared to figures from other states. WA figures include activity from psycho-geriatric facilities. WA figures include same-day group therapy at some units.

(d) A separation is classified as having specialised care if at least one day of care was given in a specialised psychiatric unit or ward. A specialised care separation may therefore include some general care d

(e) Figures are directly age-standardised to the Australian population at 30 June 1991.

(f) Total general care days include general ward patient days from both general and specialised separations.

**Table 2.1.4: Specialised and general care of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by hospital sector, Australia, 1997–98**

	Public acute	Private <sup>(c)</sup>	Public psychiatric	Total
<b>Same-day separations</b>				
In general care only	18,574	15,380	105	34,059
In specialised care	19,581	29,818	1,925	51,324
Per cent specialised	51.32	65.97	94.83	60.11
<b>Overnight separations</b>				
In general care only	51,736	14,367	1,753	67,856
In specialised care	43,634	11,813	13,670	69,117
Per cent specialised	45.75	45.12	88.63	50.46
<b>Total separations</b>	<b>133,525</b>	<b>71,378</b>	<b>17,453</b>	<b>222,356</b>
Overnight separations per 1,000 population <sup>(d)</sup>	5.12	1.42	0.84	7.36
Separations per 1,000 population <sup>(d)</sup>	7.17	3.87	0.95	11.94
<b>Patient days for overnight separations</b>				
Total general care days <sup>(e)</sup>	346,374	153,216	8,584	508,174
Total psychiatric care days	412,314	151,449	147,002	710,765
Per cent specialised	54.35	49.71	94.48	58.31

(a) Short-stay separations are those with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Includes some separations from private free-standing day facilities.

(d) Figures are crude rates per 1,000 population at 31 December 1997.

(e) Total general care days include general ward patient days from both general and specialised separations.

**Table 2.1.5: Specialised and general care of short-stay patients <sup>(a)</sup> with a mental health principal diagnosis <sup>(b)</sup> by disorder group <sup>(c)</sup>, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Australia
<b>Affective disorders</b>									
<b>Same-day separations</b>									
In general care only	783	1,848	270	4,933	832	915	n.p.	n.p.	9,636
In specialised care	8,045	6,415	3,764	n.p.	38	197	n.p.	n.p.	18,466
Per cent specialised	91.13	77.64	93.31	0.04	4.37	17.72	7.14	25.00	65.71
<b>Overnight separations</b>									
In general care only	1,686	1,291	1,494	2,667	2,316	414	301	22	10,191
In specialised care	5,467	4,888	4,779	307	1,535	348	91	82	17,497
Per cent specialised	76.43	79.11	76.18	10.32	39.86	45.67	23.21	78.85	63.19
<b>Total separations</b>	<b>15,981</b>	<b>14,442</b>	<b>10,307</b>	<b>7,909</b>	<b>4,721</b>	<b>1,874</b>	<b>448</b>	<b>108</b>	<b>55,790</b>
Separations per 1,000 population	2.54	3.12	3.01	4.37	3.18	3.97	1.46	0.57	3.00
Separations per 1,000 population(age-standardised) <sup>(e)</sup>	2.53	3.07	3.05	4.36	3.28	3.98	1.45	0.52	3.00
<b>Patient days for overnight separations</b>									
Total general care days <sup>(f)</sup>	83,391	70,586	61,524	33,200	43,835	8,026	4,545	956	306,063
Total psychiatric care days	77,562	67,689	52,370	5,020	18,507	3,406	912	868	226,334
Per cent specialised	48.19	48.95	45.98	13.13	29.69	29.79	16.71	47.59	42.51
<b>Anxiety disorders</b>									
<b>Same-day separations</b>									
In general care only	273	227	50	2,252	72	447	n.p.	—	3,322
In specialised care	3,171	616	503	—	531	n.p.	—	—	4,823
Per cent specialised	92.07	73.07	90.96	—	88.06	n.p.	—	—	59.21
<b>Overnight separations</b>									
In general care only	338	157	388	341	232	110	n.p.	n.p.	1,595
In specialised care	795	431	601	n.p.	126	17	n.p.	n.p.	1,975
Per cent specialised	70.17	73.30	60.77	0.29	35.20	13.39	7.14	40.00	55.32
<b>Total separations</b>	<b>4,577</b>	<b>1,431</b>	<b>1,542</b>	<b>2,594</b>	<b>961</b>	<b>576</b>	<b>29</b>	<b>n.p.</b>	<b>11,715</b>
Separations per 1,000 population	0.73	0.31	0.45	1.43	0.65	1.22	0.09	0.03	0.63
Separations per 1,000 population(age-standardised) <sup>(e)</sup>	0.68	0.29	0.42	1.47	0.61	1.07	0.09	0.03	0.60
<b>Patient days for overnight separations</b>									
Total general care days <sup>(f)</sup>	13,078	6,696	9,320	3,033	2,895	1,275	237	22	36,556
Total psychiatric care days	14,381	6,490	6,738	29	1,902	171	13	19	29,743
Per cent specialised	52.37	49.22	41.96	0.95	39.65	11.83	5.20	46.34	44.86

*(continued)*

**Table 2.1.5 (continued): Specialised and general care of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by disorder group<sup>(c)</sup>, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Australia
<b>Substance abuse and dependence</b>									
<b>Same-day separations</b>									
In general care only	980	1,394	1,108	394	179	136	n.p.	n.p.	4,203
In specialised care	1,689	277	164	n.p.	10	n.p.	n.p.	n.p.	2,156
Per cent specialised	63.28	16.58	12.89	1.75	5.29	4.23	25.00	14.29	33.90
<b>Overnight separations</b>									
In general care only	5,142	2,252	2,774	1,413	630	168	22	13	12,414
In specialised care	1,799	609	450	91	63	26	n.p.	13	3,055
Per cent specialised	25.92	21.29	13.96	6.05	9.09	13.40	n.p.	50.00	19.75
<b>Total separations</b>	<b>9,610</b>	<b>4,532</b>	<b>4,496</b>	<b>1,905</b>	<b>882</b>	<b>336</b>	<b>34</b>	<b>33</b>	<b>21,828</b>
Separations per 1,000 population	1.53	0.98	1.31	1.05	0.59	0.71	0.11	0.18	1.17
Separations per 1,000 population (age-standardised) <sup>(e)</sup>	1.48	0.94	1.27	1.02	0.57	0.71	0.11	0.16	1.13
<b>Patient days for overnight separations</b>									
Total general care days <sup>(f)</sup>	41,957	19,536	19,786	7,625	4,896	1,112	170	82	95,164
Total psychiatric care days	20,092	5,552	3,182	812	469	103	n.p.	36	30,252
Per cent specialised	32.38	22.13	13.85	9.62	8.74	8.48	n.p.	30.51	24.12
<b>All other disorders</b>									
<b>Same-day separations</b>									
In general care only	3,278	3,977	1,696	5,369	1,689	773	71	45	16,898
In specialised care	14,286	6,818	4,074	27	289	347	12	26	25,879
Per cent specialised	81.34	63.16	70.61	0.50	14.61	30.98	14.46	36.62	60.50
<b>Overnight separations</b>									
In general care only	13,262	9,333	6,865	7,140	4,898	1,362	635	161	43,656
In specialised care	14,831	12,205	11,491	1,858	4,123	1,242	302	538	46,590
Per cent specialised	52.79	56.67	62.60	20.65	45.70	47.70	32.23	76.97	51.63
<b>Total separations</b>	<b>45,657</b>	<b>32,333</b>	<b>24,126</b>	<b>14,394</b>	<b>10,999</b>	<b>3,724</b>	<b>1,020</b>	<b>770</b>	<b>133,023</b>
Separations per 1,000 population	7.25	6.99	7.04	7.95	7.42	7.88	3.32	4.09	7.14
Separations per 1,000 population (age-standardised) <sup>(e)</sup>	7.49	7.19	7.20	8.17	7.80	8.57	3.27	3.90	7.36
<b>Patient days for overnight separations</b>									
Total general care days <sup>(f)</sup>	240,158	199,448	142,951	83,063	81,012	20,748	8,766	5,010	781,156
Total psychiatric care days	160,658	133,443	99,712	24,511	40,758	9,886	2,523	4,269	475,760
Per cent specialised	40.08	40.09	41.09	22.79	33.47	32.27	22.35	46.01	37.85

(a) Short-stay separations are those with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Disorder group as defined in the ABS *Mental Health and Wellbeing Profile of Adults Australia*.

(d) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared to figures from other states. WA include activity from psycho-geriatric facilities. WA figures include same-day group therapy at some units.

(e) Figures are directly age-standardised to the Australian population at 30 June 1991.

(f) Total general care days include general ward patient days from both general and specialised separations.

n.p. Not published

— Nil

**Table 2.1.6: Specialised and general care of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by gender and age group, Australia, 1997–98**

	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
<b>Males</b>								
<b>Same-day separations</b>								
In general care only	1,083	1,524	2,822	2,905	3,833	1,283	2,999	16,449
In specialised care	6,503	1,763	2,145	2,528	4,454	1,636	4,220	23,249
Per cent specialised	85.72	53.64	43.19	46.53	53.75	56.05	58.46	58.56
<b>Overnight separations</b>								
In general care only	1,634	3,031	5,609	5,614	4,655	2,573	7,690	30,806
In specialised care	1,647	6,755	10,523	7,232	5,078	1,996	2,435	35,666
Per cent specialised	50.20	69.03	65.23	56.30	52.17	43.69	24.05	53.66
<b>Total separations</b>	<b>10,867</b>	<b>13,073</b>	<b>21,099</b>	<b>18,279</b>	<b>18,020</b>	<b>7,488</b>	<b>17,344</b>	<b>106,170</b>
Separations per 1,000 population <sup>(c)</sup>	4.50	13.67	14.66	12.74	14.69	9.31	17.55	11.46
<b>Patient days for overnight separations</b>								
Total general care days <sup>(d)</sup>	7,463	15,294	27,477	30,796	31,071	19,081	82,506	213,688
Total psychiatric care days	14,788	61,529	95,599	69,029	58,905	24,453	34,882	359,185
Per cent specialised	66.46	80.09	77.67	69.15	65.47	56.17	29.72	62.70
<b>Females</b>								
<b>Same-day separations</b>								
In general care only	995	1,783	3,097	4,594	3,830	1,408	1,903	17,610
In specialised care	2,789	3,284	5,359	5,308	5,759	2,612	2,964	28,075
Per cent specialised	73.71	64.81	63.38	53.61	60.06	64.98	60.90	61.45
<b>Overnight separations</b>								
In general care only	2,063	3,173	7,532	6,435	4,187	2,332	11,328	37,050
In specialised care	1,908	4,303	8,210	7,495	5,073	2,474	3,988	33,451
Per cent specialised	48.05	57.56	52.15	53.80	54.78	51.48	26.04	47.45
<b>Total separations</b>	<b>7,755</b>	<b>12,543</b>	<b>24,198</b>	<b>23,832</b>	<b>18,849</b>	<b>8,826</b>	<b>20,183</b>	<b>116,186</b>
Separations per 1,000 population <sup>(c)</sup>	3.38	13.63	16.80	16.53	15.73	11.14	15.88	12.42
<b>Patient days for overnight separations</b>								
Total general care days <sup>(d)</sup>	12,394	17,236	41,631	42,585	31,655	20,245	128,740	294,486
Total psychiatric care days	15,645	37,763	74,286	74,636	56,648	31,952	60,650	351,580
Per cent specialised	55.80	68.66	64.09	63.67	64.15	61.21	32.02	54.42

(a) Short-stay separations are those with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Figures are crude rates per 1000 population at 31 December 1997.

(d) Total general care days include general ward patient days from both general and specialised separations.

**Table 2.1.7: Reported Indigenous status<sup>(a)</sup> of short-stay patients<sup>(b)</sup> with a mental health principal diagnosis<sup>(c)</sup>, Australia, 1997–98**

Principal diagnosis	Patients reported as Indigenous					All patients				
	Same-day separations	Overnight separations	Separations per 1,000 ATSI <sup>(g)</sup>	Days in general care	Psychiatric care days	Same-day separations	Overnight separations	Separations per 1,000 <sup>(g)</sup>	Days in general care	Psychiatric care days
Senile and presenile organic conditions	n.p.	23	0.06	239	58	438	5,858	0.34	64,376	17,769
Other organic psychotic conditions	67	540	1.54	2,397	970	1,764	13,821	0.84	91,678	29,382
Schizophrenic disorders	116	527	1.63	4,655	4,065	8,475	22,132	1.65	20,576	224,326
Affective disorders <sup>(c)</sup>	128	384	1.30	3,329	2,488	28,102	27,688	3.01	79,729	226,334
Other affective psychoses	29	217	0.62	1,375	734	6,607	10,571	0.93	36,212	58,502
Anxiety disorders <sup>(c)</sup>	30	55	0.22	272	163	8,145	3,570	0.63	6,813	29,743
Paranoid states	n.p.	22	0.06	200	168	687	1,321	0.11	3,167	10,976
Other psychoses	34	94	0.32	556	420	1,253	3,129	0.24	6,532	19,847
Other Neurotic disorders	101	183	0.72	691	256	3,215	5,035	0.45	15,776	9,741
Personality disorders <sup>(d)</sup>	n.p.	79	0.22	440	347	2,823	5,496	0.45	5,715	28,255
Eating disorders	n.p.	n.p.	0.02	71	n.p.	5,012	1,513	0.35	3,597	12,866
Substance abuse	124	220	0.87	651	222	2,407	3,266	0.31	5,969	5,810
Substance dependence	82	571	1.66	2,495	466	3,952	12,203	0.87	58,943	24,442
Acute alcoholic intoxication	84	201	0.72	600	98	1,001	2,399	0.18	6,771	4,086
Other drug dependence and abuse	14	36	0.13	185	87	500	1,256	0.09	3,752	4,779
Physiological malfunction arising from mental factors	n.p.	n.p.	0.01	n.p.	—	246	302	0.03	1,172	156
Special syndromes or syndromes not elsewhere classified	n.p.	16	0.05	36	—	534	1,093	0.09	4,222	725
Acute reaction to stress	21	78	0.25	225	87	1,005	3,018	0.22	7,772	5,138
Adjustment reaction excluding PTSD	27	212	0.61	1,022	788	3,532	9,942	0.73	22,137	35,463
Specific non-psychotic mental disorders <sup>(e)</sup>	n.p.	13	0.04	108	88	290	1,453	0.09	11,598	2,103
Other non-psychotic mental conditions	161	47	0.53	363	250	5,273	1,680	0.38	—	10,861
Observation for suspected mental condition	n.p.	n.p.	0.02	20	n.p.	86	164	0.01	133	662
V codes associated with mental illness <sup>(f)</sup>	n.p.	n.p.	0.02	n.p.	n.p.	36	63	0.01	210	123
<b>Total</b>	<b>1,041</b>	<b>3,536</b>	<b>11.61</b>	<b>19,939</b>	<b>11,765</b>	<b>85,383</b>	<b>136,973</b>	<b>12.00</b>	<b>456,850</b>	<b>762,089</b>

(a) A full definition of Indigenous status is in the glossary. The completeness of Indigenous status varies, hence these data should be used with caution.

(b) Short-stay separations are those with less than 36 patient days.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V67.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

(g) Rates are crude rates based on the 31 December 1997 population.

n.p. Not published

— Nil

**Table 2.1.8: Area of usual residence of short-stay patients with a mental health principal diagnosis, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Australia
<b>Area of usual residence</b>	<b>Public acute hospitals</b>								
Metropolitan	32,455	20,029	16,727	10,398	6,830	1,761	1,237	403	89,840
Rural	10,987	8,891	8,037	2,395	3,426	2,017	104	56	35,913
Remote	732	244	1,691	1,935	208	34	n.p.	416	5,261
Other <sup>(f)</sup>	711	397	1,045	97	158	24	n.p.	41	2,511
<b>Total public acute hospitals</b>	<b>44,885</b>	<b>29,561</b>	<b>27,500</b>	<b>14,825</b>	<b>10,622</b>	<b>3,836</b>	<b>1,380</b>	<b>916</b>	<b>133,525</b>
	<b>Private hospitals<sup>(e)</sup></b>								
Metropolitan	19,445	20,636	9,103	8,756	2,853	2,032	129	—	62,954
Rural	1,792	1,423	2,567	721	444	372	n.p.	—	7,325
Remote	34	16	143	204	13	n.p.	n.p.	—	412
Other <sup>(f)</sup>	n.p.	255	324	n.p.	52	n.p.	16	—	687
<b>Total private hospitals</b>	<b>21,279</b>	<b>22,330</b>	<b>12,137</b>	<b>9,684</b>	<b>3,362</b>	<b>2,435</b>	<b>151</b>	<b>—</b>	<b>71,378</b>
	<b>Public psychiatric hospitals</b>								
Metropolitan	7,486	—	477	1,857	2,677	177	—	—	12,674
Rural	1,286	—	275	221	730	62	—	—	2,574
Remote	50	—	11	197	24	—	—	—	282
Other <sup>(f)</sup>	839	847	71	18	148	—	—	—	1,923
<b>Total public psychiatric hospitals</b>	<b>9,661</b>	<b>847</b>	<b>834</b>	<b>2,293</b>	<b>3,579</b>	<b>239</b>	<b>—</b>	<b>—</b>	<b>17,453</b>
	<b>All hospitals</b>								
Metropolitan	59,386	40,665	26,307	21,011	12,360	3,970	1,366	403	165,468
Rural	14,065	10,314	10,879	3,337	4,600	2,451	110	56	45,812
Remote	816	260	1,845	2,336	245	36	n.p.	416	5,955
Other <sup>(f)</sup>	1,558	1,499	1,440	118	358	53	n.p.	41	5,121
<b>Total hospitals</b>	<b>75,825</b>	<b>52,738</b>	<b>40,471</b>	<b>26,802</b>	<b>17,563</b>	<b>6,510</b>	<b>1,531</b>	<b>916</b>	<b>222,356</b>

(continued)



**Table 2.1.8 (continued): Area of usual residence<sup>(a)</sup> of short-stay patients<sup>(b)</sup> with a mental health principal diagnosis,<sup>(c)</sup> States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Australia
Area of usual residence	Age-standardised population rate <sup>(g)</sup>								
All separations per 1,000 population									
Metropolitan	1.34	1.23	1.54	1.80	1.16	2.14	0.52	0.55	1.39
Rural	0.37	0.35	0.39	0.47	0.48	0.34	6.67	0.17	0.39
Remote	0.06	0.07	0.04	0.05	0.03	0.06	—	0.02	0.05
Overnight separations per 1,000 population									
Metropolitan	0.66	0.65	1.00	0.79	0.87	0.94	0.47	0.50	0.75
Rural	0.32	0.28	0.33	0.38	0.42	0.26	5.59	0.15	0.32
Remote	0.05	0.06	0.03	0.04	0.03	0.05	—	0.02	0.04

(a) Defined according to the *Rural, Remote and Metropolitan Areas Classification*, 1991 Census edition. See glossary for more information.

(b) Short-stay separations are those with less than 36 patient days.

(c) See classification inclusions list in Appendix 1.

(d) WA figures include activity from psycho-geriatric units. WA figures include same-day group therapy at some units.

(e) Private includes 64 separations from private free-standing day hospitals.

(f) Includes unspecified and overseas/interstate patients, as well as patients with other states of usual residence for Qld and SA.

(g) Population rates in this section do not include any separations in the area of usual residence category 'other'.

n.p. Not published

— Nil

**Table 2.1.9: Mental health principal diagnosis separations<sup>(a)</sup> of short-stay patients<sup>(b)</sup> by country of birth, Australia, 1997–98**

Principal diagnosis	Australia		Other English-speaking countries		Non-English-speaking countries	
	Overnight separations	Same-day separations	Overnight separations	Same-day separations	Overnight separations	Same-day separations
Senile and presenile organic conditions	4,156	378	851	25	851	35
Other organic psychotic conditions	10,397	1,258	1,660	163	1,764	343
Schizophrenic disorders	16,789	6,409	1,506	549	3,837	1,517
Affective disorders <sup>(c)</sup>	20,385	20,561	2,840	2,758	4,463	4,783
Other affective psychoses	8,267	4,828	965	775	1,339	1,004
Anxiety disorders <sup>(c)</sup>	2,870	6,285	295	629	405	1,231
Paranoid states	908	452	145	52	268	183
Other psychoses	2,292	736	226	230	611	287
Other neurotic disorders	4,056	2,279	419	254	560	682
Personality disorders <sup>(d)</sup>	4,453	2,255	439	258	604	310
Eating disorders	1,367	4,323	35	156	111	533
Substance abuse	2,561	1,837	259	125	446	445
Substance dependence	9,579	3,004	1,087	437	1,537	511
Acute alcoholic intoxication	1,804	829	286	71	309	101
Other drug dependence and abuse	1,041	396	75	56	140	48
Physiological malfunction arising from mental factors	239	185	32	22	31	39
Special syndromes or syndromes not elsewhere classified	903	393	82	102	108	39
Acute reaction to stress	2,404	741	234	91	380	173
Adjustment reaction excluding PTSD	7,724	2,601	782	350	1,436	581
Specific non-psychotic mental disorders <sup>(e)</sup>	1,004	166	201	n.p.	248	117
Other non-psychotic mental conditions	1,514	4,824	32	27	134	422
Observation for suspected mental condition	132	80	n.p.	—	23	n.p.
V codes associated with mental illness <sup>(f)</sup>	50	25	n.p.	n.p.	10	n.p.
<b>Total</b>	<b>104,895</b>	<b>64,845</b>	<b>12,463</b>	<b>7,144</b>	<b>19,615</b>	<b>13,394</b>

(a) Short-stay separations are those with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS *Mental Health and Wellbeing Profile of Adults Australia 1997*; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published

— Nil

**Table 2.1.10: Mental health principal diagnosis <sup>(a)</sup> patient days and psychiatric care days of short-stay patients <sup>(b)</sup> by country of birth, Australia, 1997–98**

Principal diagnosis	Australia		Other English-speaking countries		Non-English-speaking countries	
	Patient days	Psychiatric care days	Patient days	Psychiatric care days	Patient days	Psychiatric care days
Senile and presenile organic conditions	58,115	10,811	11,833	3,084	12,635	3,874
Other organic psychotic conditions	90,347	22,039	16,383	2,521	16,094	4,822
Schizophrenic disorders	187,200	166,201	18,970	16,598	47,207	41,527
Affective disorders <sup>(c)</sup>	238,378	165,093	35,996	24,345	59,791	36,896
Other affective psychoses	76,441	44,049	10,200	6,157	14,680	8,296
Anxiety disorders <sup>(c)</sup>	35,632	24,713	3,725	2,129	5,344	2,901
Paranoid states	9,761	7,377	1,716	1,201	3,353	2,398
Other psychoses	19,217	13,652	2,278	1,564	6,137	4,631
Other neurotic disorders	21,813	7,083	2,812	929	4,107	1,729
Personality disorders <sup>(d)</sup>	29,343	23,134	2,958	1,960	4,492	3,161
Eating disorders	18,726	11,283	648	281	2,101	1,302
Substance abuse	10,637	4,521	1,335	495	2,214	794
Substance dependence	66,487	19,779	8,643	2,225	12,207	2,438
Acute alcoholic intoxication	8,741	3,017	1,611	686	1,506	383
Other drug dependence and abuse	7,422	3,975	592	310	1,017	494
Physiological malfunction arising from mental factors	1,204	109	188	n.p.	182	40
Special syndromes or syndromes not elsewhere classified	4,501	552	430	100	550	73
Acute reaction to stress	10,519	4,048	1,197	344	2,199	746
Adjustment reaction excluding PTSD	46,698	27,138	5,161	2,749	9,273	5,576
Specific non-psychotic mental disorders <sup>(e)</sup>	9,623	1,434	1,994	218	2,374	451
Other non-psychotic mental conditions	14,353	9,829	284	124	1,497	908
Observation for suspected mental condition	652	485	70	60	159	117
V codes associated with mental illness <sup>(f)</sup>	281	61	30	18	58	44
<b>Total</b>	<b>966,091</b>	<b>570,383</b>	<b>129,054</b>	<b>68,105</b>	<b>209,177</b>	<b>123,601</b>

(a) Short-stay separations are those with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS *Mental Health and Wellbeing Profile of Adults Australia 1997*; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

**Table 2.1.11: Thirty procedures with the highest number of separations, short-stay patients<sup>(a)</sup> with a mental health diagnosis,<sup>(b)</sup> Australia, 1997–98**

Principal procedure	Separations			Patient days	Psychiatric care days
	Overnight	Same-day	Total		
Other group therapy	1,476	11,747	13,223	34,670	28,464
Other electroshock therapy	3,246	5,449	8,695	47,252	37,415
Computerised axial tomography of head	6,033	497	6,530	70,836	28,011
Alcohol detoxification	4,855	120	4,975	30,349	7,578
Behaviour therapy	346	4,337	4,683	9,750	9,093
Assessment	4,189	159	4,348	45,422	24,212
Drug detoxification	3,888	156	4,044	19,334	3,872
Occupational therapy assessment	1,319	195	1,514	20,081	9,690
Occupational therapy—self-care	708	663	1,371	11,472	6,214
Alcohol rehabilitation and detoxification	1,024	22	1,046	14,341	5,601
Other diagnostic physical therapy procedure	1,029	n.p.	1,031	13,867	2,332
Alcohol rehabilitation	269	671	940	2,958	943
Discharge planning	899	34	933	10,618	4,109
Combined alcohol and drug detoxification	861	25	886	5,639	889
Nutritional assessment	820	23	843	11,506	5,396
Alcoholism counselling	75	708	783	1,261	280
Other counselling	160	547	707	1,857	852
Other psychiatric drug therapy	222	433	655	3,556	3,310
Interview and evaluation, described as comprehensive	615	39	654	2,944	—
Advocacy	561	11	572	6,969	6,298
Electroconvulsive therapy (ECT) > 8 treatments	370	195	565	8,930	8,061
Drug rehabilitation and detoxification	508	42	550	5,071	2,361
Magnetic resonance imaging of brain and brain stem	214	213	427	2,543	1,057
Other supportive counselling	411	12	423	4,872	3,246
Crisis intervention	404	17	421	4,059	3,415
Recreational therapy	391	19	410	6,339	5,426
Other individual psychotherapy	311	94	405	5,216	3,178
Spinal tap	n.p.	n.p.	402	2,740	247
General therapeutic techniques	n.p.	n.p.	390	4,924	878
Other psychiatric interview and evaluation	346	38	384	2,695	992
All other procedures	7,295	1,286	8,581	87,345	32,994
No procedure or not reported	93,394	57,571	150,965	804,906	515,675
<b>Total</b>	<b>136,973</b>	<b>85,383</b>	<b>222,356</b>	<b>1,304,322</b>	<b>762,089</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

n.p. Not published

— Nil

## 2.2 Short-stay patients with a mental health principal diagnosis—service-related characteristics

### Length of stay for short-stay overnight separations

Average and median lengths of stay give two measures of central tendency which, when viewed together, can give an indication of the distribution of length of stay data. While an average may be inflated or deflated by the presence of outliers, median statistics show the point at which the distribution is split in half. Table 2.2.1 presents the average and median length of stay for short-stay overnight separations with a mental health diagnosis by hospital sector and State and Territory. It needs to be noted that not all private hospital separations are included in the National Hospital Morbidity Database. Comparisons between jurisdictions based on private hospital data need to be used with caution due to the variation in the levels of private hospital reporting between jurisdictions.

For public hospitals, the longest average length of stay for short-stay patients with a mental health principal diagnosis was recorded for the Australian Capital Territory (10 days) followed by Victoria and South Australia (approximately 9.5 days). In the private sector, the longest average length of stay was recorded for New South Wales and the Australian Capital Territory (13 days) followed by South Australia (12 days). For public psychiatric hospitals, the longest average length of stay was recorded for Western Australia (13 days). The longest median length of stay for public acute hospitals was recorded in the Australian Capital Territory (7 days). In public psychiatric hospitals, Western Australia (12 days) had the highest median. New South Wales and the Australian Capital Territory shared the highest median length of stay (11 days) for private hospitals (Table 2.2.1).

Table 2.2.2 shows that for public acute hospitals the longest average length of stay and longest median length of stay in psychiatric care was recorded for Victoria (10 and 8 days) and South Australia (10 and 8 days). For private hospitals, the longest average length of stay and longest median length of stay was recorded in New South Wales (14 and 12 days), although data were unavailable for Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For public psychiatric hospitals the longest average length of stay and longest median length of stay was recorded in Western Australia (13 and 12 days).

Table 2.2.3 shows that for both public acute and private hospitals the longest average length of stay and longest median length of stay for short-stay separations with general care only was recorded for the Australian Capital Territory (10 and 7 days for public acute, and 13 and 11 days for private).

A breakdown by sex is presented in Table 2.2.4, which shows that for both male and female patients the longest average length of stay and longest median length of stay for overnight separations were recorded in the Australian Capital Territory.

In public acute hospitals the longest average length of stay for short-stay overnight separations was recorded for the principal diagnoses of *senile and presenile organic conditions* (14 days). This was the finding in all States and Territories except in Western Australia and the Northern Territory, where the principal diagnoses with the longest average length of stay were *eating disorders* (Table 2.2.5).

In private hospitals the longest average length of stay for short-stay overnight separations was recorded for the principal diagnoses of *senile and presenile organic conditions* (14 days). Across States and Territories, the longest average length of stay was recorded for different principal diagnoses in each (Table 2.2.6).

In public psychiatric hospitals the longest average length of stay for short-stay overnight separations were recorded for the principal diagnoses of *senile and presenile organic conditions* (18 days). In New South Wales, Queensland and South Australia the longest average length of stay for overnight separations was recorded for principal diagnoses of *senile and presenile conditions*; however, in other States and Territories there was no consistent finding (see Table 2.2.7).

Table 2.2.8 shows that in public acute hospitals the longest median length of stay for overnight separations was recorded for principal diagnoses of *senile and presenile organic conditions* (11 days). This was the finding in all jurisdictions except in Western Australia, South Australia, and the Northern Territory, where principal diagnoses of *eating disorders* were associated with the longest median length of stay.

In private hospitals the longest median length of stay for overnight separations were recorded for principal diagnoses of *senile and presenile organic conditions* (12 days). Across States and Territories there was no consistent finding for the principal diagnoses associated with the longest median length of stay (Table 2.2.9).

In public psychiatric hospitals the longest median length of stay for overnight separations was recorded for the principal diagnoses of *senile and presenile organic conditions* (18 days). In Queensland and South Australia the longest median length of stay for overnight separations was recorded for *senile and presenile conditions*; however, in other States and Territories there was no consistent finding (Table 2.2.10).

## **Mental health legal status**

The National Hospital Morbidity Database provides information on the patient's mental health legal status on, or during, the admission. Involuntary patients are persons who are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care. Note that mental health legal status is only relevant to persons in specialised care as involuntary patients are only cared for in designated units.

Table 2.2.11 shows the number of separations of short-stay patients with a mental health principal diagnosis by mental health legal status, hospital sector, and State and Territory. In public acute hospitals, for both same-day and overnight separations the majority of separations were recorded for the legal status of voluntary. For private hospitals, the majority of both same-day and overnight separations had no recorded mental health legal status. It should be noted that the reliability of the private hospital data is limited, as a large proportion (89.7%) of the legal status data for private hospitals was not recorded or provided. Also needs to be noted that there is the variation in the level of private hospital reporting between jurisdictions. Generally, in public psychiatric hospitals most separations are involuntary.

Table 2.2.12 presents the number of separations for private hospitals with specialised psychiatric care by mental health legal status and principal diagnosis. The greatest number of overnight and same-day separations were recorded for the principal diagnoses of *affective disorders* (4,699 overnight separations and 12,973 same-day separations) and this was the principal diagnoses with the greatest number of separations recorded where the legal status was voluntary or not provided. Principal diagnoses of *schizophrenic disorders* had the greatest number of same-day separations under the mental health legal status of involuntary. The principal diagnoses of *other neurotic disorders* had the greatest number of overnight separations under the mental health legal status of involuntary.

Principal diagnoses of *schizophrenic disorders* had the greatest number of overnight and same-day separations for the legal status of involuntary (38% of all involuntary separations). Principal diagnoses of *affective disorders* were associated with the greatest number of overnight and same-day separations under the mental health legal status of *voluntary* (41% of all voluntary separations). Records for admitted patients with principal diagnoses of

*adjustment reaction excluding post-traumatic stress disorder* showed the majority of overnight separations had a legal status of involuntary. Principal diagnoses *other non-psychotic mental conditions* had the greatest number of same-day separations for which no legal status was recorded (Table 2.2.13).

Table 2.2.14 shows the number of separations in a specialised ward by mental health legal status, sex and age group. For males 17 years of age and under, the greatest number of separations recorded were same-day separations for which no legal status was recorded. For males 18–24 years, the greatest number of separations recorded were overnight separations with the legal status of involuntary. For males aged 25–64 years, the greatest number of separations occurred for overnight separations with the legal status of voluntary. For males 65 years of age and over, the greatest number of separations were same-day separations under the legal status of voluntary.

For females 17 years of age and under, the greatest number of separations recorded were same-day separations for which no legal status was recorded. For females aged 18–44 years, the greatest number of separations occurred for overnight separations with the legal status of voluntary. Females aged 45–64 years of age recorded the greatest number of separations for same-day separations under the legal status of voluntary. Females 65 years of age and over recorded the greatest number of separations for overnight separations with the legal status of voluntary.

**Table 2.2.1: Average and median length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> by hospital sector, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
<b>Sector</b>	<b>Average</b>								
Public acute hospitals	7.77	8.90	7.20	7.86	7.96	7.73	9.54	7.28	7.96
Private hospitals	13.20	11.36	10.60	10.37	12.36	10.80	13.06	n.a.	11.64
Public psychiatric hospitals	8.77	10.16	12.57	13.44	10.37	9.57	..	..	10.09
<b>Total</b>	<b>8.74</b>	<b>9.51</b>	<b>8.10</b>	<b>9.19</b>	<b>9.53</b>	<b>8.45</b>	<b>9.92</b>	<b>7.28</b>	<b>8.90</b>
	<b>Median</b>								
Public acute hospitals	5	6	4	5	5	5	7	4	5
Private hospitals	11	9	8	8	10	8	11	n.a.	9
Public psychiatric hospitals	5	7	10	12	7	6	..	..	7
<b>Total</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>6</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric units.

.. Not applicable

n.a. Not available



**Table 2.2.2: Average and median length of stay in psychiatric care,<sup>(a)</sup> short-stay<sup>(b)</sup> overnight separations with a mental health principal diagnosis,<sup>(c)</sup> by hospital sector, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Australia
<b>Sector</b>	<b>Average</b>								
Public acute hospitals	10.01	10.43	8.11	n.a.	10.42	7.71	8.61	8.13	9.45
Private hospitals	13.64	12.82	11.45	n.a.	n.a.	..	..	..	12.82
Public psychiatric hospitals	9.86	10.17	12.57	13.44	10.37	9.57	..	..	10.75
<b>Total</b>	<b>10.72</b>	<b>10.98</b>	<b>8.86</b>	<b>13.44</b>	<b>10.39</b>	<b>7.97</b>	<b>8.61</b>	<b>8.13</b>	<b>10.28</b>
	<b>Median</b>								
Public acute hospitals	7	8	5	n.a.	8	5	6	5	6
Private hospitals	12	11	9	n.a.	n.a.	..	..	..	11
Public psychiatric hospitals	6	7	10	12	7	6	..	..	8
<b>Total</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>12</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>7</b>

(a) Average and median over only separations with specialised care (in specialised unit or ward in an acute hospital or any ward in a psychiatric hospital).

(b) Separations with less than 36 patient days.

(c) See classification inclusions list in Appendix 1.

include

activity from psycho-geriatric facilities.

.. Not applicable

n.a. Not available

**Table 2.2.3: Average and median length of stay of short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> in general care only, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
<b>Sector</b>	<b>Average</b>								
Public acute hospitals	6.07	6.89	5.47	7.86	6.67	7.76	9.92	4.24	6.61
Private hospitals	10.96	9.33	9.69	10.37	12.36	10.80	13.06	..	10.52
Public psychiatric hospitals	4.89	1.00	—	—	—	—	..	..	4.89
<b>Total</b>	<b>6.33</b>	<b>7.46</b>	<b>6.78</b>	<b>8.35</b>	<b>8.85</b>	<b>8.84</b>	<b>10.40</b>	<b>4.24</b>	<b>7.40</b>
	<b>Median</b>								
Public acute hospitals	4	4	3	5	4	5	7	3	4
Private hospitals	8	6	7	8	10	8	11	..	8
Public psychiatric hospitals	4	1	—	—	—	—	..	..	4
<b>Total</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>7.5</b>	<b>3</b>	<b>5</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

include

activity from psycho-geriatric facilities.

.. Not applicable

— Nil

**Table 2.2.4: Average and median length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> by sex, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
<b>Sex</b>	<b>Average</b>								
Male	8.51	9.22	7.92	8.86	9.17	8.14	9.47	7.17	8.62
Female	8.97	9.75	8.28	9.48	9.82	8.71	10.34	7.50	9.16
<b>Total</b>	<b>8.74</b>	<b>9.51</b>	<b>8.10</b>	<b>9.19</b>	<b>9.53</b>	<b>8.45</b>	<b>9.92</b>	<b>7.28</b>	<b>8.90</b>
	<b>Median</b>								
Male	5	6	5	6	6	5	7	4	6
Female	6	7	5	7	7	6	7	5	6
<b>Total</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>6</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

**Table 2.2.5: Average length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> public acute hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(g)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	13.04	14.54	13.74	14.75	12.66	13.69	14.72	14.00	13.70
Other organic psychotic conditions	8.42	9.77	7.37	7.92	8.06	8.55	7.26	4.96	8.44
Schizophrenic disorders	10.97	11.11	9.37	10.05	10.18	9.75	11.16	10.81	10.46
Affective disorders <sup>(c)</sup>	10.24	10.20	8.87	10.17	9.48	9.82	11.22	9.19	9.81
Other affective psychoses	7.96	8.36	7.37	7.37	8.28	7.66	11.16	9.29	7.98
Anxiety disorders <sup>(c)</sup>	5.62	11.07	5.47	7.98	7.80	6.95	8.05	4.40	7.36
Paranoid states	10.99	10.36	9.33	11.18	8.50	9.83	10.06	9.63	10.27
Other psychoses	8.05	8.51	6.74	7.96	6.34	7.09	10.30	7.63	7.79
Other neurotic disorders	4.17	3.88	3.75	5.09	4.06	5.48	6.28	6.09	4.18
Personality disorders <sup>(d)</sup>	5.13	5.83	4.77	6.78	6.55	4.63	5.96	5.11	5.43
Eating disorders	10.29	11.05	7.19	16.53	10.49	10.04	6.91	15.00	10.06
Substance abuse	2.03	2.06	2.59	3.28	2.26	1.76	1.56	2.69	2.40
Substance dependence	4.55	5.55	5.10	4.83	5.71	4.66	6.69	3.62	4.94
Acute alcoholic intoxication	3.02	2.72	3.74	3.07	3.60	5.38	2.71	1.14	3.35
Other drug dependence and abuse	4.91	4.43	3.76	3.65	3.04	3.72	1.00	5.17	4.42
Physiological malfunction arising from mental factors	4.03	3.80	3.94	7.04	2.15	3.17	8.00	3.00	3.99
Special syndromes or syndromes not elsewhere classified	4.05	3.67	2.97	4.38	3.90	2.10	5.33	7.00	3.75
Acute reaction to stress	3.69	3.03	3.51	4.65	4.06	3.28	2.75	2.78	3.67
Adjustment reaction excluding PTSD	4.94	5.11	5.09	7.02	5.42	4.78	5.63	4.22	5.20
Specific non-psychotic mental disorders <sup>(e)</sup>	8.06	9.87	6.48	6.03	9.65	9.80	2.50	7.20	9.22
Other non-psychotic mental conditions	5.89	7.50	4.90	6.56	5.54	4.11	3.05	4.11	5.90
Observation for suspected mental condition	4.20	3.94	4.37	8.20	3.00	4.33	—	1.00	4.30
V codes associated with mental illness <sup>(f)</sup>	5.70	2.75	3.46	1.00	5.00	1.00	—	—	4.30
<b>Total</b>	<b>7.77</b>	<b>8.90</b>	<b>7.20</b>	<b>7.86</b>	<b>7.96</b>	<b>7.73</b>	<b>9.54</b>	<b>7.28</b>	<b>7.96</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil

**Table 2.2.6: Average length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> private hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	14.24	13.95	12.75	13.68	13.91	14.77	15.63	n.a.	13.67
Other organic psychotic conditions	11.18	10.57	10.68	9.75	10.93	9.07	11.87	n.a.	10.64
Schizophrenic disorders	13.83	12.93	12.05	14.37	11.90	10.50	12.00	n.a.	12.89
Affective disorders <sup>(c)</sup>	14.59	13.28	11.37	11.35	13.63	12.39	13.33	n.a.	12.88
Other affective psychoses	11.99	10.31	10.57	10.29	12.25	10.17	18.21	n.a.	11.03
Anxiety disorders <sup>(c)</sup>	15.73	11.88	11.96	10.01	9.08	11.62	9.33	n.a.	12.97
Paranoid states	12.52	12.36	10.20	9.50	13.82	11.25	—	n.a.	11.89
Other psychoses	10.95	11.23	12.71	9.73	13.23	10.33	6.00	n.a.	11.68
Other neurotic disorders	9.40	9.74	6.80	6.78	9.81	5.94	7.86	n.a.	8.12
Personality disorders <sup>(d)</sup>	10.32	12.62	8.30	8.61	9.39	9.67	11.71	n.a.	10.54
Eating disorders	13.13	13.37	11.07	15.79	12.21	17.17	16.00	n.a.	12.94
Substance abuse	12.57	9.21	10.43	8.97	5.42	11.55	15.50	n.a.	10.34
Substance dependence	13.16	9.55	9.84	9.10	12.35	8.92	19.00	n.a.	10.90
Acute alcoholic intoxication	11.17	10.04	9.22	7.40	3.33	12.00	—	n.a.	10.57
Other drug dependence and abuse	11.95	11.70	8.76	4.00	7.87	25.00	15.00	n.a.	11.21
Physiological malfunction arising from mental factors	6.86	6.75	7.08	6.43	8.50	5.20	2.00	n.a.	6.62
Special syndromes or syndromes not elsewhere classified	6.04	5.21	5.54	3.82	8.00	8.73	—	n.a.	5.42
Acute reaction to stress	7.17	6.89	7.52	8.55	11.56	2.71	—	n.a.	8.19
Adjustment reaction excluding PTSD	11.17	10.88	8.40	9.44	9.28	10.00	7.40	n.a.	9.94
Specific non-psychotic mental disorders <sup>(e)</sup>	10.50	10.91	9.23	9.50	10.24	3.00	15.33	n.a.	10.56
Other non-psychotic mental conditions	12.22	14.80	7.68	6.45	15.50	1.50	—	n.a.	11.16
Observation for suspected mental condition	7.00	5.00	—	—	—	—	—	n.a.	6.33
V codes associated with mental illness <sup>(f)</sup>	18.00	—	8.67	1.00	11.00	7.00	—	n.a.	9.44
<b>Total</b>	<b>13.20</b>	<b>11.36</b>	<b>10.60</b>	<b>10.37</b>	<b>12.36</b>	<b>10.80</b>	<b>13.06</b>	<b>n.a.</b>	<b>11.64</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.a. Not available

— Nil

**Table 2.2.7: Average length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> public psychiatric hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	16.44	1.00	19.30	18.55	18.07	—	..	..	18.08
Other organic psychotic conditions	7.81	9.95	10.60	12.87	8.50	13.40	..	..	9.33
Schizophrenic disorders	12.07	12.05	14.80	15.81	12.66	11.06	..	..	12.93
Affective disorders <sup>(d)</sup>	13.02	12.43	13.62	16.35	11.91	8.39	..	..	13.05
Other affective psychoses	11.14	10.45	13.78	15.47	11.57	8.59	..	..	11.85
Anxiety disorders <sup>(d)</sup>	8.46	6.33	10.25	29.00	7.29	—	..	..	8.49
Paranoid states	10.41	9.56	10.73	15.95	12.04	7.00	..	..	11.93
Other psychoses	9.87	9.26	13.91	13.41	8.89	12.50	..	..	10.68
Other neurotic disorders	6.41	8.00	11.60	10.17	5.00	4.67	..	..	6.82
Personality disorders <sup>(e)</sup>	5.66	7.59	8.44	9.22	5.03	11.46	..	..	6.75
Eating disorders	14.59	—	—	5.00	15.33	—	..	..	14.31
Substance abuse	4.17	7.56	9.75	9.40	2.33	5.00	..	..	5.09
Substance dependence	5.89	6.30	8.00	8.35	3.80	1.00	..	..	5.95
Acute alcoholic intoxication	3.96	15.00	5.67	6.43	3.69	—	..	..	4.24
Other drug dependence and abuse	7.89	4.57	3.00	8.13	4.17	11.00	..	..	7.86
Special syndromes or syndromes not elsewhere classified	16.33	1.00	—	9.33	—	—	..	..	11.14
Acute reaction to stress	4.08	5.41	8.82	6.50	3.23	—	..	..	4.32
Adjustment reaction excluding PTSD	5.01	5.09	8.98	7.76	5.02	6.00	..	..	5.62
Specific non-psychotic mental disorders <sup>(f)</sup>	6.05	8.00	13.08	14.92	5.82	—	..	..	9.67
Other non-psychotic mental conditions	6.07	1.00	10.82	8.75	3.47	—	..	..	6.71
Observation for suspected mental condition	3.50	—	6.25	6.51	1.00	—	..	..	5.90
V codes associated with mental illness <sup>(g)</sup>	14.00	6.33	—	—	—	—	..	..	8.25
<b>Total</b>	<b>8.77</b>	<b>10.16</b>	<b>12.57</b>	<b>13.44</b>	<b>10.37</b>	<b>9.57</b>	<b>..</b>	<b>..</b>	<b>10.09</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

.. Not applicable

— Nil

**Table 2.2.8: Median length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> public acute hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	11.0	13.0	11.0	13.0	10.0	13.0	15.0	14.0	11.0
Other organic psychotic conditions	6.0	6.0	5.0	5.0	5.0	6.0	5.0	3.0	6.0
Schizophrenic disorders	8.0	8.0	6.0	7.0	7.0	7.0	9.0	7.0	8.0
Affective disorders <sup>(d)</sup>	8.0	7.0	6.0	7.0	7.0	7.0	9.0	6.0	7.0
Other affective psychoses	5.0	5.0	4.0	5.0	5.0	5.0	9.0	5.5	5.0
Anxiety disorders <sup>(d)</sup>	3.0	8.0	4.0	5.0	5.0	5.0	6.0	1.0	4.0
Paranoid states	8.0	9.0	6.0	10.0	7.0	7.0	9.5	5.5	8.0
Other psychoses	6.0	6.0	5.0	6.0	4.0	6.0	7.0	5.0	6.0
Other neurotic disorders	2.0	2.0	2.0	3.0	2.0	4.0	5.0	3.0	2.0
Personality disorders <sup>(e)</sup>	3.0	3.0	3.0	4.0	4.0	4.0	3.0	3.0	3.0
Eating disorders	7.0	8.0	4.0	17.0	11.0	9.0	6.0	19.0	7.0
Substance abuse	1.0	1.0	1.0	2.0	1.0	1.0	1.0	2.0	1.0
Substance dependence	3.0	4.0	4.0	4.0	4.0	4.0	3.0	3.0	4.0
Acute alcoholic intoxication	1.0	1.0	4.0	1.0	3.0	3.5	3.0	1.0	2.0
Other drug dependence and abuse	3.0	4.0	3.0	2.0	1.0	2.0	1.0	3.0	3.0
Physiological malfunction arising from mental factors	2.0	3.0	2.5	4.5	1.0	3.0	8.0	3.0	2.0
Special syndromes or syndromes not elsewhere classified	2.0	2.0	2.0	2.0	2.0	1.0	6.0	6.0	2.0
Acute reaction to stress	2.0	2.0	2.0	3.0	2.0	2.0	2.0	3.0	2.0
Adjustment reaction excluding PTSD	5.0	3.0	3.0	5.0	3.0	3.0	3.0	3.0	4.0
Specific non-psychotic mental disorders <sup>(f)</sup>	6.0	7.0	3.0	2.5	7.0	9.0	2.5	6.0	7.0
Other non-psychotic mental conditions	4.0	4.0	3.0	5.0	3.0	2.5	2.0	3.5	4.0
Observation for suspected mental condition	2.0	2.0	3.0	11.0	3.0	4.0	—	1.0	3.0
V codes associated with mental illness <sup>(g)</sup>	2.0	1.0	1.0	1.0	4.5	1.0	—	—	2.0
<b>Total</b>	<b>5.0</b>	<b>6.0</b>	<b>4.0</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>	<b>7.0</b>	<b>4.0</b>	<b>5.0</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil

**Table 2.2.9: Median length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> private hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	12.0	12.0	10.0	12.5	12.0	12.0	15.0	n.a.	12.0
Other organic psychotic conditions	8.0	8.0	7.0	7.0	8.0	7.0	9.0	n.a.	8.0
Schizophrenic disorders	12.0	11.0	10.0	13.0	11.0	5.5	12.0	n.a.	11.0
Affective disorders <sup>(c)</sup>	14.0	12.0	9.0	9.0	12.0	11.0	11.0	n.a.	11.0
Other affective psychoses	9.0	8.0	8.0	8.0	10.0	8.0	18.5	n.a.	9.0
Anxiety disorders <sup>(c)</sup>	15.0	9.0	10.0	9.0	7.0	9.0	7.0	n.a.	11.0
Paranoid states	9.0	10.0	7.0	7.5	14.0	10.0	—	n.a.	9.0
Other psychoses	9.0	8.0	10.0	8.0	12.0	9.0	6.0	n.a.	9.0
Other neurotic disorders	7.0	7.0	4.0	5.0	7.0	5.0	9.0	n.a.	5.0
Personality disorders <sup>(d)</sup>	6.5	11.0	5.0	6.0	7.0	7.0	10.0	n.a.	8.0
Eating disorders	9.5	12.0	7.0	16.0	8.0	16.0	20.0	n.a.	10.0
Substance abuse	12.0	8.0	8.0	5.0	3.0	10.5	15.5	n.a.	8.0
Substance dependence	12.0	6.0	7.0	7.0	9.0	7.0	19.0	n.a.	7.0
Acute alcoholic intoxication	9.0	7.5	6.5	2.5	2.5	12.0	—	n.a.	8.0
Other drug dependence and abuse	8.5	7.0	7.0	3.5	7.0	30.0	15.0	n.a.	7.0
Physiological malfunction arising from mental factors	7.0	4.0	4.0	3.0	8.5	4.0	2.0	n.a.	4.0
Special syndromes or syndromes not elsewhere classified	3.0	5.0	3.0	3.0	4.0	9.0	—	n.a.	5.0
Acute reaction to stress	5.5	6.0	6.0	6.0	8.5	2.0	—	n.a.	6.0
Adjustment reaction excluding PTSD	9.0	9.0	6.0	6.5	6.0	8.0	5.0	n.a.	7.0
Specific non-psychotic mental disorders <sup>(e)</sup>	9.0	9.0	8.0	11.5	11.0	3.0	17.0	n.a.	9.0
Other non-psychotic mental conditions	8.0	8.5	3.0	4.0	11.0	1.5	—	n.a.	6.5
Observation for suspected mental condition	7.0	5.0	—	—	—	—	—	n.a.	5.0
V codes associated with mental illness <sup>(f)</sup>	18.0	—	12.0	1.0	10.0	7.0	—	n.a.	10.0
<b>Total</b>	<b>11.0</b>	<b>9.0</b>	<b>8.0</b>	<b>8.0</b>	<b>10.0</b>	<b>8.0</b>	<b>11.0</b>	<b>n.a.</b>	<b>9.0</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.a. Not available

— Nil



**Table 2.2.10: Median length of stay, short-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis,<sup>(b)</sup> public psychiatric hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	14.0	1.0	23.0	19.0	19.0	—	..	..	18.0
Other organic psychotic conditions	5.0	8.0	8.0	12.0	5.0	12.5	..	..	6.0
Schizophrenic disorders	9.0	10.0	13.0	14.0	10.0	8.0	..	..	10.0
Affective disorders <sup>(d)</sup>	11.0	9.0	12.0	15.0	10.0	5.0	..	..	11.0
Other affective psychoses	8.0	7.0	12.0	14.0	9.0	5.0	..	..	9.0
Anxiety disorders <sup>(d)</sup>	6.0	9.0	4.5	29.0	4.0	—	..	..	5.0
Paranoid states	8.0	8.0	9.0	16.0	10.5	7.0	..	..	9.0
Other psychoses	8.0	8.0	14.5	12.0	6.0	12.5	..	..	9.0
Other neurotic disorders	4.0	7.0	8.0	10.0	2.0	3.0	..	..	5.0
Personality disorders <sup>(e)</sup>	3.0	5.0	4.5	7.0	4.0	6.5	..	..	4.0
Eating disorders	16.0	—	—	5.0	8.0	—	..	..	14.5
Substance abuse	2.0	3.0	3.5	7.0	1.0	3.5	..	..	2.0
Substance dependence	4.0	4.0	5.0	5.0	2.0	1.0	..	..	4.0
Acute alcoholic intoxication	3.0	15.0	2.5	3.5	3.0	—	..	..	3.0
Other drug dependence and abuse	5.0	4.0	3.0	6.0	4.0	8.5	..	..	6.0
Special syndromes or syndromes not elsewhere classified	20.0	1.0	—	—	—	—	..	..	2.0
Acute reaction to stress	3.0	2.5	6.0	2.5	1.5	—	..	..	2.0
Adjustment reaction excluding PTSD	4.0	3.0	5.5	5.0	3.0	4.0	..	..	4.0
Specific non-psychotic mental disorders <sup>(f)</sup>	4.0	8.0	5.0	15.0	4.0	—	..	..	5.0
Other non-psychotic mental conditions	2.0	1.0	9.5	8.0	3.0	—	..	..	3.0
Observation for suspected mental condition	2.5	—	2.5	3.0	1.0	—	..	..	3.0
V codes associated with mental illness <sup>(g)</sup>	14.0	5.0	—	—	—	—	..	..	9.0
<b>Total</b>	<b>5.0</b>	<b>7.0</b>	<b>10.0</b>	<b>12.0</b>	<b>7.0</b>	<b>6.0</b>	<b>..</b>	<b>..</b>	<b>7.0</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

.. Not applicable

— Nil

**Table 2.2.11: Mental health legal status, short-stay separations<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by hospital sector, States and Territories, 1997–98**

Mental health legal status	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT <sup>(d)</sup>	Australia
<b>Public acute hospitals</b>									
Same-day separations									
Involuntary	267	409	867	n.a.	12	46	n.p.	n.a.	1,601
Voluntary	8,147	2,933	2,839	n.a.	683	497	n.p.	n.a.	15,099
Not reported	2,832	3	—	n.a.	—	—	—	n.a.	2,835
<i>Total</i>	<i>11,246</i>	<i>3,345</i>	<i>3,706</i>	<i>n.a.</i>	<i>695</i>	<i>543</i>	<i>18</i>	<i>n.a.</i>	<i>19,553</i>
Overnight separations									
Involuntary	4,511	5,632	5,973	n.a.	521	237	160	n.a.	17,034
Voluntary	6,999	7,374	7,714	n.a.	1,920	1,166	239	n.a.	25,412
Not reported	460	93	—	n.a.	—	—	—	n.a.	553
<i>Total</i>	<i>11,970</i>	<i>13,099</i>	<i>13,687</i>	<i>n.a.</i>	<i>2,441</i>	<i>1,403</i>	<i>399</i>	<i>n.a.</i>	<i>42,999</i>
<b>Total public acute</b>	<b>23,216</b>	<b>16,444</b>	<b>17,393</b>	<b>n.a.</b>	<b>3,136</b>	<b>1,946</b>	<b>417</b>	<b>n.a.</b>	<b>62,552</b>
<b>Private hospitals<sup>(e)</sup></b>									
Same-day separations									
Involuntary	13	n.a.	82	n.a.	n.a.	n.a.	n.a.	n.a.	95
Voluntary	8,368	n.a.	4,688	n.a.	n.a.	n.a.	n.a.	n.a.	13,056
Not reported	5,930	n.a.	—	n.a.	n.a.	n.a.	n.a.	n.a.	5,930
<i>Total</i>	<i>14,311</i>	<i>10,737</i>	<i>4,770</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>29,818</i>
Overnight separations									
Involuntary	n.p.	n.a.	63	n.a.	n.a.	n.a.	n.a.	n.a.	64
Voluntary	n.p.	n.a.	2,766	n.a.	n.a.	n.a.	n.a.	n.a.	2,766
Not reported	n.p.	n.a.	—	n.a.	n.a.	n.a.	n.a.	n.a.	0
<i>Total</i>	<i>4,751</i>	<i>4,233</i>	<i>2,829</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>11,813</i>
<b>Total private</b>	<b>19,062</b>	<b>14,970</b>	<b>7,599</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>41,631</b>
<b>Public psychiatric hospitals</b>									
Same-day separations									
Involuntary	218	26	7	27	120	n.p.	n.a.	n.a.	403
Voluntary	131	18	22	9	53	n.p.	n.a.	n.a.	237
Not reported	1,285	—	—	—	—	—	n.a.	n.a.	1,285
<i>Total</i>	<i>1,634</i>	<i>44</i>	<i>29</i>	<i>36</i>	<i>173</i>	<i>9</i>	<i>n.a.</i>	<i>n.a.</i>	<i>1,925</i>
Overnight separations									
Involuntary	3,255	489	412	1,413	2,142	135	n.a.	n.a.	7,846
Voluntary	2,645	312	393	844	1,264	95	n.a.	n.a.	5,553
Not reported	271	—	—	—	—	—	n.a.	n.a.	271
<i>Total</i>	<i>6,171</i>	<i>801</i>	<i>805</i>	<i>2,257</i>	<i>3,406</i>	<i>230</i>	<i>n.a.</i>	<i>n.a.</i>	<i>13,670</i>
<b>Total public psychiatric</b>	<b>7,805</b>	<b>845</b>	<b>834</b>	<b>2,293</b>	<b>3,579</b>	<b>239</b>	<b>n.a.</b>	<b>n.a.</b>	<b>15,595</b>

(a) Separations with less than 36 patient days.

(b) Since Mental health legal status is a required item only for separations with care in specialised wards, this data includes only those with a mental health principal diagnosis and care in a specialised psychiatric area.

(c) WA figures include activity from psycho-geriatric units.

(d) Mental health legal status was not collected for admitted patients in Northern Territory in 1997-98.

(e) Private includes 64 separations from private free-standing day hospitals.

.. Not applicable

n.p. Not published

n.a. Not available

— Nil

**Table 2.2.12: Mental health legal status, short-stay<sup>(a)</sup> patients with a mental health principal diagnosis,<sup>(b)</sup> private hospitals, Australia, 1997–98**

Principal diagnosis	Involuntary		Voluntary		Other		Total	
	Overnight	Same-day	Overnight	Same-day	Overnight	Same-day	Overnight	Same-day
Senile and presenile organic conditions	—	—	28	13	93	n.p.	121	21
Other organic psychotic conditions	—	—	45	—	72	41	117	41
Schizophrenic disorders	20	39	522	1,488	565	2,097	1,107	3,624
Affective disorders <sup>(c)</sup>	n.p.	n.p.	2,016	5,685	2,679	7,282	4,699	12,973
Other affective psychoses	n.p.	—	436	784	482	885	921	1,669
Anxiety disorders <sup>(c)</sup>	n.p.	22	513	982	622	2,742	1,139	3,746
Paranoid states	—	—	35	31	40	19	75	50
Other psychoses	n.p.	—	46	29	38	13	87	42
Other neurotic disorders	26	16	205	418	112	70	343	504
Personality disorders <sup>(d)</sup>	—	n.p.	105	231	148	262	253	495
Eating disorders	—	10	152	1,598	76	1,608	228	3,216
Substance abuse	—	—	132	83	108	153	240	236
Substance dependence	n.p.	—	830	968	418	264	1,249	1,232
Acute alcoholic intoxication	—	—	121	30	114	18	235	48
Other drug dependence and abuse	n.p.	—	154	224	42	71	198	295
Physiological malfunction arising from mental factors	—	—	n.p.	n.p.	n.p.	—	n.p.	n.p.
Special syndromes or syndromes not elsewhere classified	—	—	n.p.	—	n.p.	—	13	—
Acute reaction to stress	—	—	38	56	32	23	70	79
Adjustment reaction excluding PTSD	n.p.	—	305	365	334	743	640	1,108
Specific non-psychotic mental disorders <sup>(e)</sup>	—	—	n.p.	52	13	13	14	65
Other non-psychotic mental conditions	—	—	31	18	21	355	52	373
Observation for suspected mental condition	—	—	n.p.	—	n.p.	—	n.p.	—
V codes associated with mental illness <sup>(f)</sup>	—	—	—	—	n.p.	—	n.p.	—
<b>Total</b>	<b>64</b>	<b>95</b>	<b>5,732</b>	<b>13,056</b>	<b>6,017</b>	<b>16,667</b>	<b>11,813</b>	<b>29,818</b>

(a) Separations with less than 36 patient days.

(b) Since Mental health legal status is a required item only for separations with care in specialised wards, these data include only those with a mental health principal diagnosis and care in a specialised psychiatric area.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published

— Nil

Note: Refer to Table 2.2.11 for State/ Territory breakdown. Not all jurisdictions were able to provide this data element; in such cases data are reported as other.

**Table 2.2.13: Mental health legal status, short-stay<sup>(a)</sup> patients with a mental health principal diagnosis,<sup>(b)</sup> public hospitals, Australia, 1997–98**

Principal diagnosis	Involuntary		Voluntary		Other		Total	
	Overnight	Same-day	Overnight	Same-day	Overnight	Same-day	Overnight	Same-day
Senile and presenile organic conditions	316	11	528	254	60	—	904	265
Other organic psychotic conditions	1,720	83	1,241	171	144	47	3,105	301
Schizophrenic disorders	9,903	440	7,618	1,689	288	592	17,809	2,721
Affective disorders <sup>(c)</sup>	4,595	436	8,000	4,586	203	471	12,798	5,493
Other affective psychoses	1,346	91	2,934	1,047	68	161	4,348	1,299
Anxiety disorders <sup>(c)</sup>	143	42	673	919	20	116	836	1,077
Paranoid states	524	21	365	132	14	—	903	153
Other psychoses	1,096	96	855	177	67	114	2,018	387
Other neurotic disorders	235	41	522	576	28	91	785	708
Personality disorders <sup>(c)</sup>	1,712	178	2,256	719	59	24	4,027	921
Eating disorders	129	53	381	1,240	n.p.	n.p.	530	1,296
Substance abuse	305	103	257	129	n.p.	n.p.	570	234
Substance dependence	287	26	695	427	n.p.	n.p.	996	454
Acute alcoholic intoxication	204	69	171	51	n.p.	n.p.	381	123
Other drug dependence and abuse	133	16	198	20	n.p.	n.p.	340	37
Physiological malfunction arising from mental factors	n.p.	—	n.p.	n.p.	—	—	12	n.p.
Special syndromes or syndromes not elsewhere classified	n.p.	n.p.	25	85	n.p.	172	40	260
Acute reaction to stress	367	87	664	229	n.p.	n.p.	1,039	318
Adjustment reaction excluding PTSD	1,503	163	2,983	672	336	371	4,822	1,206
Specific non-psychotic mental disorders <sup>(e)</sup>	87	n.p.	91	96	n.p.	—	180	102
Other non-psychotic mental conditions	194	34	447	2,076	93	1,977	734	4,087
Observation for suspected mental condition	63	n.p.	41	55	n.p.	—	107	61
V codes associated with mental illness <sup>(f)</sup>	n.p.	—	14	n.p.	—	—	20	n.p.
<b>Total</b>	<b>24,876</b>	<b>2,005</b>	<b>30,969</b>	<b>15,353</b>	<b>824</b>	<b>4,120</b>	<b>56,669</b>	<b>21,478</b>

(a) Separations with less than 36 patient days.

(b) Since Mental health legal status is a required item only for separations with care in specialised wards, these data include only those with a mental health principal diagnosis and care in a specialised psychiatric area.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published

— Nil

**Table 2.2.14: Mental health legal status, short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by gender and age group, Australia, 1997–98**

Age group	Involuntary		Voluntary		Other		Total	
	Overnight	Same-day	Overnight	Same-day	Overnight	Same-day	Overnight	Same-day
<b>Male</b>								
17 and under	489	63	886	2,343	258	4,095	1,633	6,501
18–24	3,466	220	2,979	763	212	778	6,657	1,761
25–34	5,006	325	5,027	1,372	340	438	10,373	2,135
35–44	2,959	202	3,756	1,538	401	786	7,116	2,526
45–54	1,487	76	2,872	2,279	681	2,096	5,040	4,451
55–64	624	44	1,072	890	290	702	1,986	1,636
65 and over	588	64	1,432	3,843	406	313	2,426	4,220
<i>Total</i>	<i>14,619</i>	<i>994</i>	<i>18,024</i>	<i>13,028</i>	<i>2,588</i>	<i>9,208</i>	<i>35,231</i>	<i>23,230</i>
<b>Female</b>								
17 and under	497	112	1,187	949	221	1,726	1,905	2,787
18–24	1,614	135	2,362	1,847	288	1,301	4,264	3,283
25–34	2,809	289	4,520	2,982	817	2,087	8,146	5,358
35–44	2,398	183	4,139	2,842	905	2,280	7,442	5,305
45–54	1,453	112	2,734	3,238	850	2,407	5,037	5,757
55–64	742	76	1,321	1,416	410	1,120	2,473	2,612
65 and over	811	199	2,411	2,107	762	658	3,984	2,964
<i>Total</i>	<i>10,324</i>	<i>1,106</i>	<i>18,674</i>	<i>15,381</i>	<i>4,253</i>	<i>11,579</i>	<i>33,251</i>	<i>28,066</i>
<b>Persons</b>								
17 and under	986	175	2,073	3,292	479	5,821	3,538	9,288
18–24	5,080	355	5,341	2,610	500	2,079	10,921	5,044
25–34	7,815	614	9,547	4,354	1,157	2,525	18,519	7,493
35–44	5,357	385	7,895	4,380	1,306	3,066	14,558	7,831
45–54	2,940	188	5,606	5,517	1,531	4,503	10,077	10,208
55–64	1,366	120	2,393	2,306	700	1,822	4,459	4,248
65 and over	1,399	263	3,843	5,950	1,168	971	6,410	7,184
<b>Total</b>	<b>24,943</b>	<b>2,100</b>	<b>36,698</b>	<b>28,409</b>	<b>6,841</b>	<b>20,787</b>	<b>68,482</b>	<b>51,296</b>

(a) Separations with less than 36 patient days.

(b) Since Mental health legal status is a required item only for separations with care in specialised wards, these data include only those with a mental health principal diagnosis and care in a specialised psychiatric area.

## 2.3 Long-stay patients with a mental health principal diagnosis

### Principal diagnosis

Specialised care separations account for approximately 75% of all long-stay separations with a mental health principal diagnosis (Table 2.3.1). The greatest number of separations with some specialised care were reported for *schizophrenic disorders* (3,649 separations), which also contributed the greatest number of patient days (722,388 patient days). The second highest number of long-stay separations with some specialised care were *affective disorders* with 2,769 separations. *Other organic psychotic conditions* had the average length of stay (461 patient days).

For separations with general care only, *senile and presenile organic conditions* accounted for 805 separations (24.0%) and *affective disorders* for 734 separations (21.9%). Generally, the number of patient days per separation was smaller for patients in general care only, except in the case of *other psychoses* and *senile and presenile organic conditions*.

### Specialised and general care

Table 2.3.2 compares general and specialised care across States and Territories for overnight separations and patient days for overnight separations recorded for patients with a mental health principal diagnosis. For all States and Territories except the Australian Capital Territory and Western Australia, the majority of long-stay separations occurred in specialised care. Approximately 82% of patient days for long-stay separations occurred in specialised care units, with only the Australian Capital Territory recording more general care days than specialised care days for long-stay patients with a mental health principal diagnosis. Western Australia and South Australia recorded the greatest number of long-stay separations per 1,000 population (approximately 1.0 per 1,000).

### Sex and age group

For all sex and age groupings, the majority of long-stay separations had specialised care: 79% for males and 71% for females. For males, the 18–24-year-old age group had the highest level of specialised separations, whereas for females it was highest for the 25–34 age group. Males generally had more specialised care days than females (Table 2.3.3).

### Length of stay

Tables 2.3.1 to 2.1.4 contain data on length of stay, but caution must be used in interpreting these results. Average and median length of stay calculations show marked differences, indicating that the distribution of length of stay for long-stay patients is skewed. For public psychiatric hospitals an average length of stay of 325 days compares with a median stay of 62 days. This indicates that some extremely long separations are contributing to the average (Table 2.3.4).

Queensland had the highest overall average length of stay for long-stay separations with a mental health diagnosis at approximately 247 days. This was due to Queensland's average length of stay for public psychiatric hospitals (879 days). Western Australia recorded the highest median length of stay for all hospitals (56 days).

The highest average and median length of stay for public acute hospitals were recorded in New South Wales, whereas for private hospitals Queensland's average and mean were the highest (Table 2.3.4).

Table 2.3.5 shows that males and females in some States had quite different average and median lengths of stay. This may reflect the differing distributions of disorders by sex and therefore of care needs (see Appendix 3).

Table 2.3.6 outlines the average and median length of stay for stays that include care in specialised psychiatric care units or wards. Generally the patterns found in the overall length of stay figures in Table 2.3.4 are replicated in length of stays including specialised psychiatric care, except for public acute hospitals. In public acute hospitals, Victoria has the highest average length of stay for all states (77 days) and the Northern Territory has the highest median length of stay (53).

Length of stay figures for long-stay separations with general care only reflect a very small number of total mental health separations. Very few long-stay mental health separations in public psychiatric hospitals have no specialised care, and so this category was not included in Table 2.3.7.

### **Mental health legal status**

Male long-stay separations had a higher proportion of involuntary mental health legal status overall: 50% of males had an involuntary status, compared to 34% for females. This difference is particularly notable in the 18–44 year age groups; over 50% of long-stay males with specialised psychiatric care in these age groups had an involuntary legal status (Table 2.3.8).

### **Procedures**

For long-stay patients, the 30 procedures with the highest number of separations accounted for only 6% of separations. Fifty-six per cent of separations had no principal procedure listed. *Electroconvulsive therapy* and *other electroshock therapy* were reported for approximately 10% of total long-stay separations (Table 2.3.9).

**Table 2.3.1: Mental health principal diagnosis<sup>(a)</sup> for long-stay patients<sup>(b)</sup> by type of care, Australia, 1997–98**

Principal diagnosis	Specialised care			General care	
	Separations	Patient days	Psychiatric care days	Separations	Patient days
Senile and presenile organic conditions	735	114,050	113,849	805	130,857
Other organic psychotic conditions	374	172,386	172,221	613	74,954
Schizophrenic disorders	3,649	722,388	719,992	300	23,935
Affective disorders <sup>(c)</sup>	2,769	188,979	186,452	734	40,775
Other affective psychoses	723	125,524	123,630	179	13,929
Anxiety disorders <sup>(c)</sup>	256	14,017	13,873	59	3,109
Paranoid states	127	28,491	28,397	29	1,910
Other psychoses	135	13,986	13,841	38	5,606
Other neurotic disorders	78	5,149	5,032	41	2,547
Personality disorders <sup>(d)</sup>	167	14,764	14,675	45	2,922
Eating disorders	262	18,030	17,258	157	9,638
Substance abuse	30	1,588	1,587	19	867
Substance dependence	196	15,906	15,877	143	8,008
Acute alcoholic intoxication	13	642	630	n.p.	279
Other drug dependence and abuse	36	1,838	1,818	n.p.	393
Physiological malfunction arising from mental factors	n.p.	43	43	n.p.	163
Special syndromes or syndromes not elsewhere classified	n.p.	78	78	n.p.	217
Acute reaction to stress	12	646	615	17	1,102
Adjustment reaction excluding PTSD	114	6,679	6,584	48	2,780
Specific non-psychotic mental disorders <sup>(e)</sup>	52	11,636	11,598	64	3,904
Other non-psychotic mental conditions	46	53,011	53,010	35	2,764
Observation for suspected mental condition	n.p.	142	142	—	—
V codes associated with mental illness <sup>(f)</sup>	n.p.	103	103	n.p.	82
<b>Total</b>	<b>9,781</b>	<b>1,510,076</b>	<b>1,501,305</b>	<b>3,350</b>	<b>330,741</b>

(a) See classification inclusions list in Appendix 1.

(b) Separations with 36 patient days or greater.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclu:

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.



**Table 2.3.2: Specialised and general care of long-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT	Australia
<b>Overnight separations</b>									
In general care only	715	591	542	890	444	78	86	n.p.	3,350
In specialised care	3,411	2,554	1,920	828	910	87	31	40	9,781
Per cent specialised	82.67	81.21	77.99	48.20	67.21	52.73	26.50	90.91	74.49
<b>Total separations</b>	<b>4,126</b>	<b>3,145</b>	<b>2,462</b>	<b>1,718</b>	<b>1,354</b>	<b>165</b>	<b>117</b>	<b>44</b>	<b>13,131</b>
Separations per 1,000 population	0.65	0.68	0.72	0.95	0.91	0.35	0.38	0.23	0.71
Separations per 1,000 population (age-standardised) <sup>(e)</sup>	0.69	0.72	0.77	1.05	0.97	0.37	0.38	0.29	0.75
<b>Patient days for overnight separations</b>									
Total general care days <sup>(f)</sup>	125,207	46,713	66,693	66,148	24,450	4,683	5,266	352	339,512
Total psychiatric care days	522,500	187,597	541,390	119,369	104,251	22,393	1,519	2,286	1,501,305
Per cent specialised	80.67	80.06	89.03	64.34	81.00	82.70	22.39	86.66	81.56

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared with figures from other states. WA figures include activity from psycho-geriatric facilities.

(d) A separation is classified as having specialised care if at least one day of care was given in a specialised psychiatric unit or ward. A specialised care separation may therefore include some general care days.

(e) Rates were directly age-standardised to the Australian population at 30 June 1991.

(f) Total general care days include general ward patient days from both general and specialised separations.

n.p. Not published.

— Nil.

**Table 2.3.3: Specialised and general care of long-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by gender and age group, Australia, 1997–98**

	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
<b>Males</b>								
<b>Overnight separations</b>								
In general care only	53	72	109	78	119	76	749	1,256
In specialised care	131	731	1,027	771	605	413	1,038	4,716
Per cent specialised	71.20	91.03	90.40	90.81	83.56	84.46	58.09	78.97
<b>Total separations</b>	<b>184</b>	<b>803</b>	<b>1,136</b>	<b>849</b>	<b>724</b>	<b>489</b>	<b>1,787</b>	<b>5,972</b>
Separations per 1,000	0.08	0.84	0.79	0.59	0.59	0.61	1.81	0.64
<b>Patient days for overnight separations</b>								
Total general care days <sup>(d)</sup>	4,516	6,054	8,142	6,410	6,791	7,700	88,002	127,615
Total psychiatric care days	46,591	119,882	180,390	141,260	135,241	119,027	164,994	907,385
Per cent specialised	91.16	95.19	95.68	95.66	95.22	93.92	65.22	87.67
<b>Females</b>								
<b>Overnight separations</b>								
In general care only	128	110	150	209	181	140	1,176	2,094
In specialised care	225	417	753	820	700	510	1,640	5,065
Per cent specialised	63.74	79.13	83.39	79.69	79.46	78.46	58.24	70.75
<b>Total separations</b>	<b>353</b>	<b>527</b>	<b>903</b>	<b>1,029</b>	<b>881</b>	<b>650</b>	<b>2,816</b>	<b>7,159</b>
Separations per 1,000 population	0.15	0.57	0.63	0.71	0.74	0.82	2.22	0.77
<b>Patient days for overnight separations</b>								
Total general care days <sup>(d)</sup>	8,196	6,630	8,994	12,071	10,789	11,018	154,199	211,897
Total psychiatric care days	13,833	28,797	88,250	96,979	94,833	79,658	191,570	593,920
Per cent specialised	62.79	81.29	90.75	88.93	89.79	87.85	55.40	73.70

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

(c) A separation is classified as having specialised care if at least one day of care was given in a specialised psychiatric unit or ward. A specialised care separation may therefore include some general care days.

(d) Total general care days include general ward patient days from both general and specialised separations.

**Table 2.3.4: Average and median length of stay of long-stay<sup>(a)</sup> separations with a mental health principal diagnosis<sup>(b)</sup> by hospital sector, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
<b>Sector</b>	<b>Average</b>								
Public acute hospitals	102.8	75.5	82.3	78.8	58.1	61.3	58.9	60.0	84.0
Private hospitals	56.3	63.3	71.9	59.8	50.2	46.9	47.3	n.a.	61.7
Public psychiatric hospitals	339.6	126.2	879.5	144.2	133.5	383.6	..	..	324.6
<b>Total</b>	<b>157.0</b>	<b>74.5</b>	<b>247.0</b>	<b>108.0</b>	<b>95.1</b>	<b>164.1</b>	<b>58.0</b>	<b>60.0</b>	<b>140.2</b>
	<b>Median</b>								
Public acute hospitals	55.0	51.0	50.0	53.0	47.0	47.0	48.0	51.0	52.0
Private hospitals	48.0	48.0	49.0	49.0	45.0	41.0	43.0	n.a.	48.0
Public psychiatric hospitals	56.0	52.0	104.0	65.0	58.0	56.0	..	..	62.0
<b>Total</b>	<b>53.0</b>	<b>50.0</b>	<b>53.0</b>	<b>56.0</b>	<b>50.0</b>	<b>47.0</b>	<b>48.0</b>	<b>51.0</b>	<b>52.0</b>

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

n.a. Not available.

.. Not applicable.

— Nil.

**Table 2.3.5: Average and median length of stay of long-stay<sup>(a)</sup> separations with a mental health principal diagnosis<sup>(b)</sup> by sex, States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
<b>Sex</b>	<b>Average</b>								
Male	204.3	80.7	286.7	119.9	117.3	242.9	63.7	63.3	173.3
Female	117.0	70.1	206.9	97.9	77.3	89.9	53.9	54.7	112.6
<b>Total</b>	<b>157.0</b>	<b>74.5</b>	<b>247.0</b>	<b>108.0</b>	<b>95.1</b>	<b>164.1</b>	<b>58.0</b>	<b>60.0</b>	<b>140.2</b>
	<b>Median</b>								
Male	54.0	50.0	55.0	57.0	53.0	48.5	48.0	55.0	53.0
Female	52.0	50.0	52.0	55.5	49.0	47.0	47.5	48.0	52.0
<b>Total</b>	<b>53.0</b>	<b>50.0</b>	<b>53.0</b>	<b>56.0</b>	<b>50.0</b>	<b>47.0</b>	<b>48.0</b>	<b>51.0</b>	<b>52.0</b>

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities; this cannot be clearly identified for other jurisdictions.

**Table 2.3.6: Average and median length of stay in psychiatric care of long-stay<sup>(a)</sup> separations with a mental health principal diagnosis,<sup>(b)</sup> States and Territories, 1997–98**

Sector	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
	Average								
Public acute hospitals	66.2	76.8	57.1	n.a.	53.4	50.9	49.0	57.2	67.6
Private hospitals	55.0	54.3	66.9	n.a.	n.a.	..	..	n.a.	57.8
Public psychiatric hospitals	343.3	126.0	879.5	144.2	133.5	383.6	..	..	352.7
<b>Total</b>	<b>153.2</b>	<b>73.5</b>	<b>282.0</b>	<b>144.2</b>	<b>114.6</b>	<b>257.4</b>	<b>49.0</b>	<b>57.2</b>	<b>114.3</b>
Sector	Median								
	Public acute hospitals	51.0	52.0	47.0	n.a.	47.0	47.0	42.0	52.5
Private hospitals	48.0	48.0	51.0	n.a.	n.a.	..	..	n.a.	48.0
Public psychiatric hospitals	57.0	52.0	104.0	65.0	58.0	56.0	..	..	62.0
<b>Total</b>	<b>51.0</b>	<b>51.0</b>	<b>53.0</b>	<b>65.0</b>	<b>54.0</b>	<b>49.0</b>	<b>42.0</b>	<b>52.0</b>	<b>44.0</b>

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA do not report total psychiatric care days. Therefore figures reported maybe misleading and should not be directly compared with other states. WA figures include activity from psycho-geriatric facilities.

n.a. Not available.

.. Not applicable.

— Nil.

**Table 2.3.7: Average and median length of stay of long-stay<sup>(a)</sup> separations with a mental health principal diagnosis<sup>(b)</sup> in general care only, States and Territories, 1997–98**

Sector	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
	Average								
Public acute hospitals	178.8	70.7	166.2	78.8	64.5	68.7	60.8	71.5	112.8
Private hospitals	52.2	105.9	78.2	59.8	50.2	46.9	47.3	n.a.	67.5
Public psychiatric hospitals	88.9	—	—	—	—	—	..	..	88.9
<b>Total</b>	<b>166.0</b>	<b>79.0</b>	<b>119.4</b>	<b>74.3</b>	<b>55.0</b>	<b>60.0</b>	<b>59.4</b>	<b>71.5</b>	<b>98.7</b>
Sector	Median								
	Public acute hospitals	61.0	49.5	65.5	53.0	48.0	47.0	48.0	47.0
Private hospitals	42.0	43.0	46.5	49.0	45.0	41.0	43.0	n.a.	46.0
Public psychiatric hospitals	50.0	—	—	—	—	—	..	..	50.0
<b>Total</b>	<b>57.0</b>	<b>48.0</b>	<b>52.5</b>	<b>52.0</b>	<b>46.0</b>	<b>44.5</b>	<b>47.5</b>	<b>47.0</b>	<b>50.0</b>

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA do not report total psychiatric care days. Therefore figures reported maybe misleading and should not be directly compared with other states. WA figures include activity from psycho-geriatric facilities.

.. Not applicable.

— Nil.

**Table 2.3.8: Mental health legal status of long-stay patients <sup>(a)</sup> with a mental health diagnosis <sup>(b)</sup> by sex and age group, Australia, 1997–98**

	<b>Involuntary</b>		<b>Voluntary</b>		<b>Other</b>		<b>Total</b>
<b>Males</b>							
17 and under	54	41.2	58	44.3	19	14.5	131
18–24	459	62.8	243	33.2	29	4.0	731
25–34	652	63.5	321	31.3	54	5.3	1,027
35–44	448	58.1	275	35.7	48	6.2	771
45–54	227	37.5	293	48.4	85	14.0	605
55–64	175	42.4	202	48.9	36	8.7	413
65 and over	324	31.2	637	61.4	77	7.4	1,038
<b>Total males</b>	<b>2,339</b>	<b>49.6</b>	<b>2,029</b>	<b>43.0</b>	<b>348</b>	<b>7.4</b>	<b>4,716</b>
<b>Females</b>							
17 and under	43	19.1	133	59.1	49	21.8	225
18–24	178	42.7	179	42.9	60	14.4	417
25–34	321	42.6	314	41.7	118	15.7	753
35–44	315	38.4	358	43.7	147	17.9	820
45–54	230	32.9	325	46.4	145	20.7	700
55–64	178	34.9	258	50.6	74	14.5	510
65 and over	439	26.8	1021	62.3	180	11.0	1,640
<b>Total females</b>	<b>1,704</b>	<b>33.6</b>	<b>2,588</b>	<b>51.1</b>	<b>773</b>	<b>15.3</b>	<b>5,065</b>
<b>Persons</b>							
17 and under	97	27.2	191	53.7	68	19.1	356
18–24	637	55.5	422	36.8	89	7.8	1,148
25–34	973	54.7	635	35.7	172	9.7	1,780
35–44	763	48.0	633	39.8	195	12.3	1,591
45–54	457	35.0	618	47.4	230	17.6	1,305
55–64	353	38.2	460	49.8	110	11.9	923
65 and over	763	28.5	1,658	61.9	257	9.6	2,678
<b>Total</b>	<b>4,020</b>	<b>41.1</b>	<b>4,640</b>	<b>47.4</b>	<b>1,121</b>	<b>11.5</b>	<b>9,781</b>

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

**Table 2.3.9: Thirty procedures with the highest number of separations, long-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> Australia, 1997–98**

<b>Principal procedure</b>	<b>Separations</b>	<b>Patient days</b>	<b>Psychiatric care days</b>
Computerised axial tomography of head	739	54,195	33,394
Other electroshock therapy	736	48,874	41,227
Electroconvulsive therapy (ECT) > 8 treatments	577	49,541	43,141
Assessment	514	32,697	23,847
Other group therapy	314	17,965	16,125
Occupational therapy assessment	297	26,091	16,398
Nutritional assessment	211	19,214	14,374
Other diagnostic physical therapy procedure	119	9,883	3,882
Behaviour therapy	109	6,730	6,169
Occupational therapy-self care	106	8,312	5,753
Advocacy	99	11,865	11,504
Discharge planning	95	7,407	5,304
Recreational therapy	91	6,941	6,603
Alcohol rehabilitation and detoxification	71	3,008	571
Other individual psychotherapy	61	3,067	1,767
Other psychiatric drug therapy	57	3,303	3,121
Alcohol detoxification	51	2,494	1,811
Oesophagogastroduodenoscopy (EGD) with closed biopsy	51	3,336	2,145
Therapy	49	2,877	1,579
Ambulation and gait training	48	5,038	494
Lithium therapy	48	2,589	622
Other supportive counselling	47	9,946	9,505
Electroencephalogram	45	2,540	1,836
Neuroleptic therapy	43	2,442	2,343
Suture of skin and subcutaneous tissue of other sites	43	9,051	6,127
Drug rehabilitation and detoxification	39	1,909	516
General therapeutic techniques	38	2,567	1,450
Drug detoxification	31	1,578	1,110
Combined alcohol and drug rehabilitation	30	1,387	1,243
Other specified nutritional intervention	30	1,823	590
All other procedures	943	165,143	136,047
No principal procedure given	7,399	1,317,004	1,100,707
<b>Total</b>	<b>13,131</b>	<b>1,840,817</b>	<b>1,501,305</b>

(a) Separations with 36 patient days or more.

(b) See classification inclusions list in Appendix 1.

## **2.4 Other patients with specialised care**

A small number of patients with no mental health principal diagnosis received treatment in a specialised unit or ward (10,096 separations). Approximately two-thirds of these separations had a mental health additional diagnosis (Table 2.4.1).

A large number of separations with specialised care but no mental health principal or additional diagnosis were attributed to categories which are known to be linked to psychiatric illness.

Table 2.4.2 shows the distribution of these separations across States and Territories. New South Wales, Queensland and Victoria account for 92% of all separations with no mental health principal diagnosis but some specialised care. The mental health legal status of these records is largely voluntary (Table 2.4.3).

**Table 2.4.1: Separations with specialised care<sup>(a)</sup> but no mental health principal diagnosis<sup>(b)</sup> by principal and additional<sup>(c)</sup> diagnosis, Australia, 1997–98**

Principal diagnosis	With mental health additional diagnosis				Without mental health additional diagnosis				Per cent separations without secondary mental health principal diagnosis
	Overnight	Same-day	Patient days	Psychiatric care days	Overnight	Same-day	Patient days	Psychiatric care days	
No principal diagnosis recorded	n.p.	n.p.	30	30	676	86	51,450	51,294	99.9
Infectious and parasitic diseases	n.p.	n.p.	117	82	43	n.p.	694	675	85.2
Neoplasms	25	n.p.	702	459	29	14	610	386	62.3
Endocrine nutritional metabolic immunity	26	n.p.	521	392	n.p.	n.p.	118	99	26.3
Blood and blood-forming organs	n.p.	n.p.	147	133	n.p.	11	57	52	66.7
Nervous system and sense organs	190	n.p.	23,166	22,674	96	117	4,460	4,388	52.0
Diseases of the circulatory system	49	n.p.	1,259	830	65	12	859	616	59.2
Diseases of the respiratory system	47	n.p.	1,397	1,132	21	25	260	244	46.9
Diseases of the digestive system	42	n.p.	955	644	33	27	182	116	57.7
Diseases of the genitourinary system	32	n.p.	539	423	16	53	191	140	67.0
Pregnancy, childbirth and puerperium	578	576	10,772	10,620	60	26	489	423	6.9
Diseases of the skin and subcutaneous tissue	12	—	247	207	n.p.	12	104	65	60.0
Diseases of the musculoskeletal and connective tissue	46	76	1,051	826	38	515	1,005	865	81.9
Congenital anomalies	n.p.	—	49	34	n.p.	n.p.	1,019	1,002	84.6
Conditions originating in the perinatal period	—	—	—	—	10	—	142	91	100.0
Symptoms, signs and ill-defined conditions	98	39	1,318	1,146	179	49	2,443	2,398	62.5
Injury and poisoning	1,697	147	14,722	12,492	230	66	2,365	2,100	13.8
Care involving use of rehabilitation procedures (V57)	359	1,996	26,259	26,116	13	—	748	738	0.5
Housing, household and economic circumstances (V60)	204	18	1,540	1,480	10	34	86	86	16.5
Other family circumstances (V61)	25	n.p.	203	203	197	n.p.	1,460	1,459	87.6
Other psychological circumstances (V62)	15	n.p.	202	201	194	21	1062	1058	91.1
General medical examination, including psychiatric examinations (V70)	30	21	159	159	38	270	540	540	85.8
Other V codes	51	48	1,627	1,581	90	165	740	654	72.0
<b>Total</b>	<b>3,546</b>	<b>2,956</b>	<b>86,982</b>	<b>81,864</b>	<b>2,067</b>	<b>1,527</b>	<b>71,084</b>	<b>69,489</b>	<b>35.6</b>

(a) At least one day or part day of care given in a designated psychiatric unit or ward during the separation.

(b) See classification inclusions list in Appendix 1.

(c) See glossary.

n.p. Not published.

— Nil.



**Table 2.4.2: Separations with specialised care<sup>(a)</sup> but no mental health principal diagnosis,<sup>(b)</sup> States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Infectious and parasitic diseases	18	n.p.	n.p.	—	34	n.p.	—	n.p.	52
Neoplasms	38	15	12	—	n.p.	n.p.	—	—	65
Endocrine nutritional metabolic immunity	16	n.p.	13	n.p.	n.p.	—	—	—	34
Blood and blood-forming organs	21	n.p.	n.p.	—	—	n.p.	—	—	28
Nervous system and sense organs	120	171	78	n.p.	20	10	n.p.	n.p.	407
Diseases of the circulatory system	88	14	16	n.p.	n.p.	n.p.	—	n.p.	123
Diseases of the respiratory	36	35	19	—	n.p.	n.p.	—	n.p.	90
Diseases of the digestive system	77	10	14	—	—	n.p.	—	n.p.	101
Diseases of the genitourinary system	41	42	15	—	n.p.	n.p.	—	n.p.	98
Pregnancy childbirth and puerperium	209	354	628	n.p.	29	15	—	n.p.	1,235
Diseases of the skin and subcutaneous tissue	n.p.	16	n.p.	—	—	—	—	—	30
Diseases of the musculoskeletal and connective tissue	180	464	25	—	n.p.	n.p.	—	—	669
Congenital anomalies	n.p.	n.p.	n.p.	—	—	—	—	—	n.p.
Conditions originating in the perinatal period	10	—	—	—	—	—	—	—	10
Symptoms signs and ill-defined conditions	138	60	130	46	n.p.	n.p.	—	—	387
Injury and poisoning	897	204	856	n.p.	61	81	19	21	2,139
Care involving use of rehabilitation procedures (V57)	2,301	n.p.	56	—	—	n.p.	—	—	2,365
Housing, household and economic circumstances (V60)	13	11	233	—	n.p.	n.p.	—	n.p.	263
Other family circumstances (V61)	160	62	n.p.	n.p.	n.p.	—	—	—	231
Other psychological circumstances(V62)	121	n.p.	14	n.p.	—	89	—	n.p.	231
General medical examination, including psychiatric examinations (V70)	20	33	300	n.p.	n.p.	n.p.	—	n.p.	353
Other V codes	113	86	133	—	n.p.	15	n.p.	n.p.	353
Not reported	n.p.	533	n.p.	—	—	207	—	—	740
<b>Total</b>	<b>4,632</b>	<b>2,135</b>	<b>2,569</b>	<b>65</b>	<b>179</b>	<b>456</b>	<b>21</b>	<b>39</b>	<b>10,096</b>

(a) At least one day or part day of care given in a designated psychiatric unit or ward during the separation.

(b) See classification inclusions list in Appendix 1.

(c) Acute General Hospitals in WA do not report total psychiatric care days. Therefore figures reported maybe misleading and should not be directly compared with other states. WA figures include activity from psycho-geriatric facilities.

n.p. Not published.

— Nil.

**Table 2.4.3: Separations with specialised care<sup>(a)</sup> but no mental health principal diagnosis<sup>(b)</sup> by mental health legal status and hospital sector, Australia, 1997–98**

Mental health legal status	Private		Public		All hospitals	
	Number	Per cent	Number	Per cent	Number	Per cent
Involuntary	n.p.	0.1	1,728	22.0	1,731	17.1
Voluntary	922	41.5	5,169	65.7	6,091	60.3
Other	1,299	58.4	975	12.4	2,274	22.5
<b>Total</b>	<b>2,224</b>	<b>100.0</b>	<b>7,872</b>	<b>100.0</b>	<b>10,096</b>	<b>100.0</b>

(a) At least one day or part-day of care given in a designated psychiatric unit or ward during the separation.

(b) See classification inclusions list in Appendix 1.

n.p. Not published.

**Table 2.4.4: Separations with specialised care<sup>(a)</sup> but no mental health principal diagnosis<sup>(b)</sup> by mental health legal status, age group and sex, Australia, 1997–98**

	Involuntary	Voluntary	Other	Total
<b>Males</b>				
17 and under	28	114	225	367
18–24	232	268	113	613
25–34	344	730	174	1,248
35–44	195	887	170	1,252
45–54	114	471	124	709
55–64	45	199	92	336
65 and over	50	199	131	380
<i>Total</i>	<i>1,008</i>	<i>2,868</i>	<i>1,029</i>	<i>4,905</i>
<b>Females</b>				
17 and under	56	145	223	424
18–24	110	378	55	543
25–34	214	1,139	311	1,664
35–44	164	888	267	1,319
45–54	81	261	148	490
55–64	35	139	75	249
65 and over	60	273	166	499
Not reported	n.p.	—	—	n.p.
<i>Total</i>	<i>723</i>	<i>3,223</i>	<i>1,245</i>	<i>5,191</i>
<b>Persons</b>				
17 and under	84	259	448	791
18–24	342	646	168	1,156
25–34	558	1,869	485	2,912
35–44	359	1,775	437	2,571
45–54	195	732	272	1,199
55–64	80	338	167	585
65 and over	110	472	297	879
Not reported	n.p.	—	—	n.p.
<b>Total</b>	<b>1,731</b>	<b>6,091</b>	<b>2,274</b>	<b>10,096</b>

(a) At least one day or part-day of care given in a designated psychiatric unit or ward during the separation.

(b) See classification inclusions list in Appendix 1.

n.p. Not published.

— Nil.

## 3 Hospital service characteristics

This chapter presents a national overview of available hospital establishment data for mental health service delivery. The focus of this report is those people who receive mental health services in admitted patient facilities. Public and private sector psychiatric hospitals, in addition to many public and private sector acute hospitals, provide admitted patient mental health services. As a result, this chapter has drawn on data from a number of sources including the National Public Hospital Establishments Database (NPHEd), the Australian Bureau of Statistics' Private Health Establishments Collection and the National Hospital Morbidity Database. The specific caveats for data in each collection are outlined throughout this chapter.

No data in this report are extracted from the National Survey of Mental Health Services (NSMHS), which was conducted by the Commonwealth Department of Health and Aged Care for the 1997–98 reporting period. It should be noted that NSMHS data are not comparable with data extracted from NPHEd, provided in this chapter. The two collections have differing scope and counting rules. In some cases, establishments, which reported to NSMHS are out of scope for the NPHEd. Data reported to NPHEd are recorded according to agreed definitions published in the *National Health Data Dictionary* (NHDC 1999). While data reported to the NSMHS are broadly based on these definitions, a number of counting rules and inclusions/exclusions result in substantially different results between the two collections. For more information on NSMHS, see the *National Mental Health Report 1997* (CDHAC 1999).

### 3.1 Psychiatric hospitals

This section describes psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. Most of the data in this section relate to public psychiatric hospitals, but some data on private hospitals are also presented. Public psychiatric hospital data were obtained from the NPHEd. This database holds a record for each public hospital in Australia and is collated from routine administrative collections. Data include hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and summary data on services to admitted and non-admitted patients. The information presented below relates to only those establishments classified under the National Health Data Dictionary definition as public psychiatric hospitals.

Information from the NPHEd on the number of public psychiatric hospitals and the associated number of hospital beds available by State and Territory is presented in Table 3.1.1. In 1997–98, there were 24 public psychiatric hospitals Australia-wide. The number of separate services reported is similar to the 23 recorded for the 1996–97 year (Table 3.1.2). Despite the significant limitations of comparing establishment data across time with changing reporting arrangements, there has been a clear reduction in the number of public psychiatric hospitals since 1989–90.

**Table 3.1.1: Number of public psychiatric hospitals and available beds, States and Territories, 1997–98**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals	9	1	7	5	1	1	0	0	24
Available beds <sup>(a)</sup>	1,208	53	911	436	504	n.a.	0	0	3,112

(a) Average available beds where possible, otherwise available beds at June 30.

Source: National Public Hospitals Establishments Database.

A more reliable indicator of shifts in public psychiatric hospital service delivery is the number of available beds. The number of available beds for the 1997–98 year was 3,112 in comparison to 3,426 available beds for the 1996–97 year (Table 3.1.2). Nationally, there was a 63% decline in available beds in public psychiatric hospitals between 1989–90 and 1997–98. This indicates that the emphasis on integration of mental health services into acute hospital and community settings has resulted in public psychiatric hospitals becoming a shrinking section of mental health services.

**Table 3.1.2: Number of public psychiatric hospitals and available beds, Australia, 1989–90 to 1997–98**

	1989–90	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Public psychiatric hospitals <sup>(a)</sup>	59	45	36	37	35	34	23	24
Available beds <sup>(a)(b)</sup>	8,513	7,266	5,814	5,360	4,685	3,992	3,426	3,112

(a) These data come from three separate sources: Hospital Utilisation and Costs Study data for 1989–90 and 1990–91; National Survey of Mental Health Services data from 1992–93 to 1996–97 and National Public Hospitals Establishment Database data for 1997–98.

(b) Average available beds where possible, otherwise available beds at June 30.

Source: National Public Hospitals Establishments Database; National Survey of Mental Health Services.

There were 23 private psychiatric hospitals in operation during 1997–98 (Table 3.1.3) compared to 24 for the 1996–97 year (ABS 1998b). The number of available private psychiatric hospital beds for 1997–98 was an average of 1,344. This is comparable with the 1996–97 figure of 1,351 beds (ABS 1998).

**Table 3.1.3: Number of private psychiatric hospitals and available beds, States, 1997–98**

	NSW	Vic	Qld	Other States <sup>(a)</sup>	Total
Private psychiatric hospitals	9	5	3	6	23
Available beds <sup>(b)</sup>	476	307	225	336	1,344

(a) Data for Western Australia, South Australia and Tasmania amalgamated for de-identification purposes.

(b) Average for year.

Source: ABS Private Health Establishments Collection.

Data on the number of staff employed in public psychiatric hospitals by State and Territory is presented in Table 3.1.4. The full-time equivalent staff (FTE) data presented are the average available staff for the year. It needs to be noted that data collection by staff category is not consistent across all States and Territories, with some jurisdictions providing best estimates. An average of 6,128 FTE staff were employed in Australian public psychiatric hospitals in 1997–98. The majority of the FTE staff were nursing staff (55% or 3,378 FTE staff), followed by administrative/clerical and domestic/other staff with 10% (620 FTE staff) and 19% (1,179 FTE staff) respectively. Salaried medical officers and diagnostic/allied health professionals made up 4% (270 FTE staff) and 9% (555 FTE staff) of the public psychiatric hospital workforce respectively. The number of FTE psychiatric hospital staff employed per 1,000 public psychiatric hospital separations shows considerable variation across jurisdictions. The usefulness of this rate is limited as it is based on total separations and does

not adjust for differing casemix or levels of use of contracted staff. Whilst the FTE number of psychiatric hospital staff employed per 1,000 public psychiatric hospital patient days showed less pronounced variation across States and Territories, contracted staff are still not accounted for.

**Table 3.1.4: Number of full-time equivalent staff, staff per 1,000 separations and staff per 1,000 patient days, public psychiatric hospitals, States and Territories, 1997–98**

<b>Full-time equivalent staff</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>Total</b>
Salaried medical officers	107	13	45	48	57	n.a.	270
Registered nurses	n.a.	66	740	476	479	n.a.	1,761
Enrolled nurses	n.a.	5	185	118	114	n.a.	422
Student nurses	n.a.	n.a.	0	0	n.a.	n.a.	0
Trainee/pupil nurses	n.a.	n.a.	0	0	54	n.a.	54
<b>Total nurses</b>	<b>1,141</b>	<b>71</b>	<b>925</b>	<b>594</b>	<b>647</b>	<b>n.a.</b>	<b>3,378</b>
Other personal care staff	25	6	95	0	n.a.	n.a.	126
Diagnostic & allied health prof.	211	10	135	136	63	n.a.	555
Administrative & clerical staff	230	25	155	107	103	n.a.	620
Domestic & other staff	413	1	360	208	197	n.a.	1,179
<b>Total staff</b>	<b>2,127</b>	<b>126</b>	<b>1,715</b>	<b>1,093</b>	<b>1,067</b>	<b>n.a.</b>	<b>6,128</b>
<i>Per 1,000 separations</i>	184.88	82.89	1,160.35	341.67	247.05	n.a.	271.43
<i>Per 1,000 patient days</i>	4.44	3.73	3.12	7.19	8.25	n.a.	4.35

n.a. Not available.

Source: National Public Hospital Establishments Database.

In 1997–98, the average number of FTE staff employed by private sector psychiatric hospitals was 1,514, 20% of the total psychiatric hospital workforce (Table 3.1.5). Two-thirds of the private psychiatric hospital workforce was located in New South Wales (636.75 FTE staff) and Victoria (363.7 FTE staff). The private sector rate for FTE staff per 1,000 separations (26.7) was well below the public sector rate (271.4). This difference in rates could reflect the differences in caseload seen by the public psychiatric and private hospitals. The public sector (4.4) and private sector (4.2) FTE staff per 1,000 patient days rates were less variable.

**Table 3.1.5: Number of full-time equivalent staff, staff per 1,000 separations and staff per 1,000 patient days, private psychiatric hospitals, States, 1997–98**

<b>Full-time equivalent staff</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>Other States<sup>(a)</sup></b>	<b>Australia</b>
<b>Total</b>	<b>636.75</b>	<b>363.7</b>	<b>230.32</b>	<b>284.03</b>	<b>1,514.83</b>
Per 1,000 separations	31.83	20.8	18.24	43.44	26.74
Per 1,000 patient days	4.73	3.9	3.39	4.13	4.15

(a) Data for Western Australia, South Australia and Tasmania amalgamated for de-identification purposes.

Source: ABS Private Health Establishments Collection.

Table 3.1.6 presents information on the gross recurrent expenditure on public psychiatric hospitals, including salary and non-salary categories. Expenditure data in this table excludes any payments for population health, primary and community-based services administered by hospitals and trust fund expenditure.

**Table 3.1.6: Recurrent expenditure (\$'000) public psychiatric hospitals, States and Territories, 1997–98**

Recurrent expenditure category	NSW <sup>(a)</sup>	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA <sup>(d)</sup>	SA <sup>(e)</sup>	Tas	Total
Salaried medical officers	11,154	n.a.	3,830	5,612	4,166	n.a.	24,762
Registered nurses	n.a.	n.a.	36,353	22,102	21,236	n.a.	79,691
Enrolled nurses	n.a.	n.a.	6,938	3,874	3,611	n.a.	14,423
Student nurses	n.a.	n.a.	—	—	n.a.	n.a.	—
Trainee/pupil nurses	n.a.	n.a.	—	—	1,801	n.a.	1,801
<i>Total nurses</i>	<i>61,248</i>	<i>n.a.</i>	<i>43,291</i>	<i>25,976</i>	<i>26,648</i>	<i>n.a.</i>	<i>157,163</i>
Other personal care staff	694	n.a.	3,113	—	n.a.	n.a.	3,807
Diagnostic & allied health prof.	10,397	n.a.	5,152	5,235	2,281	n.a.	23,065
Administrative & clerical staff	10,210	n.a.	5,386	3,716	3,372	n.a.	22,684
Domestic & other staff	14,782	n.a.	12,796	6,304	5,294	n.a.	39,176
<b>Total staff</b>	<b>108,484</b>	<b>6,221</b>	<b>73,568</b>	<b>46,843</b>	<b>41,761</b>	<b>n.a.</b>	<b>276,877</b>
Payments to visiting medical officers	2,329	n.a.	1,958	11	564	n.a.	4,862
Superannuation	10,712	n.a.	7,415	2,798	2,420	n.a.	23,345
Drug supplies	2,946	n.a.	1,653	1,019	1,634	n.a.	7,252
Medical & surgical supplies	1,033	n.a.	384	340	347	n.a.	2,104
Food supplies	2,753	n.a.	2,450	1,437	1,244	n.a.	7,884
Domestic services	2,451	n.a.	4,923	1,456	1,573	n.a.	10,403
Repairs & maintenance	3,711	n.a.	1,403	1,372	2,024	n.a.	8,510
Patient transport	690	n.a.	7	104	622	n.a.	1,423
Administrative expenses	8,471	n.a.	5,357	2,616	2,673	n.a.	19,117
Interest payments	n.a.	n.a.	n.a.	—	n.a.	n.a.	—
Depreciation	5,914	n.a.	n.a.	1,980	n.a.	n.a.	7,894
Other recurrent expenditure	2,241	n.a.	165	3,003	929	n.a.	6,338
<b>Total other payments</b>	<b>43,255</b>	<b>1,828</b>	<b>25,715</b>	<b>16,134</b>	<b>14,030</b>	<b>n.a.</b>	<b>100,962</b>
<b>Total recurrent expenditure</b>	<b>151,739</b>	<b>8,049</b>	<b>99,283</b>	<b>62,977</b>	<b>55,791</b>	<b>n.a.</b>	<b>377,839</b>

(a) New South Wales expenditure recorded against special purposes and trust funds is excluded.

(b) Victorian reporting arrangements do not allow for the breakdown of recurrent expenditure for public psychiatric hospitals.

(c) Queensland *Interest payments* are included in *Administrative expenses*.

(d) Western Australian *Superannuation* may vary from previous years which are largely based on cash rather than accrual accounting.

(e) South Australian *Other personnel care staff* are included in *Diagnostic & health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. Most *Trainee/pupil nurses* are enrolled in tertiary institutions. Termination payments are included in *Other recurrent expenditure*.

Note: n.a. not available

Source: National Public Hospital Establishments Database.

Salary payments include salaries and wages, payments to staff on paid leave, worker's compensation and salaries paid to contract staff for supply of labour. Non-salary payments include medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies. Data from the NPHED indicates that the recurrent expenditure

on public psychiatric hospitals in 1997–98 was \$377.9 million.<sup>2</sup> The following expenditure statistics also exclude Victoria, due to the absence of a further breakdown of the salary and non-salary categories. The salary category made up 73% (\$267.9 million) of the recurrent expenditure of public psychiatric hospitals. Salary and wage payments to nursing staff made up 58% (\$157.2 million) of the expenditure in the salary component. Domestic/other staff and salaried medical staff wage and salary payments made up 14% (\$39.2 million) and 9% (\$24.7 million) respectively. Within the non-salary component, superannuation (24% or \$23.3 million) and administrative expenses (19% or \$19.1 million) were the major subcategories.

In 1997–98, the recurrent expenditure for private psychiatric hospitals in Australia was over \$111 million (Table 3.1.7). This amount is almost 23% of the total psychiatric hospital recurrent expenditure. Two-thirds of the private sector recurrent expenditure was spent in New South Wales (\$45.1 million) and Victoria (\$29.8 million).

**Table 3.1.7: Recurrent expenditure (\$'000) private psychiatric hospitals, States, 1997–1998**

	NSW	Vic	Qld	Other States <sup>(a)</sup>	Total
Recurrent expenditure	45,139	29,829.4	16,192.4	19,980.2	111,141

(a) Data for Western Australia, South Australia and Tasmania amalgamated for de-identification purposes.

Source: ABS Private Health Establishments Collection.

Public psychiatric hospital revenue, excluding general revenue payments received from State or Territory governments, is presented in Table 3.1.8. The revenue received by Australian public psychiatric hospitals for 1997–98 was \$22.4 million.<sup>2</sup> This is equivalent to 6% of the total recurrent expenditure.<sup>2</sup> A large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (79% or \$17.7 million). In comparison, the proportion of total revenue that was collected as patient revenue for all public hospitals was 55%. The recoveries, which includes income from use of hospital facilities by salaried medical officers or private practitioners and other recoveries, was only 11% (\$2.6 million) of the collected revenue.

**Table 3.1.8: Revenue (\$'000) public psychiatric hospitals, States and Territories, 1997–98**

Revenue	NSW	Vic <sup>(a)</sup>	Qld	WA	SA	Tas	Total
Patient revenue <sup>(b)</sup>	8,556	n.a.	4,412	954	3,739	n.a.	17,661
Recoveries	2,231	n.a.	30	295	4	n.a.	2,560
Other revenue	328	n.a.	1,471	353	33	n.a.	2,185
<b>Total revenue</b>	<b>11,116</b>	<b>n.a.</b>	<b>5,913</b>	<b>1,601</b>	<b>3,776</b>	<b>n.a.</b>	<b>22,406</b>

(a) Victorian reporting arrangements do not allow for the identification of public psychiatric hospital revenue

(b) Patient revenue includes revenue for items such as pharmacy and ambulance, which may be considered as recoveries.

Source: National Public Hospitals Establishments Database.

<sup>2</sup> This calculation excludes Tasmania as the relevant data were not available.



## 3.2 Public Acute hospitals

In 1997–98 there were 107 public acute hospitals with specialised psychiatric units or wards in Australia (Table 3.2.1). Given the 1996–97 dataset did not obtain complete coverage for all States and Territories, a comparison with the equivalent 1996–97 figure is not possible. Victoria (32%) and New South Wales (26%) both had a relatively large proportion of public acute hospitals with specialised psychiatric units or wards. The Australian Capital Territory and the Northern Territory each have two specialised psychiatric units, or wards, which represent the only admitted patient psychiatric facilities in those jurisdictions. The next section discusses the variation in separated patients according to their principal diagnosis in the public psychiatric hospital, public acute hospital and private hospital settings.

**Table 3.2.1: Number of public acute hospitals with specialised psychiatric units or wards, States and Territories, 1997–98**

Specialised services	NSW	Vic <sup>(a)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
Psychiatric units/wards <sup>(b)</sup>	28	34	14	13	8	3	2	2	104

(a) Victorian data may be a slight underestimate as some small networks reported at network rather than campus level. Consequently, if two campuses within the network had a specialised type of service, it was counted as one.

(b) Excludes psychiatric and drug and alcohol hospitals.

Note: These data for some jurisdictions were not available for all hospitals so the number of services is therefore under-enumerated.

Source: National Public Hospitals Establishments Database.

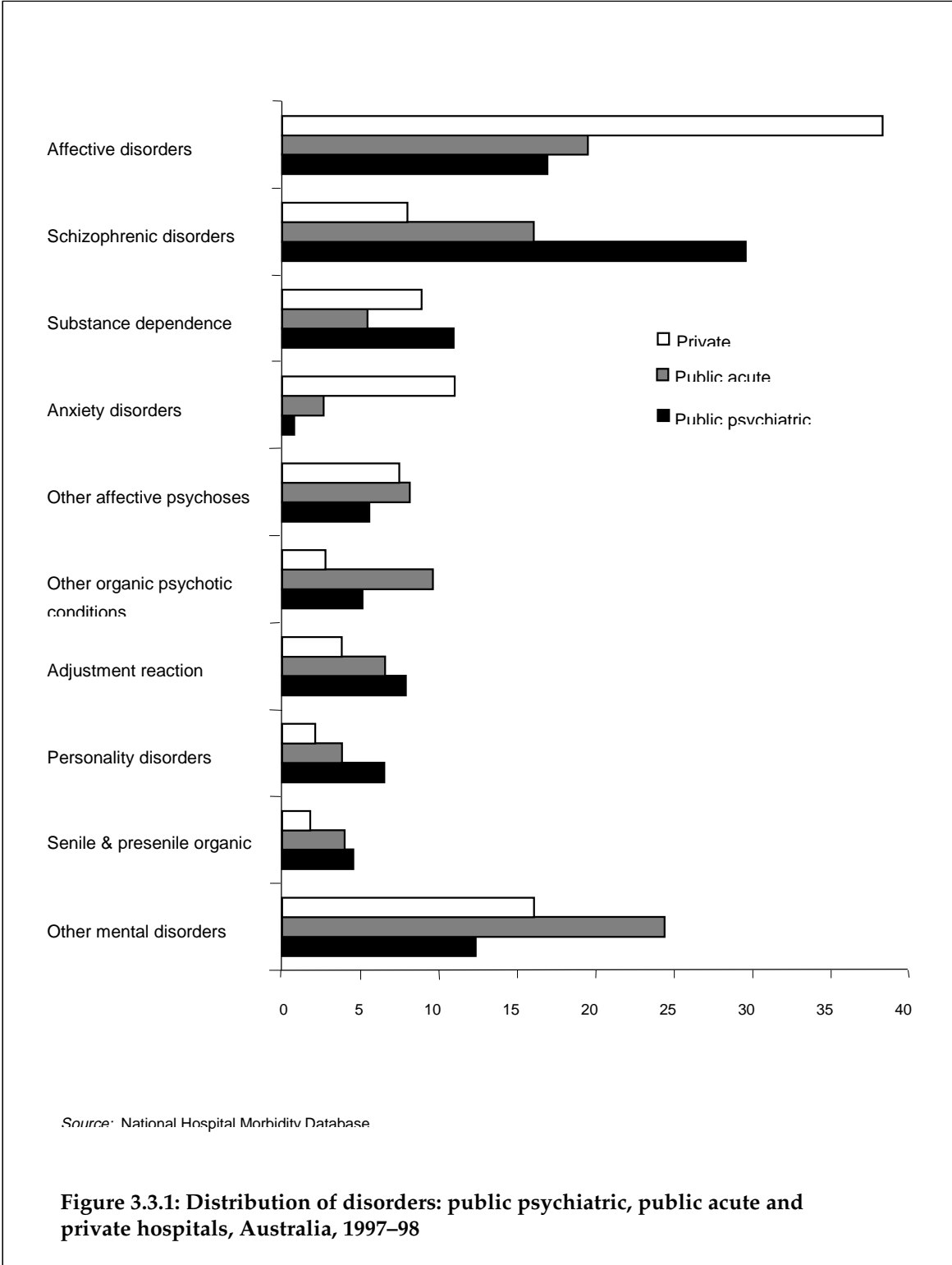
## 3.3 Public and private hospital use

Figure 3.3.1 provides a comparison of the public psychiatric hospital, public acute hospital and private hospital settings, showing the variation in separated patients according to their principal diagnosis. Over 29% of the public psychiatric hospital separations for 1997–98 had *schizophrenic disorders* as the principal diagnoses (Figure 3.3.1 and Appendix Table A4.2). *Affective disorders* and *substance dependence* also dominated public psychiatric hospital separations with 17% and 11% of separations respectively. Separations with *schizophrenic disorders* as the principal diagnoses were also involved the greatest number of psychiatric care days (610,105 days), followed by *other organic psychotic disorders* (166,859), *senile and presenile organic disorders* (106,842) and *other affective psychosis* (102,897).

The distribution of principal diagnoses for public psychiatric hospital separations differed markedly from the distributions for public acute and private hospitals (Figure 3.3.1). These hospital separations were characterised by fewer separations with principal diagnoses of *schizophrenic disorders*, *substance abuse* and *personality disorders*, and a greater proportion of separations with *affective* and *anxiety disorders* as the principal diagnoses.

The distribution of mental health disorders, as measured by proportion of separations, differs greatly between public acute and private hospitals. Private hospitals have a far greater proportion of separations with principal diagnoses of *affective disorders* (38%) than public acute (20%) and public psychiatric (17%) hospitals (Figure 3.1.1). There is a similar disparity with respect to *anxiety disorders*, with private hospitals (11%) having relatively more separations than public acute (3%) and public psychiatric (1%) hospitals. The proportion of disorders in public acute hospitals tended to fall between the public psychiatric hospital and private hospital extremes across most of the major disorder categories examined. For public acute hospitals, separations with *schizophrenic disorders* as

the principal diagnoses also involved the greatest number of patient care days are (349,926 days), followed by *affective disorders* (261,363); *senile and presenile organic conditions* (183,346) and *other organic psychotic conditions* (179,322) (Figure 3.3.1 and Appendix Table A4.1).



The statistics presented in this chapter indicate the variation in activity related to mental health care delivered by public and private hospitals. However, a large proportion of mental health care occurs outside the admitted patient services and includes the services offered by general practitioners, outpatient services and various mental health professionals. The next chapter provides a review of the available information on service use of these non-admitted patient services.

## 4 Other sources of information

This chapter presents an overview of service use data obtained from mental health service delivery environments outside the admitted patient services already dealt with in preceding chapters. The focus of this publication has been those people who receive mental health care services in an admitted patient facility. There is, however, a range of health professionals who provide mental health care services in non-admitted patient settings, including general practitioners, consultant psychiatrists and various allied health professionals. The activity of these health professionals represents a significant component of mental health care service delivery in Australia and is useful to consider in comparison to admitted patient service use. This chapter has drawn on data from a number of sources including the Bettering the Evaluation and Care of Health (BEACH) study (Britt et al. 1999), the People Living with Psychotic Illness Study (Jablensky et al. 1999), and the Health Insurance Commission Medicare records. The relevant details of each data source are outlined throughout this chapter.

### 4.1 Mental health care in general practice

This section details relevant mental health findings from the first year (1998–99) of a study of general practice activity in Australia (known as BEACH). The survey is a collaborative study between the AIHW and the University of Sydney. The BEACH program has three primary aims:

- to provide a reliable and valid data collection process for general practice that is responsive to the needs of information users;
- to establish an ongoing database of general practitioner/patient encounter information; and
- to assess patient risk factors and health states and the relationship between these factors and health service activity (Britt et al. 1999).

The survey collection began on 1 April 1998 and data are now available for the first twelve months.

The sample comprised 984 general practitioners who each reported details of 100 consecutive general practitioner–patient encounters of all types on structured paper encounter forms. Each form collected information about the consultation (e.g. date, type of consultation), the patient (e.g. date of birth, sex, and reasons for encounter), the patient’s presenting problems (e.g. diagnoses, status of each problem), and the management for each problem (e.g. treatment provided, prescriptions, referrals). Patient risk factors and health states data, and general practitioner characteristic data were also collected.

In total there were 98,400 encounters recorded, and 96,901 encounters included in the analysis<sup>3</sup>. There was at least one diagnosis or problem identified for each encounter, although up to four problems could be diagnosed for each patient. In total, there were 140,824 problems managed (i.e., the number of problems recorded by general practitioners that they would act upon in treatment, referral, etc.). Problems were coded according to ICPC-2 PLUS, an extension of the International Classification of Primary Care, 2nd Edition (ICPC-2). For the total problems managed during the survey period, 10,142 (7%) were mental health problems (defined here as those problems coded under the broader ICPC-2

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<sup>3</sup> The data were weighted to reduce the impact of possible sampling bias.

'psychological' classification), which include alcohol and other drug-related problems (Britt et al. 1999).

## Patient reasons for encounter

For each encounter, patients could list up to three reasons for the encounter (RFE). RFEs are those concerns and expectations that patients bring to the doctor, which may be in the form of symptoms and complaints or requests for services or treatment (Britt et al. 1999). RFEs were also coded using ICPC-2 PLUS. There was a total of 141,766 RFEs reported at a rate of 146.3 per 100 encounters. The most frequent RFE was a request for a checkup, at a rate of 13.7 per 100 encounters, followed by a prescription request (8.2 per 100 encounters), and cough (6.2 per 100 encounters).

A total of 7,374 RFEs (5% of all RFEs) were for a mental health problem at a rate of 7.6 per 100 encounters. Depression was the mental health problem most frequently given by patients as a reason for their general practice consultation (accounting for 1% of all RFEs). Sleep disturbance and anxiety were the next most common mental health problems cited by patients (Table 4.1.1).

**Table 4.1.1: Number of patient reasons for encounter (RFE) by most frequently provided mental health reasons**

ICPC-2 descriptor	RFE	Number	Per cent total RFEs <sup>(a)</sup> (N=141,766)	Per cent MH RFEs <sup>(b)</sup> (N=7,374)	Rate per 100 encounters (N=96,901)
P03, P76	Depression <sup>(c)</sup>	2,047	1.4	27.8	2.1
P06	Sleep disturbance	1,149	0.8	15.6	1.2
P01, P74	Anxiety <sup>(c)</sup>	1,093	0.8	14.8	1.1
P02	Acute stress reaction	572	0.4	7.8	0.6
P19	Drug abuse	382	0.3	5.2	0.4
P50	Prescription request/renewal	329	0.2	4.5	0.3
P17	Tobacco abuse	159	0.1	2.2	0.2
P72	Schizophrenia	146	0.1	2.0	0.2
P70	Dementia	140	0.1	1.9	0.1
P29	Unspecified psychological complaint	134	0.1	1.8	0.1
<b>Total</b>		<b>6,151</b>	<b>4.4</b>	<b>83.4</b>	<b>6.3</b>

(a) Percentage of all RFEs, not just mental health.

(b) Percentage of RFEs that were mental health problems.

(c) Includes multiple ICPC-2 codes.

Note: Abbreviations: MH—mental health.

Source: BEACH 1998–99.

## Mental health problems managed

A problem managed is a formal statement of the doctor's understanding of a health problem presented by the patient, which may at times be limited to the level of presenting symptoms. For each patient encounter up to four problems could be recorded by the GP (Britt et al. 1999).

General practitioners managed a diverse range of mental health problems at a rate of 10.5 per 100 encounters. Depression was the most frequently managed mental health problem, accounting for approximately 33% of all mental health problems managed and 2% of all

managed problems. The problems of anxiety (16%) and sleep disturbance (16%) were the next most frequently managed mental health problems (see Table 4.1.2).

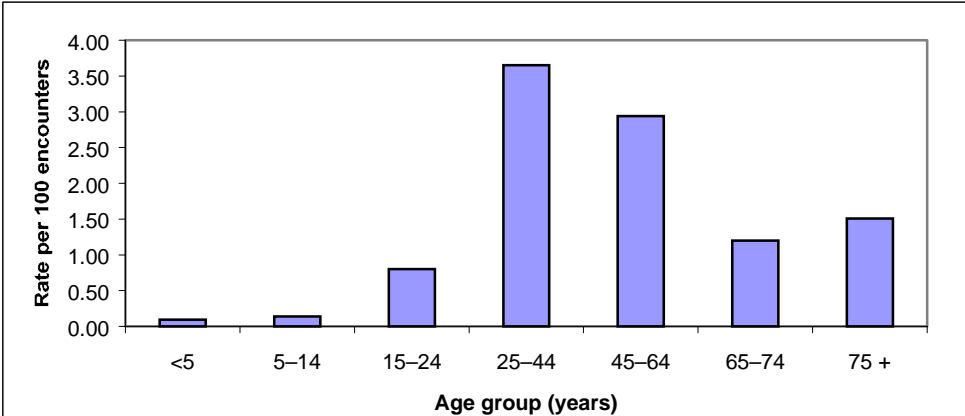
**Sex**

Table 4.1.2 presents the sex breakdown and number of problems managed for mental health problems identified according to ICPC-2 codes. Table 4.1.2 shows that of the 10,142 mental health problems managed, 3,873 (38%) were recorded for male patients and 6,133 (61%) were recorded for female patients. Patient sex was not recorded for approximately 1% of mental health problems.

Mental health problems accounted for 7% of all problems managed for female patients, and 7% of all problems managed for male patients. The frequency of depression was particularly high for females with the problem accounting for 3% of all problems managed for female patients. Depression was also the most frequently managed mental health problem for males, accounting for 2% of all problems managed for male patients. In general, the problem of depression accounted for 33 out of every 100 mental health problems managed by general practitioners.

**Age group**

The rates per 100 encounters for mental health problems managed by specific age groups is presented in Figure 4.1.1. This figure shows that the rate per 100 encounters was highest for the 25–44-year-old age group (3.6), followed by the 45–64-year-old age group (2.9). The rates were relatively low in the other age groups.



Source: BEACH 1998–99.

**Figure 4.1.1: Mental health problems managed per 100 encounters, by age group**

**Table 4.1.2: Number of problems managed for mental health problems by sex**

ICPC-2 descriptor	Mental health problem	Males			Females			Total problems <sup>(a)</sup>		
		Number	Per cent <sup>(b)</sup>	Rate per 100 MH probs managed	Number	Per cent <sup>(b)</sup>	Rate per 100 MH probs managed	Number	Per cent <sup>(b)</sup>	Rate per 100 MH probs managed
P03, P76	Depression <sup>(c)</sup>	1,067	1.9	10.52	2,254	2.8	22.2	3,367	2.4	33.2
P01, P74	Anxiety <sup>(c)</sup>	543	1.0	5.36	1,074	1.3	10.6	1,638	1.2	16.2
P06	Sleep disturbance	588	1.0	5.80	984	1.2	9.7	1,579	1.1	15.6
P02	Acute stress reaction	159	0.3	1.56	413	0.5	4.1	584	0.4	5.8
P19	Drug abuse	297	0.5	2.93	200	0.3	2.0	500	0.4	4.9
P70	Dementia	128	0.2	1.26	216	0.3	2.1	350	0.2	3.4
P72	Schizophrenia	192	0.3	1.90	145	0.2	1.4	345	0.2	3.4
P15, P16	Alcohol abuse <sup>(c)</sup>	206	0.4	2.03	75	0.1	0.7	288	0.2	2.8
P17	Tobacco abuse	145	0.3	1.43	128	0.2	1.3	275	0.2	2.7
P73	Affective psychosis	41	0.1	0.41	90	0.1	0.9	132	0.1	1.3
P29	Psychological symptom	41	0.1	0.40	54	0.1	0.5	96	0.1	0.9
P22, P23	Child/adolescent behaviour complaint <sup>(c)</sup>	42	0.1	0.41	40	0.1	0.4	85	0.1	0.8
P07–P09	Sexual problems <sup>(c)</sup>	49	0.1	0.49	34	<0.1	0.3	84	0.1	0.8
P82	Post-traumatic stress disorder	48	0.1	0.47	33	<0.1	0.3	82	0.1	0.8
P79	Phobia, compulsive disorder	27	<0.1	0.27	49	0.1	0.5	80	0.1	0.8
P50	Medication, treatment procedures	25	<0.1	0.24	45	0.1	0.4	72	0.1	0.7
P81	Hyperkinetic disorder	54	0.1	0.53	10	<0.1	0.1	64	<0.1	0.6
P80	Personality disorder	27	0.1	0.27	33	<0.1	0.3	61	<0.1	0.6
P18	Medication abuse	18	<0.1	0.18	31	<0.1	0.3	52	<0.1	0.5
P20	Memory disturbance	22	<0.1	0.21	25	<0.1	0.3	50	<0.1	0.5
P75	Somatisation disorder	14	<0.1	0.14	30	<0.1	0.3	45	<0.1	0.4
P30, P31	Screening & preventative procedures <sup>(c)</sup>	26	<0.1	0.25	16	<0.1	0.2	42	<0.1	0.4
P28	Psychological disability	13	<0.1	0.12	19	<0.1	0.2	33	<0.1	0.3
	Other <sup>(c)</sup>	102	0.2	1.01	134	0.2	1.3	240	0.2	2.4
<i>Subtotal of mental health problems</i>		<i>3,873</i>	<i>6.5</i>		<i>6,133</i>	<i>7.3</i>		<i>10,142</i>	<i>6.9</i>	
<b>Total problems<sup>(d)</sup></b>		<b>57,221</b>	<b>40.6</b>		<b>81,548</b>	<b>57.9</b>		<b>140,824</b>	<b>100.0</b>	

(a) Persons includes data for which the sex was missing, therefore figures may total more than combination of male and female numbers.

(b) Percentage of all problems managed, not just mental health.

(c) Includes multiple ICPC-2 codes.

(d) All problems managed, not just mental health.

Note: Abbreviations: MH—mental health, probs—problems.

Source: BEACH 1998–99.

## Referrals to other professionals

For every problem managed, GPs could record up to two referrals, which included referrals to medical specialists, allied health professionals, and to hospitals (Britt et al. 1999). The total number of referrals recorded was 10,860 (4,604 for male patients and 6,118 for female patients) made at a rate of 11.2 per 100 encounters. Most referrals were made to medical specialists (71%), which included psychiatrists (accounting for 3% of all referrals).

Approximately 843 (8%) of all referrals were made in response to mental health problems at a rate of 0.9 per 100 encounters. Only 590 of these referrals were made to specialist mental health service providers (Table 4.1.3). Table 4.1.3 shows that most referrals for a mental health specialist were to a private psychiatrist, at a rate of 2.7 per 100 mental health problems managed, followed by referrals to a psychologist at a rate of 1.4 per 100 mental health problems managed.

**Table 4.1.3: Number and type of referrals for specialist mental health services made by GPs**

Type of service	Number	Per cent of refs (N=10,860) <sup>(a)</sup>	Per cent of refs to MH services (N=590)	Rate per 100 MH probs managed (N=10,142)
Referral to psychiatrist (private)	270	2.5	45.8	2.7
Referral to psychologist	141	1.3	23.9	1.4
Referral to drug & alcohol treatment	70	0.7	11.9	0.7
Referral to counsellor	50	0.5	8.5	0.5
Referral to mental health team	25	0.2	4.2	0.2
Referral to psychiatrist (hospital)	12	0.1	2.0	0.1
Referral to psychiatrist (clinic)	12	0.1	2.0	0.1
Referral to hypnotherapy	8	0.1	1.4	0.1
Other	2	<0.1	0.3	<0.1
<b>Total</b>	<b>590</b>	<b>5.5</b>	<b>100.0</b>	

(a) Percentage of all referrals made, not just for mental health problems.

Note: Abbreviations: MH—mental health, refs—referrals, probs—problems.

Source: BEACH 1998–99.

Table 4.1.4 presents the number of referrals by sex made for the most frequently managed mental health problems, and shows that depression was the mental health problem that GPs most frequently referred to other professionals. Depression accounted for 3% of all referrals made, with 9 out of every 100 patients being managed for depression given a referral to another professional. Referrals for other mental health problems were made by general practitioners relatively infrequently, however, patients being managed for the problems of drug abuse (a rate of 12.2 per 100) or dementia (10.3 per 100) were more likely to be given a referral than patients being managed for depression.

**Table 4.1.4: Number of referrals <sup>(a)</sup> made for most frequently managed mental health problems by sex**

ICPC-2 descriptor	MH problem	Males		Females		Total referrals <sup>(b)</sup>		
		Number	Per cent refs (N=4,604) <sup>(c)</sup>	Number	Per cent refs (N=6,118) <sup>(c)</sup>	Number	Per cent all refs (N=10,860) <sup>(c)</sup>	Rate per 100 of each MH prob managed
P03, P76	Depression <sup>(d)</sup>	102	2.2	203	3.3	305	2.8	9.0
P01, P74	Anxiety <sup>(d)</sup>	35	0.8	55	0.9	91	0.8	5.6
P06	Sleep disturbance	42	0.9	26	0.4	69	0.6	4.4
P19	Drug abuse	38	0.8	22	0.4	61	0.6	12.2
P02	Acute stress reaction	11	0.2	30	0.5	42	0.4	7.2
P70	Dementia	14	0.3	22	0.4	36	0.3	10.3
<b>Total</b>		<b>242</b>	<b>5.2</b>	<b>358</b>	<b>5.9</b>	<b>604</b>	<b>5.5</b>	

(a) Includes referrals to specialists, allied health professionals, and hospitals.

(b) Persons includes data for which the sex was missing, therefore figures may total more than combination of male and female numbers.

(c) Percentage of all referrals made, not just for mental health problems.

(d) Includes multiple ICPC-2 PLUS codes.

Note: Abbreviations: MH—mental health, refs—referrals.

Source: BEACH 1998–99.



## Non-pharmacological treatment for mental health problems

For each problem managed, GPs could record up to two non-pharmacological treatments provided. These were divided into the categories of clinical treatments (e.g. advice and counselling) and procedural treatments (e.g. removal of sutures, application/removal of plaster) (Britt et al. 1999). A total of 41,839 non-pharmacological treatments were recorded for all encounters (a rate of 43.0 per 100 encounters). Clinical treatments were considerably more common than procedural treatments. A total of 4,436 treatments (11%) were coded as psychological treatment, with psychological counselling making up 8% of all non-pharmacological treatments, followed by psychological advice and education with 2%. Table 4.1.5 presents the number and type of psychological treatments administered by GPs.

**Table 4.1.5: Number and type of psychological treatments<sup>(a)</sup> administered by GPs**

ICPC-2(+) Descriptor	Psychological treatment	Number	Per cent of treatments (N=41,839) <sup>(b)</sup>	Rate per 100 MH probs managed (N=10,142)
P58	Counselling—psychological	3,358	8.1	33.1
P45	Advice/education/observe/wait	976	2.3	9.6
P58 (002)	Psychotherapy	76	0.2	0.7
	Other <sup>(c)</sup>	26	0.1	0.3
<b>Total</b>		<b>4,436</b>	<b>10.7</b>	

(a) Non-pharmacological treatments.

(b) Total of all non-pharmacological treatments, not just for mental health problems.

(c) Includes multiple ICPC-2 codes.

Note: Abbreviations: MH—mental health, probs—problems.

Source: BEACH 1998–99.

**Table 4.1.6: Number of psychological treatments provided by GPs for the mental health problems most frequently managed by these treatments**

ICPC-2 Descriptor	Mental health problem	Number	Per cent total treatments (N=41,839) <sup>(a)</sup>	Per cent treatment for MH probs (N=4,436)	Rate per 100 of each MH prob managed
P03, P76	Depression <sup>(b)</sup>	1,668	4.0	37.6	49.5
P01, P74	Anxiety <sup>(b)</sup>	799	1.9	18.0	48.8
P02	Acute stress reaction	486	1.2	11.0	83.2
P06	Sleep disturbance	290	0.7	6.5	18.4
P17	Tobacco abuse	203	0.5	4.6	73.8
P19	Drug abuse	198	0.5	4.5	39.6
P15, P16	Alcohol abuse <sup>(b)</sup>	195	0.5	4.4	71.0
P72	Schizophrenia	95	0.2	2.1	27.5
P70	Dementia	78	0.2	1.8	22.3
P29	Unspecified psychological symptom	53	0.1	1.2	55.2
<b>Total</b>		<b>4,065</b>	<b>9.7</b>	<b>91.6</b>	

(a) All non-pharmacological treatments, not just for mental health problems.

(b) Includes multiple ICPC-2 PLUS codes.

Note: Abbreviations: MH—mental health, probs—problems.

Source: BEACH 1998–99.

Table 4.1.6 presents the number of treatments provided for the top ten problems for which psychological treatment was provided. Table 4.1.6 shows that the problem most commonly managed with psychological treatments was depression, accounting for 38% of problems managed with psychological treatment (4% of all non-pharmacological treatments provided), at a rate of 49.5 per 100 depression problems managed. This was followed by anxiety (18% of problems managed with psychological treatment) and acute stress reaction (11%). General practitioners were most likely to provide psychological treatment for the problems of acute stress reaction (83.2 per 100), followed by tobacco abuse (73.8 per 100), and alcohol abuse (71.0 per 100).

### Medications for mental health problems

For each problem managed the survey form allowed the recording of up to four drugs that could be prescribed, recommended for 'over the counter' purchase or supplied by the GP (Britt et al. 1999). Most medications were prescribed (85%). GPs provided a total of 90,710 prescriptions, with 6,894 prescriptions for treatment of mental health problems (8%) at a rate of 7.1 per 100 encounters.

**Table 4.1.7: Number of prescriptions provided for mental health problems most frequently managed by medication**

ICPC-2 descriptors	Mental health problem	Number	Per cent of scripts (N=90,710) <sup>(a)</sup>	Per cent scripts for MH probs (N=6,894)	Rate per 100 MH probs managed (N=10,142)
P03, P76	Depression <sup>(b)</sup>	2,626	2.9	38.1	25.9
P06	Sleep disturbance	1,421	1.6	20.6	14.0
P01, P74	Anxiety <sup>(b)</sup>	1,098	1.2	15.9	10.8
P19	Drug abuse	417	0.5	6.0	4.1
P72	Schizophrenia	328	0.4	4.8	3.2
P73	Affective psychosis	143	0.2	2.1	1.4
P02	Acute stress reaction	122	0.1	1.8	1.2
P70	Dementia	118	0.1	1.7	1.2
P17	Tobacco abuse	123	0.1	1.8	1.2
P15, P16	Alcohol abuse <sup>(b)</sup>	82	0.1	1.2	0.8
<b>Total</b>		<b>6,478</b>	<b>7.2</b>	<b>94.0</b>	

(a) Percentage of all prescriptions, not just for mental health.

(b) Includes multiple ICPC-2 codes.

Note: Abbreviations: scripts—prescriptions, MH—mental health, probs—problems.

Source: BEACH 1998–99.

Table 4.1.7 shows that depression was the mental health problem that most prescriptions were provided for, accounting for 3% of total prescriptions, at a rate of 25.9 per 100 mental health problems managed. Medication was also frequently prescribed for sleep disturbance (2% of all prescriptions), at a rate of 14.0 per 100 mental health problems managed, and anxiety (1% of all prescriptions), at a rate of 10.8 per 100 mental health problems managed.

The most commonly prescribed drugs for mental health problems were antidepressants (3% of total prescriptions), followed by anti-anxiety (2%) and sedative hypnotics (2%). The medications of temazepam and diazepam were particularly common for mental health problems, being prescribed at a rate of 13.8 and 10.7, respectively, per 100 mental health problems managed (Table 4.1.8).

**Table 4.1.8: Distribution of drugs most commonly prescribed for mental health problems by drug group and generic drug name**

<b>Drug group and generic drugs</b>	<b>Number</b>	<b>Per cent of scripts (N=90,710)</b>	<b>Rate per 100 MH probs managed (N=10,142)</b>
<i>Sedative hypnotics</i>	1,902	2.2	18.8
Temazepam	1,397	1.6	13.8
<i>Anti-anxiety</i>	2,025	2.3	20.0
Diazepam	1,082	1.3	10.7
Oxazepam	755	0.9	7.4
<i>Phenothiazines</i>	584	0.7	5.8
<i>Anti-depressants</i>	2,806	3.2	27.7
Sertraline	503	0.6	5.0
<b>Total</b>	<b>7,317</b>	<b>8.4</b>	

Note: Abbreviations: scripts—prescriptions, MH—mental health, probs—problems.

Source: Britt et al. 1999.

## 4.2 Clinical service delivery for low-prevalence disorders

People with psychotic disorders are a relatively small proportion of the total population of people with mental disorders. The Low Prevalence Disorder Study, a component of the National Survey of Mental Health and Wellbeing, aimed to evaluate the patterns of admitted and non-admitted patient mental health service use by this group. This section presents the service-use data from the Low Prevalence Disorder Study. This study entailed a one-month census of 3,800 people with psychotic disorders who were in contact with a mental health service within defined areas of Brisbane and surrounds, Melbourne, Perth and the Australian Capital Territory (Jablensky et al. 1999). The census was followed by clinical interviews of 980 individuals randomly selected from the census sample to obtain a detailed profile including patterns of service utilisation. Further details of this study's methodology are described in Chapter 1.

The interview phase of the study questioned interviewees about their contact with admitted patient and outpatient health services. It needs to be noted that the participants in the study were between 18 to 64 years of age and resided within the defined urban areas. This limits the conclusions that can be drawn with respect to psychotic disorders amongst rural populations or older people.

Almost two-thirds of the interviewees (60%) had had contact with an outpatient or community mental health service in the twelve months before interview. As Table 4.2.1 indicates, the majority of these contacts were with community mental health services (64%) or, to a lesser extent, psychiatric outpatient clinics in general hospitals (26%).

**Table 4.2.1: Persons with outpatient or community mental health service contact: services used in year before interview**

<b>Outpatient service type<sup>(a)</sup></b>	<b>Proportion of those who had contact</b>
--	--

	(%)
Community mental health clinic	63.7
Psychiatric outpatient clinic, general hospital	25.8
Outpatient clinic, public psychiatric hospital	2.5
Private outpatient facility	1.9
General outpatient clinic, general hospital	1.7
Public drug and alcohol outpatient facility	1.0
Other	10.2

(a) An individual may have used more than one type of outpatient services in the year before interview.

Source: Jablensky et al. 1999.

A large majority (90%) of the participants, who had contact with an outpatient service in the twelve months before interview had seen a psychiatrist or other medical officer during the reported contact or contacts (Table 4.2.2). Nurses, social workers and psychologists were also seen during these contacts, but at a more moderate rate (34%, 16% and 13% respectively). Contact with drug and alcohol counsellors occurred in less than 1% of the contacts.

Around four out of five interview participants (81%) had been in contact with a general practitioner in the past year, with an average of twelve visits in that year. The corresponding levels of contact for private psychiatrists and private psychologists were 24% and 7% respectively.

**Table 4.2.2: Persons with outpatient or community mental health service contact: health professionals most frequently seen at service in year before interview**

Health professional seen <sup>(a)</sup>	Proportion of those who had contact (%)
Psychiatrist or other medical officer	90.0
Nurse	33.6
Social worker	16.1
Psychologist	12.7
Occupational therapist	7.8
Drug and alcohol counsellor	0.8

(a) An individual may have seen more than one type of health professional at outpatient services in the year before interview.

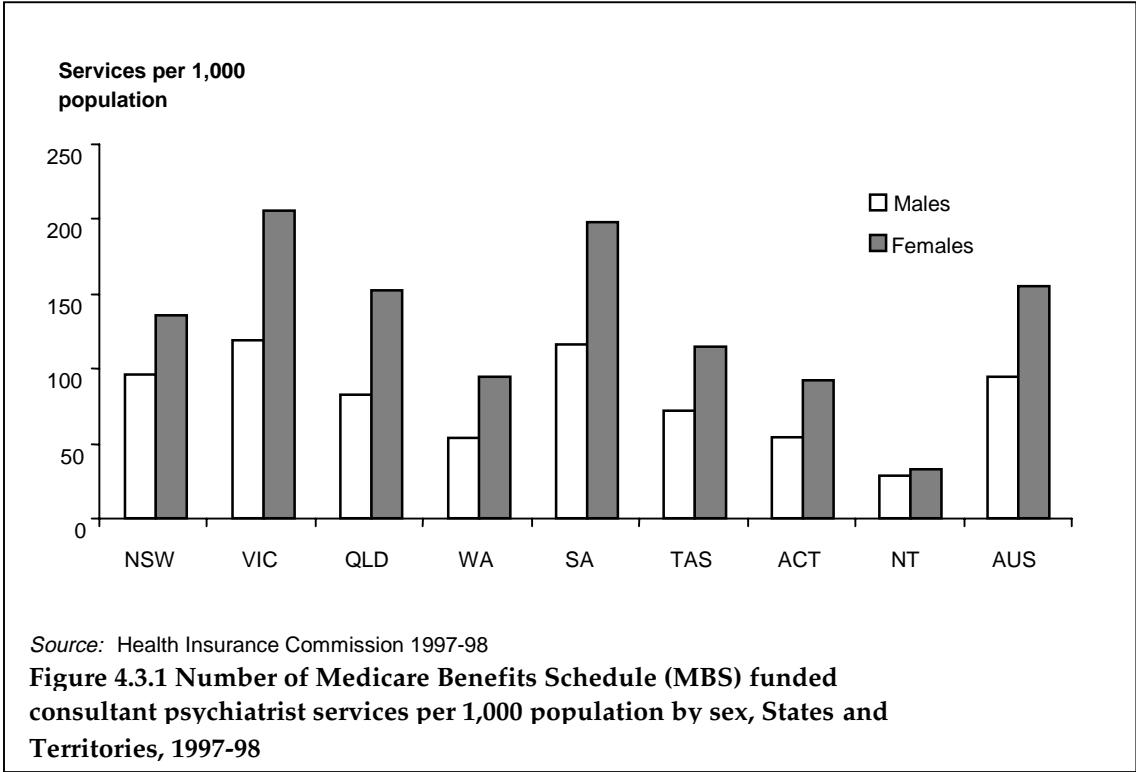
Source: Jablensky et al. 1999.

### 4.3 Medicare funded psychiatrist services

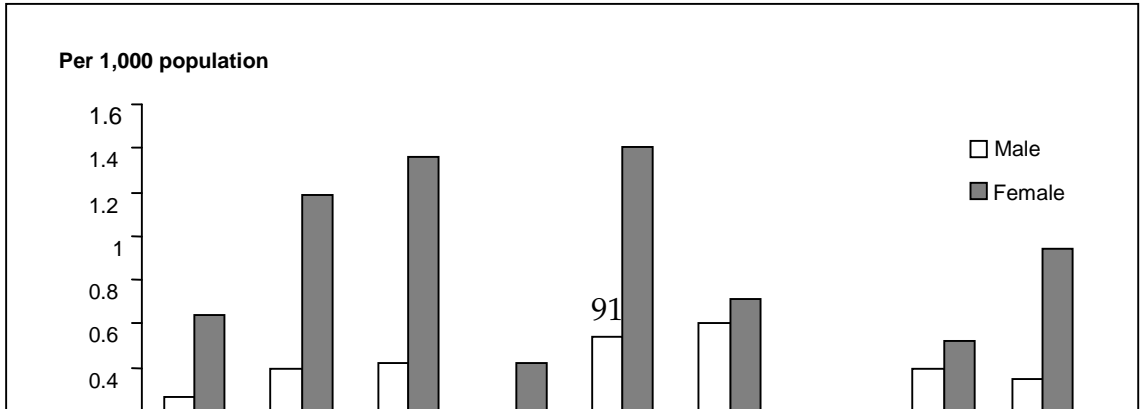
The focus of this chapter has been to present the data collected from mental health service delivery settings outside the admitted patient services. This section presents some aggregate figures on the mental health care service delivery by consultant psychiatrists drawn from the Health Insurance Commission (HIC) Medicare Benefits Schedule (MBS) records. The MBS funded activities of private consultant psychiatrists constitute an important component of mental health service delivery in Australia and considered as a part of the overall service material presented in this publication. The data from HIC records include only those activities where medical benefits apply and do not include activities undertaken by salaried or visiting medical officers.

It has been previously recognised that differences exist between jurisdictions in the number

of private psychiatrist services (CDHAC 1999). Figure 4.3.1 presents number of consultant psychiatrist services (items 300 to 352) per 1,000 population, age-standardised, for the States and Territories for 1987-98. The MBS items for consultant psychiatrists can vary in duration from around 15 minutes to over 75 minutes in length. Victoria and South Australia were the states with comparatively high numbers of consultant psychiatrist services per 1,000 population and Northern Territory was the lowest. This finding is consistent with the proportionally large per capita number of consultant psychiatrists billing MBS in Victoria and South Australia and the proportionally low per capita number for Northern Territory (CDHAC 1999). The figure also indicates that males utilised a lower number of MBS funded psychiatrist services than females during the twelve-month period.



The difference between jurisdictions is also shown in the variation of electro-convulsive therapy (ECT) attendances. Figure 4.3.2 presents the number of ECT attendances (item 340) per 1,000 population, age-standardised, for States and Territories for 1997-98. In Queensland, Victoria and South Australia there were a comparatively high number of MBS funded ECT attendances per 1,000 population. The Australian Capital Territory was the jurisdiction with the lowest per capita number of MBS funded electro-convulsive therapy attendances. The figure also indicated that a higher number of electro-convulsive therapy items are claimed for females than for males across all jurisdictions.



In summary, this chapter presented service data from settings with significant levels of mental health service delivery outside admitted patient services. Service data from general practice, outpatient services, community mental health services and consultant psychiatrist services were reviewed. The next chapter examines the future directions for developing mental health services data, including the further development of data elements for community-based care.

# 5 Future directions

This chapter outlines the expected developments in NMDS reporting for mental health care. Data presented in this publication represents only a portion of the full collection which is anticipated for reporting in a complete form in 2002. At this stage only patient level data collected in hospitals is available for NMDS reporting and, as previously discussed, these data are presented as a first release in Chapter 2. Other data presented in this report has been provided to offer a context for the data that are agreed for collection at present (that is for admitted patients in hospital). Data presented in Chapter 3, for example, provides information on institutions and has been extracted from the National Public Hospital Establishments Database (NPHEd). However, these data on mental health services in hospitals are mostly limited to public psychiatric hospitals with a small amount of information on the distribution of psychiatric units in public acute care hospitals. The lack of detailed information for these specialised units constitutes a substantial gap in the broader NMDS collection. As indicated in Chapter 4, data are not yet available on patients or service delivery in the community, however information on services will be included in the 1998–99 report and information on the clients of community mental health services will be collected from July 2000.

Ongoing work will be undertaken on the NMDS—mental health care during the 2000 annual cycle of data development activities under the National Health Information Agreement. Several data elements collected for the NMDS—institutional mental health care will be reviewed. Data on services reported at the establishment level for the NMDS—community mental health care will be released in the latter months of 2000 and in the process of publication these data will also be reviewed. Information on clients of community services will not be available until 2002, as implementation of the collection in jurisdictions is not to occur until July 2000.

## 5.1 Institutional services data development

The National Mental Health Information Strategy Committee (NMHISC) has guided the development and data standards for the NMDS—institutional mental health care. The work has included developing a strategy to identify patients in specialised psychiatric services in hospitals, recommending NMDS data element amendments and collection implementation to the National Health Data Committee, and working with data providers in States and Territories to validate and approve the NMDS data that are presented in the current report.

### Background

The first step toward the collection of NMDS data was the agreement in 1995 to include *total psychiatric care days* and *mental health legal status* in the *National Health Data Dictionary* and implementation of the two data elements in the broader NMDS—institutional health care from 1 July 1996. The full NMDS—institutional mental health care, covering admitted patients treated in specialised mental health public hospital services, was agreed for collection from 1 July 1997.

The full NMDS—institutional mental health care includes *total psychiatric care days* and *mental health legal status* and a range of demographic, administrative and clinical data elements, some of which are unique to the mental health care collection, for example *type of usual accommodation*, *previous specialised treatment* and *referral to further care (psychiatric patients)*. All data elements included in the NMDS are listed in Table 1.1.1. Data that were collected for the 1997–98 year were reported to AIHW by State and Territory central health

authority data providers and were collated within the NMDS—institutional health care dataset.

### **Future developments**

The NMDS—institutional mental health care requires further development based on the results from the first year of its collection and on requirements to improve the data standards for better use as strategic information for evaluating and monitoring service delivery, and to inform policy and planning.

### **Total psychiatric care days**

The usefulness of the data element *total psychiatric care days* has been reviewed during 1999 and problems in analysis have been identified where data cannot be directly attributed to the financial year in which it is reported. This occurs in cases where a patient episode includes both psychiatric and non-psychiatric care and crosses over reporting periods; in such cases analysis cannot discern the financial reporting period in which the psychiatric care occurred. The usefulness of the data for strategic purposes under the National Mental Health Strategy will need to be reviewed and new or improved data standards put into place.

### **Collection development**

Data development is required to improve information standards. A classification that can be used to report on *source of referral* (currently *source of referral to public psychiatric hospitals*) and *referral destination* (currently *referral to further care (psychiatric patients)*) will be a priority during 2000. The NMHISC has recommended that an improved code be developed for National Health Data Committee (NHDC) and National Health Information Management Group (NHIMG) endorsement, and the work will progress during 2000.

A new data element is needed to replace *Pension status—psychiatric patients* which, following review during 1999, is not adequate to provide information about the extent to which admitted patients are in receipt of government benefits. The data element was originally included in the NMDS in order to provide a proxy for information on economic disadvantage. In this case, the NMHISC has recommended that a data element *principal source of income* be developed and trialled during 2000 for inclusion in the NMDS in future years.

## **5.2 Community services data development**

There are two components planned for the NMDS—community mental health care: establishment-level data describing characteristics and resources of community-based services and patient-level data providing demographic and clinical information.

### **Background**

The collection of the NMDS—community mental health care, establishment-level data, was agreed by the NHDC in October 1997, and endorsed by NHIMG in November 1997. States and Territories commenced collecting establishment level data from 1 July 1998. The data elements that form this component of the NMDS are presented in Table 5.2.1.

Patient-level community mental health data are agreed for collection from 1 July 2000. The data elements requested are presented in Table 5.2.1.

The coverage of the patient level NMDS—community mental health care is to be confined to those services that are classified as 'ambulatory', that is non-admitted/non-residential care,



and will be identified by States and Territories.

**Table 5.2.1: Endorsed National Minimum Data Set—community mental health care, establishment-level data elements agreed for collection from 1 July 1998**

Agreed for collection in NMDS—community mental health care	Knowledgebase identifier	Ambulatory services	Residential services
Establishment identifier	000050	Required	Required
Separations	000205	n.a.	Required
Geographic location	000260	Required	Required
Number of available beds	000255	n.a.	Required
Total full-time equivalent staff	000252	Required	Required
Salaries and wages	000254	Required	Required
Payments to visiting medical officers	000236	Required	Required
Non-salary operating costs <sup>(a)</sup>	000360	Required	Required

(a) This data item is derived from data elements E10-E20, and replicates an equivalent data item currently reported to the National Survey of Mental Health Services.

n.a. Not available.

**Table 5.2.2: Proposed National Minimum Data Set—community mental health care, showing data elements that are agreed for collection at the patient level by States and Territories**

Data element <sup>(a)</sup>	NHDD item code
Establishment identifier	000050
Person identifier	000127
Sex	000149
Date of birth	000036
Aboriginal/Torres Strait Islander status	000035
Mental health legal status	000092
Principal diagnosis	000136
Service contact date	000141

(a) The data elements *total psychiatric care days*, *additional diagnosis*, *number of contacts (psychiatric outpatient clinic/day program)* and *number of service contact dates*, previously agreed for collection from July 2000, are now retired.

## Future developments

Further work will be undertaken in 2000 to identify the most appropriate strategy for patient-level data to be collected from community-based specialised mental health residential services. It is likely that a census of patients in these services conducted at 30 June each year will be sufficient for the purposes of informing service delivery and other data requirements.

## Mental health legal status

The data element *mental health legal status* has been amended for collection from 1 July 2000. The amendment is required because the data element cannot be collected for the community-level NMDS in Queensland and Western Australia, and the structural/system difficulties in these jurisdictions are not likely to be resolved in the foreseeable future. The data element is considered essential in describing community mental health care, so an additional code is to be used by Queensland and Western Australia, where it is not possible to provide mental health legal status under legislative arrangements.

## Service event information

The NMDS will include a unit record with a person identifier for every contact and report the eight elements required for the NMDS—community mental health care. The NMDS for patient level data includes *service contact date*. All service contacts should be reported for each patient, date stamped. Where more than one contact occurs on the same date, multiple records will be provided. The data will be collated into a relational database at AIHW. In addition to this data element, a service type classification is planned as a future data development.

The two data elements *number of contacts (psychiatric outpatient clinic/day program)* and *number of service contact dates* have been retired from the initial NMDS agreement and replaced by *service contact date* as described above.

## Principal diagnosis

The data element *principal diagnosis* requires future development for use in community mental health. However, the process for developing an appropriate alternative classification to ICD-10 AM may take some time and is not likely to be available for implementation in administrative systems for several years. A working group of NMHISC is undertaking a project to identify a simplified reporting procedure in community settings and a recommendation will be taken forwarded to NHDC at a later date. This work would be undertaken in consultation with other community health data developments.

In addition to the work to be undertaken regarding information on diagnosis in the community, the development of data elements that describe a broader range of 'issues' or 'reasons for client contacts' with mental health services will progress during 2000. The additional classification has been identified as an essential component of a comprehensive dataset that will describe mental health consumers and the activities of service providers. In many instances, providers assist clients in areas such as the development of social skills, or in financial management, as well as treating the symptoms of diagnosed disorders.

## 5.3 Potential uses of the NMDS data

A standard dataset is required to monitor the delivery of specialised mental health services. The data are required for comparison across jurisdictions and over time. The NMDS—mental health care is being developed under the National Health Information Agreement in order to ensure the reliability and consistency of data standards for collection and reporting.

In addition to the standard reports of the annual NMDS collection, the datasets have the potential for broader use in the future.

## **National Information Priorities and Strategies**

The development of the NMDS—mental health care to date has been based on the requirement to provide information against the question ‘Who receives what services, from whom, at what cost and to what effect?’. The current data requests have been modified to accommodate feasibility of collection, and also to include data on ad hoc issues such as the usual accommodation of clients/patients of mental health services. The data have been developed to provide:

- a description of client characteristics;
- the capacity to monitor service utilisation; and
- the capacity to identify the direct cost of services.

The proposed, updated information request satisfies the range of requirements listed above to the best ability of current information systems, and provides a basis for future developments that will support the requirements of the Second National Mental Health Strategy. The range of new requirements have been identified by the AHMAC Mental Health Working Group. Broad information is required for development in order to report against the principles of the Second Strategy, which are to:

- strengthen the focus on consumer outcomes;
- support improvements in service quality;
- shift the focus of concern from cost to value for money; and
- improve understanding of population needs.

There is a recognised need to further develop the NMDS dataset as discussed above; however, the range and detail of data, and the information framework now in place to collect information on community-based services, has the capacity to provide the mechanism for a range of data requirements that underpin the National Information Priorities and Strategies under the Second National Mental Health Plan 1998–2003 (CDHAC 1999). Future developments will include recommendations to extend or amend the current framework.

## **Development of outcomes measurements**

A newly developed objective under the Second Plan of the National Mental Health Strategy is to strengthen the focus on consumer outcomes. There is a need to develop mechanisms for the regular review and reporting of outcomes for clients where serious mental health problems and the symptoms of mental disorder are the central component of clinical care and case management.

Outcomes of mental health services can be described at the level of whole populations (e.g. suicide rates), for service systems (e.g. percent of discharges to homeless shelters) or at the level of the individual consumer. The latter may be assessed directly, such as by the use of special scales that measure change in health status, or indirectly through the use of one or more proxy indicators (e.g. hospital readmission rates).

Instruments for measuring consumer outcomes are not routinely used, nor are such data collected for reporting to central health authorities. In response to the need to monitor consumer outcomes, information developments have been initiated by the Commonwealth Department of Health and Aged Care to identify suitable measures that would be available for use in routine clinical practice for monitoring the progress of the individual patient, and would also be suitable for monitoring outcomes at the broader service level.

A range of instruments have been assessed by the Commonwealth Department of Health and Aged Care that have the capacity to deliver information against these requirements. These instruments have included the Health of the Nation Outcome Scales (HoNOS), the Role Functioning Scale (RFS), the Life Skills Profile (LSP), the Behaviour and Symptom Identification Scale (BASIS), the Mental Health Inventory (MHI) and the Medical Outcomes Study Short Form 36 (SF-36).

While some of these instruments are to be trialed in service delivery settings, there are no plans at present to introduce such data requirements into NMDS reporting. However, the structure of the patient-level component of the NMDS that has been agreed for implementation in community-based services provides an information framework that could be utilised for collecting these measures.

## **Record linkage**

Record linkage offers an opportunity to overcome limitations in existing national datasets, such as the National Hospital Morbidity Database which is separation-based and not patient-based, and from which the NMDS—institutional mental health care is extracted. In the future, record linkage may also be used to link data that are obtained from community-based services with data from hospital-based collections.

There is increasing work being undertaken in the area of record linkage, or data linkage, to provide information on the range of services accessed by an individual, to estimate the number of individuals being served by a service or a group of services, and to better describe client profiles. Record linkage is the matching of data records relating to a particular individual within a database or between databases. In Australia, these techniques have been used to link a number of datasets in Western Australia (described in Holman et al. 1999) to explore issues such as hospitalisation patterns over the last year of life, estimation of the incidence of hospital admissions for illicit drug problems and to investigate suicide rates among admitted psychiatric patients (Brameld et al. 1998; Lawrence et al. 1999; Patterson et al. 1999). Data linkage has also been explored in relation to Home and Community Care (HACC) services, national labour force databases, and assessment of integrated service delivery models, and is being considered for use in linking Medicare and Pharmaceutical Benefits Scheme data with other datasets (Bentley et al. 1998).

Data linkage undertaken for statistical or research purposes differs from linkage undertaken for clinical or administrative purposes as it does not attempt to identify the individual but makes use of a derived linkage key to undertake probabilistic matching of records that are likely to belong to the same individual. It should be noted that statistical record linkage tolerates some degree of error in matching records that would not be acceptable if linkage was for administrative or clinical purposes, as a small proportion of errors should not greatly affect the value of the linked information for statistical purposes.

In mental health service delivery, record linkage has significant potential in evaluating and monitoring service delivery. Clients frequently receive care from more than one agency or facility—particularly where both admitted patient and non-admitted patient services are provided or the patient has multiple admissions to a service that is not able to report linked separations. Record linkage may provide the means of generating a profile of patients receiving mental health services in terms of the number of individuals receiving care and the number (and type) of services received. Record linkage is of particular relevance in mental health service delivery, which has a substantial potential to be more efficiently managed across a continuum of care. In particular, the identification of costs and outcomes of clinical pathways relies on a record linkage capacity.

The success of record linkage activities, however, is dependent on the identification of a suitable data linkage key with an acceptable error and duplication rate. Privacy considerations must also be addressed and decisions to use record linkage must balance

mental health service provider and policy requirements for data in this area against the rights to privacy of the individuals being treated.

### **Reporting against performance indicators**

Under the First Plan of the Strategy, objectives were set by Health Ministers that directed the collection of data for monitoring service reforms, in particular the shifts from institutionalised care to community-based services, and within institutionalised care the closure of psychiatric hospitals and maintenance of specialised psychiatric services provided by acute hospitals (Australian Health Ministers 1992). There were no mainstream health service data available during the first period of the Strategy to inform these processes, and the information gap was a major driver in the development of the NMDS data released in the current report and in the future data developments described above.

Performance indicators are not yet developed for mental health services. However, these are required under the Australian Health Care Agreements and the NMHISC has undertaken to identify a range of indicators that will monitor service delivery in accordance with the objectives of the Second Plan of the National Mental Health Strategy. Future developments in NMDS data standards and reporting are expected to provide a large part of the strategic information requirements of the Australian Health Care Agreement (AHCA) process as well as those of the Second Plan of the Strategy.

# Appendix 1: Grouping key for *Principal diagnosis*

This key is based on the classification groupings used in the *Mental Health and Wellbeing Profile of Adults* (ABS 1998a), and has been adopted to promote continuity within this publication. ABS groupings were based on ICD-10 codes as well as expected prevalence levels. This publication draws on the principles of these groupings but all data were reported by States and Territories to the ICD-9-CM classification.

ICD-9-CM codes at higher levels indicates that all lower level codes are included in that grouping; for example, all codes beginning with 295 are included in the grouping for schizophrenia, regardless of the number of digits reported.

Principal diagnosis	ICD-9-CM
<b>Senile and presenile organic psychotic conditions</b>	290
	294.1
	331.0
<b>Other organic psychotic conditions</b>	294.8
	294.9
	291
	292
	293
<b>Schizophrenic disorders</b>	295
<b>Affective disorders</b>	
Manic disorder, single episode	296.01
	296.02
	296.03
Major depressive disorder, single episode	296.21
	296.22
	296.23
Major depressive disorder, recurrent episode	296.31
	296.32
	296.33
Bipolar affective disorder, manic	296.41
	296.42
	296.43
Other manic depressive psychosis, mixed type	296.89
Neurotic depression	300.4
<b>Other affective psychoses</b>	
Manic disorder, recurrent episode	296.1

Bipolar affective disorder, depressed	296.5
Bipolar affective disorder, mixed	296.6
Bipolar affective disorder, unspecified	296.7
Manic depressive psychosis, other and unspecified	296.8
Other and unspecified affective psychoses	296.9
Depressive disorder, not elsewhere classified	311
<b>Anxiety disorders</b>	
Panic disorder	300.01
Generalised anxiety disorder	300.02
Agoraphobia with panic attacks	300.21
Agoraphobia w/out mention panic attacks	300.22
Social phobia	300.23
Obsessive-compulsive disorders	300.3
Prolonged post-traumatic stress disorder	309.81
<b>Paranoid states</b>	297
<b>Other psychoses</b>	
Other non-organic psychoses	298
Psychoses with origin specific to childhood	299
<b>Other neurotic disorders</b>	
Anxiety state, unspecified	300.00
Anxiety state, other	300.09
Hysteria	300.1
Phobic disorders	300.2
Phobia, unspecified	300.20
Other isolated or simple phobias	300.29
Neurasthenia	300.5
Depersonalisation syndrome	300.6
Hypochondriases	300.7
Other neurotic disorders	300.8
<b>Personality disorders</b>	301
Paranoid personality disorder	301.0
Affective personality disorder	301.1
Schizoid personality disorder	301.2
Explosive personality disorder	301.3
Compulsive personality disorder	301.4
Histrionic personality disorder	301.5
Dependent personality disorder	301.6
Antisocial personality disorder	301.7
Other personality disorders	301.8
Unspecified personality disorder	301.9
Sexual deviations and disorders	302

<b>Substance abuse</b>	
Alcohol use disorder	305.0
Cannabis use disorder	305.2
Barbituate and similarly acting sedative or hypnotic use disorder	305.4
Opioid use disorder	305.5
Amphetamine or related acting sympathomimetic use disorder	305.7
<b>Substance dependence</b>	
Other and unspecified alcohol dependence	303.9
Opioid-type dependence	304.0
Barbituate and similarly acting sedative or hypnotic dependence	304.1
Cannabis dependence	304.3
Amphetamine/other psychostimulant dependence	304.4
<b>Acute alcoholic intoxication</b>	303.0
<b>Other drug dependence and abuse</b>	
Cocaine dependence	304.2
Hallucinogen dependence	304.5
Other specified drug dependence	304.6
Combinations of opioid type drug with any other	304.7
Combinations of drug dependence excluding opioid type drug	304.8
Unspecified drug dependence	304.9
Tobacco use disorder	305.1
Hallucinogen use disorder	305.3
Cocaine use disorder	305.6
Antidepressant-type use disorder	305.8
Other, mixed or unspecified drug use disorder	305.9
<b>Physiological malfunction arising from mental factors</b>	306
<b>Special symptoms or syndromes, not elsewhere classified</b>	
Stammering and stuttering	307.0
Tics	307.2
Stereotyped repetitive movements	307.3
Specific disorders of sleep of non-organic origin	307.4
Enuresis	307.6
Encopresis	307.7
Psychalgia	307.8
Other and unspecified special symptoms or syndromes, not elsewhere classified	307.9
<b>Eating disorders</b>	
Anorexia nervosa	307.1
Other and unspecified disorders of eating	307.5
<b>Acute reaction to stress</b>	308



<b>Adjustment reaction excluding PTSD</b>	309
Brief depressive reaction	309.0
Prolonged depressive reaction	309.1
With predominant disturbance of other emotions	309.2
With predominant disturbance of conduct	309.3
With mixed disturbance of emotions and conduct	309.4
Other specified adjustment reactions	309.8
Adjustment reaction with physical symptoms	309.82
Adjustment reaction with withdrawal	309.83
Other	309.89
Unspecified adjustment reaction	309.9
<b>Specific non-psychotic mental disorders due to organic brain damage</b>	310
<b>Other non-psychotic mental conditions</b>	
Depressive disorder, not elsewhere classified	312
Disturbance of emotions specific to childhood and adolescence	313
Hyperkinetic syndrome of childhood	314
Specific delays in development	315
Psychic factors associated with diseases classified elsewhere	316
<b>Mental retardation</b>	
Mild mental retardation	317
Other specified mental retardation	318
Unspecified mental retardation	319
<b>Observation for suspected mental condition</b>	V71.0
<b>Other reasons for hospitalisation associated with mental illness (V codes)</b>	
Psychological trauma	V15.4
Psychiatric condition	V17.0
Person feigning illness	V65.2
Convalescence following psychotherapy and other treatment for mental disorder	V66.3
Follow-up examination following psychotherapy and other treatment for mental disorders	V67.3
Special screening for mental disorder and developmental disability: depression	V79.0
Special screening for mental disorder and developmental disability: alcoholism	V79.1
Special screening for mental disorder and developmental disability: developmental handicaps in early childhood	V79.3
Special screening for mental disorder and developmental disability: other specified mental disorders and developmental handicaps	V79.8
Special screening for mental disorder and developmental disability: unspecified mental disorder and developmental handicap	V79.9
Personal history of mental disorder	V11
Mental and behavioural problems	V40

# **Appendix 2: Short-stay separations with a mental health principal diagnosis—source tables**

**Table A2.1a: General care same-day separations of patients with a mental health principal diagnosis,<sup>(a)</sup> by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(b)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	77	33	25	n.p.	n.p.	n.p.	—	—	152
Other organic psychotic conditions	528	409	172	240	44	18	n.p.	n.p.	1,422
Schizophrenic disorders	375	596	268	280	548	52	n.p.	n.p.	2,130
Affective disorders <sup>(c)</sup>	783	1,848	270	4,933	832	915	52	n.p.	9,636
Other affective psychoses	309	897	123	1,674	339	288	n.p.	n.p.	3,639
Anxiety disorders <sup>(c)</sup>	273	227	50	2,252	72	447	n.p.	—	3,322
Paranoid states	46	100	14	267	n.p.	45	n.p.	n.p.	484
Other psychoses	214	180	110	199	65	52	n.p.	n.p.	824
Other neurotic disorders	513	370	201	758	92	43	23	n.p.	2,003
Personality disorders <sup>(d)</sup>	121	331	72	687	160	27	n.p.	n.p.	1,407
Eating disorders	51	46	10	296	51	46	—	—	500
Substance abuse	615	527	334	245	157	50	n.p.	n.p.	1,937
Substance dependence	365	867	774	149	22	86	n.p.	n.p.	2,266
Acute alcoholic intoxication	169	397	172	43	32	16	—	n.p.	830
Other drug dependence and abuse	52	15	59	24	13	n.p.	—	—	168
Physiological malfunction arising from mental factors	83	40	27	13	70	n.p.	n.p.	—	244
Special syndromes or syndromes not elsewhere classified	95	100	39	17	18	n.p.	—	—	274
Acute reaction to stress	70	66	84	270	108	n.p.	n.p.	n.p.	608
Adjustment reaction excluding PTSD	199	203	104	513	55	141	n.p.	—	1,218
Specific non-psychotic mental disorders <sup>(e)</sup>	14	48	35	n.p.	15	n.p.	n.p.	n.p.	123
Other non-psychotic mental conditions	340	138	161	70	63	13	11	17	813
Observation for suspected mental condition	11	n.p.	n.p.	n.p.	—	n.p.	—	n.p.	25
V codes associated with mental illness <sup>(f)</sup>	11	n.p.	15	—	—	n.p.	—	n.p.	34
<b>Total</b>	<b>5,314</b>	<b>7,446</b>	<b>3,124</b>	<b>12,948</b>	<b>2,772</b>	<b>2,271</b>	<b>130</b>	<b>54</b>	<b>34,059</b>

(a) See classification inclusions list in Appendix 1.

(b) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared to figures from other States. WA figures include same-day group therapy sessions at some units.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.1b: Specialised care same-day separations of patients with a mental health principal diagnosis, <sup>(a)</sup> by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(b)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	265	n.p.	n.p.	—	n.p.	—	—	—	286
Other organic psychotic conditions	158	76	84	n.p.	17	n.p.	—	n.p.	342
Schizophrenic disorders	3284	1520	1341	n.p.	111	78	n.p.	n.p.	6345
Affective disorders <sup>(c)</sup>	8045	6415	3764	n.p.	38	197	n.p.	n.p.	18466
Other affective psychoses	1169	1257	330	n.p.	14	196	n.p.	—	2968
Anxiety disorders <sup>(c)</sup>	3171	616	503	—	531	n.p.	—	—	4823
Paranoid states	119	33	48	—	n.p.	—	—	—	203
Other psychoses	185	50	169	—	10	15	—	—	429
Other neurotic disorders	635	63	507	—	—	n.p.	n.p.	n.p.	1212
Personality disorders <sup>(d)</sup>	833	293	231	8	33	17	n.p.	—	1416
Eating disorders	1579	2493	433	—	n.p.	—	—	—	4512
Substance abuse	209	162	78	n.p.	n.p.	n.p.	n.p.	—	470
Substance dependence	1480	115	86	n.p.	n.p.	—	—	n.p.	1686
Acute alcoholic intoxication	106	11	45	n.p.	n.p.	n.p.	—	n.p.	171
Other drug dependence and abuse	236	75	16	n.p.	n.p.	n.p.	—	—	332
Physiological malfunction arising from mental factors	—	—	n.p.	—	—	—	—	—	n.p.
Special syndromes or syndromes not elsewhere classified	255	n.p.	n.p.	—	—	—	—	—	260
Acute reaction to stress	96	51	228	—	17	n.p.	—	n.p.	397
Adjustment reaction excluding PTSD	1173	512	519	n.p.	61	25	n.p.	14	2314
Specific non-psychotic mental disorders <sup>(e)</sup>	96	16	55	—	—	—	—	—	167
Other non-psychotic mental conditions	4046	354	49	—	n.p.	n.p.	n.p.	n.p.	4460
Observation for suspected mental condition	51	n.p.	n.p.	n.p.	—	n.p.	—	—	61
V codes associated with mental illness <sup>(f)</sup>	—	—	n.p.	—	—	n.p.	—	—	n.p.
<b>Total</b>	<b>27191</b>	<b>14126</b>	<b>8505</b>	<b>36</b>	<b>868</b>	<b>552</b>	<b>18</b>	<b>28</b>	<b>51324</b>

(a) See classification inclusions list in Appendix 1.

(b) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared to figures from other States. WA figures include same-day group therapy sessions at some units.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.2: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> receiving general care only, by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	1,645	1,131	915	434	579	87	36	n.p.	4,833
Other organic psychotic conditions	3,590	2,607	1,807	1,289	921	232	94	59	10,599
Schizophrenic disorders	639	295	378	926	606	191	168	13	3,216
Affective disorders <sup>(d)</sup>	1,686	1,291	1,494	2,667	2,316	414	301	22	10,191
Other affective psychoses	1,300	992	708	1,128	800	278	78	18	5,302
Anxiety disorders <sup>(d)</sup>	338	157	388	341	232	110	26	n.p.	1,595
Paranoid states	76	54	45	99	42	19	n.p.	—	343
Other psychoses	243	162	125	294	128	32	31	n.p.	1,024
Other neurotic disorders	1,193	880	688	497	491	116	31	11	3,907
Personality disorders <sup>(e)</sup>	285	134	178	307	183	68	54	n.p.	1,216
Eating disorders	168	175	112	150	111	22	14	n.p.	755
Substance abuse	824	409	395	571	179	60	n.p.	n.p.	2,456
Substance dependence	4,318	1,843	2,379	842	451	108	13	n.p.	9,958
Acute alcoholic intoxication	522	262	705	132	127	25	n.p.	n.p.	1,783
Other drug dependence and abuse	372	120	97	68	40	18	n.p.	n.p.	718
Physiological malfunction arising from mental factors	69	68	57	35	39	10	n.p.	n.p.	282
Special syndromes or syndromes not elsewhere classified	180	447	177	108	102	21	n.p.	n.p.	1,040
Acute reaction to stress	187	616	230	685	151	35	n.p.	n.p.	1,909
Adjustment reaction excluding PTSD	2,411	331	328	772	378	168	83	n.p.	4,480
Specific non-psychotic mental disorders <sup>(f)</sup>	131	873	66	44	130	n.p.	n.p.	n.p.	1,259
Other non-psychotic mental conditions	213	177	226	164	58	31	16	n.p.	894
Observation for suspected mental condition	27	n.p.	12	n.p.	n.p.	n.p.	—	n.p.	54
V codes associated with mental illness <sup>(g)</sup>	11	n.p.	11	n.p.	11	n.p.	—	—	42
<b>Total</b>	<b>20,428</b>	<b>13,033</b>	<b>11,521</b>	<b>11,561</b>	<b>8,076</b>	<b>2,054</b>	<b>984</b>	<b>199</b>	<b>67,856</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared to figures from other States. WA figures includes activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.3: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> who received some specialised care, by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	185	358	117	194	164	n.p.	n.p.	n.p.	1,025
Other organic psychotic conditions	1,100	753	738	148	309	70	16	88	3,222
Schizophrenic disorders	6,109	5,283	4,711	589	1,489	390	163	182	18,916
Affective disorders <sup>(d)</sup>	5,467	4,888	4,779	307	1,535	348	91	82	17,497
Other affective psychoses	1,358	1,827	1,007	139	590	285	29	34	5,269
Anxiety disorders <sup>(d)</sup>	795	431	601	n.p.	126	17	n.p.	n.p.	1,975
Paranoid states	326	261	233	43	72	27	n.p.	n.p.	978
Other psychoses	751	544	432	106	179	31	17	45	2,105
Other neurotic disorders	387	212	408	12	49	47	n.p.	12	1,128
Personality disorders <sup>(e)</sup>	1,221	1,244	1,041	250	337	129	28	30	4,280
Eating disorders	192	180	366	n.p.	12	n.p.	—	—	758
Substance abuse	408	156	154	43	29	14	n.p.	n.p.	810
Substance dependence	1,391	453	296	48	34	12	n.p.	n.p.	2,245
Acute alcoholic intoxication	421	32	114	14	29	n.p.	n.p.	n.p.	616
Other drug dependence and abuse	282	81	59	76	n.p.	26	n.p.	n.p.	538
Physiological malfunction arising from mental factors	n.p.	n.p.	10	—	n.p.	n.p.	—	—	20
Special syndromes or syndromes not elsewhere classified	16	n.p.	23	n.p.	n.p.	—	—	n.p.	53
Acute reaction to stress	268	228	442	n.p.	116	39	n.p.	n.p.	1,109
Adjustment reaction excluding PTSD	1,804	972	1,504	219	662	160	32	109	5,462
Specific non-psychotic mental disorders <sup>(f)</sup>	47	62	49	13	14	n.p.	—	n.p.	194
Other non-psychotic mental conditions	321	143	201	n.p.	86	15	n.p.	n.p.	786
Observation for suspected mental condition	28	12	31	35	n.p.	n.p.	—	n.p.	110
V codes associated with mental illness <sup>(g)</sup>	n.p.	n.p.	n.p.	—	—	n.p.	—	—	21
<b>Total</b>	<b>22,892</b>	<b>18,133</b>	<b>17,321</b>	<b>2,257</b>	<b>5,847</b>	<b>1,633</b>	<b>399</b>	<b>635</b>	<b>69,117</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1. compared

to figures from other States. WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.4: Patient days for overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	24,337	21,444	13,974	9,960	10,482	1,270	552	126	82,145
Other organic psychotic conditions	40,182	33,248	20,341	12,430	10,609	2,653	868	729	121,060
Schizophrenic disorders	77,203	62,943	50,078	18,963	24,150	5,764	3,694	2,107	244,902
Affective disorders <sup>(d)</sup>	83,391	70,586	61,524	33,200	43,835	8,026	4,545	956	306,063
Other affective psychoses	24,195	24,957	14,435	11,272	13,486	4,593	1,293	483	94,714
Anxiety disorders <sup>(d)</sup>	13,078	6,696	9,320	3,033	2,895	1,275	237	22	36,556
Paranoid states	4,417	3,341	2,646	1,779	1,270	452	161	77	14,143
Other psychoses	8,470	6,129	4,138	3,800	2,473	467	490	412	26,379
Other neurotic disorders	7,441	5,745	5,419	2,802	2,853	905	212	140	25,517
Personality disorders <sup>(e)</sup>	8,810	9,248	6,364	4,457	3,225	1,148	529	189	33,970
Eating disorders	4,248	4,124	3,788	2,463	1,337	334	124	45	16,463
Substance abuse	4,008	2,115	2,257	2,448	532	339	45	35	11,779
Substance dependence	37,949	17,421	17,529	5,177	4,364	773	125	47	83,385
Acute alcoholic intoxication	4,906	1,354	3,252	538	562	218	n.p.	n.p.	10,857
Other drug dependence and abuse	4,732	1,517	796	869	225	344	17	31	8,531
Physiological malfunction arising from mental factors	314	305	305	n.p.	101	45	10	n.p.	1,328
Special syndromes or syndromes not elsewhere classified	878	2,202	746	492	475	117	16	21	4,947
Acute reaction to stress	1,879	2,857	2,744	3,724	1,431	239	11	25	12,910
Adjustment reaction excluding PTSD	22,617	8,113	10,492	7,384	5,952	1,888	656	498	57,600
Specific non-psychotic mental disorders <sup>(f)</sup>	1,431	9,352	867	473	1,382	104	56	36	13,701
Other non-psychotic mental conditions	3,721	2,467	2,292	1,143	922	184	58	74	10,861
Observation for suspected mental condition	231	72	203	269	n.p.	13	—	n.p.	795
V codes associated with mental illness <sup>(g)</sup>	146	30	71	n.p.	n.p.	10	—	—	333
<b>Total</b>	<b>378,584</b>	<b>296,266</b>	<b>233,581</b>	<b>126,921</b>	<b>132,638</b>	<b>31,161</b>	<b>13,718</b>	<b>6,070</b>	<b>1,218,939</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.5: Total psychiatric care days for overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis, States and Territories, 1997–98**

<b>Principal diagnosis</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA<sup>(c)</sup></b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Australia</b>
Senile and presenile organic conditions	3,046	6,254	1,847	3,598	2,954	23	19	28	17,769
Other organic psychotic conditions	9,487	8,245	5,949	1,906	2,591	615	106	483	29,382
Schizophrenic disorders	76,735	62,782	49,166	9,316	18,851	3,861	1,554	2,061	224,326
Affective disorders <sup>(d)</sup>	77,562	67,689	52,370	5,020	18,507	3,406	912	868	226,334
Other affective psychoses	16,662	20,013	9,864	2,151	6,709	2,376	332	395	58,502
Anxiety disorders <sup>(d)</sup>	14,381	6,490	6,738	29	1,902	171	13	19	29,743
Paranoid states	3,833	2,916	2,276	686	835	286	67	77	10,976
Other psychoses	7,170	5,281	3,677	1,421	1,529	253	134	382	19,847
Other neurotic disorders	3,391	2,156	3,278	122	402	307	n.p.	80	9,741
Personality disorders <sup>(e)</sup>	8,222	8,797	5,918	2,313	1,892	802	142	169	28,255
Eating disorders	4,392	5,035	3,204	n.p.	166	64	n.p.	n.p.	12,866
Substance abuse	2,663	1,448	1,094	408	134	54	n.p.	n.p.	5,810
Substance dependence	17,429	4,104	2,088	404	335	49	n.p.	n.p.	24,442
Acute alcoholic intoxication	3,217	110	504	93	149	n.p.	n.p.	n.p.	4,086
Other drug dependence and abuse	3,054	523	310	620	35	208	n.p.	28	4,779
Physiological malfunction arising from mental factors	48	31	70	n.p.	n.p.	n.p.	n.p.	n.p.	156
Special syndromes or syndromes not elsewhere classified	434	76	131	28	45	n.p.	n.p.	11	725
Acute reaction to stress	1,297	981	2,222	52	441	121	n.p.	22	5,138
Adjustment reaction excluding PTSD	12,322	7,246	9,072	1,707	3,675	823	144	474	35,463
Specific non-psychotic mental disorders <sup>(f)</sup>	496	732	514	194	84	62	n.p.	21	2,103
Other non-psychotic mental conditions	6,588	2,179	1,516	70	396	66	12	34	10,861
Observation for suspected mental condition	184	59	180	229	n.p.	n.p.	—	n.p.	662
V codes associated with mental illness <sup>(g)</sup>	80	27	14	n.p.	n.p.	n.p.	—	n.p.	123
<b>Total</b>	<b>272,693</b>	<b>213,174</b>	<b>162,002</b>	<b>30,372</b>	<b>61,636</b>	<b>13,566</b>	<b>3,454</b>	<b>5,192</b>	<b>762,089</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared to figures from other States. WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.



**Table A2.6a: Same-day separations of patients with a mental health principal diagnosis,<sup>(a)</sup> by principal diagnosis and age group, males in general care, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	—	—	n.p.	n.p.	n.p.	n.p.	56	70
Other organic psychotic conditions	22	144	144	107	86	54	368	925
Schizophrenic disorders	14	201	498	204	186	23	13	1,139
Affective disorders <sup>(b)</sup>	20	155	650	767	1,016	414	681	3,703
Other affective psychoses	19	86	216	505	362	80	515	1,783
Anxiety disorders <sup>(b)</sup>	17	76	197	228	929	65	531	2,043
Paranoid states	n.p.	15	33	78	11	26	127	292
Other psychoses	94	93	83	54	17	11	150	502
Other neurotic disorders	32	89	134	150	128	43	263	839
Personality disorders <sup>(c)</sup>	n.p.	48	104	47	192	186	n.p.	595
Eating disorders	14	n.p.	n.p.	n.p.	—	n.p.	—	22
Substance abuse	205	298	246	184	121	64	72	1,190
Substance dependence	20	109	140	208	413	188	63	1,141
Acute alcoholic intoxication	n.p.	19	82	140	192	66	54	556
Other drug dependence and abuse	13	23	29	10	n.p.	n.p.	—	80
Physiological malfunction arising from mental factors	30	n.p.	11	12	15	12	15	98
Special syndromes or syndromes not elsewhere classified	30	16	22	21	14	n.p.	n.p.	112
Acute reaction to stress	n.p.	22	48	33	24	n.p.	n.p.	145
Adjustment reaction excluding PTSD	n.p.	81	136	132	114	11	50	530
Specific non-psychotic mental disorders <sup>(d)</sup>	n.p.	11	13	14	n.p.	n.p.	10	63
Other non-psychotic mental conditions	510	27	19	n.p.	n.p.	18	n.p.	590
Observation for suspected mental condition	n.p.	n.p.	n.p.	—	—	n.p.	—	14
V codes associated with mental illness <sup>(e)</sup>	n.p.	n.p.	n.p.	—	n.p.	—	n.p.	17
<b>Total</b>	<b>1,083</b>	<b>1,524</b>	<b>2,822</b>	<b>2,905</b>	<b>3,833</b>	<b>1,283</b>	<b>2,999</b>	<b>16,449</b>

(a) See classification inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.6b: Same-day separations of patients with a mental health principal diagnosis,<sup>(a)</sup> by principal diagnosis and age group, females in general care, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	n.p.	—	—	—	n.p.	n.p.	78	82
Other organic psychotic conditions	29	71	82	61	22	26	206	497
Schizophrenic disorders	28	67	215	254	308	51	68	991
Affective disorders <sup>(b)</sup>	49	490	730	1,939	1,537	538	650	5933
Other affective psychoses	29	117	321	474	490	230	195	1856
Anxiety disorders <sup>(b)</sup>	60	67	266	407	186	97	196	1279
Paranoid states	n.p.	n.p.	n.p.	113	n.p.	n.p.	50	192
Other psychoses	32	40	73	60	65	29	23	322
Other neurotic disorders	101	109	272	284	111	110	177	1164
Personality disorders <sup>(c)</sup>	25	117	261	132	198	41	38	812
Eating disorders	114	164	133	40	26	n.p.	n.p.	478
Substance abuse	169	175	123	107	126	17	30	747
Substance dependence	16	104	152	288	323	165	77	1125
Acute alcoholic intoxication	11	14	62	60	108	n.p.	n.p.	274
Other drug dependence and abuse	14	17	10	19	27	n.p.	n.p.	88
Physiological malfunction arising from mental factors	22	n.p.	23	25	26	21	20	146
Special syndromes or syndromes not elsewhere classified	27	n.p.	37	35	30	n.p.	19	162
Acute reaction to stress	18	105	109	121	87	n.p.	n.p.	463
Adjustment reaction excluding PTSD	41	90	201	159	136	35	26	688
Specific non-psychotic mental disorders <sup>(d)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	12	18	60
Other non-psychotic mental conditions	200	n.p.	n.p.	n.p.	n.p.	—	n.p.	223
Observation for suspected mental condition	n.p.	n.p.	—	n.p.	n.p.	n.p.	—	11
V codes associated with mental illness <sup>(e)</sup>	—	—	n.p.	n.p.	n.p.	—	n.p.	17
<b>Total</b>	<b>995</b>	<b>1,783</b>	<b>3,097</b>	<b>4,594</b>	<b>3,830</b>	<b>1,408</b>	<b>1,903</b>	<b>17610</b>

(a) See classification inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.6c: Same-day separations of patients with a mental health principal diagnosis,<sup>(a)</sup> by principal diagnosis and age group, males in specialised care, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	—	—	n.p.	—	—	n.p.	257	260
Other organic psychotic conditions	n.p.	34	39	13	n.p.	n.p.	83	185
Schizophrenic disorders	346	514	506	681	337	97	217	2,698
Affective disorders <sup>(b)</sup>	979	414	546	733	1,368	809	2,104	6,953
Other affective psychoses	194	112	177	109	253	153	187	1,185
Anxiety disorders <sup>(b)</sup>	134	152	183	408	1,659	261	218	3,015
Paranoid states	—	n.p.	n.p.	36	78	—	n.p.	130
Other psychoses	66	60	29	13	n.p.	n.p.	n.p.	178
Other neurotic disorders	188	14	21	34	26	n.p.	236	526
Personality disorders <sup>(c)</sup>	55	38	92	35	130	16	238	604
Eating disorders	14	83	83	41	n.p.	—	—	223
Substance abuse	n.p.	78	57	34	20	16	36	250
Substance dependence	11	52	71	87	270	110	376	977
Acute alcoholic intoxication	—	11	32	28	47	n.p.	—	124
Other drug dependence and abuse	n.p.	59	22	23	21	15	n.p.	145
Physiological malfunction arising from mental factors	—	—	—	n.p.	—	—	—	n.p.
Special syndromes or syndromes not elsewhere classified	93	—	n.p.	n.p.	—	—	72	167
Acute reaction to stress	n.p.	44	65	50	59	n.p.	n.p.	233
Adjustment reaction excluding PTSD	496	76	189	195	166	27	185	1,334
Specific non-psychotic mental disorders <sup>(d)</sup>	—	—	n.p.	—	n.p.	105	n.p.	108
Other non-psychotic mental conditions	3,859	16	17	n.p.	n.p.	—	—	3,897
Observation for suspected mental condition	45	—	n.p.	n.p.	n.p.	—	—	54
V codes associated with mental illness <sup>(e)</sup>	—	—	—	—	—	—	—	n.p.
<b>Total</b>	<b>6,503</b>	<b>1,763</b>	<b>2,145</b>	<b>2,528</b>	<b>4,454</b>	<b>1,636</b>	<b>4,220</b>	<b>23,249</b>

(a) See classification inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.6d: Same-day separations of patients with a mental health principal diagnosis,<sup>(a)</sup> by principal diagnosis and age group, females in specialised care, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	—	—	—	n.p.	n.p.	10	11	26
Other organic psychotic conditions	81	13	15	10	n.p.	12	19	157
Schizophrenic disorders	303	235	560	725	806	502	516	3,647
Affective disorders <sup>(b)</sup>	814	677	1,735	2,311	3,107	1,191	1,678	11,513
Other affective psychoses	38	86	360	421	341	308	229	1,783
Anxiety disorders <sup>(b)</sup>	131	157	275	542	347	291	65	1,808
Paranoid states	30	n.p.	11	n.p.	12	n.p.	n.p.	73
Other psychoses	129	16	16	34	27	n.p.	22	251
Other neurotic disorders	88	32	184	163	98	n.p.	116	686
Personality disorders <sup>(c)</sup>	32	85	197	210	127	25	136	812
Eating disorders	401	1,651	1,578	379	261	18	n.p.	4,289
Substance abuse	n.p.	18	55	59	71	11	n.p.	220
Substance dependence	n.p.	57	55	189	269	116	14	709
Acute alcoholic intoxication	n.p.	n.p.	12	11	15	n.p.	—	47
Other drug dependence and abuse	n.p.	46	43	19	52	22	—	187
Physiological malfunction arising from mental factors	—	—	—	—	—	n.p.	n.p.	n.p.
Special syndromes or syndromes not elsewhere classified	82	—	—	—	n.p.	n.p.	10	93
Acute reaction to stress	15	32	59	37	18	n.p.	n.p.	164
Adjustment reaction excluding PTSD	116	164	173	168	191	80	88	980
Specific non-psychotic mental disorders <sup>(d)</sup>	—	—	n.p.	n.p.	—	—	54	59
Other non-psychotic mental conditions	508	n.p.	26	16	n.p.	n.p.	—	563
Observation for suspected mental condition	n.p.	n.p.	n.p.	n.p.	—	—	—	n.p.
V codes associated with mental illness <sup>(e)</sup>	—	—	—	—	—	—	—	—
<b>Total</b>	<b>2,789</b>	<b>3,284</b>	<b>5,359</b>	<b>5,308</b>	<b>5,759</b>	<b>2,612</b>	<b>2,964</b>	<b>28,075</b>

(a) See classification inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.7a: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup>, by principal diagnosis and age group, males, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	n.p.	—	n.p.	11	17	109	2,430	2,578
Other organic psychotic conditions	175	873	1,258	996	771	618	3,066	7,757
Schizophrenic disorders	339	3,436	5,064	3,041	1,455	456	293	14,084
Affective disorders <sup>(c)</sup>	276	982	2,124	2,203	1,936	1,035	1,543	10,099
Other affective psychoses	102	435	935	778	616	397	650	3,913
Anxiety disorders <sup>(c)</sup>	60	99	204	248	894	209	132	1,846
Paranoid states	13	102	197	143	89	57	94	695
Other psychoses	189	473	469	199	136	64	87	1,617
Other neurotic disorders	125	173	337	326	254	131	302	1,648
Personality disorders <sup>(d)</sup>	72	445	729	432	216	73	84	2,051
Eating disorders	86	23	10	n.p.	n.p.	n.p.	n.p.	139
Substance abuse	241	306	497	429	340	149	154	2,116
Substance dependence	150	1,171	2,043	2,141	1,685	723	372	8,285
Acute alcoholic intoxication	n.p.	72	258	509	512	209	172	1,740
Other drug dependence and abuse	34	252	292	135	24	n.p.	n.p.	753
Physiological malfunction arising from mental factors	34	n.p.	12	18	13	n.p.	21	115
Special syndromes or syndromes not elsewhere classified	141	29	41	46	23	23	37	340
Acute reaction to stress	69	165	363	255	165	46	59	1,122
Adjustment reaction excluding PTSD	322	572	1,103	830	475	173	167	3,642
Specific non-psychotic mental disorders <sup>(e)</sup>	35	40	59	43	61	56	414	708
Other non-psychotic mental conditions	768	99	98	36	35	12	29	1,077
Observation for suspected mental condition	39	29	21	14	n.p.	n.p.	n.p.	113
V codes associated with mental illness <sup>(f)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	34
<b>Total</b>	<b>3,281</b>	<b>9,786</b>	<b>16,132</b>	<b>12,846</b>	<b>9,733</b>	<b>4,569</b>	<b>10,125</b>	<b>66,472</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.7b: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup>, by principal diagnosis and age group, females, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	—	—	n.p.	n.p.	14	87	3,165	3,280
Other organic psychotic conditions	126	365	546	413	327	275	4,012	6,064
Schizophrenic disorders	224	971	2,181	2,010	1,317	715	630	8,048
Affective disorders <sup>(c)</sup>	460	1,320	3,499	3,963	3,227	1,664	3,456	17,589
Other affective psychoses	242	573	1,332	1,468	1,102	661	1,280	6,658
Anxiety disorders <sup>(c)</sup>	128	138	386	395	276	153	248	1,724
Paranoid states	16	29	93	117	98	85	188	626
Other psychoses	132	249	408	274	204	83	162	1,512
Other neurotic disorders	269	284	667	664	473	266	764	3,387
Personality disorders <sup>(d)</sup>	206	813	1,172	860	260	64	70	3,445
Eating disorders	572	402	247	81	48	12	12	1,374
Substance abuse	230	146	237	223	163	58	93	1,150
Substance dependence	141	677	1,032	999	676	254	139	3,918
Acute alcoholic intoxication	11	30	129	199	169	59	62	659
Other drug dependence and abuse	32	133	165	107	41	n.p.	n.p.	503
Physiological malfunction arising from mental factors	35	13	29	19	33	13	45	187
Special syndromes or syndromes not elsewhere classified	120	43	209	173	87	49	72	753
Acute reaction to stress	138	301	687	458	162	70	80	1,896
Adjustment reaction excluding PTSD	427	932	2,624	1,403	526	160	228	6,300
Specific non-psychotic mental disorders <sup>(e)</sup>	13	20	28	33	30	51	570	745
Other non-psychotic mental conditions	435	25	46	47	22	n.p.	n.p.	603
Observation for suspected mental condition	13	n.p.	11	10	n.p.	n.p.	n.p.	51
V codes associated with mental illness <sup>(f)</sup>	n.p.	n.p.	11	n.p.	n.p.	n.p.	n.p.	29
<b>Total</b>	<b>3,971</b>	<b>7,476</b>	<b>15,742</b>	<b>13,930</b>	<b>9,260</b>	<b>4,806</b>	<b>15,316</b>	<b>70,501</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.7c: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> with specialised care, by principal diagnosis and age group, males, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	n.p.	—	n.p.	n.p.	n.p.	41	447	503
Other organic psychotic conditions	83	629	702	321	153	91	215	2,194
Schizophrenic disorders	299	3,012	4,394	2,671	1,247	370	221	12,214
Affective disorders <sup>(c)</sup>	196	729	1,566	1,513	1,270	687	935	6,896
Other affective psychoses	54	288	603	432	329	207	194	2,107
Anxiety disorders <sup>(c)</sup>	36	51	127	133	643	111	39	1,140
Paranoid states	12	82	163	117	75	50	55	554
Other psychoses	120	371	328	149	92	26	21	1,107
Other neurotic disorders	37	69	116	91	78	20	31	442
Personality disorders <sup>(d)</sup>	56	360	604	330	143	33	22	1,548
Eating disorders	36	19	n.p.	n.p.	n.p.	—	n.p.	63
Substance abuse	20	102	182	121	90	26	n.p.	550
Substance dependence	21	212	349	361	342	118	61	1,464
Acute alcoholic intoxication	n.p.	n.p.	71	104	123	51	45	427
Other drug dependence and abuse	19	123	139	59	11	n.p.	n.p.	356
Physiological malfunction arising from mental factors	n.p.	—	n.p.	—	n.p.	—	n.p.	n.p.
Special syndromes or syndromes not elsewhere classified	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	25
Acute reaction to stress	38	102	160	116	65	12	18	511
Adjustment reaction excluding PTSD	248	460	880	641	358	128	88	2,803
Specific non-psychotic mental disorders <sup>(e)</sup>	n.p.	12	26	20	21	16	21	123
Other non-psychotic mental conditions	339	72	75	29	21	n.p.	n.p.	543
Observation for suspected mental condition	12	25	20	12	n.p.	n.p.	—	77
V codes associated with mental illness <sup>(f)</sup>	—	n.p.	n.p.	n.p.	n.p.	—	n.p.	n.p.
<b>Total</b>	<b>1,647</b>	<b>6,755</b>	<b>10,523</b>	<b>7,232</b>	<b>5,078</b>	<b>1,996</b>	<b>2,435</b>	<b>35,666</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.7d: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> with specialised care, by principal diagnosis and age group, females, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	—	—	n.p.	n.p.	n.p.	29	482	522
Other organic psychotic conditions	63	206	237	140	76	52	254	1,028
Schizophrenic disorders	169	841	1,851	1,694	1,106	581	460	6,702
Affective disorders <sup>(c)</sup>	295	869	2,253	2,336	1,974	973	1,901	10,601
Other affective psychoses	129	293	681	745	554	356	404	3,162
Anxiety disorders <sup>(c)</sup>	91	89	220	204	129	59	43	835
Paranoid states	13	19	72	88	71	67	94	424
Other psychoses	89	188	296	183	136	50	56	998
Other neurotic disorders	64	78	150	173	125	35	61	686
Personality disorders <sup>(d)</sup>	172	667	961	666	179	47	40	2,732
Eating disorders	258	223	144	41	26	n.p.	n.p.	695
Substance abuse	n.p.	42	72	74	49	11	n.p.	260
Substance dependence	18	122	160	228	159	57	37	781
Acute alcoholic intoxication	n.p.	n.p.	34	50	57	22	13	189
Other drug dependence and abuse	n.p.	65	54	30	16	n.p.	n.p.	182
Physiological malfunction arising from mental factors	n.p.	—	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Special syndromes or syndromes not elsewhere classified	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	28
Acute reaction to stress	77	119	172	145	56	20	n.p.	598
Adjustment reaction excluding PTSD	286	446	796	630	320	87	94	2,659
Specific non-psychotic mental disorders <sup>(e)</sup>	n.p.	n.p.	10	13	n.p.	13	19	71
Other non-psychotic mental conditions	148	12	24	31	19	n.p.	n.p.	243
Observation for suspected mental condition	n.p.	n.p.	n.p.	n.p.	n.p.	—	n.p.	33
V codes associated with mental illness <sup>(f)</sup>	n.p.	—	n.p.	n.p.	n.p.	—	n.p.	n.p.
<b>Total</b>	<b>1,908</b>	<b>4,303</b>	<b>8,210</b>	<b>7,495</b>	<b>5,073</b>	<b>2,474</b>	<b>3,988</b>	<b>33,451</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.



**Table A2.8a: Patient days for overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup>, by principal diagnosis and age group, males, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	n.p.	n.p.	103	110	181	1,636	33,489	35,534
Other organic psychotic conditions	1,083	6,044	6,857	5,202	4,573	5,101	32,893	61,753
Schizophrenic disorders	3,778	36,204	53,024	32,945	16,866	5,677	4,004	152,498
Affective disorders <sup>(c)</sup>	2,879	9,767	19,985	22,227	21,329	12,381	20,969	109,537
Other affective psychoses	844	3,304	7,029	5,915	5,599	3,692	7,416	33,799
Anxiety disorders <sup>(c)</sup>	736	708	1,616	2,081	13,536	2,528	1,399	22,604
Paranoid states	120	855	1,747	1,324	883	526	1,388	6,843
Other psychoses	1,593	3,722	3,776	1,666	1,073	504	869	13,203
Other neurotic disorders	564	670	1,201	1,570	1,281	534	1,692	7,512
Personality disorders <sup>(d)</sup>	461	2,433	3,979	2,280	1,361	491	691	11,696
Eating disorders	511	171	49	54	41	16	55	897
Substance abuse	414	953	1,798	1,536	1,520	695	640	7,556
Substance dependence	898	5,651	10,940	13,565	13,744	6,209	3,521	54,528
Acute alcoholic intoxication	14	257	856	1,966	2,365	1,078	1,141	7,677
Other drug dependence and abuse	151	1,649	1,845	777	202	92	58	4,774
Physiological malfunction arising from mental factors	107	29	46	51	38	22	166	459
Special syndromes or syndromes not elsewhere classified	695	68	118	142	61	142	225	1,451
Acute reaction to stress	372	677	1,318	1,027	1,081	250	443	5,168
Adjustment reaction excluding PTSD	1,678	2,789	5,707	4,751	3,258	1,245	1,518	20,946
Specific non-psychotic mental disorders <sup>(e)</sup>	98	151	352	308	524	615	4,466	6,514
Other non-psychotic mental conditions	5,058	592	567	232	399	66	283	7,197
Observation for suspected mental condition	180	122	100	83	45	14	28	572
V codes associated with mental illness <sup>(f)</sup>	n.p.	n.p.	63	13	16	20	34	155
<b>Total</b>	<b>22,251</b>	<b>76,823</b>	<b>123,076</b>	<b>99,825</b>	<b>89,976</b>	<b>43,534</b>	<b>117,388</b>	<b>572,873</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.8b: Patient days for overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis and age group, females, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	n.p.	n.p.	71	116	202	1,186	45,036	46,611
Other organic psychotic conditions	784	2,388	3,024	2,558	2,142	2,388	46,023	59,307
Schizophrenic disorders	2,151	10,349	22,915	22,762	15,581	9,454	9,192	92,404
Affective disorders <sup>(c)</sup>	4,292	12,030	33,686	40,936	36,306	20,719	48,557	196,526
Other affective psychoses	1,709	4,320	10,479	11,527	10,095	7,071	15,714	60,915
Anxiety disorders <sup>(c)</sup>	1,014	1,172	2,671	3,424	2,192	1,428	2,051	13,952
Paranoid states	170	248	894	1,302	995	1,084	2,607	7,300
Other psychoses	1,182	2,221	3,203	2,192	1,818	699	1,861	13,176
Other neurotic disorders	1,398	1,183	2,868	3,659	2,526	1,465	4,906	18,005
Personality disorders <sup>(d)</sup>	1,245	4,894	6,645	5,811	2,151	655	873	22,274
Eating disorders	6,607	4,364	2,641	1,009	630	170	145	15,566
Substance abuse	320	681	1,016	896	683	268	359	4,223
Substance dependence	775	3,777	6,222	7,945	5,937	2,719	1,482	28,857
Acute alcoholic intoxication	14	84	450	726	1,015	487	404	3,180
Other drug dependence and abuse	177	910	1,151	871	429	168	51	3,757
Physiological malfunction arising from mental factors	116	46	99	43	203	52	310	869
Special syndromes or syndromes not elsewhere classified	540	164	1,062	755	320	165	490	3,496
Acute reaction to stress	606	1,151	2,415	1,902	747	355	566	7,742
Adjustment reaction excluding PTSD	2,549	4,777	13,778	8,149	3,738	1,181	2,482	36,654
Specific non-psychotic mental disorders <sup>(e)</sup>	65	77	190	253	252	432	5,918	7,187
Other non-psychotic mental conditions	2,281	137	359	344	262	42	239	3,664
Observation for suspected mental condition	41	20	52	25	25	n.p.	57	223
V codes associated with mental illness <sup>(f)</sup>	n.p.	n.p.	26	16	54	n.p.	67	178
<b>Total</b>	<b>28,039</b>	<b>54,999</b>	<b>115,917</b>	<b>117,221</b>	<b>88,303</b>	<b>52,197</b>	<b>189,390</b>	<b>646,066</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.9a: Total psychiatric care days for overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis and age group, males, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	15	—	68	24	80	765	7,333	8,285
Other organic psychotic conditions	712	5,171	4,826	2,332	1,449	1,273	3,090	18,853
Schizophrenic disorders	3,421	32,591	48,237	30,122	15,054	4,814	3,233	137,472
Affective disorders <sup>(c)</sup>	2,404	7,706	16,190	16,591	15,052	8,958	13,305	80,206
Other affective psychoses	495	2,590	5,369	3,974	3,910	2,289	2,665	21,292
Anxiety disorders <sup>(c)</sup>	511	511	1,179	1,394	10,766	1,612	687	16,660
Paranoid states	116	697	1,481	1,147	759	490	815	5,505
Other psychoses	1,171	3,154	2,988	1,383	857	260	309	10,122
Other neurotic disorders	295	382	552	702	598	153	405	3,087
Personality disorders <sup>(d)</sup>	343	1,975	3,445	1,744	994	307	175	8,983
Eating disorders	194	147	n.p.	37	n.p.	—	27	425
Substance abuse	123	518	1,006	685	791	322	128	3,573
Substance dependence	141	1,680	2,817	3,309	4,300	1,530	822	14,599
Acute alcoholic intoxication	n.p.	148	261	512	865	406	467	2,668
Other drug dependence and abuse	90	945	1,057	370	105	60	27	2,654
Physiological malfunction arising from mental factors	n.p.	n.p.	n.p.	n.p.	12	—	14	29
Special syndromes or syndromes not elsewhere classified	69	23	56	16	n.p.	26	14	205
Acute reaction to stress	221	402	640	476	366	31	154	2,290
Adjustment reaction excluding PTSD	1,258	2,262	4,521	3,731	2,423	943	885	16,023
Specific non-psychotic mental disorders <sup>(e)</sup>	56	61	263	179	239	188	238	1,224
Other non-psychotic mental conditions	3,038	454	505	216	225	12	71	4,521
Observation for suspected mental condition	105	105	99	79	44	14	—	446
V codes associated with mental illness <sup>(f)</sup>	—	n.p.	24	n.p.	n.p.	—	18	63
<b>Total</b>	<b>14,788</b>	<b>61,529</b>	<b>95,599</b>	<b>69,029</b>	<b>58,905</b>	<b>24,453</b>	<b>34,882</b>	<b>359,185</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.9b: Total psychiatric care days for overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis and age group, females, Australia, 1997–98**

<b>Principal diagnosis</b>	<b>17 and under</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65 and over</b>	<b>Total</b>
Senile and presenile organic conditions	—	—	71	49	15	536	8,527	9,198
Other organic psychotic conditions	578	1,765	1,673	1,096	712	656	3,707	10,187
Schizophrenic disorders	1,662	9,271	20,460	20,043	13,767	7,987	7,319	80,509
Affective disorders <sup>(c)</sup>	3,114	8,690	23,972	26,789	23,520	13,097	28,480	127,662
Other affective psychoses	1,103	2,882	6,588	6,856	6,228	4,435	6,150	34,242
Anxiety disorders <sup>(c)</sup>	767	877	1,595	2,041	1,443	816	721	8,260
Paranoid states	145	206	731	1,067	749	901	1,469	5,268
Other psychoses	808	1,811	2,583	1,568	1,324	468	734	9,296
Other neurotic disorders	486	440	784	1,593	1,053	349	737	5,442
Personality disorders <sup>(d)</sup>	1,083	4,074	5,489	4,580	1,517	524	589	17,856
Eating disorders	2,394	2,739	1,729	579	432	22	34	7,929
Substance abuse	31	374	471	396	307	125	63	1,767
Substance dependence	188	1,048	1,455	2,429	1,834	743	460	8,157
Acute alcoholic intoxication	n.p.	22	123	254	427	280	137	1,247
Other drug dependence and abuse	64	585	544	279	232	84	n.p.	1,793
Physiological malfunction arising from mental factors	24	—	n.p.	n.p.	21	n.p.	62	125
Special syndromes or syndromes not elsewhere classified	28	41	75	51	59	n.p.	n.p.	260
Acute reaction to stress	340	411	629	675	255	74	67	2,451
Adjustment reaction excluding PTSD	1,752	2,384	4,984	3,936	2,358	684	1,028	17,126
Specific non-psychotic mental disorders <sup>(e)</sup>	38	39	81	104	91	132	227	712
Other non-psychotic mental conditions	1,020	85	204	214	250	29	78	1,880
Observation for suspected mental condition	13	19	38	24	25	—	36	155
V codes associated with mental illness <sup>(f)</sup>	n.p.	—	n.p.	n.p.	29	—	18	58
<b>Total</b>	<b>15,645</b>	<b>37,763</b>	<b>74,286</b>	<b>74,636</b>	<b>56,648</b>	<b>31,952</b>	<b>60,650</b>	<b>351,580</b>

(a) Separations with less than 36 patient days.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A2.10a: Same-day separations for patients with a mental health principal diagnosis<sup>(a)</sup> by area of usual residence,<sup>(b)</sup> States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT <sup>(d)</sup>	Australia
<b>Public acute hospitals</b>									
Capital cities	13,443	4,286	3,835	4,939	2,592	654	n.p.	n.p.	29,914
Other metropolitan centres	519	643	251	—	—	—	n.p.	n.p.	1,417
Large rural centres	354	146	446	—	36	125	n.p.	n.p.	1,109
Small rural centres	548	588	232	115	158	40	n.p.	n.p.	1,681
Other rural areas	667	694	516	120	321	284	n.p.	n.p.	2,622
Remote centres	n.p.	n.p.	137	244	—	n.p.	—	n.p.	402
Other remote areas	115	43	204	110	40	n.p.	—	n.p.	529
Other	n.p.	n.p.	226	19	53	—	n.p.	n.p.	481
<b>Total public acute hospitals</b>	<b>15,738</b>	<b>6,486</b>	<b>5,847</b>	<b>5,547</b>	<b>3,200</b>	<b>1,103</b>	<b>139</b>	<b>n.p.</b>	<b>38,155</b>
<b>Private hospitals<sup>(e)</sup></b>									
Capital cities	13,552	14,028	5,088	6,855	235	1,575	n.p.	n.a.	41,334
Other metropolitan centres	953	277	69	—	—	—	—	n.a.	1,299
Large rural centres	114	44	177	n.p.	n.p.	57	—	n.a.	393
Small rural centres	168	78	76	147	n.p.	13	n.p.	n.a.	484
Other rural areas	223	415	262	244	22	58	n.p.	n.a.	1,225
Remote centres	n.p.	n.p.	23	51	—	—	—	n.a.	74
Other remote areas	14	n.p.	25	102	n.p.	—	—	n.a.	155
Other	n.p.	193	33	n.p.	—	n.p.	—	n.a.	234
<b>Total private hospitals</b>	<b>15,024</b>	<b>15,035</b>	<b>5,753</b>	<b>7,399</b>	<b>257</b>	<b>1,703</b>	<b>—</b>	<b>n.a.</b>	<b>45,198</b>
<b>Public psychiatric hospitals</b>									
Capital cities	1,531	n.p.	15	32	130	n.p.	..	..	1,714
Other metropolitan centres	93	n.p.	n.p.	—	—	—	..	..	93
Large rural centres	27	—	n.p.	—	n.p.	—	..	..	32
Small rural centres	19	—	—	n.p.	10	n.p.	..	..	31
Other rural areas	27	—	10	n.p.	21	n.p.	..	..	61
Remote centres	..	..	..	..	..	..	..	..	..
Other remote areas	n.p.	—	—	n.p.	—	—	..	..	n.p.
Other	n.p.	44	n.p.	n.p.	n.p.	—	..	..	96
<b>Total public psychiatric hospitals</b>	<b>1,737</b>	<b>44</b>	<b>25</b>	<b>32</b>	<b>161</b>	<b>31</b>	<b>..</b>	<b>..</b>	<b>2,030</b>

(continued)

**Table A2.10a (continued): Same-day separations for patients with a mental health principal diagnosis<sup>(a)</sup> by area of usual residence,<sup>(b)</sup> States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT <sup>(d)</sup>	Australia
<b>Area of usual residence</b>	<b>All hospitals</b>								
Capital cities	28,526	18,314	8,938	11,826	2,957	2,235	123	n.p.	72,962
Other metropolitan centres	1,565	920	320	—	—	—	n.p.	n.p.	2,809
Large rural centres	495	190	625	n.p.	39	182	n.p.	n.p.	1,534
Small rural centres	735	666	308	264	170	53	—	n.p.	2,196
Other rural areas	917	1,109	788	364	364	345	18	n.p.	3,908
Remote centres	n.p.	—	160	295	—	—	—	n.p.	476
Other remote areas	131	49	229	213	48	n.p.	—	n.p.	687
Other	n.p.	279	—	n.p.	—	n.p.	n.p.	n.p.	811
<b>Total</b>	<b>32,369</b>	<b>21,527</b>	<b>11,368</b>	<b>12,962</b>	<b>3,578</b>	<b>2,815</b>	<b>141</b>	<b>n.p.</b>	<b>85,383</b>

(a) See classification inclusions list in Appendix 1.

(b) Defined according to the *Rural, Remote and Metropolitan Areas Classification, 1991 Census edition*. See glossary for more information.

(c) WA figures include same-day group therapy at some units.

(d) Data for Northern Territory, reported against this classification, misrepresents service provision when compared with other jurisdictions.

(e) Private includes 64 separations from private free-standing day hospitals.

n.a. Not available.

. . . Not applicable.

n.p. Not published.

— Nil.

**Table A2.10b: Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by area of usual residence,<sup>(c)</sup> States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT <sup>(e)</sup>	Australia
<b>Public acute hospitals</b>									
Capital cities	16,037	14,324	10,896	5,450	4,238	1,107	1,082	n.p.	53,493
Other metropolitan centres	2,456	776	1,745	n.p.	—	—	29	n.p.	5,016
Large rural centres	1,413	1,122	2,645	n.p.	197	396	n.p.	n.p.	5,783
Small rural centres	2,770	1,994	1,206	1,018	848	429	14	n.p.	8,280
Other rural areas	5,235	4,347	2,992	1,140	1,866	743	66	n.p.	16,438
Remote centres	n.p.	n.p.	611	949	—	—	n.p.	n.p.	1,760
Other remote areas	611	199	739	632	168	31	—	n.p.	2,570
Other	619	311	819	78	105	24	37	n.p.	2,030
<b>Total public acute hospitals</b>	<b>29,141</b>	<b>23,073</b>	<b>21,653</b>	<b>9,267</b>	<b>7,422</b>	<b>2,730</b>	<b>1,228</b>	<b>n.p.</b>	<b>95,370</b>
<b>Private hospitals<sup>(f)</sup></b>									
Capital cities	4,353	6,024	3,259	1,901	2,618	457	124	n.a.	18,736
Other metropolitan centre	587	307	687	—	—	—	n.p.	n.a.	1,585
Large rural centre	591	180	1,022	n.p.	13	126	n.p.	n.a.	1,933
Small rural centre	337	176	432	189	41	27	n.p.	n.a.	1,203
Other rural area	359	530	598	140	366	91	n.p.	n.a.	2,087
Remote centres	—	—	60	20	n.p.	n.p.	—	n.a.	84
Other remote areas	16	10	35	31	n.p.	n.p.	—	n.a.	99
Other	n.p.	62	291	n.p.	52	24	16	n.a.	453
<b>Total private hospitals</b>	<b>6,243</b>	<b>7,289</b>	<b>6,384</b>	<b>2,281</b>	<b>3,090</b>	<b>725</b>	<b>140</b>	<b>n.a.</b>	<b>26,180</b>
<b>Public psychiatric hospitals</b>									
Capital cities	3,983	—	428	1,825	2,547	171	..	..	8,954
Other metropolitan centres	1,879	—	34	—	—	—	..	..	1,913
Large rural centres	291	—	156	—	56	n.p.	..	..	508
Small rural centres	368	—	n.p.	107	183	n.p.	..	..	668
Other rural areas	554	—	99	112	457	52	..	..	1,274
Remote centres	n.p.	—	n.p.	77	—	—	..	..	80
Other remote areas	47	—	n.p.	119	24	n.p.	..	..	199
Other	799	803	69	17	139	—	..	..	1,827
<b>Total public psychiatric hospitals</b>	<b>7,921</b>	<b>803</b>	<b>786</b>	<b>2,257</b>	<b>3,406</b>	<b>223</b>	<b>..</b>	<b>..</b>	<b>15,423</b>

(continued)

**Table A2.10b (continued): Overnight separations of short-stay patients<sup>(a)</sup> with a mental health principal diagnosis<sup>(b)</sup> by area of usual residence,<sup>(c)</sup> States and Territories, 1997–98**

	NSW	Vic	Qld	WA <sup>(d)</sup>	SA	Tas	ACT	NT <sup>(e)</sup>	Australia
<b>Area of usual residence</b>	<b>All hospitals</b>								
Capital cities	24,373	20,348	14,583	9,176	9,403	1,735	1,206	n.p.	81,183
Other metropolitan centres	4,922	1,083	2,466	n.p.	—	—	33	n.p.	8,514
Large rural centres	2,295	1,302	3,823	n.p.	266	527	n.p.	n.p.	8,224
Small rural centres	3,475	2,170	1,646	1,314	1,072	458	15	n.p.	10,151
Other rural areas	6,148	4,877	3,689	1,392	2,689	886	69	n.p.	19,799
Remote centres	—	—	673	1,046	—	—	n.p.	n.p.	1,924
Other remote areas	674	209	783	782	197	33	—	n.p.	2,868
Other	1,424	1,176	1,179	97	296	48	53	n.p.	4,310
<b>Total hospitals</b>	<b>43,311</b>	<b>31,165</b>	<b>28,842</b>	<b>13,807</b>	<b>13,923</b>	<b>3,687</b>	<b>1,376</b>	<b>n.p.</b>	<b>136,973</b>

(a) Separations with less than 36 patient days.

(a) See classification inclusions list in Appendix 1.

(c) Defined according to the *Rural, Remote and Metropolitan Areas Classification, 1991 Census edition*. See glossary for more information.

(d) WA figures include activity from psycho-geriatric facilities.

(e) Data for Northern Territory, reported against this classification, misrepresents service provision when compared with other jurisdictions.

(f) Private includes 64 separations from private free-standing day hospitals.

n.a. Not available.

.. Not applicable.

n.p. Not published.

— Nil.



# **Appendix 3: Long-stay separations with a mental health principal diagnosis—source tables**

**Table A3.1: Separations of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis<sup>(b)</sup> receiving general care only, by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	249	198	177	129	38	n.p.	n.p.	—	805
Other organic psychotic conditions	211	175	100	80	37	n.p.	n.p.	—	613
Schizophrenic disorders	30	15	13	157	46	12	27	—	300
Affective disorders <sup>(d)</sup>	66	28	82	289	201	32	35	—	734
Other affective psychoses	34	19	20	59	32	n.p.	n.p.	—	179
Anxiety disorders <sup>(d)</sup>	n.p.	n.p.	18	16	12	n.p.	—	—	59
Paranoid states	n.p.	n.p.	n.p.	10	n.p.	—	—	—	29
Other psychoses	13	n.p.	n.p.	13	n.p.	—	—	—	38
Other neurotic disorders	14	13	n.p.	n.p.	n.p.	—	n.p.	—	41
Personality disorders <sup>(e)</sup>	n.p.	n.p.	n.p.	25	n.p.	—	n.p.	—	45
Eating disorders	37	22	23	32	33	n.p.	n.p.	—	157
Substance abuse	n.p.	n.p.	10	n.p.	n.p.	—	—	—	19
Substance dependence	18	44	63	n.p.	11	—	n.p.	—	143
Acute alcoholic intoxication	—	n.p.	—	—	—	—	—	—	n.p.
Other drug dependence and abuse	—	n.p.	n.p.	n.p.	n.p.	—	—	—	n.p.
Physiological malfunction arising from mental factors	n.p.	—	—	—	—	n.p.	—	—	n.p.
Special syndromes or syndromes not elsewhere classified	—	n.p.	—	n.p.	n.p.	—	—	—	n.p.
Acute reaction to stress	n.p.	—	n.p.	n.p.	n.p.	n.p.	—	—	17
Adjustment reaction excluding PTSD	n.p.	—	10	28	n.p.	n.p.	—	—	48
Specific non-psychotic mental disorders <sup>(f)</sup>	n.p.	38	n.p.	n.p.	n.p.	—	n.p.	—	64
Other non-psychotic mental conditions	n.p.	n.p.	n.p.	22	—	—	n.p.	—	35
V codes associated with mental illness <sup>(g)</sup>	n.p.	n.p.	—	—	—	—	—	—	n.p.
<b>Total</b>	<b>715</b>	<b>591</b>	<b>542</b>	<b>890</b>	<b>444</b>	<b>78</b>	<b>86</b>	<b>—</b>	<b>3,350</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA do not report total psychiatric care days. Therefore figures reported maybe misleading and should not be directly compared with other states. WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil

n.p. Not published

**Table A3.2: Separations of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis<sup>(b)</sup> receiving some specialised care, by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	149	169	54	202	156	n.p.	—	n.p.	735
Other organic psychotic conditions	86	104	93	50	38	n.p.	—	n.p.	374
Schizophrenic disorders	1,248	917	713	322	361	46	20	22	3,649
Affective disorders <sup>(d)</sup>	1,039	802	567	110	225	14	n.p.	n.p.	2,769
Other affective psychoses	221	221	136	60	69	14	n.p.	—	723
Anxiety disorders <sup>(d)</sup>	92	52	98	n.p.	13	n.p.	—	—	256
Paranoid states	34	30	30	20	11	n.p.	n.p.	—	127
Other psychoses	46	33	37	12	n.p.	—	n.p.	—	135
Other neurotic disorders	28	14	29	n.p.	n.p.	n.p.	—	—	78
Personality disorders <sup>(e)</sup>	52	47	29	20	14	n.p.	n.p.	n.p.	167
Eating disorders	117	98	42	—	n.p.	n.p.	—	—	262
Substance abuse	15	n.p.	10	n.p.	—	—	—	—	30
Substance dependence	165	11	14	n.p.	n.p.	n.p.	—	—	196
Acute alcoholic intoxication	n.p.	n.p.	n.p.	—	n.p.	—	—	—	13
Other drug dependence and abuse	21	n.p.	n.p.	n.p.	—	n.p.	—	—	36
Physiological malfunction arising from mental factors	n.p.	—	—	—	—	—	—	—	n.p.
Special syndromes or syndromes not elsewhere classified	n.p.	—	—	—	—	—	—	—	n.p.
Acute reaction to stress	n.p.	n.p.	n.p.	—	—	—	—	—	12
Adjustment reaction excluding PTSD	63	17	23	n.p.	n.p.	n.p.	—	n.p.	114
Specific non-psychotic mental disorders <sup>(f)</sup>	n.p.	15	17	n.p.	n.p.	—	—	n.p.	52
Other non-psychotic mental conditions	14	15	16	—	—	—	n.p.	n.p.	46
Observation for suspected mental condition	—	—	n.p.	n.p.	—	—	—	—	n.p.
V codes associated with mental illness <sup>(g)</sup>	—	—	—	—	—	n.p.	—	—	n.p.
<b>Total</b>	<b>3,411</b>	<b>2,554</b>	<b>1,920</b>	<b>828</b>	<b>910</b>	<b>87</b>	<b>31</b>	<b>40</b>	<b>9,781</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA do not report total psychiatric care days. Therefore figures reported maybe misleading and should not be directly compared with other states. WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A3.3: Patient days of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis, States and Territories, 1997-**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	94,128	32,684	44,539	43,905	28,161	927	299	264	244,907
Other organic psychotic conditions	80,607	19,950	110,171	17,129	18,721	435	38	289	247,340
Schizophrenic disorders	289,912	89,108	245,704	59,815	39,716	18,077	2,686	1,305	746,323
Affective disorders <sup>(d)</sup>	72,471	46,183	52,681	27,335	26,203	2,358	2,197	326	229,754
Other affective psychoses	36,112	16,108	58,931	19,603	6,225	1,956	518	—	139,453
Anxiety disorders <sup>(d)</sup>	5,322	2,870	6,489	1,059	1,253	133	—	—	17,126
Paranoid states	3,723	2,549	21,160	1,951	915	103	—	—	30,401
Other psychoses	11,649	2,490	3,150	1,768	496	—	39	—	19,592
Other neurotic disorders	3,073	1,345	2,092	676	163	265	82	—	7,696
Personality disorders <sup>(e)</sup>	6,330	2,983	3,853	3,139	1,102	37	119	123	17,686
Eating disorders	11,069	7,347	4,054	1,655	2,577	666	300	—	27,668
Substance abuse	836	310	939	297	73	—	—	—	2,455
Substance dependence	9,959	2,321	8,933	360	705	1,596	40	—	23,914
Acute alcoholic intoxication	415	317	129	—	60	—	—	—	921
Other drug dependence and abuse	869	224	340	623	43	132	—	—	2,231
Physiological malfunction arising from mental factors	92	—	—	—	—	114	—	—	206
Special syndromes or syndromes not elsewhere classified	78	41	—	134	42	—	—	—	295
Acute reaction to stress	198	289	409	468	340	44	—	—	1,748
Adjustment reaction excluding PTSD	3,723	1,062	2,040	2,059	409	130	—	36	9,459
Specific non-psychotic mental disorders <sup>(f)</sup>	902	5,013	5,370	2,098	1,497	—	420	240	15,540
Other non-psychotic mental conditions	16,199	1,074	37,012	1,388	—	—	47	55	55,775
Observation for suspected mental condition	—	—	87	55	—	—	—	—	142
V codes associated with mental illness <sup>(g)</sup>	40	42	—	—	—	103	—	—	185
<b>Total</b>	<b>647,707</b>	<b>234,310</b>	<b>608,083</b>	<b>185,517</b>	<b>128,701</b>	<b>27,076</b>	<b>6,785</b>	<b>2,638</b>	<b>1,840,817</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A3.4: Total psychiatric care days of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis,<sup>(b)</sup> by principal diagnosis, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Australia
Senile and presenile organic conditions	35,788	10,536	12,810	28,640	25,784	77	—	214	113,849
Other organic psychotic conditions	45,312	7,374	93,546	9,896	15,973	—	—	120	172,221
Schizophrenic disorders	282,850	88,114	243,634	48,166	37,387	17,526	1,032	1,283	719,992
Affective disorders <sup>(d)</sup>	67,533	44,637	47,491	9,521	15,991	722	289	268	186,452
Other affective psychoses	29,410	14,436	57,621	15,856	4,554	1,672	81	—	123,630
Anxiety disorders <sup>(d)</sup>	5,096	2,553	5,431	99	694	—	—	—	13,873
Paranoid states	3,384	1,841	20,891	1,393	785	103	—	—	28,397
Other psychoses	7,724	2,293	2,809	634	342	—	39	—	13,841
Other neurotic disorders	1,842	734	1,846	266	79	265	—	—	5,032
Personality disorders <sup>(e)</sup>	5,225	2,888	3,696	1,817	862	37	78	72	14,675
Eating disorders	7,955	6,215	2,658	—	347	83	—	—	17,258
Substance abuse	794	122	501	170	—	—	—	—	1,587
Substance dependence	8,791	480	4,814	61	135	1,596	—	—	15,877
Acute alcoholic intoxication	403	38	129	—	60	—	—	—	630
Other drug dependence and abuse	849	40	229	568	—	132	—	—	1,818
Physiological malfunction arising from mental factors	43	—	—	—	—	—	—	—	43
Special syndromes or syndromes not elsewhere classified	78	—	—	—	—	—	—	—	78
Acute reaction to stress	123	289	203	—	—	—	—	—	615
Adjustment reaction excluding PTSD	3,391	1,062	1,571	265	182	77	—	36	6,584
Specific non-psychotic mental disorders <sup>(f)</sup>	420	3,082	4,820	1,962	1,076	—	—	238	11,598
Other non-psychotic mental conditions	15,489	863	36,603	—	—	—	—	55	53,010
Observation for suspected mental condition	—	—	87	55	—	—	—	—	142
V codes associated with mental illness <sup>(g)</sup>	—	—	—	—	—	103	—	—	103
<b>Total</b>	<b>522,500</b>	<b>187,597</b>	<b>541,390</b>	<b>119,369</b>	<b>104,251</b>	<b>22,393</b>	<b>1,519</b>	<b>2,286</b>	<b>1,501,305</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Acute general hospitals in WA did not report total psychiatric care days, therefore figures reported may be misleading and should not be directly compared with figures from other states. WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A3.5a: General care separations of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis<sup>(b)</sup> by gender, age group and principal diagnosis, males, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	n.p.	—	—	n.p.	—	n.p.	321	332
Other organic psychotic conditions	n.p.	n.p.	n.p.	n.p.	13	23	231	280
Schizophrenic disorders	n.p.	41	48	25	11	n.p.	17	148
Affective disorders <sup>(c)</sup>	n.p.	n.p.	24	21	38	22	86	202
Other affective psychoses	—	n.p.	n.p.	n.p.	n.p.	n.p.	20	40
Anxiety disorders <sup>(c)</sup>	n.p.	n.p.	n.p.	n.p.	14	n.p.	n.p.	29
Paranoid states	n.p.	n.p.	—	—	—	n.p.	n.p.	14
Other psychoses	n.p.	n.p.	n.p.	n.p.	n.p.	—	n.p.	20
Other neurotic disorders	n.p.	—	—	n.p.	—	n.p.	n.p.	n.p.
Personality disorders <sup>(d)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	18
Eating disorders	n.p.	—	n.p.	—	—	n.p.	n.p.	n.p.
Substance abuse	—	n.p.	n.p.	n.p.	—	n.p.	n.p.	n.p.
Substance dependence	n.p.	n.p.	10	12	28	n.p.	12	77
Acute alcoholic intoxication	—	—	—	—	n.p.	—	n.p.	n.p.
Other drug dependence and abuse	n.p.	n.p.	—	—	—	—	—	n.p.
Special syndromes or syndromes not elsewhere classified	n.p.	—	—	—	—	—	n.p.	n.p.
Acute reaction to stress	—	—	—	n.p.	—	—	—	n.p.
Adjustment reaction excluding PTSD	n.p.	—	n.p.	—	n.p.	—	n.p.	13
Specific non-psychotic mental disorders <sup>(e)</sup>	n.p.	—	—	—	—	n.p.	—	28
Other non-psychotic mental conditions	—	—	n.p.	—	n.p.	n.p.	n.p.	19
V codes associated with mental illness <sup>(f)</sup>	—	—	n.p.	—	n.p.	—	—	n.p.
<b>Total</b>	<b>53</b>	<b>72</b>	<b>109</b>	<b>78</b>	<b>119</b>	<b>76</b>	<b>749</b>	<b>1,256</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V67.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

— Nil.

**Table A3.5b: Specialised care separations of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis<sup>(b)</sup> by age group and principal diagnosis, males, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	—	—	n.p.	n.p.	n.p.	25	372	403
Other organic psychotic conditions	n.p.	30	30	n.p.	27	32	102	252
Schizophrenic disorders	53	519	727	471	215	121	109	2,215
Affective disorders <sup>(c)</sup>	16	68	105	134	158	125	299	905
Other affective psychoses	n.p.	n.p.	31	33	40	44	74	242
Anxiety disorders <sup>(c)</sup>	n.p.	n.p.	14	12	102	19	n.p.	166
Paranoid states	—	n.p.	11	n.p.	n.p.	n.p.	24	62
Other psychoses	13	27	12	n.p.	n.p.	n.p.	n.p.	76
Other neurotic disorders	—	n.p.	n.p.	n.p.	—	n.p.	n.p.	19
Personality disorders <sup>(d)</sup>	—	10	22	14	—	n.p.	n.p.	56
Eating disorders	n.p.	n.p.	n.p.	n.p.	—	—	n.p.	11
Substance abuse	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	22
Substance dependence	—	14	35	32	25	18	11	135
Acute alcoholic intoxication	—	—	n.p.	n.p.	n.p.	n.p.	—	n.p.
Other drug dependence and abuse	—	n.p.	n.p.	n.p.	—	—	—	15
Acute reaction to stress	—	n.p.	n.p.	n.p.	n.p.	—	n.p.	n.p.
Adjustment reaction excluding PTSD	n.p.	n.p.	11	n.p.	n.p.	n.p.	11	53
Specific non-psychotic mental disorders <sup>(e)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	36
Other non-psychotic mental conditions	19	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	31
Observation for suspected mental condition	—	—	n.p.	—	n.p.	—	—	n.p.
V codes associated with mental illness <sup>(d)</sup>	n.p.	—	—	—	—	—	—	n.p.
<b>Total</b>	<b>131</b>	<b>731</b>	<b>1,027</b>	<b>771</b>	<b>605</b>	<b>413</b>	<b>1,038</b>	<b>4,716</b>

(a) Separations with 36 patient days or greater.

(b) Separations with a mental health diagnosis as defined by Australian Hospital Statistics National Health Priority Areas (Chapter 7).

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V67.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published

— Nil

**Table A3.5c: General care separations of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis<sup>(b)</sup> by gender, age group and principal diagnosis, females, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	—	—	—	n.p.	n.p.	17	454	473
Other organic psychotic conditions	n.p.	—	n.p.	n.p.	n.p.	n.p.	314	333
Schizophrenic disorders	n.p.	19	22	24	19	18	45	152
Affective disorders <sup>(c)</sup>	n.p.	22	59	95	95	60	195	532
Other affective psychoses	—	n.p.	n.p.	20	19	16	73	139
Anxiety disorders <sup>(c)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	30
Paranoid states	—	—	n.p.	n.p.	—	n.p.	11	15
Other psychoses	n.p.	n.p.	n.p.	n.p.	—	n.p.	10	18
Other neurotic disorders	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	10	34
Personality disorders <sup>(d)</sup>	—	n.p.	n.p.	n.p.	n.p.	—	n.p.	27
Eating disorders	85	33	16	10	n.p.	n.p.	—	148
Substance abuse	—	n.p.	n.p.	n.p.	—	n.p.	n.p.	11
Substance dependence	—	12	10	18	17	n.p.	n.p.	66
Acute alcoholic intoxication	—	—	n.p.	—	n.p.	—	—	n.p.
Other drug dependence and abuse	—	n.p.	n.p.	n.p.	—	—	—	n.p.
Physiological malfunction arising from mental factors	—	—	—	—	n.p.	—	—	n.p.
Special syndromes or syndromes not elsewhere classified	—	—	—	—	n.p.	n.p.	—	n.p.
Acute reaction to stress	n.p.	n.p.	n.p.	n.p.	—	—	n.p.	16
Adjustment reaction excluding PTSD	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	35
Specific non-psychotic mental disorders <sup>(e)</sup>	—	—	—	—	n.p.	n.p.	31	36
Other non-psychotic mental conditions	12	—	n.p.	—	—	—	n.p.	16
<b>Total</b>	<b>128</b>	<b>110</b>	<b>150</b>	<b>209</b>	<b>181</b>	<b>140</b>	<b>1,176</b>	<b>2,094</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

n.p. Not published.

— Nil.



**Table A3.5d: Specialised care separations of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis<sup>(b)</sup> by age group and principal diagnosis, females, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	—	—	—	n.p.	n.p.	30	299	332
Other organic psychotic conditions	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	88	122
Schizophrenic disorders	35	148	322	307	252	140	230	1,434
Affective disorders <sup>(c)</sup>	40	89	206	293	296	209	731	1,864
Other affective psychoses	12	25	58	57	59	73	197	481
Anxiety disorders <sup>(c)</sup>	12	n.p.	13	28	21	n.p.	n.p.	90
Paranoid states	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	33	65
Other psychoses	n.p.	n.p.	12	11	n.p.	n.p.	14	59
Other neurotic disorders	n.p.	—	n.p.	20	11	n.p.	n.p.	59
Personality disorders <sup>(d)</sup>	n.p.	26	33	24	n.p.	n.p.	n.p.	111
Eating disorders	85	86	50	20	10	—	—	251
Substance abuse	—	n.p.	n.p.	n.p.	—	n.p.	n.p.	n.p.
Substance dependence	—	n.p.	16	22	n.p.	n.p.	n.p.	61
Acute alcoholic intoxication	—	—	—	n.p.	n.p.	—	n.p.	n.p.
Other drug dependence and abuse	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	21
Physiological malfunction arising from mental factors	—	—	—	—	—	n.p.	—	n.p.
Special syndromes or syndromes not elsewhere classified	n.p.	—	n.p.	—	—	—	—	n.p.
Acute reaction to stress	—	n.p.	n.p.	n.p.	—	—	n.p.	n.p.
Adjustment reaction excluding PTSD	n.p.	n.p.	15	15	n.p.	n.p.	10	61
Specific non-psychotic mental disorders <sup>(e)</sup>	—	—	n.p.	n.p.	n.p.	n.p.	n.p.	16
Other non-psychotic mental conditions	11	—	—	n.p.	n.p.	—	n.p.	15
Observation for suspected mental condition	—	—	—	—	—	—	n.p.	n.p.
<b>Total</b>	<b>225</b>	<b>417</b>	<b>753</b>	<b>820</b>	<b>700</b>	<b>510</b>	<b>1,640</b>	<b>5,065</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

n.p. Not published.

— Nil.

**Table A3.6a: Patient days of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis,<sup>(b)</sup> by age group and principal diagnosis, males, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	735	—	76	539	450	15,683	93,935	111,418
Other organic psychotic conditions	830	2,060	5,465	11,237	52,761	39,468	66,490	178,311
Schizophrenic disorders	24,580	93,455	134,542	111,147	49,597	39,673	39,841	492,835
Affective disorders <sup>(c)</sup>	1,232	4,293	8,017	8,794	15,070	14,504	27,268	79,178
Other affective psychoses	125	2,825	2,073	3,524	11,900	10,975	10,399	41,821
Anxiety disorders <sup>(c)</sup>	327	480	832	691	6,145	1,201	821	10,497
Paranoid states	36	584	19,685	483	392	262	2,286	23,728
Other psychoses	1,223	2,377	5,448	3,078	815	306	1,114	14,361
Other neurotic disorders	98	311	205	238	—	137	380	1,369
Personality disorders <sup>(d)</sup>	60	927	1,737	1,370	139	278	1,691	6,202
Eating disorders	561	255	412	91	—	54	88	1,461
Substance abuse	44	214	285	347	331	94	150	1,465
Substance dependence	46	1,076	2,120	2,313	2,600	1,391	4,617	14,163
Acute alcoholic intoxication	—	—	41	82	219	190	38	570
Other drug dependence and abuse	55	346	467	120	—	—	—	988
Special syndromes or syndromes not elsewhere classified	91	—	—	—	—	—	42	133
Acute reaction to stress	—	48	55	249	41	—	55	448
Adjustment reaction excluding PTSD	881	353	597	551	312	201	1,070	3,965
Specific non-psychotic mental disorders <sup>(e)</sup>	406	633	2,196	2,761	1,003	1,875	2,358	11,232
Other non-psychotic mental conditions	19,674	15,699	4,200	55	167	435	353	40,583
Observation for suspected mental condition	—	—	39	—	48	—	—	87
V codes associated with mental illness <sup>(f)</sup>	103	—	40	—	42	—	—	185
<b>Total</b>	<b>51,107</b>	<b>125,936</b>	<b>188,532</b>	<b>147,670</b>	<b>142,032</b>	<b>126,727</b>	<b>252,996</b>	<b>1,035,000</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil.

**Table A3.6b: Patient days of long-stay<sup>(a)</sup> patients with a mental health principal diagnosis,<sup>(b)</sup> by age group and principal diagnosis, females, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Senile and presenile organic conditions	—	—	—	2,513	211	10,986	119,779	133,489
Other organic psychotic conditions	137	243	414	7,770	1,165	7,373	51,927	69,029
Schizophrenic disorders	2,398	14,034	49,131	57,869	43,921	30,458	55,677	253,488
Affective disorders <sup>(c)</sup>	2,559	6,045	14,009	20,816	21,444	24,594	61,109	150,576
Other affective psychoses	662	1,362	19,094	4,839	18,496	11,907	41,272	97,632
Anxiety disorders <sup>(c)</sup>	825	546	996	1,891	1,321	465	585	6,629
Paranoid states	180	176	1,774	472	573	496	3,002	6,673
Other psychoses	548	473	815	589	172	280	2,354	5,231
Other neurotic disorders	388	361	1,251	1,942	853	507	1,025	6,327
Personality disorders <sup>(d)</sup>	565	1,686	2,498	3,676	523	414	2,122	11,484
Eating disorders	11,030	8,038	4,353	1,869	872	45	—	26,207
Substance abuse	—	212	275	182	—	82	239	990
Substance dependence	—	840	1,222	2,104	1,195	1,357	3,033	9,751
Acute alcoholic intoxication	—	—	44	91	156	—	60	351
Other drug dependence and abuse	93	434	76	234	127	89	190	1,243
Physiological malfunction arising from mental factors	—	—	—	—	163	43	—	206
Special syndromes or syndromes not elsewhere classified	42	—	36	—	41	43	—	162
Acute reaction to stress	203	523	313	186	—	—	75	1,300
Adjustment reaction excluding PTSD	801	454	847	1,082	647	605	1,058	5,494
Specific non-psychotic mental disorders <sup>(e)</sup>	—	—	51	795	536	932	1,994	4,308
Other non-psychotic mental conditions	1,598	—	45	130	13,206	—	213	15,192
Observation for suspected mental condition	—	—	—	—	—	—	55	55
<b>Total</b>	<b>22,029</b>	<b>35,427</b>	<b>97,244</b>	<b>109,050</b>	<b>105,622</b>	<b>90,676</b>	<b>345,769</b>	<b>805,817</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

— Nil.

**Table A3.7: Total psychiatric care days of long-stay patients <sup>(a)</sup> with a mental health diagnosis <sup>(b)</sup> by sex, age group and principal diagnosis, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
	Males							
Senile and presenile organic conditions	—	—	76	426	450	15,051	53,132	69,135
Other organic psychotic conditions	579	2,022	4,891	11,022	51,382	35,679	37,880	143,455
Schizophrenic disorders	24,370	90,298	130,271	109,656	48,873	38,948	36,086	478,502
Affective disorders <sup>(c)</sup>	845	4,057	6,588	7,569	13,102	13,282	21,050	66,493
Other affective psychoses	125	1,322	1,835	3,186	11,577	10,798	8,461	37,304
Anxiety disorders <sup>(c)</sup>	276	428	752	574	5,528	952	541	9,051
Paranoid states	—	355	19,685	483	373	221	1,585	22,702
Other psychoses	766	2,175	5,355	1,005	774	306	259	10,640
Other neurotic disorders	—	309	163	202	—	97	180	951
Personality disorders <sup>(d)</sup>	—	842	1,413	1,283	—	229	709	4,476
Sexual deviations and disorders	—	36	41	46	—	—	—	123
Substance abuse	44	122	164	305	331	55	80	1,101
Substance dependence	—	699	1,653	1,802	1,390	1,120	2,992	9,656
Acute alcoholic intoxication	—	—	41	82	137	189	—	449
Other drug dependence and abuse	—	229	467	120	—	—	—	816
Special syndromes or syndromes not elsewhere classified	270	255	78	91	—	—	47	741
Acute reaction to stress	—	48	55	43	41	—	55	242
Adjustment reaction excluding PTSD	397	353	540	551	221	201	935	3,198
Specific non-psychotic mental disorders <sup>(e)</sup>	50	633	2,196	2,759	967	1,833	818	9,256
Other non-psychotic mental conditions	18,766	15,699	4,087	55	47	66	184	38,904
Observation for suspected mental condition	—	—	39	—	48	—	—	87
V codes associated with mental illness <sup>(f)</sup>	103	—	—	—	—	—	—	103
<b>Total males</b>	<b>46,591</b>	<b>119,882</b>	<b>180,390</b>	<b>141,260</b>	<b>135,241</b>	<b>119,027</b>	<b>164,994</b>	<b>907,385</b>

(continued)

**Table A3.7 (continued): Total psychiatric care days of long-stay patients<sup>(a)</sup> with a mental health diagnosis<sup>(b)</sup> by sex, age group and principal diagnosis, Australia, 1997–98**

Principal diagnosis	17 and under	18–24	25–34	35–44	45–54	55–64	65 and over	Total
	Females							
Senile and presenile organic conditions	—	—	—	2,465	172	7,127	34,950	44,714
Other organic psychotic conditions	59	225	210	7,266	495	6,539	13,972	28,766
Schizophrenic disorders	2,152	12,837	47,757	55,849	42,637	29,617	50,641	241,490
Affective disorders <sup>(c)</sup>	2,157	4,881	10,834	15,745	15,971	21,487	48,884	119,959
Other affective psychoses	662	1,264	18,528	3,807	17,390	11,035	33,640	86,326
Anxiety disorders <sup>(c)</sup>	606	488	718	1,354	995	416	245	4,822
Paranoid states	180	175	1,690	401	573	390	2,286	5,695
Other psychoses	493	433	725	491	155	153	751	3,201
Other neurotic disorders	241	—	706	1,667	603	342	522	4,081
Personality disorders <sup>(d)</sup>	565	1,611	2,135	3,328	396	407	1,585	10,027
Sexual deviations and disorders	—	—	—	—	49	—	—	49
Substance abuse	—	47	219	101	—	42	77	486
Substance dependence	—	328	717	1,191	420	1,002	2,563	6,221
Acute alcoholic intoxication	—	—	—	80	41	—	60	181
Other drug dependence and abuse	73	292	40	191	127	89	190	1,002
Special syndromes or syndromes not elsewhere classified	—	—	—	—	—	43	—	43
Acute reaction to stress	5,832	5,668	3,117	1,295	683	—	—	16,595
Adjustment reaction excluding PTSD	—	211	87	37	—	—	38	373
Specific non-psychotic mental disorders <sup>(e)</sup>	126	337	716	786	430	395	596	3,386
Other non-psychotic mental conditions	—	—	51	795	490	574	432	2,342
Observation for suspected mental condition	687	—	—	130	13,206	—	83	14,106
V codes associated with mental illness <sup>(f)</sup>	—	—	—	—	—	—	55	55
<b>Total females</b>	<b>13,833</b>	<b>28,797</b>	<b>88,250</b>	<b>96,979</b>	<b>94,833</b>	<b>79,658</b>	<b>191,570</b>	<b>593,920</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(d) Includes sexual deviations and disorders.

(e) Due to organic brain damage.

(f) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil.

**Table A3.8a: Average length of stay for long-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> by principal diagnosis, public acute hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	217.2	73.5	161.4	120.9	67.7	93.9	74.8	66.0	138.6
Other organic psychotic conditions	159.1	71.7	159.9	99.8	73.0	55.6	38.0	72.3	116.2
Schizophrenic disorders	78.0	91.5	61.8	75.7	49.1	48.3	57.1	59.3	77.9
Affective disorders <sup>(d)</sup>	59.8	57.5	52.9	60.9	55.9	57.4	55.5	46.6	57.6
Other affective psychoses	99.1	69.2	55.6	62.7	52.6	46.9	47.1	—	73.1
Anxiety disorders <sup>(d)</sup>	45.1	51.2	52.8	62.4	50.6	—	—	—	51.6
Paranoid states	63.7	69.1	53.1	55.8	50.5	55.0	—	—	62.3
Other psychoses	140.9	54.3	57.7	93.1	61.7	—	39.0	—	93.8
Other neurotic disorders	67.9	50.9	51.6	48.7	39.0	—	—	—	60.7
Personality disorders <sup>(e)</sup>	78.8	65.6	97.9	53.8	57.0	—	39.7	41.0	69.6
Eating disorders	73.7	57.9	66.4	52.5	79.0	111.0	64.3	—	67.7
Substance abuse	74.5	70.0	—	49.0	73.0	—	—	—	68.2
Substance dependence	80.4	41.9	312.0	56.0	45.0	51.0	40.0	—	89.0
Acute alcoholic intoxication	41.0	—	—	—	—	—	—	—	41.0
Other drug dependence and abuse	—	—	65.0	55.0	—	—	—	—	60.0
Physiological malfunction arising from mental factors	49.0	—	—	—	—	—	—	—	49.0
Special syndromes or syndromes not elsewhere classified	36.0	—	—	49.0	—	—	—	—	42.5
Acute reaction to stress	48.0	65.5	81.0	70.0	—	—	—	—	71.0
Adjustment reaction excluding PTSD	63.1	51.3	48.2	67.7	41.0	—	—	36.0	59.2
Specific non-psychotic mental disorders <sup>(f)</sup>	49.8	96.8	104.9	45.3	55.3	—	420.0	120.0	89.6
Other non-psychotic mental conditions	61.9	61.1	111.2	64.4	—	—	—	55.0	66.7
V codes associated with mental illness <sup>(g)</sup>	40.0	42.0	—	—	—	—	—	—	41.0
<b>Total</b>	<b>102.8</b>	<b>75.5</b>	<b>82.3</b>	<b>78.8</b>	<b>58.1</b>	<b>61.3</b>	<b>58.9</b>	<b>60.0</b>	<b>84.0</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil.

**Table A3.8b: Median length of stay for long-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> by principal diagnosis, private hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	56.9	163.7	195.3	74.3	43.9	41.0	—	n.a.	148.8
Other organic psychotic conditions	57.1	71.2	59.5	52.7	53.2	46.0	—	n.a.	60.1
Schizophrenic disorders	60.3	52.3	80.5	51.5	49.9	56.0	—	n.a.	62.7
Affective disorders <sup>(d)</sup>	56.0	53.3	61.2	63.1	49.8	44.6	42.3	n.a.	55.9
Other affective psychoses	55.5	63.6	55.7	64.5	54.0	38.0	—	n.a.	58.2
Anxiety disorders <sup>(d)</sup>	51.4	49.9	55.8	58.1	49.1	44.3	—	n.a.	53.1
Paranoid states	48.5	42.3	61.3	—	43.3	—	—	n.a.	52.8
Other psychoses	46.5	43.0	54.1	55.0	49.5	—	—	n.a.	51.2
Other neurotic disorders	58.1	49.4	65.9	66.0	46.0	—	82.0	n.a.	59.6
Personality disorders <sup>(e)</sup>	51.7	57.8	83.8	51.7	60.0	—	—	n.a.	57.1
Eating disorders	71.2	64.3	59.6	48.3	50.1	—	43.0	n.a.	64.6
Substance abuse	50.3	45.8	47.0	39.0	—	—	—	n.a.	47.2
Substance dependence	48.5	42.3	90.7	43.7	51.8	—	—	n.a.	62.9
Acute alcoholic intoxication	47.0	39.6	64.5	—	—	—	—	n.a.	45.5
Other drug dependence and abuse	40.9	44.8	55.0	—	43.0	—	—	n.a.	44.4
Physiological malfunction arising from mental factors	43.0	—	—	—	—	114.0	—	n.a.	78.5
Special syndromes or syndromes not elsewhere classified	—	41.0	—	42.5	42.0	—	—	n.a.	42.0
Acute reaction to stress	47.5	54.0	85.0	48.0	48.6	44.0	—	n.a.	51.4
Adjustment reaction excluding PTSD	45.2	91.4	56.3	53.1	62.0	53.0	—	n.a.	54.7
Specific non-psychotic mental disorders <sup>(f)</sup>	—	70.3	58.3	—	45.5	—	—	n.a.	59.6
Other non-psychotic mental conditions	139.7	48.0	40.0	50.5	—	—	47.0	n.a.	78.1
<b>Total</b>	<b>56.3</b>	<b>63.3</b>	<b>71.9</b>	<b>59.8</b>	<b>50.2</b>	<b>46.9</b>	<b>47.3</b>	<b>n.a.</b>	<b>61.7</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

n.a. Not available

— Nil

**Table A3.8c: Average length of stay for long-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> by principal diagnosis, public psychiatric hospitals, States and Territories, 1997–98**

<b>Principal diagnosis</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA<sup>(c)</sup></b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Senile and presenile organic conditions	316.2	53.7	318.8	141.8	168.6	41.0	..	..	198.8
Other organic psychotic conditions	997.0	53.5	1555.2	197.9	490.7	—	..	..	861.3
Schizophrenic disorders	453.9	169.4	841.2	149.6	115.7	511.0	..	..	374.5
Affective disorders <sup>(d)</sup>	98.3	64.6	316.7	86.6	80.6	48.3	..	..	114.1
Other affective psychoses	420.8	56.9	1626.0	264.3	71.3	162.0	..	..	442.9
Anxiety disorders <sup>(d)</sup>	130.8	—	64.5	99.0	—	—	..	..	95.0
Paranoid states	184.8	71.0	2464.4	69.7	76.0	48.0	..	..	470.9
Other psychoses	493.6	311.0	133.9	52.8	53.0	—	..	..	203.8
Other neurotic disorders	167.7	—	54.0	66.5	—	265.0	..	..	120.9
Personality disorders <sup>(e)</sup>	153.8	43.7	146.4	90.9	62.8	37.0	..	..	113.9
Eating disorders	50.8	—	48.0	—	—	—	..	..	50.2
Substance abuse	46.8	57.0	—	56.7	—	—	..	..	51.2
Substance dependence	54.5	—	303.8	61.0	—	1545.0	..	..	76.6
<b>Total</b>	<b>339.6</b>	<b>126.2</b>	<b>879.5</b>	<b>144.2</b>	<b>133.5</b>	<b>383.6</b>	..	..	<b>324.6</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

.. Not applicable.

— Nil.



**Table A3.8d: Median length of stay for long-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> by principal diagnosis, public acute hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	65.5	51.0	65.5	57.5	49.0	69.0	57.5	70.0	58.0
Other organic psychotic conditions	58.0	53.0	63.0	55.5	48.0	55.0	38.0	49.5	56.0
Schizophrenic disorders	54.0	54.0	49.0	54.0	44.0	45.0	52.0	56.5	52.0
Affective disorders <sup>(d)</sup>	51.0	49.0	47.0	50.0	49.0	49.0	47.0	43.0	49.0
Other affective psychoses	53.0	53.0	47.0	45.0	44.5	46.0	41.0	—	50.0
Anxiety disorders <sup>(d)</sup>	43.5	46.5	45.0	60.0	46.0	—	—	—	46.0
Paranoid states	50.0	58.0	47.5	57.5	50.5	55.0	—	—	53.0
Other psychoses	54.0	47.0	46.5	49.0	65.0	—	39.0	—	51.0
Other neurotic disorders	47.0	47.5	52.0	44.0	38.0	—	—	—	47.0
Personality disorders <sup>(e)</sup>	50.0	45.5	49.0	50.0	57.0	—	39.0	36.0	46.0
Eating disorders	65.0	53.0	53.0	48.0	54.0	65.0	64.5	—	54.5
Substance abuse	74.5	70.0	—	49.0	73.0	—	—	—	70.0
Substance dependence	46.5	42.0	60.5	60.0	47.0	51.0	40.0	—	44.5
Acute alcoholic intoxication	41.0	—	—	—	—	—	—	—	41.0
Other drug dependence and abuse	—	—	65.0	55.0	—	—	—	—	60.0
Physiological malfunction arising from mental factors	49.0	—	—	—	—	—	—	—	49.0
Special syndromes or syndromes not elsewhere classified	36.0	—	—	49.0	—	—	—	—	42.5
Acute reaction to stress	48.0	65.5	40.5	61.5	—	—	—	—	51.0
Adjustment reaction excluding PTSD	54.5	48.0	44.0	59.0	41.0	—	—	36.0	48.0
Specific non-psychotic mental disorders <sup>(f)</sup>	51.0	46.0	61.0	47.0	46.0	—	420.0	120.0	49.0
Other non-psychotic mental conditions	48.0	50.5	43.0	64.5	—	—	—	55.0	55.0
V codes associated with mental illness <sup>(g)</sup>	40.0	42.0	—	—	—	—	—	—	41.0
<b>Total</b>	<b>55.0</b>	<b>51.0</b>	<b>50.0</b>	<b>53.0</b>	<b>47.0</b>	<b>47.0</b>	<b>48.0</b>	<b>51.0</b>	<b>52.0</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

— Nil.

**Table A3.8e: Median length of stay for long-stay<sup>(a)</sup> overnight separations with a mental health principal diagnosis<sup>(b)</sup> by principal diagnosis, private hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	44.0	59.0	61.0	70.0	40.0	41.0	—	n.a.	54.0
Other organic psychotic conditions	43.0	50.5	49.5	45.0	51.0	46.0	—	n.a.	48.0
Schizophrenic disorders	50.0	46.5	51.0	49.0	45.0	56.0	—	n.a.	48.0
Affective disorders <sup>(d)</sup>	50.0	46.0	50.0	53.0	45.0	41.0	38.5	n.a.	48.0
Other affective psychoses	44.5	46.0	48.0	44.0	45.0	38.0	—	n.a.	45.0
Anxiety disorders <sup>(d)</sup>	44.0	43.0	49.0	47.0	44.0	45.0	—	n.a.	46.0
Paranoid states	48.5	42.0	61.0	—	42.0	—	—	n.a.	46.0
Other psychoses	46.5	39.0	48.5	55.0	49.5	—	—	n.a.	45.0
Other neurotic disorders	55.0	42.0	59.0	67.0	46.0	—	82.0	n.a.	53.0
Personality disorders <sup>(e)</sup>	44.0	53.0	68.5	48.0	60.5	—	—	n.a.	50.0
Eating disorders	63.5	62.0	56.5	47.0	45.0	—	43.0	n.a.	58.0
Substance abuse	42.0	39.5	43.0	39.0	—	—	—	n.a.	42.0
Substance dependence	42.0	40.0	45.0	46.0	41.0	—	—	n.a.	42.0
Acute alcoholic intoxication	45.5	39.0	64.5	—	—	—	—	n.a.	42.0
Other drug dependence and abuse	38.0	42.0	46.0	—	43.0	—	—	n.a.	40.0
Physiological malfunction arising from mental factors	43.0	—	—	—	—	114.0	—	n.a.	78.5
Special syndromes or syndromes not elsewhere classified	—	41.0	—	42.5	42.0	—	—	n.a.	42.0
Acute reaction to stress	47.5	54.0	85.0	48.0	46.0	44.0	—	n.a.	47.0
Adjustment reaction excluding PTSD	42.0	57.0	49.0	55.0	51.0	53.0	—	n.a.	48.0
Specific nonpsychotic mental disorders <sup>(f)</sup>	—	52.0	57.0	—	45.5	—	—	n.a.	52.5
Other non-psychotic mental conditions	151.0	48.0	40.0	50.5	—	—	47.0	n.a.	48.0
<b>Total</b>	<b>48.0</b>	<b>48.0</b>	<b>49.0</b>	<b>49.0</b>	<b>45.0</b>	<b>41.0</b>	<b>43.0</b>	<b>n.a.</b>	<b>48.0</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

n.a. Not available.

— Nil.

**TableA3.8f: Median length of stay for long-stay <sup>(a)</sup> overnight separations with a mental health principal diagnosis <sup>(b)</sup> by principal diagnosis, public psychiatric hospitals, States and Territories, 1997–98**

Principal diagnosis	NSW	Vic	Qld	WA <sup>(c)</sup>	SA	Tas	ACT	NT	Total
Senile and presenile organic conditions	105.0	44.0	88.5	81.5	70.0	41.0	..	..	82.5
Other organic psychotic conditions	231.5	53.5	386.0	59.0	60.0	—	..	..	91.0
Schizophrenic disorders	63.0	61.0	122.5	65.0	59.5	60.0	..	..	67.0
Affective disorders <sup>(d)</sup>	51.0	49.5	54.5	55.5	50.0	48.0	..	..	52.0
Other affective psychoses	64.5	42.5	241.5	76.5	55.0	56.0	..	..	71.5
Anxiety disorders <sup>(d)</sup>	67.0	—	49.0	99.0	—	—	..	..	59.0
Paranoid states	42.0	71.0	64.0	51.5	69.0	48.0	..	..	56.0
Other psychoses	49.5	311.0	109.5	48.0	47.5	—	..	..	51.5
Other neurotic disorders	82.0	—	54.0	63.0	—	265.0	..	..	70.0
Personality disorders <sup>(e)</sup>	61.0	44.0	63.5	54.5	50.0	37.0	..	..	54.0
Eating disorders	44.0	—	48.0	—	—	—	..	..	47.0
Substance abuse	41.0	57.0	—	47.0	—	—	..	..	47.0
Substance dependence	42.0	—	248.0	61.0	—	1545.0	..	..	42.5
Acute alcoholic intoxication	46.0	—	—	—	60.0	—	..	..	51.0
Other drug dependence and abuse	42.0	—	—	51.0	—	132.0	..	..	46.5
Special syndromes or syndromes not elsewhere classified	42.0	—	—	—	—	—	..	..	42.0
Acute reaction to stress	55.0	50.0	—	—	—	—	..	..	52.5
Adjustment reaction excluding PTSD	53.0	41.0	61.0	55.0	70.5	38.5	..	..	53.0
Specific non-psychotic mental disorders <sup>(f)</sup>	125.0	59.0	217.0	89.0	163.0	—	..	..	118.0
Other non-psychotic mental conditions	1573.0	—	103.5	—	—	—	..	..	110.0
Observation for suspected mental condition	—	—	43.5	55.0	—	—	..	..	48.0
V codes associated with mental illness <sup>(g)</sup>	—	—	—	—	—	103.0	..	..	103.0
<b>Total</b>	<b>56.0</b>	<b>52.0</b>	<b>104.0</b>	<b>65.0</b>	<b>58.0</b>	<b>56.0</b>	<b>..</b>	<b>..</b>	<b>62.0</b>

(a) Separations with 36 patient days or greater.

(b) See classification inclusions list in Appendix 1.

(c) WA figures include activity from psycho-geriatric facilities.

(d) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(e) Includes sexual deviations and disorders.

(f) Due to organic brain damage.

(g) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

.. Not applicable.

— Nil.

# **Appendix 4: Hospital services— source tables**

**Tables A4.1: Separations, patient days and psychiatric care days of patients with a mental health principal diagnosis, <sup>(a)</sup> public acute and private hospitals, Australia, 1997–98**

Principal diagnosis	Public acute			Private		
	Separations	Patient days	Psychiatric care days	Separations	Patient days	Psychiatric care days
Senile and presenile organic conditions	5,566	183,346	20,441	1,328	37,302	4,335
Other organic psychotic conditions	13,474	179,322	32,301	2,036	23,970	2,443
Schizophrenic disorders	22,479	349,926	304,538	5,932	38,773	29,675
Affective disorders <sup>(b)</sup>	27,334	261,363	184,014	28,446	207,009	133,268
Other affective psychoses	11,388	96,787	58,301	5,537	40,892	20,934
Anxiety disorders <sup>(b)</sup>	3,703	17,577	10,741	8,171	42,135	30,760
Paranoid states	1,356	15,832	11,383	547	2,922	1,513
Other psychoses	3,473	31,234	19,339	471	3,368	1,727
Other neurotic disorders	5,943	21,192	6,493	2,184	13,281	6,358
Personality disorders <sup>(c)</sup>	5,341	27,910	20,190	1,553	8,164	5,136
Eating disorders	119	419	258	121	745	117
Substance abuse	4,559	8,535	1,627	820	6,232	4,052
Substance dependence	7,619	36,831	4,913	6,602	52,758	22,023
Acute alcoholic intoxication	2,441	6,812	1,028	753	4,987	2,975
Other drug dependence and abuse	854	3,390	844	694	5,122	3,275
Physiological malfunction arising from mental factors	438	1,248	65	99	518	134
Special syndromes or syndromes not elsewhere classified	3,877	30,346	13,624	4,655	23,823	16,556
Acute reaction to stress	3,215	10,573	3,691	559	3,941	914
Adjustment reaction excluding PTSD	9,175	44,707	22,264	2,822	15,784	9,688
Specific non-psychotic mental disorders <sup>(d)</sup>	1,470	18,374	5,095	301	2,796	245
Other non-psychotic mental conditions	6,167	16,769	10,492	710	3,050	1,297
Observation for suspected mental condition	192	552	334	n.p.	20	19
V codes associated with mental illness <sup>(e)</sup>	83	328	72	12	88	18
<b>Total</b>	<b>140,266</b>	<b>1,363,373</b>	<b>732,048</b>	<b>74,357</b>	<b>537,680</b>	<b>297,462</b>

(a) See classification inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

**Tables A4.2: Mental health principal diagnosis, <sup>(a)</sup> public psychiatric hospitals, Australia, 1997–98**

Principal diagnosis	Public psychiatric			Psychiatric care days
	Separations	Per cent	Patient days	
Schizophrenic disorders	6,145	29.54	611,001	610,105
Affective disorders <sup>(b)</sup>	3,513	16.89	95,547	95,504
Substance dependence	2,273	10.93	21,662	13,383
Adjustment reaction excluding PTSD	1,639	7.88	10,100	10,095
Personality disorders <sup>(c)</sup>	1,391	6.50	17,235	17,229
Other affective psychoses	1,153	5.54	103,093	102,897
Other organic psychotic conditions	1,061	5.10	166,871	166,859
Senile and presenile organic conditions	942	4.53	106,842	106,842
Other psychoses	611	2.94	12,622	12,622
Substance abuse	342	1.64	1,873	1,718
Acute reaction to stress	278	1.34	1,149	1,148
Paranoid states	261	1.25	26,477	26,477
Other drug dependence and abuse	252	1.21	2,750	2,478
Acute alcoholic intoxication	226	1.09	980	713
Other neurotic disorders	209	1.00	1,922	1,922
Anxiety disorders <sup>(b)</sup>	156	0.75	2,115	2,115
Other non-psychotic mental conditions	155	0.75	52,088	52,082
Specific non-psychotic mental disorders <sup>(d)</sup>	88	0.42	8,361	8,361
Observation for suspected mental condition	57	0.27	451	451
Special syndromes or syndromes not elsewhere classified	n.p.	0.21	747	747
V codes associated with mental illness <sup>(e)</sup>	n.p.	0.02	136	136
<b>Total</b>	<b>20,800</b>	<b>100.00</b>	<b>1,244,022</b>	<b>1,233,884</b>

(a) See classification inclusions list in Appendix 1.

(b) Cluster of disorders replicates the ABS National Survey of Mental Health and Wellbeing; see classification appendix for a detailed list of inclusions.

(c) Includes sexual deviations and disorders.

(d) Due to organic brain damage.

(e) V11, V15.4, V17.0, V40, V65.2, V66.3, V79.0, V79.1, V79.3, V79.8 and V79.9.

n.p. Not published.

# Appendix 5: Population estimates

**Table A5.1: Estimated resident population by age group and sex, States and Territories, 31 December 1997**

<b>Sex</b>	<b>Age group</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Australia<sup>(a)</sup></b>
<b>Males</b>										
	17 and under	808,115	582,844	459,208	243,865	182,988	63,511	40,941	30,342	2,412,366
	18–24	314,184	238,092	180,804	97,452	72,008	22,386	19,465	12,056	956,573
	25–34	482,839	360,851	264,371	144,105	110,036	32,243	25,030	19,395	1,439,191
	35–44	486,007	352,630	261,781	144,456	112,944	35,980	24,069	16,284	1,434,453
	45–54	412,997	297,947	229,952	122,151	98,090	31,111	21,628	12,260	1,226,395
	55–64	276,853	201,606	146,188	75,149	65,967	21,225	11,349	5,767	804,206
	65 and over	347,972	252,377	172,613	84,171	90,994	26,751	10,255	3,194	988,368
	<b>Total</b>	<b>3,128,967</b>	<b>2,286,347</b>	<b>1,714,917</b>	<b>911,349</b>	<b>733,027</b>	<b>233,207</b>	<b>152,737</b>	<b>99,298</b>	<b>9,261,552</b>
<b>Females</b>										
	17 and under	768,661	555,162	435,420	230,741	173,821	60,764	39,050	28,449	2,292,604
	18–24	304,279	229,652	174,917	92,278	68,417	21,641	18,425	10,627	920,328
	25–34	484,365	366,307	263,774	140,251	108,016	33,540	25,613	17,919	1,440,083
	35–44	485,583	358,345	263,039	143,749	114,194	36,856	25,239	14,786	1,442,083
	45–54	402,239	298,653	220,665	115,343	98,687	30,624	21,844	10,024	1,198,223
	55–64	274,174	202,278	139,455	72,526	67,145	21,231	11,028	4,243	792,139
	65 and over	452,202	330,655	212,926	105,359	119,125	34,755	13,271	2,987	1,271,310
	<b>Total</b>	<b>3,171,503</b>	<b>2,341,052</b>	<b>1,710,196</b>	<b>900,247</b>	<b>749,405</b>	<b>239,411</b>	<b>154,470</b>	<b>89,035</b>	<b>9,356,770</b>
<b>Persons</b>										
	17 and under	1,576,776	1,138,006	894,628	474,606	356,809	124,275	79,991	58,791	4,704,970
	18–24	618,463	467,744	355,721	189,730	140,425	44,027	37,890	22,683	1,876,901
	25–34	967,204	727,158	528,145	284,356	218,052	65,783	50,643	37,314	2,879,274
	35–44	971,590	710,975	524,820	288,205	227,138	72,836	49,308	31,070	2,876,536
	45–54	815,236	596,600	450,617	237,494	196,777	61,735	43,472	22,284	2,424,618
	55–64	551,027	403,884	285,643	147,675	133,112	42,456	22,377	10,010	1,596,345
	65 and over	800,174	583,032	385,539	189,530	210,119	61,506	23,526	6,181	2,259,678
	<b>Total</b>	<b>6,300,470</b>	<b>4,627,399</b>	<b>3,425,113</b>	<b>1,811,596</b>	<b>1,482,432</b>	<b>472,618</b>	<b>307,207</b>	<b>188,333</b>	<b>18,618,322</b>

(a) Includes other territories

Source: Australia Bureau of Statistics 1999 *Australian Demographic Statistics* Cat. No. 3101.0



**Table A5.2: Estimated resident population by age group and sex, States and Territories, 30 June 1991**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia <sup>(a)</sup>
Males										
	17 and under	786,167	584,925	419,213	234,078	185,838	66,205	42,374	27,821	2,346,621
	18–24	332,222	262,764	173,713	95,406	81,938	25,183	19,906	11,175	1,002,307
	25–34	483,974	363,504	236,230	137,036	117,070	36,267	24,840	17,591	1,416,512
	35–44	445,590	332,461	225,624	131,830	109,585	34,927	24,553	14,796	1,319,366
	45–54	331,561	242,494	166,525	91,091	78,365	25,175	16,146	8,903	960,260
	55–64	259,369	190,896	121,256	64,377	65,047	19,857	9,119	4,160	734,081
	65 and over	297,379	215,069	141,190	69,112	79,779	23,852	7,698	2,183	836,262
	<b>Total</b>	<b>2,936,262</b>	<b>2,192,113</b>	<b>1,483,751</b>	<b>822,930</b>	<b>717,622</b>	<b>231,466</b>	<b>144,636</b>	<b>86,629</b>	<b>8,615,409</b>
Females										
	17 and under	747,682	556,615	395,639	220,800	175,703	63,143	40,461	26,060	2,226,103
	18–24	320,105	256,727	169,053	91,492	78,429	24,734	19,646	11,151	971,337
	25–34	477,378	364,663	236,329	135,521	115,966	37,128	25,208	16,693	1,408,886
	35–44	438,381	332,651	221,929	128,877	109,135	34,476	24,922	12,921	1,303,292
	45–54	316,752	234,201	156,845	84,122	77,272	24,472	15,384	6,771	915,819
	55–64	259,917	190,471	118,672	62,720	65,228	19,871	8,744	3,114	728,737
	65 and over	402,254	292,932	178,733	89,605	106,944	31,512	10,319	2,154	1,114,453
	<b>Total</b>	<b>2,962,469</b>	<b>2,228,260</b>	<b>1,477,200</b>	<b>813,137</b>	<b>728,677</b>	<b>235,336</b>	<b>144,684</b>	<b>78,864</b>	<b>8,668,627</b>
Persons										
	17 and under	1,533,849	1,141,540	814,852	454,878	361,541	129,348	82,835	53,881	4,572,724
	18–24	652,327	519,491	342,766	186,898	160,367	49,917	39,552	22,326	1,973,644
	25–34	961,352	728,167	472,559	272,557	233,036	73,395	50,048	34,284	2,825,398
	35–44	883,971	665,112	447,553	260,707	218,720	69,403	49,475	27,717	2,622,658
	45–54	648,313	476,695	323,370	175,213	155,637	49,647	31,530	15,674	1,876,079
	55–64	519,286	381,367	239,928	127,097	130,275	39,728	17,863	7,274	1,462,818
	65 and over	699,633	508,001	319,923	158,717	186,723	55,364	18,017	4,337	1,950,715
	<b>Total</b>	<b>5,898,731</b>	<b>4,420,373</b>	<b>2,960,951</b>	<b>1,636,067</b>	<b>1,446,299</b>	<b>466,802</b>	<b>289,320</b>	<b>165,493</b>	<b>17,284,036</b>

(a) Includes other territories

Source: Australia Bureau of Statistics 1999 *Australian Demographic Statistics* Cat. No. 3101.0

**Table A5.3: Projected Aboriginal and Torres Strait Islander population by age group and sex, States and Territories, 30 June 1997**

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia <sup>(a)</sup>
Males										
	17 and under	26,730	5,184	25,529	13,321	5,141	3,785	736	12,058	92,528
	18–24	6,878	1,436	7,023	3,685	1,370	925	219	3,792	25,341
	25–34	8,284	1,851	8,248	4,648	1,836	1,073	269	4,494	30,721
	35–44	6,186	1,368	5,749	3,249	1,320	966	218	2,822	21,894
	45–54	3,906	860	3,406	1,742	715	614	83	1,666	13,000
	55–64	2,084	402	1,679	950	369	256	25	893	6,666
	65 and over	1,164	296	1,232	724	253	128	9	610	4,418
	<b>Total</b>	<b>55,232</b>	<b>11,397</b>	<b>52,866</b>	<b>28,319</b>	<b>11,004</b>	<b>7,747</b>	<b>1,559</b>	<b>26,335</b>	<b>194,568</b>
Female										
	17 and under	25,714	5,032	24,745	12,891	5,063	3,585	702	11,248	89,011
	18–24	6,906	1,423	7,108	3,679	1,501	1,039	241	3,793	25,700
	25–34	9,449	1,986	9,078	5,012	2,045	1,185	308	4,559	33,638
	35–44	6,863	1,455	6,384	3,511	1,370	1,031	222	3,111	23,960
	45–54	4,136	885	3,808	1,898	758	542	92	1,859	13,929
	55–64	2,249	453	1,979	1,047	428	260	21	1,086	7,526
	65 and over	1,618	430	1,590	906	334	192	16	791	5,882
	<b>Total</b>	<b>56,935</b>	<b>11,664</b>	<b>54,692</b>	<b>28,944</b>	<b>11,499</b>	<b>7,834</b>	<b>1,602</b>	<b>26,447</b>	<b>199,646</b>
Persons										
	17 and under	52,444	10,216	50,274	26,212	10,204	7,370	1,438	23,306	181,539
	18–24	13,784	2,859	14,131	7,364	2,871	1,964	460	7,585	51,041
	25–34	17,733	3,837	17,326	9,660	3,881	2,258	577	9,053	64,359
	35–44	13,049	2,823	12,133	6,760	2,690	1,997	440	5,933	45,854
	45–54	8,042	1,745	7,214	3,640	1,473	1,156	175	3,525	26,929
	55–64	6,220	1,287	3,658	1,997	797	516	46	1,979	14,192
	65 and over	2,782	726	2,822	1,630	587	320	25	1,401	10,300
	<b>Total</b>	<b>112,167</b>	<b>23,061</b>	<b>107,558</b>	<b>57,263</b>	<b>22,503</b>	<b>15,581</b>	<b>3,161</b>	<b>52,782</b>	<b>394,214</b>

(a) Includes Other Territories.

Source: ABS 1998 *Experimental projections of Aboriginal and Torres Strait Islander population, 30 June 1996 to 30 June 2006* Cat. No. 3231.0

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# Appendix 8: Related publications

*Institutional Mental Health Services in Australia, 1997–98* is complemented by other recent national publications that have also released data on mental health issues related to service delivery:

- Previous years' data in the National Hospital Morbidity Database for patients with a mental health diagnosis in any service (that is, specialised and general care which have not previously been differentiated) and the National Public Hospital Establishments Database for public psychiatric hospitals were summarised in the annual *Australian Hospital Statistics 1995–96* (AIHW 1997a), *Australian Hospital Statistics 1996–97* (AIHW 1998), *Australian Hospital Statistics 1997–98* (AIHW 1999) and *Australian Hospital Statistics 1993–95: An Overview* (AIHW 1997b).
- Establishment-level data on the resources and activities of private psychiatric hospitals are compiled and published annually by the Australian Bureau of Statistics. Data for 1997–98 are presented in *Private Hospitals, Australia 1997–98* (ABS 1999).
- Mental health services data have been released also in the *Report on Government Service Provision 1999* (Steering Committee for the Review of Commonwealth/State Service Provision 1999).
- The *National Mental Health Report 1997* provides data on hospital and community-based psychiatric establishments for 1996–97 in detail (CDHAC 1999). Note that the scope of data reported differs from the scope of data released in this report; see Chapter 3 for commentary on the two data sources.
- The *People Living with Psychotic Illness: An Australian Study 1997–98* presents the main findings of gathered through a census of 3,800 Australians aged 18–64 years of age with psychotic disorders, followed up by an in-depth interview of 980 of the respondents (Jablensky et al. 1999).
- The *Developing a Casemix Classification for Mental Health Services Volume 1: Main Report* presents the findings of the Mental Health Classification and Service Costs (MHCASC) project, a project which aimed to develop the first version of a national casemix classification, with associated cost weights, for specialist mental health services (Buckingham et al. 1998).

# Appendix 9: NMHISC members and morbidity data providers

The Institute wishes to thank the members of the National Mental Health Information Strategy Committee who have assisted with the planning and preparation of this report. Members of the committee are:

- Mr Terry Baker (Northern Territory Health Services)
- Mr Robin Carter (Victorian Department of Human Services)
- Mr Ashley Cooper (Australian Private Hospitals Association)
- Ms Madonna Cuthbert (Queensland Health)
- Mr Rob Elzinga (South Australian Department of Human Services)
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- Ms Lisa McGlynn (New South Wales Health Department)
- Ms Caroline Muir (New South Wales Health Department)
- Ms Marelle Rawson (Australian Bureau of Statistics)
- Mr David Saunders (Western Australian Department of Health)
- Ms Suzy Saw (Commonwealth Department of Health and Aged Care)
- Ms Gabriela Taloni (Commonwealth Department of Health and Aged Care)

The Institute also wishes to thank the State and Territory data providers who have assisted with the supply and validation of the data. The State and Territory morbidity data providers are:

- Mr Paul Basso (South Australian Department of Human Services)
- Ms Sue Cornes (Queensland Health)
- Mr Gordon Lee Koo (Australian Capital Territory Department of Health and Community Care)
- Mr Ric Marshall (Victorian Department of Human Services)
- Mr Stephen Moo (Northern Territory Health Services)
- Mr David O'Brien (Tasmanian Department Health and Human Services)
- Ms Danuta Pszczolkowski (Western Australian Department of Health)
- Mr Tom Pinder (Western Australian Department of Health)
- Mr Peter Williams (New South Wales Health Department)

# Glossary

For further information on the terms used in this report, refer to the definitions in use in 1997–98 in the *National Health Data Dictionary* version 6.0.

<i>Acute</i>	Having a short and relatively severe course.
<i>Acute 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 or Territory 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 and include both recognised and non-recognised hospitals. Recognised hospitals are those nominated by States and Territories and accepted by the Commonwealth and appear in schedules to each State/Territory Medicare Agreement (Schedule B in the 1993–98 Medicare Agreements).</p>
<i>Additional diagnoses</i>	Diagnoses or conditions that affect a person's care in terms of requiring therapeutic treatment, clinical evaluation, diagnostic procedure, extended length of hospital stay or increased nursing care and/or monitoring. Additional diagnoses include comorbid conditions (co-existing conditions) and/or complications (conditions that arose during the episode of care).
<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 expenses (including workers' compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process.
<i>Australian Bureau of Statistics Private Health Establishments Collection</i>	This collection includes data from all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Aged Care. The data items and definitions are based on the <i>National Health Data Dictionary</i> published by AIHW. Information is collected for items such as bed supply, usage, occupancy and length of stay, type of patients, staff, and expenditure.
<i>Australian National Diagnosis Related Groups (AN-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs are a means of classifying hospital patients to provide a common basis for comparing factors such as cost-effectiveness and quality of care across hospitals. Each AN-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.



<i>Available beds</i>	Beds immediately available for use by admitted patients as required.
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same-day are allocated a length of stay of one day.
<i>BEACH survey</i>	Bettering the Evaluation and Care of Health—General practice activity in Australia. A collaborative study between the AIHW and the University of Sydney.
<i>Diagnostic and allied health professionals</i>	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, primarily engaged in administrative duties. This category also includes all staff not elsewhere included (primarily 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>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. Includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).
<i>Episode of care</i>	An episode of care is as a phase of treatment for an admitted patient. 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> .
<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 worked and hours of paid leave (sick, recreation, long service, workers' compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
<i>General care</i>	Care given to a person outside of specialised psychiatric care, even if given within a specialised unit for other conditions. Calculated by subtracting the total psychiatric care days from the length of stay.
<i>General care separation</i>	Separation in which no days of specialised psychiatric care was received.
<i>Length of stay</i>	The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded. A same-day patient is allocated a length of stay of one day.

<i>Long-stay separations</i>	Where a record shows a separation length of stay of 36 days or more.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Mental Health Legal Status</i>	An indication that a person was treated on an involuntary basis under the relevant State or Territory mental health legislation, at some point during the hospital stay. Involuntary patients are persons who are detained under mental health legislation for the purpose of assessment or provision of appropriate treatment or care. Mental health legal status applies only to records with some specialised psychiatric care.
<i>Mental Health Principal Diagnosis</i>	A separation is defined as having a mental health principal diagnosis if the principal diagnosis falls within the range listed in Appendix 2. These inclusions are drawn from the National Health Priority Areas tables, Chapter 7, <i>Australian Hospital Statistics, 1997–98 (AIHW 1999)</i> .
<i>National Hospital Morbidity Database</i>	The National Hospital Morbidity Database is a compilation of electronic summary records collected in admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospital are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. The data supplied for the database were based on the patient level data items of the National Minimum Data Set for Institutional Health Care and the National Minimum Data Set for Institutional Mental Health Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patient, the procedures they underwent in hospital and external causes of injury and poisoning.
<i>National Survey of Mental Health and Wellbeing of Adults</i>	The survey was conducted throughout Australia, from May to August 1997, by the Australian Bureau of Statistics. The survey was an initiative of, and funded by, the Mental Health Branch of the Commonwealth Department of Health and Family Service as part of the National Mental Health Strategy. The survey was designed to provide information on the prevalence of a range of mental disorders, the level of disability associated with these disorders, and health services used as a consequence of a mental health problem. The survey consisted of a representative sample of residents (18 years and over) of private dwellings in all States and Territories across both urban and rural areas. Sample excluded special dwellings (such as hospitals, nursing homes, hotels and hostels etc.) and dwellings in remote and sparsely settled parts of Australia.

<i>National Public Hospital Establishments Database</i>	The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. Exceptions within the public sector are hospitals not within the jurisdiction of the State and Territory health authorities (e.g. hospitals run by correctional authorities in some jurisdictions and those in off-shore territories). Information is included on hospital resources, recurrent expenditure, non-appropriation revenue and services to admitted and non-admitted patients. Data on capital expenditure and depreciation are also collected for each jurisdiction. The collection is based on the establishment-level activity and resource data elements, and the system-level data elements, of the National Minimum Data Set for Institutional Health Care.
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wards persons, 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>	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 would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.
<i>Patient days</i>	The number of full or partial days' stay for patients who were admitted for an episode of care and who underwent separation during the reporting period. A patient who is admitted and separated on the same-day is allocated one patient day.
<i>Patient days in general care</i>	The number of full or partial days' stay for patients who were admitted for an episode of care in a non-specialised unit or ward, and who underwent separation during the reporting period.
<i>Patient transport</i>	The direct cost of transporting patients excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public patients) on a sessionally paid or fee-for-service basis.

<i>People Living with Psychotic Illness Study</i>	The study consisted of a one-month census of 3,800 people aged 18 to 64 years of age with psychotic disorders, who attended mental health services in geographically defined areas in the Australian Capital Territory, Brisbane and adjacent areas, Melbourne and Perth. Secondly a sub-sample of 980 people were interviewed to obtain a profile of their sociodemographic characteristics, symptoms, functioning in daily life activities, use of various mental health services and experience of quality of life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<i>Principal procedure</i>	The most significant procedure that was performed for treatment of the principal diagnosis. If no procedure is performed for treatment of the principal diagnosis, other procedures can be reported as the principal procedure. In order, these are a procedure performed for treatment of an additional diagnosis, a diagnostic/exploratory procedure related to the principal diagnosis or a diagnostic/exploratory procedure related to an additional diagnosis.
<i>Private hospital</i>	Privately owned and operated institution, 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>Psychiatric hospitals</i>	Institutions which provide treatment and care for patients with psychiatric, mental or behavioural disorders.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This would include: <ul style="list-style-type: none"> <li>• 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; and</li> <li>• other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.</li> </ul>
<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It may be contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.

<i>Region</i>	<ul style="list-style-type: none"> <li>• <b>Capital cities</b> statistical division</li> <li>• <b>Other metropolitan centres:</b> urban centres with a population greater than or equal to 100,000</li> <li>• <b>Large rural centres</b> (index of remoteness &lt; 10.5): urban centres with a population between 25,000 and 99,000</li> <li>• <b>Small rural centres</b> (index of remoteness &lt; 10.5): urban centres with a population between 10,000 and 24,999</li> <li>• <b>Other rural areas</b> (index of remoteness &lt; 10.5): urban centres with a population less than 10,000</li> <li>• <b>Remote centres</b> (index of remoteness &gt; 10.5): urban centres with a population greater than 4,999</li> <li>• <b>Other remote areas</b> (index of remoteness &gt; 10.5): urban centres with a population less than 5,000.</li> </ul> <p>For more information see <i>Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition</i> (DPIE &amp; DSHS 1994).</p>
<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>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.
<i>Salaried medical officers</i>	Medical officers engaged by the hospital on a full-time or part-time salaried basis.
<i>Same-day patients</i>	Same-day patients are admitted patients who are admitted and separate on the same date.
<i>Separation</i>	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.
<i>Short-stay separations</i>	Where a record shows a separation length of stay of less than 36 days totalled within the institution and excluding same-day.
<i>Specialised psychiatric service</i>	A facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Specialised separation care</i>	Separation in which at least one day of specialised psychiatric care was received.
<i>Statistical division</i>	A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification. This classification has been developed by the ABS and covers all of Australia without gaps or overlaps or crossing of State or Territory boundaries.

<i>Student nurses</i>	Nurses employed by the establishment currently studying in years 1 to 3 of a 3-year certificate course. This includes any person commencing or undertaking a 3-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full-time general student nurses and specialist student nurses, such as mental deficiency nurses, but excludes practising nurses enrolled in post-basic training courses.
<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 or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Total psychiatric care days</i>	Total psychiatric care days are 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>Trainee/pupil nurses</i>	Nurses that are commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State or Territory registration board (includes all trainee nurses).
<i>Type of admitted patient episode</i>	A classification of admitted patient episodes into broad groups based on principal diagnosis, principal procedure or status as a nursing home type or rehabilitation patient.
<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

- Aboriginal and Torres Strait Islander Health and Welfare Information Unit 1999. Assessing the quality of identification of Aboriginal and Torres Strait Islander people in hospital data. Canberra: Australian Health Ministers' Advisory Council, Australian Institute of Health and Welfare and Australian Bureau of Statistics.
- Andrews G 1994. The Tolkein Report: A model for matching the available workforce to the demand for services. Sydney: University of NSW.
- Australian Bureau of Statistics 1998a. Mental health and wellbeing profile of adults. Canberra: ABS.
- Australian Bureau of Statistics 1998b. Private hospitals 1996–97. Canberra: ABS.
- Australian Bureau of Statistics 1998c. Experimental projections of Aboriginal and Torres Strait Islander population. Canberra: ABS.
- Australian Bureau of Statistics 1999. Private hospitals 1997–98. Canberra: ABS.
- Australian Health Ministers 1992. National mental health policy. Canberra: AGPS.
- Australian Institute of Health and Welfare (AIHW) 1998. Australia's health: the sixth biennial health report of the Australian Institute of Health and Welfare. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997a. Australian hospital statistics 1995–96. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1997b. Australian hospital statistics 1993–95: an overview. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1998. Australian hospital statistics 1996–97. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 1999. Australian hospital statistics 1997–98. Canberra: AIHW.
- Bentley R, Abraham B, Gibson D & Wordsworth T 1998. Record linkage at the AIHW [Internal report]. Canberra: AIHW.
- Brameld KJ, Holman CDJ, Bass AJ, Codde JP & Rouse I 1998. Hospitalisation of the elderly during the last year of life: an application of record linkage in Western Australia, 1985–1994. *Journal of Epidemiology and Community Health* 52: 740–744.
- Buckingham W, Burgess P, Solomon S, Pirkis J & Eagar K 1998. Developing a casemix classification for mental health services. Volume 1: Main report. Canberra : Commonwealth Department of Health and Family Services.
- Britt H, Sayer GP, Miller GC, Charles J, Scahill S, Horn F, Bhasale A, McGeecham K 1999. General practice activity in Australia 1998–99. Canberra: AIHW.
- Commonwealth Department of Health and Aged Care 1998. National mental health report 1997. Canberra: AGPS.
- Commonwealth Department of Health and Aged Care 1999. Mental health information development: National information priorities and strategies under the second national mental health plan 1998–2003. Canberra: Commonwealth of Australia.
- Commonwealth Department of Health and Aged Care and Australian Institute of

- Health and Welfare 1999. National health priority areas report: mental health 1998. Canberra: AIHW.
- Department of Primary Industries and Energy (DPIE) and Department of Human Services and Health (DHS) 1994. Rural, remote and metropolitan areas classification, 1991 Census edition. Canberra: AGPS.
- Holman CDJ, Bass AJ, Rouse IL & Hobbs MST 1999. Population-based linkage of health records in Western Australia: development of a health services research linked database. *Australia and New Zealand Journal of Public Health* 23:453–459.
- 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 Australia study. Canberra: AGPS.
- Lawrence DM, Holman CDJ, Jablensky AV & Fuller SA 1999. Suicide rates in psychiatric in-patients: an application of record linkage to mental health research. *Aust New Zealand Journal of Public Health* 23:468–470.
- Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. Canberra: AIHW.
- 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.
- National Health Data Committee (NHDC) 1997. National health data dictionary. Version 6.0. Canberra: AIHW.
- National Health Data Committee (NHDC) 1999. National health data dictionary. Version 8.0. Canberra: AIHW.
- OECD 1999. OECD health data 99: a comparative analysis of 29 countries. Paris: OECD.
- Patterson KM, Holman CDJ, Hulse GK & Unwin E 1999. First-time hospital admissions with illicit drug problems in Indigenous and non-Indigenous Western Australians: an application of record linkage to public health surveillance. *Australia and New Zealand Journal of Public Health* 23:460–463.
- Richmond D 1983. Inquiry into health services for the psychiatrically ill and developmentally disabled. Sydney: NSW Department of Health.
- World Health Organization (WHO) 1994. Composite international diagnostic interview (CIDI) researcher's manual. Geneva: WHO.
- World Health Organization (WHO) 1996. Mental health. Fact sheet No. 130. Geneva: WHO.
- World Health Organization (WHO) 1999. World health report 1999. Geneva: WHO.