

4 Residential and admitted patient mental health care

This chapter provides an overview of the provision of residential and admitted patient mental health care by, hospitals, government-operated residential mental health services and residential disability support services funded by the Commonwealth State/Territory Disability Agreement.

As documented in Chapter 1, ambulatory care is the form of mental health care most often used by people with a mental health disorder. Admitted patient and residential mental health care, however, play an important role for those with severe mental health disorders (Jablensky et al. 1999).

There is variation among states and territories in the extent to which admitted patient and residential mental health care are provided by public and private hospitals and by government-operated residential mental health services. Data on these different types of services have therefore been collated for this chapter, as well as data on CSTDA-funded residential care provided by disability support services for clients with psychiatric disabilities. Although these latter services are not usually regarded as health services, they may be, to some extent, an alternative to admitted patient and residential mental health care for some clients. The CSTDA data are summarised in Figure 4.2.

This chapter, and Chapters 5 and 6, present data from the National Hospital Morbidity Database (see Appendix 1) on overnight mental health-related separations and on same day mental health-related separations that were not considered to be equivalent to ambulatory mental health care. The definition of ambulatory-equivalent care is provided in Appendix 2. Briefly, for the purpose of this report a separation was considered to be ambulatory equivalent if the following circumstances applied:

- It was a same day separation; that is, admission and separation were on the same date.
- No procedure or intervention was recorded or any procedure that was recorded was identified as able to be provided in ambulatory mental health care (a list of these procedures is included in Appendix 2).
- The mode of admission did not include care-type change or transfer, and the mode of separation did not include transfer (from another facility), care-type change, left against medical advice or death.

This is the third year that same day separations have been classified in this way. Previously, all same day separations for admitted patients were included in the admitted patient mental health care chapters. The time series in Table 4.1 excludes ambulatory-equivalent same day separations for all years presented. Therefore, some of these figures differ from those reported in earlier publications. For this reason, caution must be used when comparing figures in this report with figures from reports in this series prior to 2001–02 (AIHW 2001, 2002, 2003). Data on same day separations that were identified as equivalent to ambulatory mental health care are presented in Chapter 3.

4.1 Definition of mental health-related separations

Mental health-related separations from hospital include all separations with a mental health-related principal diagnosis and all separations that include any specialised psychiatric care. Separations are defined as having specialised psychiatric care if the patient is reported as having one or more days in a specialised psychiatric unit (also referred to as a designated psychiatric unit) of an acute care hospital or of a public psychiatric hospital. A mental health-related principal diagnosis is defined in the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses – see *Mental Health Services in Australia 2000–01* (AIHW 2003).

The ICD-10-AM 3rd edition codes were used to define mental health-related principal diagnoses for this report and for the 2002–03 report, and were the same as the ICD-10-AM 2nd edition codes used in the 2000–01 report and the 2001–02 report. However, in order to provide a more comprehensive description of mental health-related care, the codes were changed slightly compared with the 1999–00 publication and substantially compared with the 1998–99 report. For this reason, caution must be used when comparing figures reported here with those reported in *Mental Health Services in Australia 1998–99* and *Mental Health Services in Australia 1999–00* (AIHW 2001, 2002). Those publications include details on the codes used to define mental health-related principal diagnoses for 1998–99 and 1999–00.

4.2 National overview

Table 4.1 summarises mental health-related separations and patient days for 1999–00 to 2003–04 for hospitals and government-operated residential mental health services, excluding ambulatory-equivalent mental health-related separations. Tables 4.2 and 4.3 present information on the number of mental health-related separations and patient days by jurisdiction for 2003–04.

- There were 199,631 mental health-related residential and admitted patient separations in 2003–04, of which 24,398 were same day separations and 175,233 were overnight (which means a residential stay or a hospital stay of one night or more) (Table 4.1).
- Public residential mental health care services reported 1,919 separations (1.0% of total mental health-related separations) (Table 4.1), a relatively low number in comparison with hospitals. Victoria had the highest number of separations (754 separations), followed by Tasmania (527) (Table 4.2).
- There were 197,712 mental health-related hospital separations during 2003–04 (Table 4.1), of which 24,398 were same day separations that were not categorised as ‘ambulatory-equivalent’. There were 2,737,443 patient days associated with these mental health-related separations, accounting for 2.9% of total hospital separations during 2003–04 and 11.6% of total hospital patient days. Psychiatric care days accounted for 79.9% (2,186,494 days) of all patient days for mental health-related separations.
- Of the 197,712 mental health-related hospital separations, 116,725, or 59.0%, reported some specialised psychiatric care (Tables 4.1 and 4.2). The proportion of same day separations that included specialised psychiatric care was 43.5%; for overnight hospital separations it was 61.2%. The proportion of all mental health-related overnight patient days that were psychiatric care days was 81.1%.
- Separations with specialised psychiatric care accounted for 52.8% of mental health-related separations in public acute hospitals and 69.1% of those in private hospitals.

- Public hospital separations accounted for 80.6% of mental health-related hospital separations and 80.1% of mental health-related patient days in 2003–04.
- In comparison with other public and private hospitals, public psychiatric hospitals reported the smallest numbers of hospital separations (7.6% of mental health-related hospital separations) and hospital separations with specialised psychiatric care (12.2%) and public acute hospitals reported the largest numbers (72.9% and 65.1% respectively) (Table 4.1).
- Public psychiatric hospitals reported a relatively large proportion of patient days (24.6% of the total), especially for separations with specialised psychiatric care (30.2%). However, it is estimated that a relatively large proportion of these patient days occurred prior to the 2003–04 financial year. Of patient days for separations from public psychiatric hospitals, an estimated 48.8% occurred during 2003–04, compared with estimates of 89.0% for public acute hospitals and 94.3% for private hospitals (Table 4.3). For information on how these estimates were calculated, see *Mental Health Services in Australia 1999–00* (AIHW 2002).
- Public psychiatric hospitals reported a longer average length of stay for all mental health-related separations (44.3 days) compared with private and public acute hospitals (14.2 and 10.5 days respectively) (Table 4.1). Private hospitals reported a longer median length of stay (9 days) compared with public psychiatric and public acute hospitals (8 and 4 days, respectively).

The next section presents data from Table 4.1 on the changes from 1999–00 to 2003–04. Figures 1.4, 1.5 and 1.6 also present time series information on the number of separations, patient days, and average and median lengths of stay by hospital type.

- Since 1999–00 there has been an average annual increase of 2.2% in the number of mental health-related separations. For 2003–04 (199,631 separations) there were 9.1% more separations than the 183,015 reported for 1999–00. Since 1999–00 there has been an average annual increase of 1.2% for overnight separations and 11.8% for same day separations.
- The 118,644 separations with specialised psychiatric care for 2003–04 represented a 9.5% increase compared with 1999–00 (108,386 separations). Since 1999–00 the number of these separations has increased by an average of 2.3% per year.
- The majority of mental health-related hospital separations continue to be reported in the public sector. In 2003–04, 80.6% of mental health-related hospital separations were reported by public hospitals. In 1999–00 the figure was 79.8%.
- Compared with 1999–00, the patient days reported for 2003–04 decreased by 9.1% for separations with specialised psychiatric care (from 2,429,968 to 2,209,574 days) and by 20.1% for separations without specialised psychiatric care (from 660,687 to 527,869 days). The corresponding comparisons between 2002–03 and 2003–04 show a decrease of 7.3% in patient days for separations with specialised psychiatric care and a decrease of 6.0% in those without specialised psychiatric care.
- Patient days for mental health-related separations in public hospitals accounted for 80.1% of all mental health-related patient days in 2003–04, compared with 83.0% in 1999–00. This represents an average annual decrease of 2.0% during this period.

Box 4.1: Measuring hospital activity

*This report presents summary data on admitted patient mental health care in terms of number of separations and patient days (and psychiatric care days). Statistics on admitted patients are compiled when an **admitted patient** (a patient who undergoes a hospital's formal admission process) completes an episode of care and 'separates' from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of patients' episodes of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate.*

Separation and patient day data provide valuable information on the level of admitted patient health care activity undertaken by hospitals. However, this information should be interpreted with an understanding of the characteristics of these two types of data.

***Separation** is the term used to refer 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; however, they can represent quite different types of activity. Some separations will be after same day stays in hospital, some for stays of a few days, but some 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 (e.g. public psychiatric hospitals) with hospitals that concentrate on providing numerous short stays (e.g. acute care hospitals).*

***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. However, the patient day data presented in this report include days within hospital stays that occurred prior to 1 July 2003, provided that the separation from hospital occurred during 2003–04. 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 are 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 prior to 2003–04. Table 4.3 presents information on the estimated proportion of patient days that occurred in the 2003–04 financial year for 2003–04 separations. For public psychiatric hospitals the proportion of mental health-related patient days that occurred in the year was 48.8%. In comparison, the figures for public acute and private hospitals were 89.0% and 94.3% respectively.

Because lengths of stay for patients of public psychiatric hospitals can vary widely and separations may occur unevenly over time, the extent to which patient days that occurred prior to 2003–04 are balanced by patient days associated with patients yet to separate from hospital is not known. Hospital activity relating to these patients would therefore be better estimated with information on patient days in the reporting year for both patients who separate in the year and patients who do not. These data are not available nationally for 2003–04.

- Patient days for mental health-related separations decreased by 11.4% between 1999–00 and 2003–04 and by 7.1% between 2002–03 and 2003–04. The relatively large decrease in patient days from 1999–00 to 2000–01 was largely attributable to public psychiatric hospitals where patient days decreased by 38.4% between 1999–00 and 2000–01 (see Figure 1.5). This reduction in patient days was marked for Queensland and was largely the result of the statistical discharge and re-admission of long-stay patients on 30 June 2000 in this state to cater for the change in the *National Health Data Dictionary* care type definition, effective from 1 July 2000. This would have had the effect of inflating the number of patient days reported in 1999–00 and reducing the number of patient days

reported for 2000–01. Also, a number of long-stay patients were separated from public psychiatric hospitals in Tasmania and admitted to residential facilities over the period 2000–01 to 2001–02. This would also have had the effect of inflating the number of patient days reported compared with earlier years. In private hospitals the number of patient days for mental health-related separations increased by 3.5%, from 526,290 in 1999–00 to 544,973 in 2003–04.

- Since 1999–00, there has been an average annual decrease of 5.1% in the average length of stay for mental health-related separations (17.0 days in 1999–00 and 13.8 days in 2003–04). Public psychiatric hospitals have had an average annual decrease of 11.3% (71.7 days in 1999–00 and 44.3 days in 2003–04).
- For separations excluding patients who transferred from one hospital to another, changed care type during their hospital stay, died in hospital, left against medical advice or were transferred to a residential aged care facility, the average length of stay was relatively stable between 1999–00 and 2003–04 (ranging from 12.4 days to 13.5 days). The median length of stay for these separations was 6 days throughout that period.

There was some variation between jurisdictions in the organisation and distribution of admitted patient and residential mental health care services. These differences included:

- the availability of admitted patient mental health care services in each state and territory
- the availability of residential mental health care facilities
- differing admission practices, particularly with regard to same day separations
- differences in the types of establishments that are categorised as hospitals (see Box 4.2).

There are also differences between jurisdictions in the spread of the population in major cities and in regional and remote areas and in other demographic characteristics of the population. These differences may result in variation in the proportions of separations and patient days reported for the different provider types, in the proportions of separations that are for same day stays, and in the proportions of separations for which specialised psychiatric care was reported. This report therefore presents information separately for each service provider type, for same day and overnight separations, and for separations with specialised psychiatric care (see Chapter 5) and without specialised psychiatric care (see Chapter 6). This allows comparisons to be made between provider types and jurisdictions including or excluding particular types of separations, as appropriate for specific purposes.

4.3 Admitted patient mental health care

National overview

This section presents a brief overview of the data available on mental health-related hospital separations for 2003–04 (Figure 4.1). There were 197,712 mental health-related hospital separations in 2003–04, with 116,725 of these separations including specialised psychiatric care. The total number of patient days was 2,737,443, which included 2,186,494 days with specialised psychiatric care (Table 4.1). The average length of stay was 13.8 days and the median was 6.0 days (Figure 4.1). Nationally, there were 9.9 hospital separations and 135.5 patient days for mental health-related hospital separations and 108.6 psychiatric care days per 1,000 population (Tables 4.2 and 4.3).

Box 4.2: State and territory differences in the scope of services provided for admitted patients

Mental health care for admitted patients in Australia is provided in a large and complex system. Differences in the data presented by jurisdictions may reflect different service delivery practices, differences in admission practices and/or differences in the types of establishments categorised as hospitals. Interpretation of the differences between jurisdictions therefore needs to be done with care.

Some of the differences in service delivery practices are illustrated in Tables 4.2 and 4.3. These show, for example, the relatively high rates of separations for government-operated residential mental health services for Tasmania compared with other jurisdictions.

There are some differences in the approach states and territories and the public and private sectors take to the formal admission and separation of people attending hospital on a same day basis, for example for group therapy sessions or day programs. In jurisdictions such as Tasmania and the territories, these attendances are recorded as non-admitted patient occasions of service. In other jurisdictions, patients are formally admitted for this care and therefore this care is reported as same day separations. For example, relatively large numbers of separations for admitted patients are reported with psychological/psychosocial therapies and other allied health interventions in New South Wales, Queensland and Western Australia (see Table A3.5), but relatively few were reported for the other jurisdictions. Where possible, same day separations which can be regarded as equivalent to ambulatory mental health care have been reported in Chapter 3 (also see Appendix 3). However, these differences may still have some potential to affect the comparability of the separation and service contact data.

States and territories also differ in the extent to which they classify some of their mental health-related residential facilities as admitted patient services within hospitals (or separate hospitals) or as community-based, non-admitted services. This variation applies, for example, with psychogeriatric and long-stay rehabilitation services for people with mental health disorders, which are characterised by relatively lengthy stays. The inclusion of these services in a jurisdiction's admitted patient mental health care statistics increases the number of separations, the number of patient days and the average length of stay relative to jurisdictions that exclude one or more of these services.

In New South Wales, Western Australia and South Australia, mental health services that provide long-stay rehabilitation services and some specialised psychogeriatric units are included within admitted patient settings. In New South Wales, the number of these units included is relatively small. In the Australian Capital Territory and the Northern Territory these activities are undertaken outside admitted patient settings. In Tasmania, psychogeriatric patients are cared for in community (non-hospital) settings. In Victoria, long-stay aged care mental health services have been transferred to community-based services, acute psychogeriatric care occurs in specialised admitted patient facilities, and a number of long-term rehabilitation beds have been transferred to community-based residential beds. Queensland does not classify any of its extended treatment services as residential. Whereas many of these services are included in admitted patient data, some psychogeriatric beds are co-located in nursing homes and are reported in the aged care data set.

Some of this variation is illustrated in Tables 5.20 and 6.16. These tables show, for example, that public hospitals in New South Wales, Queensland, Western Australia and South Australia reported markedly more separations and patient days for the care types of 'rehabilitation', 'psychogeriatric care' and 'maintenance care' than all the other jurisdictions. In Queensland public hospitals, the administrative practice of assigning a care type of 'maintenance care' to long-stay patients has the effect of reducing the proportion of rehabilitation and psychogeriatric patients reported.

Mental health legal status was reported as *Involuntary* for 28.6% of separations. A funding source of 'Public patient' (includes Australian Health Care Agreements and reciprocal health care agreements) was reported for over three-quarters of the separations (75.5%) and 'Private health insurance' was reported for 18.1%. Over half (52.5%) of the separations were for female patients, and 40.9% of separations were for patients in the 25–44 years age group. The majority of separations were in the public sector (80.6%) and most patients (92.7%) had a care type of *Acute care*. A large proportion of patients (78.8%)

had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital.

Depressive episode (F32) was the most common principal diagnosis. The most common procedure reported was *General allied health interventions* (Block 1916), followed by *Cerebral anaesthesia* (Block 1910) and *Electroconvulsive therapy* (Block 1907). The most commonly reported AR-DRG was *Major affective disorders age less than 70 without catastrophic or severe complications or comorbidities* (U63B).

States and territories

Table 4.2 shows the number of same day, overnight and total mental health-related separations per 1,000 population by hospital type for each state and territory. Ambulatory-equivalent mental health-related same day hospital separations are excluded (see Chapter 3). For Australia as a whole there were 9.9 mental health-related hospital separations per 1,000 population. South Australia had the highest rate (12.7 hospital separations per 1,000 population). Nationally, there were 8.6 overnight mental health-related hospital separations per 1,000 population. Again, South Australia had the highest rate, at 11.3 overnight mental health-related hospital separations per 1,000 population. Victoria also had the highest rate for same day mental health-related separations (1.6 per 1,000 population).

Table 4.3 presents a summary of the patient days, psychiatric care days and patient days per 1,000 population by hospital type and state and territory for separations that occurred during 2003–04. Of the 2,737,443 patient days for mental health-related hospital separations, 2,713,045 were for overnight separations.

South Australia reported the highest number of patient days for mental health-related hospital separations per 1,000 population (165.6 patient days) and also had the highest number of psychiatric care days per 1,000 population (138.1). Western Australia had the second highest population rate for patient days (151.2 patient days per 1,000 population) and for psychiatric care days (125.2 per 1,000 population).

These state and territory differences may reflect differences in the recording, classification and provision of admitted patient and other mental health services. They may also reflect administrative practice differences between jurisdictions in the coding of statistical discharge, with variation in the proportion of separations ending in statistical discharge (see Tables 5.19 and 6.15).

Mental health-related diagnoses

Table 4.4 presents statistics on the numbers of separations, patient days and psychiatric care days for mental health-related separations (as defined for this report) and other separations for which a mental health-related additional diagnosis was reported.

- There were 467,212 separations that received specialised psychiatric care and/or for which a mental health-related diagnosis was reported.
- Of these, 41.1% reported a mental health-related principal diagnosis and 77.9% reported a mental health-related additional diagnosis.
- Approximately 57.8% of separations that reported a mental health-related principal diagnosis and 24.8% of separations that reported a mental health-related principal and/or additional diagnosis received specialised psychiatric care
- In 2003–04, 95.1% of separations with specialised psychiatric care had a mental health-related principal diagnosis and 52.2% of these also had a mental health-related additional

diagnosis. The majority of those without a mental health-related principal diagnosis had a mental health-related additional diagnosis (76.2%) (statistics for these separations are presented in Chapter 5).

- There were 80,987 separations with a mental health-related principal diagnosis that did not receive specialised psychiatric care (statistics for these separations are presented in Chapter 6); 39.7% of these also reported a mental health-related additional diagnosis. Where the patient did not receive specialised psychiatric care and the principal diagnosis was not mental health-related, a mental health-related additional diagnosis was reported for 269,500 separations.

4.4 Residential care provided by government-operated residential mental health services

In 2003–04 there were 1,919 separations for government-operated residential mental health services, compared with 1,653 separations in 2002–03. The increase in number of separations reflects the supply of separations data from South Australia which had not been supplied in previous years. Excluding the separations supplied by South Australia (148 separations), there was an increase of 7.1% in the number of residential mental health care separations for 2003–04 compared with 2002–03. Tasmania had the largest number of separations from residential care per 1,000 population (1.1). There were no separations reported for Queensland and the Northern Territory, as these jurisdictions do not have facilities reported as government-operated residential mental health care services.

No national data are available on the characteristics of residents of government-operated residential mental health services or on the length of time that residents spend in the facilities. However, data are expected to become available from the 2004–05 reference year.

4.5 Commonwealth State/Territory Disability Agreement-funded residential mental health care

The disability support services data presented in this section were sourced from the CSTDA National Minimum Data Set collection. This data collection contains data on the characteristics of persons using a CSTDA-funded disability support service between 1 July 2003 and 30 June 2004 (see Section 3.5 or Appendix 1 for information on changes to this collection since 2003). Detailed data on the volume of residential services provided are not available.

The data presented here are for clients with a psychiatric disability who received CSTDA-funded residential accommodation support services. The psychiatric disability can be the service user's primary psychiatric disability or one of the service user's other significant disabilities. The term 'primary disability' refers to the disability category identified by the service user, carer or service as the disability most affecting the client's everyday life. A number of 'other significant' disabilities may be identified by the service user. The proportion of service users who have a psychiatric disability as their primary disability may vary by jurisdictions or client characteristics such as age group. It should be noted that Victorian data are reported to be significantly understated.

Figure 4.2 illustrates the profile of residential service users in terms of CSTDA NMDS data items. During 2003–04 there were 2,958 users of CSTDA-funded residential disability support services who had *Psychiatric disability* reported as either a primary or other

significant disability. For residential services users with a psychiatric disability, the most common primary disability was *Intellectual disability* (76.2%), compared with 11.8% for *Psychiatric disability*. Of residential service users with a psychiatric disability, 57.5% were males and 53.1% were aged between 35 and 54 years. The largest number of residential service users with a primary or other psychiatric disability lived in New South Wales (36.2%).

The majority of residential service users were Australian born (90.7%), with a small proportion born in English-speaking countries other than Australia and in non-English speaking countries (6.4%). Aboriginal or Torres Strait Islander users accounted for 3.3% of total service users.

The main source of income for a majority of service users aged 16 years and over (95.2%) was *Disability support pension*.

The most common type of residential service received was for *Group homes* (68.2%). The most commonly reported living arrangement was *Lives with others* (93.1%) and the most common accommodation type was *Domestic-scale supported living facility* (59.9%), followed by *Supported accommodation facility* (33.9%).

The location of clients receiving services was classified as *Major city*, *Inner regional*, *Outer regional*, *Remote*, *Very remote* or *Not reported* based on the client's postcode; 67.3% of services were received by residents in major cities.

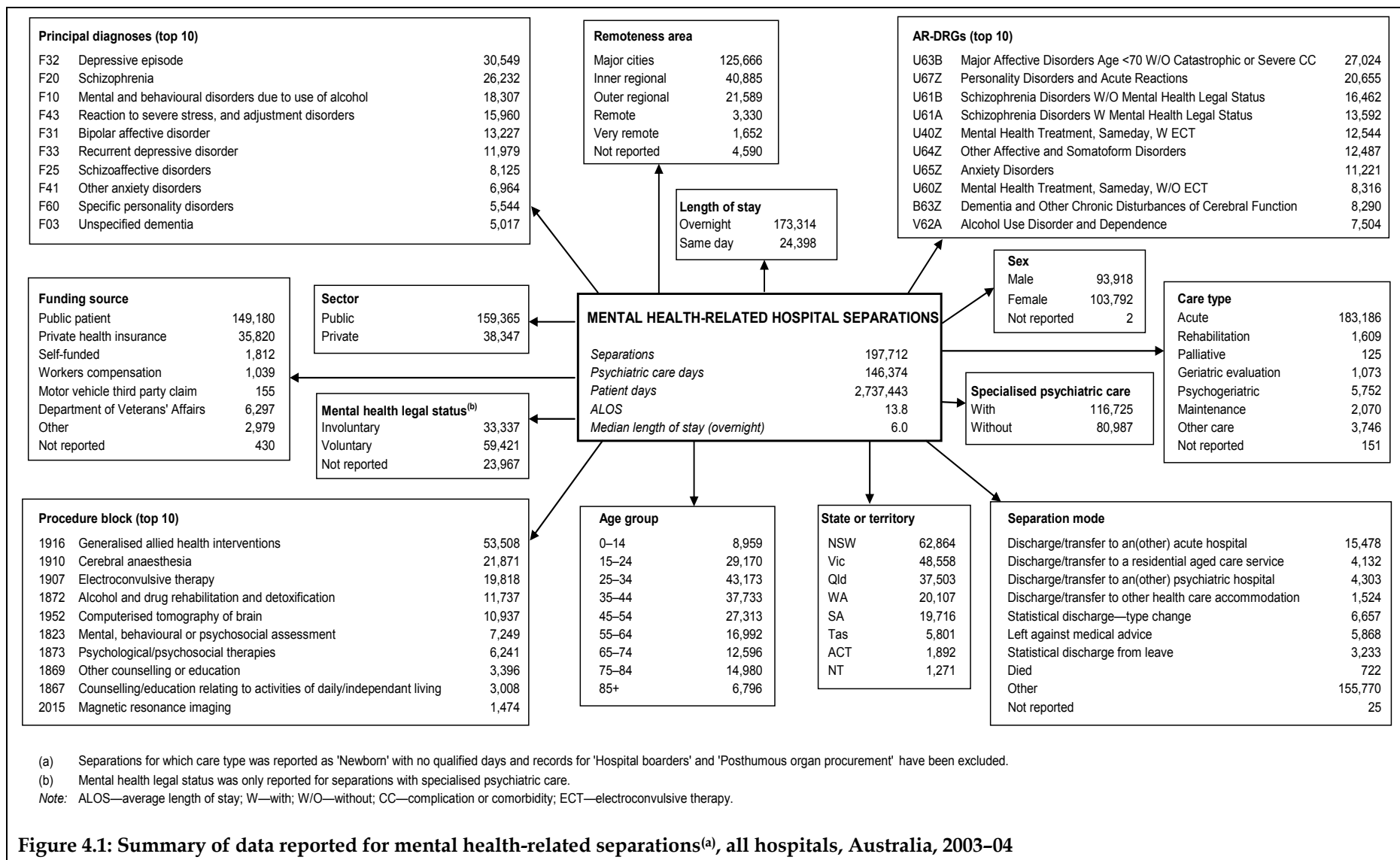


Table 4.1: Separation statistics for residential and admitted patient mental health care, Australia, 1999–00 to 2003–04

	1999–00	2000–01	2001–02	2002–03	2003–04		
	Number	Number	Number	Number	Number	Average annual change (%)	% of all mental health-related
Separations							
Same day separations with specialised psychiatric care							
Public acute hospitals	4,780	4,796	4,954	4,962	5,749	4.7	2.9
Public psychiatric hospitals	534	1,178	631	648	1,283	24.5	0.6
Private hospitals	2,198	2,370	2,951	3,355	3,591	13.1	1.8
<i>Total</i>	<i>7,512</i>	<i>8,344</i>	<i>8,536</i>	<i>8,965</i>	<i>10,623</i>	<i>9.0</i>	<i>5.3</i>
Same day separations without specialised psychiatric care							
Public acute hospitals	7,232	8,593	11,090	11,946	12,422	14.5	6.2
Public psychiatric hospitals ^(b)	0	29	93	142	21	280.7	0.0
Private hospitals	884	634	664	142	1,332	10.8	0.7
<i>Total</i>	<i>8,116</i>	<i>9,256</i>	<i>11,847</i>	<i>12,230</i>	<i>13,775</i>	<i>14.1</i>	<i>6.9</i>
All same day mental health-related separations							
Public acute hospitals	12,012	13,389	16,044	16,908	18,171	10.9	9.1
Public psychiatric hospitals	534	1,207	724	790	1,304	25.0	0.7
Private hospitals	3,082	3,004	3,615	4,196	4,923	12.4	2.5
<i>Total same day separations</i>	<i>15,628</i>	<i>17,600</i>	<i>20,383</i>	<i>21,894</i>	<i>24,398</i>	<i>11.8</i>	<i>12.2</i>
Overnight separations with specialised psychiatric care							
Public acute hospitals	63,635	63,279	66,937	68,866	70,293	2.5	35.2
Public psychiatric hospitals	15,568	13,965	13,246	12,867	12,905	-4.6	6.5
Public residential services	1,545	1,515	1,559	1,653	1,919	5.6	1.0
Private hospitals	20,126	22,464	22,250	22,347	22,904	3.3	11.5
<i>Total^(c)</i>	<i>100,874</i>	<i>101,223</i>	<i>103,992</i>	<i>105,733</i>	<i>108,021</i>	<i>1.7</i>	<i>54.1</i>
Overnight separations without specialised psychiatric care							
Public acute hospitals	53,036	54,402	52,665	54,661	55,665	1.2	27.9
Public psychiatric hospitals ^(b)	3	584	694	913	1,027	330.1	0.5
Private hospitals	13,474	12,297	10,868	10,621	10,520	-6.0	5.3
<i>Total^(c)</i>	<i>66,513</i>	<i>67,283</i>	<i>64,227</i>	<i>66,195</i>	<i>67,212</i>	<i>0.3</i>	<i>33.7</i>
All overnight mental health-related separations							
Public acute hospitals	116,671	117,681	119,602	123,527	125,958	1.9	63.1
Public psychiatric hospitals	15,571	14,549	13,940	13,780	13,932	-2.7	7.0
Public residential services	1,545	1,515	1,559	1,653	1,919	5.6	1.0
Private hospitals	33,600	34,761	33,118	32,968	33,424	-0.1	16.7
<i>Total overnight separations^(c)</i>	<i>167,387</i>	<i>168,506</i>	<i>168,219</i>	<i>171,928</i>	<i>175,233</i>	<i>1.2</i>	<i>87.8</i>
Separations with specialised psychiatric care							
Public acute hospitals	68,415	68,075	71,891	73,828	76,042	2.7	38.1
Public psychiatric hospitals	16,102	15,143	13,877	13,515	14,188	-3.1	7.1
Public residential services	1,545	1,515	1,559	1,653	1,919	5.6	1.0
Private hospitals	22,324	24,834	25,201	25,702	26,495	4.4	13.3
<i>Total^(c)</i>	<i>108,386</i>	<i>109,567</i>	<i>112,528</i>	<i>114,698</i>	<i>118,644</i>	<i>2.3</i>	<i>59.4</i>
Separations without specialised psychiatric care							
Public acute hospitals	60,268	62,995	63,755	66,607	68,087	3.1	34.1
Public psychiatric hospitals ^(b)	3	613	787	1,055	1,048	332.3	0.5
Private hospitals	14,358	12,931	11,532	10,763	11,852	-4.7	5.9
<i>Total^(c)</i>	<i>74,629</i>	<i>76,539</i>	<i>76,074</i>	<i>78,425</i>	<i>80,987</i>	<i>2.1</i>	<i>40.6</i>
Total mental health-related separations							
Public acute hospitals	128,683	131,070	135,646	140,435	144,129	2.9	72.2
Public psychiatric hospitals	16,105	15,756	14,664	14,570	15,236	-1.4	7.6
Public residential services	1,545	1,515	1,559	1,653	1,919	5.6	1.0
Private hospitals	36,682	37,765	36,733	37,164	38,347	1.1	19.2
<i>Total^(c)</i>	<i>183,015</i>	<i>186,106</i>	<i>188,602</i>	<i>193,822</i>	<i>199,631</i>	<i>2.2</i>	<i>100.0</i>
Patient days^(a)							
Patient days for overnight separations with specialised psychiatric care^(d)							
Public acute	927,332	964,695	1,016,394	1,052,562	1,112,763	4.7	40.6
Public psychiatric	1,153,859	706,900	1,005,287	905,491	664,992	-12.9	24.3
Private	341,265	398,454	425,281	417,141	421,196	5.4	15.4
<i>Total^(c)</i>	<i>2,422,456</i>	<i>2,070,049</i>	<i>2,446,962</i>	<i>2,375,194</i>	<i>2,198,951</i>	<i>-2.4</i>	<i>80.3</i>
Patient days for overnight separations without specialised psychiatric care							
Public acute	470,616	452,710	469,497	415,369	386,920	-4.8	14.1
Public psychiatric ^(b)	12	3,075	4,767	9,616	8,320	413.1	0.3
Private	181,943	142,827	133,357	124,597	118,854	-10.1	4.3
<i>Total^(c)</i>	<i>652,571</i>	<i>598,612</i>	<i>607,621</i>	<i>549,582</i>	<i>514,094</i>	<i>-5.8</i>	<i>18.8</i>

(continued)

Table 4.1 (continued): Separation statistics for residential and admitted patient mental health care, Australia, 1999–00 to 2003–04

	1999–00	2000–01	2001–02	2002–03	2003–04		
	Number	Number	Number	Number	Number	Average annual change (%)	% of all mental health-related
Patient days for all overnight mental health-related separations							
Public acute hospitals	1,397,948	1,417,405	1,485,891	1,467,931	1,499,683	1.8	54.8
Public psychiatric hospitals	1,153,871	709,975	1,010,054	915,107	673,312	-12.6	24.6
Private hospitals	523,208	541,281	558,638	541,738	540,050	0.8	19.7
<i>Total overnight patient days^(c)</i>	<i>3,075,027</i>	<i>2,668,661</i>	<i>3,054,583</i>	<i>2,924,776</i>	<i>2,713,045</i>	<i>-3.1</i>	<i>99.1</i>
Total patient days for all mental health-related separations							
Public acute hospitals	1,409,960	1,430,794	1,501,935	1,484,839	1,517,854	1.9	55.4
Public psychiatric hospitals	1,154,405	711,182	1,010,778	915,897	674,616	-12.6	24.6
Private hospitals	526,290	544,285	562,253	545,934	544,973	0.9	19.9
Total^{(c)(f)}	3,090,655	2,686,261	3,074,966	2,946,670	2,737,443	-3.0	100.0
Psychiatric care days^{(e)(f)}							
Overnight separations							
Public acute hospitals	912,599	945,134	998,773	1,036,121	1,093,697	4.6	40.0
Public psychiatric hospitals	1,117,453	706,146	988,918	886,711	662,258	-12.3	24.2
Private hospitals	338,203	395,879	425,281	414,205	419,916	5.6	15.3
<i>Total overnight psychiatric care days^(c)</i>	<i>2,368,255</i>	<i>2,047,159</i>	<i>2,412,972</i>	<i>2,337,037</i>	<i>2,175,871</i>	<i>-2.1</i>	<i>79.5</i>
Total psychiatric care days for all mental health-related separations							
Public acute hospitals	917,379	949,930	1,003,727	1,041,083	1,099,446	4.6	40.2
Public psychiatric hospitals	1,117,987	707,324	989,549	887,359	663,541	-12.2	24.2
Private hospitals	340,401	398,249	428,232	417,560	423,507	5.6	15.5
Total^{(c)(f)}	2,375,767	2,055,503	2,421,508	2,346,002	2,186,494	-2.1	79.9
Average length of stay^(a)							
Average length of stay for all overnight mental health-related separations							
Public acute hospitals	12.0	12.0	12.4	11.9	11.9	-0.2	..
Public psychiatric hospitals	74.1	48.8	72.5	66.4	48.3	-10.1	..
Private hospitals	15.6	15.6	17.0	16.4	16.2	0.9	..
<i>Total^(c)</i>	<i>18.5</i>	<i>16.0</i>	<i>18.3</i>	<i>17.2</i>	<i>15.7</i>	<i>-4.1</i>	<i>..</i>
Average length of stay for selected separations^(g)							
Public acute hospitals	10.0	10.0	10.1	10.2	10.1	0.4	..
Public psychiatric hospitals	36.0	28.4	44.0	27.2	25.4	-8.3	..
Private hospitals	14.3	15.1	16.0	16.3	16.0	2.9	..
<i>Total^(c)</i>	<i>12.6</i>	<i>12.4</i>	<i>13.5</i>	<i>12.6</i>	<i>12.4</i>	<i>-0.5</i>	<i>..</i>
Average length of stay for all mental health-related separations							
Public acute hospitals	11.0	10.9	11.1	10.6	10.5	-1.0	..
Public psychiatric hospitals	71.7	45.1	68.9	62.9	44.3	-11.3	..
Private hospitals	14.3	14.4	15.4	14.7	14.2	-0.2	..
Total^(c)	17.0	14.6	16.5	15.3	13.8	-5.0	..
Median length of stay^(a)							
Median length of stay for all overnight mental health-related separations							
Public acute hospitals	5	5	5	5	5	0.0	..
Public psychiatric hospitals	10	8	10	10	9	-2.6	..
Private hospitals	9	10	12	12	11	5.1	..
<i>Total^(c)</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>0.0</i>	<i>..</i>
Median length of stay for selected separations^(g)							
Public acute hospitals	5	5	5	5	5	0.0	..
Public psychiatric hospitals	9	8	9	9	8	-2.9	..
Private hospitals	9	10	12	12	11	5.1	..
<i>Total^(c)</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>0.0</i>	<i>..</i>
Median length of stay for all mental health-related separations							
Public acute hospitals	4	4	4	4	4	0.0	..
Public psychiatric hospitals	9	7	8	9	8	-2.9	..
Private hospitals	8	9	10	10	9	3.0	..
Total^(c)	5	5	5	5	5	0.0	..

(a) Counts of patient days, average length of stay and median length of stay are presented for admitted patient mental health-related separations only.

(b) Separations without specialised mental health care reported by psychiatric hospitals are due to the provision of alcohol and drug treatment episodes in NSW public psychiatric hospitals.

(c) In Tasmania some long-stay patients in public psychiatric hospitals were integrated into community mental health care services during 2000–01 and 2001–02. Consequently the number of separations and lengths of stay for public psychiatric hospitals may be inflated.

(d) 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.

(e) Psychiatric care days are presented as a proportion of all mental health-related patient days.

(f) Statistical discharge and re-admission of long-stay patients in public psychiatric hospitals in Queensland has resulted in inflated numbers of patient days and psychiatric care days for 1999–00 and reduced patient days and psychiatric care days for 2000–01.

(g) Excludes separations for patients who transferred from one hospital to another, changed care type during their hospital stay, died in hospital or left against medical advice or were transferred to a residential aged care facility. Also excludes any separations that began with a transfer from another hospital or a change of care type.

.. Not applicable.

Table 4.2: Summary of separations^(a) for residential and admitted patient mental health care, states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Same day separations									
Same day separations with specialised psychiatric care									
Public acute hospitals	1,243	518	2,530	209	729	487	9	24	5,749
Public psychiatric hospitals	1,014	1	2	17	245	4	..	..	1,283
<i>Public hospitals</i>	<i>2,257</i>	<i>519</i>	<i>2,532</i>	<i>226</i>	<i>974</i>	<i>491</i>	<i>9</i>	<i>24</i>	<i>7,032</i>
Private hospitals	794	1,047	1,124	322	304	n.p.	n.p.	n.p.	3,591
<i>All hospitals</i>	<i>3,051</i>	<i>1,566</i>	<i>3,656</i>	<i>548</i>	<i>1,278</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>10,623</i>
Same day separations without specialised psychiatric care									
Public acute hospitals	3,261	6,353	855	750	960	107	67	69	12,422
Public psychiatric hospitals	21	0	0	0	0	0	..	..	21
<i>Public hospitals</i>	<i>3,282</i>	<i>6,353</i>	<i>855</i>	<i>750</i>	<i>960</i>	<i>107</i>	<i>67</i>	<i>69</i>	<i>12,443</i>
Private hospitals	318	163	48	682	27	n.p.	n.p.	n.p.	1,332
<i>All hospitals</i>	<i>3,600</i>	<i>6,516</i>	<i>903</i>	<i>1,432</i>	<i>987</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>13,775</i>
All mental health-related same day separations									
Public acute hospitals	4,504	6,871	3,385	959	1,689	594	76	93	18,171
Public psychiatric hospitals	1,035	1	2	17	245	4	..	..	1,304
<i>Public hospitals</i>	<i>5,539</i>	<i>6,872</i>	<i>3,387</i>	<i>976</i>	<i>1,934</i>	<i>598</i>	<i>76</i>	<i>93</i>	<i>19,475</i>
Private hospitals	1,112	1,210	1,172	1,004	331	n.p.	n.p.	n.p.	4,923
<i>All hospitals</i>	<i>6,651</i>	<i>8,082</i>	<i>4,559</i>	<i>1,980</i>	<i>2,265</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>24,398</i>
% of same day separations with specialised psychiatric care									
Public acute hospitals	27.6	7.5	74.7	21.8	43.2	82.0	11.8	25.8	31.6
Public psychiatric hospitals	98.0	100.0	100.0	100.0	100.0	100.0	..	..	98.4
<i>Public hospitals</i>	<i>40.7</i>	<i>7.6</i>	<i>74.8</i>	<i>23.2</i>	<i>50.4</i>	<i>82.1</i>	<i>11.8</i>	<i>25.8</i>	<i>36.1</i>
Private hospitals	71.4	86.5	95.9	32.1	91.8	n.p.	n.p.	n.p.	72.9
<i>All hospitals</i>	<i>45.9</i>	<i>19.4</i>	<i>80.2</i>	<i>27.7</i>	<i>56.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>43.5</i>
Same day separations per 1,000 population^(d)									
Public acute hospitals	0.7	1.4	0.9	0.5	1.1	1.2	0.2	0.4	0.9
Public psychiatric hospitals	0.2	0.0	0.0	0.0	0.1	0.0	..	..	0.1
<i>Public hospitals</i>	<i>0.8</i>	<i>1.4</i>	<i>0.9</i>	<i>0.5</i>	<i>1.2</i>	<i>1.2</i>	<i>0.2</i>	<i>0.4</i>	<i>1.0</i>
Private hospitals	0.2	0.2	0.3	0.5	0.2	n.p.	n.p.	n.p.	0.2
<i>All hospitals</i>	<i>1.0</i>	<i>1.6</i>	<i>1.2</i>	<i>1.0</i>	<i>1.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.2</i>
95% confidence interval	0.9–1.0	1.5–1.6	1.1–1.2	0.9–1.0	1.4–1.5	1.3–1.4	0.2–0.3	0.3–0.5	1.2–1.2

(continued)

Table 4.2 (continued): Summary of separations^(a) for residential and admitted patient mental health care, states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
	Overnight separations								
Overnight separations with specialised psychiatric care									
Public acute hospitals	18,839	17,262	17,448	6,725	5,704	2,286	1,127	902	70,293
Public psychiatric hospitals	8,007	411	404	1,574	2,307	202	..	..	12,905
Private hospitals	6,173	5,858	5,414	3,054	1,656	n.p.	n.p.	n.p.	22,904
<i>All hospitals</i>	<i>33,019</i>	<i>23,531</i>	<i>23,266</i>	<i>11,353</i>	<i>9,667</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>106,102</i>
Government-operated residential mental health services	236	754	..	214	148	527	40	..	1,919
<i>Public hospitals and government-operated residential mental health services</i>	<i>27,082</i>	<i>18,427</i>	<i>17,852</i>	<i>8,513</i>	<i>8,159</i>	<i>3,015</i>	<i>1,167</i>	<i>902</i>	<i>85,117</i>
<i>All hospitals and government-operated residential mental health services</i>	<i>33,255</i>	<i>24,285</i>	<i>23,266</i>	<i>11,567</i>	<i>9,815</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>108,021</i>
Overnight separations without specialised psychiatric care									
Public acute hospitals	19,996	14,133	7,228	5,549	6,989	1,244	274	252	55,665
Public psychiatric hospitals	1,027	0	0	0	0	0	..	..	1,027
<i>Public hospitals</i>	<i>21,023</i>	<i>14,133</i>	<i>7,228</i>	<i>5,549</i>	<i>6,989</i>	<i>1,244</i>	<i>274</i>	<i>252</i>	<i>56,692</i>
Private hospitals	2,171	2,812	2,450	1,225	795	n.p.	n.p.	n.p.	10,520
<i>All hospitals</i>	<i>23,194</i>	<i>16,945</i>	<i>9,678</i>	<i>6,774</i>	<i>7,784</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>67,212</i>
All mental health-related overnight separations									
Public acute hospitals	38,835	31,395	24,676	12,274	12,693	3,530	1,401	1,154	125,958
Public psychiatric hospitals	9,034	411	404	1,574	2,307	202	..	..	13,932
Private hospitals	8,344	8,670	7,864	4,279	2,451	n.p.	n.p.	n.p.	33,424
<i>All hospitals</i>	<i>56,213</i>	<i>40,476</i>	<i>32,944</i>	<i>18,127</i>	<i>17,451</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>173,314</i>
Government-operated residential mental health services	236	754	..	214	148	527	40	..	1,919
<i>Public hospitals and government-operated residential mental health services</i>	<i>48,105</i>	<i>32,560</i>	<i>25,080</i>	<i>14,062</i>	<i>15,148</i>	<i>4,259</i>	<i>1,441</i>	<i>1,154</i>	<i>141,809</i>
<i>All hospitals and government-operated residential mental health services</i>	<i>56,449</i>	<i>41,230</i>	<i>32,944</i>	<i>18,341</i>	<i>17,599</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>175,233</i>
% of overnight separations with specialised psychiatric care									
Public acute hospitals	48.5	55.0	70.7	54.8	44.9	64.8	80.4	78.2	55.8
Public psychiatric hospitals	88.6	100.0	100.0	100.0	100.0	100.0	..	..	92.6
Private hospitals	74.0	67.6	68.8	71.4	67.6	n.p.	n.p.	n.p.	68.5
<i>All hospitals</i>	<i>58.7</i>	<i>58.1</i>	<i>70.6</i>	<i>62.6</i>	<i>55.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>61.2</i>
Government-operated residential mental health services	100.0	100.0	..	100.0	100.0	100.0	100.0	..	100.0
<i>Public hospitals and government-operated residential mental health services</i>	<i>56.3</i>	<i>56.6</i>	<i>71.2</i>	<i>60.5</i>	<i>53.9</i>	<i>70.8</i>	<i>81.0</i>	<i>78.2</i>	<i>60.0</i>
<i>All hospitals and government-operated residential mental health services</i>	<i>58.9</i>	<i>58.9</i>	<i>70.6</i>	<i>63.1</i>	<i>55.8</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>61.6</i>

(continued)

Table 4.2 (continued): Summary of separations^(a) for residential and admitted patient mental health care, states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations per 1,000 population^(d)									
Public acute hospitals	5.8	6.3	6.5	6.3	8.2	7.7	4.2	5.9	6.3
Public psychiatric hospitals	1.4	0.1	0.1	0.8	1.5	0.4	..	..	0.7
<i>Public hospitals</i>	7.1	6.4	6.6	7.1	9.8	8.1	4.2	5.9	7.0
Private hospitals	1.2	1.7	2.0	2.2	1.5	n.p.	n.p.	n.p.	1.7
<i>All hospitals</i>	8.3	8.1	8.6	9.3	11.3	n.p.	n.p.	n.p.	8.6
95% confidence interval	8.3–8.4	8.0–8.2	8.5–8.7	9.1–9.4	11.1–11.5	10.7–11.3	5.3–5.8	5.7–6.4	8.6–8.7
Government-operated residential mental health services	0.0	0.2	..	0.1	0.1	1.1	0.1	..	0.1
Public hospitals and government-operated residential mental health services	7.2	6.5	6.6	7.2	9.9	9.2	4.4	5.9	7.1
<i>All hospitals and government-operated residential mental health services</i>	8.4	8.3	8.6	9.4	11.4	n.p.	n.p.	n.p.	8.7
Total separations									
Separations with specialised psychiatric care									
Public acute hospitals	20,082	17,780	19,978	6,934	6,433	2,773	1,136	926	76,042
Public psychiatric hospitals	9,021	412	406	1,591	2,552	206	..	..	14,188
Private hospitals	6,967	6,905	6,538	3,376	1,960	n.p.	n.p.	n.p.	26,495
<i>All hospitals</i>	36,070	25,097	26,922	11,901	10,945	n.p.	n.p.	n.p.	116,725
Government-operated residential mental health services	236	754	..	214	148	527	40	..	1,919
Public hospitals and government-operated residential mental health services	29,339	18,946	20,384	8,739	9,133	3,506	1,176	926	92,149
<i>All hospitals and government-operated residential mental health services</i>	36,306	25,851	26,922	12,115	11,093	n.p.	n.p.	n.p.	118,644
Separations with specialised psychiatric care per 1,000 population^(d)									
Public acute hospitals	3.0	3.6	5.2	3.5	4.2	6.0	3.4	4.4	3.8
Public psychiatric hospitals	1.4	0.1	0.1	0.8	1.7	0.4	..	..	0.7
<i>Public hospitals</i>	4.4	3.6	5.3	4.4	5.9	6.4	3.4	4.4	4.5
Private hospitals	1.0	1.4	1.7	1.7	1.2	n.p.	n.p.	n.p.	1.3
<i>All hospitals</i>	5.4	5.0	7.0	6.1	7.1	n.p.	n.p.	n.p.	5.8
95% confidence interval	5.3–5.5	5–5.1	6.9–7.1	6.0–6.2	7.0–7.3	6.9–7.4	4.3–4.7	4.1–4.7	5.8–5.9
Government-operated residential mental health services	0.0	0.2	..	0.1	0.1	1.1	0.1	..	0.1
Public hospitals and government-operated residential mental health services	4.4	3.8	5.3	4.5	6.0	7.5	3.5	4.4	4.6
<i>All hospitals and government-operated residential mental health services</i>	5.4	5.2	7.0	6.2	7.2	n.p.	n.p.	n.p.	5.9
Separations without specialised psychiatric care									
Public hospitals	24,305	20,486	8,083	6,299	7,949	1,351	341	321	69,135
Private hospitals	2,489	2,975	2,498	1,907	822	n.p.	n.p.	n.p.	11,852
<i>All hospitals</i>	26,794	23,461	10,581	8,206	8,771	n.p.	n.p.	n.p.	80,987

(continued)

Table 4.2 (continued): Summary of separations^(a) for residential and admitted patient mental health care, states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Separations without specialised psychiatric care per 1,000 population^(d)									
Public acute hospitals	3.4	4.1	2.1	3.2	5.1	2.9	1.1	1.9	3.4
Private hospitals	0.4	0.6	0.7	1.0	0.5	n.p.	n.p.	n.p.	0.6
<i>All hospitals</i>	3.9	4.7	2.8	4.2	5.6	n.p.	n.p.	n.p.	4.0
95% confidence interval	3.9–4.0	4.6–4.7	2.7–2.8	4.1–4.3	5.5–5.7	4.9–5.3	1.1–1.4	1.8–2.3	4.0–4.1
% of separations with specialised psychiatric care									
Public acute hospitals	46.3	46.5	71.2	52.4	44.7	67.2	76.9	74.3	52.8
Public psychiatric hospitals	89.6	100.0	100.0	100.0	100.0	100.0	..	..	93.1
Private hospitals	73.7	69.9	72.4	63.9	70.5	n.p.	n.p.	n.p.	69.1
<i>All hospitals</i>	57.4	51.7	71.8	59.2	55.5	n.p.	n.p.	n.p.	59.0
Government-operated residential mental health services	100.0	100.0	..	100.0	100.0	100.0	100.0	..	100.0
<i>Public hospitals and government-operated residential mental health services</i>	54.7	48.0	71.6	58.1	53.5	72.2	77.5	74.3	57.1
<i>All hospitals and government-operated residential mental health services</i>	57.5	52.4	71.8	59.6	55.8	n.p.	n.p.	n.p.	59.4
Total separations									
Public acute hospitals	43,339	38,266	28,061	13,233	14,382	4,124	1,477	1,247	144,129
Public psychiatric hospitals	10,069	412	406	1,591	2,552	206	..	..	15,236
Private hospitals	9,456	9,880	9,036	5,283	2,782	n.p.	n.p.	n.p.	38,347
<i>All hospitals</i>	62,864	48,558	37,503	20,107	19,716	n.p.	n.p.	n.p.	197,712
Government-operated residential mental health services	236	754	..	214	148	527	40	..	1,919
<i>Public hospitals and government-operated residential mental health services</i>	53,644	39,432	28,467	15,038	17,082	4,857	1,517	1,247	161,284
<i>All hospitals and government-operated residential mental health services</i>	63,100	49,312	37,503	20,321	19,864	n.p.	n.p.	n.p.	199,631
Total separations per 1,000 population^(d)									
Public acute hospitals	6.4	7.6	7.3	6.8	9.3	8.8	4.5	6.3	7.2
Public psychiatric hospitals	1.5	0.1	0.1	0.8	1.7	0.4	..	..	0.8
<i>Public hospitals</i>	8.0	7.7	7.5	7.6	11.0	9.3	4.5	6.3	8.0
Private hospitals	1.4	2.0	2.3	2.7	1.7	n.p.	n.p.	n.p.	1.9
<i>All hospitals</i>	9.3	9.7	9.8	10.3	12.7	n.p.	n.p.	n.p.	9.9
95% confidence interval	9.3–9.4	9.6–9.8	9.7–9.9	10.2–10.4	12.6–12.9	12–12.6	5.5–6.0	6.1–6.8	9.8–9.9
Government-operated residential mental health services	0.0	0.2	..	0.1	0.1	1.1	0.1	..	0.1
<i>Public hospitals and government-operated residential mental health services</i>	8.0	7.9	7.5	7.7	11.1	10.4	4.6	6.3	8.1
<i>All hospitals and government-operated residential mental health services</i>	9.4	9.9	9.8	10.4	12.8	n.p.	n.p.	n.p.	10.0

(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) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Ambulatory-equivalent hospital separations are excluded.

(c) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(d) All rates except for public community mental health care establishments are directly age standardised, as detailed in Appendix 1. Rates for public community mental health care establishments are crude rates based on the Australian estimated resident population as at 31 December 2003.

n.p. Not published.

.. Not applicable.

Table 4.3: Summary of patient days for admitted patient mental health care^(a), states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Overnight separations									
Patient days for overnight separations with specialised psychiatric care									
Public acute hospitals	308,560	291,948	250,452	123,480	89,584	25,109	13,739	9,891	1,112,763
Public psychiatric hospitals	333,484	30,378	112,713	68,349	99,248	20,820	..	..	664,992
<i>Public hospitals</i>	<i>642,044</i>	<i>322,326</i>	<i>363,165</i>	<i>191,829</i>	<i>188,832</i>	<i>45,929</i>	<i>13,739</i>	<i>9,891</i>	<i>1,777,755</i>
Private hospitals	122,085	104,563	101,118	53,602	27,780	n.p.	n.p.	n.p.	421,196
<i>All hospitals</i>	<i>764,129</i>	<i>426,889</i>	<i>464,283</i>	<i>245,431</i>	<i>216,612</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,198,951</i>
Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring during 2003–04^(d)									
Public acute hospitals	86.9	91.9	86.8	90.1	84.2	91.9	94.4	96.9	88.6
Public psychiatric hospitals	44.9	65.8	25.6	59.5	63.3	48.1	..	..	46.9
Private hospitals	95.1	94.7	93.7	94.4	95.1	n.p.	n.p.	n.p.	94.6
<i>All hospitals</i>	<i>69.9</i>	<i>90.7</i>	<i>73.5</i>	<i>82.5</i>	<i>76.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>77.2</i>
Psychiatric care days for overnight separations with specialised psychiatric care									
Public acute hospitals	295,868	291,948	246,901	121,178	89,584	25,109	13,473	9,636	1,093,697
Public psychiatric hospitals	330,750	30,378	112,713	68,349	99,248	20,820	..	..	662,258
<i>Public hospitals</i>	<i>626,618</i>	<i>322,326</i>	<i>359,614</i>	<i>189,527</i>	<i>188,832</i>	<i>45,929</i>	<i>13,473</i>	<i>9,636</i>	<i>1,755,955</i>
Private hospitals	121,459	104,563	100,888	53,202	27,780	n.p.	n.p.	n.p.	419,916
<i>All hospitals</i>	<i>748,077</i>	<i>426,889</i>	<i>460,502</i>	<i>242,729</i>	<i>216,612</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,175,871</i>
% psychiatric care days per overnight mental health-related patient day									
Public acute hospitals	95.9	100.0	98.6	98.1	100.0	100.0	98.1	97.4	98.3
Public psychiatric hospitals	99.2	100.0	100.0	100.0	100.0	100.0	..	..	99.6
Private hospitals	99.5	100.0	99.8	99.3	100.0	n.p.	n.p.	n.p.	99.7
<i>All hospitals</i>	<i>97.9</i>	<i>100.0</i>	<i>99.2</i>	<i>98.9</i>	<i>100.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>99.0</i>
Patient days for overnight separations without specialised psychiatric care									
Public acute hospitals	153,843	98,623	44,579	35,945	38,825	11,045	2,464	1,596	386,920
Private hospitals	33,260	27,300	30,257	9,288	6,846	n.p.	n.p.	n.p.	118,854
<i>All hospitals</i>	<i>187,103</i>	<i>125,923</i>	<i>74,836</i>	<i>45,233</i>	<i>45,671</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>505,774</i>
Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring during 2003–04^(d)									
Public acute hospitals	87.9	91.6	88.6	84.0	96.6	93.4	90.2	94.0	89.6
Private hospitals	95.6	96.7	96.3	97.1	96.1	n.p.	n.p.	n.p.	96.1
<i>All hospitals</i>	<i>4.3</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.6</i>

(continued)

Table 4.3 (continued): Summary of patient days for admitted patient mental health care^(a), states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Total patient days for all mental health-related overnight separations									
Public acute hospitals	462,403	390,571	295,031	159,425	128,409	36,154	16,203	11,487	1,499,683
Public psychiatric hospitals	333,484	30,378	112,713	68,349	99,248	20,820	..	..	664,992
<i>Public hospitals</i>	<i>795,887</i>	<i>420,949</i>	<i>407,744</i>	<i>227,774</i>	<i>227,657</i>	<i>56,974</i>	<i>16,203</i>	<i>11,487</i>	<i>2,164,675</i>
Private hospitals	155,345	131,863	131,375	62,890	34,626	n.p.	n.p.	n.p.	540,050
<i>All hospitals</i>	<i>951,232</i>	<i>552,812</i>	<i>539,119</i>	<i>290,664</i>	<i>262,283</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,704,725</i>
Estimated proportion of patient days for all mental health-related overnight separations occurring during 2003–04^(d)									
Public acute hospitals	87.2	91.8	87.1	88.7	88.0	92.4	93.7	96.5	88.9
Public psychiatric hospitals	47.3	65.8	25.6	59.5	63.3	48.1	..	..	48.1
Private hospitals	95.2	95.1	94.3	94.8	95.3	n.p.	n.p.	n.p.	94.9
<i>All hospitals</i>	<i>74.5</i>	<i>91.2</i>	<i>76.0</i>	<i>83.2</i>	<i>79.6</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>80.1</i>
% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	64.0	74.7	83.7	76.0	69.8	69.5	83.2	83.9	72.9
Public psychiatric hospitals	99.2	100.0	100.0	100.0	100.0	100.0	..	..	99.6
<i>Public hospitals</i>	<i>78.7</i>	<i>76.6</i>	<i>88.2</i>	<i>83.2</i>	<i>82.9</i>	<i>80.6</i>	<i>83.2</i>	<i>83.9</i>	<i>81.1</i>
Private hospitals	78.2	79.3	76.8	84.6	80.2	n.p.	n.p.	n.p.	77.8
<i>All hospitals</i>	<i>78.6</i>	<i>77.2</i>	<i>85.4</i>	<i>83.5</i>	<i>82.6</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>80.4</i>
Patient days for all mental health-related overnight separations per 1,000 population^(e)									
Public acute hospitals	67.9	77.1	77.3	83.7	79.0	77.5	50.9	62.1	74.3
Public psychiatric hospitals	50.5	6.0	28.9	34.5	63.8	40.5	..	..	33.4
<i>Public hospitals</i>	<i>118.4</i>	<i>83.1</i>	<i>106.2</i>	<i>118.2</i>	<i>142.9</i>	<i>118.0</i>	<i>50.9</i>	<i>62.1</i>	<i>107.8</i>
Private hospitals	22.8	26.1	34.1	32.2	21.4	n.p.	n.p.	n.p.	26.6
<i>All hospitals</i>	<i>141.2</i>	<i>109.2</i>	<i>140.4</i>	<i>150.4</i>	<i>164.2</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>134.4</i>
95% confidence interval	140.9–141.5	108.9–109.5	140.0–140.7	149.8–150.9	163.6–164.9	153.0–155.2	68.6–70.4	63.4–65.7	134.2–134.5
Total separations									
Patient days for separations with specialised psychiatric care									
Public acute hospitals	309,803	292,466	252,982	123,689	90,313	25,596	13,748	9,915	1,118,512
Public psychiatric hospitals	334,498	30,379	112,715	68,366	99,493	20,824	..	..	666,275
<i>Public hospitals</i>	<i>644,301</i>	<i>322,845</i>	<i>365,697</i>	<i>192,055</i>	<i>189,806</i>	<i>46,420</i>	<i>13,748</i>	<i>9,915</i>	<i>1,784,787</i>
Private hospitals	122,879	105,610	102,242	53,924	28,084	n.p.	n.p.	n.p.	424,787
<i>All hospitals</i>	<i>767,180</i>	<i>428,455</i>	<i>467,939</i>	<i>245,979</i>	<i>217,890</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,209,574</i>

(continued)

Table 4.3 (continued): Summary of patient days for admitted patient mental health care^(a), states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Total separations									
Patient days for separations with specialised psychiatric care per 1,000 population^(e)									
Public acute hospitals	46.1	58.1	66.2	64.7	56.4	55.8	41.9	47.5	55.7
Public psychiatric hospitals	49.3	6.0	28.9	34.4	64.0	40.6	..	..	33.1
<i>Public hospitals</i>	<i>95.4</i>	<i>64.2</i>	<i>95.1</i>	<i>99.2</i>	<i>120.4</i>	<i>96.4</i>	<i>41.9</i>	<i>47.5</i>	<i>88.7</i>
Private hospitals	18.1	20.9	26.5	27.3	17.7	n.p.	n.p.	n.p.	21.0
<i>All hospitals</i>	<i>113.5</i>	<i>85.1</i>	<i>121.6</i>	<i>126.5</i>	<i>138.1</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>109.7</i>
95% confidence interval	113.3–113.8	84.8–85.3	121.3–122.0	126.0–127.0	137.5–138.6	108.6–110.5	58.0–59.7	46.6–48.4	109.6–109.9
Estimated proportion of patient days for separations with specialised psychiatric care occurring during 2003–04^(d)									
Public acute hospitals	86.6	91.7	86.1	89.9	83.7	90.4	94.3	96.6	88.2
Public psychiatric hospitals	44.9	66.9	26.4	59.7	63.3	48.1	..	..	47.1
Private hospitals	94.5	93.8	92.7	93.8	94.1	n.p.	n.p.	n.p.	93.8
<i>All hospitals</i>	<i>69.7</i>	<i>90.4</i>	<i>73.1</i>	<i>82.4</i>	<i>75.7</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>76.9</i>
Psychiatric care days for all mental health-related separations									
Public acute hospitals	297,111	292,466	249,431	121,387	90,313	25,596	13,482	9,660	1,099,446
Public psychiatric hospitals	331,764	30,379	112,715	68,366	99,493	20,824	..	..	663,541
<i>Public hospitals</i>	<i>628,875</i>	<i>322,845</i>	<i>362,146</i>	<i>189,753</i>	<i>189,806</i>	<i>46,420</i>	<i>13,482</i>	<i>9,660</i>	<i>1,762,987</i>
Private hospitals	122,253	105,610	102,012	53,524	28,084	n.p.	n.p.	n.p.	423,507
<i>All hospitals</i>	<i>751,128</i>	<i>428,455</i>	<i>464,158</i>	<i>243,277</i>	<i>217,890</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,186,494</i>
Psychiatric care days for all mental health-related separations per 1,000 population^(e)									
Public acute hospitals	44.3	58.2	65.2	63.6	56.4	55.7	41.0	46.2	54.8
Public psychiatric hospitals	49.0	6.0	28.9	34.5	64.0	40.5	..	..	32.9
<i>Public hospitals</i>	<i>93.3</i>	<i>64.2</i>	<i>94.1</i>	<i>98.1</i>	<i>120.4</i>	<i>96.3</i>	<i>41.0</i>	<i>46.2</i>	<i>87.7</i>
Private hospitals	18.0	20.9	26.4	27.1	17.7	n.p.	n.p.	n.p.	20.9
<i>All hospitals</i>	<i>111.3</i>	<i>85.1</i>	<i>120.5</i>	<i>125.2</i>	<i>138.1</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>108.6</i>
95% confidence interval	111.0–111.5	84.9–85.4	120.2–120.9	124.7–125.7	137.5–138.7	108.6–110.4	57.0–58.7	45.3–47.1	108.5–108.8
Patient days for all mental health-related separations without specialised psychiatric care									
Public acute hospitals	157,104	104,976	45,434	36,695	39,785	11,152	2,531	1,665	399,342
Private hospitals	33,578	27,463	30,305	9,970	6,873	n.p.	n.p.	n.p.	120,186
<i>All hospitals^(f)</i>	<i>190,682</i>	<i>132,439</i>	<i>75,739</i>	<i>46,665</i>	<i>46,658</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>527,869</i>
Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population^(e)									
Public acute hospitals	22.4	20.2	12.0	19.4	23.7	22.9	9.2	15.0	19.5
Private hospitals	4.8	5.4	8.0	5.3	3.9	n.p.	n.p.	n.p.	5.9
<i>All hospitals^(f)</i>	<i>28.5</i>	<i>25.6</i>	<i>20.0</i>	<i>24.7</i>	<i>27.5</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>25.8</i>
95% confidence interval	28.3–28.6	25.5–25.8	19.9–20.2	24.5–24.9	27.3–27.8	45.4–46.6	10.6–11.4	16.6–18.2	25.7–25.8

(continued)

Table 4.3 (continued): Summary of patient days for admitted patient mental health care^(a), states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Estimated proportion of patient days for separations without specialised psychiatric care occurring during 2003–04^(d)									
Public acute hospitals	86.3	86.9	87.2	82.7	94.4	92.6	88.1	90.5	87.2
Private hospitals	94.7	96.1	96.2	90.5	95.7	n.p.	n.p.	n.p.	95.0
<i>All hospitals^(f)</i>	6.0	4.7	1.2	3.0	2.1	n.p.	n.p.	n.p.	4.1
Patient days for all mental health-related separations									
Public acute hospitals	466,907	397,442	298,416	160,384	130,098	36,748	16,279	11,580	1,517,854
Public psychiatric hospitals	334,498	30,379	112,715	68,366	99,493	20,824	..	..	666,275
<i>Public hospitals</i>	<i>801,405</i>	<i>427,821</i>	<i>411,131</i>	<i>228,750</i>	<i>229,591</i>	<i>57,572</i>	<i>16,279</i>	<i>11,580</i>	<i>2,184,129</i>
Private hospitals	156,457	133,073	132,547	63,894	34,957	n.p.	n.p.	n.p.	520,928
<i>All hospitals</i>	<i>957,862</i>	<i>560,894</i>	<i>543,678</i>	<i>292,644</i>	<i>264,548</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,619,626</i>
% of patient days for all mental health-related separations that were psychiatric care days									
Public acute hospitals	63.6	73.6	83.6	75.7	69.4	69.7	82.8	83.4	72.4
Public psychiatric hospitals	99.2	100.0	100.0	100.0	100.0	100.0	..	..	99.6
<i>Public hospitals</i>	<i>78.5</i>	<i>75.5</i>	<i>88.1</i>	<i>83.0</i>	<i>82.7</i>	<i>80.6</i>	<i>82.8</i>	<i>83.4</i>	<i>80.7</i>
Private hospitals	78.1	79.4	77.0	83.8	80.3	n.p.	n.p.	n.p.	77.7
<i>All hospitals</i>	<i>78.4</i>	<i>76.4</i>	<i>85.4</i>	<i>83.1</i>	<i>82.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>80.1</i>
Patient days per 1,000 population^(e)									
Public acute hospitals	68.5	78.4	78.3	84.1	80.1	78.7	51.1	62.5	75.2
Public psychiatric hospitals	50.6	6.0	28.9	34.4	64.0	40.6	..	..	33.5
<i>Public hospitals</i>	<i>119.1</i>	<i>84.4</i>	<i>107.2</i>	<i>118.6</i>	<i>144.0</i>	<i>119.3</i>	<i>51.1</i>	<i>62.5</i>	<i>108.7</i>
Private hospitals	22.9	26.3	34.5	32.6	21.6	n.p.	n.p.	n.p.	26.8
<i>All hospitals</i>	<i>142.0</i>	<i>110.7</i>	<i>141.6</i>	<i>151.2</i>	<i>165.6</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>135.5</i>
95% confidence interval	141.7–142.3	110.4–111.0	141.2–142.0	150.6–151.7	165.0–166.2	154.5–156.7	68.9–70.7	63.8–66.1	135.3–135.6
Estimated proportion of patient days for all mental health-related separations occurring during 2003–04^(d)									
Public acute hospitals	87.3	91.9	87.2	88.8	88.1	92.5	93.8	96.5	89.0
Public psychiatric hospitals	47.5	69.8	26.7	61.0	63.5	48.5	..	..	48.8
Private hospitals	95.2	94.3	93.5	93.3	95.1	n.p.	n.p.	n.p.	94.3
<i>All hospitals</i>	<i>74.7</i>	<i>91.3</i>	<i>76.2</i>	<i>83.3</i>	<i>79.8</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>80.2</i>

(a) Patient day data were unavailable for government-operated residential mental health services.

(b) Interpretation of differences between jurisdictions needs to be undertaken with care, as they may reflect different service delivery and admission practices, and/or differences in the types of establishments categorised as hospitals. Ambulatory-equivalent hospital separations are excluded.

(c) Victoria has only one public psychiatric hospital. It is a forensic facility and therefore not strictly comparable with public psychiatric hospitals in other jurisdictions.

(d) See Appendix 4 of *Mental Health Services in Australia 1999–00* for details on the estimation process (AIHW 2002).

(e) The rates were directly age standardised, as detailed in Appendix 1.

(f) Includes separations without specialised psychiatric care from NSW public psychiatric hospitals.

n.p. Not published.

.. Not applicable.

Table 4.4: Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2003–04

		Separations			Patient days	ALOS (overnight)	Psychiatric care days
		Same day	Overnight	Total			
<i>With specialised psychiatric care</i>							
With mental health-related principal diagnosis	With mental health-related additional diagnosis	2,703	55,234	57,937	1,034,045	18.7	1,023,800
		7,526	45,576	53,102	945,967	20.6	939,582
Without mental health-related principal diagnosis	With mental health-related additional diagnosis	319	4,014	4,333	193,957	48.2	188,185
		75	1,278	1,353	35,605	27.8	34,927
<i>Total with specialised care</i>		<i>10,623</i>	<i>106,102</i>	<i>116,725</i>	<i>2,209,574</i>	<i>20.7</i>	<i>2,186,494</i>
<i>Without specialised psychiatric care</i>							
With mental health-related principal diagnosis	With mental health-related additional diagnosis	2,858	29,301	32,159	246,587	8.3	..
		10,917	37,911	48,828	281,282	7.1	..
Without mental health-related principal diagnosis	With mental health-related additional diagnosis ^(b)	47,066	222,434	269,500	2,668,210	11.8	..
<i>Total without specialised care</i>		<i>60,841</i>	<i>289,646</i>	<i>350,487</i>	<i>3,196,079</i>	<i>10.8</i>	<i>..</i>
<i>Total</i>							
With mental health-related principal diagnosis	With mental health-related additional diagnosis	5,561	84,535	90,096	1,280,632	15.1	1,023,800
		18,443	83,487	101,930	1,227,249	14.5	939,582
Without mental health-related principal diagnosis	With mental health-related additional diagnosis	47,385	226,448	273,833	2,862,167	12.4	188,185
		75	1,278	1,353	35,605	27.8	34,927
Total		71,464	395,748	467,212	5,405,653	13.5	2,186,494

(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) These separations are excluded from the definition of a mental health-related separation for this report (see Appendix 3).

.. Not applicable.

