

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary, Version 11.0*.

<i>Aboriginal and Torres Strait Islander status</i>	<p>Aboriginal or Torres Strait Islander status of the person according to the following definition:</p> <p>An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.</p>
<i>Acute</i>	<p>Having a short and relatively severe course.</p>
<i>Acute care 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 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. Private acute care hospitals are not controlled by the state or territory health authority.</p>
<i>Additional diagnoses</i>	<p>A condition or complaint either coexisting with the principal diagnosis or arising during the episode of care or attendance at a health care facility.</p> <p>Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources. They are used for casemix analyses relating to severity of illness and classification of patients into Australian Refined Diagnosis Related Groups.</p>
<i>Administrative and clerical staff</i>	<p>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.</p>
<i>Administrative expenditure</i>	<p>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 (including workers compensation).</p>
<i>Admitted patient</i>	<p>A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).</p>

<i>Ambulatory care</i>	Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.
<i>Ambulatory-equivalent separation</i>	A separation that could be considered to be equivalent to ambulatory (non-admitted) mental health care. Defined by excluding those separations that involved ECT, general anaesthesia or other procedures unlikely to be undertaken by ambulatory mental health care services, and those separations that had a mode of separation or admission of death, care type change, left against medical advice or transfer.
<i>Area of usual residence</i>	Geographic location of usual residence of the person. The location is included in the National Hospital Morbidity Database in Statistical Local Area format but aggregated to Remoteness Areas for this report.
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	A patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital. Diagnosis Related Groups provide a summary of the varied reasons for hospitalisation and the complexity of cases a hospital treats. Moreover, as a framework for describing the products of a hospital (that is, patients receiving services), they allow meaningful comparisons of hospitals' efficiency and effectiveness under alternative systems of health care provision.
<i>Available beds</i>	Beds immediately available for use by admitted patients or residents as required. This term includes occupied and unoccupied beds.
<i>Average length of stay (ALOS)</i>	The average number of patient-days for admitted-patient overnight separations.
<i>Care type</i>	The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care). <i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures. <i>Rehabilitation care</i> is care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multidisciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.

Psychogeriatric care is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late-onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. The care is usually evidenced by multi-disciplinary management and regular assessments against a management plan that is working towards negotiated goals within indicative time frames.

Maintenance care is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. Following assessment or treatment, the patient does not require further complex assessment or stabilisation, but requires care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, e.g. at home or in a nursing home by a relative or carer, that is unavailable in the short term.

Other care types include *Palliative care, Geriatric evaluation and management, Newborn care, Organ procurement posthumous and Hospital boarders.*

Community mental health care

Care which involves specialised public mental health services dedicated to the assessment, treatment, rehabilitation and care of non-admitted patients and clients. This excludes specialised mental health care services for admitted patients, support services that are not specialised mental health care services, any services provided by non-government organisations, and any residential care services that are not staffed 24 hours per day.

Community mental health establishment

Establishment that delivers specialised ambulatory mental health services, in hospitals, community-based settings, or in residential care.

Comorbidity

When a person has two or more health problems at the same time.

Country of birth

The country in which the person was born.

The category 'Other English-speaking country' includes United Kingdom, Ireland, New Zealand, South Africa, United States of America and Canada. All other countries, apart from Australia, are included in the 'Non-English-speaking' category.

Diagnostic and allied health professionals

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, engaged mainly in administrative duties. This category also includes all staff not elsewhere included (mainly 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>Encounter</i>	Any professional interchange between a patient and a general practitioner.
<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. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some states and territories).
<i>Episode of admitted patient care</i>	<p>The period of admitted-patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.</p> <p>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>.</p>
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and other adverse effect.
<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 paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Hours of unpaid leave are excluded.
<i>Hospital type</i>	Distinguishes public acute hospitals, public psychiatric hospitals, and private hospitals.
<i>ICD-10-AM</i>	See <i>International Classification of Diseases</i> .

<i>Indigenous status</i>	<p>Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:</p> <p>There are three components to the Commonwealth definition:</p> <ul style="list-style-type: none"> - descent; - self-identification; and - community acceptance. <p>In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.</p>
<i>International Classification of Diseases</i>	<p>The World Health Organization's internationally accepted classification of diseases and related health problems. The 10th Revision, Australian Modifications (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.</p>
<i>Involuntary mental health legal status</i>	<p>Involuntary patients are persons who are detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of appropriate treatment or care.</p>
<i>Marital status</i>	<p>Current marital status of the person.</p>
<i>Medical and surgical supplies expenditure</i>	<p>The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.</p>
<i>Medical officer</i>	<p>Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical officers engaged on an honorary, sessional or fee-for-service basis. It includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent).</p>
<i>Mental disorder</i>	<p>Disturbance of mood or thought that can affect behaviour and distress the person and those around them, so the person cannot function normally.</p>
<i>Mental health legal status</i>	<p>Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation, at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period.</p>
<i>Mental health nurses</i>	<p>Nurses who report that their main area of nursing is mental health.</p>
<i>Mental health-related (principal) diagnosis</i>	<p>A separation is defined as having a mental health-related (principal) diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 3 of <i>Mental Health Services in Australia 2000-01</i>.</p>

<i>Mental health service contacts</i>	The provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.
<i>Mode of admission</i>	Describes the mechanism by which a person begins an episode of admitted patient care in a hospital.
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable) following an episode of admitted patient care.
<i>National Mental Health Strategy</i>	See <i>Box 2.1, page 14</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the health service establishment for the purpose of receiving services such as examination, consultation and treatment, but is not admitted. A visit for administrative purposes is not an occasion of service.
<i>Non-admitted patient</i>	A hospital patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: Emergency Department patient; outpatient; other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services).
<i>Non-ambulatory-equivalent</i>	Separations not considered to be equivalent to ambulatory care. See <i>Ambulatory-equivalent separation</i> .
<i>Non-salary expenditure</i>	Total expenditure related to non-salary operating items.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable. Most of the data that are not published relate to private hospitals in Tasmania, Australian Capital Territory and Northern Territory. These data have not been published for confidentiality reasons.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wardspersons, 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>	Other payments are all other 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 includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.

<i>Overnight separation</i>	The term used to refer to separations where the patient separates from hospital one or more nights after admission (i.e. who is admitted to and separated from the hospital on different dates). The length of an overnight separation is calculated by subtracting the date the patient is admitted from the date of the separation and deducting total leave days.
<i>Patient-days</i>	The number of patient-days is the total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period. See <i>Box 4.1</i> .
<i>Patient transport expenditure</i>	The direct cost of transporting patients excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made by a public hospital establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis. A visiting medical officer is 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. This category includes the same Australian Standard Classification of Occupations codes as the salaried medical officers category.
<i>Pharmaceutical Benefits Scheme (PBS)</i>	A national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs, and that covers all Australians to help them afford standard medications.
<i>Previous specialised treatment</i>	Whether the patient has had a previous admission or service contact for treatment in the speciality area within which treatment is now being provided. For this report, the speciality area referred to is specialised psychiatric care.
<i>Primary disability</i>	The disability category identified by service users or carers in the CSTDA NMDS as the disability most affecting their everyday life.
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care in hospital (or attendance at the health care facility).
<i>Private hospital</i>	Privately owned and operated hospital, 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>Private psychiatric hospital</i>	Establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These hospitals are licensed/approved by each state or territory health authority and cater primarily for patients with psychiatric or behavioural disorders.
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting.
<i>Psychiatric care days</i>	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>Psychiatric disability</i>	Clinically recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity. Impairments of global or specific mental functions may be experienced. Psychiatric disability may be associated with schizophrenias, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders. As defined in the <i>National Community Services Data Dictionary, Version 3</i> .
<i>Psychiatric hospitals</i>	Establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders.
<i>Psychiatrists</i>	Medical practitioners who have been accepted as members of the Royal Australian and New Zealand College of Psychiatrists (RANZCP).
<i>Public hospital</i>	A hospital controlled by a state and territory health authority. Public hospitals offer free diagnostics services, treatment, care and accommodation to all eligible patients.
<i>Public acute care hospital</i>	See <i>Acute care hospitals</i> .
<i>Reason for encounter</i>	The subjective reason/s given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This includes: <ul style="list-style-type: none"> • income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors) • 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 • other recoveries such as those relating to inter-hospital service where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.

<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It is contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
<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>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre.</p> <p>The classification is:</p> <ul style="list-style-type: none"> • Major cities • Inner regional • Outer regional • Remote • Very remote • Migratory.
<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. Expenditure of a capital nature is not included here; nor are salaries and wages of repair and maintenance staff.
<i>Repatriation Pharmaceutical Benefits Scheme (RPBS)</i>	A national, government-funded scheme that subsidises the cost of a wide range of pharmaceuticals for the treatment of eligible veterans, war widows and widowers and dependants.
<i>Residential mental health service</i>	<p>A residential mental health service is a specialised mental health service that:</p> <ul style="list-style-type: none"> • employs mental health-trained staff on-site; • provides rehabilitation, treatment or extended care (to residents provided with care intended to be on an overnight basis; in a domestic-like environment); and • encourages the resident to take responsibility for their daily living activities. <p>These services include those that employ mental health-trained staff on-site 24 hours per day and other services with less intensive staffing. However, all these services employ on-site mental health trained staff for some part of each day.</p>
<i>Resident</i>	A person who receives specialised mental health residential care intended to be for a minimum of one night.

Rural, remote and metropolitan region

- Capital cities: statistical division
- Other metropolitan centres: urban centres with a population of 100,000 or more
- Large rural centres (index of remoteness < 10.5): urban centre with a population between 25,000 and 99,999
- Small rural centres (index of remoteness < 10.5): urban centres with a population between 10,000 and 24,999
- Other rural areas (index of remoteness < 10.5): urban centres with a population less than 10,000
- Remote centres (index of remoteness > 10.5): urban centres with a population greater than 4,999
- Other remote areas (index of remoteness > 10.5): urban centres with a population less than 5,000.

For more information see *Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition* (DPIE & DSHS 1994).

Salaried medical officers

Medical officers engaged by the hospital on a full-time or part-time salaried basis.

Salaries and wages expenditure

Salary and wage payments for all employees of the establishment (including contract staff employed by an agency, provided staffing data are also available). This includes all paid leave (recreation, sick and long-service) and salary and wage payments relating to workers compensation.

Same-day patients

A patient who is admitted and who separates on the same date.

Same-day separation

The term used to refer to separations where the patient separates from hospital on the same day as being admitted (i.e. who is admitted to hospital and who separates from the hospital on the same date).

Separation

Separation is the process by which an episode of care for an admitted patient ceases. The treatment and/or care provided to a patient prior to separation occurs over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

A separation may be formal or statistical.

Formal separation is the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.

Statistical separation is the administrative process by which the hospital records the cessation of an episode of care for a patient within the one hospital stay.

See *Box 4.1*.

Source of referral to public psychiatric hospital

Source from which the person was transferred/referred to the public psychiatric hospital.

<i>Specialised psychiatric care</i>	Care provided by a facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Statistical separation</i>	The administrative process by which a hospital records the cessation of an episode of care for a patient within one hospital stay.
<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 health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<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.

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