7 Admitted patient mental health-related care

7.1 Introduction

Mental health-related ***separations*** can be classified as ambulatory or non-ambulatory. In this chapter, information on non-ambulatory ***admitted patient*** mental health-related care is presented. The data are from the National Hospital Morbidity Database (NHMD), which is a collation of data on admitted patient care in Australian hospitals (see Appendix 1 for more information on the database). The statistical unit for the NHMD is the separation (see Key concepts). Data are not available on the number of separations accrued by an individual, so all the tabulations in this chapter are in terms of separation events, not patients. Ambulatory-equivalent admitted patient care is discussed in Chapter 5.

Admitted patient ***mental health-related*** separations can be divided into those that involved ***specialised psychiatric care*** (which are presented in Section 7.3 of this chapter) and those that did not (Section 7.4). Section 7.5 provides an overview on separations that were not considered to be mental health-related but for which a mental health-related additional diagnosis was reported.

Key concepts

Separation refers to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute 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. Separation data provide information on the number of hospital stays completed in a designated period, typically a financial year. These data can be used as a measure of hospital activity, but can represent quite different types of activity. That is, some separations will occur after same day stays in hospital, some for stays of a few days, while others can be for stays of months or, rarely, years. Thus, the separations data do not allow accurate comparison of hospitals that tend to provide for longer stays and report fewer separations (for example, public psychiatric hospitals) with hospitals that concentrate on providing numerous short stays (for example, acute care hospitals).

An ***admitted patient*** is a patient who undergoes a hospital's formal admission process, and completes an episode of care and 'separates' from the hospital.

A separation is classified as ***mental health-related*** for the purposes of this report if:

- it had a mental health-related principal diagnosis, which, for admitted patient care in this report, is defined as a principal diagnosis that is either a diagnosis that falls within the chapter on Mental and behavioural disorders (Chapter 5) in the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (codes F00 to –F99) or a number of other selected diagnoses (see Appendix 4 for a full list of applicable diagnoses); and/or
- it included any specialised psychiatric care.

(continued)

Key concepts

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

Patient day means the occupancy of a hospital bed (or chair in the case of some same day patients) by an admitted patient for all or part of a day. The patient day (and psychiatric care day) data measure hospital activity in a way that is not as affected by variation in length of stay, as short-stay activity is represented in the same way as long-stay activity. The patient day data presented in this report include days within hospital stays that occurred before 1 July 2005 provided that the separation from hospital occurred during 2005–06. This has little or no impact in private and public acute hospitals, where separations are relatively brief, throughput is relatively high, and the patient days that occurred in the previous year are expected to be approximately balanced by the patient days not included in the counts because they are associated with patients yet to separate from the hospital and therefore yet to be reported. However, some public psychiatric hospitals provide very long stays for small numbers of patients and, as a result, would have comparatively large numbers of patient days recorded that occurred before 2005–06 and that may not be balanced by patient days associated with patients yet to separate from the hospital.

Psychiatric care days are the number of days or part-days the person received care as an admitted patient in a designated psychiatric unit or ward.

Average length of stay is the average number of patient days for admitted patient separations.

7.2 Change over time, 2001–02 to 2005–06

Table 7.1 provides a summary of admitted patient mental health-related separations both with and without specialised psychiatric care, as well as the ***patient days, psychiatric care days*** and ***average length of stay*** data related to those separations by hospital type from 2001–02 to 2005–06. It should be noted that the scope of the data collection and the actual definitions used by the data providers may vary from year to year, so comparisons between reporting years and hospital types should be made with caution.

As mentioned in Chapter 5, a total of 7,311,983 separations were reported from public and private acute and psychiatric hospitals in 2005–06. Approximately 4.4% (322,110) of these separations were mental health-related, comprising both ambulatory-equivalent and non-ambulatory-equivalent admitted patient separations.

A total of 204,186 separations for admitted patient mental health-related care were reported in 2005–06, accounting for 2.8% of all hospital separations and 63.4% (204,186 out of 322,110) of mental health-related separations. Of these, 118,733 (58.1% of 204,186) were separations with specialised psychiatric care.

Over the 5 years to 2005–06, the average annual rate of change for all mental health-related separations was 2.2%. The proportions of separations by specialised care remained fairly constant at approximately 59% for separations with specialised psychiatric care and 41% for those without. Public acute hospitals reported average annual increases in all separations. Private hospitals reported a decline in separations without specialised care (–4.8%) but an increase in those with specialised care (4.0%). For separations with specialised psychiatric care, the average length of stay has increased for public acute hospitals only.

Table 7.1: Admitted patient mental health-related separations[(a)] with and without specialised psychiatric care, 2001–02 to 2005–06

	2001–02	2002–03	2003–04	2004–05	2005–06	Average annual change (per cent)
			Separations			
Separations with specialised psychiatric care						
Public acute hospitals	71,891	73,972	76,042	76,172	76,019	1.4
Public psychiatric hospitals[(b)]	13,877	13,371	14,188	12,887	13,255	–1.1
Private hospitals	25,201	25,702	26,495	27,793	29,459	4.0
Total	*110,969*	*113,045*	*116,725*	*116,852*	*118,733*	*1.7*
Mental health-related separations without specialised psychiatric care						
Public acute hospitals	63,755	66,607	68,087	70,975	75,195	4.2
Public psychiatric hospitals[(b)(c)]	787	1,055	1,048	1,136	770	–0.5
Private hospitals	11,532	11,462	11,852	10,390	9,488	–4.8
Total	*76,074*	*79,124*	*80,987*	*82,501*	*85,453*	*2.9*
Total mental health-related separations						
Public acute hospitals	135,646	140,579	144,129	147,147	151,214	2.8
Public psychiatric hospitals[(b)]	14,664	14,426	15,236	14,023	14,025	–1.1
Private hospitals	36,733	37,164	38,347	38,183	38,947	1.5
Total	**187,043**	**192,169**	**197,712**	**199,353**	**204,186**	**2.2**
			Patient days			
Patient days for separations with specialised psychiatric care[(d)]						
Public acute hospitals	1,021,348	1,078,122	1,118,512	1,208,422	1,215,274	4.4
Public psychiatric hospitals[(b)]	1,005,918	885,541	666,275	757,916	652,375	–10.3
Private hospitals	431,217	420,496	424,787	441,617	456,146	1.4
Total	*2,458,483*	*2,384,159*	*2,209,574*	*2,407,955*	*2,323,795*	*–1.4*
Patient days for mental health-related separations without specialised psychiatric care						
Public acute hospitals	480,587	427,315	399,342	384,160	419,669	–3.3
Public psychiatric hospitals[(b)(c)]	4,860	9,758	8,341	19,753	5,547	3.4
Private hospitals	134,021	125,438	120,186	96,120	93,266	–8.7
Total	*619,468*	*562,511*	*527,869*	*500,033*	*518,482*	*–4.4*
Total mental health-related patient days						
Public acute hospitals	1,501,935	1,505,437	1,517,854	1,592,582	1,634,943	2.1
Public psychiatric hospitals[(b)]	1,010,778	895,299	674,616	777,669	657,922	–10.2
Private hospitals	565,238	545,934	544,973	537,737	549,412	–0.7
Total	**3,077,951**	**2,946,670**	**2,737,443**	**2,907,988**	**2,842,277**	**–2.0**
			Psychiatric care days			
Public acute hospitals	1,003,727	1,061,681	1,099,446	1,183,862	1,190,652	4.4
Public psychiatric hospitals[(b)]	989,327	866,761	663,541	753,328	644,104	–10.2
Private hospitals	428,232	417,560	423,507	440,663	454,719	1.5
Total	**2,421,286**	**2,346,002**	**2,186,494**	**2,377,853**	**2,289,475**	**–1.4**

(continued)

Table 7.1 (continued): Admitted patient mental health-related separations[(a)] with and without specialised psychiatric care, 2001–02 to 2005–06

	2001–02	2002–03	2003–04	2004–05	2005–06	Average annual change (per cent)
			Average length of stay			
Separations with specialised psychiatric care						
Public acute hospitals	14.2	14.6	14.7	15.9	16.0	3.0
Public psychiatric hospitals[(b)]	72.5	66.2	47.0	58.8	49.2	–9.2
Private hospitals	17.1	16.4	16.0	15.9	15.5	–2.5
Total	*22.2*	*21.1*	*18.9*	*20.6*	*19.6*	*–3.1*
Mental health-related separations without specialised psychiatric care						
Public acute hospitals	7.5	6.4	5.9	5.4	5.6	–7.2
Public psychiatric hospitals[(b)(c)]	6.2	9.2	8.0	17.4	7.2	3.9
Private hospitals	11.6	10.9	10.1	9.3	9.8	–4.1
Total	*8.1*	*7.1*	*6.5*	*6.1*	*6.1*	*–7.1*
Total mental health-related separations						
Public acute hospitals	11.1	10.7	10.5	10.8	10.8	–0.6
Public psychiatric hospitals[(b)]	68.9	62.1	44.3	55.5	46.9	–9.2
Private hospitals	15.4	14.7	14.2	14.1	14.1	–2.1
Total	**16.5**	**15.3**	**13.8**	**14.6**	**13.9**	**–4.1**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) In Tasmania, some long-stay patients in public psychiatric hospitals were integrated into community mental health care services during 2001–02. Consequently the number of separations and length of stay for public psychiatric hospitals may be inflated for the year.

(c) Mental health-related separations without specialised psychiatric care reported by public psychiatric hospitals relate to the provision of alcohol and drug treatment in New South Wales public psychiatric hospitals.

(d) These data indicate the number of patient days for separations with at least some specialised psychiatric care. This figure will not necessarily be equivalent to a count of psychiatric care days, as some separations will include days of specialised psychiatric care and days of other care.

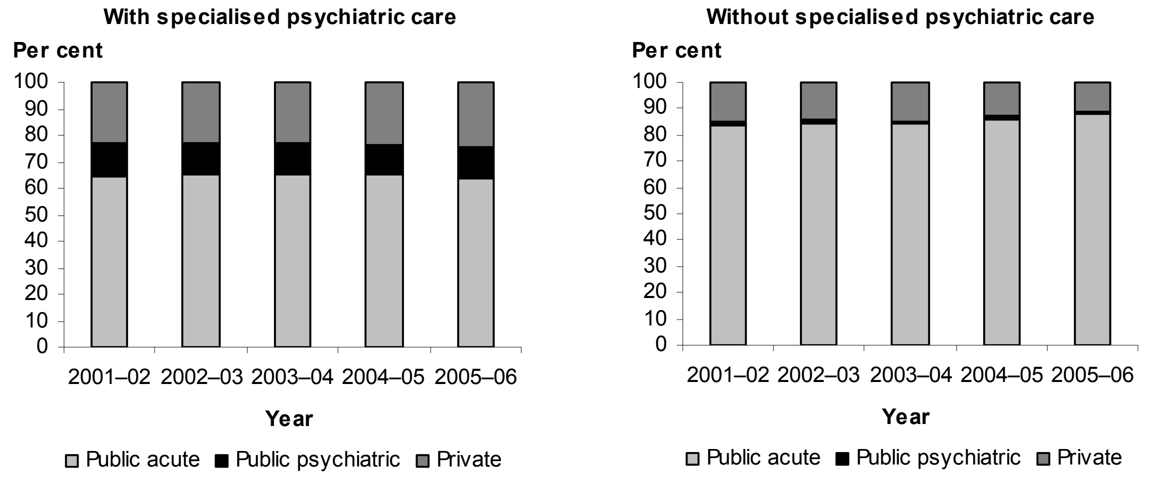
Source: National Hospital Morbidity Database.

Figure 7.1 shows the percentage of separations with and without specialised psychiatric care by hospital type. For separations with specialised psychiatric care, public acute hospitals maintained their dominance as providers (over 60%) of admitted patient services over the 5 years to 2005–06. In 2005–06, there was a slight reduction (1.2%) in the overall percentage of public acute hospital separations and a corresponding increase in private hospital (1%) and public psychiatric hospital (0.2%) separations. The dominance of public acute hospitals was even more pronounced (over 80%) in mental health-related separations without specialised psychiatric care. This is partly explained by the smaller role of public psychiatric hospitals in providing non-specialised psychiatric care, although private hospitals also played a lesser role in this type of care. In 2005–06, there was a 2% overall increase in the number of separations reported by public acute hospitals. In general, the proportion of separations reported by each hospital type remained fairly constant over the 5 years.

Figure 7.2 shows the average length of stay for separations with and without specialised psychiatric care by hospital type. As outlined in the key concepts, public psychiatric hospitals tend to provide for longer stays and report fewer separations, which explains the noticeably higher average length of stay for separations with specialised psychiatric care.

Public psychiatric hospitals also have a higher percentage of separations with involuntary mental health legal status (Table 7.3).

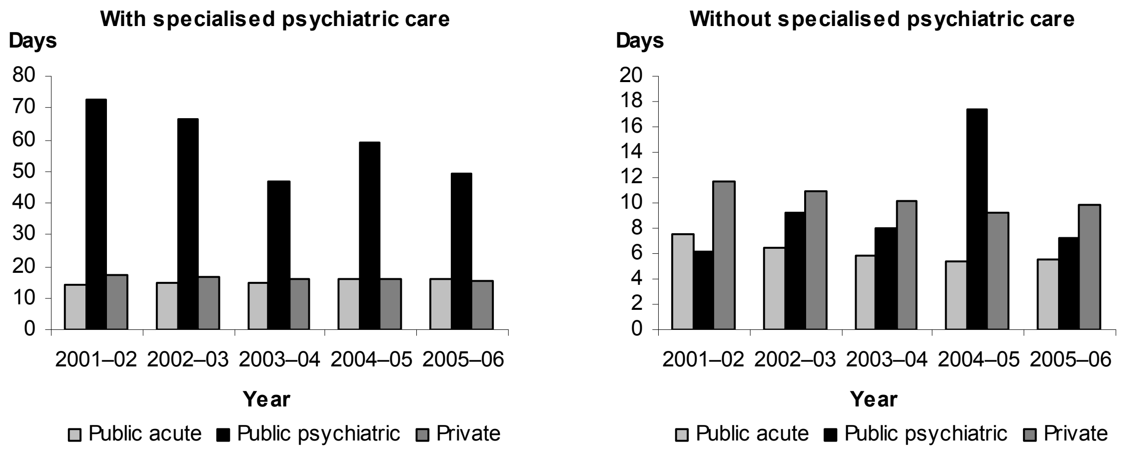
A different picture is apparent for mental health-related separations without specialised psychiatric care. The average length of stay was noticeably higher for private hospital separations across all years except in 2004–05 when there was a longer average length of stay for public psychiatric hospitals.



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.1: Mental health–related separations with and without specialised psychiatric care, by hospital type, 2005–06



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.2: Average length of stay for mental health–related separations with and without specialised psychiatric care, by hospital type, 2005–06

7.3 Specialised admitted patient mental health care

Specialised admitted patient mental health care refers to separations involving one or more days of specialised psychiatric care in a psychiatric unit or ward.

Of the 204,186 mental health-related separations for admitted patient care, 118,733 (58.1%) involved specialised psychiatric care (Table 7.1).

States and territories and hospital type

Table 7.2 shows the number of separations with specialised psychiatric care for each state and territory by hospital type. Confidentiality reasons prevent the publication of private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory, but the figures are included in the national total. The number of separations and patient days per 1,000 population are provided to account for differences in population between jurisdictions. It should be noted that jurisdictional data differences may reflect differences in service delivery practices, admission practices and/or the types of establishments categorised as hospitals. Caution should be used in the interpretation and comparison of data between jurisdictions.

The data indicates that of the five jurisdictions with fully reported figures, Queensland had the highest percentage of public acute hospitals separations (73.8%), while New South Wales had the lowest (55.3%). For private hospital separations, Victoria had the highest percentage (32.9%), which was nearly twice that of South Australia. Public psychiatric hospital separations constituted 11.2% (13,255 out of 118,733) of all separations with New South Wales being the major provider (65.8%). Public psychiatric hospital separations in Victoria and Queensland constituted less than 2% of the total number of separations in each jurisdiction.

The number of separations per 1,000 population, referred to as the separation rate in the following discussion, varied greatly in each jurisdiction. For public acute hospitals, Tasmania has the highest separation rate (6.2) which was 67.6% higher than the national average of 3.7. Public hospital separation rates were higher compared with other hospital types across all jurisdictions.

Queensland was the jurisdiction with the highest number of public hospital patient days (66.8) per 1,000 population. The number of public psychiatric hospital patient days per 1,000 population varied greatly from 6.2 days in Victoria to 69.8 days in South Australia. South Australia reported the lowest number of patient days in private hospitals per 1,000 population (15.4).

All the public acute hospitals separations reported by South Australia and Tasmania involved specialised psychiatric care (100%). The lowest percentage of psychiatric care days compared with the total number of patient days was reported by public acute hospitals in the Australian Capital Territory (93.3%).

Table 7.2: Admitted patient separations[(a)] with specialised psychiatric care, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Separations				
Public acute hospitals	21,258	16,850	19,526	6,629	6,505	2,927	1,178	1,146	76,019
Public psychiatric hospitals	8,725	380	351	1,491	2,060	248	. .	. .	13,255
Private hospitals	8,430	8,466	6,568	3,479	1,753	n.p.	n.p.	n.p.	29,459
Total	**38,413**	**25,696**	**26,445**	**11,599**	**10,318**	**n.p.**	**n.p.**	**n.p.**	**118,733**
					Separations per 1,000 population[(b)]				
Public acute hospitals	3.2	3.3	4.9	3.3	4.2	6.2	3.4	5.3	3.7
Public psychiatric hospitals	1.3	0.1	0.1	0.7	1.3	0.5	. .	. .	0.7
Private hospitals	1.2	1.6	1.6	1.7	1.1	n.p.	n.p.	n.p.	1.4
Total	**5.7**	**5.0**	**6.6**	**5.7**	**6.6**	**n.p.**	**n.p.**	**n.p.**	**5.8**
					Patient days				
Public acute hospitals	353,564	317,754	268,290	119,948	102,545	25,989	16,340	10,844	1,215,274
Public psychiatric hospitals	321,373	31,388	111,251	50,041	113,621	24,701	. .	. .	652,375
Private hospitals	145,262	121,717	100,975	49,955	24,969	n.p.	n.p.	n.p.	456,146
Total	**820,199**	**470,859**	**480,516**	**219,944**	**241,135**	**n.p.**	**n.p.**	**n.p.**	**2,323,795**
					Patient days per 1,000 population[(b)]				
Public acute hospitals	52.0	61.6	66.8	59.7	62.8	55.6	47.1	51.4	58.9
Public psychiatric hospitals	47.1	6.2	27.6	24.5	69.8	48.9	. .	. .	31.6
Private hospitals	21.0	23.5	24.7	24.2	15.4	n.p.	n.p.	n.p.	21.8
Total	**120.1**	**91.3**	**119.1**	**108.5**	**147.9**	**n.p.**	**n.p.**	**n.p.**	**112.3**
					Psychiatric care days				
Public acute hospitals	337,596	317,017	264,150	117,343	102,545	25,989	15,238	10,774	1,190,652
Public psychiatric hospitals	313,102	31,388	111,251	50,041	113,621	24,701	. .	. .	644,104
Private hospitals	144,400	121,611	100,931	49,648	24,969	n.p.	n.p.	n.p.	454,719
Total	**795,098**	**470,016**	**476,332**	**217,032**	**241,135**	**n.p.**	**n.p.**	**n.p.**	**2,289,475**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

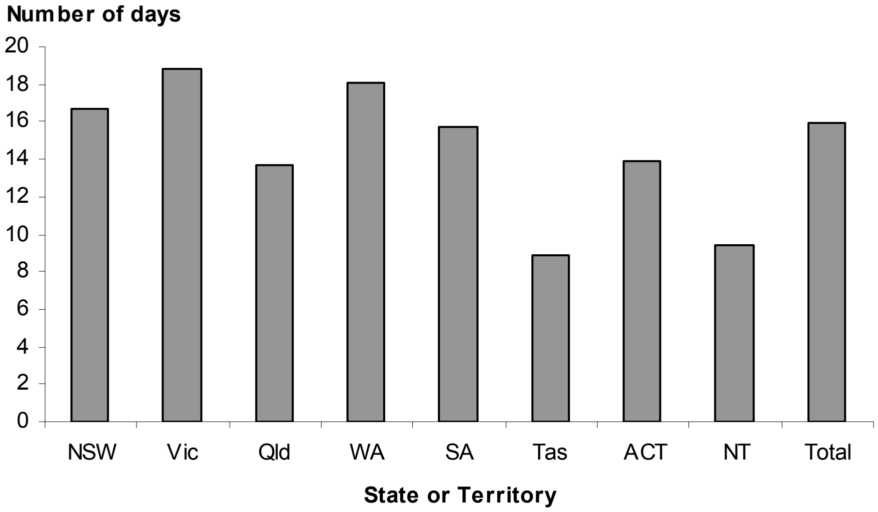
(b) Rates were directly age-standardised as detailed in Appendix 2.

. . Not applicable. The Australian Capital Territory and the Northern Territory do not have any public psychiatric hospitals.

n.p. Not published. Private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory are not published due to confidentiality reasons. However, the figures are included in the national total.

Source: National Hospital Morbidity Database.

Figure 7.3 shows that the average length of stay in public acute hospitals was highest for Victoria, which was nearly twice the average length of stay for the Northern Territory and Tasmania. The average lengths of stay for New South Wales, Victoria and Western Australia were also higher than the national average (16 days).



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.3: Average length of stay for separations with specialised psychiatric care in public acute hospitals, 2005–06

Mental health legal status

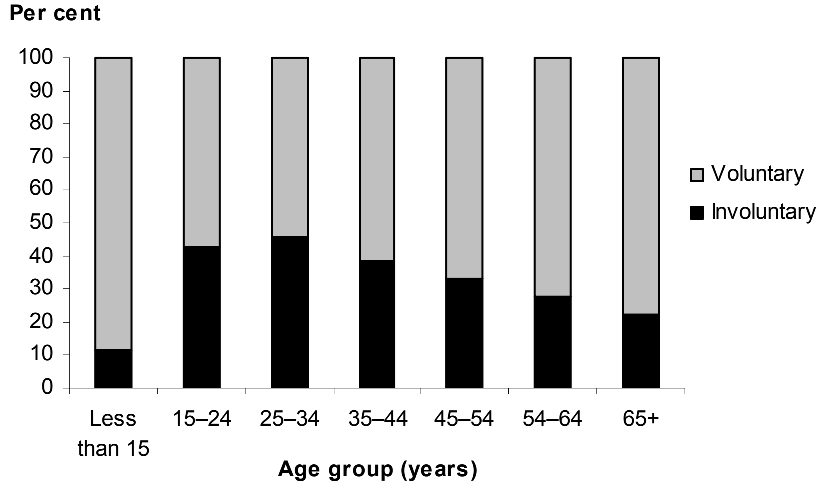
Table 7.3 shows the number of separations with specialised psychiatric care by hospital type and the patient's mental health legal status. Voluntary separations comprised 57.9% of all separations. Public acute hospitals reported the highest number of involuntary separations (79.0%). The majority (69.6%) of private hospital separations were voluntary but there was a relatively high number of private hospital separations with no mental health legal status reported(8,666 or 29.4%). Public psychiatric hospitals have a higher proportion (61.2%) of separations with involuntary status compared with the other hospital types.

Table 7.3: Admitted patient separations[(a)] with specialised psychiatric care, by mental health legal status and hospital type, 2005–06

Mental health legal status	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total
Involuntary	31,509	8,110	276	39,895
Voluntary	43,072	5,145	20,517	68,734
Not reported	1,438	0	8,666	10,104
Total	**76,019**	**13,255**	**29,459**	**118,733**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.4: Separations with specialised psychiatric care, by mental health legal status and age group, 2005–06

Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.5: Involuntary separations with specialised psychiatric care, by age group and sex , 2005–06

Figures 7.4 and 7.5 show the relationship between mental health legal status and demographic characteristics. A higher proportion of involuntary separations is evident for the younger age groups (except for those aged less than 15 years). The highest proportion of separations with involuntary status was for those aged 25–34 years.

A high number of males aged 15–44 years had involuntary separations. However, there were noticeably more involuntary separations for females in those aged less than 15 years. These apparent sex differences tend to be less pronounced in the older age groups.

Patient demographics

Table 7.4 provides a summary of the demographics of patients receiving specialised psychiatric care in 2005–06. In addition, a rate (per 1,000 population) is reported to adjust for relative population sizes and age structures. As these are reports of separations (rather than patients), the rates should not be interpreted as the number of patients with specific characteristics per 1,000 population. Instead, they provide information on the number of separations relative to the size of the population subgroup.

Table 7.4: Admitted patient separations[(a)] with specialised psychiatric care, by patient demographic characteristics, 2005–06

Patient demographics	Number of separations[(b)]	Per cent of separations[(c)]	Rate (per 1,000 population)[(d)]
Age (years)			
Less than 15	1,975	1.7	0.5
15–24	19,300	16.3	6.8
25–34	27,081	22.8	9.3
35–44	25,296	21.3	8.3
45–54	18,712	15.8	6.6
55–64	12,118	10.2	5.5
65+	14,251	12.0	5.4
Sex			
Male	56,799	47.8	5.6
Female	61,934	52.2	5.9
Indigenous status[(e)]			
Indigenous Australians	4,478	3.9	10.4
Other Australians[(f)]	109,139	96.1	5.7
Country of birth			
Australia	92,759	81.1	6.3
Overseas	21,566	18.9	3.8
Area of usual residence			
Major cities	82,043	70.9	6.0
Inner regional	23,253	20.1	5.7
Outer regional	8,856	7.6	4.5
Remote	948	0.8	3.0
Very remote	680	0.6	3.7
Marital status			
Never married	58,222	52.4	. .
Widowed	5,187	4.7	. .
Divorced	9,011	8.1	. .
Separated	6,182	5.6	. .
Married	32,595	29.3	. .
Total	**118,733**	**100.0**	**5.8**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The numbers of separations for each demographic variable may not sum to the total due to missing and/or not reported data.

(c) The percentages shown do not include service contacts for which the demographic information was missing and/or not reported.

(d) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(e) Only Indigenous status data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory have been included in this table as they are the only jurisdictions which consider the data to be of sufficient quality for further analysis. However, caution should be used in the interpretation of these data due to jurisdictional data collection differences; the data does not necessarily represent the national trend.

(f) Includes separations where Indigenous status was missing or not reported (AIHW2005b).

. . Not applicable.

Source: National Hospital Morbidity Database.

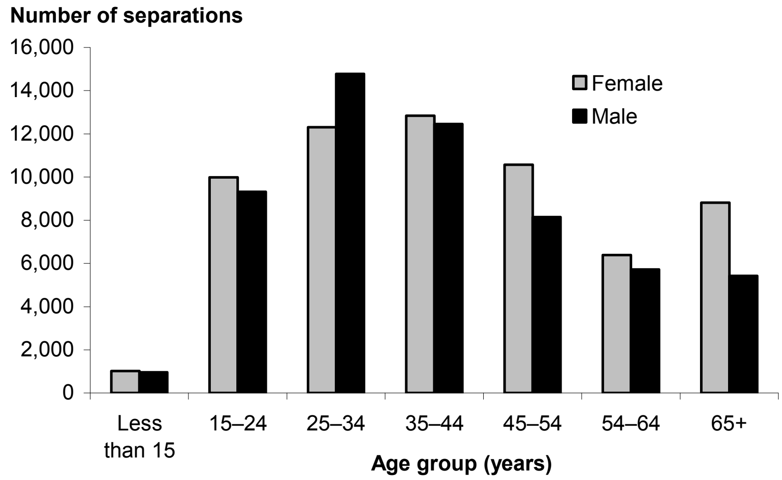
The highest proportion of separations was for patients aged 25–34 years and 35–44 years (22.8% and 21.3%, respectively). The 25–34 age group also had the highest number of separations per 1,000 population (9.3). The lowest proportion of separations was for patients aged less than 15 years (1.7%).

There was no major difference between male and female separations per 1,000 population (5.6 and 5.9, respectively), but there were differences in distributions of separations when age was taken into consideration (Figure 7.6). There were more female separations in all age groups apart from the 25–34 years age group. The biggest difference between the number of male and female separations was in the 65 years and over age group, followed by those aged 45–54 years. Separations were evenly distributed for those aged less than 15 years.

The rate of separation for Australian-born patients was noticeably higher than that of those born overseas (6.3 and 3.8, respectively). Those living in major cities had double the rate of separations of those in remote areas (6.0 and 3.0, respectively).

More than half of the separations (52.4%) involved those who were never married.

The data show that the typical separation involves an Australian-born, non-Indigenous male aged 15–34 years who has never been married and lives in a major city.



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.6: Admitted patient mental health–related separations with specialised psychiatric care by age and sex, 2005–06

Principal diagnosis

Principal diagnosis refers to the diagnosis deemed to be chiefly responsible for the patient's episode of admitted patient care. Table 7.5 shows the distribution of separations with psychiatric care by principal diagnosis and hospital type. Diagnoses are classified according to the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM). Further information on this classification is included in Appendix 3.

In 2005–06, the principal diagnosis of *Schizophrenia* (F20) accounted for the largest number of separations (21,842 or 18.4%). It was the most commonly reported diagnosis for public acute and psychiatric hospitals. *Depressive episode* (F32) ranked second and was the most commonly reported diagnosis for private hospitals. In fact, depressive disorders (F32 and F33) constituted 44.8% of the total number of private hospital separations.

Figures 7.7 and 7.8 show the 10 most commonly reported principal diagnoses by age and sex. For separations involving those aged less than 15 years, *Reaction to severe stress and adjustment disorder* were the most commonly reported diagnoses. Other common diagnoses for the less than 15 years age group included *Conduct disorders* (F91) and *Other specified problems related to psychosocial circumstances* (Z658).

The 15–24 years age group featured prominently in separations with the principal diagnosis of *Mental and behavioural disorders due to other psychoactive substance use* (F11–19) and *Specific personality disorders* (F60). These two diagnoses were also commonly reported for the 25–34 years age group, which had the highest percentage of separations with *Schizophrenia* (F20) as the principal diagnosis. *Eating disorders* (F50) also appeared in the top 10 for separations for the 15–24 year old group. Separations involving the 35–44 years age group were evenly represented in the 10 most commonly reported principal diagnoses. For the 45–54 years age group, there was a higher percentage of separations involving *Mental and behavioural disorders due to use of alcohol* (F10) compared with other commonly reported principal diagnoses. Depressive disorders (F32 and F33) were the most common principal diagnoses reported in separations involving those aged 65 years and over.

There were marked sex differences in the number of separations for the 10 most commonly reported diagnoses (Figure 7.8). For the most commonly reported diagnosis of *Schizophrenia* (F20), the number of male separations was more than twice that of female separations. The diagnoses of *Mental and behavioural disorders due to use of alcohol and other psychoactive substance use* (F10 and F11–F19) also displayed a similar pattern with noticeably more male separations than female separations. Female separations, though, were noticeably higher for the principal diagnoses of *Recurrent depressive disorders* (F33) and *Specific personality disorders* (F60).

Table 7.5: Admitted patient separations[(a)] with specialised psychiatric care, by principal diagnosis in ICD-10-AM and hospital type, 2005–06

Principal diagnosis		Public acute	Public psychiatric	Private	Total	Per cent
F00–F03	Dementia	609	188	162	959	0.8
F04–F09	Other organic mental disorders	599	146	139	884	0.7
F10	Mental and behavioural disorders due to use of alcohol	1,623	542	2,331	4,496	3.8
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	3,464	878	1,038	5,380	4.5
F20	Schizophrenia	17,402	3,231	1,209	21,842	18.4
F21, F24, F28, F29	Schizotypal and other delusional disorders	1,505	260	89	1,854	1.6
F22	Persistent delusional disorders	787	163	89	1,039	0.9
F23	Acute and transient psychotic disorders	1,309	217	137	1,663	1.4
F25	Schizoaffective disorders	5,078	1,028	1,268	7,374	6.2
F30	Manic episode	449	71	54	574	0.5
F31	Bipolar affective disorders	7,331	1,157	3,072	11,560	9.7
F32	Depressive episode	10,844	1,068	7,226	19,138	16.1
F33	Recurrent depressive disorders	3,761	251	5,977	9,989	8.4
F34	Persistent mood (affective) disorders	910	109	341	1,360	1.1
F38–F39	Other and unspecified mood (affective) disorders	143	41	41	225	0.2
F40	Phobic anxiety disorders	62	14	45	121	0.1
F41	Other anxiety disorders	994	57	1,032	2,083	1.8
F42	Obsessive-compulsive disorders	239	22	216	477	0.4
F43	Reaction to severe stress and adjustment disorders	7,232	1,402	2,742	11,376	9.6
F44	Dissociative (conversion) disorders	124	13	269	406	0.3
F45, F48	Somatoform and other neurotic disorders	79	10	50	139	0.1
F50	Eating disorders	604	15	695	1,314	1.1
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	169	24	120	313	0.3
F60	Specific personality disorders	3,642	542	542	4,726	4.0
F61–F69	Disorders of adult personality and behaviour	189	45	103	337	0.3
F70–F79	Mental retardation	139	53	2	194	0.2
F80–F89	Disorders of psychological development	168	31	3	202	0.2
F90	Hyperkinetic disorders	114	11	9	134	0.1
F91	Conduct disorders	291	53	3	347	0.3
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	170	61	7	238	0.2
F99	Mental disorder not otherwise specified	251	22	3	276	0.2
G30	Alzheimer's disease	509	134	52	695	0.6
	Other factors related to mental and behavioural disorders and substance use[(b)]	224	357	2	583	0.5
	Other specified mental health-related principal diagnosis[(c)]	209	17	29	255	0.2
	Other[(d)]	4,796	1,022	362	6,180	5.2
Total		**76,019**	**13,255**	**29,459**	**118,733**	**100.0**

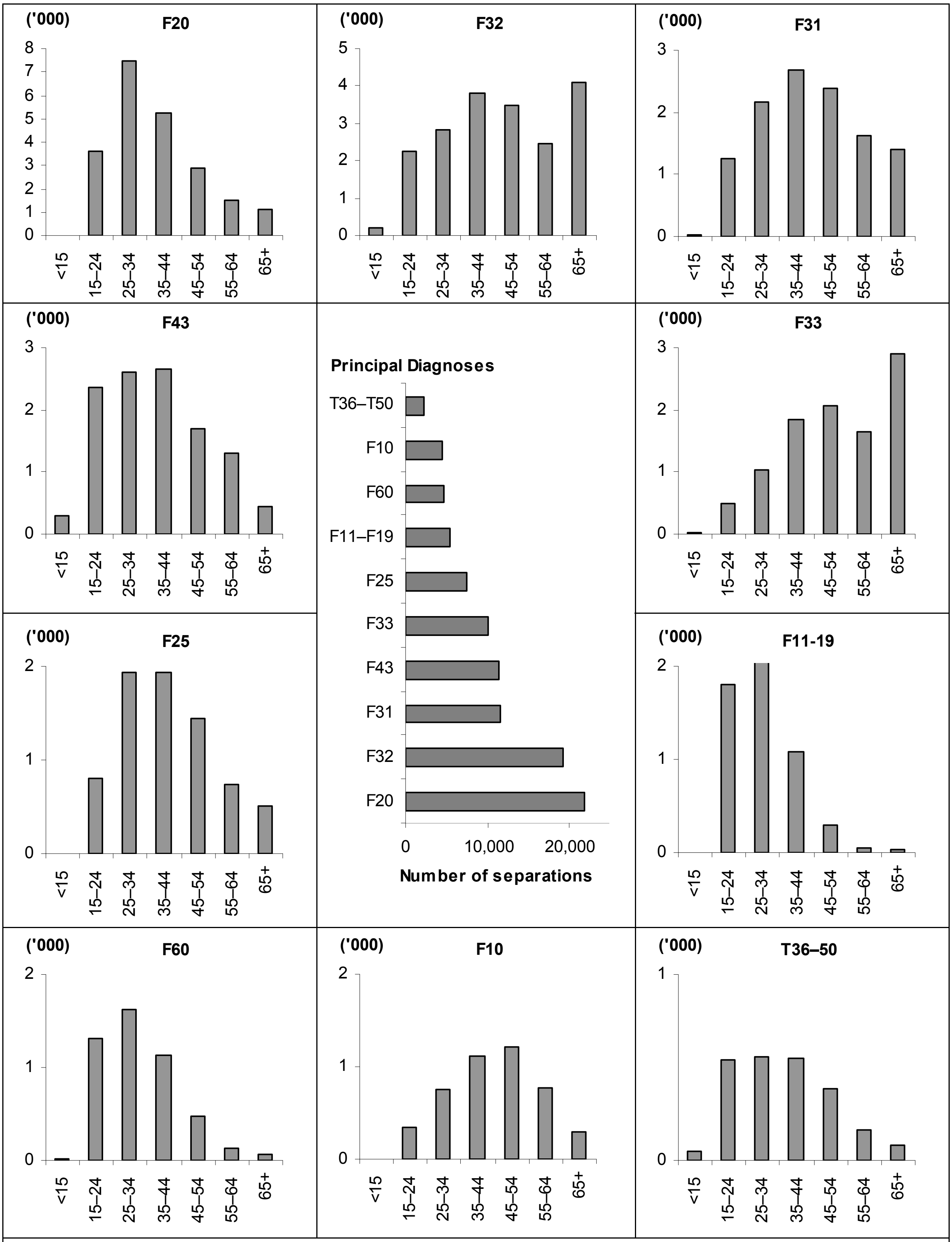
(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Includes ICD-10-AM codes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5 and Z76.0.

(c) Includes separations for which the principal diagnosis was any other mental health-related principal diagnosis as listed in Appendix 4.

(d) Includes all other codes not included as a mental health principal diagnosis as listed in Appendix 4.

Source: National Hospital Morbidity Databas

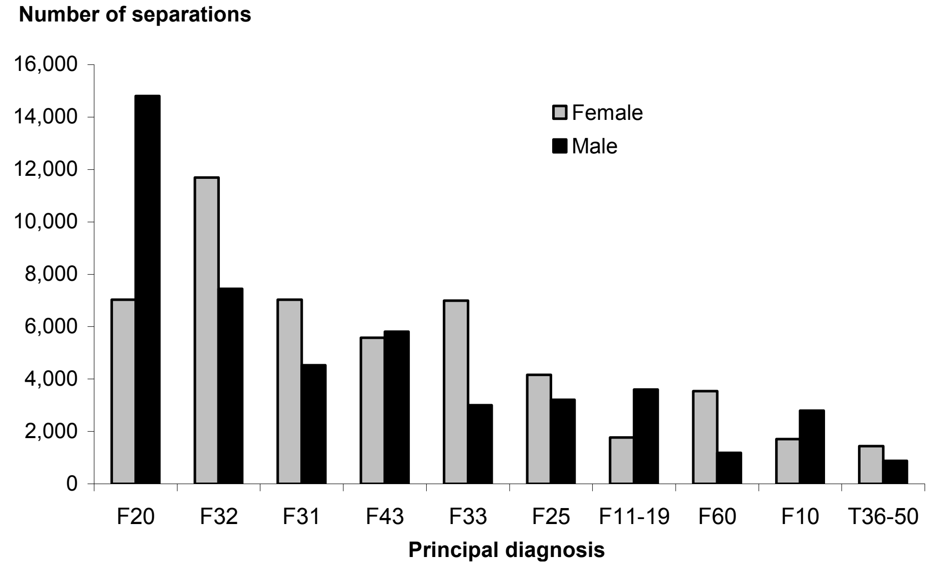


Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital borders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.7: Admitted patient mental health-related separations with specialised psychiatric care, by the 10 most commonly reported principal diagnoses and age group, 2005–06

Key to the principal diagnosis codes in Figures 7.7 and 7.8	
F10	Mental and behavioural disorders due to use of alcohol
F11–F19	Mental and behavioural disorders due to other psychoactive substance use
F20	Schizophrenia
F25	Schizoaffective disorders
F31	Bipolar affective disorders
F32	Depressive episode
F33	Recurrent depressive disorders
F43	Reaction to severe stress and adjustment disorders
F60	Specific personality disorders
T36–50	Poisoning by drugs, medicaments and biological substances



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.8: Admitted patient mental health–related separations with specialised psychiatric care, by the 10 most commonly reported principal diagnoses and sex, 2005–06

Procedures

Table 7.6 details 10 procedures (or interventions) most frequently reported for separations with specialised psychiatric care. Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on this classification is included in Appendix 3.

A total of 157,922 procedures were reported in relation to 63,786 separations. This reflects the fact that more than one procedure can be reported for each separation. No procedures were reported for 46.3% of the separations (54,947 out of 118,733). The most frequently reported procedure was *General anaesthesia, American Society of Anaesthesiologists (ASA) 99.* This procedure was most likely associated with the administration of electroconvulsive therapy (93340-02), a form of treatment for depression which was a commonly reported principal diagnosis. Allied health interventions from a number of different health disciplines also featured prominently in the 10 most frequently reported procedures.

Table 7.6: The 10 most frequently reported procedures for admitted patient separations[(a)] with specialised psychiatric care, 2005–06

Procedure	Procedures[(b)]		Separations[(b)(c)]	
	Number	Per cent	Number	Per cent
92514–99 General anaesthesia, ASA 99	28,499	18	11,183	9.4
95550–01 Allied health intervention, social work	22,406	14.2	22,378	18.8
93340–02 Electroconvulsive therapy ≤ 12 treatments	14,495	9.2	14,370	12.1
95550–02 Allied health intervention, occupational therapy	13,610	8.6	13,594	11.4
95550–10 Allied health intervention, psychology	7,420	4.7	7,414	6.2
92514–29 General anaesthesia, ASA 29	5,236	3.3	1,797	1.5
56001–00 Computerised tomography of brain	5,002	3.2	4,983	4.2
95550–11 Allied health intervention, other	4,454	2.8	4,422	3.7
96175–00 Mental/behavioural assessment	4,234	2.7	4,185	3.5
95550–00 Allied health intervention, dietetics	4,219	2.7	4,208	3.5
Other reported procedures	48,347	30.6	41,987	35.4
	Totals			
Number of separations with at least one procedure	. .	. .	63,786	53.7
No procedure reported	. .	. .	54,947	46.3
Total	**157,922**	**100**	**118,733**	**100**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The number of procedures may not equal the number of separations, as the same procedure may have been performed more than once for each separation.

(c) The sum of the number of separations is not necessarily equivalent to the total, as multiple procedures can be reported for each separation.

. . Not applicable.

Source: National Hospital Morbidity Database.

7.4 Non-specialised admitted patient mental health care

This section presents information on mental health-related separations that did not involve any specialised psychiatric care (that is, the patient did not receive one or more days of care in a specialised psychiatric unit or ward). These separations are classified as mental health-related because the reported principal diagnosis for the separation is either one that falls within the chapter on mental and behavioural disorders in the ICD-10-AM classification (codes F00–F99) or is one of a number of other selected diagnoses (see Appendix 4).

There were 85,453 mental health-related separations without specialised psychiatric care, accounting for 41.9% of all mental health-related separations for admitted patient care.

States and territories and hospital type

Table 7.7 presents the number of separations and patient days for mental health-related separations without specialised psychiatric care for each state and territory. The number of separations and patient days per 1,000 population are also presented, to account for variations in the population size of each jurisdiction.

Table 7.7: Admitted patient separations[a] and patient days for mental health-related separations without specialised psychiatric care, states and territories, 2005–06

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Separations				
Public acute hospitals	27,329	22,799	9,221	6,631	7,063	1,364	335	453	75,195
Public psychiatric hospitals[b]	768	2	0	0	0	0	0	0	770
Private hospitals	1,263	2,483	2,796	1,373	660	n.p.	n.p.	n.p.	9,488
Total	**29,360**	**25,284**	**12,017**	**8,004**	**7,723**	**n.p.**	**n.p.**	**n.p.**	**85,453**
					Separations per 1,000 population[c]				
Public acute hospitals	4.0	4.4	2.3	3.3	4.5	2.8	1.1	2.6	3.7
Public psychiatric hospitals[b]	0.1	0.0	0.0	0.0	0.0	0.0	. .	. .	0.0
Private hospitals	0.2	0.5	0.7	0.7	0.4	n.p.	n.p.	n.p.	0.5
Total	**4.3**	**4.9**	**3.0**	**4.0**	**4.9**	**n.p.**	**n.p.**	**n.p.**	**4.2**
					Patient days				
Public acute hospitals	180,325	107,465	45,492	31,395	39,313	10,968	2,294	2,417	419,669
Public psychiatric hospitals[b]	5,545	2	0	0	0	0	. .	. .	5,547
Private hospitals	13,089	23,217	32,242	8,056	4,726	n.p.	n.p.	n.p.	93,266
Total	**198,959**	**130,684**	**77,734**	**39,451**	**44,039**	**n.p.**	**n.p.**	**n.p.**	**518,482**
					Patient days per 1,000 population[c]				
Public acute hospitals	25.8	20.5	11.4	15.7	23.6	21.9	8.0	19.2	20.2
Public psychiatric hospitals[b]	0.8	0.0	0.0	0.0	0.0	0.0	. .	. .	0.3
Private hospitals	1.9	4.5	8.0	4.1	2.7	n.p.	n.p.	n.p.	4.5
Total	**28.5**	**25.0**	**19.4**	**19.9**	**26.3**	**n.p.**	**n.p.**	**n.p.**	**24.9**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) Mental health-related separations without specialised psychiatric care reported by New South Wales public psychiatric hospitals were mainly for alcohol and drug treatment episodes.

(c) Rates were directly age-standardised as detailed in Appendix 2.

. . Not applicable.

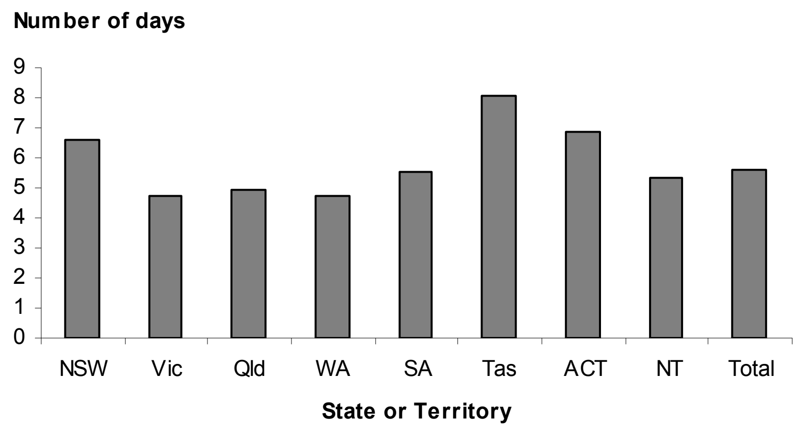
n.p. Not published. Private hospital figures for Tasmania, the Australian Capital Territory and the Northern Territory are not published due to confidentiality reasons. However, the figures are included in the national total.

Source: National Hospital Morbidity Database.

Mental health-related separations without specialised psychiatric care were predominantly provided by public acute hospitals (88% of 85,453). The percentage for this type of separation was lowest for Australian Capital Territory (0.4%). South Australia reported the highest rate of public acute hospital separations per 1,000 population (4.5). The overall separation rates for Victoria and South Australia across all hospital types were also the highest rate among the jurisdictions that fully reported their figures (4.9).

Private hospital separations constituted 11.1% of all mental health-related separations without specialised psychiatric care. Of the five jurisdictions with published private hospital figures, Queensland reported the highest number of patient days per 1,000 population.

Figure 7.9 shows the average length of stay in public acute hospitals for separations without specialised psychiatric care. The average length of stay across all jurisdictions was 5.6 days, which was much lower than the national average of 16 days for separations with specialised care (see Figure 7.3). Tasmania reported the highest average length of stay in public acute hospitals. Tasmania, New South Wales and Australian Capital Territory all reported higher average length of stay figures than the national average.



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.9: Average length of stay for separations without specialised psychiatric care in public acute hospitals, 2005–06

Patient demographics

Table 7.8 presents information on the number of separations without specialised psychiatric care in 2005–06 according to the characteristics of those receiving care. In addition, a rate (per 1,000 population) is reported to take into account relative population sizes and age structures. Again, the number of distinct individuals receiving care cannot be derived from the figures presented.

The highest proportion of separations without specialised psychiatric care was for patients aged 65 years and over (23.9%). This age group also has the highest number of separations per 1,000 population (7.7). The lowest proportion of separations without specialised care was for patients aged less than 15 years (6.9%).

Table 7.8: Mental health-related admitted patient separations[(a)] without specialised psychiatric care, by patient demographic characteristics, 2005–06

Patient demographics	Number of separations[(b)]	Per cent of separations[(c)]	Rate (per 1,000 population)[(d)]
Age (years)			
Less than 15	5,880	6.9	1.5
15–24	9,722	11.4	3.4
25–34	16,430	19.2	5.7
35–44	15,375	18.0	5.0
45–54	10,874	12.7	3.8
55–64	6,754	7.9	3.0
65+	20,399	23.9	7.7
Sex			
Male	40,335	47.2	4.0
Female	45,098	52.8	4.3
Indigenous status[(e)]			
Indigenous Australians	5,103	6.2	13.5
Other Australians[(f)]	77,738	93.8	4.0
Country of birth			
Australia	67,299	81.8	4.5
Overseas	14,961	18.2	2.6
Area of usual residence			
Major cities	49,401	58.9	3.6
Inner regional	18,633	22.2	4.4
Outer regional	12,161	14.5	6.0
Remote	2,386	2.8	7.6
Very remote	1,250	1.5	7.4
Total	**85,453**	**100**	**4.2**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The numbers of separations for each demographic variable may not sum to the total due to missing and/or not reported data.

(c) The percentages shown do not include separations for which the demographic information was missing and/or not reported.

(d) Rates were directly age-standardised, with the exception of age which is a crude rate, as detailed in Appendix 2.

(e) Only Indigenous status data for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory have been included in this table as they are the only jurisdictions which consider the data to be of sufficient quality for further analysis. However, caution should be used in the interpretation of these data due to jurisdictional data collection differences; the data does not necessarily represent the national trend.

(f) Includes separations where Indigenous status was missing or not reported (see AIHW2005b).

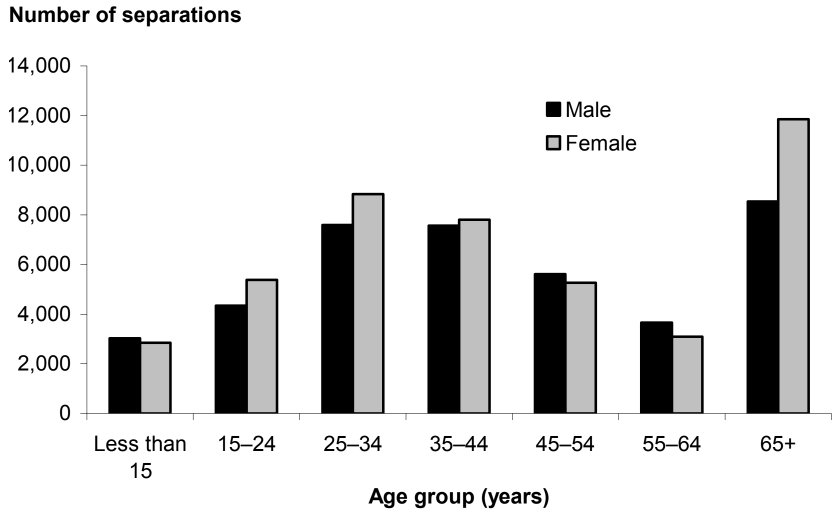
. . Not applicable.

Source: National Hospital Morbidity Database.

There was no major difference between the number of male and female separations per 1,000 population (4.0 and 4.3, respectively). However, as in the case of separations with specialised psychiatric care, there were differences in distributions of separations when age groups were taken into consideration (Figure 7.10). The biggest difference between the number of male and female separations was in the 65 years and over age group, followed by those aged 25–34 years.

The majority of mental health-related separations without specialised psychiatric care reported were for patients living in major cities (58.9%). However, the highest number of separations per 1,000 population was for patients in remote areas (7.6 per 1,000 population). The rate of separations involving Australian-born people was higher than for those born overseas (4.5 and 2.6, respectively). The reporting of marital status is not mandatory for separations without specialised psychiatric care, and is sparsely reported. Consequently, it has not been included in this report.

The data show that the typical separation without specialised care involves an Australian-born non-Indigenous female aged 15–34 years who lives in a major city.



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.10: Admitted patient mental health–related separations without specialised psychiatric care, by age and sex, 2005–06

Principal diagnosis

Table 7.9 presents the principal diagnoses recorded for mental health-related separations without specialised psychiatric care, using various groupings of diagnosis codes from ICD-10-AM. In 2005–06, the principal diagnosis of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (16,361 or 19.1%). It was the most commonly reported diagnosis for public acute and private hospitals. *Depressive episode* (F32) ranked second, constituting 14% of the total number of reported principal diagnoses.

Separations involving *Mental and behavioural disorders due to use of alcohol and other psychoactive substance use* (F10 and F11–F19) constituted the majority of separations reported by public psychiatric hospitals (76.5%).

Figures 7.11 and 7.12 show the 10 most commonly reported principal diagnoses by age and sex. For patients aged less than 15 years, the most common principal diagnoses was in the category *Other specified mental health-related principal diagnosis* which ranked third in the top 10 hierarchy. In this category, sleep-related disorders constituted 98.5% of separations for those aged less than 15 years. For the age group 15–24 years, *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19) were the most common diagnoses. These diagnoses also were also common for the age group 25–34 years, followed by *Reaction to severe stress and adjustment disorders* (F43) and *Schizophrenia* (F20). Over 30%of all separations with these three diagnoses were reported by this age group. The younger age groups reported more separations associated with the use of psychoactive substances (F11–F19). More than half of separations associated with the use of alcohol (F10) were reported by those aged 35–54 years (51.8%). Alcohol-related disorders (F10) were also top of the list for those aged 55–64 years.

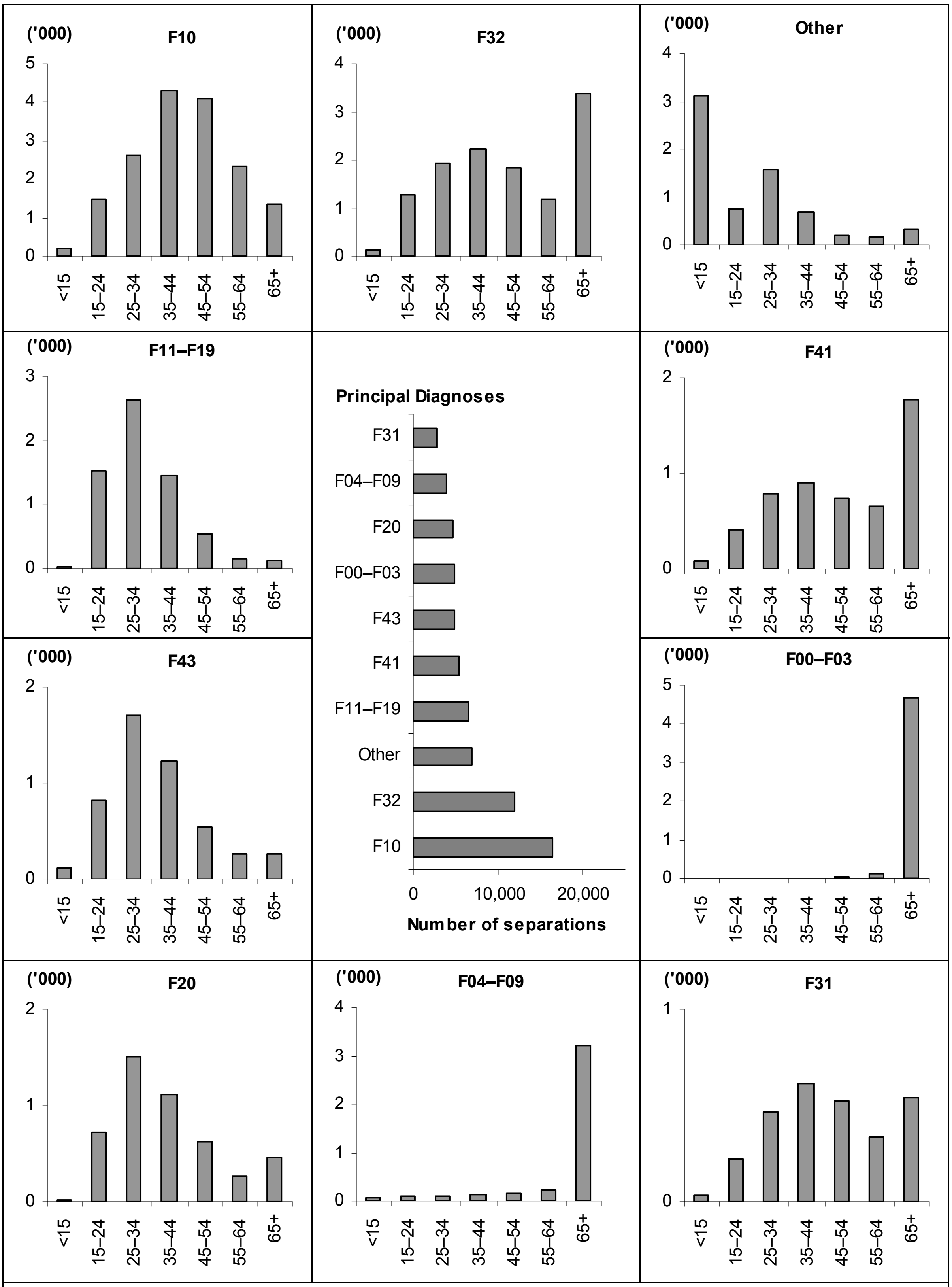
Not surprisingly, separations with the principal diagnosis of *Dementia* (F00–F03) were predominantly reported for those aged 65 years and over. This was also the case for separations with the diagnosis of *Other organic mental disorders* (F04–F09). However, there were also more separations reported for this age group for depressive and anxiety disorders (F32 and F41) compared with other age groups.

Male separations for the principal diagnoses of *Mental and behavioural disorders due to use of alcohol and other psychoactive substance use* (F10 and F11–F19) and *Schizophrenia* (F20) were markedly more than female separations (Figure 7.12).

Table 7.9: Mental health-related admitted patient separations[(a)] without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, 2005–06

Principal diagnosis		Public acute	Public psychiatric	Private	Total	Per cent
F00–F03	Dementia	4,135	0	699	4,834	5.7
F04–F09	Other organic mental disorders	3,458	0	525	3,983	4.7
F10	Mental and behavioural disorders due to use of alcohol	14,368	244	1,749	16,361	19.1
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	5,598	345	519	6,462	7.6
F20	Schizophrenia	4,632	4	66	4,702	5.5
F21, F24, F28, F29	Schizotypal and other delusional disorders	1,275	2	27	1,304	1.5
F22	Persistent delusional disorders	552	1	31	584	0.7
F23	Acute and transient psychotic disorders	1,074	1	22	1,097	1.3
F25	Schizoaffective disorders	1,108	4	57	1,169	1.4
F30	Manic episode	288	0	20	308	0.4
F31	Bipolar affective disorders	2,449	11	271	2,731	3.2
F32	Depressive episode	10,724	40	1,179	11,943	14.0
F33	Recurrent depressive disorders	2,249	12	301	2,562	3.0
F34	Persistent mood (affective) disorders	198	11	45	254	0.3
F38–F39	Other and unspecified mood (affective) disorders	74	0	6	80	0.1
F40	Phobic anxiety disorders	24	0	16	40	0.0
F41	Other anxiety disorders	4,567	5	767	5,339	6.2
F42	Obsessive-compulsive disorders	58	0	12	70	0.1
F43	Reaction to severe stress and adjustment disorders	4,547	11	374	4,932	5.8
F44	Dissociative (conversion) disorders	957	0	66	1,023	1.2
F45, F48	Somatoform and other neurotic disorders	375	0	211	586	0.7
F50	Eating disorders	900	0	83	983	1.2
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	1,017	0	411	1,428	1.7
F60	Specific personality disorders	1,200	3	40	1,243	1.5
F61–F69	Disorders of adult personality and behaviour	96	0	43	139	0.2
F70–F79	Mental retardation	174	0	2	176	0.2
F80–F89	Disorders of psychological development	349	0	63	412	0.5
F90	Hyperkinetic disorders	56	0	1	57	0.1
F91	Conduct disorders	368	0	4	372	0.4
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	465	2	13	480	0.6
F99	Mental disorder not otherwise specified	222	0	0	222	0.3
G30	Alzheimer's disease	1,773	0	334	2,107	2.5
	Other factors related to mental and behavioural disorders and substance use[(b)]	478	74	22	574	0.7
	Other specified mental health-related principal diagnosis[(c)]	5,387	0	1,509	6,896	8.1
Total		**75,195**	**770**	**9,488**	**85,453**	**100.0**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
(b) Includes ICD-10-AM codes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5 and Z76.0.
(c) Includes separations for which the principal diagnosis was any other mental health-related principal diagnosis as listed in Appendix 4.
n.p. Not published.
Source: National Hospital Morbidity Database.



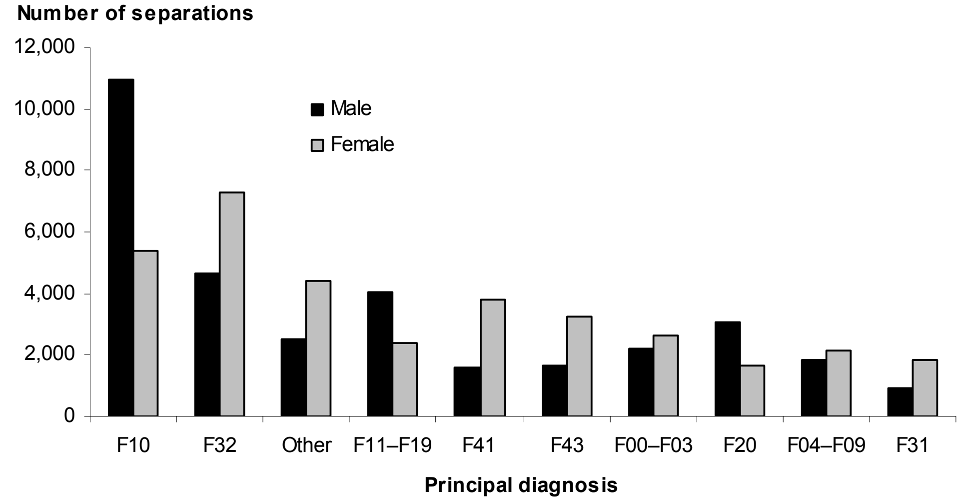
Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital borders* and *Posthumous organ procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.11: Admitted patient mental health-related separations without specialised psychiatric care, by the 10 most commonly reported principal diagnoses and age group, 2005–06

Key to the principal diagnosis codes in Figures 7.11 and 7.12

F00–F03	Dementia
F04–F09	Other organic mental disorders
F10	Mental and behavioural disorders due to use of alcohol
F11–F19	Mental and behavioural disorders due to other psychoactive substance use
F20	Schizophrenia
F31	Bipolar affective disorders
F32	Depressive episode
F41	Other anxiety disorders
F43	Reaction to severe stress and adjustment disorders
Other	Other specified mental health-related principal diagnosis



Note: Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous* organ *procurement* have been excluded.

Source: National Hospital Morbidity Database.

Figure 7.12: Admitted patient mental health–related separations without specialised psychiatric care, by the 10 most commonly reported principal diagnoses and sex, 2005–06

Procedures

Table 7.10 details the 10 procedures or interventions most frequently reported for mental health-related separations without specialised psychiatric care. Procedures are classified according to the *Australian Classification of Health Interventions, 5th edition*. Further information on the classification is included in Appendix 3.

A total of 96,047 procedures were reported in relation to 44,345 separations. This reflects the fact that more than one procedure can be reported for each separation. No procedures were reported for 48.1% (41,108 out of 85,453) of the separations. The most frequently reported procedure was *Allied health intervention, social work* (12,067 procedures for 12,043 separations). Allied health interventions from other health disciplines also featured prominently in the 10 most frequently reported procedures.

Table 7.10: The 10 most frequently reported procedures for mental health-related admitted patient separations[(a)] without specialised psychiatric care, 2005–06

Procedure	Procedures[(b)]		Separations[(b)(c)]	
	Number	Per cent	Number	Per cent
95550–01 Allied health intervention, social work	12,067	12.6	12,043	14.1
95550–03 Allied health intervention, physiotherapy	8,793	9.2	8,778	10.3
56001–00 Computerised tomography of brain	7,167	7.5	7,144	8.4
93340–02 Electroconvulsive therapy ≤ 12 treatments	6,747	7.0	6,736	7.9
92514–99 General Anaesthesia, ASA 99	6,351	6.6	5,830	6.8
95550–02 Allied health intervention, occupational therapy	5,699	5.9	5,682	6.6
95550–00 Allied health intervention, dietetics	4,133	4.3	4,127	4.8
92003–00 Alcohol detoxification	3,586	3.7	3,586	4.2
95550–10 Allied health intervention, psychology	2,747	2.9	2,747	3.2
92006–00 Drug detoxification	2,746	2.9	2,746	3.2
Other reported procedures	36,011	37.5	35,239	41.2
	Totals			
Number of separations with at least one procedure	. .	. .	44,345	51.9
No procedure reported	. .	. .	41,108	48.1
Total	**96,047**	**100**	**85,453**	**100**

(a) Separations for which care type was reported as *Newborn* with no qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.

(b) The number of procedures may not equal the number of separations, as the same procedure may have been performed more than once for each separation.

(c) The sum of the number of separations is not necessarily equivalent to the total, as multiple procedures can be reported for each separation.

. . Not applicable.

Source: National Hospital Morbidity Database.

7.5 Separations with mental health-related additional diagnoses

In addition to the 322,110 admitted patient mental health-related separations, 282,876 separations were not classed as mental health-related (that is, did not have a mental health-related principal diagnosis or receive specialised psychiatric care) but had at least one mental health-related additional diagnosis. These separations accounted for 2,759,125 patient days.

In relation to these separations, the most commonly reported mental health-related additional diagnoses were *Mental and behavioural disorders due to use of alcohol* (F10; 57,640 separations), *Unspecified dementia* (F03; 50,478 separations) and *Depressive episode* (F32; 38,678 separations).

The most commonly reported principal diagnoses for these separations were *Care involving use of rehabilitation procedures* (Z50; 17,549 separations), *Other chronic obstructive pulmonary disease* (J44; 10,743 separations) and *Pneumonia, organism unspecified* (J18; 7,200 separations).

7.6 Additional data

Additional tables containing data on mental health-related admitted patient separations are available from the AIHW website. In addition, data on mental health-related separations for admitted patient mental health care from the NHMD can be accessed via interactive data cubes on the AIHW website. The data cubes allow users to create customised tables based on the number of separations by age group, sex, sector, mental health legal status and year and type of separation, for each principal diagnosis. See Section 1.5 for details on how to access these additional resources.