

Mental health services in Australia 2003–04

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Foreword

Mental Health Services in Australia 2003–04 is a detailed annual report on Australia's mental health services and is the seventh of its kind in the Australian Institute of Health and Welfare's Mental Health Series.

As previously, the report includes data from the Institute's National Hospital Morbidity Database, National Community Mental Health Care Database, National Community Mental Health Establishments Database and National Public Hospital Establishments Database. These databases are compiled each year with the assistance of the state and territory health authorities.

A wide range of other data is also included, to provide a picture of the range of mental health-related services provided in the health and community services sectors. Information is presented on private psychiatrist services, on mental health-related care provided by general practitioners and on mental health-related disability support services funded by the Commonwealth, State/Territory Disability Agreement. Included for the first time is information on mental health-related supported accommodation services from the AIHW's Supported Accommodation Assistance Program National Data Collection.

Timeliness is an important quality for statistical reports so the Institute is continuing to work to make gains in the timeliness of *Mental Health Services in Australia*. This year publishing has taken place in December rather than in the first quarter of the following year. This represents a welcome improvement in timeliness, for which the contributions of data providers and reviewers are much appreciated.

An electronic version of this report can be found on the Institute's website. It is accompanied by a suite of statistical information that is not included in the hard-copy form of this publication, including an interactive cube of data from the National Hospital Morbidity Database on patients who received specialised psychiatric care in Australia's hospitals.

The Institute will continue to work with the data providers and other stakeholders to maintain timeliness and to improve the quality and usefulness of this report. Comments from readers are always welcome.

I congratulate all those who have collaborated and worked so hard to present such a comprehensive picture of Australia's mental health services.

Richard Madden
Director
December 2005

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Abbreviations

ABS	Australian Bureau of Statistics
ADHD	attention deficit hyperactivity disorder
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ALOS	average length of stay
AR-DRG	Australian Refined Diagnosis Related Group
ASA	American Society of Anesthesiologists
ATC	Anatomical Therapeutic Chemical classification
BEACH	Bettering the Evaluation and Care of Health
CBT	cognitive behaviour therapy
CSTDA	Commonwealth State/Territory Disability Agreement
CSTDA NMDS	Commonwealth State/Territory Disability Agreement National Minimum Data Set
DHA	Department of Health and Ageing
ECT	electroconvulsive therapy
FTE	full-time equivalent
HIC	Health Insurance Commission
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICPC-2	International Classification of Primary Care, 2nd edition
K10	Kessler 10 Scale of Psychological Distress
LCL	lower confidence limit
NCMHED	National Community Mental Health Establishments Database
NCMHCD	National Community Mental Health Care Database
NHDD	<i>National Health Data Dictionary</i>
NHMD	National Hospital Morbidity Database
NMDS	National Minimum Data Set
NMHWG	National Mental Health Working Group
NPHEd	National Public Hospital Establishments Database
NSMHS	National Survey of Mental Health Services
NSMHW	National Survey of Mental Health and Wellbeing
PBS	Pharmaceutical Benefits Scheme
PHEC	Private Health Establishments Collection
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RFE	reason for encounter

RPBS	Repatriation Pharmaceutical Benefits Scheme
SAAP	Supported Accommodation Assistance Program
SDAG	Survey of disability, Ageing and Carers
UCL	upper confidence limit

1 Overview

Mental Health Services in Australia 2003–04 is the seventh of the Australian Institute of Health and Welfare’s annual reports describing the characteristics and activity of Australian mental health services. This chapter presents summary data on key themes in the report.

1.1 Changes in mental health care over time

The three Plans of the National Mental Health Strategy have guided the reform of mental health services in Australia since 1993. The reform has resulted in changes in the level and type of activity of some mental health-related services.

General practice

In 2004–05 there were an estimated 10 million mental health-related general practice encounters (Britt et al. 2005). The contribution of general practice to mental health care has remained relatively stable in recent years. In 2004–05 the estimated number of mental health-related general practice encounters was 505 encounters per 1,000 population (Figure 1.1 and Table 3.1).

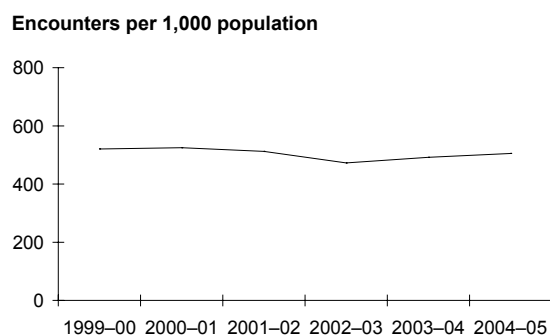


Figure 1.1: Mental health-related general practice encounters per 1,000 population, 1999–00 to 2004–05

Private psychiatrists

In 2004–05 there were over 2 million Medicare-funded psychiatrist attendances,

provided at a rate of 99.3 attendances per 1,000 population. This rate has declined each year since 1999–00 (Figure 1.2 and Table 3.1).

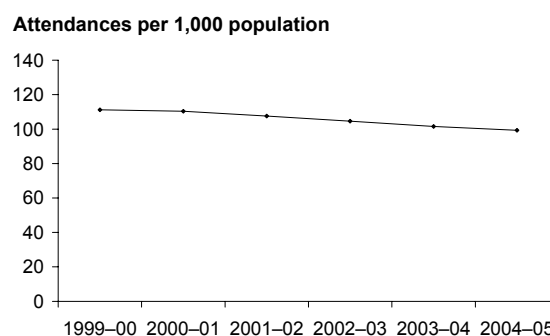


Figure 1.2: Medicare-funded psychiatrist attendances per 1,000 population, 1999–00 to 2004–05

Community mental health services

An objective of the National Mental Health Strategy has been to increase the provision of community-based mental health care. In 2003–04 there were over 4.9 million mental health service contacts in public hospital outpatient clinics and community-based mental health services. This equated to 246.5 service contacts per 1,000 population (Table 3.2). At this stage, there are no reliable national time series data available on the activity of these services.

Ambulatory-equivalent separations

Some same day care for a hospital-admitted patient can be considered to be ambulatory equivalent (see Appendix 2). The number of ambulatory-equivalent mental health-related separations increased from 83,442 in 1999–00 to 111,581 in 2003–04. The number per 1,000 population increased in the private sector by 50.0% and decreased in the public sector by 23.5% (Figure 1.3 and Table 3.1). For more information on these

ambulatory-equivalent separations, see Chapter 3 and Appendix 2.

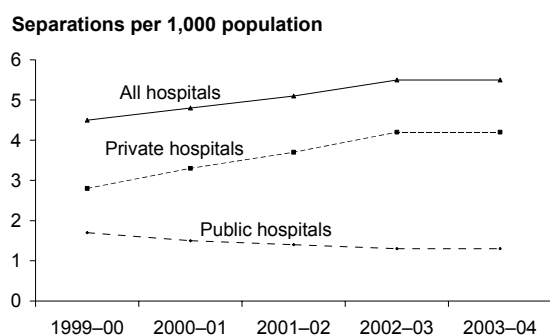


Figure 1.3: Ambulatory-equivalent mental health-related separations per 1,000 population, by hospital sector, Australia, 1999-00 to 2003-04

Hospital admitted patient care

Another objective of the National Mental Health Strategy has been to reduce the size and number of stand-alone psychiatric hospitals and increase the role of psychiatric units in general hospitals in providing mental health-related care to admitted patients. Admission to a specialist psychiatric unit or hospital is not always the most appropriate treatment for mental and behavioural disorders. For some disorders, treatment without specialised psychiatric care may be appropriate to the needs of the patient.

This section presents information on the changes to admitted patient care in terms of the number of separations, patient days and average length of stay. Information on the relative merits of these different measures of hospital activity is provided in Box 4.1.

Hospital admitted patient care is regarded as mental health-related in this report if it includes specialised psychiatric care and/or a mental health-related principal diagnosis is reported for it. It can also be regarded as comprising ambulatory-equivalent same-day care (see above), other same-day care, and care that lasts for at least one night. Information on non-ambulatory-equivalent separations is presented below.

Separations

There were 197,712 mental health-related separations not considered to be ambulatory-equivalent in 2003-04.

The number of these separations was relatively stable between 1999-00 and 2003-04, increasing at an average annual rate of 2.2% (Figure 1.4). Over this period, separations from public acute hospitals and private hospitals increased by 12.0% and 4.5% respectively, however separations from public psychiatric hospitals decreased by 5.3% (Table 4.1).

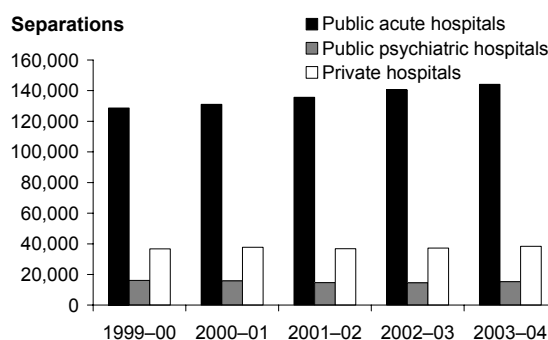


Figure 1.4: Non-ambulatory-equivalent mental health-related separations by hospital type, 1999-00 to 2003-04

The number of separations per 1,000 population by hospital type for the period 1999-00 to 2003-04 is available on the Internet at <www.aihw.gov.au>.

Patient days

The patient day data presented includes all days of patient care received during the hospitalisation. Some of these may have occurred in previous years, especially for public psychiatric hospitals, for which numbers of very extended stays were reported, particularly in 1999-00.

There were 2,737,443 patient days attributed to non-ambulatory-equivalent mental health-related separations in 2003-04. The number of patient days for public acute hospitals and private hospitals increased by 7.7% between 1999-00 and 2003-04, the number for private hospitals increased by 3.5%, and the number for public psychiatric

hospitals decreased by 41.6% (Table 4.1 and Figure 1.5).

The number of non-ambulatory-equivalent mental health-related patient - days per 1,000 population by hospital type for the period 1999-00 to 2003-04 is available on the Internet at <www.aihw.gov.au>.

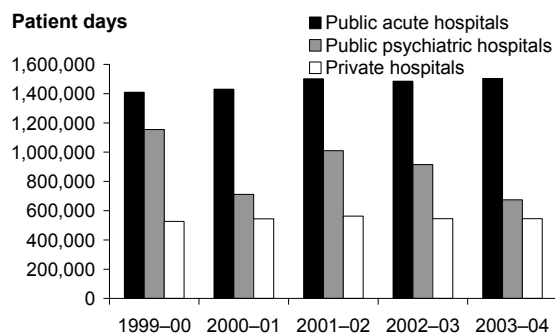


Figure 1.5: Patient days for mental health-related separations, by hospital type, 1999-00 to 2003-04

Average length of stay

In order to maximise the comparability over time, the average length of stay (ALOS) data in this chapter exclude separations for patients who transferred from one hospital to another, who changed type of episode of care during their hospital stay, who died in hospital, who left against medical advice or who were transferred to a residential aged care facility. These data also exclude any separations that began with a transfer from another hospital or a change of care type.

For public acute hospitals, the ALOS for these selected separations was relatively stable between 1999-00 and 2003-04. In 1999-00, the ALOS was 11.0 days and had decreased to 10.5 days in 2003-04 (Table 4.1 and Figure 1.6). Private hospital separations had longer average lengths than public acute hospital separations, at 14.2 days for 2003-04. In 2003-04, the median lengths of stay for public acute and private hospitals were 4 and 9 days, respectively.

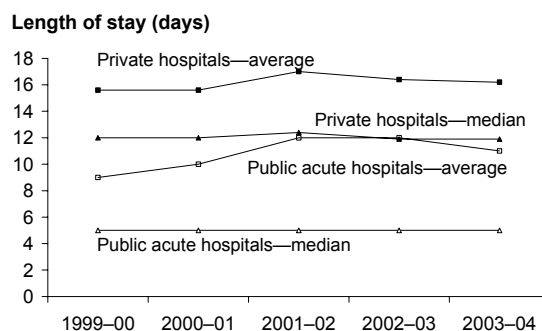


Figure 1.6: Average and median length of stay for selected mental health-related overnight separations, by hospital type, 1999-00 to 2003-04

1.2 Patient demographics

Age and sex

The overall prevalence of mental disorders declines with age (ABS 1998). Females are more likely to experience affective and anxiety disorders, whereas males are more likely to experience substance use and psychotic disorders (ABS 1998; Jablensky et al. 1999). Patterns of service use differ for males and females and by age group, often reflecting the types of disorders treated by the service providers.

General practice

In 2003-04, 60.0% of mental health-related general practice encounters were with female patients, consistent with all general practice encounters. There were more mental health-related general practice encounters with females than with males (Figure 1.7 and 3.2). Most encounters were with persons in the 25-64 years age range.

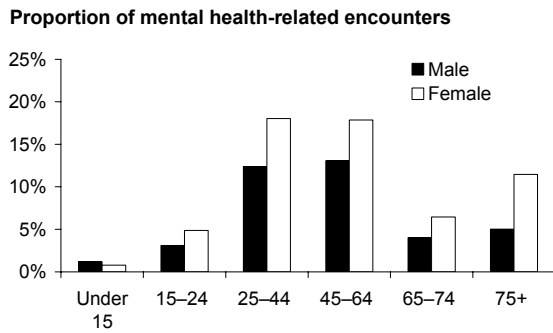


Figure 1.7: Mental health-related general practice encounters, by age group and sex of patient, 2003-04

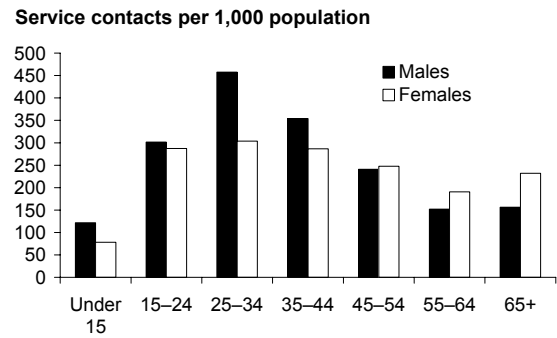


Figure 1.9: Community mental health service contacts per 1,000 population, by age group and sex of patient, 2003-04

Private psychiatrists

The patient age and sex distribution for Medicare-funded attendances with private psychiatrists was similar to that for general practice. In 2004-05, 60.7% of these attendances were for female patients. There were 119.8 attendances per 1,000 population for females, compared with 78.6 for males. The rate was higher for females than for males in all age groups except for patients under 15 years (Figure 1.8 and Table 3.19).

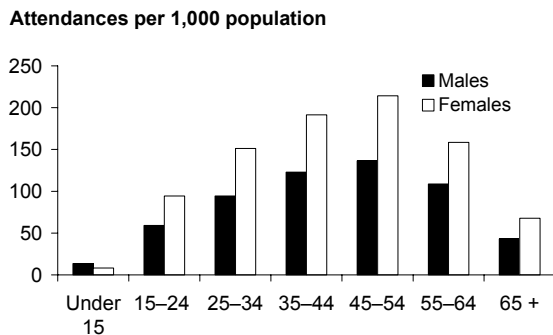


Figure 1.8: Medicare-funded psychiatrist attendances per 1,000 population, by age group and sex of patient, 2004-05

Community mental health services

In 2003-04 there were more government-operated community-based mental health service contacts for male (51.7%) than for female patients. There were 256.4 service contacts per 1,000 population for males, compared with 226.0 for females. Male patients dominated the age groups below 45 years and females dominated the older age groups (Figure 1.9 and Table 3.26).

Ambulatory-equivalent separations

In 2003-04 there were 44,346 ambulatory-equivalent separations for male patients (39.7%) and 67,235 for female patients (60.3%). The numbers of service contacts per 1,000 population for male patients who received ambulatory-equivalent care was highest for the 55-64 years age group (8.1 attendances per 1,000 population) and for the 45-54 years age group for females (10.4 attendances per 1,000 population) (Figure 1.10 and Tables 3.36 and 3.37). For more information on these ambulatory-equivalent separations, see Chapter 3 and Appendix 2.

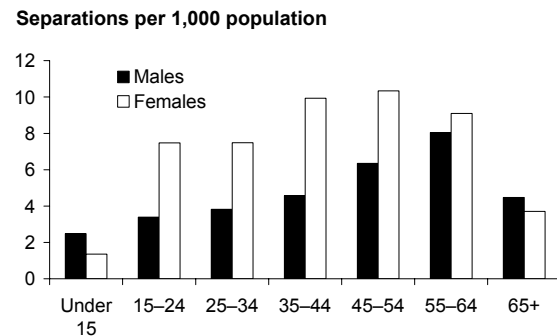


Figure 1.10: Ambulatory-equivalent mental health-related separations per 1,000 population, by age group and sex of patient, 2003-04

Hospital admitted patient care

In 2003-04 there were 197,728 mental health-related separations, excluding separations that could be considered to be equivalent to ambulatory mental health care. For more information on these

ambulatory-equivalent separations, see Chapter 3 and Appendix 2.

Of the 197,728 non-ambulatory-equivalent mental health-related separations, 52.5% were for female patients. There were 10.3 of these separations per 1,000 population for females, compared with 9.5 for males. The rate was higher for females in all age groups above 35 years and between 15 and 24 years (Figure 1.11).

In 2003-04, there were 1,397,372 patient days for male patients compared with 1,340,302 for females. There were 140.7 days per 1,000 population for males, compared with 133.4 for females. The rates were higher for males than for females in all age groups except for the under 15 years and 55-64 years age groups, where rates for females were higher (Tables 5.1 and 6.1).

Separations per 1,000 population

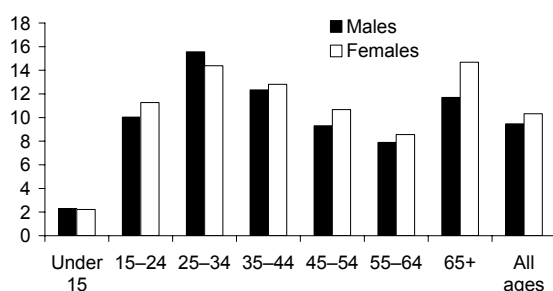


Figure 1.11: Non-ambulatory-equivalent mental health-related separations per 1,000 population, by age group and sex of patient, 2003-04

Patient's area of usual residence

This section presents summary information on service use by the area of usual residence of the patient.

Hospital admitted patient care

The pattern of non-ambulatory-equivalent separations per 1,000 population by Remoteness Area differed for separations with and without specialised psychiatric care (Figure 1.12 and Tables 5.5 and 6.2). In the case of separations with specialised psychiatric care, the rate per 1,000

population was highest for patients living in major cities (5.9) and lowest for those living in remote areas (2.7).

The opposite was true for separations without specialised psychiatric care. There the rate was highest for patients living in remote areas (8.0) and lowest for those living in major cities (3.4).

Separations per 1,000 population

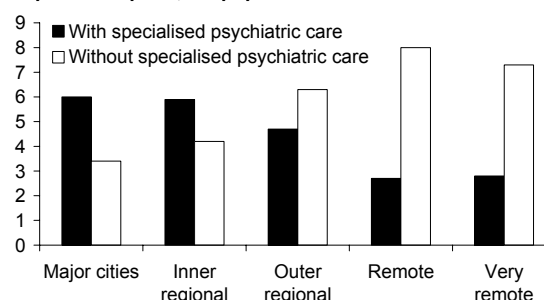


Figure 1.12: Non-ambulatory-equivalent mental health-related separations per 1,000 population, by Remoteness Area of usual residence, 2003-04

Aboriginal and Torres Strait Islander peoples

Discussions of mental health among Aboriginal and Torres Strait Islander leaders in health care and information have centred around 'social and emotional wellbeing', a holistic concept reflecting individual, family and community experience. Indigenous people's use of services may reflect a different range of conditions compared with other Australians.

Aboriginal and Torres Strait Islander peoples are thought to be under-identified in health care data collections, including those for mental health care.

Ambulatory-equivalent separations

In South Australia, Western Australia, Queensland and the Northern Territory, the number of ambulatory-equivalent mental health-related separations per 1,000 Aboriginal and Torres Strait Islander peoples was lower than that for other Australians (2.6 compared with 4.3) (Table 3.38).

This was particularly the case for ambulatory-equivalent separations with specialised psychiatric care. The number of these separations per 1,000 Aboriginal and Torres Strait Islander peoples was less than one-quarter the rate for other Australians (0.9 compared with 4.2) (Figure 1.13 and Table 3.38).

In contrast, the number of ambulatory-equivalent separations with non-specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander peoples was almost double that for other Australians (1.9 compared with 1.2) (Figure 1.13 and Table 3.38).

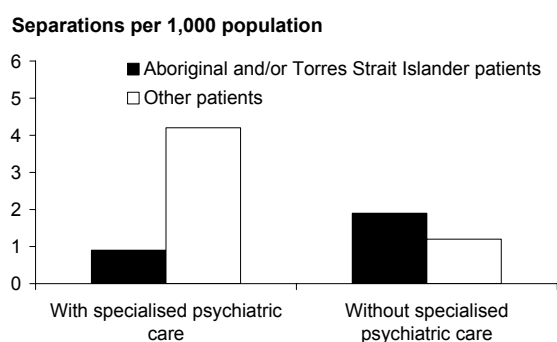


Figure 1.13: Ambulatory-equivalent mental health-related separations per 1,000 population, by Indigenous status, 2003-04

Hospital admitted patient care

In South Australia, Western Australia, Queensland, and public hospitals in the Northern Territory and, the number of non-ambulatory-equivalent mental health-related separations per 1,000 Aboriginal and Torres Strait Islander peoples was more than double that for other Australians (20.8 compared with 9.2) (Figure 1.14 and Tables 5.6 and 6.3).

The difference in rates between the two groups was not as pronounced for non-ambulatory-equivalent separations with specialised psychiatric care. The rate of these separations per 1,000 Aboriginal and Torres Strait Islander persons was lower than the rate for other Australians (8.8 compared with 6.2) (Figure 1.15 and Table 5.6).

In contrast, the number of non-ambulatory-equivalent separations with

out specialised psychiatric care per 1,000 Aboriginal and Torres Strait Islander persons was four times that of other Australians (12.0 compared with 3.0) (Figure 1.15 and Table 6.3).

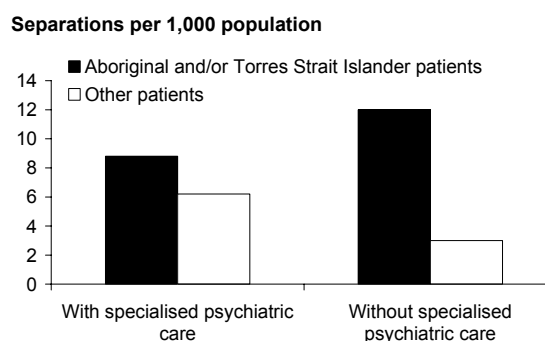


Figure 1.14: Non-ambulatory-equivalent mental health-related separations per 1,000 population, by Indigenous status, 2003-04

The relatively greater reliance of Aboriginal and Torres Strait Islander peoples on non-specialised care compared to specialised care may be partially explained by geographical differences. A higher proportion of Indigenous people live in remote areas (27%) compared to other Australians (2%) (AIHW & ABS 2005), and there are fewer specialised care facilities in these areas. In 2003-04, there were no public psychiatric hospitals and only one public acute care hospital with a psychiatric unit or ward with 1.2 available beds per 100,000 population in remote and very remote areas (Tables 7.14 and 7.19). Conversely, the proportion of other Australians living in major cities (67%) was much higher than the proportion of Aboriginal and Torres Strait Islander peoples (30%) (AIHW & ABS 2005). In 2003-04 in major cities, there were 11 public psychiatric hospitals with 12.9 available beds per 100,000 population, and 85 public acute care hospitals with psychiatric units or wards with 19.9 available beds per 100,000 population (Tables 7.14 and 7.19).

Along with reduced access to hospital services, Aboriginal and Torres Strait Islander peoples had a shorter average length of for overnight separations without specialised psychiatric care stay in

the Northern Territory, South Australia, Queensland and Western Australia, (3.3 days compared with 7.2 for other Australians). Difference in length of stay may reflect differences in casemix between Indigenous Australians and other Australians.

The accuracy of Indigenous identification in hospital separations data needs improvement and therefore these data need to be used with caution. Only data for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory were used in these analyses, because the quality of the data from other jurisdictions was not sufficient. The data from these four jurisdictions does not necessarily reflect the other four jurisdictions.

1.3 Mental health problems and disorders

This section presents information on the problems and disorders treated by the different types of mental health service providers. Mood (affective) and anxiety disorders are the most prevalent forms of mental disorder in the Australian population (ABS 1998; Sawyer et al. 2000).

General practice

Of the mental health problems managed by general practitioners in 2003–04, problems related to mood (affective) were the most frequently managed, followed by anxiety-related problems and physical disturbances (mainly sleep disturbance) (Figure 1.15 and Table 3.6).

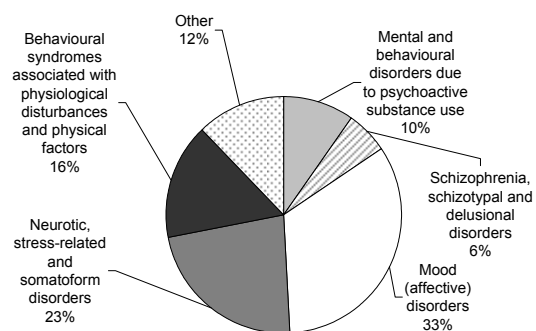


Figure 1.15: Mental health-related problems managed by general practitioners, 2003–04

Community mental health services

The mental disorders treated in government-operated community-based ambulatory mental health services and hospital outpatient services in 2003–04 included low-prevalence disorders such as *Schizophrenia, schizotypal and delusional disorders* (Figure 1.16 and Table 3.33).

These data should be interpreted with caution because no principal diagnosis information was available for 32.7% of service contacts.

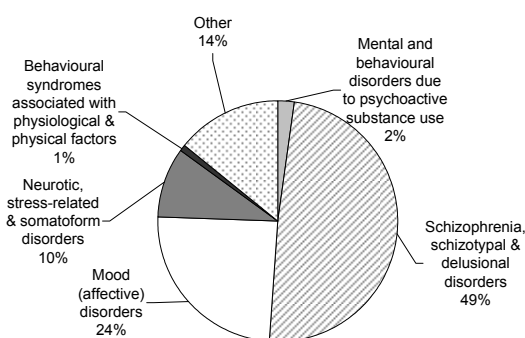


Figure 1.16: Principal diagnoses for community mental health service contacts, 2003–04

Ambulatory-equivalent separations

The most common principal diagnoses for ambulatory-equivalent mental health-related separations with specialised psychiatric care were *Mood (affective) disorders* (46%) and *Neurotic, stress-related and somatoform disorders* (22%) (Figure 1.17).

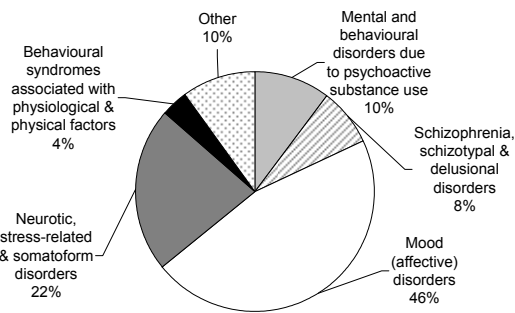


Figure 1.17: Principal diagnoses for ambulatory-equivalent mental health-related separations with specialised psychiatric care, 2003-04

The most common principal diagnoses for ambulatory-equivalent mental health-related separations without specialised psychiatric care, were *Mental and behavioural disorders due to psychoactive substance use* (37%) and *Neurotic, stress-related and somatoform disorders* (20%) (Figure 1.18).

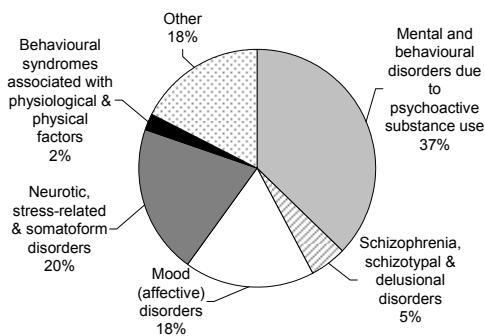


Figure 1.18: Principal diagnoses for ambulatory-equivalent mental health-related separations without specialised psychiatric care, 2003-04

Hospital admitted patient care

This section presents information on the mental health-related diagnoses reported for non-ambulatory-equivalent mental health-related separations in public and private hospitals, and related patterns of the provision of specialised psychiatric care.

Of the non-ambulatory-equivalent mental health-related separations in public and private hospitals, 56.6% or 90,230 public hospital separations included a

component of specialised psychiatric care, that is, care in a specialised psychiatric unit or hospital. This compares with 69.1% or 26,495 separations with a component of specialised psychiatric care in private hospitals (Tables 5.2 and 6.2).

Public hospitals

In 2003-04, *Mood (affective) disorders* and *Schizophrenia, schizotypal and delusional disorders* were the most common principal diagnoses for public hospital non-ambulatory-equivalent mental health-related separations (Figure 1.19 and Tables 5.9 and 6.6).

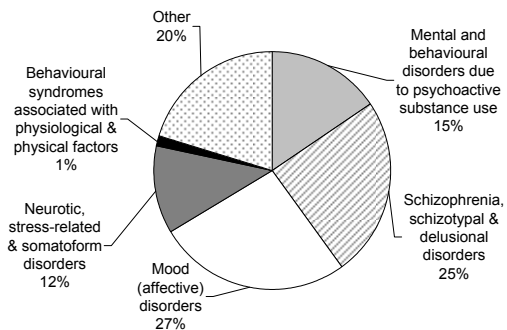


Figure 1.19: Principal diagnoses for non-ambulatory-equivalent mental health-related separations, public hospitals, 2003-04

A high proportion of separations with principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* and *Mood (affective) disorders* had specialised psychiatric care (Figure 1.20 and Tables 5.9 and 6.6).

Proportion of separations

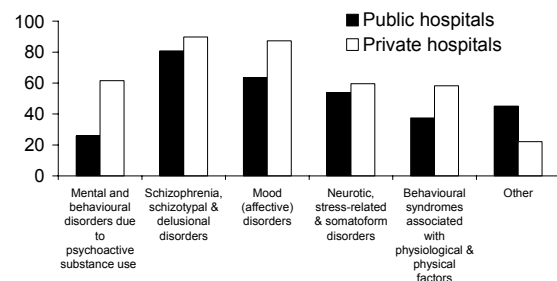


Figure 1.20: Non-ambulatory-equivalent mental health-related separations with specialised psychiatric care, 2003-04

Private hospitals

Principal diagnoses of *Mood (affective) disorders* and *Neurotic, stress-related and somatoform disorders* were the most common for private hospital non-ambulatory-equivalent mental health-related separations (Figure 1.21 and Tables 5.9 and 6.6).

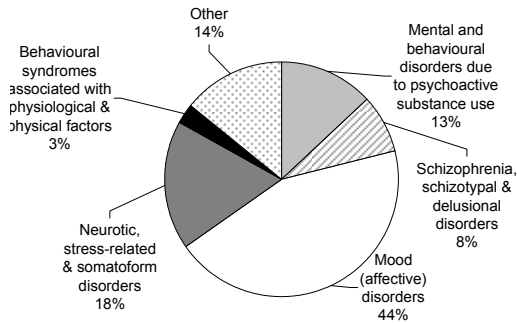


Figure 1.21: Principal diagnoses for non-ambulatory-equivalent mental health-related separations, private hospitals, 2003-04

1.4 Medication

This report presents data on mental health-related medication subsidised through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) and prescribed by private psychiatrists and other medical practitioners.

For non-psychiatrists, only mental health-related medications are included (see Appendix 2 for details). For psychiatrists, all medications prescribed are included.

In 2004-05, mental health-related medications accounted for 11.0% (18.4 million) of all the medications prescribed by general practitioners (Table 3.15 and unpublished PBS and RPBS data). Private psychiatrists prescribed a total of 1.99 million medications (Table 3.23).

In 2004-05, antidepressants were the most frequently prescribed mental health-related medication, accounting for 60.9% of mental health-related medications, 54.2% of medication prescribed by psychiatrists and 61.0% of mental health-

related medication prescribed by general practitioners (Tables 3.15 and 3.23).

Prescriptions per 1,000 population

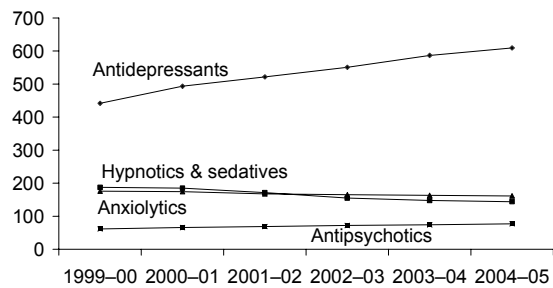


Figure 1.22: Selected PBS and RPBS-funded mental health-related prescriptions per 1,000 population, 1999-00 to 2004-05

Between 1999-00 and 2004-05, there was an increase in the number of antidepressant and antipsychotic PBS and RPBS-subsidised medications and a decrease in the numbers for hypnotics and sedatives and anxiolytics (Figure 1.22 and Tables 3.14 and 3.22).

1.5 Labour force

This report presents data on two mental health-related professions for which there are recent national data available: psychiatry and mental health nursing. Labour force data were collected in conjunction with the annual registration renewal of these practitioners.

Psychiatrists

Psychiatrists included in the data presented here are those that identified themselves as being a specialist (i.e., a person who holds a qualification awarded by a specialist college, for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP)) and whose main specialty of practice is psychiatry. Both public and private sector psychiatrists are included.

In 2003, Australia had 14.1 full-time equivalent (FTE) psychiatrists per 100,000 population (including 1.0 FTE non-clinicians) and 3.2 FTE psychiatrists-in-training per 100,000 population (Table 7.1).

FTE data are based on a working week for specialists of 45 hours.

Major cities had a relatively high number of FTE psychiatrists per 100,000 population (Figure 1.23 and Table 7.1). Remote and very remote areas had the fewest FTE psychiatrists per 100,000 population, as had been the case since 1999.

FTE psychiatrists per 100,000 population

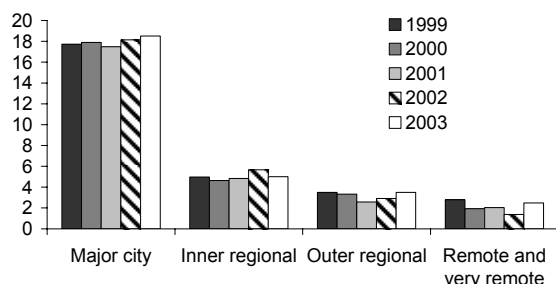


Figure 1.23: Full-time equivalent psychiatrists per 100,000 population, by Remoteness Area, 1999 to 2003

Mental health nurses

Mental health nurses were defined as nurses who reported that their main area of nursing was mental health. Both public and private sector nurses are included.

In 2003, 12,354 nurses identified psychiatric and mental health nursing as their main area of nursing (Table 7.6). They accounted for 6.0% of all employed clinical nurses.

There were 64.8 FTE mental health nurses per 100,000 population in 2003, a level consistent with previous years. FTE data are based on a working week of 35 hours. Major cities and inner regional areas had a relatively high number of FTE mental health nurses per 100,000 population (Figure 1.24). Remote and very remote areas had fewer of these nurses per 100,000 population, with rates decreasing between 1999 and 2003.

FTE mental health nurses per 100,000 population

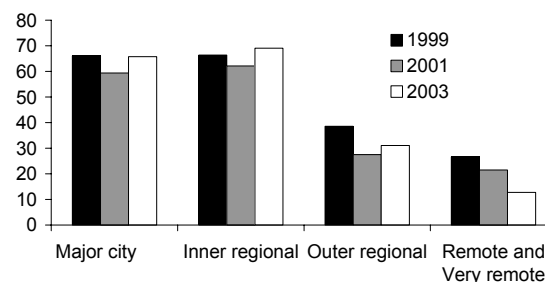


Figure 1.24: Full-time equivalent mental health nurses per 100,000 population, by Remoteness Area, 1999 to 2003

In 2003, just under two-thirds of FTE mental health nurses were female. The majority of FTE mental health nurses were in the 45–54 and 34–44 year age groups (38.8% and 28.1%, respectively) (Figure 1.25 and Table 7.7).

FTE mental health nurses

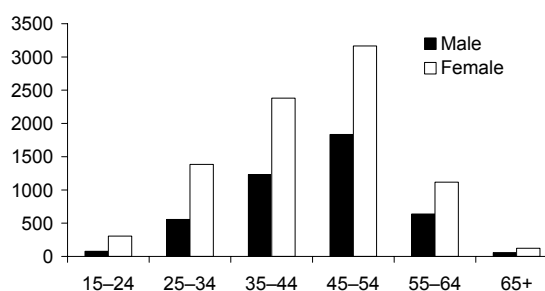


Figure 1.25: Full-time equivalent mental health nurses, by age and sex, Australia, 2003

1.6 Psychiatric hospitals and community and residential mental health services

This section summarises data on the characteristics of public and private psychiatric hospitals and government-operated community and residential mental health services.

Available beds

In 2003–04 there were 20 public psychiatric hospitals, 25 private

psychiatric hospitals, and government-operated community and residential mental health facilities reported for each state and territory. In addition, there were 124 public acute hospitals with a specialised psychiatric unit or ward.

The number of available beds increased between 1999-00 and 2003-04 for private psychiatric hospitals and government-operated residential mental health facilities but decreased for public psychiatric hospitals (Figure 1.26 and Table 7.9). Data for public acute hospitals for 1999-00 and 2000-01 are not available but there was an increase in the number of beds for specialised psychiatric units or wards in these hospitals from 2001-02 to 2003-04.

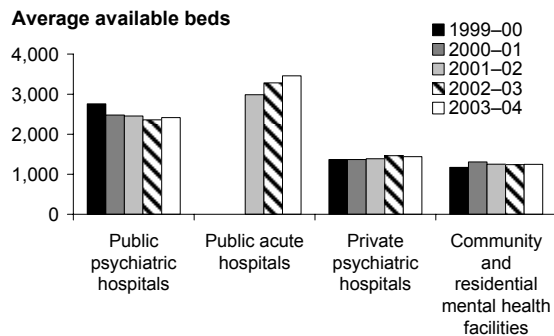


Figure 1.26: Average available beds for psychiatric hospitals and government-operated residential mental health facilities, 1999-00 to 2003-04

Recurrent expenditure

Recurrent expenditure includes salaries and wages expenditure, non-salary expenditure and depreciation.

Recurrent expenditure increased steadily between 1999-00 and 2003-04 for public psychiatric hospitals, private psychiatric hospitals and government-operated community and residential mental health facilities (Figure 1.27 and Table 7.9).

Government-operated community and residential mental health facilities had the greatest average annual change in total recurrent expenditure (constant prices) over the four year period (14.0%), while

public psychiatric hospitals had the smallest (6.9%).

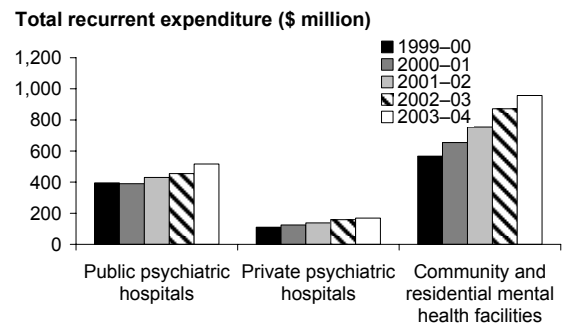


Figure 1.27: Total recurrent expenditure (\$ million) for psychiatric hospitals and government-operated community and residential mental health facilities, 1999-00 to 2003-04

2 Introduction

Mental Health Services in Australia 2003–04 is the seventh in the Australian Institute of Health and Welfare's series of annual reports describing the activity and characteristics of Australia's mental health care services. A key role of these reports is to make publicly available the data collected as specified in the National Minimum Data Sets (NMDs) for Mental Health Care, which cover government-operated residential and community mental health services and specialised psychiatric care for patients admitted to public and private hospitals (see Appendix 1 for descriptions).

A wide range of service types are involved in providing treatment and care for people with mental health disorders. These include specialist mental health services, general health services and services outside the health sector, provided in both residential and ambulatory care settings. Many are government services, but private hospitals, non-government organisations and private medical practitioners are also responsible for providing mental health care. This report gives an overview of this range of services.

This report and accompanying additional tables are available on the Internet at www.aihw.gov.au/publications/hse/mhsa03-04/. Some of the national data on admitted patient care are also available in an interactive data cube format on the Internet at www.aihw.gov.au/hospitaldata/datacubes/index.html. Users can access these data cubes to create customised tables based on the age group, sex, principal diagnosis and mental health legal status of admitted patients who received specialised psychiatric care between 1998–99 and 2003–04.

2.1 Report structure

Chapter 1 presents overview information on mental health-related service activity over recent years and mental health-related service use by selected population groups.

Chapter 2 presents information on this report's structure and background information on the prevalence and impact of mental disorders and on the objectives of the National Mental Health Strategy.

Chapter 3 summarises the available data on ambulatory care provided by specialised mental health care services and other non-specialised service providers that play a role in providing services for people with mental disorders. Reported specialised mental health care services include those provided by private psychiatrists and specialist mental health outpatient and community mental health care services. The non-specialised services reported include general practitioners, using data from Bettering the Evaluation and Care of Health (BEACH survey of general practice activity) data collection, as well as ambulatory disability support services funded under the Commonwealth State/Territory Disability Agreement (CSTDA). This chapter also presents Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data on mental health-related medications.

Chapters 4, 5 and 6 summarise the available data on residential and admitted patient mental health care and CSTDA-funded residential disability support services. The information presented on patients admitted to hospitals includes data on those who received specialised psychiatric care (Chapter 5) and those who had a mental health-related principal diagnosis but were not reported as receiving specialised psychiatric care (Chapter 6).

Chapter 7 presents information on the public and private psychiatrist and mental health nurse labour forces, including new information on full-time-equivalent psychiatrists and mental health nurses. This chapter also presents data on the staffing and expenditure of government-operated residential and community mental health services and public and private hospitals that provide specialised psychiatric care.

The appendixes provide detailed technical notes on the data and analyses that are included in the chapters, as well as some supplementary information. Appendix 1 outlines the data sources used for this report and their respective strengths and weaknesses and technical notes on data presentation, including population rates. Appendix 2 provides information on the codes used to define mental health-related care and medications and on the definition of hospital separations that could be considered equivalent to ambulatory mental health care. Appendix 3 provides state- and territory-specific data on government-operated community mental health care and on admitted patient care, including ambulatory-equivalent mental health care. Appendix 4 provides information on mental health-related supported accommodation services provided through the Supported Accommodation Assistance Program. Appendix 5 presents information on the National Survey of Mental Health Services and how it compares with the data collections used in this report.

The data in this report are mainly for 2003–04. In the interest of presenting the most up-to-date data, data for 2004–05 are presented for Medicare, the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Readers requiring 2003–04 data from the Medicare, PBS or RPBS collections can refer to *Mental Health Services in Australia 2002–03* (AIHW 2005f).

2.2 Background

This section provides background information on the prevalence of mental disorders and psychiatric disability from the 1997 National Survey of Mental Health and Wellbeing of Adults, the 1998 National Survey of Mental Health and Wellbeing of Children and Adolescents, the 2001 National Health Survey, the 2003 Survey of Disability, Ageing and Carers and the 2004 National Drug Strategy Household Survey. It also includes background information on the National Mental Health Strategy and its objectives (Box 2.1).

Prevalence of mental disorders

The most commonly quoted figure for mental disorders in Australia is that approximately one in five adults will experience a mental illness at some time in their life. This figure is from the adult component of the National Survey of Mental Health and Wellbeing (NSMHW) conducted in 1997 by the Australia Bureau of Statistics (ABS 1998).

Approximately 10,600 people aged 18 years and over participated in the survey; a range of mental disorders was diagnosed using a computerised version of the Composite International Diagnostic Interview. These disorders included anxiety or affective disorders and substance use disorders.

The survey found that an estimated 18% of Australian adults had experienced a mental disorder in the 12 months before the interview (ABS 1998). The prevalence of mental disorders decreased with age, with the highest prevalence reported for adults aged 18–24 years (27%), reflecting a relatively high rate of substance use disorders in that age group. The prevalence was lowest, at 6%, for those aged 65 and over.

Women were more likely than men to have had an anxiety or affective disorder and men were more than twice as likely as women to have had a substance use disorder. Anxiety disorders were most common for women aged 45–54 years (16%). Affective disorders, which include depression, were most common for women aged 18–24 years (11%). Substance use disorders were most common for men aged 18–24 years (22%). More information on the results of this study can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003).

The child and adolescent component of the National Survey of Mental Health and Wellbeing found the most frequently reported disorder for children aged 6–17 years was attention-deficit hyperactivity disorder (ADHD) (11%, or an estimated 355,000 children and adolescents). Less prevalent were depressive disorders (4%, or 117,000) and conduct disorders (3%, or 95,000) (Sawyer et al. 2000).

Box 2.1: National Mental Health Strategy

In 1992 the Australian, state and territory governments endorsed the National Mental Health Strategy as a framework to guide the reform agenda for mental health. A brief outline of the Strategy follows. For more information on the Strategy, refer to the National Mental Health Report 2004 (DHA 2004). The aims of the Strategy are to:

- *promote the mental health of the Australian community and, where possible, prevent the development of mental disorder*
- *reduce the impact of mental disorders on individuals, families and the community; and*
- *assure the rights of people with mental disorders.*

The broad aims and objectives of the Strategy are described in the National Mental Health Policy. The policy has 38 objectives, including objectives relating to the shift from institutional to community care and the delivery of services in mainstream settings. The approach to be taken by the Australian, state and territory governments in implementing the aims and objectives of the policy were described by the First National Mental Health Plan, which ran from 1992–93 to 1997–98.

The Second National Mental Health Plan (1998–99 to 2002–03) was endorsed by all governments in 1998. The aim of the second plan was to consolidate reforms of the first plan and to extend into additional areas, with a particular focus on promotion and prevention, partnerships in service reform and delivery, and service quality and effectiveness.

The National Mental Health Plan 2003–08 consolidates reforms begun under the first two plans and has four priority themes: promoting mental health and preventing mental health problems, increasing service responsiveness, strengthening quality and fostering research, and innovation and sustainability.

This plan is supported by the development of national mental health information as outlined in the National Mental Health Information Priorities 2nd Edition (DHA 2005). This document identifies three key challenges: moving from information collection to information use; moving from projects to sustainable systems; and responding to new policy drivers. Ten priority areas have been identified and encompass 42 action items. These will be the focus of mental health information development during the life of the current National Mental Health Plan.

Prevalence of psychological distress

The National Survey of Mental Health and Wellbeing of Adults conducted in 1997, the National Health Survey conducted in 2001, and the 2004 National Drug Strategy Household Survey collected information on the prevalence of current psychological distress using the 10-item Kessler 10 Scale of Psychological Distress (K10) measure (ABS 1998, 2002; AIHW 2005h). This instrument is used to ask about negative emotional states in the four weeks prior to interview and relates to levels of anxiety and depressive symptoms experienced by

the person. It consists of 10 non-specific questions. For example, respondents are asked how often they felt nervous, hopeless and restless. They can respond: all of the time, most of the time, some of the time, a little of the time, or none of the time.

The results from the K10 were grouped into four categories: low (score of 10–15, indicating little or no psychological distress), moderate (16–21), high (22–29) and very high levels of psychological distress (score of 30–50). K10 scores in the very high psychological distress category can indicate a need for professional help (ABS 2002).

Table 2.1 reports the estimated proportion of adults with very high (30–50) psychological distress scores in 1997, 2001 and 2004. In 1997 an estimated 2.2% of Australians aged 18 and over had very high levels of psychological distress. In 2001 the estimated proportion was 3.6% and in 2004 it was 2.3% (Table 2.1).

In both 1997 and 2001 males and females in the age group 45–54 years most frequently had very high levels of psychological distress. In 2004 the highest estimated proportion of males with very high levels of psychological distress was reported for the age group 25–34 years. The highest estimated level of psychological distress was reported in the 18–24 years age group for females.

In 2004 approximately two in three people aged 18 years or more reported low levels of psychological distress (68.4%) (Table 2.2).

Table 2.1: Estimated proportion of adults with very high (30–50) psychological distress scores on the Kessler 10 Scale of Psychological Distress, Australia, 1997, 2001 and 2004 (per cent)

Year	18–24	25–34	35–44	45–54	55–64	65 and over	Total
Males							
1997	^(a) 0.6	^(a) 1.3	2.2	3.0	2.7	^(a) 1.9	1.9
2001	2.7	2.1	2.5	3.7	3.6	1.9	2.7
2004	2.5	2.9	1.5	2.0	1.9	1.0	2.0
Females							
1997	^(a) 2.1	2.8	2.4	3.8	^(a) 1.5	^(a) 1.3	2.4
2001	5.4	4.6	4.2	5.5	3.6	3.2	4.4
2004	4.5	3.2	2.9	2.0	1.7	1.4	2.6
Total							
1997	1.3	2.1	2.3	3.4	2.1	1.6	2.2
2001	4.0	3.4	3.4	4.6	3.6	2.6	3.6
2004	3.5	3.0	2.2	2.0	1.8	1.2	2.3

(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: ABS (1998, 2002), AIHW (2005h).

The 2004 National Drug Strategy Household Survey used the K10 score to compare levels of psychological distress among users and non-users of alcohol and other drugs. Daily smokers were more likely than non-smokers to report high to very high levels of psychological distress (17.0% and 8.2% respectively). Similar to tobacco use, high-risk drinkers were more likely than low-risk drinkers to experience high to very high levels of psychological distress (15.6% and 8.6% respectively).

The use of illicit drugs was associated with increased levels of psychological distress, with almost two in five people (19.6%) who had used an illicit drug in the preceding month

reporting high to very high levels of psychological distress. This was particularly the case with heroin, for which approximately two in three people (64.9%) who had used heroin in the past month reported high to very high levels of psychological distress.

Table 2.2: Population level of psychological distress^(a) and selected drug use patterns, persons aged 18 years and over, 2004 (per cent)

Substance/behaviour	Level of psychological distress ^(b)			
	Low	Moderate	High	Very high
All persons (18+)	68.4	21.8	7.6	2.3
Tobacco smoking status				
Daily	58.4	24.7	12.0	5.0
Other recent smokers	60.5	27.3	10.5	1.7
Non-smokers ^(c)	71.0	20.9	6.4	1.7
Risk of alcohol-related harm in the short term				
High risk	54.3	30.1	11.8	3.8
Risky	64.5	24.2	9.0	2.4
Low risk	71.0	20.4	6.7	1.9
Abstainer	69.8	20.3	7.4	2.5
Any illicit ^(d)				
Used in the last month	50.0	30.4	14.0	5.6
Not used in the last month	70.4	20.9	6.9	1.9
Marijuana/cannabis				
Used in the last month	49.8	31.0	13.4	5.8
Not used in the last month	69.8	21.1	7.1	2.0
Heroin				
Used in the last month	9.9	25.2	32.2	32.7
Not used in the last month	68.5	21.7	7.5	2.2
Meth/amphetamines				
Used in the last month	36.1	32.8	21.0	10.1
Not used in the last month	68.8	21.6	7.4	2.2
Ecstasy				
Used in the last month	44.5	33.9	15.8	5.8
Not used in the last month	68.8	21.6	7.4	2.2
Inhalants				
Used in the last month	45.9	31.7	12.5	9.8
Not used in the last month	68.5	21.7	7.5	2.2
Cocaine				
Used in the last month	45.2	31.0	17.2	6.7
Not used in the last month	68.5	21.8	7.5	2.2

(a) Using the Kessler 10 Scale of Psychological Distress.

(b) Low: K10 score 10–15; Moderate: 16–21; High: 22–29; Very high: 30–50.

(c) 'Ex-smokers' and persons who have 'never smoked'.

(d) Does not include 'other opiates' or 'injecting drug use'.

Source: AIHW (2005h).

Prevalence of psychiatric disability

Having a mental health condition such as depression or anxiety can be disabling in its impact on day-to-day life and/or long-term functioning. The Australian Bureau of Statistics 2003 Survey of Disability, Ageing and Carers (SDAC) estimated the prevalence of psychiatric disability at 5.2% of the Australian population (Table 2.3), representing around 1.0 million people. This includes persons for whom a psychiatric disability was reported as their main disabling condition and persons for whom a psychiatric disability was reported as a disability other than their main disabling condition.

Table 2.3: Persons with a psychiatric disability^(a) ('000), by age group, sex and core activity limitation, Australia, 2003^(b)

Type of disability	Males		Females		Total	
	No.	%	No.	%	No.	%
0–14 years						
Profound core activity limitation	20.7	1.1	11.8	0.6	32.5	0.8
Severe core activity limitation	16.2	0.8	4.8	0.3	20.9	0.5
Moderate core activity limitation	4.3 ^(d)	0.2	0.0 ^(e)	0.0	4.3 ^(d)	0.1
Mild core activity limitation	6.8 ^(d)	0.3	4.1	0.2	10.8	0.3
<i>Total with a disability^(c)</i>	<i>53.8</i>	<i>2.7</i>	<i>27.1</i>	<i>1.4</i>	<i>81.0</i>	<i>2.1</i>
All persons	1,969.8	100.0	1,880.8	100.0	3,850.6	100.0
15–64 years						
Profound core activity limitation	43.4	0.6	50.0	0.8	93.4	0.7
Severe core activity limitation	52.1	0.8	78.8	1.2	130.9	1.0
Moderate core activity limitation	45.7	0.7	69.2	1.0	114.9	0.9
Mild core activity limitation	68.7	1.0	72.1	1.1	140.8	1.1
<i>Total with a disability^(c)</i>	<i>293.1</i>	<i>4.4</i>	<i>348.0</i>	<i>5.2</i>	<i>641.1</i>	<i>4.8</i>
All persons	6,727.9	100.0	6,643.9	100.0	13,371.8	100.0
65 years and over						
Profound core activity limitation	45.6	4.1	125.6	9.0	171.1	6.9
Severe core activity limitation	21.3	1.9	22.7	1.6	43.9	1.8
Moderate core activity limitation	15.5	1.4	21.9	1.6	37.4	1.5
Mild core activity limitation	12.4	1.1	20.8	1.5	33.2	1.3
<i>Total with a disability^(c)</i>	<i>100.5</i>	<i>9.0</i>	<i>195.3</i>	<i>14.1</i>	<i>295.8</i>	<i>11.8</i>
All persons	1,110.6	100.0	1,386.2	100.0	2,496.8	100.0
Total						
Profound core activity limitation	109.6	1.1	187.4	1.9	297.0	1.5
Severe core activity limitation	89.6	0.9	106.2	1.1	195.8	1.0
Moderate core activity limitation	65.6	0.7	91.1	0.9	156.6	0.8
Mild core activity limitation	87.9	0.9	96.9	1.0	184.8	0.9
<i>Total with a disability^(c)</i>	<i>447.4</i>	<i>4.6</i>	<i>570.5</i>	<i>5.8</i>	<i>1,017.9</i>	<i>5.2</i>
All persons	9,808.4	100.0	9,910.9	100.0	19,719.3	100.0

(a) Persons with a psychiatric disability based on all disabling conditions.

(b) For this table data are sourced from the confidentialised unit record file of the ABS 2003 Survey of Disability, Ageing and Carers. Data for the corresponding table in the *2002–03 Mental Health Services in Australia* report were sourced directly from the ABS 2003 Survey of Disability, Ageing and Carers. As a result, there are small differences in the data between the two tables.

(c) Includes people with no core-activity limitation but who are restricted in schooling or employment only, and people without specific limitations or restrictions.

(d) Estimate has an associated relative standard error (RSE) of between 25% and 50% and should be interpreted accordingly.

(e) Estimate has an associated relative standard error (RSE) of greater than 50% and should be interpreted accordingly.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

There was an estimated 432,200 persons for whom a psychiatric disability was reported as the person's main disabling condition (Table 2.4), equivalent to a prevalence of 2.2% (derived from Tables 2.3 and 2.4). The prevalence for persons aged less than 15 years was estimated at 1.2%, for persons aged 15–64 years it was estimated at 2.1% and for persons aged 65 years and over it was estimated at 3.9%.

Prevalence of psychiatric disability was higher for those aged 65 years and older (11.8%) compared with that for persons aged less than 15 years (2.1%) and for persons aged 15–65 years (4.8%). It was higher among older females overall (14.1%) than males (9.0%) (Table 2.3). The proportion of the Australian population who had a psychiatric disability with a severe or profound core activity limitation – that is, they sometimes or always needed help with self-care, mobility or communication activities – was 2.5% overall. Severe or profound core activity limitation was more common in older people (8.7% of those 65 years and older compared with 1.7% of those aged 15–64 years and 1.3% of those aged less than 15 years), and more common in females (3.0%) compared with males (2.0%).

Psychiatric disability was commonly reported with other disabling conditions. For those for whom psychiatric disability was reported as the main disabling condition, physical and/or diverse disabilities were also reported by 55% and intellectual disability was reported by 42.4% (Table 2.4), corresponding to estimates of 183,300 and 239,900 persons respectively. Prevalence of intellectual disability within this group was highest for those aged less than 15 years (79.7%). For sensory/speech, acquired brain injury and physical/diverse disabilities, prevalence was highest for those aged 65 years and over (62.4%, 17.7% and 83.5%, respectively).

For those for whom psychiatric disability was reported as the main or another disabling condition, physical and/or diverse disabilities were reported by 36.2% (an estimated 368,400 persons) and sensory/speech disability was reported for 36.7% (an estimated 373,300 persons) (Table 2.4). Prevalence of intellectual disability within this group was highest for those aged less than 15 years (83.9%). For sensory/speech and physical/diverse disabilities, prevalence was highest for those aged 65 years and over (58.9% and 92.8%, respectively). For acquired brain injury, prevalence was highest for those aged 15–64 years (19.4%).

Table 2.4: Persons with a psychiatric disability ('000), by age group and other reported disabilities, Australia, 2003

Other disability reported	0–14 years		15–64 years		65 years and over		Total	
	No.	%	No.	%	No.	%	No.	%
Psychiatric disability as the main disabling condition								
Intellectual	37.8	79.7	80.4	28.9	65.1	61.3	183.3	42.4
Sensory/speech	21.1	44.5	52.0	18.7	66.2	62.4	139.3	32.2
Acquired brain injury	2.6 ^(b)	5.6	48.3	17.3	18.7	17.7	69.7	16.1
Physical/diverse	10.1	21.3	141.2	50.7	88.6	83.5	239.9	55.5
Total^(a)	47.5	100.0	278.6	100.0	106.2	100.0	432.2	100.0
Psychiatric disability as the main or other disabling condition								
Intellectual	67.9	83.9	181.2	28.3	119.2	40.3	368.4	36.2
Sensory/speech	39.1	48.3	159.9	24.9	174.3	58.9	373.3	36.7
Acquired brain injury	6.7	8.3	124.4	19.4	42.1	14.2	173.2	17.0
Physical/diverse	28.3	34.9	462.0	72.1	274.5	92.8	764.8	75.1
Total^(a)	81.0	100.0	641.1	100.0	295.8	100.0	1,017.9	100.0

(a) Includes all other types of disability.

(b) Estimate has an associated relative standard error (RSE) of between 25% and 50% and should be interpreted accordingly.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

The prevalence of disability, as defined in the NSMHW, was estimated at 7.8% of persons aged 18 years and over. There are a number of differences between the two surveys which may account for the difference in the disability prevalence rates and which show that the data from these surveys are not able to be compared. For example, the NSMHWB was specifically designed to measure, through a structured questionnaire, the prevalence of mental disorders, whereas the SDAC was designed, among other things, to measure levels of disability. The population surveyed for the NSMHWB was persons aged 18 years and over, whereas the SDAC surveyed the Australian population of all ages. In addition, the definitions used in each survey for mental disorders differ.

2.3 Health service expenditure for mental health disorders

A detailed analysis of health service expenditure by disease and injury categories, including mental health, has been undertaken for 1993–94 and 2000–01 (AIHW 2005c). This analysis distributed total health expenditure in Australia by disease category, estimated using information such as diagnoses reported for patients admitted to hospital, and by problems managed for patients attending general practitioners. The data reported here revise and update the similar data presented in *Mental Health Services in Australia 2002–03* (AIHW 2005f).

Table 2.5: Health system costs of mental disorders and Alzheimer’s disease and other dementias in Australia, 1993–94^(a) and 2000–01 (\$ million)

Year	Hospitals ^(b)	Aged care homes	Out-of-hospital medical ^(c)	Pharmaceuticals	Other health professional services ^(d)	Research	Community mental health services	Total
Mental disorders excluding dementias^(e)								
2000–01	1,196	366	499	616	134	109	821	3,741
1993–94 ^(a)	1,091	316	512	237	99	34	408	2,697
Alzheimer’s disease and other dementias^(f)								
2000–01	160	1,902	18	27	9	94	21	2,230
1993–94 ^(a)	132	647	13	2	5	14	n.a.	814

(a) Expenditures for 1993–94 have been converted to 2000–01 prices by adjusting for health price inflation between 1993–94 and 2000–01.

(b) Includes admitted and non-admitted patients and in-hospital private medical services.

(c) Includes unreferral attendances, imaging, pathology and other medical.

(d) Includes services delivered by physiotherapists, chiropractors, occupational therapists, audiologists, speech therapists, hydropaths, podiatrists, therapeutic and clinical massage therapists, clinical psychologists, dieticians and osteopaths.

(e) Includes ICD-10-AM codes F04–F99 (all mental and behavioural disorders excluding dementia in Alzheimer’s disease, vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia) and G31.2 (degeneration of nervous system due to alcohol) for 2000–01; ICD-9 chapter V (mental disorders), excluding 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–94.

(f) Includes ICD-10-AM codes F01–F03 (vascular dementia, dementia in other diseases classified elsewhere and unspecified dementia) and G30–G31 (Alzheimer’s disease and other degenerative disease of the nervous system not elsewhere classified), excluding G31.2 (degeneration of nervous system due to alcohol) for 2000–01; ICD-9 CM codes 290 (senile and presenile organic psychotic conditions) and 330–331 (cerebral degenerations usually manifest in childhood and other cerebral degenerations) for 1993–04.

n.a. Not available.

Source: AIHW (2005c).

In this report expenditure costs of dementias have been included as well as mental disorders because dementias are included in the definition of mental health-related separations used

here. This reflects mental health-related care provided to patients with dementias who have been admitted to hospital.

The expenditure on dementias in other settings (e.g. aged care homes) may not necessarily be regarded as mental health-related care to the same

extent. Data for hospital services expenditure have been adjusted to take into account the impact of long-stay patients on annual expenditure figures.

For 2000–01 it was estimated that health care expenditure for mental health disorders, including expenditure on community mental health, was \$3,741 million (Table 2.5), or 7.5% of recurrent health care expenditure. The majority of this expenditure was for hospital services (31.9% of mental health care expenditure, or \$1,196 million), community mental health services (21.9%, or \$821 million) and pharmaceuticals (16.5%, or \$616 million).

In 2000–01 expenditure on Alzheimer’s disease and other dementias totalled \$2,230 million and the majority of this expenditure occurred in aged care homes (85.3%, or \$1,902 million).

In comparison, the health care expenditure for mental health disorders (including community health expenditure of \$408 million) for 1993–94 (converted to 2000–01 prices) was estimated at \$2,697 million, or 6.6% of recurrent health care expenditure. The expenditure was mostly for hospital services (40.5%, or \$1,091 million) and out-of-hospital medical services (19.0%, or \$512 million). Expenditure on Alzheimer’s disease and other dementias totalled \$814 million in 1993–94 (2.0% of recurrent health care expenditure), and \$2,679 million in 2000–01 (4.7%).

2.4 Further information

For further information on recent estimates of the prevalence of self-reported long-term mental health conditions, psychological distress, use of medication for mental wellbeing, and consultations with health professionals, see *Mental Health Services in Australia 2001–02* (AIHW 2004c). For further information on mental health in relation to the use of alcohol and other drugs, see *2004 National Drug Strategy Household Survey* (AIHW 2005h).

3 Ambulatory mental health care

This chapter describes the activity of health care services that provide ambulatory mental health-related care and the characteristics of their clients and patients. It presents the available data on:

- general practitioners (see Section 3.2)
- private psychiatrists (see Section 3.3)
- hospital-based outpatient services and community-based mental health care services (see Section 3.4)
- non-residential disability support services funded by the Commonwealth State/Territory Disability Agreement (CSTDA) (see Section 3.5)
- admitted patient services in public and private hospitals that could be considered equivalent to ambulatory mental health care (see Section 3.6).

In this report the term 'ambulatory' refers to services that are delivered to clients or patients in non-residential and non-admitted patient care settings. However, also included are some same day admissions to hospitals that could be considered to be equivalent to ambulatory care, for example same day admissions to hospital to receive group psychotherapy, individual counselling, or other care which could be provided in an ambulatory setting. The definition of 'ambulatory-equivalent admitted patient care' is detailed in Appendix 2. In table and figure titles and in some text references in this report, this term has been abbreviated to 'ambulatory-equivalent'.

3.1 Overview

National statistics on the number of general practice encounters for mental health-related problems, Medicare-funded psychiatrist attendances and ambulatory-equivalent mental health hospital separations are presented for the years 1999-00 to 2003-04 or 2004-05 (Table 3.1).

A summary of the number of services and the services per 1,000 population for each type of ambulatory service provider is presented in Table 3.2 by state and territory for 2003-04. Data for 2004-05 available at the time of publishing this report are presented by state and territory in Table 3.3.

The data collections for different health service providers use different definitions for a 'service contact or event'. For this reason, comparison of these data must be undertaken with caution. Appendix 1 includes more detailed presentation of the definitions used for each data source and notes on interpretation. Box 4.2 in Chapter 4 also provides relevant information relating to variations in admission practices that can affect reports of non-admitted and admitted patient services.

The findings from the ABS National Survey of Mental Health and Wellbeing suggest that general practice is the form of ambulatory health care that was most frequently used by people with mental health-related problems (29% of these people) (ABS 1998). According to the 2004-05 Bettering the Evaluation and Care of Health (BEACH) survey of general practice

activity, 10.8% of general practice encounters involved the management of at least one mental health-related problem (Figure 3.1) (Britt et al. 2005). A simple extrapolation based on the 96.3 million non-specialist attendances claimed from Medicare for 2003–04 suggests that there were about 9.8 million attendances in which general practitioners managed mental health-related problems for the BEACH data for 2003–04. This corresponded to 492 attendances per 1,000 population in 2003–04 (Table 3.2). The estimated number of encounters per 1,000 population has been comparatively stable since 1999–00, with a 0.6% average annual decrease from 1999–00 to 2004–05 (Table 3.1). These attendances include encounters at the surgery and visits to the patient’s residence, including service settings such as residential aged care services.

Specialised ambulatory mental health care was accessed through private psychiatrists at a rate of 101.5 attendances per 1,000 population in 2003–04 and 99.3 attendances per 1,000 population in 2004–05 (Tables 3.2 and 3.3). Table 3.1 shows that there has been a gradual decline in the number of private psychiatrist attendances reported per 1,000 population since 1999–00.

The AIHW collates data on ambulatory care service contacts provided by government-operated community mental health services. These services include public hospital outpatient services and community-based mental health services. In 2003–04 there were 4.9 million service contacts reported for these services, at a rate of 246.5 per 1,000 population (Table 3.2).

The role of private hospitals in the provision of ambulatory mental health care for non-admitted patients was relatively small, at 2.3 occasions of service per 1,000 population in 2003–04 (Table 3.2).

As noted above, some same day admissions to hospitals can be regarded as functionally equivalent to ambulatory mental health care. For this reason, this chapter includes data on ambulatory-equivalent mental health-related hospital separations based on the definition provided in Appendix 2. In 2003–04, there were 1.3 of these separations per 1,000 population provided by public hospitals and 4.1 per 1,000 population by private hospitals (Table 3.2). There was an average annual 6.5% decrease from 1999–00 to 2003–04 in the number of public hospital ambulatory-equivalent mental health-related separations per 1,000 population and a 10.7% average annual increase in the number of similar private hospital separations per 1,000 population (Table 3.1).

Mental health-related disability support services are also a component of the mental health service delivery system. Disability support services funded under the Commonwealth State/Territory Disability Agreement (CSTDA) can be services that specialise in supporting clients with psychiatric disabilities or services that cater for clients with a range of disability types. CSTDA data differ from the other data presented in this report as they provide measures of service users, not episodes of treatment or care. Data relating to the number of services provided in 2003–04 are only available in the form of the number of hours of service provided for selected service types in a reference week. CSTDA data are presented in Figure 3.5.

Table 3.1: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists and ambulatory-equivalent mental health-related hospital separations, Australia, 1999–00 to 2004–05

	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%) ^(a)
General practice encounters for mental health-related problems^(b)							
Estimated number of encounters	9,912,000	10,111,000	10,004,000	9,335,000	9,828,000	10,221,000	0.6
Lower 95% confidence limit	9,730,000	9,937,000	9,843,000	9,175,000	9,689,000	9,995,000	0.5
Upper 95% confidence limit	10,081,000	10,273,000	10,154,000	9,484,000	9,957,000	10,431,000	0.7
Per cent of total GP encounters	9.9	10.1	10.2	9.8	10.4	10.8	1.8
Estimated number of encounters per 1,000 population ^(c)	521	525	512	473	492	505	–0.6
Lower 95% confidence limit	511	516	504	464	485	494	–0.7
Upper 95% confidence limit	530	533	520	480	498	516	–0.5
Medicare-funded psychiatrist services^(d)							
Services	2,116,674	2,126,549	2,100,032	2,065,013	2,028,468	2,007,218	–1.1
Services per 1,000 population ^(c)	111.2	110.3	107.5	104.5	101.5	99.3	–2.2
Ambulatory-equivalent mental health-related hospital separations^(e)							
Public hospitals							
Separations	31,496	28,568	26,498	26,188	26,598	n.a.	–4.1
Separations per 1,000 population ^(f)	1.7	1.5	1.4	1.3	1.3	n.a.	–6.5
Private hospitals							
Separations	51,946	62,455	71,298	82,758	84,983	n.a.	13.1
Separations per 1,000 population ^(f)	2.8	3.3	3.7	4.2	4.2	n.a.	10.7
Private hospitals non-admitted patient occasions of service^(g)							
Individual occasions of service/group sessions	15,921	67,883	52,856	48,800	46,100	n.a.	30.4
Individual occasions of service/group sessions per 1,000 population ^(c)	0.6	3.5	2.7	2.5	2.3	n.a.	39.9

(a) Average annual % change to 2004–05 for General practice encounters for mental health-related problems and Medicare-funded psychiatrist services, and to 2003–04 for Ambulatory-equivalent mental health-related hospital separations and Private hospitals non-admitted patient occasions of service.

(b) The estimated number of encounters is based on the proportion of encounters in which a mental health-related problem was managed in the BEACH survey of general practice activity, multiplied by the total number of GP Medicare services reported by DHA. *Source:* Britt et al. 2005.

(c) Crude rate based on the Australian estimated resident population as at 31 December of the reference year.

(d) Medicare data from DHA.

(e) See Appendix 2 for definition. *Source:* National Hospital Morbidity Database.

(f) The rates were directly age-standardised as detailed in Appendix 1.

(g) Private Health Establishments Collection (PHEC) data provided by ABS.

.. Not applicable. n.a. Not available.

Table 3.2: Summary of ambulatory mental health care provided by general practitioners, private psychiatrists, hospitals and community-based services, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practice encounters for mental health-related problems^(a)									
Estimated number of encounters	3,013,000	2,627,000	1,925,000	872,000	1,078,000	329,000	86,000	38,000	9,828,000
Lower 95% confidence limit	2,975,000	2,580,000	1,860,000	845,000	1,040,000	281,000	86,000	35,000	9,689,000
Upper 95% confidence limit	3,043,000	2,663,000	1,971,000	889,000	1,102,000	346,000	86,000	38,000	9,956,000
Per cent of total GP encounters	8.8	11.2	10.9	11.5	13.1	15.6	7.5	7.5	10.4
Estimated number of encounters per 1,000 population ^(b)	450	532	500	444	705	684	267	190	492
Lower 95% confidence limit	444	523	484	430	680	584	268	176	485
Upper 95% confidence limit	454	539	512	453	720	720	267	191	498
Medicare-funded psychiatrist services^(c)									
Services	633,624	658,777	347,618	121,352	192,084	47,356	23,348	4,289	2,028,468
Services per 1,000 population ^(b)	94.6	133.4	90.4	61.8	125.5	98.6	72.2	21.6	101.5
Public hospital outpatient and community-based services^(d)									
Service contacts	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
Service contacts per 1,000 population ^(e)	215.1	322.4	232.0	213.7	205.7	139.9	504.7	122.6	246.5
Ambulatory-equivalent mental health-related hospital separations^(f)									
Public hospitals									
Separations	12,140	6,382	5,275	983	1,316	298	106	98	26,598
Separations per 1,000 population ^(e)	1.8	1.3	1.4	0.5	0.9	0.6	0.3	0.5	1.3
Private hospitals									
Separations	19,886	34,868	18,538	6,454	433	n.p.	n.p.	n.p.	84,983
Separations per 1,000 population ^(e)	2.9	7.0	4.7	3.3	0.3	n.p.	n.p.	n.p.	4.2
Private hospital non-admitted patient occasions of service^(g)									
Individual occasions of service/group sessions	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	46,100
Individual occasions of service/group sessions per 1,000 population ^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2.3

(a) The estimated number of encounters is based on the proportion of encounters in which a mental health-related problem was managed in the BEACH survey of general practice activity, multiplied by the total number of GP Medicare services reported by DHA.

(b) Crude rate based on the Australian estimated resident population at 31 December 2003.

(c) Medicare data from DHA.

(d) *Source*: National Community Mental Health Care Database.

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

(f) See Appendix 2 for definition. *Source*: National Hospital Morbidity Database.

(g) Private Health Establishments Collection (PHEC) data provided by ABS. PHEC occasions of service data were not available by state and territory.

n.a. Not available.

n.p. Not published.

Table 3.3: Summary of available data for ambulatory mental health care provided by private psychiatrists, states and territories, 2004–05

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Medicare-funded psychiatrist services^(a)									
Services	627,105	650,085	352,377	121,072	182,953	46,189	22,395	5,024	2,007,218 ^(c)
Services per 1,000 population ^(b)	92.9	130.2	89.7	60.7	119.1	95.5	69.1	25.0	99.3 ^(c)

(a) Medicare data from DHA.

(b) Crude rate based on the Australian estimated resident population at 31 December 2004.

(c) Includes Medicare-funded psychiatrists services for which state was not reported.

3.2 Mental health care in general practice

The ABS National Survey of Mental Health and Wellbeing reported that over 29% of adults with mental disorders had visited a general practitioner for a mental health-related problem in the previous 12 months (ABS 1998). This section presents data from the BEACH survey on the mental health-related care and medication provided by general practitioners (GPs). It also presents the Department of Health and Ageing's (DHA) Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data on mental health-related PBS and RPBS-subsidised medications prescribed by general practitioners.

Bettering the Evaluation and Care of Health (BEACH) survey data

The BEACH survey is a continuous survey of general practice activity encompassing about 100,000 GP-patient encounters each year. The data for 2003–04, used in this report, included a total of 98,877 encounters after post-stratification weighting to ensure the data reflected national general practice activity patterns.

For this report, mental health-related problems and reasons for encounter (RFEs) were defined as those classified in the psychological chapter of the *International Classification of Primary Care* (2nd edition) (ICPC-2), which includes alcohol and other drug-related problems/RFEs. More detailed information on the BEACH survey can be obtained from the publication *General Practice Activity in Australia 2003–04* (Britt et al. 2004).

Overview

Mental health-related encounters have been defined as those at which a mental health-related problem was managed. However, some information is also presented on encounters for which mental health-related RFEs were reported.

There were 10,827 encounters in the data set with a mental health-related problem and/or RFE. Of those, there were 10,238 encounters with a mental health-related problem managed. Of those, 5,866 (57.3%) had both a mental health-related problem and a mental health-related RFE. For 4,372 encounters (42.7%) there was a mental-health related problem reported without a mental health-related RFE. A total of 589 encounters had a mental health-related RFE reported but did not have a mental health-related problem managed.

Figure 3.1 shows data on the 10,238 general practitioner encounters in which a mental health-related problem was managed and how this relates to other data collected for the encounters. Mental health-related problems were managed at 10.4% of encounters and accounted for 7.4% of all problems managed. Mental health-related problems were most commonly managed for patients of the middle age groups, with those between 25–44 years and 45–64 years accounting for 31.0% and 31.5% of these encounters respectively. The patients were predominantly female (60.5%).

The most common patient reason for these encounters was a prescription request, reported at a rate of 25.2 per 100 encounters. Depression was also a common reason, recorded at 16.7 per 100 of these encounters.

Temazepam and diazepam were the medications most frequently prescribed for mental health-related problems, at rates of 9.0 and 6.8 per 100 problems managed respectively. Psychological counselling was the most common clinical treatment, provided at a rate of 25.2 per 100 problems. Referrals to psychiatrists were the most frequent referral type (2.2 per 100 problems managed).

Encounters with mental health-related reasons for encounter

There were 6,455 encounters in the data set with a mental health-related RFE. Of those, 5,866 also had a mental health-related problem and are included in the mental health-related encounters for this report. The other 589 did not have a mental health-related problem so are not included as mental health-related encounters for this report.

RFEs are those concerns and expectations that patients bring to the doctor. They may be in the form of symptoms and complaints or requests for services or treatment. For each encounter, the GP could record up to three RFEs.

Overall in 2003–04, there were 148,521 RFEs reported in BEACH survey data at a rate of 150 per 100 encounters (Britt et al. 2004). Of these, 7,407 RFEs (5.0% of all RFEs) were mental health-related, reported at a rate of 6.5 per 100 encounters (Table 3.4). Depression (ICPC-2 codes P03, P76) was the mental health-related RFE most frequently given by patients (accounting for 1.2% of all RFEs). Sleep disturbance (P06, 0.8% of all RFEs) and anxiety (P01, P74, 0.7% of all RFEs) were also mental health-related RFEs frequently cited by patients.

Age group and sex

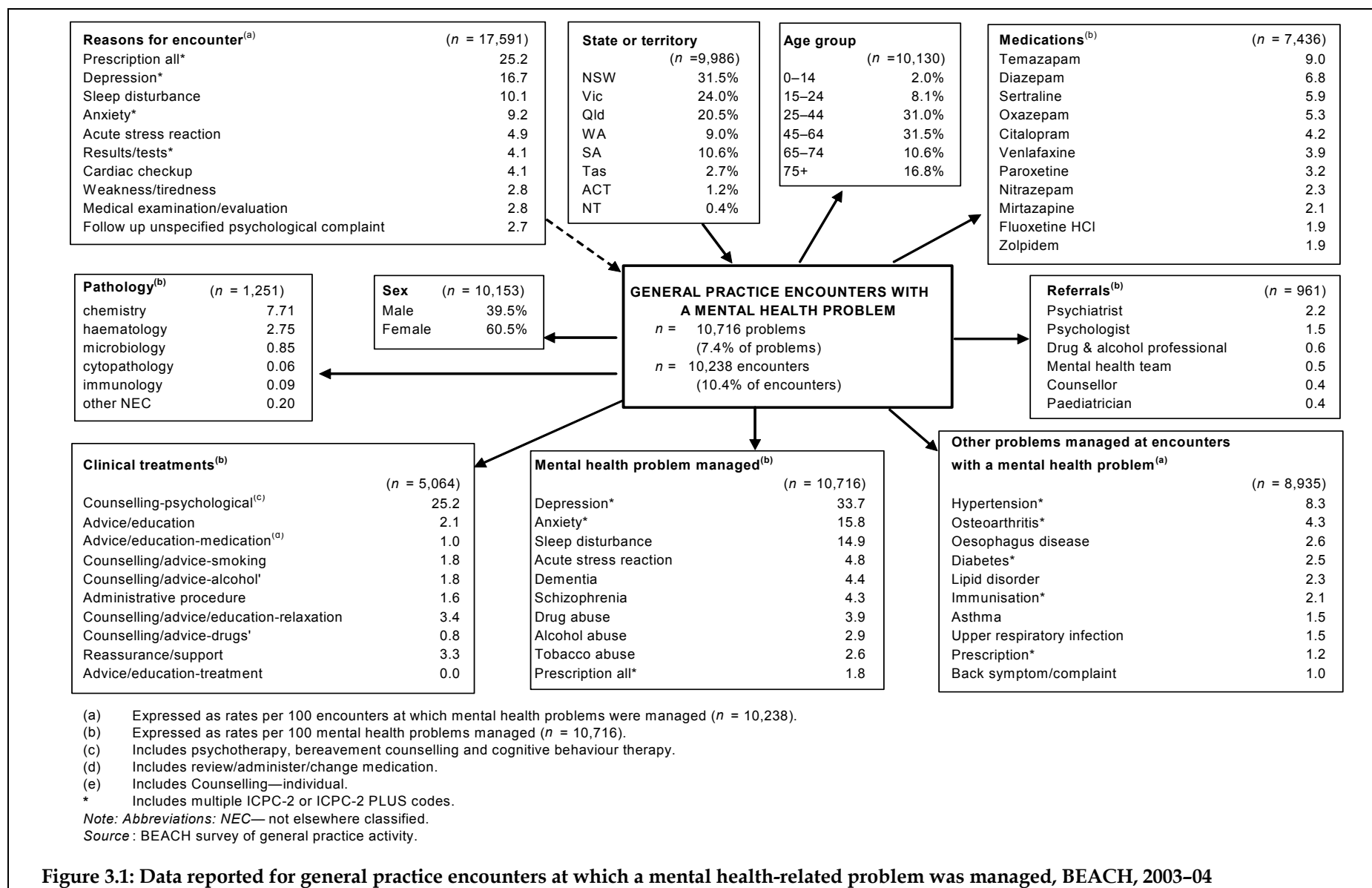
In 2003–04, there were fewer mental health-related encounters recorded for male patients than there were for female patients. The highest number of mental health-related encounters were for females aged 25 to 44 years (Figure 3.2). For males, the highest number of mental health-related encounters was for those aged 45 to 64 years. The highest proportion of total general practice encounters that were mental health-related was for males aged 25 to 44 years (14.3% of total general practice encounters), followed by females aged 25 to 44 years (12.7%) (Figure 3.3).

Problems managed

The problem managed is a formal statement of the GP's understanding of a health problem presented by the patient, which may at times be limited to the level of symptoms. For each patient encounter, up to four problems could be recorded by the GP. Overall, there were 144,674 problems managed in the 2003–04 BEACH survey, at a rate of 146 per 100 encounters (Britt et al. 2004). There were 10,716 psychological problems managed at a rate of 10.4 per 100 encounters.

Table 3.5 presents data on the 10 most frequently reported mental health-related problems managed, by patient sex, from 1999–00 to 2003–04. In 1999–00, mental health-related problems accounted for 6.7% of all problems managed by GPs and at least one was managed at 9.9% of all GP encounters. In 2003–04, mental health-related problems accounted for 7.1% of all problems managed by GPs and at least one was managed at 10.4% of all GP encounters. The most frequently reported problems managed over this period were depression, anxiety, sleep disturbances and acute stress reaction. The rate per 100 encounters for each of these problems remained fairly stable between 1999–00 and 2003–04.

Depression (ICPC-2 codes P03, P76) was the most frequently managed mental health-related problem in 2003–04, accounting for 33.7% of all mental health-related problems managed and 2.5% of all problems managed (Figure 3.1 and Table 3.6). Anxiety (P01, P74, 15.8% of all mental health-related problems managed and 1.2% of all problems managed) and sleep disturbance (P06, 14.9% of all mental health-related problems managed and 1.1% of all problems managed) were the next most frequently managed mental health-related problems.



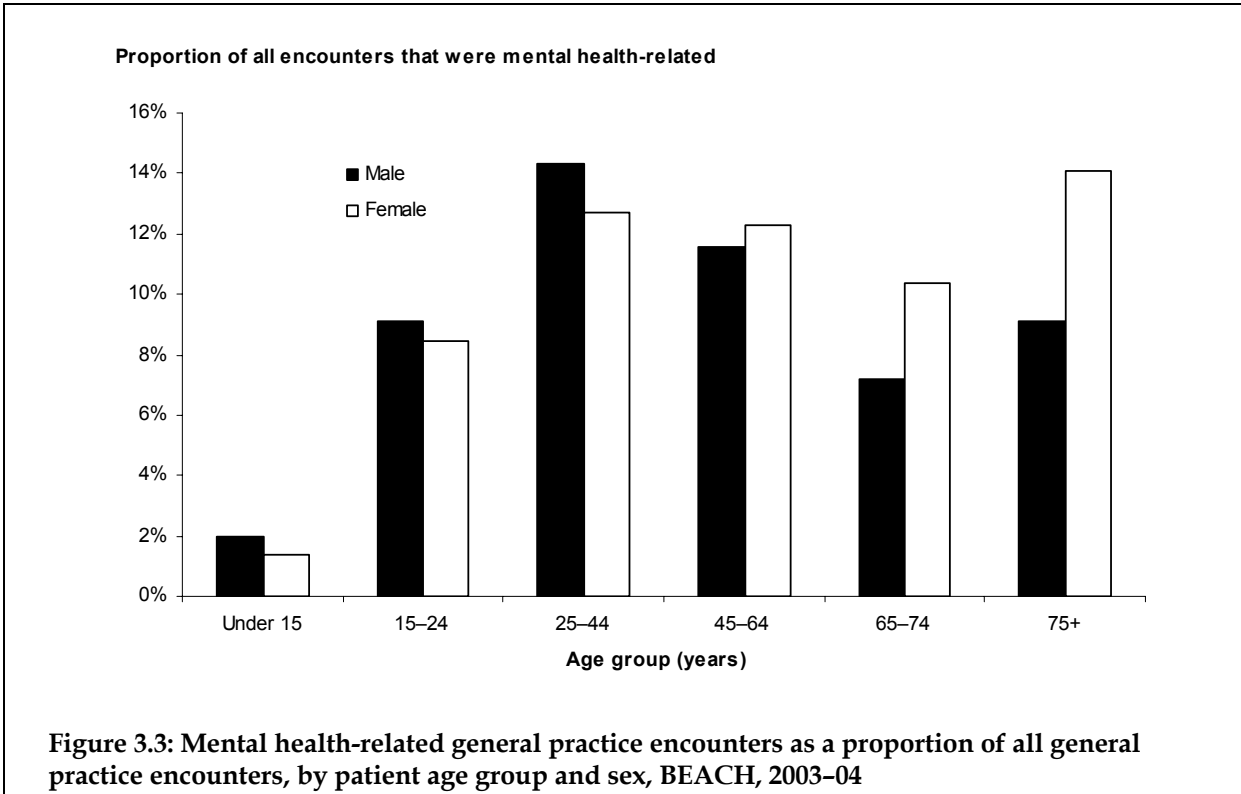
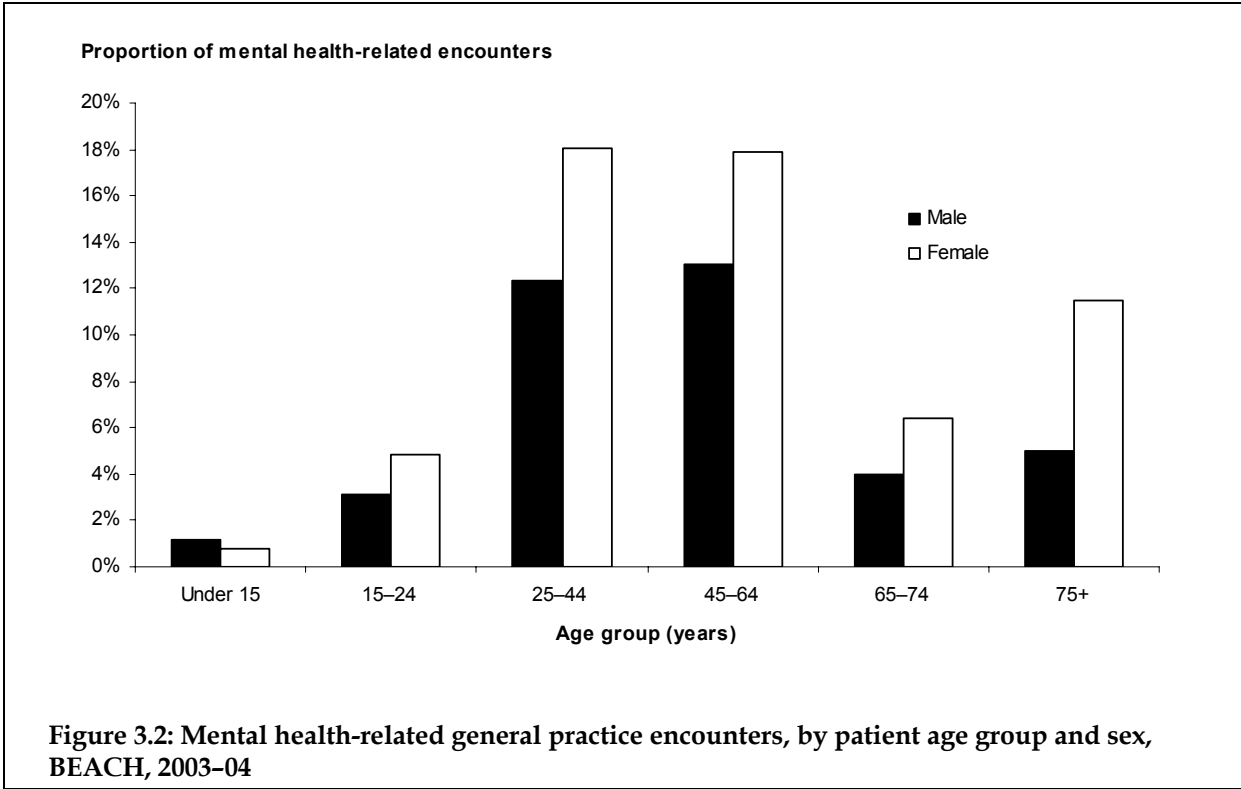


Table 3.4: Most frequent reported mental health-related reasons for encounter, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Reason for encounter	Rate per 100			
		% total RFEs	encounters	95% LCL	95% UCL
Males					
P03, P76	Depression	1.0	1.4	1.2	1.6
P06	Sleep disturbance	0.8	1.1	1.0	1.3
P01, P74	Anxiety	0.6	0.9	0.8	1.0
P50	Prescription request/renewal	0.4	0.6	0.5	0.8
P02	Acute stress reaction	0.3	0.5	0.4	0.6
P63	Follow-up, unspecified psychological complaint	0.2	0.3	0.2	0.4
P19	Drug abuse	0.1	0.2	0.1	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.1	0.2
P72	Schizophrenia	0.1	0.2	0.1	0.2
P15, P16	Alcohol abuse	<0.1	<0.1	<0.1	0.1
	Other	1.0	1.4	1.3	1.6
	<i>Total</i>	4.2	6.1	5.7	6.6
Females					
P03, P76	Depression	1.4	2.1	1.9	2.3
P01, P74	Anxiety	0.7	1.1	1.0	1.2
P06	Sleep disturbance	0.8	1.2	1.0	1.3
P50	Prescription request/renewal	0.5	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.5	0.7
P63	Follow-up, unspecified psychological complaint	0.2	0.3	0.2	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.1	0.2
P70	Dementia	0.1	0.2	0.1	0.3
P04	Feeling/behaving irritable/angry	0.1	0.2	0.1	0.2
	Other	0.6	0.9	0.8	1.0
	<i>Total</i>	4.5	6.8	6.4	7.2
Total^(a)					
P03, P76	Depression	1.2	1.8	1.7	1.9
P06	Sleep disturbance	0.8	1.1	1.0	1.3
P01, P74	Anxiety	0.7	1.0	0.9	1.1
P50	Prescription request/renewal	0.4	0.7	0.6	0.8
P02	Acute stress reaction	0.4	0.6	0.5	0.6
P63	Follow-up, unspecified psychological complaint	0.2	0.3	0.2	0.3
P29	Unspecified psychological complaint	0.1	0.2	0.2	0.2
P20	Memory disturbance	0.1	0.2	0.1	0.2
P70	Dementia	<0.1	0.1	<0.1	0.2
P19	Drug abuse	<0.1	0.1	<0.1	0.2
	Other	0.8	1.2	1.1	1.3
	Total	4.3	6.5	6.2	6.9

(a) Includes sex not stated.

Note: UCL—upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.5: Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1999-00 to 2003-04

Mental health-related problem	1999-00		2000-01		2001-02		2002-03		2003-04		Average annual % change		
	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	
Males													
P03, P76	Depression	1.8	2.6	2.0	2.8	1.9	2.7	1.9	2.7	2.0	2.8	2.2	2.0
P06	Sleep disturbance	1.0	1.5	1.0	1.4	1.1	1.6	1.1	1.6	1.1	1.6	1.4	1.2
P01, P74	Anxiety	0.9	1.4	1.0	1.3	0.9	1.3	0.9	1.2	1.0	1.4	1.3	1.1
P19	Drug abuse	0.6	0.9	0.6	0.8	0.6	0.8	0.5	0.7	0.4	0.6	-10.1	-10.3
P72	Schizophrenia	0.3	0.4	0.4	0.5	0.4	0.5	0.4	0.5	0.4	0.6	8.2	8.0
P15, P16	Alcohol abuse	0.4	0.5	0.4	0.6	0.4	0.5	0.4	0.5	0.4	0.5	0.4	0.2
P02	Acute stress reaction	0.3	0.4	0.3	0.4	0.3	0.4	0.2	0.3	0.3	0.4	-0.3	-0.5
P17	Tobacco abuse	0.2	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3	9.5	9.3
P70	Dementia	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.3	0.2	0.3	5.3	5.1
P81	Hyperkinetic disorder	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	-3.7	-3.9
	Other	1.0	1.4	1.1	1.5	1.0	1.4	0.9	1.3	1.0	1.4	0.5	0.3
Total^(a)		6.4	9.2	6.7	9.4	6.8	9.4	6.5	9.1	6.7	9.6	1.4	1.2
Females													
P03, P76	Depression	2.7	4.0	2.9	4.3	2.7	4.0	2.8	4.1	2.9	4.3	1.5	1.5
P01, P74	Anxiety	1.4	2.0	1.3	1.9	1.3	1.9	1.2	1.8	1.3	1.9	-0.9	-0.9
P06	Sleep disturbance	1.1	1.6	1.1	1.6	1.1	1.7	1.0	1.6	1.1	1.7	0.9	0.9
P02	Acute stress reaction	0.5	0.7	0.5	0.7	0.5	0.7	0.4	0.6	0.4	0.6	-3.1	-3.1
P70	Dementia	0.3	0.5	0.3	0.4	0.3	0.5	0.3	0.5	0.4	0.6	4.3	4.3
P72	Schizophrenia	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.4	5.9	5.9
P17	Tobacco abuse	0.1	0.2	0.2	0.3	0.3	0.4	0.1	0.2	0.2	0.2	8.8	8.8
P19	Drug abuse	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.4	0.2	0.3	-9.3	-9.3
P15, P16	Alcohol abuse	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.2	-2.1	-2.1
P73	Affective psychosis	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	13.9	13.9
	Other	0.7	1.0	0.7	1.0	0.7	1.0	0.7	1.0	0.7	1.1	1.7	1.7
Total^(a)		6.9	10.3	7.3	10.7	7.3	10.7	6.9	10.3	7.3	10.9	1.4	1.4

(continued)

Table 3.5 (continued): Most frequently reported mental health-related problems managed, by patient sex, BEACH, 1999–00 to 2003–04

Mental health-related problem	1999–00		2000–01		2001–02		2002–03		2003–04		Average annual % change	
	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters	% total problems	Rate per 100 encounters
	Total ^(b)											
P03, P76 Depression	2.3	3.4	2.5	3.6	2.4	3.4	2.4	3.5	2.5	3.6	1.6	1.6
P01, P74 Anxiety	1.2	1.7	1.1	1.7	1.1	1.6	1.1	1.5	1.2	1.7	–0.3	–0.4
P06 Sleep disturbance	1.1	1.5	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.6	1.1	1.1
P02 Acute stress reaction	0.4	0.6	0.4	0.6	0.4	0.6	0.4	0.5	0.4	0.5	–2.3	–2.3
P72 Schizophrenia	0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.5	7.1	7.0
P19 Drug abuse	0.4	0.6	0.4	0.6	0.4	0.5	0.3	0.5	0.3	0.4	–9.7	–9.8
P70 Dementia	0.3	0.4	0.2	0.3	0.3	0.4	0.3	0.4	0.3	0.5	4.7	4.7
P17 Tobacco abuse	0.1	0.2	0.3	0.4	0.3	0.4	0.2	0.3	0.2	0.3	9.4	9.4
P15, P16 Alcohol abuse	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.2	0.3	–0.5	–0.6
P73 Affective psychosis	<0.1	0.1	0.1	0.1	0.1	0.1	<0.1	0.1	0.1	0.1	6.5	13.3
Other	0.9	1.3	0.9	1.3	0.8	1.2	0.8	1.2	0.9	1.3	0.6	0.6
Total^(a)	6.7	9.9	7.0	10.1	7.1	10.2	6.7	9.8	7.1	10.4	1.3	1.2

(a) Total represents the number of encounters at which at least one mental health problem was managed. As more than one mental health problem may be reported for each encounter, figures do not add to total.

(b) Includes sex not stated.

Notes: 1. Per cent of total problems represents the number of each mental health problem managed as a percentage of all problems managed.

2. Rate per 100 encounters represents the number of each mental health problem managed reported per 100 of all encounters.

Source: BEACH survey of general practice activity.

Table 3.6: Most frequently reported mental health-related problems managed, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Mental health problem	% total problems ^(c)	Rate per 100 encounters ^(d)	95% LCL	95% UCL
Males					
P03, P76	Depression	2.0	2.8	2.6	3.1
P01, P74	Anxiety	1.0	1.4	1.3	1.6
P06	Sleep disturbance	1.1	1.6	1.4	1.7
P19	Drug abuse	0.3	0.4	0.3	0.5
P72	Schizophrenia	0.2	0.3	0.2	0.4
P15, P16	Alcohol abuse	0.4	0.6	0.5	0.7
P02	Acute stress reaction	0.4	0.6	0.4	0.8
P17	Tobacco abuse	0.2	0.3	0.3	0.4
P70	Dementia	0.1	0.2	0.1	0.2
P82	Post-traumatic stress disorder	0.4	0.5	0.4	0.6
	Other	1.0	1.4	1.2	1.5
	Total	7.1	10.1	9.4	10.9
Females					
P03, P76	Depression	2.9	4.3	4.0	4.5
P01, P74	Anxiety	1.3	1.9	1.8	2.1
P06	Sleep disturbance	1.1	1.7	1.5	1.8
P02	Acute stress reaction	0.4	0.6	0.5	0.7
P70	Dementia	0.4	0.6	0.5	0.7
P72	Schizophrenia	0.2	0.3	0.1	0.4
P19	Drug abuse	0.2	0.4	0.3	0.4
P17	Tobacco abuse	0.1	0.2	0.1	0.2
P50	Prescription request/renewal	0.2	0.2	0.2	0.3
P15, P16	Alcohol abuse	0.1	0.2	0.2	0.3
	Other	0.7	1.1	0.9	1.2
	Total	7.6	11.4	10.8	12.0
Total^{(a)(b)}					
P03, P76	Depression	2.5	3.6	3.4	3.9
P01, P74	Anxiety	1.2	1.7	1.6	1.9
P06	Sleep disturbance	1.1	1.6	1.5	1.7
P02	Acute stress reaction	0.3	0.4	0.3	0.6
P70	Dementia	0.3	0.5	0.4	0.5
P19	Drug abuse	0.2	0.3	0.3	0.4
P72	Schizophrenia	0.4	0.5	0.5	0.6
P15, P16	Alcohol abuse	0.2	0.3	0.2	0.3
P17	Tobacco abuse	0.3	0.5	0.4	0.6
P50	Prescription request/renewal	0.1	0.1	0.1	0.2
	Other	0.9	1.2	1.1	1.4
	Total	7.4	10.8	10.3	11.4

(a) The total includes encounters in which the sex of the patient was not identified.

(b) As more than one mental health-related problem may be managed for each encounter, the totals are not the sums of the columns in this table.

(c) Per cent of total problems represents the number of each mental health problem managed as a percentage of all problems managed.

(d) Rate per 100 encounters represents the number of each mental health problem managed reported per 100 of all encounters.

Note: UCL—upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Referrals

In addition to providing primary health care for people with mental health-related problems, general practice also plays a role in referral to specialised mental health care. For every problem managed, GPs could record up to two referrals, including referrals to medical specialists, allied health professionals and hospitals. The total number of referrals recorded was 11,495, or 11.6 per 100 encounters (Britt et al. 2004).

In the 2003–04 BEACH survey, there were 961 referrals for patients with a mental health-related problem, made at a rate of 10.2 per 100 mental health-related problems (Table 3.7). This represented 8.4% of all referrals recorded. Most of the referrals were to private psychiatrists (2.3 per 100 mental health-related problems), or psychologists (1.6 per 100 mental health-related problems).

Table 3.8 presents the number of referrals, by sex, made for the most frequently managed mental health-related problems. Overall, problems relating to *Hyperkinetic disorder (P81)* had the highest rate of referral to other professionals (54.8 referrals per 100 hyperkinetic disorder problems) followed by *Post-traumatic stress disorder (P82)* (21.4 referrals per 100 post-traumatic stress disorder problems).

Referrals to psychiatrists

The majority of mental health-related problems referred to psychiatrists were for *Depression* (49.4% of all mental health-related problems referred to a psychiatrist). *Post-traumatic stress disorder* had the highest problem-specific rate of referral (12.7 referrals per 100 post-traumatic stress disorder problems) (Table 3.9).

Clinical treatments for mental health-related problems

For each problem managed, GPs could record up to two non-pharmacological treatments that were provided. These could be clinical treatments (e.g. advice, counselling) or procedural treatments (e.g. removal of sutures, application/removal of plaster).

A total of 50,775 non-pharmacological treatments were recorded in BEACH survey data for all encounters. Of these, 36,211 or 71.3% were clinical treatments (Britt et al. 2004). Table 3.10 presents the number and type of clinical treatments provided by GPs for mental health-related problems. A total of 5,064 treatments (10.0% of all clinical treatments) were reported as treatment for mental health-related problems (47.3 per 100 mental health-related problems).

Table 3.11 presents the number of clinical treatments provided for the top ten mental health-related problems for which clinical treatment was provided. Clinical treatments provided for *Acute stress reaction (P02)* were recorded at a rate of 85.3 per 100 acute stress reaction problems managed. Clinical treatment given for *Tobacco abuse (P17)* was recorded at a rate of 75.8 per 100 tobacco abuse problems managed.

Medications for mental health-related problems

In the BEACH survey a total of 103,210 medications were prescribed, recommended or supplied by GPs, at a rate of 71 per hundred problems managed (Britt et al. 2004). Of these, 7,436 medications were for mental health-related problems at a rate of 69.4 medications per 100 mental health-related problems (Table 3.12). The medications most commonly prescribed, recommended or supplied for mental health-related problems were antidepressants (27.8 medications per 100 mental health-related problems), followed by anti-anxiety medications (14.2 medications per 100 mental health-related problems) and sedative hypnotics (13.7 medications per 100 mental health-related problems). At the generic level,

temazepam and diazepam were the most frequently reported for mental health-related problems, being prescribed at a rate of 9.0 and 6.8 per 100 problems respectively.

Prescription request/renewal/treatment (P50) was the mental health-related problem for which medications were most frequently prescribed, recommended or supplied by GPs (101.1 medications per prescription problems) (Table 3.13). Medication was relatively frequently prescribed, recommended or supplied for *Schizophrenia* (P72), at a rate of 90.6 medications per 100 schizophrenia problems, and *Sleep disturbance* (P06), at a rate of 89.8 medications per 100 sleep disturbance problems (Table 3.13). Persons in the 65–74 years age group had the highest rate of medications prescribed (76.7 medications per 100 total problems managed) (Figure 3.4).

Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions and expenditure

Tables 3.14 and 3.15 present data from the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) on the number of prescriptions for mental health-related medications by GPs and non-psychiatrist specialists. Non-psychiatrist specialists are those prescribers who do not fall into the GP or psychiatrist categories. PBS and RPBS medication data are classified using the Anatomical Therapeutic Chemical (ATC) classification. Mental health-related medications prescribed by non-psychiatrists were defined using the ATC codes for antipsychotics (ATC code N05A), anxiolytics (N05B), hypnotics and sedatives (N05C) and antidepressants (N06A). Previous reports have only included RPBS for some tables and analysis concentrating mainly on PBS data, whereas this report combines PBS and RPBS data for all tables and analysis; the numbers in some tables in this section may therefore appear to have increased relative to earlier reports.

Between 1999–00 and 2004–05, the rate of PBS and RPBS-subsidised mental health-related prescriptions per 1,000 population by GPs rose by 15.2% (from 795.2 to 912.6 per 1,000 population). This was largely due to increases in antidepressant and antipsychotic prescriptions, for which there have been annual average increases of 8.5% and 5.9%, respectively since 1999–00 (Table 3.14). Similarly, PBS/RPBS-subsidised mental health-related prescriptions per 1,000 population by non-psychiatrist specialists showed an overall increase of 31.2%, rising from 26.0 to 34.1 prescriptions per 1,000 population from 1999–00 to 2004–05. This was also largely due to increases in the number of prescriptions for antipsychotics and antidepressants, for which there have been average annual increases of 16.0% and 8.4% respectively since 1999–00.

According to the PBS and RPBS data for 2004–05, GPs prescribed a total of 18.4 million mental health-related medications (Table 3.15). The majority of the PBS/RPBS-reimbursed prescriptions were for antidepressant medication (11.2 million or 61.0%). Tasmania (1,247.3) and South Australia (1,087.5) were the jurisdictions with the highest number of mental health-related prescriptions by GPs per 1,000 population. The Northern Territory had the lowest, with 323.6 prescriptions per 1,000 population. Non-psychiatrist specialists prescribed a total of 0.7 million mental health-related medications at a rate of 34.1 per 1,000 population for 2004–05. These made up 3.3% of all mental health-related prescriptions, of which there were just over 20 million.

PBS and RPBS expenditure data for mental health-related medications prescribed by GPs and non-psychiatrist medical specialists are presented in Tables 3.16 and 3.17. Between 1999–00 and 2004–05, expenditure on PBS/RPBS-subsidised mental health-related medications prescribed by general practitioners rose 74.6% from \$276.1 million to \$482.1 million (Table 3.16). This was largely due to average annual increases in expenditure on antipsychotics and antidepressants of 20.2% and 9.8%, respectively, since 1999–00. A similar pattern was seen with non-psychiatric specialists, where mental health-related expenditure increased by 144.2% (from 12.1 million to 29.7 million). This also appeared to be due to large increases in

expenditure on antipsychotics and antidepressants (27.1% and 10.5% annual average increase since 1999–00 respectively).

In 2004–05, there was more PBS/RPBS expenditure on mental health-related medications prescribed by GPs (\$482.1 million) (Table 3.17) than on those prescribed by private psychiatrists (\$122.9 million) (Table 3.25). PBS/RPBS expenditure on mental health-related medications prescribed by non-psychiatrist specialists accounted for \$29.7 million.

Of all PBS/RPBS funds relating to GP mental health-related prescriptions, 59.3% were for antidepressant medication. For non-psychiatrist medical specialist prescriptions, antipsychotic medications accounted for the majority of PBS/RPBS funds paid (68.0%), followed by antidepressants (29.8%).

The Northern Territory had the lowest rate of PBS/RPBS expenditure for mental health-related medications prescribed by GPs, non-psychiatrist specialists and psychiatrists, at \$11,000 per 1,000 population. South Australia (\$35,300 per 1,000 population) and Victoria (\$34,400 per 1,000 population) had the highest rates of PBS/RPBS expenditure for these medications (Table 3.17).

Table 3.7: The 15 most frequent referrals for mental health-related problems, BEACH, 2003–04

ICPC-2 plus descriptor	Type of referral	Referrals per 100 mental health- related problems		
			95% LCL	95% UCL
P67002	Referral to psychiatrist (private)	2.3	2.0	2.7
P66003	Referral to psychologist	1.6	1.3	2.0
P66006	Referral to drug and alcohol professional	0.7	0.4	0.9
P66005	Referral to mental health team	0.6	0.4	0.8
P66004	Referral to counsellor	0.5	0.3	0.6
A67004	Referral to paediatrician	0.4	0.3	0.6
A67010	Referral to hospital	0.4	0.2	0.5
P67006	Referral to sleep clinic	0.3	0.2	0.5
A68011	Referral (not specified)	0.3	0.2	0.4
A67006	Referral to geriatrician	0.3	0.1	0.5
A67012	Referral to clinic/centre	0.3	<0.1	0.5
R67002	Referral to respiratory physician	0.2	0.1	0.4
A67020	Referral to general practitioner	0.2	<0.1	0.3
N67002	Referral to neurologist	0.1	<0.1	0.2
A67002	Referral to physician	0.1	<0.1	0.2
	Other	1.7	1.4	2.1
	Total	10.2	9.1	11.3

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.8: The most frequently referred mental health-related problems, by patient sex, BEACH, 2003-04

ICPC-2 plus descriptor	Mental health-related problem	% of all referrals	Problems referred per 100 of these problems		
			95% LCL	95% UCL	
Males					
P03, P76	Depression	2.3	10.1	8.2	12.1
P01, P74	Anxiety	1.0	8.9	6.1	11.8
P06	Sleep disturbance	1.0	7.9	5.1	10.7
P19	Drug abuse	0.6	13.4	5.3	21.6
P15, P16	Alcohol abuse	0.4	10.5	2.4	18.6
P81	Hyperkinetic disorder	0.6	55.2	33.8	76.6
P70	Dementia	0.5	18.1	7.3	28.9
P82	Post-traumatic stress disorder	0.3	23.0	9.8	36.1
P72	Schizophrenia	0.3	5.6	2.5	8.6
P22	Child behaviour complaint	0.3	49.7	18.2	81.3
	Other	2.2	15.0	11.2	18.7
	<i>Total</i>	9.5	11.8	10.4	13.3
Females					
P03, P76	Depression	2.9	8.0	6.3	9.6
P01, P74	Anxiety	1.3	7.6	5.7	9.5
P06	Sleep disturbance	0.5	3.6	2.0	5.1
P02	Acute stress reaction	0.5	9.1	5.6	12.6
P70	Dementia	0.3	7.0	4.0	9.9
P19	Drug abuse	0.4	15.2	7.3	23.1
P15, P16	Alcohol abuse	0.3	19.2	6.8	31.6
P72	Schizophrenia	0.2	5.5	2.2	8.9
P73	Affective psychosis	0.2	11.9	3.6	20.2
P82	Post-traumatic stress disorder	0.1	19.4	5.7	33.1
	Other	1.5	13.7	9.2	18.3
	<i>Total</i>	8.1	8.3	7.3	9.4
Total^(a)					
P03, P76	Depression	2.6	8.7	7.3	10.0
P01, P74	Anxiety	1.1	8.1	6.4	9.7
P06	Sleep disturbance	0.7	5.3	3.8	6.8
P19	Drug abuse	0.5	14.1	7.4	20.8
P15, P16	Alcohol abuse	0.3	13.0	4.8	21.2
P02	Acute stress reaction	0.4	8.8	5.8	11.8
P70	Dementia	0.4	10.1	6.1	14.0
P72	Schizophrenia	0.2	5.5	3.3	7.8
P81	Hyperkinetic disorder	0.3	54.8	34.5	75.2
P82	Post-traumatic stress disorder	0.2	21.4	11.8	30.9
	Other	1.9	15.4	12.2	18.6
	Total	8.7	9.7	8.7	10.7

(a) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.9: Mental health-related problems most frequently referred by GPs to psychiatrists, by patient sex, BEACH, 2003-04

ICPC-2 plus descriptor	Mental health-related problem	Problems referred per 100 of these problems		
			95% LCL	95% UCL
Males				
P03, P76	Depression	3.7	2.6	4.7
P01, P74	Anxiety	2.6	1.1	4.1
P82	Post-traumatic stress disorder	14.7	4.9	24.6
P81	Hyperkinetic disorder	12.9	3.5	22.4
P29	Unspecified psychological complaint	7.4	<0.1	16.6
	Other	1.4	0.9	2.0
	<i>Total</i>	2.7	2.3	3.1
Females				
P03, P76	Depression	3.1	2.2	4.0
P01, P74	Anxiety	1.8	0.9	2.7
P72	Schizophrenia	2.8	0.4	5.2
P73	Affective psychosis	8.3	1.1	15.6
P82	Post-traumatic stress disorder	9.7	<0.1	20.1
	Other	0.5	0.3	0.8
	<i>Total</i>	2.0	1.6	2.3
Total^(a)				
P03, P76	Depression	3.3	2.6	4.0
P01, P74	Anxiety	2.1	1.3	2.8
P82	Post-traumatic stress disorder	12.7	5.6	19.9
P72	Schizophrenia	2.1	0.8	3.4
P73	Affective psychosis	7.6	2.6	12.5
	Other	1.0	0.7	1.4
	Total	2.2	2.0	2.5

(a) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.10: Clinical treatments provided by GPs for mental health-related problems, BEACH, 2003–04

ICPC-2 plus descriptor	Clinical treatment	Per cent of total clinical treatments	Clinical treatments per 100 mental health related problems		
			95% LCL	95% UCL	
P58001, P58002, P58004, P58005, P58006, P58007, P58013, P58014, P58015, P58018, P58019	Counselling—psychological	5.3	25.2	23.2	27.1
P45001, P45002	Advice/education/observe/wait—psychological	0.6	3.0	2.5	3.5
A45015, A48003, A48005, A48006, A48007, A48008, A48009, A48010, A48011	Review/change/administer—medication	0.7	3.4	2.8	3.9
P45004, P58008	Counselling/advice/education—smoking	0.4	2.1	1.6	2.5
P45005, P58009	Counselling/advice/education— alcohol	0.4	1.8	1.5	2.2
A62	Administration	0.4	1.8	1.4	2.1
P45007, P58011, P58017	Counselling/advice/education—relaxation	0.3	1.6	1.2	2.1
P45006, P58010	Counselling/advice/education— drugs	0.2	1.0	0.6	1.3
A58010	Reassurance/support	0.2	1.1	0.8	1.3
A45016, A45019, A45020, A45021, A48004, S45004, T45004	Advice/education—treatment	0.2	0.8	0.5	1.1
45002, D45001, W45004	Advice/education	<0.1	0.4	0.2	0.5
A58002, A58003, B58001, D58001, F58001, H58001, K58001, L58001, N58001, R58001, S58001, T58001	Counselling—health problem	0.3	1.4	1.0	1.7
	Other	0.8	3.8	3.3	4.4
	Total	10.0	47.3	44.1	50.4

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.11: Mental health-related problems for which GPs most frequently used clinical treatments, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Mental health-related problem	Per cent of total clinical treatments	Clinical treatments per 100 of these problems		
			95% LCL	95% UCL	
Males					
P03, P76	Depression	2.8	50.1	44.6	55.6
P01, P74	Anxiety	1.4	50.4	42.0	58.7
P15, P16	Alcohol abuse	0.7	58.2	45.1	71.2
P06	Sleep disturbance	0.7	70.7	55.6	85.7
P02	Acute stress reaction	0.6	21.3	16.0	26.6
P19	Drug abuse	0.4	67.2	45.2	89.1
P17	Tobacco abuse	0.5	61.5	46.4	76.6
P72	Schizophrenia	0.4	36.6	26.9	46.3
P82	Post-traumatic stress disorder	0.2	26.6	15.2	38.0
P70	Dementia	0.2	42.3	22.8	61.8
	Other	1.0	40.3	32.5	48.2
	<i>Total</i>	8.9	45.3	41.7	48.9
Females					
P03, P76	Depression	4.3	54.3	49.5	59.1
P01, P74	Anxiety	2.0	54.6	47.9	61.4
P02	Acute stress reaction	1.0	87.6	73.3	101.9
P06	Sleep disturbance	0.7	22.4	18.0	26.7
P17	Tobacco abuse	0.4	79.0	60.3	97.6
P70	Dementia	0.3	50.6	32.1	69.1
P72	Schizophrenia	0.2	28.9	14.4	43.4
P19	Drug abuse	0.2	22.6	16.5	28.6
P15, P16	Alcohol abuse	0.2	66.9	45.9	87.9
P73	Affective psychosis	0.2	51.0	30.8	71.3
	Other	0.9	45.2	37.7	52.8
	<i>Total</i>	10.2	48.7	45.4	52.0
Total^(a)					
P03, P76	Depression	3.6	52.7	48.5	56.9
P01, P74	Anxiety	1.7	53.2	47.3	59.1
P02	Acute stress reaction	0.8	85.3	72.3	98.4
P06	Sleep disturbance	0.7	23.0	19.4	26.6
P17	Tobacco abuse	0.4	75.8	61.5	90.1
P15, P16	Alcohol abuse	0.4	48.9	39.7	58.1
P19	Drug abuse	0.3	50.9	32.8	69.1
P72	Schizophrenia	0.3	35.8	28.5	43.0
P70	Dementia	0.2	25.6	17.5	33.7
P73	Affective psychosis	0.1	52.9	34.1	71.7
	Other	1.0	42.5	36.4	48.5
	Total	9.7	47.3	44.1	50.4

(a) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.12: Medications most commonly prescribed, supplied or recommended^(a) by GPs for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drug	Per cent of medications	Medications per 100 mental health-related problems		
		95% LCL	95% UCL	
Males				
NO6A Antidepressants	2.3	23.6	21.6	25.6
P418 Sertraline	0.4	4.3	3.6	5.0
P420 Venlafaxine	0.4	4.1	3.3	4.9
P423 Citalopram	0.3	3.3	2.6	4.0
P424 Mirtazapine	0.2	2.2	1.7	2.7
P426 Escitalopram	0.1	0.6	0.3	0.9
P419 Paroxetine	0.3	3.0	2.4	3.5
P416 Fluoxetine HCl	0.1	1.5	1.0	1.9
P414 Dothiepin	0.1	0.9	0.6	1.3
NO5C Sedative hypnotics	1.3	13.6	12.1	15.1
P116 Temazepam	0.9	8.9	7.8	10.1
P126 Zolpidem	0.2	2.0	1.4	2.6
P104 Nitrazepam	0.2	2.2	1.6	2.7
N05B Anti-anxiety	1.4	14.4	12.5	16.3
P201 Diazepam	0.7	7.4	6.2	8.6
P202 Oxazepam	0.5	5.2	4.2	6.2
N05A Antipsychotic	0.7	6.8	5.7	7.9
Other	1.0	9.8	7.5	12.1
N201 Methadone	0.1	1.5	0.6	2.4
<i>Total</i>	6.6	68.2	63.1	73.3
Females				
NO6A Antidepressants	3.3	30.4	28.2	32.6
P418 Sertraline	0.7	7.0	6.1	7.8
P420 Venlafaxine	0.4	3.6	3.0	4.3
P423 Citalopram	0.5	4.8	4.1	5.5
P424 Mirtazapine	0.2	2.0	1.6	2.5
P426 Escitalopram	0.1	0.6	0.3	1.0
P419 Paroxetine	0.4	3.4	2.8	3.9
P416 Fluoxetine HCl	0.2	2.3	1.8	2.7
P414 Dothiepin	0.1	1.3	1.0	1.6
NO5C Sedative hypnotics	1.5	13.9	12.6	15.2
P116 Temazepam	1.0	9.1	8.1	10.1
P126 Zolpidem	0.2	1.9	1.5	2.3
P104 Nitrazepam	0.3	2.5	2.0	2.9
N05B Anti-anxiety	1.5	14.0	12.6	15.4
P201 Diazepam	0.7	6.4	5.5	7.2
P202 Oxazepam	0.6	5.4	4.6	6.1
N05A Antipsychotic	0.5	4.5	3.8	5.2
Other	0.8	7.3	5.9	8.6
N201 Methadone	0.1	0.8	0.3	1.4
<i>Total</i>	7.5	70.0	65.9	74.1

(continued)

Table 3.12 (continued): Medications most commonly prescribed, supplied or recommended^(a) by GPs for mental health-related problems, by drug group and generic drug name, by patient sex, BEACH, 2003–04

Drug group and generic drug	Per cent of medications	Medications per 100 mental health-related problems		
		Total ^(b)	95% LCL	95% UCL
NO6A Antidepressants	2.9	27.8	26.0	29.6
P418 Sertraline	0.6	5.9	5.3	6.6
P420 Venlafaxine	0.4	3.9	3.3	4.4
P423 Citalopram	0.4	4.2	3.7	4.7
P424 Mirtazapine	0.2	2.1	1.7	2.4
P426 Escitalopram	0.2	1.9	0.4	0.9
P419 Paroxetine	0.3	3.2	2.8	3.6
P416 Fluoxetine HCl	0.2	1.9	1.6	2.3
P414 Dothiepin	0.1	1.2	0.9	1.4
NO5C Sedative hypnotics	1.4	13.7	12.6	14.9
P116 Temazepam	0.9	9.0	8.1	9.9
P126 Zolpidem	0.2	1.9	1.6	2.3
P104 Nitrazepam	0.2	2.3	1.9	2.7
N05B Anti-anxiety	1.5	14.2	12.8	15.5
P201 Diazepam	0.7	6.8	6.0	7.6
P202 Oxazepam	0.5	5.3	4.6	6.0
N05A Antipsychotic	0.6	5.4	4.8	6.1
Other	0.9	8.3	6.7	9.8
N201 Methadone	0.1	1.1	0.4	1.7
Total	7.2	69.4	65.2	73.5

(a) Pharmaceuticals prescribed or provided and over-the-counter medications advised by the GP are coded and classified into drug groups according to an in-house classification, the Coding Atlas for Pharmaceutical Substances (CAPS) which can be grouped into ATC codes.

(b) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

Table 3.13: Mental health-related problems most frequently managed by medication, by patient sex, BEACH, 2003–04

ICPC-2 plus descriptor	Mental health-related problem	Per cent of total medications	Medications per 100 of these problems	95% LCL	95% UCL
Males					
P03, P76	Depression	2.1	77.1	69.8	84.4
P06	Sleep disturbance	1.3	85.5	75.0	95.9
P01, P74	Anxiety	1.0	70.5	60.1	80.8
P72	Schizophrenia	0.4	72.4	42.4	102.3
P19	Drug abuse	0.5	94.9	76.4	113.4
P15, P16	Alcohol abuse	0.2	41.5	28.1	54.9
P50	Prescription request/renewal	0.1	93.7	51.6	135.8
P73	Affective psychosis	0.1	98.5	67.2	129.7
P82	Post-traumatic stress disorder	0.1	70.9	43.0	98.9
P17	Tobacco abuse	0.1	37.8	24.3	51.3
	Other	0.6	35.5	29.1	41.9
	<i>Total</i>	6.6	68.2	63.1	73.3
Females					
P03, P76	Depression	3.2	78.5	72.6	84.4
P06	Sleep disturbance	1.5	92.7	83.3	102.1
P01, P74	Anxiety	1.2	66.3	58.8	73.8
P72	Schizophrenia	0.3	88.5	67.5	109.4
P19	Drug abuse	0.2	80.0	41.0	118.9
P50	Prescription request/renewal	0.2	105.2	75.5	134.9
P70	Dementia	0.1	23.8	17.1	30.6
P73	Affective psychosis	0.1	59.2	40.2	78.1
P02	Acute stress reaction	0.2	29.4	20.5	38.3
P17	Tobacco abuse	0.1	59.5	35.0	84.1
	Other	0.4	43.1	35.6	50.6
	<i>Total</i>	7.5	70.0	65.9	74.1
Total^(a)					
P03, P76	Depression	2.7	78.1	72.8	83.5
P06	Sleep disturbance	1.4	89.8	81.6	98.0
P01, P74	Anxiety	1.1	67.7	60.6	74.8
P72	Schizophrenia	0.4	90.6	76.0	105.2
P19	Drug abuse	0.3	77.6	45.8	109.5
P50	Prescription request/renewal	0.2	101.1	73.5	128.8
P73	Affective psychosis	0.1	75.7	57.9	93.5
P70	Dementia	0.1	33.1	24.8	41.4
P15, P16	Alcohol abuse	0.1	45.8	32.3	59.4
P02	Acute stress reaction	0.1	24.2	18.3	30.0
	Other	0.5	43.3	37.6	49.0
	Total	7.2	69.4	65.2	73.5

(a) Includes sex not stated.

Note: UCL— upper confidence limit; LCL—lower confidence limit.

Source: BEACH survey of general practice activity.

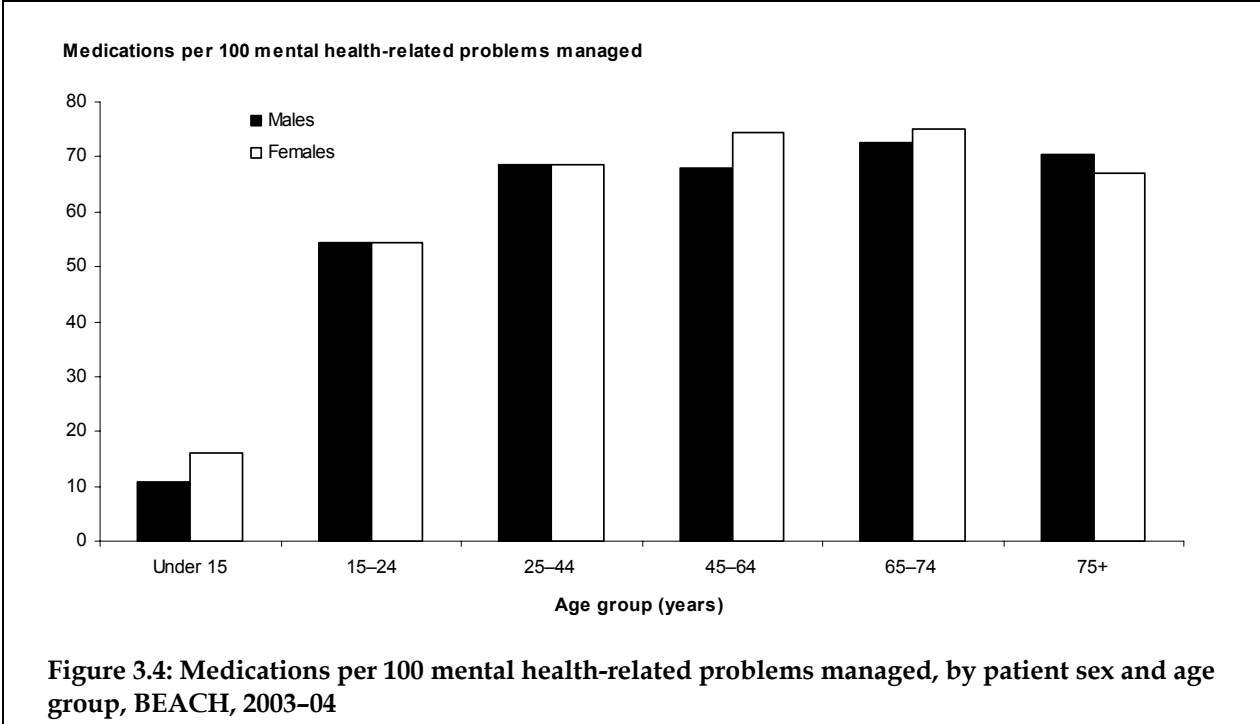


Table 3.14: PBS and RPBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1999–00 to 2004–05

ATC group		1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
General practitioners								
N05A	Antipsychotics	924,212	986,788	1,049,601	1,118,975	1,169,958	1,230,516	5.9
N05B	Anxiolytics	3,208,334	3,217,322	3,133,907	3,107,709	3,110,660	3,117,228	–0.6
N05C	Hypnotics and sedatives	3,488,476	3,484,984	3,275,093	2,993,583	2,888,136	2,847,883	–4.0
N06A	Antidepressants	7,465,919	8,521,657	9,180,857	9,841,851	10,666,973	11,248,200	8.5
	<i>Total</i>	<i>15,086,941</i>	<i>16,210,751</i>	<i>16,639,458</i>	<i>17,062,118</i>	<i>17,835,727</i>	<i>18,443,827</i>	<i>4.1</i>
	Per 1,000 population ^(a)	792.5	841.1	852.0	863.7	892.6	912.6	2.9
Non-psychiatrist specialists								
N05A	Antipsychotics	53,309	62,961	70,292	83,259	101,137	112,054	16.0
N05B	Anxiolytics	71,941	72,831	71,158	73,666	75,768	79,573	2.0
N05C	Hypnotics and sedatives	95,430	97,959	93,498	88,399	88,789	87,944	–1.6
N06A	Antidepressants	273,795	312,197	333,346	366,055	403,171	409,186	8.4
	<i>Total</i>	<i>494,475</i>	<i>545,948</i>	<i>568,294</i>	<i>611,379</i>	<i>668,865</i>	<i>688,757</i>	<i>6.9</i>
	Per 1,000 population ^(a)	26.0	28.3	29.1	30.9	33.5	34.1	5.6
General practitioners, non-psychiatrist specialists and private psychiatrists^(b)								
	Total mental health-related prescriptions	17,081,370	18,325,491	18,790,545	19,299,397	20,258,150	20,807,449	4.0
	Per 1,000 population ^(a)	897.2	950.9	962.2	976.9	1,013.8	1,029.6	2.8

(a) The rate per 1,000 population is a crude rate based on estimated resident population at 31 December of the reference year.

(b) Data for psychiatrists are presented in Table 3.22.

Source: DHA.

Table 3.15: PBS and RPBS-subsidised mental health-related prescriptions by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	404,902	338,853	219,569	97,698	125,480	27,501	12,393	4,120	1,230,516
N05B Anxiolytics	884,614	866,330	653,307	253,736	292,116	134,474	25,843	6,808	3,117,228
N05C Hypnotics and sedatives	890,301	735,024	542,210	282,707	268,869	98,977	22,768	7,027	2,847,883
N06A Antidepressants	3,374,708	2,748,073	2,437,973	1,144,909	984,240	342,523	168,737	47,037	11,248,200
<i>Total</i>	<i>5,554,525</i>	<i>4,688,280</i>	<i>3,853,059</i>	<i>1,779,050</i>	<i>1,670,705</i>	<i>603,475</i>	<i>229,741</i>	<i>64,992</i>	<i>18,443,827</i>
Per 1,000 population ^(b)	823.0	939.0	981.4	892.2	1,087.5	1,247.3	708.6	323.6	912.6
Non-psychiatrist specialists									
N05A Antipsychotics	26,291	46,912	19,543	11,332	4,936	881	1,077	1,082	112,054
N05B Anxiolytics	19,150	23,185	16,413	10,227	8,024	1,752	580	242	79,573
N05C Hypnotics and sedatives	24,127	26,397	17,160	11,282	6,502	1,369	818	289	87,944
N06A Antidepressants	113,364	109,247	90,530	53,286	27,288	8,182	4,928	2,361	409,186
<i>Total</i>	<i>182,932</i>	<i>205,741</i>	<i>143,646</i>	<i>86,127</i>	<i>46,750</i>	<i>12,184</i>	<i>7,403</i>	<i>3,974</i>	<i>688,757</i>
Per 1,000 population ^(b)	27.1	41.2	36.6	43.2	30.4	25.2	22.8	19.8	34.1
General practitioners, non-psychiatrist specialists and private psychiatrists^(c)									
Total mental health-related prescriptions	6,260,701	5,385,869	4,320,711	1,986,227	1,869,907	651,174	259,348	73,512	20,807,449
Per 1,000 population ^(b)	927.6	1,078.8	1,100.5	996.1	1,217.1	1,345.9	799.9	366.0	1,029.6

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

(c) Data for psychiatrists are presented in Table 3.23.

Source: DHA.

Table 3.16: PBS and RPBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1999–00 to 2004–05

ATC group	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
General practitioners							
N05A Antipsychotics	67,824	92,300	120,020	140,044	154,956	170,342	20.2
N05B Anxiolytics	14,896	14,961	15,156	15,199	15,296	14,846	–0.1
N05C Hypnotics and sedatives	13,988	13,794	13,385	12,430	12,001	11,184	–4.4
N06A Antidepressants	179,427	213,489	234,759	253,552	279,738	285,716	9.8
<i>Total in current prices (\$'000)</i>	<i>276,135</i>	<i>334,544</i>	<i>383,320</i>	<i>421,226</i>	<i>461,991</i>	<i>482,090</i>	<i>11.8</i>
<i>Total in constant prices (\$'000)^(a)</i>	<i>275,335</i>	<i>334,047</i>	<i>382,991</i>	<i>421,226</i>	<i>462,379</i>	<i>n.a.</i>	<i>13.8</i>
Per 1,000 population (constant prices) (\$'000) ^(b)	14.5	17.3	19.6	21.3	23.1	n.a.	12.4
Non-psychiatrist specialists							
N05A Antipsychotics	6,075	8,310	10,573	13,287	16,777	20,159	27.1
N05B Anxiolytics	321	322	319	328	332	329	0.5
N05C Hypnotics and sedatives	374	378	369	348	347	320	–3.1
N06A Antidepressants	5,372	6,424	7,024	7,864	8,922	8,840	10.5
<i>Total in current prices (\$'000)</i>	<i>12,142</i>	<i>15,434</i>	<i>18,286</i>	<i>21,827</i>	<i>26,379</i>	<i>29,650</i>	<i>19.5</i>
<i>Total in constant prices (\$'000)^(a)</i>	<i>12,107</i>	<i>15,411</i>	<i>18,270</i>	<i>21,827</i>	<i>26,401</i>	<i>n.a.</i>	<i>21.5</i>
Per 1,000 population (constant prices) (\$'000) ^(b)	0.6	0.8	0.9	1.1	1.3	n.a.	21.8
General practitioners, non-psychiatrist specialists and psychiatrists^(c)							
Total in current prices (\$'000)	364,082	435,923	494,213	541,377	591,471	621,961	11.3
Total in constant prices (\$'000)^(a)	363,027	435,275	493,789	541,377	591,968	n.a.	13.0
Per 1,000 population (constant prices) (\$'000) ^(b)	19.1	22.6	25.3	27.4	29.6	n.a.	11.6

(a) Expenditure data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year. Constant prices are unable to be calculated for 2004–05 as inflation figures were not available at time of publication, therefore the average annual change is calculated between 1999–00 and 2003–04.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December of the reference year.

(c) Data for psychiatrists are presented in Table 3.24.

n.a. Not available.

Source: DHA

Table 3.17: PBS and RPBS-funded expenditure (\$'000) on mental health-related medications prescribed by non-psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
General practitioners									
N05A Antipsychotics	57,176	47,811	30,179	13,661	15,474	3,527	1,896	615	170,342
N05B Anxiolytics	4,085	4,362	3,048	1,133	1,388	680	115	31	14,846
N05C Hypnotics and sedatives	3,492	2,823	2,190	1,095	1,065	401	86	26	11,184
N06A Antidepressants	82,659	71,905	61,850	30,535	25,064	8,821	3,875	1,005	285,716
<i>Total in current prices (\$'000)</i>	<i>147,414</i>	<i>126,903</i>	<i>97,268</i>	<i>46,426</i>	<i>42,988</i>	<i>13,431</i>	<i>5,974</i>	<i>1,679</i>	<i>482,090</i>
Per 1,000 population (\$'000) ^(b)	21.8	25.4	24.8	23.3	28.0	27.8	18.4	8.4	23.9
Non-psychiatrist specialists									
N05A Antipsychotics	4,387	9,041	3,404	2,063	737	135	169	220	20,159
N05B Anxiolytics	81	97	65	38	36	7	2	1	329
N05C Hypnotics and sedatives	89	94	63	41	23	4	3	1	320
N06A Antidepressants	2,269	2,476	1,975	1,274	545	153	94	50	8,840
<i>Total in current prices (\$'000)</i>	<i>6,826</i>	<i>11,709</i>	<i>5,508</i>	<i>3,417</i>	<i>1,343</i>	<i>301</i>	<i>270</i>	<i>273</i>	<i>29,650</i>
Per 1,000 population (\$'000) ^(b)	1.0	2.3	1.4	1.7	0.9	0.6	0.8	1.4	1.5
General practitioners, non-psychiatrist specialists and psychiatrists^(c)									
Total in current prices (\$'000)	190,100	171,627	122,697	57,492	54,294	15,684	7,863	2,201	621,961
Per 1,000 population (\$'000) ^(b)	28.2	34.4	31.3	28.8	35.3	32.4	24.3	11.0	30.8

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

(c) Data for psychiatrists are presented in Table 3.25.

Source: DHA.

3.3 Private psychiatrist services

Medicare services and expenditure

During 2004–05, private psychiatrists provided over 2 million services that were funded through Medicare (Table 3.18). This represented 0.9% of total Medicare-funded services (236.3 million) and 9.7% of specialist services (20.8 million). There were 99.3 services per 1,000 population, a 10.7% decrease since 1999–00 (Figure 1.2).

The number of private psychiatrist services per 1,000 population was highest in Victoria and lowest in the Northern Territory (Table 3.18). The number of services provided for female patients per 1,000 population was greater than that for male patients for all age groups except the under 15 years age group (Table 3.19 and Figure 1.8).

Although this chapter describes health care services providing ambulatory mental health care, Tables 3.18 to 3.21 include data for private psychiatrist services subsidised by Medicare and delivered in a hospital setting (10.4% of private psychiatrist services), only some of which are likely to have been ambulatory-equivalent mental health care services. Some of the 'Other services' in Tables 3.18 to 3.21 could also related to non-ambulatory care. Services for electroconvulsive therapy (ECT) are usually provided to non-ambulatory-equivalent admitted patients and would be included in Chapters 4, 5 and 6.

Privately funded (i.e. funding source is private health insurance or self-funded) mental health-related hospital separations could be considered similar to 'in-hospital' Medicare-subsidised private psychiatrist services. Analysis of the privately-funded mental health-related hospital separations shows that approximately 67.0% were considered to be ambulatory-equivalent. This could indicate that, similarly, about 67.0% of these Medicare-subsidised in-hospital services (including ECT) relate to ambulatory-equivalent separations. However, admitted patients may have received more than one Medicare-subsidised service per hospital separation, and the proportion of these services that could be regarded as relating to ambulatory-equivalent care may not be the same as the proportion of privately funded patient separations that could be considered to be ambulatory-equivalent.

For the 33.0% of privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 66.2% received specialised psychiatric care. Hence, about 21.8% of these in-hospital Medicare-subsidised services could be related to admitted patient care (not considered to be ambulatory equivalent) with specialised psychiatric care. Further information on non-ambulatory mental health-related hospital separations with specialised psychiatric care can be found in Chapter 5.

For privately funded mental health-related hospital separations considered to be non-ambulatory, approximately 33.8% did not receive specialised care. Hence, about 11.1% of these in-hospital Medicare-subsidised services could be related to admitted patient care (not considered to be ambulatory-equivalent) without specialised psychiatric care. Information on non-ambulatory-equivalent mental health-related hospital separations without specialised psychiatric care can be found in Chapter 6.

The total Medicare funds (constant prices) paid for private psychiatrist services has been between \$9.2 and \$10.5 thousand per 1,000 population since 1999–00 (Table 3.20).

In 2004–05, \$214.1 million of Medicare funds were used to reimburse services provided by private psychiatrists (Table 3.20). The benefits paid for private psychiatrist services represented 2.2% of total Medicare expenditure (\$9,922.7 million) and 17.7% of expenditure on specialist services (\$1,211.9 million) for 2004–05. A total of \$10,594 per 1,000 population was paid during 2004–05. The per capita benefits paid for private psychiatrist services in Victoria and South Australia were above the national average (Table 3.21), consistent with

the distribution of private psychiatrists (Table 7.5) and the number of private psychiatry services provided in each jurisdiction (Table 3.18). Similarly, the per capita benefits paid to private psychiatrists in Western Australia and the Northern Territory were well below the national average (Table 7.5).

Services and expenditure for case conferencing and ECT have also been included in these tables for the first time, so data in these tables will not be directly comparable to data presented in previous reports. Case conferencing was introduced as a Medicare service in November 2002, so is only applicable to data for 2002–03 to 2004–05.

PBS and RPBS prescriptions and expenditure

The purchase costs of many medications prescribed by private psychiatrists, GPs and non-psychiatrist medical specialists are fully or partially reimbursed through the PBS or RPBS. This section presents PBS and RPBS expenditure data for prescriptions by private psychiatrists. PBS and RPBS medication data are classified using the ATC classification. This section of previous reports included only PBS data, so the numbers may appear to have increased this year due to the inclusion of the RPBS data.

Tables 3.22 and 3.23 present data from the PBS and RPBS on the number of prescriptions for medication provided by private psychiatrists. Between 1999–00 and 2004–05 PBS and RPBS-subsidised mental health-related prescriptions by private psychiatrists increased by 297,453 (17.5%) (Table 3.22). This represented an increase of 9.5 prescriptions per 1,000 population (10.6%). Since 1999–00 prescriptions for the musculoskeletal system have had the highest average annual increase (9.8%).

Private psychiatrists prescribed almost 2.0 million PBS/RPBS-subsidised medications during 2004–05 (Table 3.23). Most of these were for antidepressant medication (1.1 million or 54.2%). South Australia (116.9) and Victoria (116.5) had the highest number of mental health-related prescriptions per 1,000 population. The Northern Territory had the lowest, with 24.0 prescriptions per 1,000 population.

Table 3.24 presents expenditure data from the PBS and RPBS and Table 3.25 presents expenditure data from the PBS and RPBS for medication provided by private psychiatrists. Between 1999–00 and 2004–05, there was a 55.3% increase in PBS/RPBS-subsidised expenditure (from \$79.2 million to \$122.9 million) on medications prescribed by private psychiatrists (Table 3.24). This represents an average annual increase of 9.2%. Contributing to this was a 76.4% increase in expenditure on antipsychotics. In 2004–05, antipsychotic medications accounted for the majority of PBS/RPBS expenditure on medications prescribed by private psychiatrists (53.2%), followed by antidepressants (33.8%) (Table 3.25).

The Highly Specialised Drugs Program

In addition to reimbursement under the PBS and RPBS, the Australian Government provides funding under s. 100 of the *National Health Act 1953* for certain drugs for chronic conditions which, because of their clinical use or other special features, are limited to supply through hospitals. This is known as the Highly Specialised Drugs Program. Clozapine, an antipsychotic drug used to treat schizophrenia, is included in the program. In 2004–05, expenditure on clozapine was \$33.0 million, 92.4% of which was through public hospitals (*Source: DHA*).

Table 3.18: Private psychiatrist services subsidised through Medicare by schedule item, states and territories, 2004-05

MBS item		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total^(a)
Patient attendances in consulting room										
300, 310	15 minutes or less	19,015	8,418	4,934	4,246	2,851	1,869	1,422	893	43,648
302, 312	16 to 30 minutes	93,202	79,394	55,743	17,588	19,901	8,462	5,121	1,118	280,529
304, 314	31 to 45 minutes	133,780	152,775	104,817	32,918	44,532	13,759	4,866	1,098	488,545
306, 316	46 to 75 minutes	259,049	276,750	106,826	35,342	83,371	9,491	7,814	1,162	779,805
308, 318	Over 75 minutes	14,690	13,029	6,428	2,713	7,486	1,972	417	72	46,807
291, 319	Selected cases (> 45 min)	34,087	30,869	8,548	1,567	7,751	274	1,154	14	84,264
	<i>Total</i>	553,823	561,235	287,296	94,374	165,892	35,827	20,794	4,357	1,723,598
Patient attendances in hospital^(b)										
320	15 minutes or less	1,949	5,116	2,449	3,640	784	426	293	12	14,669
322	16 to 30 minutes	12,795	23,869	33,573	8,335	5,133	2,600	451	154	86,910
324	31 to 45 minutes	17,246	16,093	13,846	6,219	3,936	3,090	326	160	60,916
326	46 to 75 minutes	13,620	12,527	6,012	3,566	2,833	1,266	288	78	40,190
328	Over 75 minutes	2,143	1,595	804	1,258	496	229	66	18	6,609
	<i>Total</i>	47,753	59,200	56,684	23,018	13,182	7,611	1,424	422	209,294
Patient attendances in other locations										
330	15 minutes or less	653	238	36	143	5	5	0	0	1,080
332	16 to 30 minutes	1,277	826	94	171	58	16	4	5	2,451
334	31 to 45 minutes	1,927	870	97	46	119	26	3	8	3,096
336	46 to 75 minutes	2,487	848	271	66	221	34	37	3	3,967
338	Over 75 minutes	1,256	170	75	107	203	7	7	0	1,825
	<i>Total</i>	7,600	2,952	573	533	606	88	51	16	12,419
Other services^(c)										
342, 344, 346	Group psychotherapy	12,273	21,464	2,192	1,263	1,299	1,977	29	114	40,611
348, 350, 352	Interview with non-patient	1,414	999	928	575	513	159	15	67	4,670
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	83	52	74	8	6	1	1	3	228
855, 857, 858, 861, 864, 866	Case conferencing	70	96	20	0	240	101	0	0	545
14224	Electroconvulsive therapy ^(d)	4,089	4,087	4,610	1,301	1,215	425	81	45	15,853
	<i>Total</i>	17,929	26,698	7,824	3,147	3,273	2,663	126	229	61,907
Total		627,105	650,085	352,377	121,072	182,953	46,189	22,395	5,024	2,007,218
Per 1,000 population ^(e)		92.9	130.2	89.7	60.7	119.1	95.5	69.1	25.0	99.3

(a) Includes services for which state was not reported.

(b) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory. Information on mental health-related hospital separations considered to be non-ambulatory can be found in Chapters 4, 5 and 6.

(c) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(d) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(e) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

Table 3.19: Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2004–05

MBS item		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
Males									
Patient attendances in consulting room									
300, 310	15 minutes or less	806	2,553	4,979	6,218	5,129	3,034	1,297	24,016
302, 312	16 to 30 minutes	3,182	12,039	25,163	31,570	31,432	21,867	10,071	135,324
304, 314	31 to 45 minutes	6,190	22,392	36,658	45,662	48,120	31,979	13,231	204,232
306, 316	46 to 75 minutes	13,916	33,726	51,753	73,529	72,812	41,928	12,117	299,781
308, 318	Over 75 minutes	1,750	2,976	2,956	3,866	4,225	2,704	952	19,429
291, 319	Selected cases (> 45 min)	265	1,772	4,285	6,144	5,405	1,599	159	19,629
	<i>Total</i>	<i>26,109</i>	<i>75,458</i>	<i>125,794</i>	<i>166,989</i>	<i>167,123</i>	<i>103,111</i>	<i>37,827</i>	<i>702,411</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	19	463	541	630	800	671	840	3,964
322	16 to 30 minutes	37	2,605	3,380	4,706	5,452	4,465	4,053	24,698
324	31 to 45 minutes	50	2,097	2,008	3,219	4,027	3,028	2,617	17,046
326	46 to 75 minutes	56	1,552	1,300	1,959	2,394	1,921	1,465	10,647
328	Over 75 minutes	11	302	226	336	405	309	190	1,779
	<i>Total</i>	<i>173</i>	<i>7,019</i>	<i>7,455</i>	<i>10,850</i>	<i>13,078</i>	<i>10,394</i>	<i>9,165</i>	<i>58,134</i>
Patient attendances in other locations									
330	15 minutes or less	0	8	8	49	77	98	279	519
332	16 to 30 minutes	6	23	50	58	199	243	477	1,056
334	31 to 45 minutes	7	53	106	118	223	222	637	1,366
336	46 to 75 minutes	25	156	264	150	206	153	605	1,559
338	Over 75 minutes	26	127	91	40	125	95	200	704
	<i>Total</i>	<i>64</i>	<i>359</i>	<i>511</i>	<i>366</i>	<i>753</i>	<i>713</i>	<i>1,919</i>	<i>5,204</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	1,092	719	1,615	4,605	5,877	2,518	472	16,898
348, 350, 352, 353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Interview with non-patient Telepsychiatry	285	510	263	273	242	216	307	2,096
855, 857, 858, 861, 864, 866	Case conferencing	23	34	27	50	37	23	18	212
14224	Electroconvulsive therapy ^(c)	0	246	363	706	1,191	842	1,204	4,552
	<i>Total</i>	<i>1,404</i>	<i>1,514</i>	<i>2,289</i>	<i>5,670</i>	<i>7,366</i>	<i>3,604</i>	<i>2,006</i>	<i>23,853</i>
Total		27,750	84,350	136,049	183,875	188,320	117,822	50,917	789,602
Per 1,000 population ^(d)		13.6	59.1	94.4	122.9	136.5	108.8	43.1	78.6

(continued)

Table 3.19 (continued): Private psychiatrist services subsidised through Medicare by schedule item, patient sex and age group, Australia, 2004–05

MBS item		Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Total
		Females							
Patient attendances in consulting room									
300, 310	15 minutes or less	303	1,963	3,530	4,655	4,315	2,932	1,934	19,632
302, 312	16 to 30 minutes	1,525	11,489	22,945	32,920	34,291	24,228	17,807	145,205
304, 314	31 to 45 minutes	3,102	30,657	50,659	65,706	68,443	41,517	24,229	284,313
306, 316	46 to 75 minutes	7,765	52,161	92,786	120,830	121,855	62,001	22,626	480,024
308, 318	Over 75 minutes	759	3,349	5,033	6,442	6,608	3,438	1,749	27,378
291, 319	Selected cases (> 45 min)	374	3,513	12,725	18,191	20,797	8,034	1,001	64,635
	<i>Total</i>	<i>13,828</i>	<i>103,132</i>	<i>187,678</i>	<i>248,744</i>	<i>256,309</i>	<i>142,150</i>	<i>69,346</i>	<i>1,021,187</i>
Patient attendances in hospital^(a)									
320	15 minutes or less	295	2,254	1,244	1,765	2,007	1,383	1,757	10,705
322	16 to 30 minutes	326	8,366	9,418	12,144	13,166	9,609	9,183	62,212
324	31 to 45 minutes	174	5,700	6,724	9,188	9,434	5,985	6,665	43,870
326	46 to 75 minutes	204	4,313	5,624	6,285	6,118	3,618	3,381	29,543
328	Over 75 minutes	42	816	1,006	1,035	993	497	441	4,830
	<i>Total</i>	<i>1,041</i>	<i>21,449</i>	<i>24,016</i>	<i>30,417</i>	<i>31,718</i>	<i>21,092</i>	<i>21,427</i>	<i>151,160</i>
Patient attendances in other locations									
330	15 minutes or less	1	3	5	22	86	71	373	561
332	16 to 30 minutes	1	16	59	92	126	121	980	1,395
334	31 to 45 minutes	6	40	90	133	205	131	1,125	1,730
336	46 to 75 minutes	7	78	177	153	345	307	1,341	2,408
338	Over 75 minutes	3	37	86	115	275	128	477	1,121
	<i>Total</i>	<i>18</i>	<i>174</i>	<i>417</i>	<i>515</i>	<i>1,037</i>	<i>758</i>	<i>4,296</i>	<i>7,215</i>
Other services^(b)									
342, 344, 346	Group psychotherapy	933	2,244	3,241	6,752	6,875	3,375	293	23,713
348, 350, 352	Interview with non-patient	150	492	401	352	365	232	582	2,574
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0	6	17	40	39	18	13	133
855, 857, 858, 861, 864, 866	Case conferencing	10	44	43	78	67	62	29	333
14224	Electroconvulsive therapy ^(c)	18	867	1,510	2,276	2,658	1,457	2,515	11,301
	<i>Total</i>	<i>1,111</i>	<i>3,653</i>	<i>5,212</i>	<i>9,498</i>	<i>10,004</i>	<i>5,144</i>	<i>3,432</i>	<i>38,054</i>
Total		15,998	128,408	217,323	289,174	299,068	169,144	98,501	1,217,616
Per 1,000 population ^(d)		8.3	94.5	151.3	191.4	214.2	158.5	67.8	119.8

(a) Private psychiatrist services delivered to patients admitted to hospital. Some of these services may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory found in Chapters 4, 5 and 6.

(b) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(c) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

Table 3.20: Medicare expenditure (\$'000) on services provided by private psychiatrists (current prices), by schedule item, Australia, 1999–00 to 2004–05

MBS item	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)	
Patient attendances in consulting room								
300, 310	15 minutes or less	1,844.14	1,655.94	1,598.20	1,419.47	1,349.31	1,417.21	-5.1
302, 312	16 to 30 minutes	17,797.41	17,818.50	17,805.83	17,545.88	17,159.91	17,963.16	0.2
304, 314	31 to 45 minutes	39,295.71	40,764.93	41,185.58	42,408.80	44,191.43	46,580.27	3.5
306, 316	46 to 75 minutes	101,595.52	101,942.75	100,215.02	99,212.22	100,158.09	107,081.32	1.1
308, 318	Over 75 minutes	6,138.69	6,404.04	6,182.83	6,549.27	6,723.30	7,404.50	3.8
291, 319	Selected cases (> 45 min)	10,859.05	11,071.54	11,684.52	11,732.88	12,287.11	13,367.50	4.2
	<i>Total</i>	<i>177,530.52</i>	<i>179,657.70</i>	<i>178,671.97</i>	<i>178,868.51</i>	<i>181,869.14</i>	<i>193,813.94</i>	<i>1.8</i>
Patient attendances in hospital								
320	15 minutes or less	453.46	514.57	500.54	455.71	439.3	400.15	-2.5
322	16 to 30 minutes	3,610.30	3,966.19	4,239.07	4,605.41	4,646.07	4,737.10	5.6
324	31 to 45 minutes	3,264.77	3,567.58	3,984.61	4,268.62	4,633.49	4,865.71	8.3
326	46 to 75 minutes	3,199.92	3,630.87	3,742.38	3,971.43	4,274.71	4,430.62	6.7
328	Over 75 minutes	562.63	676.12	674.31	663.13	832.74	887.24	9.5
	<i>Total</i>	<i>11,091.07</i>	<i>12,355.34</i>	<i>13,140.92</i>	<i>13,964.29</i>	<i>14,826.31</i>	<i>15,320.82</i>	<i>6.7</i>
Patient attendances in other locations								
330	15 minutes or less	30.62	38.6	56.3	58.45	63.05	61.35	14.9
332	16 to 30 minutes	127.08	152.47	221.69	228.26	188.07	218.95	11.5
334	31 to 45 minutes	279.36	296.37	325.05	366.8	371.35	384.98	6.6
336	46 to 75 minutes	408.44	427.36	539.57	608.23	558.78	599.51	8.0
338	Over 75 minutes	280.32	263.42	344.12	309.25	357.05	335.9	3.7
	<i>Total</i>	<i>1,125.82</i>	<i>1,178.22</i>	<i>1,486.72</i>	<i>1,570.98</i>	<i>1,538.30</i>	<i>1,600.70</i>	<i>7.3</i>
Other services^(a)								
342, 344, 346	Group psychotherapy	2,640.75	2,495.41	2,358.29	2,185.09	2,120.25	2,324.57	-2.5
348, 350, 352	Interview with non-patient	226.72	249.77	199.4	198.6	208.15	250.11	2.0
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	0.0	0.0	0.0	1.9	19.32	23.86	254.4
855, 857, 858, 861, 864, 866	Case conferencing	..	..	..	9.49	38.91	61.62	154.8
14224	Electroconvulsive therapy ^(b)	491.96	575.38	620.57	694.94	670.96	704.24	7.4
	<i>Total</i>	<i>3,359.44</i>	<i>3,320.56</i>	<i>3,178.26</i>	<i>3,090.02</i>	<i>3,057.59</i>	<i>3,364.40</i>	<i>0.0</i>
Total expenditure in current prices (\$'000)		193,106.85	196,511.82	196,477.87	197,493.80	201,291.34	214,099.86	2.1
Total expenditure in constant prices (\$'000)^(c)		175,545.27	183,679.05	191,018.01	197,493.80	209,602.16	n.a.	4.5
Per 1,000 population (constant prices) (\$) ^(d)		9.2	9.5	9.8	10.0	10.5	n.a.	3.3

(a) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(b) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(c) Expenditure data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year. Constant prices are unable to be calculated for 2004–05 as inflation figures were not available at time of publication, therefore average annual change is calculated between 1999–00 and 2003–04.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December in the reference year.

.. Not applicable. n.a. Not available. Source: DHA.

Table 3.21: Medicare expenditure (\$'000) on services provided by private psychiatrists, by schedule item, states and territories, 2004–05

MBS item		NSW	Vic	Qld	SA	Tas	ACT	WA and NT^(a)	Total
Patient attendances in consulting room									
300, 310	15 minutes or less	608.80	275.38	161.64	89.02	57.21	54.35	170.80	1,417.21
302, 312	16 to 30 minutes	5,887.42	5,069.33	3,634.51	1,240.07	525.78	384.37	1,221.68	17,963.16
304, 314	31 to 45 minutes	12,715.07	14,420.58	10,085.88	4,092.12	1,261.16	603.00	3,402.47	46,580.27
306, 316	46 to 75 minutes	36,476.72	38,195.58	14,326.48	10,694.20	1,164.98	1,228.96	4,994.40	107,081.32
308, 318	Over 75 minutes	2,331.80	3,081.78	1,010.06	1,168.62	296.38	72.89	442.96	7,404.50
319	Selected cases (> 45 min)	5,628.98	4,908.07	1,291.79	1,108.16	34.53	174.11	221.85	13,367.50
	<i>Total</i>	63,648.79	64,950.71	30,510.36	18,392.20	3,340.03	2,517.68	10,454.16	193,813.94
Patient attendances in hospital									
320	15 minutes or less	50.97	139.18	67.45	20.35	11.65	10.81	99.74	400.15
322	16 to 30 minutes	652.62	1,306.50	1,891.77	272.85	134.54	24.51	454.29	4,737.10
324	31 to 45 minutes	1,341.00	1,284.67	1,165.84	312.17	240.25	22.93	498.84	4,865.71
326	46 to 75 minutes	1,485.13	1,396.72	678.54	308.70	140.31	26.11	395.11	4,430.62
328	Over 75 minutes	288.66	214.42	109.51	61.57	31.57	10.61	170.90	887.24
	<i>Total</i>	3,818.38	4,341.49	3,916.11	975.65	558.34	94.97	1,618.88	15,320.82
Patient attendances in other locations									
330	15 minutes or less	36.96	13.50	2.20	0.28	0.28	0.00	8.13	61.35
332	16 to 30 minutes	114.40	74.17	8.11	5.06	1.42	0.09	15.69	218.95
334	31 to 45 minutes	241.00	110.50	9.22	14.38	2.86	0.63	6.37	384.98
336	46 to 75 minutes	391.74	128.66	37.25	32.73	4.65	4.38	10.10	599.51
338	Over 75 minutes	234.20	30.30	13.02	36.29	1.28	2.05	18.76	335.90
	<i>Total</i>	1,008.30	357.14	69.81	88.76	10.50	7.15	59.05	1,600.70
Other services^(b)									
342, 344, 346	Group psychotherapy	742.70	1,253.26	124.40	70.98	66.26	0.57	66.41	2,324.57
348, 350, 352	Interview with non-patient	76.82	50.78	49.50	28.06	7.33	5.17	32.46	250.11
353, 355, 356, 357, 358, 364, 366, 367, 369, 370	Telepsychiatry	10.41	2.84	7.57	0.80	0.03	1.80	0.41	23.86
855, 857, 858, 861, 864, 866	Case conferencing	11.14	13.15	3.15	22.68	8.83	0.00	0.00	3,364.39
14224	Electroconvulsive therapy ^(c)	181.36	181.95	204.58	53.89	18.92	3.59	59.94	704.24
	<i>Total</i>	1,022.43	1,501.98	389.20	176.4	101.38	11.12	159.21	3,364.39
Total expenditure (\$'000)		69,497.91	71,151.33	34,882.47	19,633.01	4,010.24	2,630.92	12,291.30	214,099.86
Per 1,000 population (\$) ^(d)		10,297.06	14,251.17	8,884.52	12,779.14	8,288.83	8,114.40	5,600.27	10,593.76

(a) Figures for Western Australia and the Northern Territory have been combined for confidentiality reasons.

(b) Services for electroconvulsive therapy (ECT) have been included in this table, however they usually are provided to non-ambulatory-equivalent admitted patients. Some of these services may have been delivered to patients admitted to hospital and may be considered to be non-ambulatory-equivalent. Information on mental health-related hospital separations considered to be non-ambulatory-equivalent can be found in Chapters 5 and 6.

(c) Data for electroconvulsive therapy may include data for medical practitioners other than psychiatrists.

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at December 2004.

Source: DHA.

Table 3.22: PBS and RPBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, Australia, 1999–00 to 2004–05

ATC code		1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
A	Alimentary tract and metabolism	31,135	28,922	30,299	32,799	35,599	36,997	3.5
B	Blood and blood-forming organs	3,254	3,149	3,343	3,945	4,373	4,137	4.9
C	Cardiovascular system	45,691	46,593	47,761	46,616	48,218	47,912	1.0
D	Dermatologicals	3,365	3,147	3,033	2,855	2,629	2,490	–5.8
G	Genitourinary system and sex hormones	11,572	13,213	12,995	10,760	9,903	9,887	–3.1
H	Systemic hormonal preparations, excluding sex hormones	4,749	4,977	4,779	4,916	4,878	4,780	0.1
J	General anti-infectives for systematic use	11,251	9,692	9,795	9,610	9,301	9,499	–3.3
L	Antineoplastic and immunomodulating agents	618	688	687	664	728	703	2.6
M	Musculoskeletal system	8,644	12,608	15,516	16,011	16,609	13,794	9.8
N	Central nervous system							
N05A	Antipsychotics	244,713	275,030	292,317	303,211	309,430	334,296	6.4
N05B	Anxiolytics	138,860	142,856	143,440	149,202	149,124	147,527	1.2
N05C	Hypnotics and sedatives	79,163	79,481	72,345	68,267	64,380	61,543	–4.9
N06A	Antidepressants	942,337	990,139	1,005,830	1,038,631	1,070,005	1,081,247	2.8
	Other	149,922	172,165	194,296	210,264	225,030	224,244	8.4
	<i>Total</i>	<i>1,554,995</i>	<i>1,659,671</i>	<i>1,708,228</i>	<i>1,769,575</i>	<i>1,817,969</i>	<i>1,848,857</i>	<i>3.5</i>
P	Antiparasitic products	741	775	693	667	582	496	–7.7
R	Respiratory system	14,297	12,714	11,503	11,203	10,833	10,352	–6.3
S	Sensory organs	6,290	5,572	5,044	4,814	4,288	3,977	–8.8
	Other	2,578	1,757	2,108	871	688	2,812	1.8
	Total prescriptions^{(a)(b)}	1,699,180	1,803,478	1,855,784	1,915,306	1,966,598	1,996,633	3.3
	Per 1,000 population ^(c)	89.3	93.6	95.0	97.0	98.4	98.8	2.1

(a) Data may include some public psychiatrist prescriptions.

(b) Includes ATC classified as unknown or various (Chapters V and Z).

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December of the reference year.

Source: DHA.

Table 3.23: PBS and RPBS-subsidised prescriptions by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC code		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	10,710	10,847	8,801	2,572	2,872	797	348	50	36,997
B	Blood and blood-forming organs	958	1,090	1,048	429	480	58	66	8	4,137
C	Cardiovascular system	16,184	12,145	9,744	3,694	4,170	1,023	673	279	47,912
D	Dermatologicals	718	791	461	247	200	40	29	4	2,490
G	Genitourinary system and sex hormones	2,912	2,038	2,872	1,029	693	155	178	10	9,887
H	Systemic hormonal preparations, excluding sex hormones	1,083	1,369	1,185	477	486	121	55	4	4,780
J	General anti-infectives for systematic use	3,072	2,864	2,140	578	548	116	162	19	9,499
L	Antineoplastic and immunomodulating agents	272	122	142	46	98	8	12	3	703
M	Musculoskeletal system	3,914	4,495	2,936	956	852	349	227	65	13,794
N	Central nervous system									
N05A	Antipsychotics	116,948	102,450	53,399	17,682	31,545	5,358	6,126	788	334,296
N05B	Anxiolytics	37,942	52,237	29,378	6,872	13,994	5,938	947	219	147,527
N05C	Hypnotics and sedatives	15,081	19,161	13,548	4,298	6,763	1,909	657	126	61,543
N06A	Antidepressants	329,585	314,622	216,139	85,799	97,903	21,695	12,716	2,788	1,081,247
	Other	60,547	52,735	35,003	49,085	17,525	5,430	3,491	428	224,244
	<i>Total</i>	<i>560,103</i>	<i>541,205</i>	<i>347,467</i>	<i>163,736</i>	<i>167,730</i>	<i>40,330</i>	<i>23937</i>	<i>4,349</i>	<i>1,848,857</i>
P	Antiparasitic products	145	130	98	18	69	24	12	0	496
R	Respiratory system	3,308	3,088	2,321	568	779	124	141	23	10,352
S	Sensory organs	1,317	1,052	759	331	409	54	50	5	3,977
	Other	627	473	1,192	198	268	50	3	1	2,812
	Total prescriptions^{(b)(c)}	605,323	581,709	381,166	174,879	179,654	43,249	25,893	4,820	1,996,633
	Per 1,000 population ^(d)	89.7	116.5	97.1	87.7	116.9	89.4	79.9	24.0	98.8

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) Data may include some public psychiatrist prescriptions.

(c) Includes ATC classified as unknown or various (Chapters V and Z).

(d) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

Table 3.24: PBS and RPBS-funded expenditure (\$'000) on selected medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, 1999–00 to 2004–05

ATC code		1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	Average annual change (%)
A	Alimentary tract and metabolism	755	698	778	896	1,037	1,083	7.5
B	Blood and blood-forming organs	31	42	61	78	96	99	26.1
C	Cardiovascular system	1,056	1,102	1,183	1,200	1,305	1,363	5.2
D	Dermatologicals	47	46	43	38	33	32	-7.4
G	Genitourinary system and sex hormones	355	472	530	522	503	516	7.8
H	Systemic hormonal preparations, excluding sex hormones	43	53	51	56	60	63	7.9
J	General anti-infectives for systematic use	234	199	207	242	232	230	-0.3
L	Antineoplastic and immunomodulating agents	113	154	174	158	182	199	12.0
M	Musculoskeletal system	137	365	384	400	419	324	18.8
N	Central nervous system							
N05A	Antipsychotics	37,049	44,544	50,216	54,313	57,327	65,367	12.0
N05B	Anxiolytics	1,198	1,186	1,199	1,247	1,229	1,204	0.1
N05C	Hypnotics and sedatives	320	322	310	308	311	289	-2.0
N06A	Antidepressants	33,461	36,753	38,249	40,047	42,082	41,530	4.4
	Other	3,875	5,825	7,869	8,839	9,637	10,114	21.2
	<i>Total</i>	<i>75,903</i>	<i>88,630</i>	<i>97,844</i>	<i>104,754</i>	<i>110,586</i>	<i>118,507</i>	<i>9.3</i>
P	Antiparasitic products	6	6	5	5	4	3	-12.9
R	Respiratory system	290	277	289	318	319	321	2.1
S	Sensory organs	71	68	62	59	52	49	-7.1
	Other	116	68	82	39	29	135	3.1
	Total expenditure in current prices (\$'000)	79,156	92,181	101,692	108,764	114,858	122,931	9.2
	Total expenditure in constant prices (\$'000)^(a)	78,927	92,044	101,605	108,764	114,955	n.a.	9.9
	Per 1,000 population (constant prices) (\$'000) ^(b)	4.1	4.8	5.2	5.5	5.8	n.a.	8.5

(a) Expenditure data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year. Constant prices are unable to be calculated for 2004–05 as inflation figures were not available at the time of publication.

(b) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December of the reference year.

Source: DHA.

Table 3.25: PBS and RPBS-funded expenditure (\$'000) on medications prescribed by private psychiatrists, by Anatomical Therapeutic Chemical group, states and territories^(a), 2004–05

ATC code		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A	Alimentary tract and metabolism	315	312	259	70	88	24	14	2	1,083
B	Blood and blood-forming organs	28	20	24	9	13	1	2	1	99
C	Cardiovascular system	464	342	293	102	113	26	21	2	1,363
D	Dermatologicals	11	10	5	3	3	0	1	0	32
G	Genitourinary system and sex hormones	173	94	156	49	27	4	12	1	516
H	Systemic hormonal preparations, excluding sex hormones	12	23	14	7	7	1	0	0	63
J	General anti-infectives for systematic use	70	58	62	26	9	2	4	0	230
L	Antineoplastic and immunomodulating agents	97	20	37	16	28	0	1	0	199
M	Musculoskeletal system	90	112	69	21	18	9	1	4	324
N	Central nervous system									
N05A	Antipsychotics	22,883	20,172	10,581	3,575	5,925	1,001	1,091	139	65,367
N05B	Anxiolytics	292	463	229	59	110	43	7	1	1,204
N05C	Hypnotics and sedatives	66	72	73	28	38	7	4	1	289
N06A	Antidepressants	11,857	12,123	8,565	3,764	3,809	880	444	88	41,530
	Other	2,930	2,924	1,845	1,377	729	175	115	19	10,114
	<i>Total</i>	38,029	35,755	21,293	8,802	10,611	2,106	1,660	250	118,507
P	Antiparasitic products	1	1	1	0	1	0	0	0	3
R	Respiratory system	102	96	74	18	22	4	4	1	321
S	Sensory organs	16	13	9	4	6	0	1	0	49
	Other	24	21	48	27	11	3	4	0	135
	Total (\$'000)^(b)	39,432	36,877	22,346	9,155	10,957	2,180	1,726	257	122,931
	Per 1,000 population ^(c)	5.8	7.4	5.7	4.6	7.1	4.5	5.3	1.3	6.1

(a) State/territory is determined according to the address of the pharmacy supplying the item.

(b) Includes ATC unknown or various (Chapters V and Z).

(c) The rate per 1,000 population is a crude rate based on the estimated resident population at 31 December 2004.

Source: DHA.

3.4 Hospital outpatient services and community mental health services

The National Community Mental Health Care Database (NCMHCD) is a collation of data on specialised mental health services provided to non-admitted patients, in both government-operated community and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Each record in the database is for a service contact, defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) which resulted in a dated entry being made in the individual's record.

Further information on data quality issues relating to NCHMCD can be found in Appendix 2. Additional tables covering principal diagnosis and client demographics by state and territory are available in Appendix 3 of this publication.

Coverage

The NCMHCD was agreed to be collected from 1 July 2000 and collated for the first year during 2002. Data for 2000–01 were incomplete, but apparently improved for 2001–02 and 2002–03. There have been further improvements in coverage for the 2003–04 data. Evidence of this includes the number of services reporting to the NCMHCD and the proportion of expenditure on community mental health services that the data relate to. Further, the increase in the number of service contacts reported in 2003–04 (4,911,735 compared with 4,672,423 in 2002–03) may also reflect improved coverage.

Most states and territories provided estimates of their coverage for 2003–04 as a proportion of full-coverage:

- New South Wales estimated its coverage for 2003–04 to be 65%. The expected number of contacts was estimated from the number of clinical full-time equivalent staff employed over that year. For 2002–03 they estimated 54% coverage;
- Victoria estimated their coverage to be 83–85% and noted that it would be higher if unregistered clients (that is, clients for whom personal details are unknown) were included in their data as for some states and territories (see Appendix 1 for more information);
- Queensland stated that all in-scope services are recording contact data, however they do not believe that the coverage is complete within these services. Queensland believes that the coverage for 2003–04 is greater than 2002–03 based on feedback from local mental health information management resources who monitor the collection of mental health data;
- Western Australia estimated around 95% coverage for 2003–04 and 2002–03 based on compliance from services within the jurisdiction;
- South Australia estimated their coverage to be from 75.8% to 89.0%, depending on methods used when estimating;
- The Australian Capital Territory report their coverage to be 98.3% taking into account the number of service contacts that were not supplied in the data; and
- The Northern Territory estimated 100% coverage based on in-scope services reporting, but 80–85% based on estimates of missing data and non-compliance of some clinicians.

Tasmania did not provide an estimate for their coverage for 2003–04.

Number of facilities

The number of facilities contributing data to the NCMHCD rose from 212 in 2002–03 to 216 in 2003–04. During 2002–03 there were 14 mental health care facilities that provided ambulatory care services but did not contribute data to the NCMHCD. This figure dropped to 13 facilities in 2003–04, comprising 8 facilities in South Australia, 4 facilities in Tasmania, and 1 facility in the Australian Capital Territory.

There were 5 facilities in Queensland, 3 facilities in South Australia, 2 facilities in Tasmania and 1 facility in New South Wales that did not report data for one or several of the months during the collection period. In 2002–03 there were 4 facilities that did not report data for one or several months (2 facilities in South Australia, 1 in Tasmania and 1 in New South Wales). For 2001–02, 90.0% of facilities providing ambulatory services that had reported to the National Community Mental Health Establishments (NCMHED) NMDS, reported to the NCMHCD. The corresponding proportion for 2002–03 was 91.5%. In 2003–04 the proportion has further increased to 94.3%. However, the counts of facilities may not be meaningful because they differ in size, and not all facilities reported all service contacts, as indicated above.

Proportion of expenditure

An alternative measure of coverage is the ratio of the expenditure of facilities that reported service contacts to NCMHCD to the expenditure of all facilities in NCMHED that provided ambulatory care services. Using this ratio, coverage for the NCMHCD in 2000–01 was 96.9% nationally, and 99.0% in 2001–02 and 2002–03. In 2003–04, national coverage increased to 99.9% with three jurisdictions lacking complete coverage: Tasmania (83.9% coverage), South Australia (88.5%) and the Australian Capital Territory (96.6%).

This measure also has limitations, however, since community mental health facility expenditure data are currently reported without delineating which components of expenditure relate to ambulatory service provision and which relate to residential service provision. Therefore, there is some residential care expenditure included in the calculation of these ratios for facilities which provide both ambulatory and residential care. In addition, incomplete reporting of service contacts by services is not taken into consideration.

Service contacts in 2003–04

The number of service contacts reported to the NCMHCD increased from 3,635,873 in 2000–01, 4,203,731 in 2001–02 and 4,672,423 in 2002–03 to 4,911,735 in 2003–04. This increase is likely to reflect an increased coverage of the database as described above.

Table 3.26 presents data on the number of service contacts and service contacts per 1,000 population by patient sex and age group. In 2003–04 the 4.9 million service contacts reported for public hospital-based outpatient services and community-based ambulatory mental health services represented a rate of 245.8 contacts per 1,000 population.

As noted, service contacts were not reported by every facility for every month of the collection period. An attempt has been made to quantify the level of under-reporting possibly resulting as a consequence in 2003–04. Nationally, there were 1,258,999 service contacts reported in the first and most complete quarter of collection. Had coverage been at this level for the whole year, there would have been approximately 5.0 million service contacts reported compared with the 4.9 million actually reported. Although the first quarter had the highest number of service contacts for Australia as a whole, the first quarter was not

the highest reporting quarter for several jurisdictions. If the highest reporting quarter for individual jurisdictions is multiplied by four, the total estimated number of service contacts increases to 5.3 million. If the highest reporting quarter for each individual establishment is multiplied by four, the total estimated number of service contacts increases to 5.6 million. This estimate does not include an estimate for non-reporting establishments. Using this calculation, 87.5% coverage was achieved in 2003–04, compared with 90.5% in 2002–03 and 86.2% in 2001–02.

Sex and age group

In 2003–04, there were more service contacts per 1,000 population for male patients than for female patients (Table 3.26). There were more service contacts per 1,000 population for patients in the 25–34 and 35–44 years age groups than for other age groups. This is consistent with the high proportion of separations from hospital with specialised psychiatric care in the 25–34 years age group (Figures 1.10 and 1.11).

The Australian Capital Territory had the highest rate of service contacts per 1,000 population (504.7 per 1,000 population) and for both males and females (480.6 and 524.4) (Table 3.27). For males, each state and territory reported more service contacts per 1,000 population in the 25–34 age group except for Tasmania which reported the most for those 65 years and over. For females, Queensland, the Australian Capital Territory and the Northern Territory reported the highest number of service contacts per capita in the 15–24 age group; New South Wales, Western Australia and South Australia the 25–34 age group; while for Victoria and Tasmania the most service contacts per 1,000 population were in the 65 years and over age group.

Aboriginal and Torres Strait Islander peoples

Table 3.28 presents the number of service contacts by Indigenous status and state and territory. Overall, the proportion of service contacts that were reported for Aboriginal and Torres Strait Islander peoples was 3.7% (181,706 service contacts) and ranged from 1.3% for Victoria to 26.4% for the Northern Territory. There were more service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples than for other Australians (413.9 and 243.6 respectively). This was true in all jurisdictions with the exception of the Northern Territory.

Quality of data on Indigenous status

The number and rate of service contacts per 1,000 population for Aboriginal and Torres Strait Islander peoples varies among the states and territories. This may reflect variations in completeness of Indigenous identification among patients or varying coverage of service contacts in total or service contacts for Aboriginal and Torres Strait Islander peoples or different patterns of service use by Indigenous and non-Indigenous persons.

For a number of jurisdictions, the NCMHCD data reported for the 'Both Aboriginal and Torres Strait Islander' category are suspected to be affected by misinterpretation of the category to include non-Aboriginal and Torres Strait Islander peoples (e.g. Maoris and South Sea Islanders) and use of the category as an 'Indigenous, not further specified'.

All state and territory health authorities provided information on the quality of the data for the NCMHCD 2003–04. Only Western Australia, Tasmania and the Northern Territory reported that the quality of their data was acceptable.

The New South Wales Health Department stated that the quality of Indigenous status data undoubtedly required improvement and that no work has been done to determine its accuracy.

The Victorian Department of Human Services considered that the quality of Indigenous status data was not acceptable due to lack of consistency in data entry across its services. Queensland Health reported that several strategies have been implemented to improve the quality of Indigenous data. These initiatives included: dissemination of information materials to services explaining the importance of the data element and how to collect the data; an audit of all 'Both Aboriginal and Torres Strait Islander' codes which found that over half of the clients were reclassified to a different Indigenous status category due to the above mentioned issues; and validation by Queensland Health of all 'not stated' codes, all codes where the client was reported as Indigenous but not born in Australia, and clients with more than one Indigenous status code in the collection period. Queensland Health also reported that a replacement for the existing collection system with in-built validation checks would also assist with the improving the quality of this data.

The Western Australian Department of Health reported that the quality of the Indigenous status data for 2003–04 was considered acceptable, however the data could be improved with the appropriate resources, training and reporting standards.

The South Australian Department of Health indicated that although processes have been established to collect Indigenous status, it is uncertain what mechanisms are in place to ensure that information collected is validated appropriately. Therefore, the quality of the data is uncertain at this stage.

The Tasmanian Department of Health and Human Services reported that the quality of Indigenous status data was acceptable, but that it was unable to determine whether the quality of the data varied across services.

Australian Capital Territory Health considered the quality of its Indigenous status data to be in need of improvement. In addition, only one service reported these data for the 2003–04 collection period.

The Northern Territory Department of Health and Community Services indicated that the quality of its Indigenous status data was acceptable and that the quality of the data did not vary across services.

Mental health legal status

Table 3.29 presents data on the number of service contacts by mental health legal status and jurisdiction. Nationally, 15.9% of service contacts were involuntary. However, for 18.3% of service contacts, mental health legal status was not reported. There were different patterns across jurisdictions, with higher proportions of involuntary service contacts for the Australian Capital Territory (29.7%) and Victoria (23.6%) than nationally. This may reflect differences in legislative arrangements for each jurisdiction or variation in the quality of the data reported.

Marital status

Table 3.30 presents data on the number of service contacts by marital status and jurisdiction. In 2003–04 the most frequently reported marital status was 'never married' (57.4%). Some jurisdictions had high proportions of service contacts for which marital status was not reported. Marital status was not able to be provided for any service contacts in New South

Wales and was not reported for almost one quarter of service contacts for the Northern Territory and Tasmania (24.7% and 24.1% respectively).

Country of birth

In 2003–04, country of birth details coded to the ABS's Standard Australian Classification of Countries, as specified in the *National Health Data Dictionary, Version 12 Supplement* (AIHW 2004e), were supplied by states and territories (Table 3.31).

Australian-born patients accounted for 79.0% (3,878,562) of total community mental health care service contacts at a rate of 261.3 service contacts per 1,000 population.

The country/region of birth with the highest number of service contacts per 1,000 population was *Hungary* (288.8). The countries/regions of birth with the lowest number of service contacts per 1,000 population were *China* (67.1) and *Japan* (81.0).

The age-standardised service contact rate for Australian-born patients was higher (261.3 per 1,000 population) than that for the overseas-born population (144.8 per 1,000 population).

Area of usual residence

Table 3.32 presents data on service contacts by Remoteness area of usual residence. In 2003–04 the highest rate of service contacts was for major cities (240.3 per 1,000 population). This rate decreased with remoteness, with the lowest rate for 'very remote' areas (103.0 per 1,000 population).

Principal diagnosis

Principal diagnosis refers to the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital, or attendance at a health care facility.

The following caveats concerning variability in data collection and coding practices which may affect data quality need to be taken into account when using principal diagnosis data:

- differences among states and territories in the type of classification used:
 - most state and territory health authorities used the complete ICD-10-AM classification to code principal diagnosis;
 - New South Wales used a combination of ICD-10-AM and ICD-10-PC; and
 - the Australian Capital Territory and the Northern Territory used only the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification;
- the ability of small community facilities to accurately code principal diagnosis,
- the availability of appropriate clinicians to assign principal diagnoses;
- whether the principal diagnosis is applied to an individual service contact, or to a period of care; New South Wales and the Australian Capital Territory mainly report current diagnosis for each service contact rather than a principal diagnosis for a longer period of care. Queensland, Victoria, South Australia, Tasmania, and the Northern Territory mainly report principal diagnosis as applying to a longer period of care.

Table 3.33 presents the number of service contacts for selected principal diagnosis groups for 2003–04. Over 32% of all service contacts did not have a specified principal diagnosis, comprising records coded to F99 *Mental disorder not otherwise specified*, or not stated/not reported. The majority of service contacts that did not have a specified principal diagnosis were supplied by Queensland (39.0%) and New South Wales (38.8%). Queensland had the

highest proportion of total service contacts without a specified principal diagnosis (70.6%) followed by the Northern Territory (54.8%), New South Wales (43.6%), the Australian Capital Territory (24.0%) and Tasmania (22.5%). Queensland recommenced the collection of principal diagnosis data late in the reporting year following a sustained period where this item was unable to be collected due to system based issues. South Australia (13.8%), Victoria (12.4%) and Western Australia (10.6%) had the lowest proportions of service contacts without a specified principal diagnosis (Table A3.6).

Of those service contacts specifying a principal diagnosis, 34.8% had a principal diagnosis of *Schizophrenia* (F20). The next most common principal diagnosis was *Depressive episode* (F32) accounting for 12.7% of the service contacts, followed by *Bipolar affective disorder* (F31, 7.9%).

Table 3.26: Community mental health service contacts and per 1,000 population^(a), by sex and age group, Australia, 2003–04

Sex	Less than 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Total
Number								
Males	248,759	423,174	658,883	528,523	327,993	158,726	179,842	2,537,637
Females	151,892	384,685	438,328	431,918	340,627	194,905	330,482	2,280,389
Total	406,145	819,798	1,109,397	973,053	677,445	357,435	513,574	4,911,735
Per 1,000 population^(b)								
Males	121.8	301.5	457.6	354.1	241.1	152.1	156.5	255.5
Females	78.3	287.4	303.8	286.5	247.7	190.5	232.0	226.9
Total	102.0	299.0	384.8	324.3	247.6	172.9	199.5	245.8

(a) Includes service contacts for which sex and/or age group was not reported.

(b) Crude rate based on the Australian estimated resident population as at 31 December 2003.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definitions of service contacts used between jurisdictions. For more information, see Appendix 1.

Source: NCMHCD.

Table 3.27: Community mental health service contacts and per 1,000 population, by sex and age group, states and territories, 2003–04^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Number								
Males									
Less than 15 years	46,502	66,935	76,972	24,268	25,719	2,045	4,356	1,962	248,759
15–24	128,314	135,834	82,132	27,789	24,092	2,462	19,454	3,097	423,174
25–34	213,906	225,124	111,336	43,444	34,692	4,942	21,077	4,362	658,883
35–44	177,101	162,447	86,810	38,820	36,981	4,626	18,244	3,494	528,523
45–54	104,586	101,227	54,802	31,631	19,990	4,698	9,634	1,425	327,993
55–64	45,849	54,498	29,152	15,294	8,434	1,439	3,549	511	158,726
65+	27,206	84,246	25,878	19,304	13,554	5,817	3,572	265	179,842
<i>Total males^(c)</i>	<i>743,464</i>	<i>830,311</i>	<i>467,082</i>	<i>200,550</i>	<i>163,462</i>	<i>26,029</i>	<i>79,886</i>	<i>15,116</i>	<i>2,525,900</i>
Females									
Less than 15 years	30,085	36,528	48,862	15,037	13,815	1,552	5,316	697	151,892
15–24	104,238	117,517	82,413	30,479	21,207	3,348	22,729	2,754	384,685
25–34	130,303	140,804	78,324	40,733	23,762	4,288	17,327	2,787	438,328
35–44	124,356	140,776	78,396	39,777	26,401	4,928	14,824	2,460	431,918
45–54	97,557	109,217	59,196	37,770	19,834	4,926	10,469	1,658	340,627
55–64	56,223	64,237	32,326	18,508	13,609	2,460	7,235	307	194,905
65+	53,433	147,989	42,275	35,630	28,995	12,461	9,566	133	330,482
<i>Total females^(c)</i>	<i>596,195</i>	<i>757,068</i>	<i>421,792</i>	<i>217,934</i>	<i>147,623</i>	<i>33,963</i>	<i>87,466</i>	<i>10,796</i>	<i>2,272,837</i>
Total persons^(d)									
Less than 15 years	82,022	103,463	125,837	39,305	39,570	3,597	9,687	2,664	406,145
15–24	244,290	253,351	164,545	58,268	45,410	5,810	42,260	5,864	819,798
25–34	356,213	365,928	189,661	84,177	58,488	9,230	38,438	7,262	1,109,397
35–44	313,978	303,260	165,206	78,597	63,389	9,555	33,113	5,955	973,053
45–54	210,904	210,444	113,998	69,401	39,852	9,655	20,107	3,084	677,445
55–64	105,871	118,735	61,478	33,802	22,046	3,899	10,786	818	357,435
65+	83,854	232,235	68,153	54,934	42,572	18,278	13,150	398	513,574
Total^(c)	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735

(continued)

Table 3.27 (continued): Community mental health service contacts and per 1,000 population, by sex and age group, states and territories, 2003–04^(a)

Sex and age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	Per 1,000 population^(b)								
Males									
Less than 15 years	68.2	136.2	188.5	119.0	174.7	40.9	134.2	75.4	121.8
15–24	278.4	397.4	295.8	193.6	230.7	75.1	740.9	191.6	301.5
25–34	440.2	622.8	404.7	305.2	338.0	173.3	822.7	239.7	457.6
35–44	353.6	439.9	306.4	258.2	325.7	136.8	756.7	201.8	354.1
45–54	231.0	306.8	209.6	227.2	187.6	137.7	429.1	103.3	241.1
55–64	131.1	216.6	141.8	149.9	101.6	52.8	225.5	59.3	152.1
65+	68.2	291.1	123.1	188.7	135.4	191.3	271.3	58.2	156.5
<i>Total males^{(c)(d)}</i>	<i>225.0</i>	<i>343.9</i>	<i>243.5</i>	<i>204.7</i>	<i>219.6</i>	<i>114.7</i>	<i>480.6</i>	<i>135.2</i>	<i>256.4</i>
Females									
Less than 15 years	46.5	78.0	126.2	77.4	98.6	32.8	171.1	28.8	78.3
15–24	237.5	355.7	312.8	223.5	215.1	107.4	902.4	193.9	287.4
25–34	267.2	382.8	283.9	292.5	239.6	143.3	673.8	162.0	303.8
35–44	248.7	372.7	270.5	264.3	233.3	138.8	589.6	159.7	286.5
45–54	214.8	322.5	224.9	271.8	182.2	142.3	436.8	133.9	247.7
55–64	164.1	254.5	163.7	190.7	161.9	90.9	456.7	46.2	190.5
65+	107.1	403.3	170.6	287.4	225.6	330.1	581.7	33.5	232.0
<i>Total females^{(c)(d)}</i>	<i>178.7</i>	<i>299.1</i>	<i>219.8</i>	<i>221.6</i>	<i>189.4</i>	<i>133.4</i>	<i>524.4</i>	<i>107.8</i>	<i>226.0</i>
Total persons^(c)									
Less than 15 years	61.7	107.8	158.2	98.7	137.8	36.9	152.5	53.0	102.0
15–24	271.5	376.9	304.1	208.2	223.7	90.9	821.5	193.1	299.0
25–34	365.9	501.8	344.2	298.9	289.8	157.9	748.8	205.1	384.8
35–44	313.7	406.0	288.3	261.2	279.6	137.8	672.3	182.0	324.3
45–54	232.5	314.8	217.3	249.5	185.0	140.5	433.1	117.8	247.6
55–64	152.9	235.6	152.5	169.8	131.9	71.8	341.5	53.6	172.9
65+	93.4	353.8	148.8	242.8	186.2	268.2	444.1	46.7	199.5
Total^{(c)(d)}	215.1	322.4	232.0	213.7	205.7	139.9	504.7	122.6	246.5

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definitions of service contacts used between jurisdictions. For more information refer to Appendix 1.

(b) Crude rate based on the Australian estimated resident population as at 31 December 2003.

(c) Includes service contacts for which sex and/or age group was not reported.

(d) The rates were directly age-standardised as detailed in Appendix 1.

Source: NCMHCD.

Table 3.28: Community mental health service contacts and per 1,000 population, by Indigenous status, states and territories, 2003–04^(a)

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal	59,991	17,976	43,443	20,428	8,134	1,134	3,087	6,523	160,716
Torres Strait Islander	1,386	873	5,723	167	95	14	80	51	8,389
Both Aboriginal and Torres Strait Islander	6,473	1,487	1,533	2,561	84	16	147	300	12,601
<i>Indigenous^(b)</i>	<i>67,850</i>	<i>20,336</i>	<i>50,699</i>	<i>23,156</i>	<i>8,313</i>	<i>1,164</i>	<i>3,314</i>	<i>6,874</i>	<i>181,706</i>
Neither Aboriginal nor Torres Strait Islander	1,001,817	1,579,464	833,808	389,221	274,797	50,905	121,772	18,535	4,270,319
Not reported	362,062	0	4,504	6,107	28,425	15,512	42,455	645	459,710
Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
	Per 1,000 population^(e)								
Indigenous Australians ^(b)	545.6	788.3	382.9	388.7	316.4	262.7	810.5	114.3	413.9
Other Australians ^(c)	209.1	320.8	228.8	209.7	203.1	142.1	502.1	128.7	243.6
Rate ratio ^(d)	2.6	2.5	1.7	1.9	1.6	1.8	1.6	0.9	1.7
Total	215.3	323.3	234.3	215.0	205.2	140.2	506.0	122.6	247.3

(a) These data should be interpreted with caution due to likely under identification of Indigenous Australians.

(b) Includes 'Aboriginal', 'Torres Strait Islander' and 'Both Aboriginal and Torres Strait Islander'.

(c) Includes Indigenous status 'not reported'.

(d) The rate ratio is equal to the service contact rate for Indigenous persons divided by the service contact rate for other persons.

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

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definitions of service contacts used between jurisdictions. For more information refer to Appendix 1.

Source: NCMHCD.

Table 3.29: Community mental health service contacts, by mental health legal status, states and territories, 2003-04

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Number								
Voluntary patient	757,482	1,223,012	750,003	13,491	284,681	59,217	117,851	25,137	3,230,874
Involuntary patient	192,576	376,788	139,008	38	22,023	1,204	49,690	917	782,244
Not reported	481,671	0	0	404,955	4,831	7,160	0	0	898,617
Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
	Per cent								
Voluntary patient	52.9	76.4	84.4	3.2	91.4	87.6	70.3	96.5	65.8
Involuntary patient	13.5	23.6	15.6	0.0	7.1	1.8	29.7	3.5	15.9
Not reported	33.6	0.0	0.0	96.8	1.6	10.6	0.0	0.0	18.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

Source: NCMHCD.

Table 3.30: Community mental health service contacts, by marital status, states and territories, 2003–04

Marital status	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
	Number								
Never married	n.a.	876,670	555,280	230,600	183,539	21,879	114,014	14,396	1,996,378
Widowed	n.a.	86,624	28,678	22,506	20,567	11,383	6,099	176	176,033
Divorced	n.a.	181,076	73,006	38,162	28,736	3,070	13,273	498	337,821
Separated	n.a.	94,903	59,742	26,642	16,474	3,679	5,658	576	207,674
Married (including de facto)	n.a.	278,655	168,684	91,911	44,338	11,309	21,509	3,981	620,387
Not reported	1,431,729	81,872	3,621	8,663	17,881	16,261	6,988	6,427	141,713
Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	3,480,006
	Per cent								
Never married	n.a.	54.8	62.5	55.1	58.9	32.4	68.1	55.3	57.4
Widowed	n.a.	5.4	3.2	5.4	6.6	16.8	3.6	0.7	5.1
Divorced	n.a.	11.3	8.2	9.1	9.2	4.5	7.9	1.9	9.7
Separated	n.a.	5.9	6.7	6.4	5.3	5.4	3.4	2.2	6.0
Married (including de facto)	n.a.	17.4	19.0	22.0	14.2	16.7	12.8	15.3	17.9
Not reported	100.0	5.1	0.4	2.1	5.7	24.1	4.2	24.7	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) NSW was unable to provide marital status data for 2003–04, therefore national figures are not comparable with 2002–03 data.

(b) Excluding NSW.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

n.a. Not available.

Source: NCMHCD.

Table 3.31: Community mental health service contacts and per 1,000 population, by selected country/region of birth, Australia, 2003–04

Country/region	Number of service contacts	Rate per 1,000 population ^(a)	Country/region	Number of service contacts	Rate per 1,000 population ^(a)
Australia	3,878,562	261.3	Cambodia	5,464	152.7
New Zealand	62,460	125.9	Malaysia and Brunei	8,788	82.5
Papua New Guinea	5,656	161.5	Philippines	13,915	96.1
Fiji	6,501	96.3	Singapore	5,107	125.3
Other Oceania	10,677	279.0	Vietnam	38,518	159.1
<i>Oceania including Australia (total)</i>	<i>3,963,856</i>	<i>256.0</i>	China	13,628	67.1
United Kingdom and Ireland	178,475	142.4	Hong Kong and Macau	7,393	92.7
Greece	27,598	241.5	Japan	2,232	81.0
Italy	48,270	211.8	India	13,163	96.8
Malta	12,013	262.0	Sri Lanka	9,984	134.5
Former Yugoslavia	44,638	173.0	Other Asia	17,560	85.0
Former USSR and Baltic States	14,856	251.9	<i>Asia (total)</i>	<i>140,799</i>	<i>100.8</i>
Hungary	7,164	288.8	Canada	3,381	95.7
Poland	19,850	250.4	USA	8,316	124.1
Romania	4,405	249.8	Other North America	241	510.8
France	4,257	165.4	<i>North America (total)</i>	<i>11,938</i>	<i>118.7</i>
Germany	23,267	169.2	Argentina	1,873	152.0
Netherlands	13,074	105.3	Chile	4,586	175.1
Cyprus	2,888	135.5	The Caribbean	1,254	271.1
Other Europe and the former USSR	28,616	184.2	Other South America, Central America and the Caribbean	9,811	180.2
<i>Europe (total)</i>	<i>429,371</i>	<i>163.6</i>	<i>South America, Central America and The Caribbean (total)</i>	<i>17,524</i>	<i>177.0</i>
Lebanon	14,129	137.1	Mauritius	3,255	145.3
Turkey	10,177	210.1	South Africa	11,363	102.4
Iran	4,748	180.5	Other Africa excluding North Africa	17,534	252.6
Iraq	5,415	136.3	<i>Africa excluding North Africa (total)</i>	<i>32,152</i>	<i>157.1</i>
Egypt	7,340	179.9	Overseas (total)	768,550	144.8
Other Middle East and North Africa	9,663	191.0	Not reported	264,623	..
<i>Middle East and North Africa (total)</i>	<i>51,472</i>	<i>172.1</i>			
Indonesia	5,047	84.9	Total	4,911,735	247.3

(a) The rates were directly age-standardised as detailed in Appendix 1.

.. Not applicable.

Source: NCMHCD.

Table 3.32: Community mental health service contacts and per 1,000 population, by Remoteness area of usual residence, Australia, 2003–04

	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	Total ^(a)
Number of service contacts	3,207,139	948,686	451,599	58,380	18,781	227,150	4,911,735
Rate per 1,000 population ^(b)	240.3	237.9	229.0	182.7	103.0	..	247.3

(a) Includes Other territories and excludes non-Australian residents.

(b) The rates were directly age-standardised as detailed in Appendix 1.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1.

.. Not applicable.

Source: NCMHCD.

Table 3.33: Community mental health care service contacts by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04^(a)

Code	Description	Number	Proportion of specified principal diagnosis (%)
F00–F03	Dementia	102,776	3.1
F04–F09	Other organic mental disorders	27,570	0.8
F10	Mental and behavioural disorders due to use of alcohol	27,078	0.8
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	48,757	1.5
F20	Schizophrenia	1,148,770	34.8
F21, F24, F28, F29	Schizotypal and other delusional disorders	146,747	4.4
F22	Persistent delusional disorders	32,101	1.0
F23	Acute and transient psychotic disorders	78,302	2.4
F25	Schizoaffective disorders	206,849	6.3
F30	Manic episode	18,071	0.5
F31	Bipolar affective disorders	259,345	7.9
F32	Depressive episode	420,050	12.7
F33	Recurrent depressive disorders	74,043	2.2
F34	Persistent mood (affective) disorders	29,956	0.9
F38, F39	Other and unspecified mood (affective) disorders	5,708	0.2
F40	Phobic anxiety disorders	19,454	0.6
F41	Other anxiety disorders	98,718	3.0
F42	Obsessive–compulsive disorders	23,919	0.7
F43	Reaction to severe stress and adjustment disorders	163,362	4.9
F44	Dissociative (conversion) disorders	3,934	0.1
F45, F48	Somatoform and other neurotic disorders	5,593	0.2
F50	Eating disorders	21,540	0.7
F51–F59	Other behavioural syndromes associated with physiol dist & phys factors	6,017	0.2
F60	Specific personality disorders	113,168	3.4
F61–F69	Disorders of adult personality and behaviour	16,026	0.5
F70–F79	Mental retardation	11,781	0.4
F80–F89	Disorders of psychological development	24,524	0.7
F90	Hyperkinetic disorders	21,014	0.6
F91	Conduct disorders	33,624	1.0
F92–F98	Other & unspecified disorders with onset childhood adolescence	48,191	1.5
	Other	66,751	2.0
<i>Total with specified principal diagnosis</i>		3,303,739	100.0
F99	Mental disorder not otherwise specified ^(b)	744,422	
	Not reported ^(b)	863,574	
<i>Total with unspecified principal diagnosis^(b)</i>		1,607,996	
Total service contacts		4,911,735	

(a) These data should be interpreted with caution due to differences in the statistical unit used by jurisdictions for reporting principal diagnosis. Some jurisdictions report principal diagnosis at each service contact while some report the principal diagnosis as it applies to the duration of the patient's treatment.

(b) The majority of service contacts in these categories were supplied by Queensland (39.0%) and New South Wales (38.8%).

Abbreviations: phys—physical, physiol—physiological, dist—disturbances.

Note: These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definition of a service contact used between jurisdictions. For more information refer to Appendix 1 and AIHW 2004c.

Source: NCMHCD.

3.5 Commonwealth State/Territory Disability Agreement-funded mental health-related non-residential care

The data presented in this section relate to CSTDA-funded support services provided for clients (service users) with a psychiatric disability. The psychiatric disability can be the client's primary disability or one of the client's other significant disabilities. The term 'primary disability' refers to the disability category identified by the client, carer or service as the disability most affecting the client's everyday life. A number of 'other significant' disabilities may be identified by the client. See Appendix 1 for further information on disability groups.

Service users have generally gone through some form of clinical assessment and are often referred by public mental health services, private psychiatrists and general practitioners, and usually undergo a clinical assessment prior to acceptance by the service.

Data on non-residential disability support services are included in this report because the mental health-related care provided by these services may, to varying extents, be used to substitute for, or supplement, other forms of community or hospital-based non-residential mental health care.

CSTDA-funded disability support services provide a broad range of non-residential services for people with mental health-related disabilities. These services include accommodation support, community support (including case management, counselling, intervention and therapy), community access (including learning and life skills development and recreation), respite, and employment support services. The data presented here exclude residential care services such as group homes, but include accommodation support services that provide in-home support.

The CSTDA NMDS collection includes all psychiatric and mental health-related disability support services that receive CSTDA funds. Some psychiatric and mental health-related disability support services have different sources of funding and do not report to the CSTDA NMDS collection. For this reason, the information presented in this section must be interpreted with caution: it does not include all psychiatric and mental health-related disability support services, and the proportion of these services receiving CSTDA funding differs among the states and territories. These variations in coverage are outlined in the data sources section of Appendix 1.

Prior to 2003, data were available from the CSTDA NMDS collection on these services and their clients on a snapshot day each year. From 2003, unit record data on all service users and the disability support services they receive were collected on an ongoing basis. Data for 2002–03 were available for the period from 1 January to 30 June 2003. From 1 July 2003, service user data have been collected on a full financial year basis; the 2003–04 collection is therefore the first time full financial year data have been available.

Data are collected largely on the number and characteristics of service users. Data relating to the number of services provided in 2003–04 are only available in the form of the number of hours of service provided for selected service types in a reference week (Figure 3.5). During 2003–04, there were 24,108 non-residential users of CSTDA-funded disability support services who had a primary or other psychiatric disability. 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. Among these service users, the major primary disability groups were psychiatric disability (63.9% of service users) and intellectual disability (22.5%). The majority of service users were male (60.4%) and the most common age

group was 35–44 years (27.1%). The non-residential care service types most frequently received were *Employment* (66.7%) and *Community access* (21.5%) services. Victorian disability support services reported the largest number of service users (39.5%).

The majority of service users were Australian-born (84.2%) and 6.7% were born in non-English-speaking countries. During the reported time period 3.2% of service users identified as being of Aboriginal or Torres Strait Islander origin or both.

The main income source for the majority of service users aged 16 years or over (67.9%) was *Disability support pension*. For service users aged less than 16 years, 30.6% of their parents or guardians received a carer allowance indicating that care was provided to the service user by one or both of their parents or guardians.

The location of service users was classified as *Major city*, *Inner regional*, *Outer regional*, *Remote*, *Very remote* or *Not reported* based on the service user's postcode – 66.1% of service users were located in major cities. The most commonly reported living arrangement was *Lives with family* (43.1%), and the most commonly reported accommodation type was *Private residence* (75.6%).

Figure 3.5 also provides the total hours of service provided by CSTDA-funded service type outlets for users reporting a primary or other psychiatric disability, during a reference week in June 2004. A total of 100,330 hours were recorded. Services providing *Community access* which includes learning and life skills development as well as other community access and day programs recorded the largest number of service hours (47,173 or 47.0% of total hours). The fewest number of service hours were recorded for *Community support* (4,099 or 4.1%) which includes case management, local coordination and development.

3.6 Ambulatory-equivalent mental health-related separations

This section presents data on same day mental health-related hospital separations that could be considered equivalent to ambulatory mental health care (see Appendix 2 for further information). Briefly, for the purpose of this report, a separation was classified as ambulatory-equivalent if:

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

Ambulatory-equivalent separations were first identified in this way in *Mental Health Services in Australia 2001–02* (AIHW 2004c). Previously, these separations were included in the residential and admitted patient mental health care chapter.

Definition of mental health-related separations

Mental health-related separations from hospital include separations with a mental health-related principal diagnosis and 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 in this publication is defined as a principal diagnosis that falls within the chapter on mental disorders in the ICD-10-AM classification (F00 to F99) or a number of other selected diagnoses (see Appendix 2 and *Mental Health Services in Australia 2000–01* (AIHW 2003)).

Overview

During 2003–04 there were 111,581 ambulatory-equivalent mental health-related separations, which accounted for 36.1% of all mental health-related hospital separations (Tables 3.34 and 4.1). Of these, 86,765 separations included specialised psychiatric care, which accounted for 42.6% of all mental health-related hospital separations with specialised psychiatric care (Tables 3.34 and 4.1). Ambulatory-equivalent mental health-related hospital separations accounted for 1.6% of total hospital separations during 2003–04 and 0.5% of total hospital patient days (AIHW 2005a).

For Australia as a whole, there were 5.5 ambulatory-equivalent mental health-related separations per 1,000 population, and 77.8% of ambulatory-equivalent mental health-related separations received specialised psychiatric care. The separation rate per 1,000 population was higher for private hospitals (4.2) than for public acute hospitals (1.2), and there was also a higher proportion with specialised psychiatric care for private hospital separations (86.4%) than for public acute hospitals (46.5%).

Victoria was the jurisdiction with the highest rate of ambulatory-equivalent separations (8.3 separations per 1,000 population). New South Wales had the largest proportion of separations with specialised psychiatric care, with 83.5% of ambulatory-equivalent mental health-related separations including specialised psychiatric care.

Mental health legal status

Table 3.35 summarises the mental health legal status reported for ambulatory-equivalent mental health-related separations with specialised psychiatric care during 2003–04. The data on mental health legal status are collected to indicate whether a patient has been involuntarily detained (see Chapter 5 for more information).

Overall, 1.7% of ambulatory-equivalent mental health-related separations with specialised psychiatric care recorded a mental health legal status of involuntary. Involuntary mental health legal status was more likely for public acute hospital separations (11.0%) than for private hospital separations (0.2%).

Age and sex

Table 3.36 presents the age and sex distribution of the ambulatory-equivalent mental health-related separations with specialised psychiatric care. There were 32,859 separations with specialised psychiatric care reported for male patients and 53,906 for female patients. Patients who received specialised psychiatric care were most likely to be in the 45–54 age group for males (20.8% of these separations) and in the 35–44 years age group for females (23.0%).

Table 3.37 presents the age and sex distribution of patients with ambulatory-equivalent mental health-related separations without specialised psychiatric care. There were 11,487 separations without specialised psychiatric care reported for male patients and 13,329 for female patients. Patients who did not receive specialised psychiatric care were most likely to

be in the 25–34 years age group for males (17.5% of these separations) and in the 35–44 years age group for females (19.3%).

Aboriginal and Torres Strait Islander status

Table 3.38 shows the number of separations by the patient's Indigenous status. Only Indigenous status data only for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d). Ambulatory-equivalent mental health-related separations for those four jurisdictions are not necessarily representative of those in the other four jurisdictions. A lower proportion of separations with specialised psychiatric care (29.3%) was reported for Indigenous patients compared with other patients (78.4%). This pattern was reflected in all jurisdictions with the exception of Queensland where the proportion of separations with Indigenous patients with and without psychiatric care was similar.

Principal diagnosis

Table 3.39 shows the distribution of ambulatory-equivalent mental health-related separations with specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2003–04, principal diagnoses of *Depressive episode* (F32) accounted for the largest number of separations with specialised psychiatric care (19,984 or 23.0%), followed by *Recurrent depressive disorders* (F33; 13,898 or 16.0%) and *Reaction to severe stress and adjustment disorders* (F43; 9,435 or 10.9%).

Table 3.40 shows the distribution of ambulatory-equivalent mental health-related separations without specialised psychiatric care by principal diagnosis using selected groupings of mental health-related diagnoses. In 2003–04, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest number of separations (8,127 or 32.7%).

Table 3.39 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 95% of separations with *Phobic anxiety disorders* (F40), *Disorders of adult personality and behaviour* (F61–F69), *Hyperkinetic disorders* (F90) and *Conduct disorders* (F91) were separations with specialised psychiatric care, whereas for principal diagnoses such as *Other behavioural syndromes associated with physiological disturbances and physical factors* (F51–F59) and *Mental disorder not otherwise specified* (F99) the proportion of separations with specialised psychiatric care was relatively low (29.0% and 29.3% respectively).

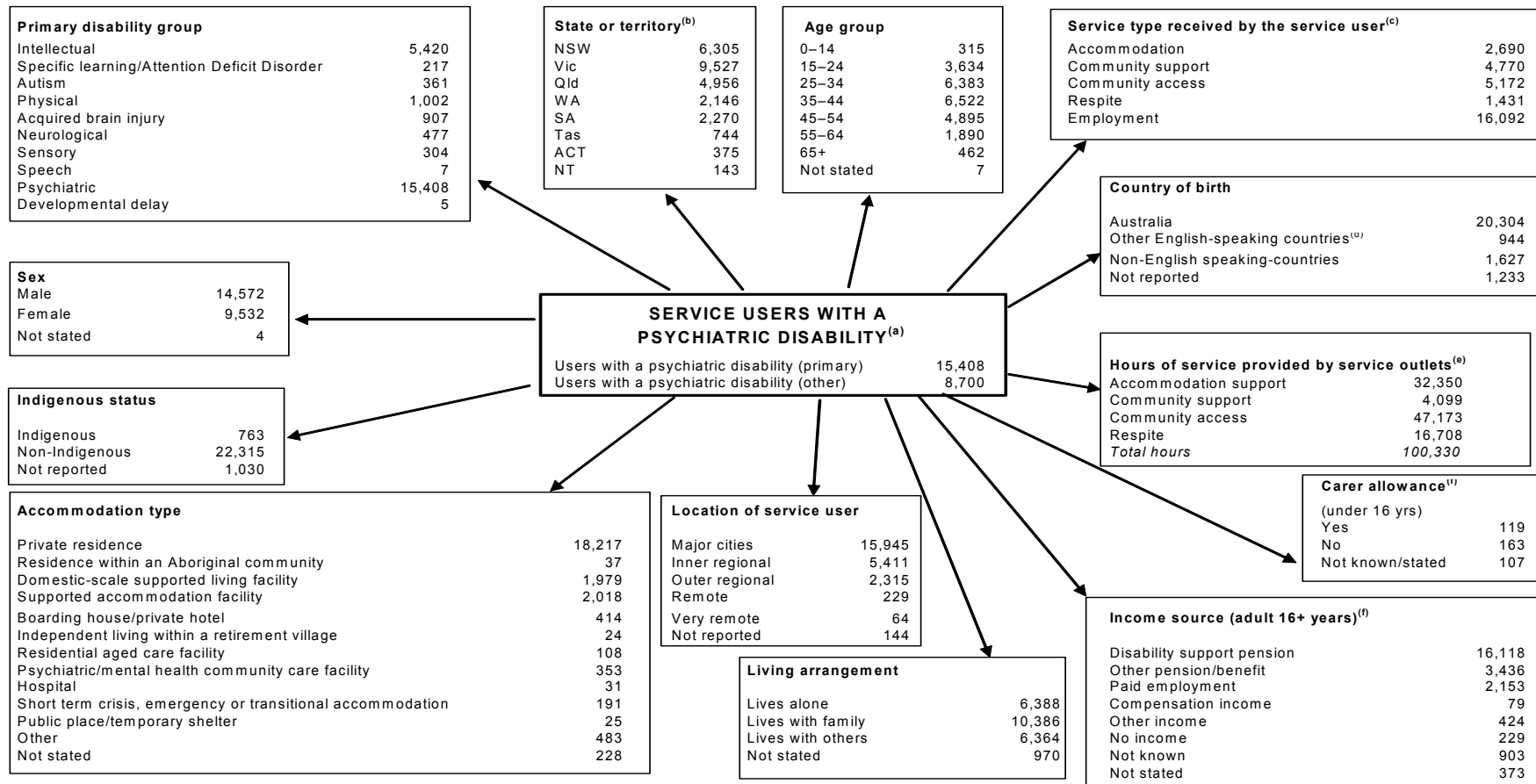
Procedures

Table 3.41 details the number of separations relating to the 20 procedures or interventions most frequently reported for ambulatory-equivalent mental health-related hospital separations with and without specialised psychiatric care. The most frequently reported procedures for separations with specialised psychiatric care were *Cognitive behaviour therapy* (12,423 separations), *Psychological skills training* (6,316 separations) and *Other psychotherapies or psychosocial therapies* (3,797 separations). For separations without specialised psychiatric care, the most frequently reported procedures were *Alcohol rehabilitation* (2,534 separations), *Allied health intervention, psychology* (1,251 separations), *Other psychotherapies or psychosocial therapies* (871 separations) and *Substance addiction counselling or education* (650 separations).

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements (see Chapter 5 for more information). Version 5.0 AR-DRGs are used in this report.

The 20 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations with and without specialised psychiatric care are presented in Table 3.42. The most commonly reported AR-DRG for separations with specialised psychiatric care was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z; 69,020 separations or 90.2% of separations with specialised psychiatric care), followed by *Alcohol use disorder and dependence, same day* (V62B; 4,268 separations or 5.6%) and *Other drug use disorder and dependence* (V64Z; 817 separations or 1.1%). For separations without specialised psychiatric care, the most commonly reported AR-DRG was for *Mental health treatment, same day, without electroconvulsive therapy* (U60Z; 14,424 separations or 58.8% of separations without specialised psychiatric care), followed by *Alcohol use disorder and dependence, same day* (V62B; 4,436 separations or 18.1%) and *Alcohol intoxication and withdrawal without complications and comorbidities* (V60B; 3,370 separations or 13.7%).



(a) This refers to service users who have a psychiatric disability as either a primary disability or an other disability.
 (b) Totals for state/territory may sum to more than the total service user number because service users may access services in more than one state or territory.
 (c) Totals for service type may sum to more than total service users because service users may access more than one service type over the twelve month period.
 (d) Comprises Canada, Ireland, New Zealand, South Africa, United Kingdom and United States of America.
 (e) This refers to number of hours provided by CSTDA-funded service type outlets during a reference week in June 2004 for service users with a primary or other psychiatric disability.
 (f) Totals for "Carer allowance" and "Income source (adult 16+ years)" categories may not sum to total service user number when combined because of instances where both age and income source are unknown.
 Note: It should be noted that Victorian data are reported to be significantly understated. Error in the recording of 'date of last service received' as well as a lower than expected response rate led to under-counting of service users.

Source: AIHW unpublished data from the 2003-04 CSTDA NMDs collection.

Figure 3.5: Summary of data reported for service users with a psychiatric disability, all CSTDA-funded ambulatory disability support services (non-residential), 2003-04

Table 3.34: Summary of ambulatory-equivalent mental health-related separations^(a), states and territories^(b), 2003–04

	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Separations with specialised psychiatric care									
Public acute hospitals	6,501	623	3,928	113	238	65	4	27	11,499
Public psychiatric hospitals	1,809	1	2	8	30	0	0	0	1,850
<i>Public hospitals</i>	<i>8,310</i>	<i>624</i>	<i>3,930</i>	<i>121</i>	<i>268</i>	<i>65</i>	<i>4</i>	<i>27</i>	<i>13,349</i>
Private hospitals	18,442	31,944	15,303	5,538	421	n.p.	n.p.	n.p.	73,416
<i>All hospitals</i>	<i>26,752</i>	<i>32,568</i>	<i>19,233</i>	<i>5,659</i>	<i>689</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>86,765</i>
Separations without specialised psychiatric care									
Public acute hospitals	3,825	5,758	1,345	862	1,048	233	102	71	13,244
Public psychiatric hospitals	5	0	0	0	0	0	0	0	5
<i>Public hospitals</i>	<i>3,830</i>	<i>5,758</i>	<i>1,345</i>	<i>862</i>	<i>1,048</i>	<i>233</i>	<i>102</i>	<i>71</i>	<i>13,249</i>
Private hospitals	1,444	2,924	3,235	916	12	n.p.	n.p.	n.p.	11,567
<i>All hospitals</i>	<i>5,274</i>	<i>8,682</i>	<i>4,580</i>	<i>1,778</i>	<i>1,060</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>24,816</i>
All mental health-related same day separations									
Public acute hospitals	10,326	6,381	5,273	975	1,286	298	106	98	24,743
Public psychiatric hospitals	1,814	1	2	8	30	0	0	0	1,855
<i>Public hospitals</i>	<i>12,140</i>	<i>6,382</i>	<i>5,275</i>	<i>983</i>	<i>1,316</i>	<i>298</i>	<i>106</i>	<i>98</i>	<i>26,598</i>
Private hospitals	19,886	34,868	18,538	6,454	433	n.p.	n.p.	n.p.	84,983
<i>All hospitals</i>	<i>32,026</i>	<i>41,250</i>	<i>23,813</i>	<i>7,437</i>	<i>1,749</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>111,581</i>
% of ambulatory-equivalent separations with specialised psychiatric care									
Public acute hospitals	63.0	9.8	74.5	11.6	18.5	21.8	3.8	27.6	46.5
Public psychiatric hospitals	99.7	100.0	100.0	100.0	100.0	0.0	0.0	0.0	99.7
<i>Public hospitals</i>	<i>68.5</i>	<i>9.8</i>	<i>74.5</i>	<i>12.3</i>	<i>20.4</i>	<i>21.8</i>	<i>3.8</i>	<i>27.6</i>	<i>50.2</i>
Private hospitals	92.7	91.6	82.5	85.8	97.2	n.p.	n.p.	n.p.	86.4
<i>All hospitals</i>	<i>83.5</i>	<i>79.0</i>	<i>80.8</i>	<i>76.1</i>	<i>39.4</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>77.8</i>
Same day separations per 1,000 population^(d)									
Public acute hospitals	1.5	1.3	1.4	0.5	0.9	0.6	0.3	0.5	1.2
Public psychiatric hospitals	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
<i>Public hospitals</i>	<i>1.8</i>	<i>1.3</i>	<i>1.4</i>	<i>0.5</i>	<i>0.9</i>	<i>0.6</i>	<i>0.3</i>	<i>0.5</i>	<i>1.3</i>
Private hospitals	2.9	7.0	4.7	3.3	0.3	n.p.	n.p.	n.p.	4.2
<i>All hospitals</i>	<i>4.7</i>	<i>8.3</i>	<i>6.1</i>	<i>3.8</i>	<i>1.2</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>5.5</i>

(a) Separations for which the 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.

(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 are directly age-standardised as detailed in Appendix 1.

n.a. Not available.

.. Not applicable.

Table 3.35: Ambulatory-equivalent mental health-related separations^(a) with specialised psychiatric care, by mental health legal status and hospital type, states and territories,^(b) 2003–04

Mental health legal status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Involuntary	272	103	837	28	11	9	1	0	1,261
Voluntary	2,895	467	3,091	85	227	56	3	0	6,824
Not reported	3,334	53	0	0	0	0	0	27	3,414
<i>Total</i>	<i>6,501</i>	<i>623</i>	<i>3,928</i>	<i>113</i>	<i>238</i>	<i>65</i>	<i>4</i>	<i>27</i>	<i>11,499</i>
Private hospitals									
Involuntary	4	0	168	1	1	n.p.	n.p.	n.p.	174
Voluntary	18,434	31,944	15,135	5,537	420	n.p.	n.p.	n.p.	73,238
Not reported	4	0	0	0	0	n.p.	n.p.	n.p.	4
<i>Total</i>	<i>18,442</i>	<i>31,944</i>	<i>15,303</i>	<i>5,538</i>	<i>421</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>73,416</i>
Public psychiatric hospitals^(d)									
Involuntary	30	1	2	6	18	0	..	..	57
Voluntary	1,353	0	0	2	12	0	..	..	1,367
Not reported	426	0	0	0	0	0	..	..	426
<i>Total</i>	<i>1,809</i>	<i>1</i>	<i>2</i>	<i>8</i>	<i>30</i>	<i>0</i>	<i>..</i>	<i>..</i>	<i>1,850</i>
All hospitals									
Involuntary	306	104	1,007	35	30	n.p.	n.p.	n.p.	1,492
Voluntary	22,682	32,411	18,226	5,624	659	n.p.	n.p.	n.p.	81,429
Not reported	3,764	53	0	0	0	n.p.	n.p.	n.p.	3,844
Total	26,752	32,568	19,233	5,659	689	n.p.	n.p.	n.p.	86,765

(a) Separations for which the 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 legal status was collected for separations with specialised psychiatric care only.

(c) 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.

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

n.p. Not published.

.. Not applicable.

Table 3.36: Ambulatory-equivalent mental health-related hospital separations(a) with specialised psychiatric care, by sex and age group, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas ^(d)	ACT ^(d)	NT ^(d)	Total ^(e)
Male									
Under 15 years	2,888	171	29	124	3	0	0	0	3,215
15–24 years	547	1,509	680	445	36	9	0	6	3,259
25–34 years	801	892	1,274	354	80	6	1	6	3,493
35–44 years	1,448	1,725	1,395	405	26	6	0	3	5,157
45–54 years	2,085	2,195	2,030	338	96	4	0	1	6,836
55–64 years	2,309	1,483	2,265	160	26	3	0	1	6,546
65–74 years	674	416	227	49	16	1	0	0	1,402
75 or older	2,376	308	171	4	2	11	0	0	2,951
<i>Total males</i> ^(b)	<i>13,128</i>	<i>8,699</i>	<i>8,071</i>	<i>1,879</i>	<i>285</i>	<i>40</i>	<i>1</i>	<i>17</i>	<i>32,859</i>
Female									
Under 15 years	770	243	48	53	5	0	0	0	1,119
15–24 years	2,855	3,008	1,195	821	95	9	2	1	8,059
25–34 years	2,064	3,413	2,097	686	62	7	0	4	8,459
35–44 years	2,300	5,889	2,771	1,059	92	6	1	3	12,392
45–54 years	2,495	5,535	2,554	868	74	1	0	2	11,844
55–64 years	1,994	3,480	1,882	243	49	0	0	0	7,852
65–74 years	644	1,096	524	38	17	1	0	0	2,334
75 or older	502	1,205	91	12	10	1	0	0	1,847
<i>Total females</i> ^(b)	<i>13,624</i>	<i>23,869</i>	<i>11,162</i>	<i>3,780</i>	<i>404</i>	<i>25</i>	<i>3</i>	<i>10</i>	<i>53,906</i>
Total^(c)									
Under 15 years	3,658	414	77	177	8	0	0	0	4,334
15–24 years	3,402	4,517	1,875	1,266	131	18	2	7	11,318
25–34 years	2,865	4,305	3,371	1,040	142	13	1	10	11,952
35–44 years	3,748	7,614	4,166	1,464	118	12	1	6	17,549
45–54 years	4,580	7,730	4,584	1,206	170	5	0	3	18,680
55–64 years	4,303	4,963	4,147	403	75	3	0	1	14,398
65–74 years	1,318	1,512	751	87	33	2	0	0	3,736
75 or older	2,878	1,513	262	16	12	12	0	0	4,798
Total^(b)	26,752	32,568	19,233	5,659	689	65	4	27	86,765

(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) May include separations for which the age was not reported.

(c) May include separations for which sex was not reported as male or female.

(d) Includes separations for public hospitals only due to confidentiality reasons.

(e) Includes separations for private hospitals for Tasmania, the Australian Capital Territory and the Northern Territory.

Table 3.37: Ambulatory-equivalent mental health-related hospital separations without specialised psychiatric care, by sex and age group, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas ^(d)	ACT ^(d)	NT ^(d)	Total ^(e)
Male									
Under 15 years	87	1,231	50	446	18	18	4	2	1,856
15–24 years	475	404	239	157	151	38	21	7	1,499
25–34 years	554	733	200	132	139	28	6	13	2,006
35–44 years	432	489	293	95	101	19	11	9	1,673
45–54 years	403	518	478	71	69	16	9	2	1,807
55–64 years	561	465	416	33	37	3	2	2	1,854
65–74 years	114	199	134	14	13	4	1	2	482
75 or older	152	85	27	16	13	5	1	0	310
<i>Total males</i> ^(b)	<i>2,778</i>	<i>4,124</i>	<i>1,837</i>	<i>964</i>	<i>541</i>	<i>131</i>	<i>55</i>	<i>37</i>	<i>11,487</i>
Female									
Under 15 years	69	1,029	37	363	20	2	3	1	1,524
15–24 years	566	570	286	144	142	30	18	10	1,952
25–34 years	483	881	483	134	118	27	11	12	2,344
35–44 years	414	719	719	85	100	25	7	3	2,579
45–54 years	380	586	778	45	75	15	3	6	2,375
55–64 years	216	474	320	22	22	6	0	2	1,451
65–74 years	92	197	97	6	12	3	1	0	579
75 or older	276	102	23	15	30	77	4	0	525
<i>Total females</i> ^(b)	<i>2,496</i>	<i>4,558</i>	<i>2,743</i>	<i>814</i>	<i>519</i>	<i>185</i>	<i>47</i>	<i>34</i>	<i>13,329</i>
Total^(c)									
Under 15 years	156	2,260	87	809	38	20	7	3	3,380
15–24 years	1,041	974	525	301	293	68	39	17	3,451
25–34 years	1,037	1,614	683	266	257	55	17	25	4,350
35–44 years	846	1,208	1,012	180	201	44	18	12	4,252
45–54 years	783	1,104	1,256	116	144	31	12	8	4,182
55–64 years	777	939	736	55	59	9	2	4	3,305
65–74 years	206	396	231	20	25	7	2	2	1,061
75 or older	428	187	50	31	43	82	5	0	835
Total^(b)	5,274	8,682	4,580	1,778	1,060	316	102	71	24,816

(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) May include separations for which the age was not reported.

(c) May include separations for which sex was not reported as male or female.

(d) Includes separations for public hospitals only due to confidentiality reasons.

(e) Includes separations for private hospitals for Tasmania, the Australian Capital Territory and the Northern Territory.

Table 3.38: Ambulatory-equivalent mental health-related separations^(a), by Indigenous status, states and territories^(b), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Separations with specialised psychiatric care									
Aboriginal and/or Torres Strait Islander patients ^(c)	n.p.	n.p.	166	8	12	n.p.	n.p.	13	199
Separation rate ^(d) per 1,000 population	n.p.	n.p.	1.5	0.1	0.4	n.p.	n.p.	0.2	0.8
Non-Aboriginal and/or Torres Strait Islander patients ^(e)	n.p.	n.p.	19,067	5,651	677	n.p.	n.p.	14	25,409
Separation rate ^(d) per 1,000 population	n.p.	n.p.	4.9	2.9	0.4	n.p.	n.p.	0.1	3.4
<i>All patients</i>	<i>n.p.</i>	<i>n.p.</i>	<i>19,233</i>	<i>5,659</i>	<i>689</i>	<i>n.p.</i>	<i>n.p.</i>	<i>27</i>	<i>25,608</i>
Rate ratio ^(f)	n.p.	n.p.	0.3	0.0	0.8	n.p.	n.p.	2.2	0.2
Separations without specialised psychiatric care									
Aboriginal and/or Torres Strait Islander patients ^(c)	n.p.	n.p.	173	179	80	n.p.	n.p.	48	480
Separation rate ^(d) per 1,000 population	n.p.	n.p.	1.5	2.8	3.3	n.p.	n.p.	0.8	1.8
Non-Aboriginal and/or Torres Strait Islander patients ^(e)	n.p.	n.p.	4,407	1,599	980	n.p.	n.p.	26	7,012
Separation rate ^(d) per 1,000 population	n.p.	n.p.	1.1	0.9	0.6	n.p.	n.p.	0.2	0.9
<i>All patients</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,580</i>	<i>1,778</i>	<i>1,060</i>	<i>n.p.</i>	<i>n.p.</i>	<i>74</i>	<i>7,492</i>
Rate ratio ^(f)	n.p.	n.p.	1.3	3.2	5.2	n.p.	n.p.	5.4	2.0
Total separations									
Aboriginal and/or Torres Strait Islander patients ^(c)	n.p.	n.p.	339	187	92	n.p.	n.p.	61	679
Separation rate ^(d) per 1,000 population	n.p.	n.p.	3.0	2.9	3.6	n.p.	n.p.	1.0	2.6
Non-Aboriginal and/or Torres Strait Islander patients ^(e)	n.p.	n.p.	23,474	7,250	1,657	n.p.	n.p.	40	32,421
Separation rate ^(d) per 1,000 population	n.p.	n.p.	6.0	3.8	1.1	n.p.	n.p.	0.2	4.3
All patients	n.p.	n.p.	23,813	7,437	1,749	n.p.	n.p.	101	33,100
Rate ratio ^(f)	n.p.	n.p.	0.5	0.8	3.4	n.p.	n.p.	4.2	0.6

(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) Indigenous status data only for Queensland, Western Australia, South Australia and the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d). Indigenous identification is likely to be incomplete and to vary among jurisdictions. Ambulatory-equivalent mental health-related separations for those four jurisdictions are not necessarily representative of those in the excluded jurisdictions.

(c) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin or Aboriginal and Torres Strait Islander origin.

(d) Separations per 1,000 population were directly age-standardised as detailed in Appendix 1.

(e) Does not include separations for which Indigenous status was not reported.

(f) The rate ratio is equal to the separation rate for Indigenous persons divided by the separation rate for other persons.

n.p. Not published.

Table 3.39: Ambulatory-equivalent hospital separations^(a) with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Proportion of total separations (%)
F00-F03	Dementia	95	0	17	112	26.7
F04-F09	Other organic mental disorders	76	0	2	78	22.8
F10	Mental and behavioural disorders due to use of alcohol	3,748	3	4,376	8,127	53.7
F11-F19	Mental and behavioural disorders due to other psychoactive substance use	813	2	311	1,126	37.2
F20	Schizophrenia	430	0	279	709	17.8
F21, F24, F28–F29	Schizotypal and other delusional disorders	129	0	9	138	33.0
F22	Persistent delusional disorders	69	0	38	107	38.5
F23	Acute and transient psychotic disorders	128	0	2	130	32.9
F25	Schizoaffective disorders	78	0	90	168	5.6
F30	Manic episode	41	0	18	59	43.1
F31	Bipolar affective disorders	147	0	297	444	9.5
F32	Depressive episode	1,048	0	1,605	2,653	11.7
F33	Recurrent depressive disorders	97	0	952	1,049	7.0
F34	Persistent mood (affective) disorders	37	0	108	145	8.0
F38, F39	Other and unspecified mood (affective) disorders	13	0	39	52	26.7
F40	Phobic anxiety disorders	3	0	24	27	2.9
F41	Other anxiety disorders	1,482	0	977	2,459	26.3
F42	Obsessive-compulsive disorders	20	0	44	64	7.3
F43	Reaction to severe stress and adjustment disorders	1,242	0	994	2,236	19.2
F44	Dissociative (conversion) disorders	124	0	2	126	14.9
F45, F48	Somatoform and other neurotic disorders	77	0	10	87	18.3
F50	Eating disorders	285	0	148	433	11.9
F51–F59	Other behavioural syndromes associated with physiological disturbances & physical factors	107	0	25	132	71.0
F60	Specific personality disorders	227	0	19	246	8.0
F61–F69	Disorders of adult personality and behaviour	13	0	0	13	2.6
F70–F79	Mental retardation	17	0	0	17	36.2
F80–F89	Disorders of psychological development	31	0	1	32	11.5
F90	Hyperkinetic disorders	19	0	0	19	5.0
F91	Conduct disorders	85	0	0	85	3.8
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	85	0	1	86	9.7
F99	Mental disorder not otherwise specified	36	0	5	41	70.7
G30	Alzheimer's disease	36	0	3	39	27.7
	Other factors related to mental and behavioural disorders and substance use ^(b)	125	0	17	142	43.2
	Other specified mental health-related principal diagnosis ^(c)	2,281	0	1,154	3,435	99.8
Total		13,244	5	11,567	24,816	22.2

(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) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Includes separations where the principal diagnosis was a mental health-related principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2001–02*.

Table 3.40: Ambulatory-equivalent mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2003-04

Principal diagnosis		Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total	Proportion of total separations (%)
F00-F03	Dementia	95	0	17	112	26.7
F04-F09	Other organic mental disorders	76	0	2	78	22.8
F10	Mental and behavioural disorders due to use of alcohol	3,748	3	4,376	8,127	53.7
F11-F19	Mental and behavioural disorders due to other psychoactive substance use	813	2	311	1,126	37.2
F20	Schizophrenia	430	0	279	709	17.8
F21, F24, F28-F29	Schizotypal and other delusional disorders	129	0	9	138	33.0
F22	Persistent delusional disorders	69	0	38	107	38.5
F23	Acute and transient psychotic disorders	128	0	2	130	32.9
F25	Schizoaffective disorders	78	0	90	168	5.6
F30	Manic episode	41	0	18	59	43.1
F31	Bipolar affective disorders	147	0	297	444	9.5
F32	Depressive episode	1,048	0	1,605	2,653	11.7
F33	Recurrent depressive disorders	97	0	952	1,049	7.0
F34	Persistent mood (affective) disorders	37	0	108	145	8.0
F38, F39	Other and unspecified mood (affective) disorders	13	0	39	52	26.7
F40	Phobic anxiety disorders	3	0	24	27	2.9
F41	Other anxiety disorders	1,482	0	977	2,459	26.3
F42	Obsessive-compulsive disorders	20	0	44	64	7.3
F43	Reaction to severe stress and adjustment disorders	1,242	0	994	2,236	19.2
F44	Dissociative (conversion) disorders	124	0	2	126	14.9
F45, F48	Somatoform and other neurotic disorders	77	0	10	87	18.3
F50	Eating disorders	285	0	148	433	11.9
F51-F59	Other behavioural syndromes associated with physiological disturbances & physical factors	107	0	25	132	71.0
F60	Specific personality disorders	227	0	19	246	8.0
F61-F69	Disorders of adult personality and behaviour	13	0	0	13	2.6
F70-F79	Mental retardation	17	0	0	17	36.2
F80-F89	Disorders of psychological development	31	0	1	32	11.5
F90	Hyperkinetic disorders	19	0	0	19	5.0
F91	Conduct disorders	85	0	0	85	3.8
F92-F98	Other and unspecified disorders with onset in childhood or adolescence	85	0	1	86	9.7
F99	Mental disorder not otherwise specified	36	0	5	41	70.7
G30	Alzheimer's disease	36	0	3	39	27.7
	Other factors related to mental and behavioural disorders and substance use ^(b)	125	0	17	142	43.2
	Other specified mental health-related principal diagnosis ^(c)	2,281	0	1,154	3,435	99.8
Total		13,244	5	11,567	24,816	22.2

(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) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Includes separations where the principal diagnosis was a mental health-related principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2001-02*.

Table 3.41: The 20 most frequently reported procedures for ambulatory-equivalent mental health-related separations, with and without specialised psychiatric care, all hospitals, Australia, 2003–04

With specialised psychiatric care		Without specialised psychiatric care	
Procedure	Separations	Procedure	Separations
96101–00 Cognitive behaviour therapy	12,423	92002–00 Alcohol rehabilitation	2,534
96001–00 Psychological skills training	6,316	95550–10 Allied health intervention, psychology	1,251
96180–00 Other psychotherapies or psychosocial therapies	3,797	96180–00 Other psychotherapies or psychosocial therapies	871
96090–00 Other counselling or education	3,678	96073–00 Substance addiction counselling or education	650
95550–10 Allied health intervention, psychology	3,135	96101–00 Cognitive behaviour therapy	604
96073–00 Substance addiction counselling or education	2,233	96185–00 Supportive psychotherapy, not elsewhere classified	583
95550–02 Allied health intervention, occupational therapy	1,433	96176–00 Behaviour therapy	524
96177–00 Interpersonal psychotherapy	783	95550–01 Allied health intervention, social work	443
96185–00 Supportive psychotherapy, not elsewhere classified	782	96001–00 Psychological skills training	435
96181–00 Art therapy	482	96175–00 Mental/behavioural assessment	349
96027–00 Prescribed/self-selected medication assessment	461	92005–00 Drug rehabilitation	187
92002–00 Alcohol rehabilitation	406	96075–00 Self-care/self-maintenance counselling or education	179
96175–00 Mental/behavioural assessment	267	92008–00 Combined alcohol and drug rehabilitation	123
96066–00 Preventative counselling or education	252	95550–02 Allied health intervention, occupational therapy	83
92004–00 Alcohol rehabilitation and detoxification	239	92006–00 Drug detoxification	78
95550–01 Allied health intervention, social work	73	96177–00 Interpersonal psychotherapy	57
96072–00 Prescribed/self-selected medication counselling or education	68	96080–00 Counsel/educate for parenthood, parenting skills or family planning	37
92005–00 Drug rehabilitation	53	96181–00 Art therapy	35
96022–00 Health maintenance or recovery assessment	37	96089–00 Resource education	27
96074–00 Gambling or betting addiction counselling or education	35	96067–00 Nutritional/dietary counselling or education	23
Other	145	Other	131
No procedure or not reported	53,195	No procedure or not reported	16,060
Total^(a)	86,765		24,816

(a) Total of the rows is not necessarily equivalent to the total as multiple procedures can be reported for each separation.

Table 3.42: The 20 most frequently reported AR-DRGs for ambulatory-equivalent mental health-related separations^(a), with and without specialised psychiatric care, all hospitals, Australia, 2003–04

With specialised psychiatric care		Without specialised psychiatric care	
AR-DRG Description	Separations	AR-DRG Description	Separations
U60Z Mental Health Treatment, Sameday, without ECT	69,020	U60Z Mental Health Treatment, Sameday, without ECT	14,424
V62B Alcohol Use Disorder and Dependence, Sameday	4,268	V62B Alcohol Use Disorder and Dependence, Sameday	4,436
V64Z Other Drug Use Disorder and Dependence	817	V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	3,370
Z64B Other Factors Influencing Health Status, Sameday	577	V64Z Other Drug Use Disorder and Dependence	482
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	492	V61Z Drug Intoxication and Withdrawal	351
V61Z Drug Intoxication and Withdrawal	238	V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	318
V63A Opioid Use Disorder and Dependence	217	V63A Opioid Use Disorder and Dependence	292
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	197	O66B Antenatal & Other Obstetric Admission, Sameday	258
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 without CC	144	B63Z Dementia and Other Chronic Disturbances of Cerebral Function	171
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	140	O61Z Postpartum and Post Abortion without Operating Room Procedure	116
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	80	Z64B Other Factors Influencing Health Status, Sameday	106
X60C Injuries Age <65	67	P67D Neonate, AdmWt > 2499 g without Significant O.R. Procedure without Problem	38
B64B Delirium without Catastrophic Complications and Comorbidities	52	B64B Delirium without Catastrophic Complications and Comorbidities	34
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or with CC	52	B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	31
O61Z Postpartum and Post Abortion without Operating Room Procedure	47	B76B Seizure W/O Catastrophic or Severe Complications and Comorbidities	23
B76B Seizure without Catastrophic or Severe Complications and Comorbidities	25	O60B Vaginal Delivery without Catastrophic or Severe Complications and Comorbidities	16
B60B Established Paraplegia/Quadriplegia with or without O.R. Procs W/O Catastrophic CC	16	C63B Other Disorders of the Eye without Complications and Comorbidities	14
B67A Degenerative Nervous System Disorders with Catastrophic or Severe CC	11	E75C Other Respiratory System Diagnosis Age <65 without Complications and Comorbidities	10
Z61Z Signs and Symptoms	9	Z62Z Follow Up without Endoscopy	10
F74Z Chest Pain	8	G67B Oesophagitis, Gastroenteritis & Miscellaneous Digestive System Disorders Age>9 W/O Cat/Sev CC	7
All other DRGs	0	All other DRGs	16
Total	76,544	Total	24,523

(a) Separations with a care type of *Acute*, *Newborn with qualified days* and *Not reported* only.

Note: W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room, Procs—procedures, AdmWt—admitted weight.

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.

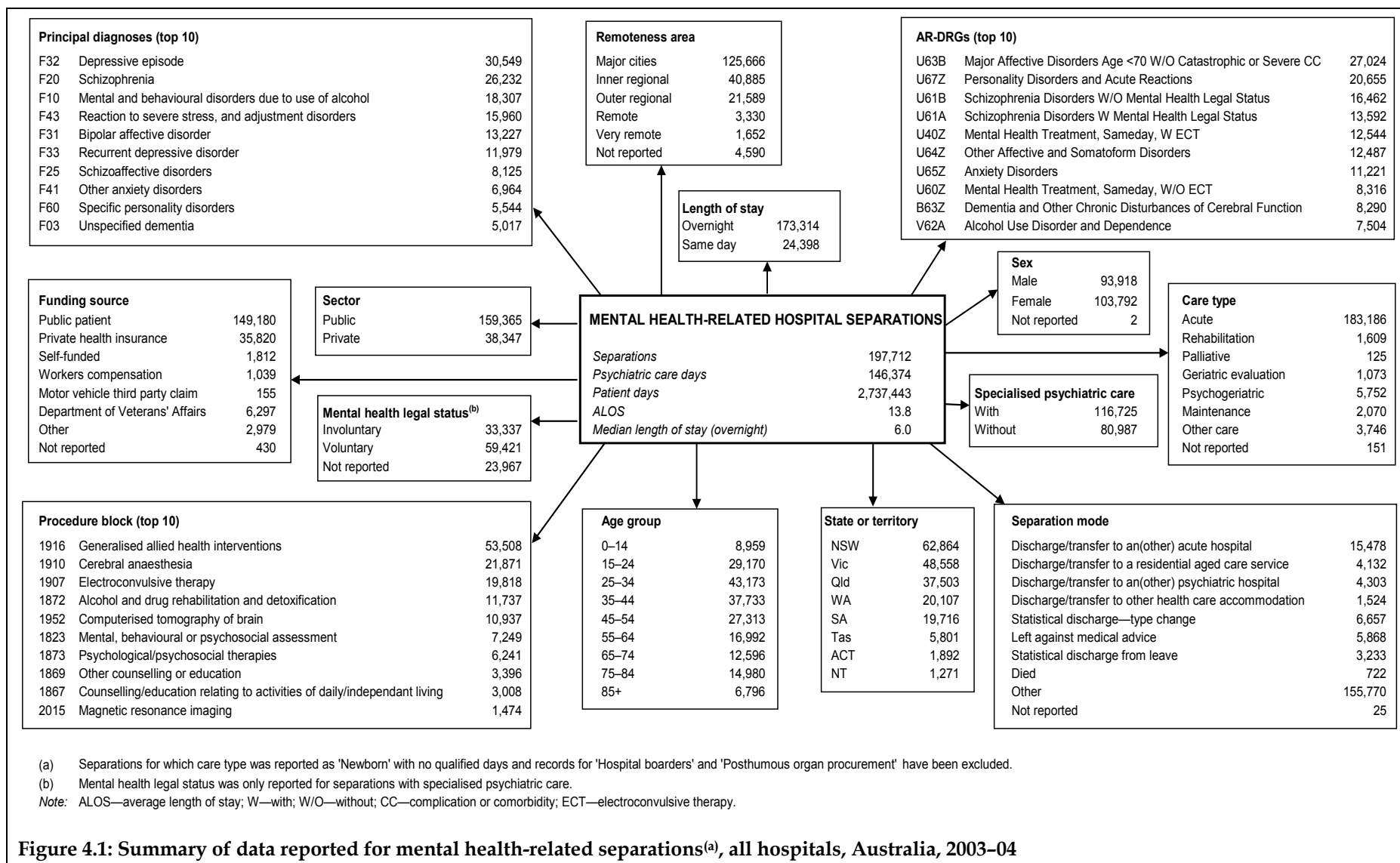


Table 4.1: Separation statistics for residential and admitted patient mental health care, Australia, 1999–00 to 2003–04

	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.

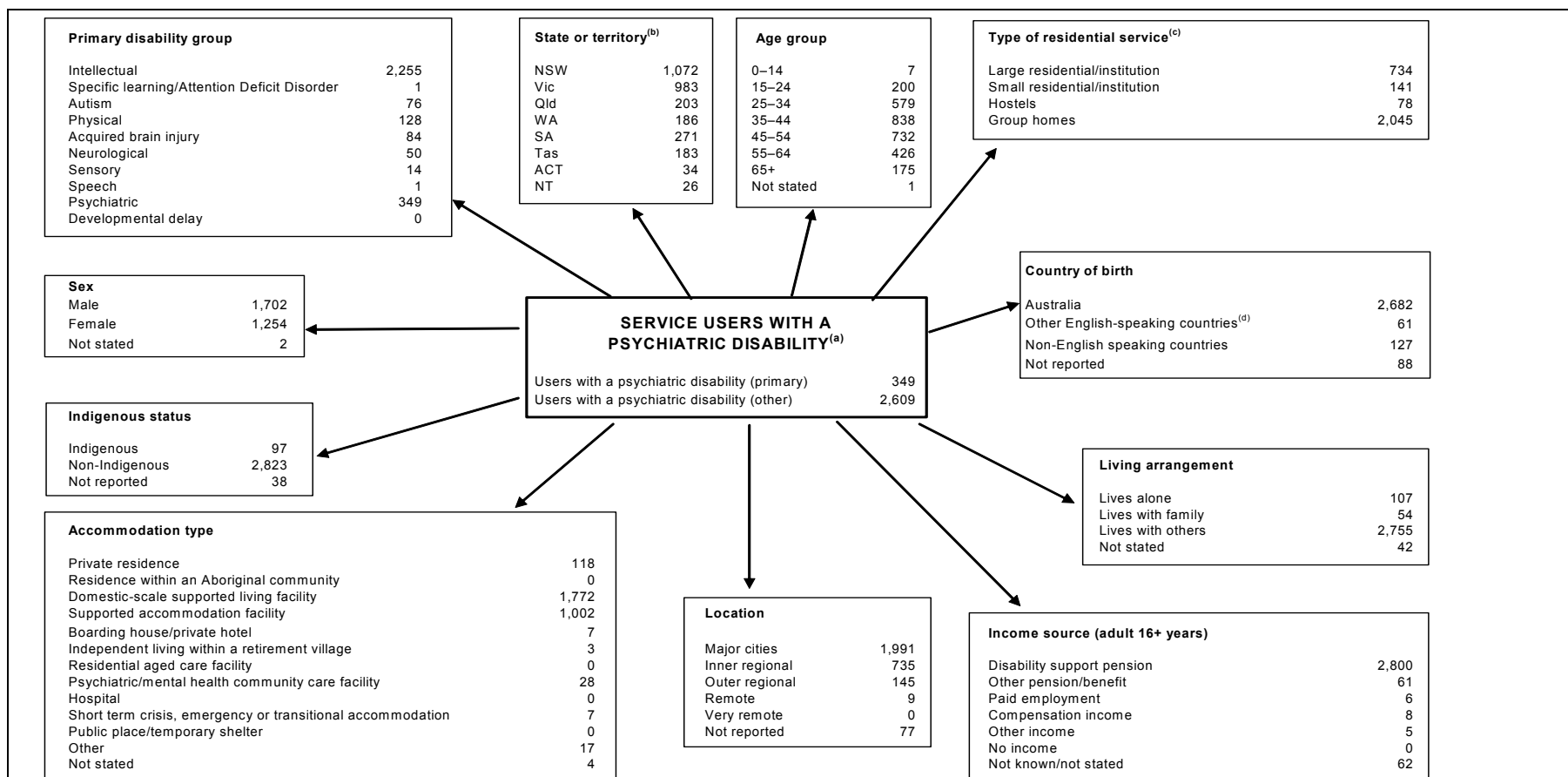
Table 4.4: Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2003–04

		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.



(a) Refers to service users who have a psychiatric disability as either a primary disability or other disability.

(b) Totals for state/territory may sum to more than the total service user number because service users may access services in more than one state or territory.

(c) Totals for service type sum to more than total service users because service users may access more than one service type over the 12 month period.

(d) Comprises Canada, Ireland, New Zealand, South Africa, United Kingdom and United States.

Note: It should be noted that Victorian data are reported to be significantly understated. Error in the recording of 'date of last service received' as well as a lower than expected response rate led to under-counting of service users.

Source: AIHW unpublished data from the 2003-04 CSTDA NMDs collection.

Figure 4.2: Summary of data reported for CSTDA-funded residential disability support services for persons with a psychiatric disability, Australia, 2003-04

5 Specialised admitted patient mental health care

This chapter describes the provision by hospitals of admitted patient care that includes specialised psychiatric care, using data from the National Hospital Morbidity Database. 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. The separations with specialised psychiatric care reported in this chapter exclude same day separations that were identified as ambulatory-equivalent mental health-related hospital separations (see Appendix 2 for further information). Data on ambulatory-equivalent separations are presented in Chapter 3.

This chapter contains a substantial amount of data on separations with specialised psychiatric care:

- Information on patient demographics is presented in Section 5.2.
- Principal diagnosis data are presented in Section 5.3.
Information on Australian Refined Diagnosis Related Groups is presented in Section 5.4.
- Procedure data are found in Section 5.5.
- Data on admission and separation modes and care type are presented in Sections 5.6, 5.7 and 5.8.

A national overview of mental health-related separations (both with and without specialised psychiatric care) and residential care can be found in Chapter 4. Information on mental health-related separations without specialised psychiatric care is presented in Chapter 6.

5.1 Overview

This section presents a brief overview of the data available on mental health-related separations with specialised psychiatric care for 2003–04 (Figure 5.1). There were a total of 116,725 separations that included specialised psychiatric care. The total number of patient days was 2,209,574, including 2,186,494 days of specialised psychiatric care. The average length of stay was 18.9 days. A minority of patients (28.6%) had a mental health legal status of *Involuntary*. Approximately 74.2% of separations had a funding source of *Public patient*, and 20.4% reported a funding source of *Private health insurance*.

Female patients accounted for 52.2% of mental health-related separations with specialised psychiatric care, and 44.4% of separations were for patients in the 25–44 years age group. Over three-quarters of separations (77.3%) were in the public sector, and most patients (90.4%) had a care type of *Acute care*. A large proportion of patients (83.8%) had a separation mode of *Other*, suggesting that patients went home after separation from the hospital. *Schizophrenia* (F20) was the most common group of principal diagnoses. The most common procedure performed was *Generalised allied health interventions* (Block 1916), followed by *Cerebral anaesthesia* (Block 1910), and the most commonly reported AR-DRG was *Major affective disorders age less than 70 without catastrophic or severe complications or comorbidities* (U63B).

5.2 Patient demographics

This section presents demographic data collected for separations with specialised psychiatric care for 2003–04. The data reflect the level of use of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Age and sex

Table 5.1 presents the age and sex distribution for mental health-related separations with specialised psychiatric care. There were 55,780 such separations reported for male patients and 60,943 for female patients. Despite this, there were more patient days reported for male patients – 1,164,320 days compared with 1,045,243 days for female patients. Patients who received specialised psychiatric care were most likely to be aged between 25 and 34 years, with this age group accounting for over one-fifth of these separations (23.9%), and more for males (27.4%) than for females (20.7%).

Mental health legal status

Mental health legal status information is collected to indicate whether a patient has been involuntarily detained. The data on mental health legal status reported for separations with specialised psychiatric care from 1999–00 to 2003–04 are presented in Table 5.2. Overall, involuntary separations for all hospital types decreased by an annual average of 1.1% during the period. In 1999–00 these separations comprised 32.6% (34,827) of specialised separations, but by 2003–04 the proportion had decreased to 28.6% (33,337) of specialised separations.

Across hospital types, the greatest change was observed in public psychiatric hospitals where involuntary separations decreased by an annual average of 10.8%. Excluding separations with specialised psychiatric care from public psychiatric hospitals, separations with a mental health legal status of involuntary remained relatively stable within hospital types across the five-year period (an average annual percentage increase of 1.9% in public acute hospitals and 3.0% in private hospitals).

The proportions of all specialised separations with unreported mental health legal status fluctuated during the period, from 0.9% in 2000–01 to 14.6% in 2003–04. This should be taken into consideration when interpreting the data.

The proportions of separations with specialised psychiatric care for which involuntary mental health legal status was recorded were different for male and female patients. In 2003–04, for male patients, 34.3% of separations had involuntary status reported, whereas 23.8% of separations for female patients were involuntary (Table 5.3). Male patients had a larger proportion of separations with involuntary status than female patients for every age group except the under 15 years and 55–64 years age groups.

Table 5.4 outlines the mental health legal status reported for separations with specialised psychiatric care by hospital type during 2003–04. The legislative arrangements under which patients can be involuntarily detained differ between jurisdictions, and these differences may be reflected in the proportion of separations reported as involuntary for each jurisdiction. For example, private hospitals in New South Wales and Victoria do not have beds gazetted for use by involuntary patients, so for all private hospital separations in this jurisdiction mental health legal status was reported as voluntary. Caution should therefore be used in the interpretation of the data.

The mental health legal status recorded for separations with specialised psychiatric care was more often involuntary in the public sector (41.7% in public psychiatric hospitals and 35.8% in public acute hospitals) than in the private sector (0.9%).

Area of usual residence

Table 5.5 reports the number of separations by the patient's state or territory and Remoteness Area of usual residence. Generally, there were fewer specialised separations per 1,000 population for patients whose residential area was a remote or outer regional area than for patients from major cities and inner regional areas. There were 5.9 separations per 1,000 population for patients from major cities and inner regional areas, compared with 4.7 from outer regional areas, 2.7 from remote areas and 2.8 from very remote areas.

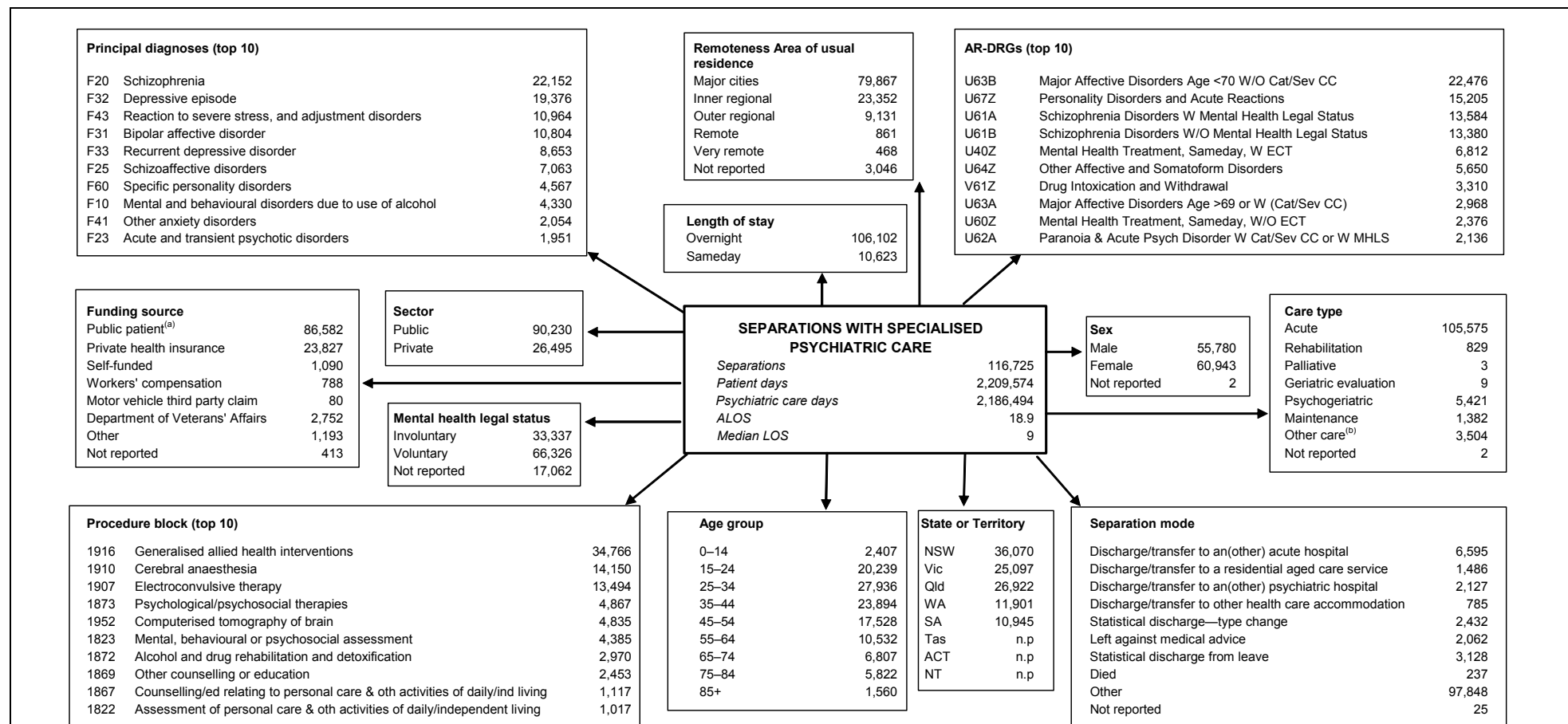
Figure 1.12 presents the number of overnight separations with and without specialised psychiatric care per 1,000 population by Remoteness Area.

Aboriginal and Torres Strait Islander peoples

Table 5.6 presents the number of mental health-related separations with specialised psychiatric care, patient days and psychiatric care days by Indigenous status for 2003–04. Indigenous Australians include Aboriginal and/or Torres Strait Islander people (see Glossary). Indigenous status data only for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory are considered to be of acceptable quality for analytical purposes. The quality of data on Aboriginal and Torres Strait Islander status also varies across these jurisdictions, so the figures should be used with caution and do not necessarily reflect Indigenous patient use in the other jurisdictions. Further detail about the quality of the data can be found in *Australian Hospital Statistics 2003–04* (AIHW 2005a) and *Improving the Quality of Indigenous Identification in Hospital Separations Data* (AIHW 2005d).

There were 8.8 separations with specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander peoples in Queensland, Western Australia, South Australia and the Northern Territory public hospitals, compared with 6.2 for other Australians. The rates for overnight separations with specialised psychiatric care followed the same pattern as that for total separations and are presented in Figure 1.13. The proportion of separations for Aboriginal and Torres Strait Islander people that included specialised psychiatric care varied between 34.3% (South Australia) and 68.7% (Northern Territory) (Tables 5.6 and 6.3).

The number per 1,000 population for Aboriginal and Torres Strait Islander peoples for both patient days and psychiatric care days (203.1 and 219.4 respectively) was almost double that for other Australians (110.4 and 109.6).



Note: W—with; W/O—without; Cat—catastrophic; CC—complication or comorbidity; ECT—electroconvulsive therapy; MHLS—mental health legal status; Sev—severe; ALDS—average length of stay.

(a) Includes those whose funding source was reported as 'Australian Health Care Agreements' or 'Reciprocal health care agreements'.

(b) Includes separations for which care type was reported as *Newborn* with qualified days.

n.p. Not published.

Figure 5.1: Data reported for mental health-related separations with specialised psychiatric care, all hospitals, Australia, 2003-04

Table 5.1: Separations^(a) with specialised psychiatric care^(b), by age group and sex, Australia 2003–04

	Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
Males								
Separations								
Same day	222	543	501	553	610	517	744	3,690
Overnight	920	9,637	14,797	11,028	6,927	4,303	4,478	52,090
Total	1,142	10,180	15,298	11,581	7,537	4,820	5,222	55,780
Patient days	10,002	181,056	288,198	213,415	174,437	117,515	179,697	1,164,320
Specialised psychiatric care days	9,498	179,893	286,019	211,310	172,624	116,260	177,812	1,153,416
Females								
Separations								
Same day	244	897	902	1,135	1,266	793	1,696	6,933
Overnight	1,021	9,161	11,736	11,177	8,725	4,919	7,271	54,010
Total	1,265	10,058	12,638	12,312	9,991	5,712	8,967	60,943
Patient days	11,671	153,682	187,138	182,576	155,355	114,693	240,128	1,045,243
Specialised psychiatric care days	10,934	151,681	185,383	180,818	153,797	113,313	237,141	1,033,067
Total persons^(c)								
Separations								
Same day	466	1,440	1,403	1,688	1,876	1,310	2,440	10,623
Overnight	1,941	18,799	26,533	22,206	15,652	9,222	11,749	106,102
Total	2,407	20,239	27,936	23,894	17,528	10,532	14,189	116,725
Patient days	21,673	334,747	475,336	395,993	329,792	232,208	419,825	2,209,574
Specialised psychiatric care days	20,432	331,583	471,402	392,130	326,421	229,573	414,953	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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes separations for which sex was not reported as male or female.

Table 5.2: Separations^(a) with specialised psychiatric care^(b), by mental health legal status and hospital type, Australia, 1999–00 to 2003–04

	1999–00	2000–01	2001–02	2002–03	2003–04	Average annual change (per cent)
Public acute hospitals						
Involuntary	25,258	22,328	25,691	29,595	27,186	1.9
Voluntary	41,846	44,915	45,370	43,880	36,814	-3.2
Not reported	1,311	832	830	353	12,042	74.1
<i>Total public acute hospitals</i>	<i>68,415</i>	<i>68,075</i>	<i>71,891</i>	<i>73,828</i>	<i>76,042</i>	<i>2.7</i>
Private hospitals^(c)						
Involuntary	207	499	390	204	233	3.0
Voluntary	18,608	24,205	24,246	25,124	26,262	9.0
Not reported	3,509	130	565	374	0	-100.0
<i>Total private hospitals</i>	<i>22,324</i>	<i>24,834</i>	<i>25,201</i>	<i>25,702</i>	<i>26,495</i>	<i>4.4</i>
Public psychiatric hospitals						
Involuntary	9,362	7,492	6,448	6,844	5,918	-10.8
Voluntary	6,411	7,651	7,429	6,671	3,250	-15.6
Not reported	329	0	0	0	5,020	97.6
<i>Total public psychiatric hospitals</i>	<i>16,102</i>	<i>15,143</i>	<i>13,877</i>	<i>13,515</i>	<i>14,188</i>	<i>-3.1</i>
All hospitals						
Involuntary	34,827	30,319	32,529	36,643	33,337	-1.1
Voluntary	66,865	76,771	77,045	75,675	66,326	-0.2
Not reported	5,149	962	1,395	727	17,062	34.9
Total	106,841	108,052	110,969	113,045	116,725	2.2

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Private hospital separations for Victoria that were previously reported as *Not reported* have now been assigned to *Voluntary* for 1999–00 to 2003–04. Therefore, these data will not match those reported in previous *Mental Health Services in Australia* reports.

Table 5.3: Separations^(a) with specialised psychiatric care^(b), by mental health legal status, sex and age group, Australia, 2003–04

Sex and age group	Involuntary		Voluntary		Not reported		Total	
	Same day	Overnight	Same day	Overnight	Same day	Overnight	Same day	Overnight
Males								
Under 15 years	2	65	10	566	210	289	222	920
15–24 years	62	4,223	179	3,820	302	1,594	543	9,637
25–34 years	102	6,478	342	5,908	57	2,411	501	14,797
35–44 years	68	4,043	452	5,094	33	1,891	553	11,028
45–54 years	40	2,012	547	3,970	23	945	610	6,927
55–64 years	26	1,024	473	2,719	18	560	517	4,303
65 or older	27	959	678	2,952	39	567	744	4,478
<i>Total males</i>	<i>327</i>	<i>18,804</i>	<i>2,681</i>	<i>25,029</i>	<i>682</i>	<i>8,257</i>	<i>3,690</i>	<i>52,090</i>
Females								
Under 15 years	1	102	12	665	231	254	244	1,021
15–24 years	68	2,350	374	5,297	455	1,514	897	9,161
25–34 years	80	3,436	781	6,529	41	1,771	902	11,736
35–44 years	66	2,987	1,041	6,752	28	1,438	1,135	11,177
45–54 years	86	2,165	1,141	5,617	39	943	1,266	8,725
55–64 years	46	1,230	707	3,211	40	478	793	4,919
65 or older	116	1,473	1,505	4,984	75	814	1,696	7,271
<i>Total females</i>	<i>463</i>	<i>13,743</i>	<i>5,561</i>	<i>33,055</i>	<i>909</i>	<i>7,212</i>	<i>6,689</i>	<i>52,989</i>
Total^(c)								
Under 15 years	3	167	22	1,231	441	543	466	1,941
15–24 years	130	6,573	553	9,117	757	3,109	1,440	18,799
25–34 years	182	9,914	1,123	12,437	98	4,182	1,403	26,533
35–44 years	134	7,030	1,493	11,846	61	3,330	1,688	22,206
45–54 years	126	4,177	1,688	9,587	62	1,888	1,876	15,652
55–64 years	72	2,254	1,180	5,930	58	1,038	1,310	9,222
65 or older	143	2,432	2,183	7,936	114	1,381	2,440	11,749
Total persons	790	32,547	8,242	58,084	1,591	15,471	10,623	106,102

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes separations for which sex was not reported as male or female.

Table 5.4: Separations^(a) with specialised psychiatric care^(b), by mental health legal status and hospital type, states and territories^(c), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Same day separations									
Involuntary	79	114	362	74	40	48	1	0	718
Voluntary	644	295	2,168	135	689	439	8	0	4,378
Not reported	520	109	0	0	0	0	0	24	653
<i>Total same day</i>	<i>1,243</i>	<i>518</i>	<i>2,530</i>	<i>209</i>	<i>729</i>	<i>487</i>	<i>9</i>	<i>24</i>	<i>5,749</i>
Overnight separations									
Involuntary	5,078	8,042	8,068	2,134	1,869	627	460	190	26,468
Voluntary	4,681	7,540	9,380	4,591	3,835	1,659	667	83	32,436
Not reported	9,080	1,680	0	0	0	0	0	629	11,389
<i>Total overnight</i>	<i>18,839</i>	<i>17,262</i>	<i>17,448</i>	<i>6,725</i>	<i>5,704</i>	<i>2,286</i>	<i>1,127</i>	<i>902</i>	<i>70,293</i>
All separations									
Involuntary	5,157	8,156	8,430	2,208	1,909	675	461	190	27,186
Voluntary	5,325	7,835	11,548	4,726	4,524	2,098	675	83	36,814
Not reported	9,600	1,789	0	0	0	0	0	653	12,042
<i>Total</i>	<i>20,082</i>	<i>17,780</i>	<i>19,978</i>	<i>6,934</i>	<i>6,433</i>	<i>2,773</i>	<i>1,136</i>	<i>926</i>	<i>76,042</i>
Private hospitals									
Same day separations									
Involuntary	0	0	13	0	0	n.p.	n.p.	n.p.	13
Voluntary	794	1,047	1,111	322	304	n.p.	n.p.	n.p.	3,578
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
<i>Total same day</i>	<i>794</i>	<i>1,047</i>	<i>1,124</i>	<i>322</i>	<i>304</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,591</i>
Overnight separations									
Involuntary	0	0	58	156	6	n.p.	n.p.	n.p.	220
Voluntary	6,173	5,858	5,356	2,898	1,650	n.p.	n.p.	n.p.	22,684
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
<i>Total overnight</i>	<i>6,173</i>	<i>5,858</i>	<i>5,414</i>	<i>3,054</i>	<i>1,656</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>22,904</i>
All separations									
Involuntary	0	0	71	156	6	n.p.	n.p.	n.p.	233
Voluntary	6,967	6,905	6,467	3,220	1,954	n.p.	n.p.	n.p.	26,262
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	0
<i>Total</i>	<i>6,967</i>	<i>6,905</i>	<i>6,538</i>	<i>3,376</i>	<i>1,960</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>26,495</i>

(continued)

Table 5.4 (continued): Separations^(a) with specialised psychiatric care^(b), by mental health legal status and hospital type, states and territories^(c), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals^(d)									
Same day separations									
Involuntary	27	1	1	11	18	1	..	..	59
Voluntary	49	0	1	6	227	3	..	..	286
Not reported	938	0	0	0	0	0	..	..	938
Total same day	1,014	1	2	17	245	4	..	..	1,283
Overnight separations									
Involuntary	2,347	295	225	1,282	1,707	3	..	..	5,859
Voluntary	1,578	116	179	292	600	199	..	..	2,964
Not reported	4,082	0	0	0	0	0	..	..	4,082
Total overnight	8,007	411	404	1,574	2,307	202	..	..	12,905
All separations									
Involuntary	2,374	296	226	1,293	1,725	4	..	..	5,918
Voluntary	1,627	116	180	298	827	202	..	..	3,250
Not reported	5,020	0	0	0	0	0	..	..	5,020
Total	9,021	412	406	1,591	2,552	206	..	..	14,188
All hospitals									
Same day separations									
Involuntary	106	115	376	85	58	n.p.	n.p.	n.p.	790
Voluntary	1,487	1,342	3,280	463	1,220	n.p.	n.p.	n.p.	8,242
Not reported	1,458	109	0	0	0	n.p.	n.p.	n.p.	1,591
Total same day	3,051	1,566	3,656	548	1,278	n.p.	n.p.	n.p.	10,623
Overnight separations									
Involuntary	7,425	8,337	8,351	3,572	3,582	n.p.	n.p.	n.p.	32,547
Voluntary	12,432	13,514	14,915	7,781	6,085	n.p.	n.p.	n.p.	58,084
Not reported	13,162	1,680	0	0	0	n.p.	n.p.	n.p.	15,471
Total overnight	33,019	23,531	23,266	11,353	9,667	n.p.	n.p.	n.p.	106,102
All separations									
Involuntary	7,531	8,452	8,727	3,657	3,640	n.p.	n.p.	n.p.	33,337
Voluntary	13,919	14,856	18,195	8,244	7,305	n.p.	n.p.	n.p.	66,326
Not reported	14,620	1,789	0	0	0	n.p.	n.p.	n.p.	17,062
Total	36,070	25,097	26,922	11,901	10,945	n.p.	n.p.	n.p.	116,725

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) 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.

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

n.p. Not published.

.. Not applicable.

Table 5.5: Separations^(a) with specialised psychiatric care^(b), by Remoteness Area of usual residence of the patient, hospital type and state or territory of usual residence, 2003–04

Remoteness Area of usual residence ^(c)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(d)
Public acute hospitals									
Major cities	12,374	12,256	11,729	5,587	5,440	..	1,056	..	48,442
Inner regional	5,753	4,060	4,919	373	639	2,006	0	..	17,754
Outer regional	1,426	1,042	2,584	324	628	734	..	507	7,245
Remote	51	9	108	48	66	30	..	205	517
Very remote	14	..	94	60	22	4	..	159	356
Not reported	492	8	1	5	158	0	..	0	1,728
Total	20,110	17,375	19,435	6,397	6,953	2,774	1,069	871	76,042
Private hospitals									
Major cities	6,070	6,159	4,415	1,677	2,985	n.p.	n.p.	n.p.	21,588
Inner regional	925	661	1,540	158	173	n.p.	n.p.	n.p.	3,703
Outer regional	210	89	330	104	139	n.p.	n.p.	n.p.	944
Remote	22	2	16	23	58	n.p.	n.p.	n.p.	130
Very remote	2	0	8	1	15	n.p.	n.p.	n.p.	29
Not reported	1	1	0	0	5	n.p.	n.p.	n.p.	101
Total	7,230	6,912	6,309	1,963	3,375	n.p.	n.p.	n.p.	26,495
Public psychiatric hospitals									
Major cities	6,695	26	124	1,875	1,109	..	8	..	9,837
Inner regional	1,240	8	146	242	74	185	0	..	1,895
Outer regional	393	12	132	235	146	22	..	2	942
Remote	81	0	6	48	78	1	..	0	214
Very remote	11	0	0	27	39	1	..	4	83
Not reported	417	381	1	0	117	0	..	0	1,217
Total	8,837	427	409	2,427	1,563	209	8	6	14,188
All hospitals									
Major cities	25,139	18,441	16,268	9,139	9,534	n.p.	n.p.	n.p.	79,867
Inner regional	7,918	4,729	6,605	773	886	n.p.	n.p.	n.p.	23,352
Outer regional	2,029	1,143	3,046	663	913	n.p.	n.p.	n.p.	9,131
Remote	154	11	130	119	202	n.p.	n.p.	n.p.	861
Very remote	27	0	102	88	76	n.p.	n.p.	n.p.	468
Not reported	910	390	2	5	280	n.p.	n.p.	n.p.	3,046
Total	36,177	24,714	26,153	10,787	11,891	n.p.	n.p.	n.p.	116,725
Age-standardised separation rate^(e)									
Same day separations per 1,000 population									
Major cities	0.5	0.3	1.3	0.3	0.9	..	0.0	..	0.6
Inner regional	0.4	0.4	0.8	0.1	0.5	1.3	..	..	0.5
Outer regional	0.1	0.1	0.3	0.3	0.5	0.3	..	0.1	0.2
Remote	0.0	0.0	0.0	0.0	0.3	0.2	..	0.2	0.1
Very remote	0.0	..	0.0	0.0	1.8	0.0	..	0.1	0.2
Total	0.0	0.0	0.8	0.8	2.3	1.1	4.4	4.3	0.5
Overnight separations per 1,000 population									
Major cities	4.7	4.7	6.7	6.5	7.3	..	4.0	..	5.4
Inner regional	5.8	4.4	6.2	3.8	3.7	6.8	..	..	5.4
Outer regional	4.6	4.7	4.3	4.8	3.4	5.1	..	4.5	4.5
Remote	4.2	2.5	1.4	2.2	2.5	4.1	..	4.7	2.6
Very remote	3.5	..	1.4	2.1	0.4	0.0	..	0.1	2.3
Total	5.0	4.6	5.9	5.8	6.2	5.5	2.6	7.1	5.3
All separations per 1,000 population									
Major cities	5.2	5.0	8.0	6.9	8.2	..	4.0	..	5.9
Inner regional	6.2	4.7	6.9	3.8	4.2	8.1	..	..	5.9
Outer regional	4.7	4.8	4.7	5.1	3.9	5.4	..	4.6	4.7
Remote	4.3	2.5	1.4	2.3	2.8	4.3	..	4.9	2.7
Very remote	3.5	..	2.0	1.4	7.6	2.5	..	3.1	2.8
Total	5.4	4.9	6.8	6.1	7.0	6.3	2.6	7.1	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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Defined according to the ABS *Remoteness Area Classification*, 2001 Census edition. See Glossary for more information.

(d) Includes separations for which the state of usual residence was Other territories or not reported.

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

n.p. Not published.

.. Not applicable.

Table 5.6: Separations^(a) with specialised psychiatric care^(b), by Indigenous status, states and territories^(c), 2003–04^(d)

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT^(e)	Total
Aboriginal and/or Torres Strait Islander peoples^(f)									
Separations	n.p.	n.p.	1,095	605	336	n.p.	n.p.	368	2,404
Separation rate ^(g) per 1,000 population	n.p.	n.p.	9.3	9.0	13.0	n.p.	n.p.	5.9	8.8
% of separations for Aboriginal and/or Torres Strait Islander peoples ^(h)	n.p.	n.p.	55.3	34.9	34.3	n.p.	n.p.	68.7	46.8
Patient days	n.p.	n.p.	29,312	16,320	5,116	n.p.	n.p.	3,658	54,406
Psychiatric care days	n.p.	n.p.	29,215	16,227	5,116	n.p.	n.p.	3,493	54,051
Average length of stay (overnight)	n.p.	n.p.	28.7	27.4	15.7	n.p.	n.p.	10.3	23.7
Other patients⁽ⁱ⁾									
Separations	n.p.	n.p.	25,827	11,296	10,609	n.p.	n.p.	558	48,290
Separation rate ^(g) per 1,000 population	n.p.	n.p.	6.4	5.8	6.5	n.p.	n.p.	3.6	6.2
% of separations for other patients ^(h)	n.p.	n.p.	72.7	61.5	56.6	n.p.	n.p.	75.9	65.8
Patient days	n.p.	n.p.	438,627	229,659	212,774	n.p.	n.p.	6,257	887,317
Psychiatric care days	n.p.	n.p.	434,943	227,050	212,774	n.p.	n.p.	6,167	880,934
Average length of stay (overnight)	n.p.	n.p.	19.6	21.3	22.6	n.p.	n.p.	11.4	20.6
All persons									
Separations	n.p.	n.p.	26,922	11,901	10,945	n.p.	n.p.	926	50,694
Separation rate ^(g) per 1,000 population	n.p.	n.p.	6.9	5.9	6.8	n.p.	n.p.	4.4	6.6
% of separations for all persons ^(h)	n.p.	n.p.	71.8	59.2	55.5	n.p.	n.p.	72.9	64.5
Patient days	n.p.	n.p.	467,939	245,979	217,890	n.p.	n.p.	9,915	941,723
Psychiatric care days	n.p.	n.p.	464,158	243,277	217,890	n.p.	n.p.	9,660	934,985
Average length of stay (overnight)	n.p.	n.p.	20.0	21.6	22.4	n.p.	n.p.	11.0	20.7
Rate ratio ^(j)	n.p.	n.p.	1.4	1.6	2.0	n.p.	n.p.	1.6	1.4

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) 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.

(d) Indigenous status data only for Queensland, Western Australia, South Australia and the Northern Territory public hospitals are considered to be of acceptable quality for analytical purposes (AIHW 2005d). Indigenous identification is likely to be incomplete and to vary among jurisdictions.

(e) Includes only public hospital separations for the Northern Territory.

(g) Includes separations of patients identified as being either of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin or Aboriginal and Torres Strait Islander origin.

(f) The rates were directly aged standardised, as detailed in Appendix 1.

(h) The number of separations without specialised psychiatric care for the specified Indigenous status group as a percentage of the total mental health-related separations with and without specialised psychiatric care for this group.

(i) Includes separations for which Indigenous status was not reported.

(j) The rate ratio is equal to the separation rate for indigenous persons divided by the separation rate for other persons.

.. Not applicable.

n.p. Not published.

5.3 Principal diagnoses

This section presents the principal diagnoses recorded for mental health-related separations with specialised psychiatric care, using various groupings of ICD-10-AM diagnosis codes. The categories of principal diagnosis that are reported in the Chapter 5 tables have been reviewed and differ from those reported in previous years. A new category labelled *Other specified mental health-related principal diagnosis* has been added and includes codes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4 and R48 previously reported separately. Codes S00–T14, T36–T50, T51–65, Z74 and Z75, previously reported as part of the *Other* category are now reported separately. A new group of codes identifying *Care involving use of rehabilitation services* has been added and comprises codes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8 and Z50.9. The group of codes reported as *Other factors related to mental and behavioural disorders* in previous years has been expanded to include codes Z50.2, Z50.3, Z71.4 and Z51.5 and is now labelled *Other factors related to mental and behavioural disorders and substance use*. The description for each of these codes is detailed in the 3rd edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) (NCCH 2002)*.

Overview

Table 5.7 presents principal diagnosis information by hospital type for the years 1999–00 to 2003–04.

Separations with the principal diagnosis group *Depressive episode* (F32) increased annually by 5.4% on average between 1999–00 and 2003–04 (from 14.7% of all mental health-related separations with specialised psychiatric care to 16.6%) (Table 5.7). The average annual increase was greatest in private hospitals (9.8%). In public acute hospitals separations with the principal diagnosis group *Recurrent depressive disorders* (F33) decreased from 5.4% of separations to 4.4%.

In 2003–04 principal diagnoses of *Schizophrenia* (F20) accounted for the highest number of overnight separations with specialised psychiatric care (21,511, or 20.3%) (Table 5.8). *Depressive episode* (F32) accounted for the largest number of specialised care same day separations (4,126 or 38.8%); the second largest number was for *Recurrent depressive disorders* (F33; 2,120, or 20.0%).

Separations with the principal diagnosis of *Schizophrenia* (F20) accounted for the greatest number of patient days and psychiatric care days for separations with specialised psychiatric care, with 621,784 (or 28.1% of) patient days and 618,351 or 28.3% of psychiatric care days. The next largest number of days was reported for *Depressive episode* (F32; 248,403 patient days and 245,060 psychiatric care days).

Table 5.8 also reports the proportion of mental health-related separations with specialised psychiatric care by principal diagnosis in ICD-10-AM groupings. Over 80% of separations with *Schizophrenia* (F20), *Schizoaffective disorders* (F25), *Obsessive-compulsive disorders* (F42), *Specific personality disorders* (F60), *Bipolar affective disorders* (F31) and *Persistent mood (affective) disorders* (F34) had specialised psychiatric care, whereas for disorders such as *Dementia* (F00–F03) and *Other organic mental disorders* (F04–F09) the proportion with specialised psychiatric care was relatively low (16.6% and 20.3% respectively).

Box 5.1: Specialised psychiatric care and principal diagnoses

Data presented in Tables 5.8 and 6.5 indicate that the proportion of separations and patient days that include specialised psychiatric care varied between principal diagnosis chapters or groups. The principal diagnosis codes used to define mental health-related separations were selected using a range of criteria and include diagnosis groups for which patients are commonly cared for by services other than specialised mental health services.

For example, the proportions of separations with specialised psychiatric care and principal diagnoses of Dementia (16.6%), Other organic mental disorders (20.3%) and Mental and behavioural disorders due to use of alcohol (23.7%), were relatively low. In comparison, separations with principal diagnoses of Persistent mood (affective) disorders (89.0%), Schizoaffective disorders (86.9%), Schizophrenia (84.4%) and Bipolar affective disorders (81.7%) had relatively high proportions with specialised psychiatric care.

A similar pattern is apparent in the proportion of patient days that were psychiatric care days. High proportions of patient days for separations with principal diagnoses of Schizophrenia (97.2%), Mental retardation (97.2%), and Schizoaffective disorders (97.1%) were psychiatric care days. The proportions of patient days that were psychiatric care days were comparatively low for separations with principal diagnoses of Mental and behavioural disorders due to use of alcohol (47.1%), Dementia (42.0%) and Other organic mental disorders (41.9%).

These patterns should be borne in mind when data on the provision of specialised psychiatric care are considered.

Hospital type

The distribution of mental health-related separations with specialised psychiatric care for 2003–04 by principal diagnosis for each hospital type is presented in Table 5.9. Of all public acute hospital separations with specialised psychiatric care, approximately 23.0% had a principal diagnosis in the *Schizophrenia* (F20) grouping, which also accounted for approximately 32.3% of reported public acute hospital patient days and 32.6% of psychiatric care days. Approximately 15.0% had principal diagnoses of *Depressive episode* (F32), which accounted for about 10.9% of public acute hospital patient days and 10.8% of psychiatric care days.

Separations with principal diagnoses of *Depressive episode* accounted for around 25.4% of all private hospital separations, and 24.2% of patient days and psychiatric care days. Separations with principal diagnoses of *Recurrent depressive disorders* (F33) were the next largest group, accounting for 19.5% of all private hospital separations and 18.2% of patient days and psychiatric care days. The most common same day separations with specialised psychiatric care in private hospitals were those with principal diagnoses of *Depressive episode* (43.7%) and *Recurrent depressive disorders* (28.5%). For overnight separations with specialised psychiatric care, the corresponding figures were 22.5% for *Depressive episode* and 18.1% for *Recurrent depressive disorders*.

Around 25% of all public psychiatric hospital separations with specialised psychiatric care and 35.4% of all psychiatric care days in public psychiatric hospitals were attributed to principal diagnoses of *Schizophrenia* (F20). Principal diagnoses of *Schizophrenia* also accounted for the largest proportion of specialised overnight separations and patient days in public psychiatric hospitals (26.9% and 35.3% respectively).

Figures 1.19 and 1.21 present data on mental health-related separations by principal diagnosis for public and private hospitals respectively. Figure 1.20 presents the proportions of mental health-related separations that included specialised psychiatric care for public and private hospitals.

Table 5.7: Separations^(a) with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00 to 2003–04

Principal diagnosis	Public acute hospitals					Average annual change (per cent)	Private hospitals					Average annual change (per cent)
	1999–00	2000–01	2001–02	2002–03	2003–04		1999–00	2000–01	2001–02	2002–03	2003–04	
F00–F03 Dementia	818	806	769	696	685	-4.3	139	171	141	130	141	0.4
F04–F09 Other organic mental disorders	720	705	678	625	632	-3.2	220	199	158	158	175	-5.6
F10 Mental and behavioural disorders due to use of alcohol	1,572	1,530	1,478	1,541	1,645	1.1	1,874	2,154	2,321	2,245	2,147	3.5
F11–F19 Mental and behav disorders due to other psychoactive subst use	3,110	3,195	3,434	3,180	3,487	2.9	1,442	1,489	1,207	1,086	967	-9.5
F20 Schizophrenia	14,845	15,064	15,830	16,635	17,444	4.1	1,060	1,264	1,283	1,110	1,207	3.3
F21, F24, F28–F29 Schizotypal and other delusional disorders	1,393	1,335	1,506	1,387	1,549	2.7	92	86	87	93	89	-0.8
F22 Persistent delusional disorders	1,014	843	863	944	902	-2.9	127	138	116	125	115	-2.5
F23 Acute and transient psychotic disorders	1,468	1,361	1,709	1,650	1,473	0.1	115	141	148	98	121	1.3
F25 Schizoaffective disorders	3,261	3,354	3,951	4,330	4,902	10.7	671	785	851	989	1,178	15.1
F30 Manic episode	603	560	602	616	582	-0.9	85	116	84	76	93	2.3
F31 Bipolar affective disorders	6,771	6,712	6,884	7,197	7,191	1.5	1,711	2,121	2,260	2,356	2,349	8.2
F32 Depressive episode	9,623	9,730	9,910	10,269	11,253	4.0	4,631	5,677	6,113	6,470	6,720	9.8
F33 Recurrent depressive disorders	3,706	3,450	3,289	3,571	3,333	-2.6	3,998	4,218	4,276	4,730	5,160	6.6
F34 Persistent mood (affective) disorders	1,053	997	1,063	1,028	1,051	0.0	374	327	435	362	403	1.9
F38, F39 Other and unspecified mood (affective) disorders	120	86	107	134	133	2.6	64	37	37	42	37	-12.8
F40 Phobic anxiety disorders	93	67	67	57	62	-9.6	63	94	117	60	84	7.5
F41 Other anxiety disorders	832	715	761	893	905	2.1	882	949	1,001	1,016	1,018	3.7
F42 Obsessive-compulsive disorders	225	183	186	192	194	-3.6	148	159	160	153	172	3.8
F43 Reaction to severe stress and adjustment disorders	6,767	6,829	6,796	6,816	7,251	1.7	2,490	2,635	2,524	2,520	2,444	-0.5
F44 Dissociative (conversion) disorders	182	220	142	163	155	-3.9	248	264	303	288	283	3.4
F45, F48 Somatoform and other neurotic disorders	104	110	82	96	78	-6.9	71	60	55	62	67	-1.4
F50 Eating disorders	689	620	608	557	585	-4.0	443	454	462	482	549	5.5
F51–F59 Other behav syndromes associated with phys dist & phys factors	297	225	249	192	183	-11.4	171	208	154	102	93	-14.1
F60 Specific personality disorders	3,568	3,668	3,734	3,372	3,540	-0.2	455	441	433	403	411	-2.5
F61–F69 Disorders of adult personality and behaviour	183	198	176	189	151	-4.7	98	74	86	68	59	-11.9
F70–F79 Mental retardation	124	144	124	148	184	10.4	2	7	4	3	7	36.8
F80–F89 Disorders of psychological development	110	125	120	142	142	6.6	13	14	12	11	14	1.9
F90 Hyperkinetic disorders	132	181	89	66	92	-8.6	5	19	8	8	9	15.8
F91 Conduct disorders	385	436	337	310	347	-2.6	9	31	14	7	7	-6.1
F92–F98 Other & unspecified disorders with onset childhood adolescence	179	170	144	133	183	0.6	12	16	8	8	5	-19.7
F99 Mental disorder not otherwise specified	68	52	120	185	215	33.3	4	1	0	9	4	0.0
G30 Alzheimer's disease	392	392	489	514	581	10.3	71	73	70	89	110	11.6
S00-T14 Injuries to specified body regions	272	383	570	633	545	19.0	11	21	10	8	11	0.0
T36-T50 Poisoning by drugs, medicaments and biological subst	1267	1360	1508	1663	1754	8.5	74	110	70	51	28	-21.6
T51-T65 Toxic effects of subst chiefly non-medicinal as to source	115	122	123	139	136	4.3	6	11	3	5	3	-15.9
Z74, Z75 Problems related to care availability	172	172	313	447	548	33.6	2	1	4	7	9	45.6
Other factors related to mental and behav disorders and subst use ^(c)	461	365	292	290	255	-13.8	87	13	3	15	3	-56.9
Care involving use of rehabilitation services ^(d)	61	113	156	106	23	-21.6	1	0	2	1	1	0.0
Other specified mental health-related principal diagnosis ^(e)	162	158	133	165	183	3.1	85	24	26	70	41	-16.7
Other ^(f)	1,498	1,339	2,499	2,557	1,488	-0.2	270	232	155	186	161	-12.1
Total	68,415	68,075	71,891	73,828	76,042	2.7	22,324	24,834	25,201	25,702	26,495	4.4

(continued)

Table 5.7 (continued): Separations^(a) with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999-00 to 2003-04

Principal diagnosis	Public psychiatric hospitals					Average annual change (per cent)	All hospitals					Average annual change (per cent)
	1999-00	2000-01	2001-02	2002-03	2003-04		1999-00	2000-01	2001-02	2002-03	2003-04	
F00-F03 Dementia	464	305	210	228	200	-19.0	1,421	1,282	1,120	1,054	1,026	-7.8
F04-F09 Other organic mental disorders	263	202	179	172	155	-12.4	1,203	1,106	1,015	955	962	-5.4
F10 Mental and behavioural disorders due to use of alcohol	788	535	487	463	538	-9.1	4,234	4,219	4,286	4,249	4,330	0.6
F11-F19 Mental and behav disorders due to other psychoactive subst use	1,614	965	935	783	722	-5.4	6,166	5,649	5,576	5,049	5,176	-1.7
F20 Schizophrenia	3,867	3,422	3,562	3,475	3,501	-2.4	19,772	19,750	20,675	21,220	22,152	2.9
F21, F24, F28-F29 Schizotypal and other delusional disorders	278	466	321	293	301	2.0	1,763	1,887	1,914	1,773	1,939	2.4
F22 Persistent delusional disorders	230	184	199	161	166	-7.8	1,371	1,165	1,178	1,230	1,183	-3.6
F23 Acute and transient psychotic disorders	333	206	333	361	357	1.8	1,916	1,708	2,190	2,109	1,951	0.5
F25 Schizoaffective disorders	845	782	879	911	983	3.9	4,777	4,921	5,681	6,230	7,063	10.3
F30 Manic episode	158	130	121	89	78	-16.2	846	806	807	781	753	-2.9
F31 Bipolar affective disorders	1,585	1,441	1,239	1,187	1,264	-5.5	10,067	10,274	10,383	10,740	10,804	1.8
F32 Depressive episode	1,451	1,382	1,143	1,215	1,403	-0.8	15,705	16,789	17,166	17,954	19,376	5.4
F33 Recurrent depressive disorders	218	231	164	178	160	-7.3	7,922	7,899	7,729	8,479	8,653	2.2
F34 Persistent mood (affective) disorders	169	214	176	170	173	0.6	1,596	1,538	1,674	1,560	1,627	0.5
F38, F39 Other and unspecified mood (affective) disorders	14	7	27	20	18	6.5	198	130	171	196	188	-1.3
F40 Phobic anxiety disorders	20	47	36	11	26	6.8	176	208	220	128	172	-0.6
F41 Other anxiety disorders	69	83	126	148	131	17.4	1,783	1,747	1,888	2,057	2,054	3.6
F42 Obsessive-compulsive disorders	31	48	111	63	49	12.1	404	390	457	408	415	0.7
F43 Reaction to severe stress and adjustment disorders	1,543	1,594	1,420	1,142	1,269	-4.7	10,800	11,058	10,740	10,478	10,964	0.4
F44 Dissociative (conversion) disorders	37	50	11	20	15	-20.2	467	534	456	471	453	-0.8
F45, F48 Somatoform and other neurotic disorders	24	15	7	9	44	16.4	199	185	144	167	189	-1.3
F50 Eating disorders	9	23	37	26	54	56.5	1,141	1,097	1,107	1,065	1,188	1.0
F51-F59 Other behav syndromes associated with phys dist & phys factors	23	22	59	14	35	11.1	491	455	462	308	311	-10.8
F60 Specific personality disorders	1,008	863	653	738	616	-11.6	5,031	4,972	4,820	4,513	4,567	-2.4
F61-F69 Disorders of adult personality and behaviour	60	56	52	57	178	31.2	341	328	314	314	388	3.3
F70-F79 Mental retardation	73	83	66	43	32	-18.6	199	234	194	194	223	2.9
F80-F89 Disorders of psychological development	27	34	46	113	102	39.4	150	173	178	266	258	14.5
F90 Hyperkinetic disorders	10	42	16	19	17	14.2	147	242	113	93	118	-5.3
F91 Conduct disorders	59	254	87	66	118	18.9	453	721	438	383	472	1.0
F92-F98 Other & unspecified disorders with onset childhood adolescence	28	62	40	49	90	33.9	219	248	192	190	278	6.1
F99 Mental disorder not otherwise specified	38	3	6	1	10	-28.4	110	56	126	195	229	20.1
G30 Alzheimer's disease	79	108	125	163	142	15.8	542	573	684	766	833	11.3
S00-T14 Injuries to specified body regions	1	0	2	7	0	-100.0	284	404	582	648	556	18.3
T36-T50 Poisoning by drugs, medicaments and biological subst	11	2	1	8	2	-34.7	1352	1472	1579	1722	1784	7.2
T51-T65 Toxic effects of subst chiefly non-medicinal as to source	1	0	0	1	0	-100.0	122	133	126	145	139	3.3
Z74, Z75 Problems related to care availability	10	36	56	39	55	53.1	184	209	373	493	612	35.0
Other factors related to mental and behav disorders and subst use ^(b)	161	341	242	268	310	17.8	709	719	537	573	568	-5.4
Care involving rehabilitation services	116	444	479	522	490	43.4	178	557	637	629	514	30.4
Other specified mental health related principal diagnosis ^(c)	3	11	4	6	25	69.9	250	193	163	241	249	-0.1
Other ^(d)	384	450	220	276	359	-1.7	2152	2021	2874	3019	2008	-1.7
Total	16,102	15,143	13,877	13,515	14,188	-1.3	106,841	108,052	110,969	113,045	116,725	2.2

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000-01* (AIHW 2003).

Note: behav—behavioural; subst—substance; phys—physical; dist—disturbances.

Table 5.8: Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04

Principal diagnosis	Separations						Patient days	Psychiatric care days	% Patient days ^(d)	Average length of stay	Psychiatric care days per sep (o'night)	
	Same day	% Total ^(c)	Overnight	% Total ^(c)	Total	% Total ^(c)						
F00–F03	Dementia	18	12.0	1,008	16.7	1,026	16.6	74,319	73,840	42.0	73.7	73.2
F04–F09	Other organic mental disorders	29	13.7	933	20.6	962	20.3	34,925	34,399	41.9	37.4	36.8
F10	Mental and behavioural disorders due to use of alcohol	128	13.1	4,202	24.3	4,330	23.7	60,139	59,375	47.1	14.3	14.1
F11–F19	Mental and behav disorders due to other psychoactive subst use	68	13.0	5,108	46.8	5,176	45.2	49,449	48,994	60.9	9.7	9.6
F20	Schizophrenia	641	30.2	21,511	89.2	22,152	84.4	621,784	618,351	97.2	28.9	28.7
F21, F24, F28–F29	Schizotypal and other delusional disorders	47	11.8	1,892	74.4	1,939	65.9	30,571	30,311	89.5	16.1	16.0
F22	Persistent delusional disorders	47	24.4	1,136	74.1	1,183	68.5	21,630	21,365	88.1	19.0	18.8
F23	Acute and transient psychotic disorders	102	19.1	1,849	72.7	1,951	63.4	25,017	24,658	88.9	13.5	13.3
F25	Schizoaffective disorders	606	51.1	6,457	93.1	7,063	86.9	153,682	152,667	97.1	23.7	23.5
F30	Manic episode	25	17.7	728	76.3	753	68.8	11,158	11,055	89.5	15.3	15.2
F31	Bipolar affective disorders	1,000	48.1	9,804	87.9	10,804	81.7	195,770	194,509	94.6	19.9	19.7
F32	Depressive episode	4,126	58.2	15,250	65.0	19,376	63.4	248,403	245,060	80.5	16.0	15.8
F33	Recurrent depressive disorders	2,120	51.5	6,533	83.1	8,653	72.2	121,006	120,168	89.1	18.2	18.1
F34	Persistent mood (affective) disorders	63	71.6	1,564	89.8	1,627	89.0	15,424	15,280	93.1	9.8	9.7
F38, F39	Other and unspecified mood (affective) disorders	21	65.6	167	72.6	188	71.8	2,023	1,996	81.9	12.0	11.8
F40	Phobic anxiety disorders	17	70.8	155	79.9	172	78.9	2,286	2,266	88.5	14.6	14.5
F41	Other anxiety disorders	146	39.0	1,908	29.0	2,054	29.5	28,980	28,788	56.5	15.1	15.0
F42	Obsessive-compulsive disorders	54	91.5	361	86.0	415	86.6	7,867	7,457	91.8	21.6	20.5
F43	Reaction to severe stress and adjustment disorders	395	27.6	10,569	72.8	10,964	68.7	87,270	86,209	80.8	8.2	8.1
F44	Dissociative (conversion) disorders	6	8.6	447	34.1	453	32.8	6,317	6,265	57.8	14.1	14.0
F45, F48	Somatoform and other neurotic disorders	33	12.4	156	28.8	189	23.4	2,326	2,214	53.2	14.7	14.0
F50	Eating disorders	89	71.8	1,099	58.0	1,188	58.9	30,773	30,335	67.6	27.9	27.5
F51–F59	Other behav syndromes associated with phys dist & phys factors	7	10.8	304	23.2	311	22.7	4,819	4,765	50.2	15.8	15.7
F60	Specific personality disorders	113	39.6	4,454	84.7	4,567	82.4	34,354	33,819	87.2	7.7	7.6
F61–F69	Disorders of adult personality and behaviour	113	90.4	275	67.4	388	72.8	7,674	7,644	88.4	27.5	27.4
F70–F79	Mental retardation	2	3.4	221	69.9	223	59.6	31,389	31,374	97.2	142.0	142.0
F80–F89	Disorders of psychological development	78	17.9	180	39.6	258	29.0	2,961	2,956	57.4	16.0	16.0
F90	Hyperkinetic disorders	1	6.7	117	75.0	118	69.0	1,418	1,407	72.8	12.1	12.0
F91	Conduct disorders	53	50.0	419	58.2	472	57.1	5,601	5,586	78.6	13.2	13.2
F92–F98	Other & unspecified disorders with onset childhood adolescence	41	67.2	237	50.7	278	52.7	2,702	2,669	75.5	11.2	11.1
F99	Mental disorder not otherwise specified	15	16.3	214	73.8	229	59.9	6,934	6,893	96.4	32.3	32.1
G30	Alzheimer's disease	10	16.4	823	28.1	833	27.9	45,386	45,144	51.7	55.1	54.8
T36–T50	Poisoning by drugs, medicaments and biological substances	38	100.0	518	100.0	556	100.0	4,939	4,001	100.0	9.5	7.7
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	37	100.0	1,747	100.0	1,784	100.0	13,139	11,299	100.0	7.5	6.4
S00–T14	Injuries to specified body regions	3	100.0	136	100.0	139	100.0	1,255	1,147	100.0	9.2	8.4
Z74, Z75	Problems related to care availability	4	100.0	608	100.0	612	100.0	96,132	95,891	100.0	158.1	157.7
	Other factors related to mental and behav disorders and subst use ^(e)	7	1.8	561	59.6	568	59.9	3,684	3,678	13.2	6.6	6.5
	Care involving use of rehabilitation services ^(f)	225	100.0	289	100.0	514	100.0	71,235	70,995	100.0	245.7	244.9
	Other specified mental health-related principal diagnosis ^(g)	12	9.6	237	67.7	249	68.8	2,287	2,199	25.6	9.6	9.2
	Other ^(h)	83	100.0	1,925	100.0	2,008	100.0	42,546	39,465	100.0	22.1	20.5
Total		10,623	43.5	106,102	88.5	116,725	89.4	2,209,574	2,186,494	80.7	20.7	20.5

- (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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.
(c) The proportion of mental health-related separations with these diagnoses that had specialised psychiatric care.
(d) The proportion of mental health-related patient days with these diagnoses that were psychiatric care days.
(e) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.
(f) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.
(g) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.
(h) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01* (AIHW 2003).
Note: behav—behavioural; subst—substance; phys—physical; dist—disturbances; sep—separation.

Table 5.9: Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2003–04

Principal diagnosis	Public acute hospitals						Private hospitals				
	Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days	
	Sameday	Overnight	Total			Sameday	Overnight	Total			
F00–F03 Dementia	9	676	685	25,463	25,098	8	133	141	3,506	3,499	
F04–F09 Other organic mental disorders	21	611	632	13,816	13,305	4	171	175	2,996	2,996	
F10 Mental and behavioural disorders due to use of alcohol	43	1,602	1,645	12,965	12,571	58	2,089	2,147	30,808	30,722	
F11–F19 Mental and behav disorders due to other psychoactive subst use	51	3,436	3,487	29,127	28,697	6	961	967	13,638	13,636	
F20 Schizophrenia	532	16,912	17,444	361,748	358,905	85	1,122	1,207	24,667	24,595	
F21, F24, F28–F29 Schizotypal and other delusional disorders	41	1,508	1,549	22,392	22,151	2	87	89	1,848	1,848	
F22 Persistent delusional disorders	47	855	902	14,788	14,533	0	115	115	2,068	2,068	
F23 Acute and transient psychotic disorders	58	1,415	1,473	18,501	18,248	16	105	121	1,650	1,638	
F25 Schizoaffective disorders	346	4,556	4,902	98,158	97,302	213	965	1,178	18,274	18,233	
F30 Manic episode	10	572	582	8,483	8,389	15	78	93	1,299	1,299	
F31 Bipolar affective disorders	670	6,521	7,191	119,235	118,188	269	2,080	2,349	38,858	38,797	
F32 Depressive episode	2,225	9,028	11,253	121,707	119,213	1,569	5,151	6,720	102,808	102,479	
F33 Recurrent depressive disorders	1,095	2,238	3,333	40,494	39,789	1,023	4,137	5,160	77,168	77,040	
F34 Persistent mood (affective) disorders	25	1,026	1,051	7,392	7,299	11	392	403	6,559	6,545	
F38, F39 Other and unspecified mood (affective) disorders	20	113	133	1,199	1,172	1	36	37	576	576	
F40 Phobic anxiety disorders	1	61	62	663	655	1	83	84	1,452	1,452	
F41 Other anxiety disorders	38	867	905	9,817	9,707	68	950	1,018	17,420	17,374	
F42 Obsessive-compulsive disorders	15	179	194	2,993	2,974	22	150	172	3,079	3,079	
F43 Reaction to severe stress and adjustment disorders	170	7,081	7,251	41,530	40,524	161	2,283	2,444	37,613	37,579	
F44 Dissociative (conversion) disorders	5	150	155	1,399	1,349	1	282	283	4,657	4,655	
F45, F48 Somatoform and other neurotic disorders	0	78	78	994	885	0	67	67	1,090	1,090	
F50 Eating disorders	29	556	585	14,213	13,791	25	524	549	15,804	15,788	
F51–F59 Other behav syndromes associated with phys dist & phys factors	6	177	183	2,420	2,390	1	92	93	1,794	1,774	
F60 Specific personality disorders	81	3,459	3,540	21,427	20,951	18	393	411	5,724	5,722	
F61–F69 Disorders of adult personality and behaviour	3	148	151	966	936	0	59	59	984	984	
F70–F79 Mental retardation	2	182	184	2,168	2,153	0	7	7	47	47	
F80–F89 Disorders of psychological development	14	128	142	1,632	1,628	2	12	14	360	360	
F90 Hyperkinetic disorders	1	91	92	982	978	0	9	9	144	141	
F91 Conduct disorders	10	337	347	2,752	2,742	0	7	7	143	143	
F92–F98 Other & unspecified disorders with onset childhood adolescence	1	182	183	1,804	1,789	0	5	5	58	58	
F99 Mental disorder not otherwise specified	9	206	215	6,806	6,765	4	0	4	4	4	
G30 Alzheimer's disease	10	571	581	26,907	26,666	0	110	110	3,596	3,595	
S00-T14 Injuries to specified body regions	37	508	545	4807	3884	1	10	11	132	117	
T36-T50 Poisoning by drugs, medicaments and biological subst	37	1717	1754	12649	10932	0	28	28	484	361	
T51-T65 Toxic effects of substances chiefly nonmedicinal as to source	3	133	136	1190	1082	0	3	3	65	65	
Z74, Z75 Problems related to care availability	4	544	548	36363	36122	0	9	9	654	654	
Other factors related to mental and behav disorders and subst use ^(c)	6	249	255	2,369	2,363	1	2	3	33	33	
Care involving use of rehabilitation services ^(d)	0	23	23	623	504	0	1	1	28	18	
Other specified mental health-related principal diagnosis ^(e)	11	172	183	1,757	1,673	0	41	41	153	150	
Other ^(f)	63	1,425	1,488	23,813	21,143	6	155	161	2,546	2,293	
Total	5,749	70,293	76,042	1,118,512	1,099,446	3,591	22,904	26,495	424,787	423,507	

(continued)

Table 5.9 (continued): Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care^(b), by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2003–04

Principal diagnosis	Public psychiatric hospitals						All hospitals				
	Separations			Patient days	Psychiatric care days	Separations			Patient days	Psychiatric care days	
	Sameday	Overnight	Total			Sameday	Overnight	Total			
F00–F03 Dementia	1	199	200	45,350	45,243	18	1,008	1,026	74,319	73,840	
F04–F09 Other organic mental disorders	4	151	155	18,113	18,098	29	933	962	34,925	34,399	
F10 Mental and behavioural disorders due to use of alcohol	27	511	538	16,366	16,082	128	4,202	4,330	60,139	59,375	
F11–F19 Mental and behav disorders due to other psychoactive subst use	11	711	722	6,684	6,661	68	5,108	5,176	49,449	48,994	
F20 Schizophrenia	24	3,477	3,501	235,369	234,851	641	21,511	22,152	621,784	618,351	
F21, F24, F28–F29 Schizotypal and other delusional disorders	4	297	301	6,331	6,312	47	1,892	1,939	30,571	30,311	
F22 Persistent delusional disorders	0	166	166	4,774	4,764	47	1,136	1,183	21,630	21,365	
F23 Acute and transient psychotic disorders	28	329	357	4,866	4,772	102	1,849	1,951	25,017	24,658	
F25 Schizoaffective disorders	47	936	983	37,250	37,132	606	6,457	7,063	153,682	152,667	
F30 Manic episode	0	78	78	1,376	1,367	25	728	753	11,158	11,055	
F31 Bipolar affective disorders	61	1,203	1,264	37,677	37,524	1,000	9,804	10,804	195,770	194,509	
F32 Depressive episode	332	1,071	1,403	23,888	23,368	4,126	15,250	19,376	248,403	245,060	
F33 Recurrent depressive disorders	2	158	160	3,344	3,339	2,120	6,533	8,653	121,006	120,168	
F34 Persistent mood (affective) disorders	27	146	173	1,473	1,436	63	1,564	1,627	15,424	15,280	
F38, F39 Other and unspecified mood (affective) disorders	0	18	18	248	248	21	167	188	2,023	1,996	
F40 Phobic anxiety disorders	15	11	26	171	159	17	155	172	2,286	2,266	
F41 Other anxiety disorders	40	91	131	1,743	1,707	146	1,908	2,054	28,980	28,788	
F42 Obsessive-compulsive disorders	17	32	49	1,795	1,404	54	361	415	7,867	7,457	
F43 Reaction to severe stress and adjustment disorders	64	1,205	1,269	8,127	8,106	395	10,569	10,964	87,270	86,209	
F44 Dissociative (conversion) disorders	0	15	15	261	261	6	447	453	6,317	6,265	
F45, F48 Somatoform and other neurotic disorders	33	11	44	242	239	33	156	189	2,326	2,214	
F50 Eating disorders	35	19	54	756	756	89	1,099	1,188	30,773	30,335	
F51–F59 Other behav syndromes associated with phys dist & phys factors	0	35	35	605	601	7	304	311	4,819	4,765	
F60 Specific personality disorders	14	602	616	7,203	7,146	113	4,454	4,567	34,354	33,819	
F61–F69 Disorders of adult personality and behaviour	110	68	178	5,724	5,724	113	275	388	7,674	7,644	
F70–F79 Mental retardation	0	32	32	29,174	29,174	2	221	223	31,389	31,374	
F80–F89 Disorders of psychological development	62	40	102	969	968	78	180	258	2,961	2,956	
F90 Hyperkinetic disorders	0	17	17	292	288	1	117	118	1,418	1,407	
F91 Conduct disorders	43	75	118	2,706	2,701	53	419	472	5,601	5,586	
F92–F98 Other & unspecified disorders with onset childhood adolescence	40	50	90	840	822	41	237	278	2,702	2,669	
F99 Mental disorder not otherwise specified	2	8	10	124	124	15	214	229	6,934	6,893	
G30 Alzheimer's disease	0	142	142	14,883	14,883	10	823	833	45,386	45,144	
S00–T14 Injuries to specified body regions	0	0	0	0	0	38	518	556	4939	4001	
T36–T50 Poisoning by drugs, medicaments and biological subst	0	2	2	6	6	37	1747	1784	13139	11299	
T51–T65 Toxic effects of substances chiefly nonmedicinal as to source	0	0	0	0	0	3	136	139	1255	1147	
Z74, Z75 Problems related to care availability	0	55	55	59,115	59,115	4	608	612	96,132	95,891	
Other factors related to mental and behav disorders and subst use ^(c)	0	310	310	1,282	1,282	7	561	568	3,684	3,678	
Care involving use of rehabilitation services ^(d)	225	265	490	70,584	70,473	225	289	514	71,235	70,995	
Other specified mental health-related principal diagnosis ^(e)	1	24	25	377	376	12	237	249	2,287	2,199	
Other ^(f)	14	345	359	16,187	16,029	83	1,925	2,008	42,546	39,465	
Total	1,283	12,905	14,188	666,275	663,541	10,623	106,102	116,725	2,209,574	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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01* (AIHW 2003).

Note: behav—behavioural; subst—substance; phys—physical; dist—disturbances.

Age and sex

Tables 5.10 and 5.11 describe the distribution of mental health-related separations with specialised care by sex, age group and principal diagnosis.

Separations for male patients

For male patients, *Schizophrenia* (F20) was the most frequently recorded principal diagnosis group, being reported for 26.8% of separations (14,923 separations) (Table 5.10). This was followed by *Depressive episode* (F32) and *Reaction to severe stress and adjustment disorders* (F43), which accounted for 13.2% and 9.5% of separations (7,384 and 5,320) respectively. Separations for males with principal diagnoses of *Schizophrenia* (F20) were more than double those for female patients.

Separations of male patients aged 25–34 years were concentrated in the principal diagnosis group of *Schizophrenia* (F20; 5,728 separations, or 37.4% of specialised separations for male patients aged 25–34 years). This age group contributed the largest number of specialised male separations with a principal diagnosis group of *Schizophrenia* (F20) (38.4%).

Separations for female patients

For female patients, principal diagnoses of *Depressive episode* (F32) contributed the largest number of separations (11,991, or 19.7%), followed by *Schizophrenia* (F20; 7,228, or 11.9%) and *Bipolar affective disorders* (F31; 6,657, or 10.9%) (Table 5.11). The number of separations with principal diagnoses of *Depressive episode* (F32) for females was approximately 1.6 times as great as the number for male patients and accounted for over 17.1% of specialised separations for female patients aged less than 15 years. This proportion increased with age to 28.6% in the age group 65 years and over.

Separations with principal diagnoses of *Eating disorders* (F50) predominantly involved female patients (1,106 separations compared with 82 separations for male patients). Over half (62.0%) of the separations in this category for females were reported in the 15–24 years age group. The majority of separations for males were reported for patients aged under 15 years (56.1%).

Aboriginal and Torres Strait Islander peoples

Table 5.12 details the number of separations, patient days and psychiatric care days by principal diagnosis for Aboriginal and Torres Strait Islander peoples in 2003–04. The quality of Aboriginal and Torres Strait Islander status data varies, so these figures should be used with caution. Further detail about the quality of the data can be found in *Australian Hospital Statistics 2003–04* (AIHW 2005a). These data are for the Northern Territory (public hospitals), Western Australia, South Australia and Queensland only (for which data quality is considered adequate for analytical purposes), and are not necessarily representative of separations for Indigenous patients for the other four jurisdictions.

Separations with the principal diagnosis of *Schizophrenia* (F20; 29.9%), *Reaction to severe stress and adjustment disorders* (F43; 11.0%) and *Depressive episode* (F32; 10.1%) accounted for the largest proportions of mental health-related separations with specialised psychiatric care for Aboriginal and Torres Strait Islander people. In comparison, separations in this category for all patients with *Schizophrenia* (F20), *Reaction to severe stress and adjustment disorders* (F43) and *Depressive episode* (F32) principal diagnoses accounted for 19.0%, 9.4% and 16.6% respectively (Table 5.8).

Schizophrenia (F20) accounted for the largest proportion of patient days (37.4%) and specialised psychiatric care days (37.6%) for Aboriginal and Torres Strait Islander people. Separations for all patients with principal diagnoses of *Schizophrenia* (F20) accounted for 28.2% of patient days and 28.3% of specialised psychiatric care days (Table 5.8).

Mental health legal status

Table 5.13 presents information on separations with specialised psychiatric care by principal diagnosis, mental health legal status and hospital type. The proportions of all specialised separations with unreported mental health legal status should be taken into consideration when interpreting the data.

In public acute hospitals 52.3% of separations with principal diagnoses of *Schizophrenia* (F20) were involuntary and 51.1% of public acute separations with principal diagnoses of *Acute and transient psychotic disorders* (F23) were involuntary.

In private hospitals 0.9% of separations had a mental health legal status of involuntary. Principal diagnoses of *Conduct disorders* (F91), *Poisoning by drugs, medicaments and biological substances* (T36–T50), and *Schizotypal and other delusional disorders* (F21, F24, F28–F89) had the highest rates of involuntary status, but these accounted for less than 1% of private hospital separations with specialised psychiatric care.

In public psychiatric hospitals 41.7% of separations with specialised psychiatric care were involuntary. For principal diagnosis groups with a high volume of public psychiatric separations, the highest proportions of involuntary separations were reported for *Persistent delusional disorders* (F22; 66.9%), *Schizotypal and other delusional disorders* (F21, F24, F28–F29; 58.8%) and *Schizophrenia* (F20; 57.8%).

Mental health-related comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses (i.e. diagnoses chiefly responsible for occasioning the episodes of care – see Glossary) or as additional diagnoses. ‘Comorbidity’ in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of a mental health-related disorder.

Separations, patient days and psychiatric care days for separations with and without either specialised psychiatric care or a principal or an additional mental health-related diagnosis are summarised in Table 4.4.

Table 5.14 shows the top five additional mental health-related additional diagnoses for separations that have both a mental health-related principal diagnosis and a mental health-related additional diagnosis.

Of the 10,364 separations with specialised psychiatric care that had principal diagnoses of *Mental and behavioural disorders due to psychoactive substances use* (F10–F19) and an additional mental health-related diagnosis, the most common additional mental health-related diagnoses were *Specific personality disorders* (F60; 1,302 separations), followed by *Depressive episode* (F32; 881 separations) and *Reaction to severe stress and adjustment disorders* (F43; 748 separations).

Of the 34,290 separations with specialised psychiatric care that had principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19; 11,003 separations), followed by *Mental and behavioural disorders due to use of alcohol* (F10; 3,602 separations) and *Specific personality disorders* (F60; 2,081 separations).

Of the 41,402 separations with specialised psychiatric care that had principal diagnoses of *Mood (affective) disorders* (F30–F39), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19; 5,171 separations) followed by *Mental and behavioural disorders due to use of alcohol* (F10; 4,038 separations) and *Specific personality disorders* (F60; 4,033 separations).

Of the 14,250 separations with specialised psychiatric care that had principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49), the most common additional mental health-related diagnoses were *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19; 3,258 separations), followed by *Specific personality disorders* (F60; 2,892 separations) and *Mental and behavioural disorders due to use of alcohol* (F10; 2,642 separations).

Separations with an external cause indicating self-harm

Table 5.15 outlines the separations, patient days and psychiatric care days for mental health-related separations with specialised psychiatric care for which an external cause of injury or poisoning in the *Intentional self-harm* (X60–X84) grouping was reported. There were 5,705 separations in this category, including 1,585, or 27.8%, with a principal diagnosis of *Poisoning by drugs, medicaments and biological substances* (T36–T50). The average length of stay was highest for *Manic disorders* (F30; 61 days). For principal diagnosis groups with a high volume of separations, *Schizophrenia* (F20) had an average length of stay of 27.5 days, *Depressive episode* (F32) 16.5 days and *Poisoning by drugs, medicaments and biological substances* (T36–T50) 7.5 days. The average length of psychiatric care was similar to average length of stay for these principal diagnoses.

Table 5.10: Separations^(a) with specialised psychiatric care^(b) for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2003-04

Principal diagnosis		Under 15	15-24	25-34	35-44	45-54	55-64	65 and over	Total
F00-F03	Dementia	0	0	4	1	12	50	483	550
F04-F09	Other organic mental disorders	5	48	89	80	75	92	161	550
F10	Mental and behavioural disorders due to use of alcohol	0	195	506	680	646	506	182	2,715
F11-F19	Mental and behavioural disorders due to other psychoactive substance use	16	1,295	1,466	535	135	42	12	3,501
F20	Schizophrenia	9	3,150	5,728	3,509	1,597	569	361	14,923
F21, F24, F28-F29	Schizotypal and other delusional disorders	16	420	381	165	74	35	26	1,117
F22	Persistent delusional disorders	2	86	166	164	87	54	66	625
F23	Acute and transient psychotic disorders	40	385	320	181	76	39	24	1,065
F25	Schizoaffective disorders	4	577	1,070	770	430	169	115	3,135
F30	Manic episode	2	91	107	60	48	34	24	366
F31	Bipolar affective disorders	35	458	940	1,087	708	552	367	4,147
F32	Depressive episode	79	908	1,244	1,452	1,396	975	1,330	7,384
F33	Recurrent depressive disorders	3	139	294	387	574	448	817	2,662
F34	Persistent mood (affective) disorders	11	123	178	163	82	37	23	617
F38, F39	Other and unspecified mood (affective) disorders	3	12	18	11	3	7	16	70
F40	Phobic anxiety disorders	22	11	16	12	10	1	0	72
F41	Other anxiety disorders	41	97	114	140	112	85	120	709
F42	Obsessive-compulsive disorders	9	50	66	28	28	18	9	208
F43	Reaction to severe stress and adjustment disorders	96	949	1,326	1,190	855	712	192	5,320
F44	Dissociative (conversion) disorders	3	8	7	8	8	2	3	39
F45, F48	Somatoform and other neurotic disorders	3	6	5	11	20	9	8	62
F50	Eating disorders	46	19	13	1	3	0	0	82
F51-F59	Other behavioural syndromes associated with phys disturbances and phys factors	1	0	2	2	0	0	0	5
F60	Specific personality disorders	3	299	445	277	102	31	13	1,170
F61-F69	Disorders of adult personality and behaviour	0	45	55	48	18	11	5	182
F70-F79	Mental retardation	6	33	31	19	14	9	5	117
F80-F89	Disorders of psychological development	70	117	16	6	7	0	0	216
F90	Hyperkinetic disorders	64	17	6	2	0	0	0	89
F91	Conduct disorders	187	93	9	2	9	3	4	307
F92-F98	Other and unspecified disorders with onset childhood adolescence	138	21	2	2	0	0	0	163
F99	Mental disorder not otherwise specified	1	28	23	20	10	7	19	108
G30	Alzheimer's disease	0	0	0	0	5	47	351	403
S00-T14	Injuries to specified body regions	1	73	88	57	35	25	16	295
T36-T50	Poisoning by drugs, medicaments and biological subst	3	132	194	162	105	46	26	668
T51-T65	Toxic effects of subst chiefly nonmedicinal as to source	0	11	21	25	16	7	3	83
Z74, Z75	Problems related to care availability	0	60	58	18	16	40	136	328
	Other factors related to mental and behavioural disorders and substance use ^(c)	128	23	31	50	24	4	5	265
	Care involving use of rehabilitation services ^(d)	0	35	76	77	50	8	42	288
	Other specified mental health-related principal diagnosis ^(e)	5	28	16	19	11	21	2	102
	Other ^(f)	90	138	167	160	136	125	256	1,072
	Total	1,142	10,180	15,298	11,581	7,537	4,820	5,222	55,780

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000-01* (AIHW 2003).

Note: behav—behavioural; phys—physical.

Table 5.11: Separations^(a) with specialised psychiatric care^(b) for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2003–04

Principal diagnosis		Under 15	15–24	25–34	35–44	45–54	55–64	65 and over	Total
F00–F03	Dementia	0	0	1	1	9	32	433	476
F04–F09	Other organic mental disorders	1	12	41	63	55	54	186	412
F10	Mental and behavioural disorders due to use of alcohol	1	110	268	476	456	233	71	1,615
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	8	549	633	310	114	41	20	1,675
F20	Schizophrenia	7	1,048	1,814	1,622	1,274	794	669	7,228
F21, F24, F28–F29	Schizotypal and other delusional disorders	18	222	227	153	106	40	56	822
F22	Persistent delusional disorders	1	28	73	83	111	99	163	558
F23	Acute and transient psychotic disorders	10	194	260	206	134	39	43	886
F25	Schizoaffective disorders	1	406	922	985	785	447	382	3,928
F30	Manic episode	1	48	78	96	82	33	49	387
F31	Bipolar affective disorders	20	597	1,309	1,534	1,264	932	1,001	6,657
F32	Depressive episode	216	1,669	2,055	2,239	2,068	1,176	2,568	11,991
F33	Recurrent depressive disorders	8	442	672	964	1,278	893	1,734	5,991
F34	Persistent mood (affective) disorders	54	259	198	193	177	69	60	1,010
F38, F39	Other and unspecified mood (affective) disorders	7	26	31	25	19	4	6	118
F40	Phobic anxiety disorders	3	27	16	20	13	10	11	100
F41	Other anxiety disorders	29	187	235	239	218	164	273	1,345
F42	Obsessive-compulsive disorders	12	82	43	32	23	8	7	207
F43	Reaction to severe stress and adjustment disorders	234	1,443	1,415	1,339	793	261	159	5,644
F44	Dissociative (conversion) disorders	7	54	105	111	108	24	5	414
F45, F48	Somatoform and other neurotic disorders	9	48	12	17	18	5	18	127
F50	Eating disorders	63	686	223	96	27	8	3	1,106
F51–F59	Other behavioural syndromes associated with phys disturbances & phys factors	0	48	185	69	4	0	0	306
F60	Specific personality disorders	33	1,024	1,089	785	348	70	48	3,397
F61–F69	Disorders of adult personality and behaviour	115	16	21	24	18	5	7	206
F70–F79	Mental retardation	2	29	30	18	10	13	4	106
F80–F89	Disorders of psychological development	10	19	8	4	0	1	0	42
F90	Hyperkinetic disorders	20	8	1	0	0	0	0	29
F91	Conduct disorders	92	61	10	1	0	0	1	165
F92–F98	Other & unspecified disorders with onset childhood adolescence	64	40	7	4	0	0	0	115
F99	Mental disorder not otherwise specified	1	18	19	12	8	9	54	121
G30	Alzheimer's disease	0	0	0	2	4	24	400	430
S00–T14	Injuries to specified body regions	8	74	67	41	37	11	23	261
T36–T50	Poisoning by drugs, medicaments and biological substances	26	309	269	253	172	48	39	1,116
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	3	10	12	14	8	8	1	56
Z74, Z75	Problems related to care availability	0	20	35	43	40	29	117	284
	Other factors related to mental and behavioural disorders and substance use ^(c)	97	31	64	77	22	7	5	303
	Care involving use of rehabilitation services ^(d)	0	11	36	22	62	13	82	226
	Other specified mental health-related principal diagnosis ^(e)	4	47	55	24	7	5	5	147
	Other ^(f)	80	156	99	115	119	103	264	936
Total		1,265	10,058	12,638	12,312	9,991	5,712	8,967	60,943

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47, O99.3, R44, R45, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01* (AIHW 2003).

Note: behav—behavioural; subst—substances; phys—physical.

Table 5.12: Separations^(a), patient days and psychiatric care days for separations with specialised psychiatric care^(b) reported for Aboriginal and Torres Strait Islander peoples^(c), by principal diagnosis in ICD-10-AM groupings, 2003-04

Principal diagnosis		Same day	Overnight	Total	Patient days	Psychiatric care days
F00-F03	Dementia	1	5	6	324	311
F04-F09	Other organic mental disorders	0	18	18	1,226	1,226
F10	Mental and behavioural disorders due to use of alcohol	7	107	114	826	798
F11-F19	Mental and behavioural disorders due to other psychoactive substance use	6	226	232	1,898	1,883
F20	Schizophrenia	14	704	718	20,361	20,336
F21, F24, F28-F29	Schizotypal and other delusional disorders	2	81	83	1,012	1,010
F22	Persistent delusional disorders	1	16	17	396	395
F23	Acute and transient psychotic disorders	1	57	58	596	594
F25	Schizoaffective disorders	34	143	177	2,550	2,492
F30	Manic episode	0	14	14	291	291
F31	Bipolar affective disorders	1	102	103	2,241	2,240
F32	Depressive episode	25	217	242	2,279	2,269
F33	Recurrent depressive disorders	0	42	42	548	538
F34	Persistent mood (affective) disorders	0	14	14	90	90
F38, F39	Other and unspecified mood (affective) disorders	0	1	1	8	8
F40	Phobic anxiety disorders	0	2	2	19	19
F41	Other anxiety disorders	0	7	7	22	22
F42	Obsessive-compulsive disorders	0	1	1	12	12
F43	Reaction to severe stress and adjustment disorders	5	259	264	1,740	1,729
F44	Dissociative (conversion) disorders	0	3	3	15	15
F45, F48	Somatoform and other neurotic disorders	0	0	0	0	0
F50	Eating disorders	0	0	0	0	0
F51-F59	Other behavioural syndromes associated with physiological disturbances & physical factors	0	6	6	42	42
F60	Specific personality disorders	3	70	73	290	290
F61-F69	Disorders of adult personality and behaviour	0	9	9	36	34
F70-F79	Mental retardation	1	4	5	17	17
F80-F89	Disorders of psychological development	0	4	4	87	87
F90	Hyperkinetic disorders	0	1	1	12	12
F91	Conduct disorders	1	27	28	253	253
F92-F98	Other & unspecified disorders with onset childhood adolescence	0	7	7	390	390
F99	Mental disorder not otherwise specified	0	0	0	0	0
G30	Alzheimer's disease	0	0	0	0	0
S00-T14	Injuries to specified body regions	1	12	13	91	76
T36-T50	Poisoning by drugs, medicaments and biological substances	0	22	22	106	88
T51-T65	Toxic effects of substances chiefly nonmedicinal as to source	0	2	2	6	6
Z74, Z75	Problems related to care availability	0	29	29	10,347	10,347
	Other factors related to mental and behavioural disorders and substance use ^(d)	0	6	6	26	26
	Care involving use of rehabilitation services ^(e)	0	9	9	5,254	5,254
	Other specified mental health-related principal diagnosis ^(f)	1	9	10	121	121
	Other ^(g)	5	59	64	874	730
Total		109	2,295	2,404	54,406	54,051

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Indigenous status data only for Queensland, Western Australia, South Australia and the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d).

(d) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(e) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(f) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(g) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000-01* (AIHW 2003).

Table 5.13: Separations^(a) with specialised psychiatric care^(b) by mental health legal status and principal diagnosis in ICD-10-AM groupings, and hospital type, Australia, 2003–04

Principal diagnosis		Public acute		Private		Public psychiatric		Total		Not reported
		Involuntary	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	
F00–F03	Dementia	245	369	1	140	72	51	318	560	0
F04–F09	Other organic mental disorders	234	272	6	169	76	33	316	474	738
F10	Mental and behavioural disorders due to use of alcohol	511	733	6	2,141	197	82	714	2,956	144
F11–F19	Mental and behavioural disorders due to other psychoactive subst use	1,647	1,244	15	952	340	74	2,002	2,270	208
F20	Schizophrenia	9,127	5,959	46	1,161	2,022	609	11,195	7,729	604
F21, F24, F28–F29	Schizotypal and other delusional disorders	768	531	8	81	177	35	953	647	951
F22	Persistent delusional disorders	445	307	1	114	111	23	557	444	4,426
F23	Acute and transient psychotic disorders	752	418	8	113	136	31	896	562	435
F25	Schizoaffective disorders	2,478	1,850	21	1,157	548	173	3,047	3,180	262
F30	Manic episode	296	178	6	87	36	12	338	277	447
F31	Bipolar affective disorders	3,147	3,133	31	2,318	585	201	3,763	5,652	1,143
F32	Depressive episode	2,144	7,419	38	6,682	333	432	2,515	14,533	150
F33	Recurrent depressive disorders	478	2,474	8	5,152	21	35	507	7,661	1,527
F34	Persistent mood (affective) disorders	173	738	0	403	54	61	227	1,202	2,061
F38, F39	Other and unspecified mood (affective) disorders	29	72	0	37	6	2	35	111	410
F40	Phobic anxiety disorders	11	35	0	84	2	7	13	126	194
F41	Other anxiety disorders	107	652	2	1,016	14	48	123	1,716	38
F42	Obsessive-compulsive disorders	34	118	1	171	6	4	41	293	18
F43	Reaction to severe stress and adjustment disorders	1,607	4,615	20	2,424	518	350	2,145	7,389	162
F44	Dissociative (conversion) disorders	45	86	4	279	6	4	55	369	49
F45, F48	Somatoform and other neurotic disorders	11	57	0	67	1	3	12	127	1,567
F50	Eating disorders	101	397	1	548	8	2	110	947	34
F51–F59	Other behav syndromes associated with phys dist & phys factors	47	90	0	93	14	19	61	202	11
F60	Specific personality disorders	1,031	1,952	3	408	197	104	1,231	2,464	96
F61–F69	Disorders of adult personality and behaviour	42	81	1	58	29	13	72	152	60
F70–F79	Mental retardation	62	80	0	7	10	12	72	99	757
F80–F89	Disorders of psychological development	22	87	0	14	9	6	31	107	58
F90	Hyperkinetic disorders	9	51	0	9	2	13	11	73	52
F91	Conduct disorders	79	173	1	6	21	33	101	212	42
F92–F98	Other & unspecified disorders with onset childhood adolescence	26	129	0	5	4	38	30	172	34
F99	Mental disorder not otherwise specified	102	88	0	4	2	0	104	92	117
G30	Alzheimer's disease	184	334	2	108	74	38	260	480	32
S00–T14	Injuries to specified body regions	149	216	1	10	0	0	150	226	27
T36–T50	Poisoning by drugs, medicaments and biological substances	381	841	0	28	1	0	382	869	139
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	40	59	1	2	0	0	41	61	34
Z74, Z75	Problems related to care availability	220	319	0	9	24	30	244	358	181
	Other factors related to mental and behav disorders and subst abuse ^(b)	34	51	0	3	2	306	36	360	533
	Other specified mental health related principal diagnosis ^(c)	2	2	0	1	190	285	192	288	38
	Care involving rehabilitation services ^(e)	55	105	1	40	10	11	66	156	172
	Other ^(f)	311	499	0	161	60	70	371	730	209
		27,186	36,814	233	26,262	5,918	3,250	33,337	66,326	18,160

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(e) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01* (AIHW 2003).

Note: behav—behavioural; subst—substance; phys—physical; dist—disturbances.

Table 5.14: Separations^(a), patient days and psychiatric care days for the top five mental health-related additional diagnoses for separations with specialised psychiatric care^(b), by selected mental health-related principal diagnosis, Australia, 2003–04

Principal diagnosis	Separations			Patient days	Psychiatric care days	Average length of stay (o'night)	Average length of psychiatric care	
	Same day	Overnight	Total					
Mental and behavioural disorders due to psychoactive substances use (F10–F19)								
Top five additional diagnoses^(b)								
F60	Specific personality disorders	13	1,289	1,302	15,996	15,730	12.4	12.2
F32	Depressive episode	12	869	881	10,442	10,222	12.0	11.7
F43	Reaction to severe stress and adjustment disorders	31	717	748	7,112	7,052	9.9	9.8
	Other factors related to mental and behavioural disorders and substance use ^(c)	2	553	555	5,995	5,967	10.8	10.8
F20	Schizophrenia	7	486	493	5,238	5,161	10.8	10.6
	<i>Total</i>	213	10,151	10,364	114,841	113,605	11.3	11.2
Schizophrenia, schizotypal and delusional disorders (F20–F29)								
Top five additional diagnoses^(b)								
F11–F19	Mental and behavioural disorders due to other psychoactive subst use	184	10,819	11,003	233,087	231,994	21.5	21.4
F10	Mental and behavioural disorders due to use of alcohol	42	3,560	3,602	80,560	80,080	22.6	22.5
F60	Specific personality disorders	32	2,049	2,081	53,699	53,378	26.2	26.0
F32	Depressive episode	148	1,045	1,193	26,135	25,984	24.9	24.7
	Other factors related to mental and behavioural disorders and substance use ^(c)	7	1,139	1,146	26,660	26,516	23.4	23.3
	<i>Total</i>	1,444	32,846	34,290	852,686	847,354	25.9	25.8
Mood (affective) disorders (F30–F39)								
Top five additional diagnoses^(b)								
F11–F19	Mental and behavioural disorders due to other psychoactive subst use	147	5,024	5,171	76,594	75,464	15.2	15.0
F10	Mental and behavioural disorders due to use of alcohol	74	3,964	4,038	53,005	52,435	13.4	13.2
F60	Specific personality disorders	155	3,878	4,033	67,011	66,592	17.2	17.1
F43	Reaction to severe stress and adjustment disorders	147	2,489	2,636	36,701	36,424	14.7	14.6
F41	Other anxiety disorders	201	2,066	2,267	41,901	41,538	20.2	20.0
	<i>Total</i>	7,355	34,047	41,402	593,789	588,069	17.2	17.1
Neurotic, stress-related and somatoform disorder (F40–F49)								
Top five additional diagnoses^(b)								
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	54	3,204	3,258	21,343	21,126	6.6	6.6
F60	Specific personality disorders	92	2,800	2,892	22,148	21,994	7.9	7.8
F10	Mental and behavioural disorders due to use of alcohol	49	2,593	2,642	22,851	22,264	8.8	8.6
F32	Depressive episode	256	2,024	2,280	28,625	28,447	14.0	13.9
	Other factors related to mental and behavioural disorders and substance use ^(c)	70	1,291	1,361	11,147	11,067	8.6	8.5
	<i>Total</i>	651	13,599	14,250	135,071	133,223	9.9	9.7

(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) Where the additional diagnosis is different from the principal diagnosis.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

Note: behav—behavioural; subst—substance.

Table 5.15: Separation statistics for separations^(a) with specialised psychiatric care^(b), with an external cause of injury or poisoning reported as intentional self-harm, by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04

Principal diagnosis	Separations			Patient days	Psychiatric care days	Average length of stay	Average length of psychiatric care	
	Same day	Overnight	Total					
F00–F03	Dementia	0	0	0	0	0.0	0.0	
F04–F09	Other organic mental disorders	0	18	18	231	229	12.8	
F10	Mental and behavioural disorders due to use of alcohol	7	104	111	622	574	5.9	
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	2	104	106	839	804	8.0	
F20	Schizophrenia	4	232	236	6,388	5,969	27.5	
F21, F24, F28–F29	Schizotypal and other delusional disorders	1	34	35	358	354	10.5	
F22	Persistent delusional disorders	0	15	15	237	228	15.8	
F23	Acute and transient psychotic disorders	1	20	21	341	331	17.0	
F25	Schizoaffective disorders	0	102	102	2,717	2,674	26.6	
F30	Manic episode	0	2	2	122	122	61.0	
F31	Bipolar affective disorders	1	157	158	3,853	3,771	24.5	
F32	Depressive episode	12	735	747	12,154	11,531	16.5	
F33	Recurrent depressive disorders	2	247	249	4,806	4,621	19.4	
F34	Persistent mood (affective) disorders	1	96	97	1,085	1,047	11.3	
F38, F39	Other and unspecified mood (affective) disorders	0	5	5	61	60	12.2	
F40	Phobic anxiety disorders	0	3	3	41	41	13.7	
F41	Other anxiety disorders	0	38	38	558	540	14.7	
F42	Obsessive-compulsive disorders	0	13	13	219	218	16.8	
F43	Reaction to severe stress and adjustment disorders	17	792	809	5,746	5,503	7.2	
F44	Dissociative (conversion) disorders	0	34	34	648	644	19.1	
F45, F48	Somatoform and other neurotic disorders	0	5	5	43	43	8.6	
F50	Eating disorders	0	47	47	1,985	1,964	42.2	
F51–F59	Other behavioural syndromes associated with physiological disturbances and physical factors	0	4	4	34	34	8.5	
F60	Specific personality disorders	8	533	541	4,759	4,610	8.9	
F61–F69	Disorders of adult personality and behaviour	0	10	10	45	39	4.5	
F70–F79	Mental retardation	0	9	9	21	19	2.3	
F80–F89	Disorders of psychological development	0	2	2	4	4	2.0	
F90	Hyperkinetic disorders	0	3	3	26	25	8.7	
F91	Conduct disorders	0	13	13	74	72	5.7	
F92–F98	Other and unspecified disorders with onset childhood adolescence	0	5	5	35	35	7.0	
F99	Mental disorder not otherwise specified	0	7	7	31	28	4.4	
G30	Alzheimer's disease	0	0	0	0	0	0.0	
S00–T14	Injuries to specified body regions	26	378	404	3,458	2,826	9.1	
T36–T50	Poisoning by drugs, medicaments and biological substances	32	1,553	1,585	11,704	10,124	7.5	
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	3	124	127	1,193	1,088	9.6	
Z74, Z75	Problems related to care availability	0	11	11	12	12	1.1	
	Other factors related to mental and behavioural disorders and substance use ^(c)	0	0	0	0	0	0.0	
	Care involving use of rehabilitation services ^(d)	1	2	3	56	18	27.5	
	Other specified mental health-related principal diagnosis ^(e)	0	7	7	46	45	6.6	
	Other ^(f)	3	120	123	1,659	1,400	13.8	
Total		121	5,584	5,705	66,211	61,647	11.8	11.0

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01* (AIHW 2003).

5.4 Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements. These categories were designed to provide a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital. This report uses AR-DRG version 5.0 (DHAC 2000a, 2000b). Although the AR-DRGs are designed to be homogeneous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogeneous than most other AR-DRG types.

Overview

The largest number of same day separations was reported for U40Z *Mental health treatment, same day, with electroconvulsive therapy* (6,812 separations, or 71.2% of same day separations). The largest number of overnight separations was reported for U63B *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities*, which accounted for 23.4% of overnight separations (22,476 separations). *Personality disorders and acute reactions* (U67Z), *Schizophrenia disorders with mental health legal status* (U61A) and *Schizophrenia disorders without mental health legal status* (U61B) were the AR-DRGs with the next largest numbers of separations.

Data for 2003–04 on the average and median length of stay by AR-DRG can be found in Tables A3.14 and A3.15 and on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

Hospital type

The 30 most frequently reported AR-DRGs for mental health-related separations with specialised psychiatric care are detailed for each hospital type in Table 5.16.

The largest numbers of overnight and total separations for public acute care hospitals were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B; 12,430 separations). *Mental health treatment, same day, with electroconvulsive therapy* (U40Z; 4,151 separations) was reported for the largest number of same day separations for public acute hospitals. The largest number of patient days and psychiatric care days in this category were reported for the AR-DRG *Schizophrenia disorders with mental health legal status* (U61A; 244,304 patient days and 243,568 psychiatric care days).

In private hospitals *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B; 8,145 separations) had the largest numbers of overnight and total separations with specialised psychiatric care. *Mental health treatment, same day, with electroconvulsive therapy* (U40Z) had the largest numbers of same day separations in this category (2,649 same day separations). In private hospitals the largest numbers of patient days and psychiatric care days were reported for *Major affective disorders with age less than 70 and without catastrophic or severe complications and comorbidities* (U63B; 146,825 patient days and 146,582 psychiatric care days).

Public psychiatric hospitals had a slightly different distribution of separations by AR-DRG, with *Schizophrenia disorders with mental health legal status* (U61A) having the largest number of overnight and total separations with specialised psychiatric care (2,370 separations, or 18.6% of overnight separations), followed by *Personality disorders and acute reactions* (U67Z) and *Major affective disorders with age less than 70 and without catastrophic or severe complications and*

comorbidities (U63B), both with 1,901 separations, or 16.3% of overnight separations. Over 25% of patient days and psychiatric care days in public psychiatric hospitals were for separations classified in the AR-DRG *Schizophrenia disorders with mental health legal status* (U61A).

5.5 Procedures

The *National Health Data Dictionary Version 12* (NHDC 2003) defines a procedure as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting. Procedures therefore encompass surgical procedures as well as non-surgical investigative and therapeutic procedures (such as X-rays and chemotherapy) and allied health interventions (such as physiotherapy). Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included. One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions.

Table 5.17 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations with specialised psychiatric care by hospital type. The most frequently reported procedures in public acute hospitals were *Allied health intervention, social work* (13,310 separations), *Allied health intervention, occupational therapy* (9,601 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,971 separations). For private hospitals the most frequently reported procedures were *Electroconvulsive therapy, 8 treatments or less* (5,378 separations), *General anaesthesia, ASA 99* (4,162 separations) and *Allied health intervention, psychology* (2,003 separations). For public psychiatric hospitals, the most frequently reported procedures were *Allied health intervention, social work* (6,022 separations), *Allied health intervention, occupational therapy* (2,854 separations) and *Mental/behavioural assessment* (2,766 separations).

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM, which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. American Society of Anesthesiologists (ASA) Physical Status Classification scores were newly incorporated in the ICD-10-AM 3rd edition. The ASA score is reflected in the last two digits of anaesthesia codes, with the first digit representing the ASA score and the second digit identifying whether the procedure was being performed as an emergency (see the Glossary for more information).

Note that, where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Table 5.16: The 30 most frequently reported AR-DRGs for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

AR-DR Description	Separations				Total patient days	Patient days per 1,000 population ^(b)	Total psychiatric care days	Psychiatric care days per 1,000 population ^(b)
	Same day	Overnight	Total	Per 1,000 population ^(b)				
	Public acute hospitals							
U63B Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	12,430	12,430	0.6	177,497	8.9	175,611	8.8
U61A Schizophrenia Disorders with Mental Health Legal Status	0	11,158	11,158	0.6	244,304	12.2	243,568	12.2
U67Z Personality Disorders and Acute Reactions	0	11,013	11,013	0.6	64,705	3.2	63,182	3.2
U61B Schizophrenia Disorders without Mental Health Legal Status	0	9,854	9,854	0.5	173,991	8.7	171,520	8.6
U40Z Mental Health Treatment, Sameday, with Electroconvulsive Therapy	4,151	0	4,151	0.2	4,151	0.2	4,151	0.2
U64Z Other Affective and Somatoform Disorders	0	4,140	4,140	0.2	38,219	1.9	37,424	1.9
V61Z Drug Intoxication and Withdrawal	34	2,685	2,719	0.1	22,441	1.1	22,209	1.1
U62A Paranoia & Acute Psych Disorder with Cat/Sev CC or with Mental Health Legal Status	0	1,731	1,731	0.1	25,263	1.3	24,867	1.2
U63A Major Affective Disorders Age >69 or with (Catastrophic or Severe CC)	0	1,685	1,685	0.1	39,425	2.0	37,570	1.9
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,560	1,560	0.1	20,087	1.0	19,812	1.0
U60Z Mental Health Treatment, Sameday, without Electroconvulsive Therapy	1,142	0	1,142	0.1	1,142	0.1	1,142	0.1
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 without CC	29	939	968	<0.1	4,383	0.2	3,896	0.2
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or with CC	11	881	892	<0.1	8,667	0.4	7,583	0.4
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	26	737	763	<0.1	3,606	0.2	3,512	0.2
U65Z Anxiety Disorders	0	732	732	<0.1	6,650	0.3	6,525	0.3
U66Z Eating and Obsessive-Compulsive Disorders	0	731	731	<0.1	16,943	0.8	16,550	0.8
V64Z Other Drug Use Disorder and Dependence	16	645	661	<0.1	3,556	0.2	3,481	0.2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	18	620	638	<0.1	16,946	0.8	16,372	0.8
V62A Alcohol Use Disorder and Dependence	0	603	603	<0.1	4,513	0.2	4,353	0.2
Z64A Other Factors Influencing Health Status	0	447	447	<0.1	4,629	0.2	4,598	0.2
X60C Injuries Age <65	28	280	308	<0.1	1,336	0.1	1,256	0.1
U68Z Childhood Mental Disorders	0	302	302	<0.1	3,316	0.2	3,294	0.2
B64B Delirium without Catastrophic Complications and Comorbidities	18	242	260	<0.1	3,453	0.2	3,200	0.2
O61Z Postpartum and Post Abortion without Operating Room Procedure	7	199	206	<0.1	2,940	0.1	2,924	0.1
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	1	203	204	<0.1	2,156	0.1	2,131	0.1
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	4	171	175	<0.1	1,594	0.1	1,555	0.1
V63A Opioid Use Disorder and Dependence	1	81	82	<0.1	400	<0.1	396	<0.1
B76B Seizure without Catastrophic or Severe Complications and Comorbidities	0	48	48	<0.1	326	<0.1	287	<0.1
O66A Antenatal & Other Obstetric Admission	0	46	46	<0.1	463	<0.1	434	<0.1
B67C Degenerative Nervous System Disorders Age <60 without Cat or Sev CC	0	43	43	<0.1	978	<0.1	952	<0.1
All other AR-DRGs	84	1,257	1,341	0.1	17,197	0.9	13,181	0.7
Total	5,570	65,463	71,033	3.6	915,277	45.8	897,536	44.9

(continued)

Table 5.16 (continued): The 30 most frequently reported AR-DRGs for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

AR-DR Description	Separations					Patient days		Psychiatric care days	
	Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days	per 1,000 population ^(b)	Psychiatric care days	per 1,000 population ^(b)	
	Private hospitals								
U63B Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	8,145	8,145	0.4	146,825	7.3	146,582	7.3	
U40Z Mental Health Treatment, Sameday, with Electroconvulsive Therapy	2,649	0	2,649	0.1	2,649	0.1	2,649	0.1	
U67Z Personality Disorders and Acute Reactions	0	2,291	2,291	0.1	33,749	1.7	33,713	1.7	
U61B Schizophrenia Disorders without Mental Health Legal Status	0	1,773	1,773	0.1	34,573	1.7	34,490	1.7	
V62A Alcohol Use Disorder and Dependence	0	1,278	1,278	0.1	18,530	0.9	18,458	0.9	
U64Z Other Affective and Somatoform Disorders	0	1,140	1,140	0.1	20,327	1.0	20,203	1.0	
U63A Major Affective Disorders Age >69 or with (Catastrophic or Severe CC)	0	1,030	1,030	0.1	23,617	1.2	23,429	1.2	
U65Z Anxiety Disorders	0	961	961	<0.1	15,723	0.8	15,711	0.8	
U66Z Eating and Obsessive-Compulsive Disorders	0	553	553	<0.1	14,712	0.7	14,696	0.7	
V64Z Other Drug Use Disorder and Dependence	4	380	384	<0.1	5,971	0.3	5,969	0.3	
U60Z Mental Health Treatment, Sameday, without Electroconvulsive Therapy	279	0	279	<0.1	279	<0.1	279	<0.1	
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	223	223	<0.1	3,764	0.2	3,764	0.2	
V63A Opioid Use Disorder and Dependence	0	175	175	<0.1	2,015	0.1	2,015	0.1	
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	1	144	145	<0.1	1,938	0.1	1,938	0.1	
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2	117	119	<0.1	2,454	0.1	2,435	0.1	
V61Z Drug Intoxication and Withdrawal	1	114	115	<0.1	1,413	0.1	1,413	0.1	
O61Z Postpartum and Post Abortion without Operating Room Procedure	1	89	90	<0.1	1,788	0.1	1,768	0.1	
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	0	62	62	<0.1	650	<0.1	648	<0.1	
U61A Schizophrenia Disorders with Mental Health Legal Status	0	56	56	<0.1	2,410	0.1	2,410	0.1	
B64B Delirium without Catastrophic Complications and Comorbidities	2	47	49	<0.1	579	<0.1	579	<0.1	
E63Z Sleep Apnoea	0	31	31	<0.1	41	<0.1	41	<0.1	
V62B Alcohol Use Disorder and Dependence, Sameday	29	0	29	<0.1	29	<0.1	29	<0.1	
U62A Paranoia & Acute Psych Disorder with Cat/Sev CC or with Mental Health Legal Status	0	24	24	<0.1	773	<0.1	762	<0.1	
U68Z Childhood Mental Disorders	0	22	22	<0.1	530	<0.1	527	<0.1	
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or with CC	0	14	14	<0.1	331	<0.1	214	<0.1	
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 without CC	0	14	14	<0.1	156	<0.1	150	<0.1	
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	1	12	13	<0.1	73	<0.1	73	<0.1	
B60B Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O Catastrophic CC	0	12	12	<0.1	204	<0.1	204	<0.1	
K62C Miscellaneous Metabolic Disorders Age <75 W/O Catastrophic or Severe CC	0	12	12	<0.1	126	<0.1	108	<0.1	
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	1	10	11	<0.1	94	<0.1	94	<0.1	
All other AR-DRGs	7	129	136	<0.1	2,051	0.1	1,787	0.1	
Total	2,977	18,858	21,835	1.1	338,374	16.9	337,138	16.9	

(continued)

Table 5.16 (continued): The 30 most frequently reported AR-DRGs for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

AR-DR Description	Separations				Patient days		Psychiatric care days	
	Same day	Overnight	Total	Per 1,000 population ^(b)	per 1,000 population ^(b)	Psychiatric care days	per 1,000 population ^(b)	
	Public psychiatric hospitals							
U61A Schizophrenia Disorders with Mental Health Legal Status	0	2,370	2,370	0.1	100,400	5.0	100,148	5.0
U63B Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	1,901	1,901	0.1	36,791	1.8	36,517	1.8
U67Z Personality Disorders and Acute Reactions	0	1,901	1,901	0.1	13,895	0.7	13,859	0.7
U61B Schizophrenia Disorders without Mental Health Legal Status	0	1,753	1,753	0.1	94,659	4.7	94,293	4.7
U60Z Mental Health Treatment, Sameday, without Electroconvulsive Therapy	955	0	955	<0.1	955	<0.1	955	<0.1
Z64A Other Factors Influencing Health Status	0	480	480	<0.1	3,562	0.2	3,440	0.2
V61Z Drug Intoxication and Withdrawal	6	470	476	<0.1	4,298	0.2	4,281	0.2
U62A Paranoia & Acute Psych Disorder with Cat/Sev CC or with Mental Health Legal Status	0	381	381	<0.1	7,886	0.4	7,859	0.4
U64Z Other Affective and Somatoform Disorders	0	370	370	<0.1	3,683	0.2	3,622	0.2
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2	322	324	<0.1	40,050	2.0	40,045	2.0
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	291	291	<0.1	4,959	0.2	4,908	0.2
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	15	274	289	<0.1	1,881	0.1	1,753	0.1
U63A Major Affective Disorders Age >69 or with (Catastrophic or Severe CC)	0	253	253	<0.1	19,126	1.0	18,815	0.9
V64Z Other Drug Use Disorder and Dependence	3	210	213	<0.1	1,730	0.1	1,727	0.1
V62A Alcohol Use Disorder and Dependence	0	155	155	<0.1	1,940	0.1	1,885	0.1
U65Z Anxiety Disorders	0	91	91	<0.1	1,470	0.1	1,438	0.1
U68Z Childhood Mental Disorders	0	69	69	<0.1	939	<0.1	925	<0.1
B64B Delirium without Catastrophic Complications and Comorbidities	3	61	64	<0.1	1,423	0.1	1,420	0.1
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	4	57	61	<0.1	1,191	0.1	1,090	0.1
U66Z Eating and Obsessive-Compulsive Disorders	0	44	44	<0.1	1,345	0.1	972	<0.1
O61Z Postpartum and Post Abortion without Operating Room Procedure	0	35	35	<0.1	605	<0.1	601	<0.1
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	0	28	28	<0.1	19,950	1.0	19,950	1.0
V63A Opioid Use Disorder and Dependence	2	24	26	<0.1	116	<0.1	113	<0.1
U40Z Mental Health Treatment, Sameday, with Electroconvulsive Therapy	12	0	12	<0.1	12	<0.1	12	<0.1
B67B Degenerative Nervous System Disorders Age >59 without Cat or Sev CC	0	10	10	<0.1	1,598	0.1	1,598	0.1
B67C Degenerative Nervous System Disorders Age <60 without Cat or Sev CC	1	9	10	<0.1	594	<0.1	594	<0.1
V62B Alcohol Use Disorder and Dependence, Sameday	8	0	8	<0.1	8	<0.1	8	<0.1
Z64B Other Factors Influencing Health Status, Sameday	8	0	8	<0.1	8	<0.1	8	<0.1
O66A Antenatal & Other Obstetric Admission	0	6	6	<0.1	37	<0.1	37	<0.1
B67A Degenerative Nervous System Disorders W Cat or Sev CC	0	5	5	<0.1	316	<0.1	315	<0.1
All other AR-DRGs	2	119	121	<0.1	28,772	1.4	28,751	1.4
Total	1,021	11,689	12,710	0.6	394,199	19.7	391,939	19.6

(continued)

Table 5.16 (continued): The 30 most frequently reported AR-DRGs for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

AR-DRG Description	Separations				Patient days		Psychiatric care days	
	Same day	Overnight	Total	Per 1,000 population ^(b)	Patient days	per 1,000 population ^(b)	Psychiatric care days	per 1,000 population ^(b)
	All hospitals							
U63B Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	22,476	22,476	1.1	361,113	18.1	358,710	18.0
U67Z Personality Disorders and Acute Reactions	0	15,205	15,205	0.8	112,349	5.6	110,754	5.5
U61A Schizophrenia Disorders with Mental Health Legal Status	0	13,584	13,584	0.7	347,114	17.4	346,126	17.3
U61B Schizophrenia Disorders without Mental Health Legal Status	0	13,380	13,380	0.7	303,223	15.2	300,303	15.0
U40Z Mental Health Treatment, Sameday, with Electroconvulsive Therapy	6,812	0	6,812	0.3	6,812	0.3	6,812	0.3
U64Z Other Affective and Somatoform Disorders	0	5,650	5,650	0.3	62,229	3.1	61,249	3.1
V61Z Drug Intoxication and Withdrawal	41	3,269	3,310	0.2	28,152	1.4	27,903	1.4
U63A Major Affective Disorders Age >69 or with (Catastrophic or Severe CC)	0	2,968	2,968	0.1	82,168	4.1	79,814	4.0
U60Z Mental Health Treatment, Sameday, without Electroconvulsive Therapy	2,376	0	2,376	0.1	2,376	0.1	2,376	0.1
U62A Paranoia & Acute Psych Disorder with Cat/Sev CC or with Mental Health Legal Status	0	2,136	2,136	0.1	33,922	1.7	33,488	1.7
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	2,074	2,074	0.1	28,810	1.4	28,484	1.4
V62A Alcohol Use Disorder and Dependence	0	2,036	2,036	0.1	24,983	1.3	24,696	1.2
U65Z Anxiety Disorders	0	1,784	1,784	0.1	23,843	1.2	23,674	1.2
U66Z Eating and Obsessive-Compulsive Disorders	0	1,328	1,328	0.1	33,000	1.7	32,218	1.6
V64Z Other Drug Use Disorder and Dependence	23	1,235	1,258	0.1	11,257	0.6	11,177	0.6
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	42	1,155	1,197	0.1	7,425	0.4	7,203	0.4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	22	1,059	1,081	0.1	59,450	3.0	58,852	2.9
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 without CC	29	956	985	<0.1	4,626	0.2	4,133	0.2
Z64A Other Factors Influencing Health Status	0	934	934	<0.1	8,279	0.4	8,126	0.4
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or with CC	11	895	906	<0.1	8,998	0.5	7,797	0.4
U68Z Childhood Mental Disorders	0	393	393	<0.1	4,785	0.2	4,746	0.2
B64B Delirium without Catastrophic Complications and Comorbidities	23	350	373	<0.1	5,455	0.3	5,199	0.3
O61Z Postpartum and Post Abortion without Operating Room Procedure	8	323	331	<0.1	5,333	0.3	5,293	0.3
X60C Injuries Age <65	28	282	310	<0.1	1,344	0.1	1,264	0.1
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	8	290	298	<0.1	3,435	0.2	3,293	0.2
V63A Opioid Use Disorder and Dependence	3	280	283	<0.1	2,531	0.1	2,524	0.1
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	2	241	243	<0.1	22,200	1.1	22,175	1.1
O66A Antenatal & Other Obstetric Admission	0	59	59	<0.1	592	<0.1	560	<0.1
B67C Degenerative Nervous System Disorders Age <60 without Cat or Sev CC	1	55	56	<0.1	1,620	0.1	1,594	0.1
B76B Seizure without Catastrophic or Severe Complications and Comorbidities	0	54	54	<0.1	420	<0.1	381	<0.1
All other AR-DRGs	139	1,559	1,698	0.1	50,006	2.5	45,689	2.3
Total	9,568	96,010	105,578	5.3	1,647,850	82.5	1,626,613	81.4

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days or *Not reported*.

(b) Rates are crude rates based on the estimated resident population as at 30 June 2003.

Note: W—with; W/O—without; CC—complications and comorbidities; ECT—Electroconvulsive therapy; Cat/Sev—catastrophic or severe; O.R.—operating room; Psych—Psychotic.

Table 5.17: The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

Procedure	Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total				
Public acute hospitals							
95550-01 Allied health intervention, social work	71	13,239	13,310	364,714	357,117	27.5	13,330
95550-02 Allied health intervention, occupational therapy	55	9,546	9,601	302,586	297,578	31.7	9,614
93340-00 Electroconvulsive therapy <=8 treatments	4,168	1,803	5,971	48,377	47,448	24.5	6,096
92514-99 General anaesthesia, ASA 99	3,710	1,974	5,684	68,005	66,433	32.6	14,102
56001-00 Computerised tomography of brain	16	3,891	3,907	103,265	99,785	26.5	3,917
95550-10 Allied health intervention, psychology	43	2,686	2,729	83,060	81,848	30.9	2,732
95550-03 Allied health intervention, physiotherapy	17	2,506	2,523	95,507	89,668	38.1	2,530
95550-00 Allied health intervention, dietetics	38	2,338	2,376	96,319	92,041	41.2	2,382
93340-01 Electroconvulsive therapy > 8 treatments	135	713	848	39,636	38,993	55.4	896
92514-29 General anaesthesia, ASA 29	340	479	819	17,826	16,823	36.5	2,552
95550-04 Allied health intervention, podiatry	0	631	631	43,609	43,216	69.1	631
95550-05 Allied health intervention, speech pathology	2	624	626	36,721	34,455	58.8	627
95550-09 Allied health intervention, pharmacy	4	554	558	15,595	14,779	28.1	558
90901-00 Magnetic resonance imaging of brain	1	515	516	19,616	18,301	38.1	517
96032-00 Psychosocial assessment	0	391	391	5,225	5,190	13.4	391
96175-00 Mental/behavioural assessment	9	371	380	7,458	7,035	20.1	381
56007-00 Computerised tomography of brain with intravenous contrast medium	1	360	361	10,095	9,528	28.0	361
92515-99 Sedation, ASA 99	11	290	301	8,735	7,237	30.1	402
30026-00 Repair of wound of skin and subcutaneous tissue of other site, superficial	25	270	295	4,144	3,886	15.3	348
92514-19 General anaesthesia, ASA 19	130	165	295	4,957	4,864	29.3	874
92514-39 General anaesthesia, ASA 39	37	201	238	9,131	7,982	45.2	742
95550-11 Allied health intervention, other	1	204	205	8,202	7,617	40.2	205
95550-12 Allied health intervention, pastoral care	1	192	193	8,337	8,244	43.4	193
95550-13 Allied health intervention, music therapy	0	157	157	6,194	6,054	39.5	157
13882-00 Management of continuous ventilatory support, <= 24 hours	0	153	153	1,833	1,485	12.0	153
92003-00 Alcohol detoxification	0	153	153	1,891	1,801	12.4	153
92191-00 Enteral infusion of nutritional substances	1	151	152	5,454	4,786	36.1	154
13857-00 Continuous ventilatory support, initiation outside of intensive care unit	0	138	138	2,282	1,733	16.5	139
13706-02 Transfusion of packed cells	0	108	108	3,976	2,693	36.8	110
39000-00 Lumbar puncture	0	105	105	3,044	2,222	29.0	109
Other	58	4,498	4,556	151,498	127,296	33.7	5,033
No procedure or not reported	1,218	44,499	45,717	482,418	477,345	..	..
Total^(c)	5,749	70,293	76,042	5,749	1,099,446	0.0	70,389

(continued)

Table 5.17 (continued): The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003-04

Procedure	Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported	
	Same day	Overnight	Total					
Private hospitals								
93340-00	Electroconvulsive therapy <=8 treatments	3,091	2,287	5,378	33,061	32,998	13.1	5,404
92514-99	General anaesthesia, ASA 99	2,279	1,883	4,162	36,169	36,031	18.0	7,363
95550-10	Allied health intervention, psychology	2	2,001	2,003	49,714	49,656	24.8	2,003
95550-11	Allied health intervention, other	27	1,905	1,932	31,461	31,461	16.5	1,932
96180-00	Other psychotherapies or psychosocial therapies	7	1,836	1,843	36,307	36,264	19.8	1,843
96101-00	Cognitive behaviour therapy	20	1,771	1,791	37,933	37,674	21.4	1,791
96090-00	Other counselling or education	55	1,248	1,303	33,230	33,225	26.6	1,305
95550-02	Allied health intervention, occupational therapy	7	1,221	1,228	35,874	35,613	29.4	1,229
95550-01	Allied health intervention, social work	0	1,193	1,193	35,659	35,354	29.9	1,194
92003-00	Alcohol detoxification	0	938	938	13,597	13,528	14.5	938
92514-29	General anaesthesia, ASA 29	363	358	721	9,122	9,075	24.5	2,271
95550-00	Allied health intervention, dietetics	22	669	691	20,258	20,163	30.2	692
93340-01	Electroconvulsive therapy > 8 treatments	57	590	647	25,198	25,145	42.6	658
96027-00	Prescribed/self-selected medication assessment	32	604	636	15,613	15,598	25.8	636
96175-00	Mental/behavioural assessment	3	632	635	15,847	15,832	25.1	655
96073-00	Substance addiction counselling or education	26	605	631	11,778	11,775	19.4	635
92004-00	Alcohol rehabilitation and detoxification	1	629	630	11,106	11,106	17.7	631
95550-03	Allied health intervention, physiotherapy	1	584	585	18,872	18,437	32.3	585
96185-00	Supportive psychotherapy, not elsewhere classified	20	496	516	12,586	12,561	25.3	518
92514-19	General anaesthesia, ASA 19	261	235	496	4,717	4,714	19.0	1,319
96001-00	Psychological skills training	9	485	494	10,875	10,832	22.4	496
92006-00	Drug detoxification	0	389	389	4,964	4,963	12.8	389
92514-39	General anaesthesia, ASA 39	96	258	354	6,587	6,571	25.2	1,483
96030-00	Situational/occupational/environmental assessment	1	317	318	9,721	9,710	30.7	324
96032-00	Psychosocial assessment	0	300	300	9,347	9,336	31.2	313
96034-00	Alcohol and other drug assessment	1	257	258	7,411	7,408	28.8	276
96066-00	Preventative counselling or education	1	229	230	5,604	5,603	24.5	231
92002-00	Alcohol rehabilitation	0	227	227	4,424	4,424	19.5	228
92515-99	Sedation, ASA 99	89	138	227	4,750	4,666	33.8	236
96086-00	Other psychosocial counselling	0	225	225	4,657	4,512	20.7	225
	Other	82	3,943	4,025	113,897	112,059	28.9	4,568
	No procedure or not reported	260	7,881	8,141	123,132	123,016	..	..
	Total^(c)	3,591	22,904	1,919	390,511	423,507	16.9	42,371

(continued)

Table 5.17 (continued): The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

Procedure	Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total				
Public psychiatric hospitals							
95550-01 Allied health intervention, social work	879	5,143	6,022	327,288	325,505	63.5	6,033
95550-02 Allied health intervention, occupational therapy	3	2,851	2,854	255,262	254,274	89.5	2,859
96175-00 Mental/behavioural assessment	287	2,479	2,766	106,975	106,406	43.0	2,767
95550-10 Allied health intervention, psychology	875	1,688	2,563	131,541	130,395	77.4	2,563
96090-00 Other counselling or education	873	179	1,052	3,443	2,778	14.4	1,052
95550-09 Allied health intervention, pharmacy	1	541	542	17,877	17,877	33.0	542
95550-03 Allied health intervention, physiotherapy	0	496	496	100,331	100,113	202.3	496
93340-00 Electroconvulsive therapy <=8 treatments	235	253	488	9,633	9,610	37.1	494
95550-00 Allied health intervention, dietetics	0	441	441	93,678	93,554	212.4	442
56001-00 Computerised tomography of brain	0	347	347	27,826	27,781	80.2	349
95550-11 Allied health intervention, other	0	295	295	51,980	51,902	176.2	297
95550-13 Allied health intervention, music therapy	44	228	272	41,964	41,279	183.9	273
96171-00 Accompanying or transportation of client	0	240	240	25,309	25,166	105.5	268
92514-99 General anaesthesia, ASA 99	10	229	239	27,644	27,604	120.7	1,486
95550-05 Allied health intervention, speech pathology	0	216	216	43,349	43,342	200.7	216
92514-29 General anaesthesia, ASA 29	157	50	207	6,265	6,265	122.2	521
93340-01 Electroconvulsive therapy > 8 treatments	1	163	164	17,113	17,093	105.0	176
92514-19 General anaesthesia, ASA 19	11	123	134	5,917	5,917	48.0	738
95550-04 Allied health intervention, podiatry	0	133	133	44,458	44,457	334.3	133
96187-00 Pastoral ministry	0	117	117	5,876	5,876	50.2	118
96073-00 Substance addiction counselling or education	0	107	107	5,957	5,914	55.7	107
96086-00 Other psychosocial counselling	43	51	94	1,484	968	28.3	94
96101-00 Cognitive behaviour therapy	43	50	93	1,514	998	29.4	93
96102-00 Systems therapy	43	48	91	1,409	893	28.5	91
92003-00 Alcohol detoxification	0	81	81	864	859	10.7	81
11712-00 Cardiovascular stress test	0	79	79	10,419	10,399	131.9	79
96031-00 Parenting skills assessment	0	75	75	1,176	1,176	15.7	76
96169-00 Assistance with activities related to parenting	0	66	66	1,123	1,123	17.0	67
96021-00 Self care/self maintenance assessment	0	58	58	7,041	6,884	121.4	59
58500-00 Radiography of chest	0	53	53	4,037	4,008	76.2	56
Other	59	1,257	1,316	327,789	326,717	260.7	1,465
No procedure or not reported	145	4,970	5,115	207,699	206,774	..	..
Total^(c)	1,283	12,905	14,188	1,283	423,507	0.0	24,091

(continued)

Table 5.17 (continued): The 30 most frequently reported procedures for separations^(a) with specialised psychiatric care^(b), by hospital type, Australia, 2003–04

Procedure	Separations for which the procedure was reported			Patient days	Psychiatric care days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total				
All hospitals							
95550-01 Allied health intervention, social work	950	19,575	20,525	727,661	717,976	37.1	20,557
95550-02 Allied health intervention, occupational therapy	65	13,618	13,683	593,722	587,465	43.6	13,702
93340-00 Electroconvulsive therapy <=8 treatments	7,494	4,343	11,837	91,071	90,056	19.2	11,994
92514-99 General anaesthesia, ASA 99	5,999	4,086	10,085	131,818	130,068	30.8	22,951
95550-10 Allied health intervention, psychology	920	6,375	7,295	264,315	261,899	41.3	7,298
56001-00 Computerised tomography of brain	16	4,421	4,437	137,230	133,461	31.0	4,449
96175-00 Mental/behavioural assessment	299	3,482	3,781	130,280	129,273	37.3	3,803
95550-03 Allied health intervention, physiotherapy	18	3,586	3,604	214,710	208,218	59.9	3,611
95550-00 Allied health intervention, dietetics	60	3,448	3,508	210,255	205,758	61.0	3,516
95550-11 Allied health intervention, other	28	2,404	2,432	91,643	90,980	38.1	2,434
96090-00 Other counselling or education	928	1,451	2,379	36,879	36,191	24.8	2,381
96180-00 Other psychotherapies or psychosocial therapies	7	1,935	1,942	38,133	38,067	19.7	1,942
96101-00 Cognitive behaviour therapy	63	1,824	1,887	39,508	38,733	21.6	1,887
92514-29 General anaesthesia, ASA 29	860	887	1,747	33,213	32,163	36.5	5,344
93340-01 Electroconvulsive therapy > 8 treatments	193	1,466	1,659	81,947	81,231	55.8	1,730
92003-00 Alcohol detoxification	0	1,172	1,172	16,352	16,188	14.0	1,172
95550-09 Allied health intervention, pharmacy	6	1,140	1,146	34,571	33,709	30.3	1,146
92514-19 General anaesthesia, ASA 19	402	523	925	15,591	15,495	29.0	2,931
95550-05 Allied health intervention, speech pathology	2	877	879	81,736	79,461	93.2	880
96073-00 Substance addiction counselling or education	26	794	820	19,395	19,317	24.4	824
95550-04 Allied health intervention, podiatry	0	809	809	90,104	89,547	111.4	809
96032-00 Psychosocial assessment	0	693	693	14,667	14,621	21.2	706
92004-00 Alcohol rehabilitation and detoxification	2	655	657	12,033	11,971	18.4	658
96027-00 Prescribed/self-selected medication assessment	32	613	645	16,923	16,905	27.6	645
92514-39 General anaesthesia, ASA 39	167	474	641	16,761	15,596	35.0	2,349
95550-13 Allied health intervention, music therapy	49	548	597	52,776	51,951	96.2	598
90901-00 Magnetic resonance imaging of brain	1	580	581	23,792	22,460	41.0	582
92515-99 Sedation, ASA 99	100	434	534	16,982	15,399	38.9	645
96185-00 Supportive psychotherapy, not elsewhere classified	20	502	522	12,692	12,667	25.2	524
96001-00 Psychological skills training	9	498	507	11,096	11,042	22.3	509
Other	275	12,783	13,058	696,317	663,697	54.5	14,274
No procedure or not reported	1,623	57,350	58,973	813,249	807,135	..	..
Total^(c)	10,623	108,021	26,495	18,943	2,186,494	0.1	136851

(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) Comprises separations with and without mental health-related principal diagnoses, but with specialised psychiatric care.

(c) These totals are not necessarily equivalent to the sum of the rows because multiple procedures can be reported for each separation.

.. Not applicable.

Note: ECT—Electroconvulsive therapy; ASA—American Society Anesthesiologists Physical Status Classification.

5.6 Mode of admission

Mode of admission is an administrative data element that distinguishes between transfers from other hospitals, statistical admissions following a change in care type, and other admissions. A high proportion (80.5%) of separations from public acute hospitals were *Other admissions*; this includes planned and unplanned admissions other than transfers from other hospitals and statistical admissions (Table 5.18). For private hospitals the corresponding percentage was 92.5%. In public psychiatric hospitals 64.1% of separations with specialised psychiatric care were *Other admissions*.

5.7 Mode of separation

Approximately 82.2% of separations (62,494 separations) with specialised psychiatric care from public acute hospitals and 94.8% (25,110) from private hospitals ended with a discharge either to the patient's usual residence or own accommodation or to a welfare institution (Table 5.19). For public psychiatric hospitals the equivalent figure was 72.2% (10,244), with 10.3% (1,465) ending in statistical discharges from leave and 9.8% (1,388) ending in discharge or transfer to an acute hospital. Statistical discharges from leave are statistical separations that occur while a patient is on leave from the hospital. Statistical discharge from leave occurred for 8.5% of separations with specialised psychiatric care in Western Australia, compared with the national average of 2.7%.

5.8 Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care, maintenance care or other admitted patient care (Table 5.20). See the Glossary for further detail and Box 4.2 for differences between jurisdictions.

Acute care was the most frequently recorded care type in all jurisdictions and hospital sectors (105,575, or 90.4% of separations with specialised psychiatric care). In Queensland, the administrative practice of assigning maintenance care to long-stay patients has the effect of reducing the proportion of separations for which psychogeriatric and rehabilitation care were reported. The variation among the jurisdictions reflects differences in the types of admitted patient services provided by the states and territories.

Table 5.18: Separations^(a) with specialised psychiatric care^(b) by mode of admission and hospital type, states and territories^(c), 2003–04

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Admitted patient transferred from another hospital	3,701	1,940	1,167	1,348	1,899	250	49	8	10,362
Statistical admission—care type change	162	2,820	803	176	181	65	2	53	4,262
Other	16,085	13,020	18,008	5,410	4,353	2,404	1,085	865	61,230
Not reported	134	0	0	0	0	54	0	0	188
Total	20,082	17,780	19,978	6,934	6,433	2,773	1,136	926	76,042
Private hospitals									
Admitted patient transferred from another hospital	362	724	178	333	97	n.p.	n.p.	n.p.	1,738
Statistical admission—care type change	0	19	106	14	0	n.p.	n.p.	n.p.	139
Other	6,605	6,162	6,254	3,029	1,863	n.p.	n.p.	n.p.	24,499
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	119
Total	6,967	6,905	6,538	3,376	1,960	n.p.	n.p.	n.p.	26,495
Public psychiatric hospitals									
Admitted patient transferred from another hospital	2,566	0	209	737	604	136	..	..	4,252
Statistical admission—care type change	151	0	18	1	198	1	..	..	369
Other	6,292	0	179	853	1,750	23	..	..	9,097
Unknown	12	412	0	0	0	46	..	..	470
Total	9,021	412	406	1,591	2,552	206	..	..	14,188
All hospitals									
Admitted patient transferred from another hospital	6,629	2,664	1,554	2,418	2,600	n.p.	n.p.	n.p.	16,352
Statistical admission—care type change	313	2,839	927	191	379	n.p.	n.p.	n.p.	4,770
Other	28,982	19,182	24,441	9,292	7,966	n.p.	n.p.	n.p.	94,826
Unknown	146	412	0	0	0	n.p.	n.p.	n.p.	777
Total	36,070	25,097	26,922	11,901	10,945	n.p.	n.p.	n.p.	116,725

(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) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) 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.

.. Not applicable.

n.p. Not published.

Table 5.19: Separations^(a) with specialised psychiatric care^(b), by mode of separation and hospital type, states and territories^(c), 2003–04

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Discharge/transfer to an(other) acute hospital	711	1,445	542	323	872	511	41	3	4,448
Discharge/transfer to a residential aged care service ^(c)	93	434	102	219	202	81	13	4	1,148
Discharge/transfer to an(other) psychiatric hospital	736	264	153	190	455	0	5	1	1,804
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	97	0	265	71	141	33	2	46	655
Statistical discharge type change	77	881	825	142	145	12	3	37	2,122
Left against medical advise/discharge at own risk	318	297	559	128	179	49	9	30	1,569
Statistical discharge from leave	738	0	219	653	38	0	0	0	1,648
Died	42	23	15	40	26	3	4	1	154
Other (includes discharge to usual residence/own accommodation/welfare institution)	17,270	14,436	17,298	5,168	4,375	2,084	1,059	804	62,494
<i>Total</i>	<i>20,082</i>	<i>17,780</i>	<i>19,978</i>	<i>6,934</i>	<i>6,433</i>	<i>2,773</i>	<i>1,136</i>	<i>926</i>	<i>76,042</i>
Private hospitals									
Discharge/transfer to an(other) acute hospital	137	420	79	101	15	n.p.	n.p.	n.p.	759
Discharge/transfer to a residential aged care service ^(c)	5	10	5	18	0	n.p.	n.p.	n.p.	39
Discharge/transfer to an(other) psychiatric hospital	53	0	0	38	3	n.p.	n.p.	n.p.	95
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	1	0	9	1	0	n.p.	n.p.	n.p.	13
Statistical discharge type change	3	12	71	18	0	n.p.	n.p.	n.p.	104
Left against medical advise/discharge at own risk	220	33	26	40	26	n.p.	n.p.	n.p.	345
Statistical discharge from leave	12	0	0	3	0	n.p.	n.p.	n.p.	15
Died	5	2	5	3	0	n.p.	n.p.	n.p.	15
Other (includes discharge to usual residence/own accommodation/welfare institution)	6,531	6,428	6,343	3,154	1,916	n.p.	n.p.	n.p.	25,110
<i>Total</i>	<i>6,967</i>	<i>6,905</i>	<i>6,538</i>	<i>3,376</i>	<i>1,960</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>26,495</i>

(continued)

Table 5.19 (continued): Separations^(a) with specialised psychiatric care^(b), by mode of separation and hospital type, states and territories^(c), 2003–04

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public psychiatric hospitals									
Discharge/transfer to an(other) acute hospital	537	42	130	96	540	43	..	..	1,388
Discharge/transfer to a residential aged care service ^(c)	40	0	18	1	216	24	..	..	299
Discharge/transfer to an(other) psychiatric hospital	148	44	1	14	21	0	..	..	228
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	81	0	17	1	3	15	..	..	117
Statistical discharge type change	65	23	15	3	78	22	..	..	206
Left against medical advise/discharge at own risk	109	0	8	0	30	1	..	..	148
Statistical discharge from leave	892	3	40	358	172	0	..	..	1,465
Died	36	1	7	3	12	9	..	..	68
Other (includes discharge to usual residence/own accommodation/welfare institution)	7,088	299	170	1,115	1,480	92	..	..	10,244
Not reported	25	0	0	0	0	0	..	..	25
Total	9,021	412	406	1,591	2,552	206	..	..	14,188
All hospitals									
Discharge/transfer to an(other) acute hospital	1,385	1,907	751	520	1,427	n.p.	n.p.	n.p.	6,595
Discharge/transfer to a residential aged care service ^(c)	138	444	125	238	418	n.p.	n.p.	n.p.	1,486
Discharge/transfer to an(other) psychiatric hospital	937	308	154	242	479	n.p.	n.p.	n.p.	2,127
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	179	0	291	73	144	n.p.	n.p.	n.p.	785
Statistical discharge type change	145	916	911	163	223	n.p.	n.p.	n.p.	2,432
Left against medical advice/discharge at own risk	647	330	593	168	235	n.p.	n.p.	n.p.	2,062
Statistical discharge from leave	1,642	3	259	1,014	210	n.p.	n.p.	n.p.	3,128
Died	83	26	27	46	38	n.p.	n.p.	n.p.	237
Other (includes discharge to usual residence/own accommodation/welfare institution)	30,889	21,163	23,811	9,437	7,771	n.p.	n.p.	n.p.	97,848
Not reported	25	0	0	0	0	n.p.	n.p.	n.p.	25
Total	36,070	25,097	26,922	11,901	10,945	n.p.	n.p.	n.p.	116,725

(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.

(c) Unless this is the usual place of residence.

.. Not applicable.

n.a. Not published.

Table 5.20: Separations^(a) with specialised psychiatric care, by care type and hospital type, states and territories^(b), 2003–04

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals									
Acute care	19,430	15,512	19,031	6,122	6,105	2,773	1,133	924	71,030
Rehabilitation care	26	0	11	0	0	0	0	0	37
Palliative care	3	0	0	0	0	0	0	0	3
Geriatric evaluation and management	4	0	0	1	0	0	0	0	5
Psychogeriatric care	587	2,268	152	722	4	0	0	0	3,733
Maintenance care	30	0	774	89	60	0	2	1	956
Other admitted patient care	0	0	10	0	264	0	1	0	275
Newborn—qualified days only	0	0	0	0	0	0	0	1	1
Not reported	2	0	0	0	0	0	0	0	2
Total	20,082	17,780	19,978	6,934	6,433	2,773	1,136	926	76,042
Private hospitals^(d)									
Acute care	4,065	5,688	6,069	3,306	1,959	n.p.	n.p.	n.p.	21,835
Rehabilitation care	2	0	120	1	0	n.p.	n.p.	n.p.	123
Psychogeriatric care	0	1,217	17	61	0	n.p.	n.p.	n.p.	1,295
Maintenance care	4	0	2	8	0	n.p.	n.p.	n.p.	14
Other admitted patient care	2,896	0	330	0	1	n.p.	n.p.	n.p.	3,228
Total	6,967	6,905	6,538	3,376	1,960	n.p.	n.p.	n.p.	26,495
Public psychiatric hospitals^(d)									
Acute care	8,376	398	10	1,584	2,136	206	..	..	12,710
Rehabilitation care	246	0	15	5	403	0	..	..	669
Geriatric evaluation and management	4	0	0	0	0	0	..	..	4
Psychogeriatric care	391	0	0	2	0	0	..	..	393
Maintenance care	4	14	381	0	13	0	..	..	412
Total	9,021	412	406	1,591	2,552	206	..	..	14,188
All hospitals									
Acute care	31,871	21,598	25,110	11,012	10,200	n.p.	n.p.	n.p.	105,575
Rehabilitation care	274	0	146	6	403	n.p.	n.p.	n.p.	829
Palliative care	3	0	0	0	0	n.p.	n.p.	n.p.	3
Geriatric evaluation and management	8	0	0	1	0	n.p.	n.p.	n.p.	9
Psychogeriatric care	978	3,485	169	785	4	n.p.	n.p.	n.p.	5,421
Maintenance care	38	14	1,157	97	73	n.p.	n.p.	n.p.	1,382
Other admitted patient care	2,896	0	340	0	265	n.p.	n.p.	n.p.	3,503
Newborn—qualified days only	0	0	0	0	0	n.p.	n.p.	n.p.	1
Not reported	2	0	0	0	0	n.p.	n.p.	n.p.	2
Total	36,070	25,097	26,922	11,901	10,945	n.p.	n.p.	n.p.	116,725

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.

(b) Comprises separations with and without mental health-related principal diagnoses but with specialised psychiatric care.

(c) 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.

(d) Public psychiatric hospitals and private hospitals did not report separations for all care types.

.. Not applicable.

n.p. Not published.

6 Non-specialised mental health care for admitted patients

This chapter describes the provision by hospitals of admitted patient care that does not include specialised psychiatric care. The separations without specialised psychiatric care reported here exclude same day separations that were identified as ambulatory-equivalent mental health-related hospital separations (see Appendix 2 for further information). Data on these ambulatory-equivalent separations are presented in Chapter 3.

Information on mental health-related separations without specialised psychiatric care reported in this chapter is from the National Hospital Morbidity Database. This chapter contains a substantial amount of data on separations without specialised psychiatric care. Key data are located in the following sections:

- Information on the demographics of mental health-related separations without specialised psychiatric care is presented in Section 6.2.
- Principal diagnosis data are presented in Section 6.3.
- Information on Australian Refined Diagnosis Related Groups is presented in Section 6.4.
- Procedure data are presented in Section 6.5.
- Data on admission and separation modes and care type are presented in sections 6.6, 6.7 and 6.8.

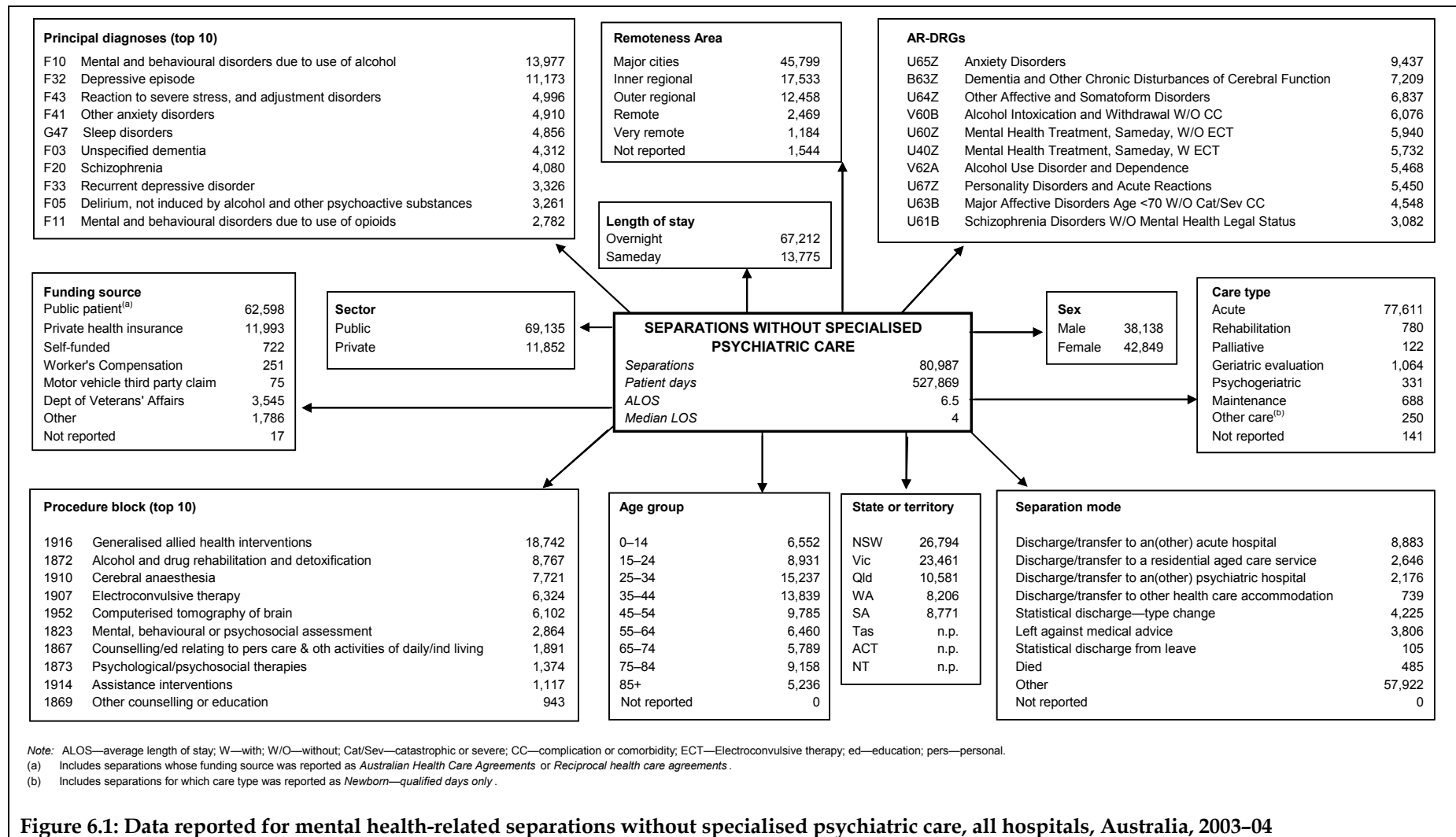
A national overview of all mental health-related separations (both with and without specialised psychiatric care) and residential care can be found in Chapter 4. Information on mental health-related separations with specialised psychiatric care is presented in Chapter 5.

6.1 Overview

This section presents a brief overview of the data available on separations without specialised psychiatric care for 2003–04 (Figure 6.1), excluding ambulatory-equivalent hospital separations. There were 80,987 such separations in 2003–04. The total number of patient days for these separations was 527,869. The average length of stay was 6.5 days, and the median length of stay was 4 days.

More than three-quarters (77.3%) of separations were for *Public patients* and 14.8% reported a funding source of *Private health insurance*. More than half (52.9%) of separations were for female patients, and 35.9% of separations were for patients aged between 25 and 44 years. The majority of the separations (85.4%) were in the public sector, and most separations (95.9%) were for patients with a care type of *Acute care*. A large proportion of separations (71.5%) had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital.

Mental and behavioural disorders due to use of alcohol (F10) was the most common principal diagnosis (17.3%). The most common procedures performed were *Generalised allied health interventions* (Block 1916; 23.1%), followed by *Alcohol and drug rehabilitation and detoxification* (Block 1872; 10.8%) and the most commonly reported AR-DRG was *Anxiety disorders* (U65Z; 11.7%).



6.2 Patient demographics

This section presents demographic data collected for mental health-related separations without specialised psychiatric care for 2003–04. The data reflect the level of use of hospital services by specific population groups. Where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

Age and sex

Table 6.1 presents the age and sex distribution of mental health-related separations without specialised psychiatric care. There were 38,138 separations reported for male patients and 42,849 for female patients. There were more patient days reported for separations involving female patients – 294,984 days compared with 232,885 days for male patients. The age group 65 years and over had the highest representation for both females (27.9% of female separations) and males (21.6% of male separations). This age group also had the highest proportion of patient days for both sexes (52.0% of female patient days; 45.2% of male patient days).

Area of usual residence

Table 6.2 reports the number of separations by the patient's state or territory and Remoteness Area of usual residence. Generally, patients from remote or regional areas had more mental health-related separations without specialised psychiatric care per 1,000 population than patients from major cities. There were 3.4 mental health-related separations without specialised psychiatric care for patients from major cities per 1,000 population, compared with 4.2 from inner regional areas, 6.3 from outer regional areas, 8.0 from remote areas and 7.3 per 1,000 from very remote areas. Overall, there were 4.0 mental health-related separations without specialised psychiatric care per 1,000 population.

For all mental health-related hospital separations with or without specialised psychiatric care there were 9.9 separations per 1,000 population (see Table 4.2). For details of the rates of separations with specialised psychiatric care by Remoteness Area, see Table 5.5.

Aboriginal and Torres Strait Islander peoples

Table 6.3 presents the number of mental health-related separations without specialised psychiatric care and patient days by Indigenous status for 2003–04. Indigenous Australians include Aboriginal and Torres Strait Islander peoples (see Glossary). Indigenous status data are considered to be of acceptable quality for analytical purposes only for Queensland, Western Australia, South Australia and public hospitals in the Northern Territory. The quality of data on Aboriginal and Torres Strait Islander status also varies between these jurisdictions, so the figures should be used with caution. Data for these four jurisdictions are not necessarily representative of data for the other four jurisdictions. Further detail about the quality of the data can be found in *Australian Hospital Statistics 2003–04* (AIHW 2005a) and *Improving the Quality of Indigenous Identification in Hospital Separations Data* (AIHW 2005d). There were 12.0 separations without specialised psychiatric care per 1,000 population for Aboriginal and Torres Strait Islander people in Western Australia, the Northern Territory (public), South Australia and Queensland compared with 3.0 for other Australians. The proportion of mental health-related separations for Aboriginal and Torres Strait Islander people without specialised psychiatric care varied between 31.3% (Northern Territory) and 65.7% (South Australia) (Tables 5.6 and 6.3).

The number of patient days per 1,000 population for Aboriginal and Torres Strait Islander peoples was 44.5 – more than double that for other Australians (17.0).

Table 6.1: Mental health-related separations^(a) without specialised psychiatric care, by age group and sex, Australia 2003–04

	Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total ^(b)
Male								
Separations								
Same day	465	874	1,478	1,070	669	480	970	6,006
Overnight	3,049	3,040	5,635	5,766	4,439	2,942	7,261	32,132
Total	3,514	3,914	7,113	6,836	5,108	3,422	8,231	38,138
Patient days	11,947	12,020	25,209	27,260	27,098	24,111	105,240	232,885
Female								
Separations								
Same day	200	705	1,694	1,473	829	754	2,114	7,769
Overnight	2,838	4,312	6,430	5,530	3,848	2,284	9,838	35,080
Total	3,038	5,017	8,124	7,003	4,677	3,038	11,952	42,849
Patient days	14,920	23,190	30,546	29,849	25,656	17,426	153,397	294,984
Total persons^(c)								
Separations								
Same day	665	1,579	3,172	2,543	1,498	1,234	3,084	13,775
Overnight	5,887	7,352	12,065	11,296	8,287	5,226	17,099	67,212
Total	6,552	8,931	15,237	13,839	9,785	6,460	20,183	80,987
Patient days	26,867	35,210	55,755	57,109	52,754	41,537	258,637	527,869

(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 separations for which age was not reported.

(c) Includes separations for which sex was not reported as male or female.

Table 6.2: Mental health-related separations^(a) without specialised psychiatric care, by Remoteness Area of usual residence of the patient, hospital type and state or territory of usual residence, 2003–04

Remoteness Area of usual residence ^(b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Public hospitals									
Major cities	13,132	14,230	3,496	2,214	3,954	..	335	..	37,361
Inner regional	5,393	4,234	1,896	737	1,119	899	..	..	14,282
Outer regional	3,446	1,670	1,856	1,861	2,227	402	..	136	11,598
Remote	447	35	450	894	415	35	..	121	2,397
Very remote	114	..	332	473	150	17	..	83	1,169
Not reported	554	5	0	97	2	1	..	0	1,280
Total	23,086	20,174	8,030	6,276	7,867	1,354	335	340	68,087
Private									
Major cities	1,633	2,467	1,344	1,493	667	n.p.	n.p.	n.p.	7,644
Inner regional	799	421	839	273	88	n.p.	n.p.	n.p.	3,232
Outer regional	144	48	200	106	64	n.p.	n.p.	n.p.	857
Remote	6	5	10	29	6	n.p.	n.p.	n.p.	72
Very remote	0	..	8	4	0	n.p.	n.p.	n.p.	15
Not reported	2	0	0	5	0	n.p.	n.p.	n.p.	32
Total	2,584	2,941	2,401	1,910	825	n.p.	n.p.	n.p.	11,852
All hospitals^(d)									
Major cities	15,553	16,697	4,842	3,707	4,621	n.p.	n.p.	n.p.	45,799
Inner regional	6,210	4,655	2,736	1,010	1,207	n.p.	n.p.	n.p.	17,533
Outer regional	3,593	1,718	2,056	1,967	2,291	n.p.	n.p.	n.p.	12,458
Remote	453	40	460	923	421	n.p.	n.p.	n.p.	2,469
Very remote	114	..	340	477	150	n.p.	n.p.	n.p.	1,184
Not reported	787	5	0	102	2	n.p.	n.p.	n.p.	1,544
Total	26,710	23,115	10,434	8,186	8,692	n.p.	n.p.	n.p.	80,987
Age-standardised separation rate^(e)									
Same day separations per 1,000 population									
Major cities	0.4	1.5	0.2	0.6	0.6	..	0.3	..	0.7
Inner regional	0.7	0.6	0.3	0.6	0.7	0.4	..	..	0.6
Outer regional	1.1	0.6	0.3	2.0	1.2	0.5	..	0.2	0.7
Remote	2.0	0.3	0.5	0.7	0.5	0.3	..	0.6	0.8
Very remote	1.1	..	0.4	0.4	1.6	1.0	..	0.4	0.6
Total	0.5	1.3	0.3	0.7	0.7	0.4	0.2	0.4	0.7
Overnight separations per 1,000 population									
Major cities	2.8	3.0	2.2	2.1	3.5	..	1.0	..	2.7
Inner regional	3.8	3.8	2.5	3.7	5.7	5.3	..	..	3.7
Outer regional	6.6	6.1	3.0	8.9	12.4	3.8	..	1.8	5.5
Remote	10.2	6.0	4.7	9.8	8.9	5.6	..	2.3	7.2
Very remote	14.2	..	6.3	9.5	10.3	6.4	..	1.6	6.7
Total	3.4	3.3	2.5	3.5	4.9	4.8	1.0	1.8	3.3
All separations per 1,000 population									
Major cities	3.2	4.6	2.4	2.7	4.0	..	1.2	..	3.4
Inner regional	4.5	4.5	2.8	4.3	6.3	5.6	..	..	4.2
Outer regional	7.7	6.7	3.2	10.9	13.6	4.3	..	2.0	6.3
Remote	12.2	6.3	5.3	10.6	9.4	5.9	..	2.9	8.0
Very remote	15.3	..	6.9	10.0	11.8	7.6	..	2.1	7.3
Total	3.9	4.6	2.7	4.2	5.6	5.2	1.1	3.1	4.0

(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) Defined according to the ABS *Remoteness Area Classification*, 2001 Census edition. See Glossary for more information.

(c) Includes separations for which the state of usual residence was *Other territories* or not reported.

(d) Includes separations from NSW public psychiatric hospitals.

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

.. Not applicable.

n.p. Not published.

Table 6.3: Mental health-related separations^(a) without specialised psychiatric care, by Indigenous status, states and territories^(b), 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(d)	Total
Aboriginal and/or Torres Strait Islander patients^(e)									
Separations	n.p.	n.p.	886	1,129	643	n.p.	n.p.	168	2,826
Separation rate ^(f) per 1,000 population	n.p.	n.p.	8.4	20.0	28.3	n.p.	n.p.	3.1	12.0
% of separations for Aboriginal and/or Torres Strait Islander peoples ^(g)	n.p.	n.p.	44.7	65.1	65.7	n.p.	n.p.	31.3	54.0
Patient days	n.p.	n.p.	2,573	3,462	1,976	n.p.	n.p.	501	8,512
Average length of stay (overnight)	n.p.	n.p.	3.2	3.2	3.4	n.p.	n.p.	3.5	3.3
Other patients^(h)									
Separations	n.p.	n.p.	9,695	7,077	8,128	n.p.	n.p.	177	25,077
Separation rate ^(f) per 1,000 population	n.p.	n.p.	2.2	3.4	4.8	n.p.	n.p.	1.1	3.0
% of separations for other patients ^(g)	n.p.	n.p.	27.3	38.5	43.4	n.p.	n.p.	24.1	34.2
Patient days	n.p.	n.p.	73,166	43,203	44,682	n.p.	n.p.	1,421	162,472
Average length of stay (overnight)	n.p.	n.p.	8.1	7.3	6.1	n.p.	n.p.	9.7	7.2
All patients									
Separations	n.p.	n.p.	10,581	8,206	8,771	n.p.	n.p.	345	27,903
Separation rate ^(f) per 1,000 population	n.p.	n.p.	2.5	3.9	5.2	n.p.	n.p.	1.6	3.4
% of separations for all persons ^(g)	n.p.	n.p.	28.2	40.8	44.5	n.p.	n.p.	27.1	35.5
Patient days	n.p.	n.p.	75,739	46,665	46,658	n.p.	n.p.	1,922	170,984
Average length of stay (overnight)	n.p.	n.p.	7.7	6.7	5.9	n.p.	n.p.	6.7	6.8
Rate ratio ⁽ⁱ⁾	n.p.	n.p.	3.8	5.8	6.0	n.p.	n.p.	3.0	3.9

(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) 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.

(c) Indigenous status data only for Queensland, Western Australia, South Australia and the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d). Indigenous identification is likely to be incomplete and to vary among jurisdictions.

(d) Includes only public hospital separations.

(e) Includes separations of patients identified as being of Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin, or Aboriginal and Torres Strait Islander origin.

(f) The rates were directly aged standardised, as detailed in Appendix 1.

(g) The number of separations without specialised psychiatric care for the specified Indigenous status group as a percentage of the total mental health-related separations with and without specialised psychiatric care for this group.

(h) Includes separations for which Indigenous status was not reported.

(i) The rate ratio is equal to the separation rate for indigenous persons divided by the separation rate for other persons.

n.p. Not published.

6.3 Principal diagnoses

This section presents the principal diagnoses recorded for mental health-related separations without specialised psychiatric care using various groupings of ICD-10-AM diagnosis codes.

Overview

Table 6.4 shows principal diagnosis information by hospital type for the years 1999–00 to 2003–04. The principal diagnosis with the highest number of separations without specialised psychiatric care for all hospitals was *Mental and behavioural disorders due to the use of alcohol* (F10), comprising 11,805 of these separations (or 15.8%) in 1999–00 and 13,977 (or 17.3%) in 2003–04. Separations for the principal diagnosis group *Schizophrenia* (F20) increased each year on average by 11.6% between 1999–00 and 2003–04, from 3.5% of separations without specialised care in 1999–00 to 5.0% in 2003–04, with all of this increase occurring in public acute hospitals. In contrast, separations for *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) decreased annually by an average 5.6% during this period, from 9.6% of separations without specialised care to 7.7%, with more of this decrease occurring in private hospitals (8.9% of these separations in 1999–00 to 3.8% in 2003–04) than in public acute hospitals.

During this time *Disorders of psychological development* (F80–F89) was one of the few principal diagnosis groups to show a decrease in public hospital separations (6.1% average annual decrease) and an increase in private hospital separations (37.7% average annual increase).

In 2003–04 the principal diagnosis for *Mental and behavioural disorders due to the use of alcohol* (F10) accounted for the largest number of separations (13,125, or 19.5% of overnight separations and 852, or 6.2% of same day separations) (Table 6.5). The principal diagnosis of *Depressive episode* (F32) had the second largest number of overnight separations (8,213) and the largest number of same day separations (2,960) (see Box 5.1).

Principal diagnoses of *Dementia* (F00–F03) accounted for the greatest number of patient days for separations without specialised psychiatric care, with 102,790, or 19.5% of patient days. The next largest number of patient days in 2003–04 was for the principal diagnosis of *Mental and behavioural disorders due to the use of alcohol* (F10) (67,451 patient days).

Table 6.5 also reports the proportion of mental health-related separations with these principal diagnoses where the patient did not receive specialised psychiatric care. Of all separations with *Dementia* (F00–F03), 83.4% were separations without specialised psychiatric care, as was the case with 79.7% of *Other organic mental disorders* (F04–F09). Conversely, for disorders such as *Schizoaffective disorders* (F25), *Obsessive-compulsive disorders* (F42) and *Persistent mood (affective) disorders* (F34) the proportion of separations without specialised psychiatric care was relatively low, 13.1%, 13.4% and 11.0% respectively (see Box 5.1).

Hospital type

The distribution of mental health-related separations without specialised psychiatric care for 2003–04 by principal diagnosis for each hospital type is presented in Table 6.6. The principal diagnosis with the largest number of mental health-related separations without specialised psychiatric care for both public and private hospitals was *Mental and behavioural disorders due to use of alcohol* (F10; 13,977 separations). In public acute hospitals this diagnosis accounted for 17.9% of mental health-related separations (12,196 separations). The principal diagnosis group of *Dementia* (F00–F03) accounted for 22.2% of mental health-related patient days for

separations in this category. In private hospitals separations with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) made up 12.6% of mental health-related separations without specialised psychiatric care, followed by *Reaction to severe stress and adjustment disorders* (F43; 12.3%) and *Depressive episode* (F32; 11.5%). *Mental and behavioural disorders due to use of alcohol* (F10) accounted for the largest proportion of private hospital patient days for mental health-related separations without specialised psychiatric care (15.5% of all patient days), followed by *Depressive episode* (F32; 13.7% of all patient days).

Figures 1.19 and 1.21 present data on ambulatory-equivalent mental health-related separations by principal diagnosis for public and private hospitals respectively.

Age and sex

Tables 6.7 and 6.8 describe the distribution of mental health-related separations without specialised psychiatric care by sex, age group and principal diagnosis.

Separations for male patients

In 2003–04 the highest number of mental health-related separations without specialised psychiatric care for male patients were for principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10; 9,677 separations, or 25.4%) followed by *Depressive episode* (F32; 4,131 separations, or 11.1%) and *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19; 4,131 separations, or 10.8%) (Table 6.7). Of those separations for male patients in the age group under 15 years, 383, or 10.9%, were for principal diagnoses of *Disorders of psychological development* (F80–F89). Over 50% of separations for male patients with a principal diagnosis of *Mental and behavioural disorders due to use of alcohol* (F10) were for male patients aged between 35 and 54 years (4,936 separations). However, the highest number of separations with principal diagnoses of *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19) were for male patients aged between 25 and 34 years (1,678, or 23.6%).

Separations for female patients

The principal diagnosis groups with the highest number of mental health-related separations without specialised psychiatric care for female patients in 2003–04 were *Depressive episode* (F32; 7,042 separations, or 16.4%), *Mental and behavioural disorders due to use of alcohol* (F10; 4,244 separations, or 10.0%), *Other anxiety disorders* (F41; 3,498 separations, or 8.2%) and *Reactions to severe stress and adjustment disorders* (F43; 3,225 separations, or 7.5%) (Table 6.8). The majority of separations for female patients in the under 15 age group were for principal diagnoses of *Eating disorders* (F50; 207 separations, or 6.8%) and *Disorders of psychological development* (F80–F89; 206 separations, or 6.8%). Separations for female patients aged 65 years and over were mainly for the principal diagnoses of *Dementia* (F00–F03; 2,771, or 23.2%) and *Depressive episode* (F32; 2,020, or 16.9%). Similar to male patients, over half (2,269, or 52.8%) of separations for female patients with a principal diagnosis of *Mental and behavioural disorders due to use of alcohol* (F10) were for patients aged between 35 and 54 years.

Aboriginal and Torres Strait Islander peoples

Table 6.9 details the number of separations and patient days by principal diagnosis for Aboriginal and Torres Strait Islander peoples in 2003–04. The quality of Aboriginal and Torres Strait Islander status data varies, so the figures should be used with caution. Further

detail about the quality of the data can be found in *Australian Hospital Statistics 2003–04* (AIHW 2005a) and *Improving the quality of Indigenous identification in hospital separations data* (AIHW 2005d).

For Aboriginal and Torres Strait Islander people, principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 36.3% of mental health-related separations without specialised psychiatric care and 28.8% of patient days. In comparison, separations for all Australians with principal diagnoses of *Mental and behavioural disorders due to use of alcohol* (F10) accounted for 17.3% of these types of separations and 12.8% of patient days (Table 6.5).

Mental health-related comorbidity

Diagnoses are reported to the National Hospital Morbidity Database as either principal diagnoses – that is, diagnoses chiefly responsible for occasioning the episodes of care (see Glossary) – or as additional diagnoses. ‘Comorbidity’ in this section refers to separations with both a mental health principal diagnosis and an additional diagnosis of another mental health-related disorder.

Table 4.4 summarises separations, patient days and psychiatric care days for both specialised and non-specialised care separations with a mental health-related diagnosis reported as any diagnosis, principal or additional.

Table 6.10 shows the top five mental health-related additional diagnoses for separations without specialised psychiatric care that have both a principal mental health diagnosis and an additional mental health diagnosis.

Of the 20,247 separations without specialised psychiatric care that had principal diagnoses of *Mental and behavioural disorders due to psychoactive substance use* (F10–F19), the most common mental health-related additional diagnoses were *Depressive episode* (F32; 1,588 separations), followed by *Other anxiety disorders* (F41; 707 separations) and *Reaction to severe stress and adjustment disorders* (F43; 460 separations).

Of the 7,817 separations without specialised psychiatric care that had principal diagnoses of *Schizophrenia, schizotypal and delusional disorders* (F20–F29), the most common mental health-related additional diagnosis was for *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19; 1,098 separations), followed by *Mental and behavioural disorders due to alcohol* (F10; 468 separations) and *Depressive episode* (F32; 302 separations).

Of the 17,540 separations without specialised psychiatric care that had a principal diagnoses of *Mood (affective) disorders* (F30–F39), the most common mental health-related additional diagnoses were *Mental and behavioural disorders due to use of alcohol* (F10; 1,381 separations), followed by *Mental and behavioural disorders due to other psychoactive substance use* (F11–F19, 947 separations) and *Other anxiety disorders* (F41; 748 separations).

Of the 11,561 separations without specialised psychiatric care that had principal diagnoses of *Neurotic, stress-related and somatoform disorder* (F40–F49), the most common mental health-related additional diagnoses were *Depressive episode* (F32; 928 separations) and *Mental and behavioural disorders due to use of alcohol* (F10; 848 separations) followed by *Mental and behavioural disorders due to other psychoactive substances use* (F11–F19; 600 separations).

Table 6.4: Mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00 to 2003–04

Principal diagnosis	Public hospitals					Average annual % change	Private hospitals					Average annual % change
	1999–00	2000–01	2001–02	2002–03	2003–04		1999–00	2000–01	2001–02	2002–03	2003–04	
F00–F03 Dementia	4,130	4,781	4,315	4,509	4,366	1.4	1,102	1,154	860	875	807	-7.5
F04–F09 Other organic mental disorders	2,815	2,811	2,962	2,772	3,201	3.3	615	562	478	512	578	-1.5
F10 Mental and behavioural disorders due to use of alcohol	10,336	10,748	11,362	11,784	12,196	4.2	1,468	1,410	1,592	1,509	1,496	0.5
F11–F19 Mental and behavioural disorders due to other psychoactive subst use	5,902	5,933	4,473	4,670	5,251	-2.9	1,282	929	532	481	446	-23.2
F20 Schizophrenia	2,467	2,639	3,302	3,528	3,957	12.5	168	129	116	103	122	-7.7
F21, F24, F28–F29 Schizotypal and other delusional disorders	620	716	848	827	967	11.8	33	27	35	21	37	2.9
F22 Persistent delusional disorders	404	407	467	431	502	5.6	65	53	32	46	42	-10.3
F23 Acute and transient psychotic disorders	820	951	1,187	1,100	1,098	7.6	32	45	47	29	29	-2.4
F25 Schizoaffective disorders	477	465	744	940	984	19.8	80	85	88	83	78	-0.6
F30 Manic episode	237	253	294	318	326	8.3	25	28	30	22	16	-10.6
F31 Bipolar affective disorders	1,397	1,389	1,650	1,937	2,175	11.7	233	223	225	281	248	1.6
F32 Depressive episode	7,406	8,486	8,905	9,452	9,809	7.3	1,776	1,729	1,650	1,559	1,364	-6.4
F33 Recurrent depressive disorders	2,016	2,168	2,698	3,061	2,846	9.0	751	732	868	635	479	-10.6
F34 Persistent mood (affective) disorders	155	111	143	120	158	0.5	95	108	82	56	44	-17.5
F38, F39 Other and unspecified mood (affective) disorders	46	47	38	50	64	8.6	10	16	5	4	10	0.0
F40 Phobic anxiety disorders	32	42	37	47	33	0.8	36	22	18	13	13	-22.5
F41 Other anxiety disorders	4,074	4,246	4,188	4,035	3,951	-0.8	1,298	1,207	1,097	988	958	-7.3
F42 Obsessive-compulsive disorders	56	46	61	57	53	-1.4	37	21	17	17	11	-26.2
F43 Reaction to severe stress and adjustment disorders	2,992	2,956	2,921	3,692	3,538	4.3	1,130	992	923	1,056	1,456	6.5
F44 Dissociative (conversion) disorders	650	834	770	805	831	6.3	107	118	95	100	96	-2.7
F45, F48 Somatoform and other neurotic disorders	502	428	386	347	390	-6.1	211	198	215	203	228	2.0
F50 Eating disorders	741	674	680	644	752	0.4	122	127	105	80	78	-10.6
F51–F59 Other behavioural syndromes associated with phys dist & phys factors	2,223	2,197	1,640	987	679	-25.7	607	435	293	352	383	-10.9
F60 Specific personality disorders	759	782	875	888	940	5.5	83	45	68	56	37	-18.3
F61–F69 Disorders of adult personality and behaviour	113	115	87	116	76	-9.4	81	89	88	84	69	-3.9
F70–F79 Mental retardation	128	124	91	108	149	3.9	8	8	12	6	2	-29.3
F80–F89 Disorders of psychological development	503	393	456	410	391	-6.1	67	116	225	266	241	37.7
F90 Hyperkinetic disorders	56	53	81	54	52	-1.8	3	4	2	2	1	-24.0
F91 Conduct disorders	368	366	338	326	347	-1.5	53	32	9	4	7	-39.7
F92–F98 Other & unspecified disorders with onset in childhood or adolescence	198	338	385	366	245	5.5	16	15	12	6	5	-25.2
F99 Mental disorder not otherwise specified	79	76	117	119	151	17.6	5	4	0	4	2	-20.5
G30 Alzheimer's disease	1,238	1,382	1,639	1,796	1,744	8.9	292	341	399	397	411	8.9
Other factors related to mental and behav disorders and subst use ^(b)	5,666	5,604	5,121	5,251	5,286	-1.8	2,443	1,889	1,306	1,587	2,003	-5.1
Other specified mental health-related principal diagnosis ^(c)	640	434	494	1,060	579	-2.5	23	38	8	25	55	24.4
Total	60,246	62,995	63,755	66,607	68,087	3.1	14,357	12,931	11,532	11,462	11,852	-4.7

(continued)

Table 6.4 (continued): Mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 1999–00 to 2003–04

Principal diagnosis	All hospitals ^(d)					Average annual % change
	1999–00	2000–01	2001–02	2002–03	2003–04	
F00–F03 Dementia	5,232	5,935	5,175	5,384	5,173	–0.3
F04–F09 Other organic mental disorders	3,430	3,373	3,440	3,286	3,779	2.5
F10 Mental and behavioural disorders due to use of alcohol	11,805	12,370	13,270	13,612	13,977	4.3
F11–F19 Mental and behavioural disorders due to other psychoactive subst use	7,186	7,259	5,360	5,665	6,270	–5.6
F20 Schizophrenia	2,635	2,770	3,423	3,643	4,080	11.6
F21, F24, F28–F29 Schizotypal and other delusional disorders	653	743	883	850	1,004	11.4
F22 Persistent delusional disorders	469	460	499	477	544	3.8
F23 Acute and transient psychotic disorders	852	996	1,234	1,133	1,127	7.2
F25 Schizoaffective disorders	557	551	834	1,026	1,062	17.5
F30 Manic episode	262	281	324	341	342	6.9
F31 Bipolar affective disorders	1,630	1,612	1,887	2,230	2,423	10.4
F32 Depressive episode	9,182	10,215	10,559	11,056	11,173	5.0
F33 Recurrent depressive disorders	2,767	2,900	3,573	3,696	3,326	4.7
F34 Persistent mood (affective) disorders	250	219	226	177	202	–5.2
F38, F39 Other and unspecified mood (affective) disorders	56	63	43	55	74	7.2
F40 Phobic anxiety disorders	68	64	55	60	46	–9.3
F41 Other anxiety disorders	5,372	5,453	5,285	5,023	4,910	–2.2
F42 Obsessive-compulsive disorders	93	67	78	75	64	–8.9
F43 Reaction to severe stress and adjustment disorders	4,122	3,948	3,867	4,767	4,996	4.9
F44 Dissociative (conversion) disorders	757	952	866	905	927	5.2
F45, F48 Somatoform and other neurotic disorders	713	626	601	550	618	–3.5
F50 Eating disorders	863	802	785	724	830	–1.0
F51–F59 Other behavioural syndromes associated with phys dist & phys factors	2,830	2,632	1,933	1,340	1,062	–21.7
F60 Specific personality disorders	842	827	948	953	977	3.8
F61–F69 Disorders of adult personality and behaviour	194	204	175	200	145	–7.0
F70–F79 Mental retardation	136	132	103	114	151	2.7
F80–F89 Disorders of psychological development	570	509	681	676	632	2.6
F90 Hyperkinetic disorders	59	57	83	56	53	–2.6
F91 Conduct disorders	421	398	350	337	354	–4.2
F92–F98 Other & unspecified disorders with onset in childhood or adolescence	214	353	397	372	250	4.0
F99 Mental disorder not otherwise specified	84	80	117	123	153	16.2
G30 Alzheimer's disease	1,530	1,723	2,038	2,193	2,155	8.9
Other factors related to mental and behav disorders and subst use ^(b)	8,109	7,493	6,428	6,838	7,289	–2.8
Other specified mental health-related principal diagnosis ^(c)	663	472	554	1,187	819	–1.1
Total	74,606	76,539	76,074	79,124	80,987	2.1

(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) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(d) Includes separations from NSW public psychiatric hospitals.

Note: subst—substance; phys—physical; dist—disturbances.

Table 6.5: Mental health-related separations^(a) without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, Australia, 2003–04

Principal diagnosis	Separations						Patient days	% patient days ^(c)	Average length of stay (o'night)	
	Same day	% of total ^(b)	Overnight	% of total ^(b)	Total	% of total ^(b)				
F00–F03	Dementia	132	88.0	5,041	83.3	5,173	83.4	102,790	58.0	20.4
F04–F09	Other organic mental disorders	182	86.3	3,597	79.4	3,779	79.7	48,488	58.1	13.4
F10	Mental and behavioural disorders due to use of alcohol	852	86.9	13,125	75.7	13,977	76.3	67,451	52.9	5.1
F11–F19	Mental and behavioural disorders due to other psychoactive subst use	456	87.0	5,814	53.2	6,270	54.8	31,779	39.1	5.4
F20	Schizophrenia	1,481	69.8	2,599	10.8	4,080	15.6	18,225	2.8	6.4
F21, F24, F28–F29	Schizotypal and other delusional disorders	353	88.3	651	25.6	1,004	34.1	3,590	10.5	5.0
F22	Persistent delusional disorders	146	75.6	398	25.9	544	31.5	2,916	11.9	7.0
F23	Acute and transient psychotic disorders	432	80.9	695	27.3	1,127	36.6	3,125	11.1	3.9
F25	Schizoaffective disorders	581	48.9	481	6.9	1,062	13.1	4,654	2.9	8.5
F30	Manic episode	116	82.3	226	23.7	342	31.2	1,304	10.5	5.3
F31	Bipolar affective disorders	1,079	51.9	1,344	12.1	2,423	18.3	11,216	5.4	7.5
F32	Depressive episode	2,960	41.8	8,213	35.0	11,173	36.6	60,118	19.5	7.0
F33	Recurrent depressive disorders	1,995	48.5	1,331	16.9	3,326	27.8	14,801	10.9	9.6
F34	Persistent mood (affective) disorders	25	28.4	177	10.2	202	11.0	1,144	6.9	6.3
F38, F39	Other and unspecified mood (affective) disorders	11	34.4	63	27.4	74	28.2	446	18.1	6.9
F40	Phobic anxiety disorders	7	29.2	39	20.1	46	21.1	297	11.5	7.4
F41	Other anxiety disorders	228	61.0	4,682	71.0	4,910	70.5	22,283	43.5	4.7
F42	Obsessive-compulsive disorders	5	8.5	59	14.0	64	13.4	701	8.2	11.8
F43	Reaction to severe stress and adjustment disorders	1,038	72.4	3,958	27.2	4,996	31.3	20,763	19.2	5.0
F44	Dissociative (conversion) disorders	64	91.4	863	65.9	927	67.2	4,614	42.2	5.3
F45, F48	Somatoform and other neurotic disorders	233	87.6	385	71.2	618	76.6	2,048	46.8	4.7
F50	Eating disorders	35	28.2	795	42.0	830	41.1	14,782	32.4	18.5
F51–F59	Other behav syndromes associated with phys dist and phys factors	58	89.2	1,004	76.8	1,062	77.3	4,775	49.8	4.7
F60	Specific personality disorders	172	60.4	805	15.3	977	17.6	5,063	12.8	6.1
F61–F69	Disorders of adult personality and behaviour	12	9.6	133	32.6	145	27.2	1,004	11.6	7.5
F70–F79	Mental retardation	56	96.6	95	30.1	151	40.4	889	2.8	8.8
F80–F89	Disorders of psychological development	357	82.1	275	60.4	632	71.0	2,199	42.6	6.7
F90	Hyperkinetic disorders	14	93.3	39	25.0	53	31.0	530	27.2	13.2
F91	Conduct disorders	53	50.0	301	41.8	354	42.9	1,523	21.4	4.9
F92–F98	Other and unspecified disorders with onset in childhood or adolescence	20	32.8	230	49.3	250	47.3	876	24.5	3.7
F99	Mental disorder not otherwise specified	77	83.7	76	26.2	153	40.1	261	3.6	2.4
G30	Alzheimer's disease	51	83.6	2,104	71.9	2,155	72.1	42,405	48.3	20.1
	Other factors related to mental and behavioural disorders and subst use ^(d)	381	98.2	6,908	92.5	7,289	92.8	24,168	86.8	3.4
	Other specified mental health-related principal diagnosis ^(e)	113	90.4	706	74.9	819	76.7	6,641	74.4	9.2
	Total	13,775	56.5	67,212	38.8	80,987	41.0	527,869	19.3	7.6

(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 proportion of mental health-related separations with these diagnoses that did not have specialised psychiatric care.

(c) The proportion of the total number of mental health-related patient days with these diagnoses where the patient did not receive specialised psychiatric care.

(d) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(e) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

Note: behav—behavioural; subst—substance; phys—physical; dist—disturbances.

Table 6.6: Separations^(a) and patient days for mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings and hospital type, Australia, 2003–2004

Principal diagnosis	Public hospitals				Private hospitals				All hospitals ^(b)			
	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days	Same day	Overnight	Total	Patient days
F00–F03 Dementia	129	4,237	4,366	88,779	3	804	807	14,011	132	5,041	5,173	102,790
F04–F09 Other organic mental disorders	174	3,027	3,201	39,836	8	570	578	8,652	182	3,597	3,779	48,488
F10 Mental and behavioural disorders due to use of alcohol	818	11,378	12,196	46,717	29	1,467	1,496	18,604	852	13,125	13,977	67,451
F11–F19 Mental and behavioural disorders due to other psychoactive subst use	439	4,812	5,251	23,042	5	441	446	5,614	456	5,814	6,270	31,779
F20 Schizophrenia	1,480	2,477	3,957	16,307	1	121	122	1,917	1,481	2,599	4,080	18,225
F21, F24, F28–F29 Schizotypal and other delusional disorders	351	616	967	3,156	2	35	37	434	353	651	1,004	3,590
F22 Persistent delusional disorders	146	356	502	2,490	0	42	42	426	146	398	544	2,916
F23 Acute and transient psychotic disorders	429	669	1,098	2,939	3	26	29	186	432	695	1,127	3,125
F25 Schizoaffective disorders	579	405	984	2,988	2	76	78	1,666	581	481	1,062	4,654
F30 Manic episode	115	211	326	1,145	1	15	16	159	116	226	342	1,304
F31 Bipolar affective disorders	1,052	1,123	2,175	7,784	27	221	248	3,432	1,079	1,344	2,423	11,216
F32 Depressive episode	2,871	6,938	9,809	43,608	89	1,275	1,364	16,510	2,960	8,213	11,173	60,118
F33 Recurrent depressive disorders	1,940	906	2,846	7,146	55	424	479	7,650	1,995	1,331	3,326	14,801
F34 Persistent mood (affective) disorders	24	134	158	489	1	43	44	655	25	177	202	1,144
F38, F39 Other and unspecified mood (affective) disorders	10	54	64	277	1	9	10	169	11	63	74	446
F40 Phobic anxiety disorders	3	30	33	223	4	9	13	74	7	39	46	297
F41 Other anxiety disorders	200	3,751	3,951	15,053	28	930	958	7,223	228	4,682	4,910	22,283
F42 Obsessive-compulsive disorders	5	48	53	470	0	11	11	231	5	59	64	701
F43 Reaction to severe stress and adjustment disorders	411	3,127	3,538	9,385	627	829	1,456	11,360	1,038	3,958	4,996	20,763
F44 Dissociative (conversion) disorders	62	769	831	3,792	2	94	96	822	64	863	927	4,614
F45, F48 Somatoform and other neurotic disorders	73	317	390	1,519	160	68	228	529	233	385	618	2,048
F50 Eating disorders	31	721	752	13,064	4	74	78	1,718	35	795	830	14,782
F51–F59 Other behavioural syndromes associated with phys dist & phys factors	23	656	679	2,739	35	348	383	2,036	58	1,004	1,062	4,775
F60 Specific personality disorders	171	769	940	4,456	1	36	37	607	172	805	977	5,063
F61–F69 Disorders of adult personality and behaviour	9	67	76	442	3	66	69	562	12	133	145	1,004
F70–F79 Mental retardation	55	94	149	884	1	1	2	5	56	95	151	889
F80–F89 Disorders of psychological development	290	101	391	1,303	67	174	241	896	357	275	632	2,199
F90 Hyperkinetic disorders	14	38	52	526	0	1	1	4	14	39	53	530
F91 Conduct disorders	52	295	347	1,490	1	6	7	33	53	301	354	1,523
F92–F98 Other & unspecified disorders with onset in childhood or adolescence	19	226	245	854	1	4	5	22	20	230	250	876
F99 Mental disorder not otherwise specified	76	75	151	238	1	1	2	23	77	76	153	261
G30 Alzheimer's disease	48	1,696	1,744	35,526	3	408	411	6,879	51	2,104	2,155	42,405
Other factors related to mental and behavioural disorders and subst use ^(c)	243	5,043	5,286	17,228	138	1,865	2,003	6,940	381	6,908	7,289	24,168
Other specified mental health-related principal diagnosis ^(d)	80	499	579	3,447	29	26	55	137	113	706	819	6,641
Total	12,422	55,665	68,087	399,342	1,332	10,520	11,852	120,186	13,775	67,212	80,987	527,869

(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 some separations from public psychiatric hospitals in New South Wales.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

Note: subst—substance; phys—physical; dist—disturbances.

Table 6.7: Mental health-related separations^(a) without specialised psychiatric care for male patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2003–04

Principal diagnosis		Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total ^(b)
F00–F03	Dementia	1	0	0	2	11	68	2,241	2,323
F04–F09	Other organic mental disorders	25	43	53	74	88	105	1,331	1,719
F10	Mental and behavioural disorders due to use of alcohol	85	778	1,478	2,594	2,342	1,487	913	9,677
F11–F19	Mental and behavioural disorders due to other psychoactive subst use	24	959	1,678	904	297	52	37	3,951
F20	Schizophrenia	4	447	974	551	307	86	66	2,435
F21, F24, F28–F29	Schizotypal and other delusional disorders	11	153	191	93	45	24	46	563
F22	Persistent delusional disorders	5	44	76	68	28	11	49	281
F23	Acute and transient psychotic disorders	1	177	188	133	71	23	41	634
F25	Schizoaffective disorders	0	59	160	110	37	25	6	397
F30	Manic episode	2	22	36	24	23	11	17	135
F31	Bipolar affective disorders	13	67	154	179	180	120	116	829
F32	Depressive episode	40	401	759	783	645	465	1,038	4,131
F33	Recurrent depressive disorders	3	34	139	218	145	174	440	1,153
F34	Persistent mood (affective) disorders	0	7	31	26	16	7	1	88
F38, F39	Other and unspecified mood (affective) disorders	2	4	5	4	0	3	2	20
F40	Phobic anxiety disorders	1	1	3	3	2	1	1	12
F41	Other anxiety disorders	30	111	192	226	226	184	443	1,412
F42	Obsessive-compulsive disorders	4	9	11	2	1	1	2	30
F43	Reaction to severe stress and adjustment disorders	35	219	451	381	254	311	120	1,771
F44	Dissociative (conversion) disorders	20	31	45	53	44	17	53	263
F45, F48	Somatoform and other neurotic disorders	14	24	25	35	31	37	61	227
F50	Eating disorders	23	19	20	8	3	0	9	82
F51–F59	Other behavioural syndromes associated with phys dist & phys factors	206	2	7	10	18	28	18	289
F60	Specific personality disorders	7	72	126	64	21	8	26	324
F61–F69	Disorders of adult personality and behaviour	1	13	21	16	31	7	10	99
F70–F79	Mental retardation	27	18	11	12	8	4	1	81
F80–F89	Disorders of psychological development	383	12	2	5	1	1	3	407
F90	Hyperkinetic disorders	40	3	1	2	0	0	0	46
F91	Conduct disorders	128	34	15	6	9	3	27	222
F92–F98	Other & unspecified disorders with onset in childhood or adolescence	113	10	1	2	0	1	3	130
F99	Mental disorder not otherwise specified	3	19	30	19	10	1	3	85
G30	Alzheimer's disease	0	0	0	0	4	37	907	948
	Other factors related to mental and behavioural disorders and subst use ^(c)	2,218	78	110	130	158	114	181	2,989
	Other specified mental health-related principal diagnosis ^(d)	45	44	120	99	52	6	19	385
Total		3,514	3,914	7,113	6,836	5,108	3,422	8,231	38,138

(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 separations for which age group was not reported.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

Note: subst—substance; phys—physical; dist—disturbances.

Table 6.8: Mental health-related separations^(a) without specialised psychiatric care for female patients, by principal diagnosis in ICD-10-AM groupings and age group, Australia, 2003–04

Principal diagnosis		Under 15 years	15–24	25–34	35–44	45–54	55–64	65 and over	Total ^(b)
F00–F03	Dementia	0	0	1	0	19	59	2,771	2,850
F04–F09	Other organic mental disorders	21	26	45	44	74	82	1,768	2,060
F10	Mental and behavioural disorders due to use of alcohol	82	501	654	1,239	1,030	462	332	4,300
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	19	627	816	492	204	85	76	2,319
F20	Schizophrenia	1	213	370	378	268	180	235	1,645
F21, F24, F28–F29	Schizotypal and other delusional disorders	11	80	92	88	60	43	67	441
F22	Persistent delusional disorders	0	15	33	42	38	20	115	263
F23	Acute and transient psychotic disorders	6	79	116	117	71	37	67	493
F25	Schizoaffective disorders	0	44	146	154	126	107	88	665
F30	Manic episode	3	17	43	43	38	22	41	207
F31	Bipolar affective disorders	13	60	256	362	239	212	452	1,594
F32	Depressive episode	102	897	1,201	1,251	966	605	2,020	7,042
F33	Recurrent depressive disorders	10	91	201	444	318	304	805	2,173
F34	Persistent mood (affective) disorders	2	28	17	18	27	11	11	114
F38, F39	Other and unspecified mood (affective) disorders	4	18	10	7	6	4	5	54
F40	Phobic anxiety disorders	1	2	12	4	4	5	6	34
F41	Other anxiety disorders	53	229	521	525	464	401	1,305	3,498
F42	Obsessive-compulsive disorders	2	8	8	4	2	5	5	34
F43	Reaction to severe stress and adjustment disorders	62	417	1,402	786	286	122	150	3,225
F44	Dissociative (conversion) disorders	78	127	105	134	95	47	78	664
F45, F48	Somatoform and other neurotic disorders	29	35	42	51	66	62	106	391
F50	Eating disorders	207	393	62	50	17	8	11	748
F51–F59	Other behav syndromes associated with physical disturbances & physical factors	142	92	369	152	6	4	8	773
F60	Specific personality disorders	17	216	192	115	80	13	20	653
F61–F69	Disorders of adult personality and behaviour	4	4	6	7	12	2	11	46
F70–F79	Mental retardation	20	10	14	11	7	6	2	70
F80–F89	Disorders of psychological development	206	10	5	1	0	1	2	225
F90	Hyperkinetic disorders	5	1	1	0	0	0	0	7
F91	Conduct disorders	82	23	10	4	1	2	10	132
F92–F98	Other & unspecified disorders with onset in childhood or adolescence	93	11	11	0	0	1	4	120
F99	Mental disorder not otherwise specified	2	19	10	15	12	3	7	68
G30	Alzheimer's disease	0	0	0	0	6	26	1,175	1,207
	Other factors related to mental and behavioural disorders and substance abuse ^(c)	58	88	141	83	34	10	20	434
	Other specified mental health-related principal diagnosis ^(d)	1,703	636	1,212	382	101	87	179	4,300
	Total	3,038	5,017	8,124	7,003	4,677	3,038	11,952	42,849

(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 separations for which age group was not reported.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

Note: behav—behavioural.

Table 6.9: Mental health-related separations^(a) and patient days without specialised psychiatric care reported for Aboriginal and Torres Strait Islander peoples^(b), by principal diagnosis in ICD-10-AM groupings, public hospitals, 2003–04

Principal diagnosis	Separations			Patient days
	Same day	Overnight	Total	
F00–F03 Dementia	0	36	36	443
F04–F09 Other organic mental disorders	2	23	25	142
F10 Mental and behavioural disorders due to use of alcohol	92	935	1,027	2,451
F11–F19 Mental and behav disorders due to other psychoactive substance use	32	181	213	602
F20 Schizophrenia	39	209	248	744
F21, F24, F28–F29 Schizotypal and other delusional disorders	22	37	59	102
F22 Persistent delusional disorders	7	7	14	38
F23 Acute and transient psychotic disorders	24	48	72	148
F25 Schizoaffective disorders	4	23	27	135
F30 Manic episode	2	1	3	3
F31 Bipolar affective disorders	7	37	44	148
F32 Depressive episode	27	334	361	1,265
F33 Recurrent depressive disorders	6	30	36	174
F34 Persistent mood (affective) disorders	1	4	5	36
F38, F39 Other and unspecified mood (affective) disorders	2	1	3	4
F40 Phobic anxiety disorders	0	0	0	0
F41 Other anxiety disorders	6	128	134	327
F42 Obsessive-compulsive disorders	0	1	1	12
F43 Reaction to severe stress and adjustment disorders	28	204	232	541
F44 Dissociative (conversion) disorders	2	22	24	61
F45, F48 Somatoform and other neurotic disorders	1	5	6	13
F50 Eating disorders	0	3	3	33
F51–F59 Other behav syndromes associated with phys dist & phys factors	1	13	14	83
F60 Specific personality disorders	13	28	41	105
F61–F69 Disorders of adult personality and behaviour	0	3	3	5
F70–F79 Mental retardation	2	3	5	9
F80–F89 Disorders of psychological development	5	9	14	34
F90 Hyperkinetic disorders	1	1	2	4
F91 Conduct disorders	1	10	11	29
F92–F98 Other & unspecified disorders with onset childhood adolescence	0	2	2	7
F99 Mental disorder not otherwise specified	9	2	11	11
G30 Alzheimer's disease	0	8	8	433
Other factors related to mental and behavioural disorders and substance abuse ^(c)	3	19	22	39
Other specified mental health related principal diagnosis ^(d)	12	108	120	331
Total	351	2,475	2,826	8,512

(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) Indigenous status data only for Queensland, Western Australia, South Australia and the Northern Territory are considered to be of acceptable quality for analytical purposes (AIHW 2005d).

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

Note: behav—behavioural; phys—physical; dist—disturbances.

Table 6.10: Separations^(a) and patient days for the top five mental health-related additional diagnoses for separations without specialised psychiatric care by selected mental health-related principal diagnosis, Australia, 2003–04

Principal diagnosis	Separations			Patient days	Average length of stay (o'night)	
	Same day	Overnight	Total			
Mental and behavioural disorders due to psychoactive substances use (F10–F19)						
Top five additional diagnoses^(b)						
F32	Depressive episode	56	1,532	1,588	10,589	6.9
F41	Other anxiety disorders	18	689	707	5,111	7.4
F43	Reaction to severe stress and adjustment disorders	19	441	460	3,096	7.0
F60	Specific personality disorders	43	391	434	2,052	5.1
	Other factors related to mental and behavioural disorders ^(c)	30	399	429	2,234	5.5
	<i>Total</i>	<i>1,308</i>	<i>18,939</i>	<i>20,247</i>	<i>99,230</i>	<i>5.2</i>
Scizophrenia, schizotypal and delusional disorders (F20–F29)						
Top five additional diagnoses^(b)						
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	331	767	1,098	5,407	6.6
F10	Mental and behavioural disorders due to use of alcohol	123	345	468	3,414	9.5
F32	Depressive episode	75	227	302	1,846	7.8
F60	Specific personality disorders	70	159	229	1,061	6.2
	Other specified mental health related principal diagnosis	43	134	177	1,099	7.9
	<i>Total</i>	<i>2,993</i>	<i>4,824</i>	<i>7,817</i>	<i>32,510</i>	<i>6.1</i>
Mood (affective) disorders (F30–F39)						
Top five additional diagnoses^(b)						
F10	Mental and behavioural disorders due to use of alcohol	202	1,179	1,381	6,241	5.1
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	170	777	947	3,981	4.9
F41	Other anxiety disorders	37	711	748	6,849	9.6
F43	Reaction to severe stress and adjustment disorders	72	629	701	3,826	6.0
F60	Specific personality disorders	95	494	589	3,058	6.0
	<i>Total</i>	<i>6,186</i>	<i>11,354</i>	<i>17,540</i>	<i>89,029</i>	<i>7.3</i>
Neurotic, stress-related and somatoform disorder (F40–F49)						
Top five additional diagnoses^(b)						
F32	Depressive episode	75	853	928	5,346	6.2
F10	Mental and behavioural disorders due to use of alcohol	82	766	848	4,844	6.2
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	60	540	600	2,088	3.8
	Other factors related to mental and behavioural disorders ^(c)	156	333	489	2,067	5.7
F60	Specific personality disorders	43	334	377	1,293	3.7
	<i>Total</i>	<i>1,575</i>	<i>9,986</i>	<i>11,561</i>	<i>50,706</i>	<i>4.9</i>

(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) Where the additional diagnosis grouping is different from the principal diagnosis grouping.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

6.4 Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRGs) categorise acute admitted patient episodes into groups with similar clinical conditions and resource requirements. These categories were designed to provide a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital. This report uses AR-DRG version 5.0 (DHA 2002). Although the AR-DRGs are designed to be homogeneous groups with respect to resources, AR-DRGs relevant to some mental health care are less homogeneous than most other AR-DRG types.

Overview

Table 6.11 presents the 30 most frequently reported AR-DRGs for mental health-related separations without specialised psychiatric care by hospital type. Overall, the most frequently reported AR-DRG for mental health-related separations without specialised psychiatric care was *Anxiety disorders* (U65Z; 9,437 separations, 12.1% of all mental health-related separations). The AR-DRG with the largest number of same day separations was *Mental health treatment, same day, with electroconvulsive therapy* (U60Z; 5,940 separations), which accounted for 43.3% of same day mental health-related separations without specialised psychiatric care. The AR-DRG that accounted for the largest number of patient days without specialised psychiatric care (23.3%) was *Dementia and other chronic disturbances of cerebral function* (B63Z; 7,209 separations and 99,648 patient days).

Data for 2003–04 on the average and median length of stay by AR-DRG can be found in Tables A3.26 and A3.27 and on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

Hospital type

The largest number of separations for public acute care hospitals was reported for *Anxiety disorders* (U65Z; 6,943 separations, 10.6%). *Mental health treatment, sameday, with electroconvulsive therapy* (U40Z; 5,869 separations) accounted for the largest number of same day separations without specialised psychiatric care. The largest number of patient days for separations in this category was reported for *Dementia and other chronic disturbances of cerebral function* (B63Z; 78,445 patient days).

The most frequently reported AR-DRG for private hospital separations was *Anxiety disorders* (U65Z; 2,493 separations, 21.6%), followed by *Dementia and other chronic disturbances of cerebral function* (B63Z; 1,349 separations, 11.7%); which also reported the largest number of patient days for separations in this category (21,203 patient days) (Table 6.11).

6.5 Procedures

The *National Health Data Dictionary Version 12* (NHDC 2003) defines a procedure as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting. Procedures therefore encompass surgical procedures and also non-surgical investigative and therapeutic procedures (such as X-rays and chemotherapy), and allied health interventions (such as physiotherapy). Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included. One or more

procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions.

Table 6.12 details the number of separations relating to the 30 procedures most frequently reported for mental health-related separations without specialised psychiatric care by hospital type.

The most frequently reported procedures in public hospitals were *Allied health intervention, social work* (9,485 separations), *Allied health intervention, physiotherapy* (6,819 separations) and *Electroconvulsive therapy, 8 treatments or less* (5,928 separations). In private hospitals the most frequently reported procedures were *Allied health intervention, physiotherapy* (1,383 separations), *Allied health intervention, social work* (1,005 separations) and *Assistance with activities related to parenting* (872 separations).

The high number of anaesthesia-related procedure codes in these tables reflects the coding standard for ICD-10-AM, which requires that an individual anaesthesia procedure be coded each time a patient receives electroconvulsive therapy. Note that where tables in this section include average length of stay data, there are equivalent median length of stay data available at <www.aihw.gov.au>.

6.6 Mode of admission

Mode of admission is an administrative data element that distinguishes between transfers from other hospitals, statistical admissions following a change in care type, and other admissions. Of all mental health-related separations without specialised psychiatric care from public hospitals, 91.1% of separations were 'Other admissions'; that is, planned and unplanned admissions other than transfers from other hospitals and statistical admissions (Table 6.13). For private hospitals 94.5% of all mental health-related separations without specialised psychiatric care were 'Other admissions'.

6.7 Mode of separation

Approximately 68.6% (46,735) of mental health-related separations without specialised psychiatric care in public hospitals ended with a discharge either to the patient's usual residence or own accommodation or to a welfare institution. In private hospitals 89.2% (10,568) of mental health-related separations without specialised psychiatric care ended this way (Table 6.14).

6.8 Care type

Care type describes the treatment of a patient using the following categories: acute care, rehabilitation care, palliative care, geriatric evaluation and management care, psychogeriatric care, maintenance care or other admitted patient care (See the Glossary for further detail).

'Acute care' was the most frequently recorded care type in all jurisdictions and hospitals (77,611 or 95.8% of mental health-related separations without specialised psychiatric care). This was followed by 'Geriatric evaluation and management', with 1,064 separations (1.3%) (Table 6.15).

The variation among the jurisdictions reflects differences in the types of admitted patient services provided by the states and territories.

Table 6.11: The 30 most frequently reported AR-DRGs for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2003–04

AR-DRG Description	Separations				Patient days	
	Same day	Overnight	Total	Per 1,000	Patient days	per 1,000
				population ^(b)			population^{(b)}
All hospitals ^(c)						
U65Z Anxiety Disorders	0	9,437	9,437	0.5	34,082	1.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	222	6,987	7,209	0.4	99,648	5.0
U64Z Other Affective and Somatoform Disorders	0	6,837	6,837	0.3	37,728	1.9
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	558	5,518	6,076	0.3	14,107	0.7
U60Z Mental Health Treatment, Sameday, without Electroconvulsive Therapy	5,940	0	5,940	0.3	5,940	0.3
U40Z Mental Health Treatment, Sameday, with Electroconvulsive Therapy	5,732	0	5,732	0.3	5,732	0.3
V62A Alcohol Use Disorder and Dependence	0	5,468	5,468	0.3	38,929	1.9
U67Z Personality Disorders and Acute Reactions	0	5,450	5,450	0.3	25,159	1.3
U63B Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	4,548	4,548	0.2	29,891	1.5
U61B Schizophrenia Disorders without Mental Health Legal Status	0	3,082	3,082	0.2	17,058	0.9
V64Z Other Drug Use Disorder and Dependence	115	1,885	2,000	0.1	11,740	0.6
V61Z Drug Intoxication and Withdrawal	277	1,568	1,845	0.1	5,591	0.3
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	127	1,671	1,798	0.1	8,309	0.4
B64B Delirium without Catastrophic Complications and Comorbidities	106	1,584	1,690	0.1	14,513	0.7
V63A Opioid Use Disorder and Dependence	16	1,617	1,633	0.1	10,324	0.5
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,503	1,503	0.1	5,880	0.3
U63A Major Affective Disorders Age >69 or with (Catastrophic or Severe CC)	0	1,238	1,238	0.1	16,354	0.8
U66Z Eating and Obsessive-Compulsive Disorders	0	909	909	<0.1	15,619	0.8
O60B Vaginal Delivery without Catastrophic or Severe Complications and Comorbidities	22	756	778	<0.1	2,973	0.1
O61Z Postpartum and Post Abortion without Operating Room Procedure	53	647	700	<0.1	3,050	0.2
O66A Antenatal & Other Obstetric Admission	0	654	654	<0.1	2,107	0.1
B64A Delirium with Catastrophic Complications and Comorbidities	2	566	568	<0.1	9,140	0.5
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	42	452	494	<0.1	1,723	0.1
U68Z Childhood Mental Disorders	0	452	452	<0.1	2,349	0.1
Z64A Other Factors Influencing Health Status	0	322	322	<0.1	1,712	0.1
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	61	106	167	<0.1	571	<0.1
V62B Alcohol Use Disorder and Dependence, Sameday	162	0	162	<0.1	162	<0.1
B76B Seizure without Catastrophic or Severe Complications and Comorbidities	30	90	120	<0.1	213	<0.1
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	115	115	<0.1	1,457	0.1
O01C Caesarean Delivery without Catastrophic or Severe CC	0	104	104	<0.1	611	<0.1
All other AR-DRGs	245	483	728	<0.1	688	<0.1
Total	13,710	64,049	77,759	3.9	427,811	21.4

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days or *Not reported*.

(b) Rates are crude rates based on the estimated resident population of 31 December 2003.

(c) Includes separations from NSW public psychiatric hospitals.

Note: W—with; W/O—without; Cat/Sev—catastrophic or severe; CC—complications and comorbidities; ECT—Electroconvulsive therapy; Psych—psychotic.

Table 6.11 (continued): The 30 most frequently reported AR-DRGs for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2003-04

AR-DRG	Description	Separations			Per 1,000 population ^(b)	Patient days	Patient days per 1,000 population ^(b)
		Same day	Overnight	Total			
Private hospitals							
U65Z	Anxiety Disorders	0	2,493	2,493	0.1	11,142	0.6
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	7	1,342	1,349	0.1	21,203	1.1
V62A	Alcohol Use Disorder and Dependence	0	1,131	1,131	0.1	15,998	0.8
U60Z	Mental Health Treatment, Sameday, without Electroconvulsive Therapy	1,032	0	1,032	0.1	1,032	0.1
U64Z	Other Affective and Somatoform Disorders	0	968	968	<0.1	10,303	0.5
U67Z	Personality Disorders and Acute Reactions	0	951	951	<0.1	11,649	0.6
U63B	Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	926	926	<0.1	13,868	0.7
U63A	Major Affective Disorders Age >69 or with Catastrophic or Severe CC	0	334	334	<0.1	6,323	0.3
B64B	Delirium without Catastrophic Complications and Comorbidities	5	271	276	<0.1	3,269	0.2
V60B	Alcohol Intoxication and Withdrawal without Complications and Comorbidities	14	234	248	<0.1	1,443	0.1
V64Z	Other Drug Use Disorder and Dependence	4	231	235	<0.1	3,300	0.2
U61B	Schizophrenia Disorders without Mental Health Legal Status	0	196	196	<0.1	3,533	0.2
U68Z	Childhood Mental Disorders	0	178	178	<0.1	873	<0.1
O61Z	Postpartum and Post Abortion without Operating Room Procedure	31	138	169	<0.1	869	<0.1
U40Z	Mental Health Treatment, Sameday, with Electroconvulsive Therapy	142	0	142	<0.1	142	<0.1
V63A	Opioid Use Disorder and Dependence	0	127	127	<0.1	1,620	0.1
B64A	Delirium with Catastrophic Complications and Comorbidities	1	87	88	<0.1	1,746	0.1
U66Z	Eating and Obsessive-Compulsive Disorders	0	87	87	<0.1	1,989	0.1
V60A	Alcohol Intoxication and Withdrawal with Complications and Comorbidities	4	81	85	<0.1	854	<0.1
O66A	Antenatal & Other Obstetric Admission	0	81	81	<0.1	228	<0.1
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	77	77	<0.1	610	<0.1
V61Z	Drug Intoxication and Withdrawal	2	69	71	<0.1	613	<0.1
O60B	Vaginal Delivery without Catastrophic or Severe Complications and Comorbidities	0	59	59	<0.1	332	<0.1
O01C	Caesarean Delivery without Catastrophic or Severe Complications and Comorbidities	0	45	45	<0.1	303	<0.1
Z64A	Other Factors Influencing Health Status	0	26	26	<0.1	108	<0.1
Z01B	O.R. Procedures with Diagnoses Other Contacts with Health Services W/O Cat/Sev CC	24	0	24	<0.1	24	<0.1
U62A	Paranoia & Acute Psych Disorder with Cat/Sev CC or W Mental Health Legal Status	0	14	14	<0.1	281	<0.1
C63A	Other Disorders of the Eye with Complications and Comorbidities	1	11	12	<0.1	80	<0.1
V62B	Alcohol Use Disorder and Dependence, Sameday	11	0	11	<0.1	11	<0.1
B76B	Seizure without Catastrophic or Severe Complications and Comorbidities	1	9	10	<0.1	47	<0.1
	All other AR-DRGs	20	81	101	<0.1	47	<0.1
	Total	1,299	10,247	11,546	0.6	114,796	5.7

(continued)

Table 6.11 (continued): The 30 most frequently reported AR-DRGs for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2003–04

AR-DRG Description	Separations				Patient days	Patient days per 1,000 population ^(b)
	Same day	Overnight	Total	Per 1,000 population ^(b)		
	All hospitals ^(c)					
U65Z Anxiety Disorders	0	9,437	9,437	0.5	34,082	1.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	222	6,987	7,209	0.4	99,648	5.0
U64Z Other Affective and Somatoform Disorders	0	6,837	6,837	0.3	37,728	1.9
V60B Alcohol Intoxication and Withdrawal without Complications and Comorbidities	558	5,518	6,076	0.3	14,107	0.7
U60Z Mental Health Treatment, Sameday, without Electroconvulsive Therapy	5,940	0	5,940	0.3	5,940	0.3
U40Z Mental Health Treatment, Sameday, with Electroconvulsive Therapy	5,732	0	5,732	0.3	5,732	0.3
V62A Alcohol Use Disorder and Dependence	0	5,468	5,468	0.3	38,929	1.9
U67Z Personality Disorders and Acute Reactions	0	5,450	5,450	0.3	25,159	1.3
U63B Major Affective Disorders Age <70 without Catastrophic or Severe CC	0	4,548	4,548	0.2	29,891	1.5
U61B Schizophrenia Disorders without Mental Health Legal Status	0	3,082	3,082	0.2	17,058	0.9
V64Z Other Drug Use Disorder and Dependence	115	1,885	2,000	0.1	11,740	0.6
V61Z Drug Intoxication and Withdrawal	277	1,568	1,845	0.1	5,591	0.3
V60A Alcohol Intoxication and Withdrawal with Complications and Comorbidities	127	1,671	1,798	0.1	8,309	0.4
B64B Delirium without Catastrophic Complications and Comorbidities	106	1,584	1,690	0.1	14,513	0.7
V63A Opioid Use Disorder and Dependence	16	1,617	1,633	0.1	10,324	0.5
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	0	1,503	1,503	0.1	5,880	0.3
U63A Major Affective Disorders Age >69 or with (Catastrophic or Severe CC)	0	1,238	1,238	0.1	16,354	0.8
U66Z Eating and Obsessive-Compulsive Disorders	0	909	909	<0.1	15,619	0.8
O60B Vaginal Delivery without Catastrophic or Severe Complications and Comorbidities	22	756	778	<0.1	2,973	0.1
O61Z Postpartum and Post Abortion without Operating Room Procedure	53	647	700	<0.1	3,050	0.2
O66A Antenatal & Other Obstetric Admission	0	654	654	<0.1	2,107	0.1
B64A Delirium with Catastrophic Complications and Comorbidities	2	566	568	<0.1	9,140	0.5
V63B Opioid Use Disorder and Dependence, Left Against Medical Advice	42	452	494	<0.1	1,723	0.1
U68Z Childhood Mental Disorders	0	452	452	<0.1	2,349	0.1
Z64A Other Factors Influencing Health Status	0	322	322	<0.1	1,712	0.1
B81B Other Disorders of the Nervous System without Catastrophic or Severe CC	61	106	167	<0.1	571	<0.1
V62B Alcohol Use Disorder and Dependence, Sameday	162	0	162	<0.1	162	<0.1
B76B Seizure without Catastrophic or Severe Complications and Comorbidities	30	90	120	<0.1	213	<0.1
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	0	115	115	<0.1	1,457	0.1
O01C Caesarean Delivery without Catastrophic or Severe CC	0	104	104	<0.1	611	<0.1
All other AR-DRGs	245	483	728	<0.1	688	<0.1
Total	13,710	64,049	77,759	3.9	427,811	21.4

(a) Separations for which the care type was reported as *Acute*, *Newborn* with qualified days, or was *Not reported*.

(b) Rates are crude rates based on the estimated resident population of 31 December 2003.

(c) Includes separations from NSW public psychiatric hospitals.

Note: Abbreviations: W—with, W/O—without, Cat/Sev—catastrophic or severe, CC—complications and comorbidities, ECT—Electroconvulsive therapy, O.R.—operating room, Psych—psychotic.

Table 6.12: The 30 most frequently reported procedures for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2003–04

Procedure	Separations for which the procedure was reported			Patient days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total			
Public hospitals						
95550–01 Allied health intervention, social work	112	9,373	9,485	139,403	14.9	9,526
95550–03 Allied health intervention, physiotherapy	53	6,766	6,819	121,191	17.9	6,847
93340–00 Electroconvulsive therapy <=8 treatments	5,552	376	5,928	6,975	3.8	5,929
92514–99 General anaesthesia, ASA 99	4,963	203	5,166	7,949	14.7	5,399
56001–00 Computerised tomography of brain	522	4,385	4,907	55,091	12.4	4,934
95550–02 Allied health intervention, occupational therapy	19	4,831	4,850	98,352	20.4	4,869
95550–00 Allied health intervention, dietetics	26	3,099	3,125	64,115	20.7	3,137
92003–00 Alcohol detoxification	31	3,041	3,072	16,569	5.4	3,074
92006–00 Drug detoxification	50	1,994	2,044	10,920	5.5	2,046
96175–00 Mental/behavioural assessment	297	1,706	2,003	10,756	6.1	2,006
95550–05 Allied health intervention, speech pathology	2	1,738	1,740	37,017	21.3	1,746
95550–10 Allied health intervention, psychology	56	1,322	1,378	18,610	14.0	1,379
95550–11 Allied health intervention, other	42	1,015	1,057	11,972	11.8	1,101
95550–09 Allied health intervention, pharmacy	9	1,037	1,046	14,211	13.7	1,046
90901–00 Magnetic resonance imaging of brain	203	469	672	7,051	14.6	674
92009–00 Combined alcohol and drug detoxification	15	612	627	3,723	6.1	627
56007–00 Computerised tomography of brain with intravenous contrast medium	51	526	577	7,257	13.7	579
92514–29 General anaesthesia, ASA 29	363	207	570	1,592	5.9	630
92515–99 Sedation, ASA 99	175	350	525	5,183	14.3	543
39000–00 Lumbar puncture	45	420	465	4,880	11.5	470
96073–00 Substance addiction counselling or education	10	421	431	2,766	6.5	431
96034–00 Alcohol and other drug assessment	8	372	380	2,566	6.9	380
92514–39 General anaesthesia, ASA 39	218	150	368	1,469	8.3	417
92007–00 Drug rehabilitation and detoxification	1	342	343	2,461	7.2	343
96145–00 Skills training in parenting techniques	146	193	339	1,090	4.9	339
95550–04 Allied health intervention, podiatry	0	336	336	13,730	40.9	336
92007–00 Drug rehabilitation and detoxification	4	287	291	1,192	4.1	291
95550–12 Allied health intervention, pastoral care	2	263	265	5,357	20.4	266
96169–00 Assistance with activities related to parenting	162	69	231	497	4.9	240
13706–02 Transfusion of packed cells	2	218	220	3,890	17.8	221
Other	963	8,473	9,436	117,037	13.7	9,586
No procedure or not reported	4,797	29,784	34,581	132,738	..	..
Total^(b)	12,422	55,665	68,087	399,342	7.0	59,886

(continued)

Table 6.12 (continued): The 30 most frequently reported procedures for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2003–04

Procedure	Separations for which the procedure was reported			Patient days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total			
Private hospitals						
95550–03 Allied health intervention, physiotherapy	59	1,324	1,383	21,712	16.4	1,385
95550–01 Allied health intervention, social work	296	709	1,005	12,289	16.9	1,007
96169–00 Assistance with activities related to parenting	755	117	872	1,213	3.9	872
96089–00 Resource education	606	118	724	1,073	4.0	724
96180–00 Other psychotherapies or psychosocial therapies	4	685	689	14,982	21.9	689
92004–00 Alcohol rehabilitation and detoxification	0	618	618	10,436	16.9	619
12203–00 Polysomnography	2	580	582	645	1.1	582
56001–00 Computerised tomography of brain	12	549	561	8,628	15.7	561
95550–02 Allied health intervention, occupational therapy	57	499	556	7,470	14.9	556
96080–00 Counselling or education on preparing for parenthood, parenting skills or family planning	464	76	540	778	4.1	540
96075–00 Self care/self maintenance counselling or education	386	122	508	875	4.0	508
95550–10 Allied health intervention, psychology	2	502	504	8,816	17.6	504
96067–00 Nutritional/dietary counselling or education	340	70	410	1,090	10.7	410
96101–00 Cognitive behaviour therapy	44	317	361	5,825	18.2	361
95550–00 Allied health intervention, dietetics	2	309	311	6,348	20.5	311
96073–00 Substance addiction counselling or education	0	279	279	5,113	18.3	279
96081–00 Relationship counselling	203	72	275	520	4.4	275
93340–00 Electroconvulsive therapy <=8 treatments	141	129	270	2,183	15.8	270
92514–99 General anaesthesia, ASA 99	112	135	247	1,724	11.9	308
92003–00 Alcohol detoxification	0	246	246	2,811	11.4	246
92515–99 Sedation, ASA 99	58	179	237	3,298	18.1	501
95550–12 Allied health intervention, pastoral care	0	213	213	3,702	17.4	213
96034–00 Alcohol and other drug assessment	0	175	175	2,857	16.3	175
96090–00 Other counselling or education	128	47	175	355	4.8	175
30473–00 Panendoscopy to duodenum	104	62	166	1,065	15.5	166
96140–00 Skills training in activities related to self care/self maintenance	57	102	159	390	3.3	159
95550–05 Allied health intervention, speech pathology	0	152	152	3,274	21.5	152
96185–00 Supportive psychotherapy, not elsewhere classified	0	140	140	3,180	22.7	140
96001–00 Psychological skills training	23	112	135	1,654	14.6	135
92007–00 Drug rehabilitation and detoxification	0	133	133	2,738	20.6	133
Other	480	3,608	4,088	52,949	14.5	4,198
No procedure or not reported	55	4,435	4,490	35,893	..	..
Total^(b)	1,332	33,424	11,852	120,186	3.6	17,154

(continued)

Table 6.12 (continued): The 30 most frequently reported procedures for mental health-related separations^(a) without specialised psychiatric care, by hospital type, Australia, 2003–04

Procedure	Separations for which the procedure was reported			Patient days	ALOS (days) excluding same day	Total procedures reported
	Same day	Overnight	Total			
All hospitals						
95550–01 Allied health intervention, social work	408	10,246	10,654	154,743	15.1	10,697
95550–03 Allied health intervention, physiotherapy	112	8,090	8,202	142,903	17.7	8,232
93340–00 Electroconvulsive therapy <=8 treatments	5,693	505	6,198	9,158	6.9	6,199
95550–02 Allied health intervention, occupational therapy	76	5,444	5,520	108,270	19.9	5,539
56001–00 Computerised tomography of brain	534	4,935	5,469	63,724	12.8	5,496
92514–99 General anaesthesia, ASA 99	5,075	338	5,413	9,673	13.6	5,707
95550–00 Allied health intervention, dietetics	28	3,408	3,436	70,463	20.7	3,448
92003–00 Alcohol detoxification	31	3,343	3,374	19,758	5.9	3,376
92006–00 Drug detoxification	59	2,277	2,336	12,663	5.5	2,338
96175–00 Mental/behavioural assessment	303	1,822	2,125	12,399	6.6	2,128
95550–10 Allied health intervention, psychology	58	1,912	1,970	29,322	15.3	1,972
95550–05 Allied health intervention, speech pathology	2	1,890	1,892	40,291	21.3	1,898
95550–11 Allied health intervention, other	43	1,130	1,173	14,246	12.6	1,217
95550–09 Allied health intervention, pharmacy	9	1,130	1,139	15,724	13.9	1,139
96169–00 Assistance with activities related to parenting	917	186	1,103	1,710	4.3	1,112
92004–00 Alcohol rehabilitation and detoxification	1	1,037	1,038	13,066	12.6	1,039
96073–00 Substance addiction counselling or education	11	868	879	9,350	10.8	879
90901–00 Magnetic resonance imaging of brain	211	558	769	8,609	15.1	773
92007–00 Drug rehabilitation and detoxification	5	762	767	6,391	8.4	767
92515–99 Sedation, ASA 99	233	529	762	8,481	15.6	1,044
12203–00 Polysomnography	4	738	742	859	1.2	743
96089–00 Resource education	607	120	727	1,090	4.0	727
96180–00 Other psychotherapies or psychosocial therapies	4	686	690	14,985	21.8	690
96080–00 Counselling or education on preparing for parenthood, parenting skills or family planning	591	96	687	1,057	4.9	687
92009–00 Combined alcohol and drug detoxification	15	671	686	4,188	6.2	686
56007–00 Computerised tomography of brain with intravenous contrast medium	51	624	675	8,737	13.9	677
92514–29 General anaesthesia, ASA 29	384	252	636	2,275	7.5	704
96034–00 Alcohol and other drug assessment	8	570	578	5,609	9.8	578
96075–00 Self care/self maintenance counselling or education	386	126	512	922	4.3	512
39000–00 Lumbar puncture	45	456	501	5,343	11.6	506
Other	2,538	12,252	14,790	189,333	15.2	15,102
No procedure or not reported	4,852	34,219	39,071	168,631	..	..
Total^(b)	13,754	66,185	79,939	519,528	7.6	86,612

(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) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

.. Not applicable.

Table 6.13: Mental health-related separations^(a) without specialised psychiatric care, by mode of admission and hospital type, states and territories^(b), 2003–04

Mode of admission	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public hospitals									
Admitted patient transferred from another hospital	1,345	2,235	189	309	174	63	13	0	4,328
Statistical admission—care type change	449	841	142	49	28	20	8	19	1,556
Other	21,319	17,410	7,752	5,941	7,747	1,219	320	302	62,010
Not reported	144	0	0	0	0	49	0	0	193
Total	23,257	20,486	8,083	6,299	7,949	1,351	341	321	68,087
Private hospitals									
Admitted patient transferred from another hospital	127	133	66	44	23	n.p.	n.p.	n.p.	437
Statistical admission—care type change	9	9	15	8	0	n.p.	n.p.	n.p.	43
Other	2,353	2,833	2,417	1,855	799	n.p.	n.p.	n.p.	11,206
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	166
Total	2,489	2,975	2,498	1,907	822	n.p.	n.p.	n.p.	11,852
All hospitals^(c)									
Admitted patient transferred from another hospital	1,503	2,368	255	353	197	n.p.	n.p.	n.p.	4,796
Statistical admission—care type change	535	850	157	57	28	n.p.	n.p.	n.p.	1,676
Other	24,610	20,243	10,169	7,796	8,546	n.p.	n.p.	n.p.	74,154
Not reported	146	0	0	0	0	n.p.	n.p.	n.p.	361
Total	26,794	23,461	10,581	8,206	8,771	n.p.	n.p.	n.p.	80,987

(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.

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

n.p. Not published.

Table 6.14: Mental health-related separations^(a) without specialised psychiatric care, by mode of separation and hospital type, states and territories^(b), 2003–04

Mode of separation	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharge/transfer to an(other) acute hospital	2,513	3,381	763	433	1,219	108	30	46	8,493
Discharge/transfer to a residential aged care Service ^(c)	832	699	161	163	342	33	17	6	2,253
Discharge/transfer to an(other) psychiatric hospital	1,123	197	1	278	506	0	4	5	2,114
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	176	0	166	37	44	69	7	13	512
Statistical discharge type change	754	2,293	386	235	238	74	15	23	4,018
Left against medical advise/discharge at own risk	1,516	330	657	514	347	60	7	32	3,463
Statistical discharge from leave	66	0	19	11	4	0	0	0	100
Died	143	150	42	26	31	5	2	0	399
Other (includes discharge to usual residence/own accommodation/ welfare institution)	16,134	13,436	5,888	4,602	5,218	1,002	259	196	46,735
Total	23,257	20,486	8,083	6,299	7,949	1,351	341	321	68,087
Private hospitals									
Discharge/transfer to an(other) acute hospital	93	111	89	50	39	n.p.	n.p.	n.p.	386
Discharge/transfer to a residential aged care Service ^(c)	74	99	56	63	94	n.p.	n.p.	n.p.	392
Discharge/transfer to an(other) psychiatric hospital	21	2	0	22	15	n.p.	n.p.	n.p.	61
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	9	0	15	1	1	n.p.	n.p.	n.p.	125
Statistical discharge type change	15	15	62	27	3	n.p.	n.p.	n.p.	131
Left against medical advise/discharge at own risk	31	32	18	13	6	n.p.	n.p.	n.p.	100
Statistical discharge from leave	2	0	1	0	0	n.p.	n.p.	n.p.	3
Died	16	24	25	15	6	n.p.	n.p.	n.p.	86
Other (includes discharge to usual residence/own accommodation/ welfare institution)	2,228	2,692	2,232	1,716	658	n.p.	n.p.	n.p.	10,568
Total	2,489	2,975	2,498	1,907	822	n.p.	n.p.	n.p.	11,852
All hospitals^(d)									
Discharge/transfer to an(other) acute hospital	2,610	3,492	852	483	1,258	n.p.	n.p.	n.p.	8,883
Discharge/transfer to a residential aged care Service ^(c)	907	798	217	226	436	n.p.	n.p.	n.p.	2,646
Discharge/transfer to an(other) psychiatric hospital	1,145	199	1	300	521	n.p.	n.p.	n.p.	2,176
Discharge/transfer to other health care accommodation (includes mothercraft hospitals)	287	0	181	38	45	n.p.	n.p.	n.p.	739
Statistical discharge type change	845	2,308	448	262	241	n.p.	n.p.	n.p.	4,225
Left against medical advise/discharge at own risk	1,790	362	675	527	353	n.p.	n.p.	n.p.	3,806
Statistical discharge from leave	70	0	20	11	4	n.p.	n.p.	n.p.	105
Died	159	174	67	41	37	n.p.	n.p.	n.p.	485
Other (includes discharge to usual residence/own accommodation/welfare institution)	18,981	16,128	8,120	6,318	5,876	n.p.	n.p.	n.p.	57,922
Total	26,794	23,461	10,581	8,206	8,771	n.p.	n.p.	n.p.	80,987

(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 categorisation of establishments.

(c) Unless this is the usual place of residence.

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

n.p. Not published.

Table 6.15: Mental health-related separations^(a) without specialised psychiatric care, by care type and hospital type, states and territories^(b), 2003–04

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	21,883	19,563	7,771	6,248	7,926	1,323	334	297	65,345
Rehabilitation care	577	0	10	1	0	0	0	0	588
Palliative care	47	33	10	3	8	2	3	0	106
Geriatric evaluation and management	102	817	102	32	0	1	0	9	1,063
Psychogeriatric care	182	0	97	4	0	2	2	5	292
Maintenance care	462	73	77	11	1	23	2	5	654
Other admitted patient care	0	0	13	0	14	0	0	5	32
Newborn	4	0	3	0	0	0	0	0	7
Not reported	0	0	0	0	0	0	0	0	0
Total	23,257	20,486	8,083	6,299	7,949	1,351	341	321	68,087
Private hospitals									
Acute care	2,274	2,967	2,465	1,895	822	n.p.	n.p.	n.p.	11,405
Rehabilitation care	0	0	4	1	0	n.p.	n.p.	n.p.	5
Palliative care	2	2	4	8	0	n.p.	n.p.	n.p.	16
Geriatric evaluation and management	1	0	0	0	0	n.p.	n.p.	n.p.	1
Psychogeriatric care	0	0	3	0	0	n.p.	n.p.	n.p.	39
Maintenance care	5	6	18	3	0	n.p.	n.p.	n.p.	34
Other admitted patient care	207	0	4	0	0	n.p.	n.p.	n.p.	211
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	141
Total	2,489	2,975	2,498	1,907	822	n.p.	n.p.	n.p.	11,852
All hospitals^(c)									
Acute care	25,018	22,530	10,236	8,143	8,748	n.p.	n.p.	n.p.	77,611
Rehabilitation care	764	0	14	2	0	n.p.	n.p.	n.p.	780
Palliative care	49	35	14	11	8	n.p.	n.p.	n.p.	122
Geriatric evaluation and management	103	817	102	32	0	n.p.	n.p.	n.p.	1,064
Psychogeriatric care	182	0	100	4	0	n.p.	n.p.	n.p.	331
Maintenance care	467	79	95	14	1	n.p.	n.p.	n.p.	688
Other admitted patient care	207	0	17	0	14	n.p.	n.p.	n.p.	243
Newborn	4	0	3	0	0	n.p.	n.p.	n.p.	7
Not reported	0	0	0	0	0	n.p.	n.p.	n.p.	141
Total	26,794	23,461	10,581	8,206	8,771	n.p.	n.p.	n.p.	80,987

(a) Does not include records for *Hospital boarders* or *Posthumous organ procurement*.

(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 categorisation of establishments.

(c) Includes separations from NSW public psychiatric hospitals.

n.p. Not published.

7 Specialised mental health care resources

This chapter presents an overview of available data on the characteristics of the psychiatrist and mental health nursing labour forces. It also describes the characteristics of services delivering specialised mental health care in Australia. The services described include government-operated community and residential mental health services, public and private psychiatric hospitals, and psychiatric units or wards in public acute care hospitals.

7.1 Specialised mental health care labour force

This section presents information on the characteristics of psychiatrists using data from the national Medical labour force survey on psychiatrists and Medicare data for private psychiatrists (from the Department of Health and Ageing) and of mental health nurses using data from the national Nursing labour force survey. Background information on these three collections is presented in Appendix 1.

Psychiatrists

National Medical Labour Force Survey data on the number of specialists practising as psychiatrists and psychiatry trainees are presented in Tables 7.1 to 7.4. For the purposes of the survey, a psychiatrist was defined as a medical practitioner who identified as being a specialist – that is, a person who holds a qualification awarded by a specialist college; for example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) – and whose main specialty of practice was psychiatry. Psychiatrists-in-training were defined as medical practitioners who had been accepted by the RANZCP into a training position supervised by a member of the college. Psychiatrists may work as clinicians or non-clinicians. All psychiatrists-in-training work as clinicians. The work of non-clinicians may include administration, teaching, research and public health. The data exclude medical practitioners practising psychiatry as a second or third speciality.

To enable meaningful comparisons in the size of the psychiatrist labour force, a measure that takes into account the effect of movements between part-time and full-time hours of work, the full-time-equivalent (FTE) is used. This measure is based on the total hours worked by all psychiatrists and psychiatry trainees, divided by 45 hours (45 hours being consistent with the typical working week for specialists). This provides an indication of how many 45-hour-week workloads are being worked by psychiatrists and psychiatry trainees, regardless of the numbers working full time or part time.

In 2003 it was estimated that there were 3,026 psychiatrists and psychiatrists-in-training, comprising 2,395 specialists practising psychiatry as their main speciality and 631 psychiatrists-in-training (Table 7.1). There were 2,810 FTE psychiatrists and psychiatrists-in-training, representing a rate of 14.1 FTE per 100,000 population. There were 2,171 FTE specialists practising psychiatry as their main speciality and 637 FTE psychiatrists-in-training.

Between 1999 and 2003 the number of FTE psychiatrists and psychiatrists-in-training increased by 10.5%, from 2,543 to 2,810; an average annual increase of 2.5%. For the majority of FTE psychiatrists (86.9%), their main place of work was in a major city (Table 7.1 and

Figure 1.23), and this has been the case since 1999. Major cities had 18.5 FTE psychiatrists and psychiatrists-in-training per 100,000 population, and there were 5.0, 3.5 and 2.5 FTE psychiatrists and psychiatrists-in-training per 100,000 population in inner regional, outer regional, remote and very remote areas respectively. Little or no variation has been seen in this pattern since 1999.

Of the estimated 3,026 psychiatrists and psychiatrists-in-training in Australia in 2003, 1,972 (65.2%) were male and 1,054 (34.8%) were female (Table 7.2). Only 30.7% of FTE psychiatrists and psychiatrists-in-training were female, reflecting the difference in average weekly hours worked by males and females.

The average annual increase in FTE female psychiatrists and psychiatrists-in-training between 1999 and 2003 (3.4%) was greater than for males (2.0%) (Table 7.2). Between 1999 and 2003, the proportion of female FTE trainees rose from 42.0% to 51.2%.

In 2003 the majority of FTE psychiatrists in Australia were clinicians (1,964), compared with 208 non-clinicians. Most clinician and non-clinician FTE psychiatrists were males (74.7% and 78.8% respectively) (Table 7.2).

The main age group for FTE psychiatrists in 2003 was 45–54 years (32.7% for clinicians and 35.1% for non-clinicians), and the majority of FTE psychiatrists-in-training were aged under 35 years (56.0%) (Table 7.3). The proportion of FTE psychiatrists who were clinicians was between 88.9% and 98.4% across all age groups. There were 523 FTE psychiatrists working as clinicians in the 55–64 age group, and 214 FTE psychiatrists aged 65 and over.

In 2003 the jurisdiction with the highest number of FTE psychiatrists and psychiatrists-in-training per 100,000 population was the Northern Territory (21.4), followed by Victoria (17.9). Queensland had the lowest, with 10.2 per 100,000 population (Table 7.4).

Psychiatrists in private practice

Based on Medicare Benefits Schedule fee income, the estimated number of full-time-equivalent private psychiatrists for 2004–05 was 1062.9 (Table 7.5). The majority were located in major cities (939.7, or 88.4%). Victoria (7.1) was the jurisdiction with the highest number of full-time-equivalent private psychiatrists per 100,000 population.

Table 7.1: Psychiatrists and psychiatrists-in-training^(a), by Remoteness Area of main place of work, Australia, 1999 to 2003

	1999	2000	2001	2002	2003	Average annual change (%)
Psychiatrists (clinicians and non-clinicians)^(b)						
Major city	1,825	1,871	1,805	2,019	2,066	3.2
Inner regional	185	154	180	221	203	2.2
Outer regional	55	57	49	49	53	-1.0
Remote and very remote	10	6	7	8	10	-0.8
Not reported	33	66	60	70	63	17.5
Total	2,109	2,153	2,100	2,367	2,395	3.2
Psychiatrists-in-training^(c)						
Major city	500	495	554	509	549	2.4
Inner regional	23	38	35	34	36	11.2
Outer regional	16	17	10	17	23	9.8
Remote and very remote	4	3	3	1	3	-11.0
Not reported	16	22	29	26	21	8.1
Total	559	575	632	587	631	3.1
Total psychiatrists and psychiatrists-in-training						
Major city	2,324	2,366	2,359	2,527	2,614	3.0
Inner regional	209	191	215	256	238	3.3
Outer regional	71	74	59	65	76	1.7
Remote and very remote	15	10	10	9	13	-3.5
Not reported	48	87	89	97	84	15.0
Total	2,667	2,728	2,732	2,954	3,026	3.2
FTE^(d) psychiatrists (clinicians and non-clinicians)^(b)						
Major city	1,715	1,779	1,696	1,866	1,887	2.4
Inner regional	171	145	161	197	172	0.1
Outer regional	52	48	40	45	50	-1.1
Remote and very remote	9	6	7	6	9	-2.3
Not reported	34	53	56	64	49	9.5
Total	1,977	2,038	1,960	2,178	2,171	2.4
FTE^(d) psychiatrists-in-training^(c)						
Major city	506	494	554	501	554	2.3
Inner regional	23	39	34	34	36	11.4
Outer regional	18	18	11	14	21	4.5
Remote and very remote	4	4	4	1	4	-3.3
Not reported	14	21	30	24	22	12.5
Total	566	576	632	574	637	3.0
FTE^(d) psychiatrists and psychiatrists-in-training						
Major city	2,221	2,271	2,249	2,364	2,440	2.4
Inner regional	194	184	194	231	208	1.7
Outer regional	70	67	52	59	71	0.5
Remote and very remote	14	10	10	7	13	-2.7
Not reported	48	77	87	88	73	10.9
Total	2,543	2,613	2,592	2,750	2,810	2.5
FTE^(d) psychiatrists and psychiatrists-in-training per 100,000 population^(e)						
Major city	17.7	17.9	17.5	18.1	18.5	1.1
Inner regional	5.0	4.6	4.8	5.7	5.0	0.1
Outer regional	3.5	3.3	2.6	2.9	3.5	-0.1
Remote and very remote	2.8	1.9	2.0	1.4	2.5	-2.9
Not reported	..	..	..	..	..	..
Total	13.4	13.6	13.4	14.0	14.1	1.3

- (a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same. Disaggregation of psychiatrists as clinician and non-clinician is not available by Remoteness Area.
- (b) Psychiatrists are those that identified themselves as being a specialist—that is, a person who holds a qualification awarded by a specialist college; for example, the Royal Australian and New Zealand College of Psychiatrists—and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.
- (c) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.
- (d) Full-time equivalent is based on a typical working week for specialists of 45 hours.
- (e) Rates are crude rates based on the estimated resident population of Australia at 31 December of the reference year.
- .. Not applicable.

Source: AIHW Medical Labour Force Survey.

Table 7.2: Psychiatrists and psychiatrists-in-training^(a), by sex, Australia, 1999 to 2003

	1999	2000	2001	2002	2003	Average annual change (%)
Psychiatrists^(b)						
Clinicians						
Male	1,397	1,443	1,376	1,505	1,525	2.2
Female	594	547	564	661	652	2.4
Total^(c)	1,991	1,989	1,940	2,167	2,177	2.3
Non-clinicians						
Male	83	111	108	151	157	17.3
Female	35	53	52	49	61	14.9
Total^(c)	118	164	160	200	218	16.6
Psychiatrists-in-training^(d)						
Male	309	323	313	290	290	-1.6
Female	249	252	319	297	341	8.2
Total^(c)	559	575	632	587	631	3.1
Total psychiatrists and psychiatrists-in-training						
Male	1,790	1,876	1,797	1,946	1,972	2.5
Female	878	852	934	1,008	1,054	4.7
Total^(c)	2,667	2,728	2,732	2,954	3,026	3.2
FTE^(e) psychiatrists^(b)						
Clinicians						
Male	1,375	30	1,342	1,469	1,467	1.6
Female	481	437	456	519	494	0.7
Total^(c)	1,858	1,870	1,797	1,989	1,964	1.4
Non-clinicians						
Male	86	122	108	144	164	17.5
Female	37	47	53	46	45	5.0
Total^(c)	123	168	161	190	208	14.0
FTE^(e) psychiatrists-in-training^(d)						
Male	328	336	327	299	310	-1.4
Female	238	240	305	275	326	8.2
Total^(c)	566	576	632	574	637	3.0
FTE^(e) total psychiatrists and psychiatrists-in-training						
Male	1,790	1,889	1,777	1,911	1,941	2.0
Female	757	725	814	840	864	3.4
Total^(c)	2,543	2,613	2,592	2,750	2,810	2.5
FTE^(e) total psychiatrists and psychiatrists-in-training per 100,000 population^(f)						
Male	18.9	19.8	18.3	19.5	19.5	0.8
Female	7.9	7.5	8.3	8.4	8.6	2.1
Total^(c)	13.4	13.6	13.3	13.9	14.1	1.3

- (a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.
- (b) Psychiatrists are those that identified themselves as being a specialist—that is, a person who holds a qualification awarded by a specialist college; for example, the Royal Australian and New Zealand College of Psychiatrists—and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.
- (c) Figures may not add to totals due to rounding.
- (d) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.
- (e) Full-time equivalent is based on a typical working week for specialists of 45 hours.
- (f) Rates are crude rates based on the estimated resident population of Australia at 31 December of the reference year.

Source: AIHW Medical Labour Force Survey.

Table 7.3: Psychiatrists and psychiatrists-in-training^(a), by age, Australia, 1999 to 2003

	1999	2000	2001	2002	2003	Average annual change (%)
Psychiatrists^(b)						
Clinicians						
Less than 35	128	80	79	72	72	-13.4
35-44	565	596	575	539	583	0.8
45-54	643	620	547	678	659	0.6
55-64	408	471	506	598	563	8.4
65 and over	247	222	232	279	300	5.0
Total^(c)	1,991	1,989	1,940	2,167	2,177	2.3
Non-clinicians						
Less than 35	7	13	13	6	1	-38.5
35-44	29	55	58	53	71	25.1
45-54	40	51	44	74	69	14.6
55-64	29	28	28	44	51	15.2
65 and over	13	17	18	23	36	29.0
Total^(c)	118	164	160	200	218	16.6
Psychiatrists-in-training^(d)						
Less than 35	275	347	392	346	350	6.2
35-44	159	139	132	148	174	2.3
45-54	95	82	100	93	108	3.3
55-64	15	5	3	0	0	-100.0
65 and over	15	3	6	0	0	-100.0
Total^(c)	559	575	632	587	631	3.1
Total psychiatrists and psychiatrists-in-training						
Less than 35	409	440	483	425	423	0.8
35-44	754	790	765	741	828	2.4
45-54	778	753	691	845	835	1.8
55-64	452	505	536	642	614	8.0
65 and over	274	242	256	302	325	4.4
Total^(c)	2,667	2,728	2,732	2,954	3,026	3.2
FTE^(e) psychiatrists^(b)						
Clinicians						
Less than 35	117	74	68	61	61	-15.0
35-44	516	556	532	489	520	0.2
45-54	644	632	549	669	643	0.0
55-64	392	452	488	564	523	7.5
65 and over	185	155	159	201	214	3.7
Total^(c)	1,858	1,870	1,797	1,989	1,964	1.4
Non-clinicians						
Less than 35	7	14	4	9	1	-38.5
35-44	29	56	63	49	65	22.4
45-54	46	58	51	78	73	12.2
55-64	30	31	31	36	50	13.6
65 and over	11	10	12	18	19	14.6
Total^(c)	123	168	161	190	208	14.0
FTE^(e) psychiatrists-in-training^(d)						
Less than 35	288	351	390	350	357	5.5
35-44	150	136	133	135	173	3.6
45-54	98	82	100	89	107	2.2
55-64	16	4	3	0	0	-100.0
65 and over	14	2	6	0	0	-100.0
Total^(c)	566	576	632	574	637	3.0
FTE^(e) total psychiatrists and psychiatrists-in-training						
Less than 35	412	440	462	420	420	0.5
35-44	697	747	728	673	758	2.1
45-54	786	773	700	836	822	1.1
55-64	439	487	522	599	573	6.9
65 and over	210	167	177	219	233	2.6
Total^(c)	2,543	2,613	2,592	2,750	2,810	2.5

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Psychiatrists are those that identified themselves as being a specialist—that is, a person who holds a qualification awarded by a specialist college; for example, the Royal Australian and New Zealand College of Psychiatrists—and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(c) Figures may not add to totals due to rounding.

(d) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

(e) Full-time equivalent is based on a typical working week for specialists of 45 hours.

Source: AIHW Medical Labour Force Survey.

Table 7.4: Psychiatrists and psychiatrists-in-training^(a), states and territories, 1999 to 2003

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Psychiatrists^(c)									
Clinicians									
1999	656	617	293	153	176	50	24	18	1,991
2000	631	599	294	176	199	38	35	17	1,989
2001	534	659	293	173	192	46	32	11	1,940
2002	691	698	321	157	194	51	44	12	2,167
2003	648	704	331	164	207	57	50	15	2,177
Average annual change (%)	-0.3	3.4	3.1	1.8	4.1	3.3	20.1	-4.5	2.3
Non-clinicians									
1999	52	32	8	13	13	0	0	0	118
2000	50	47	24	23	15	1	3	0	164
2001	56	52	23	14	12	2	3	0	160
2002	78	62	20	13	17	6	4	0	200
2003	75	72	27	16	17	6	4	0	218
Average annual change (%)	9.6	22.5	35.5	5.3	6.9	394.9	347.2	0.0	16.6
Psychiatrists-in-training^(d)									
1999	190	124	100	68	58	2	11	6	559
2000	188	136	78	79	66	7	12	8	575
2001	227	167	68	69	76	9	11	5	632
2002	210	191	48	50	66	6	4	12	587
2003	232	186	57	63	67	6	6	15	631
Average annual change (%)	5.1	10.7	-13.1	-1.9	3.7	31.6	-14.1	25.7	3.1
Total psychiatrists and psychiatrists-in-training									
1999	898	773	402	234	247	52	39	24	2,667
2000	869	783	396	279	280	47	50	25	2,728
2001	817	878	384	256	279	56	46	16	2,732
2002	978	952	388	220	276	62	53	24	2,954
2003	955	963	415	243	291	70	59	30	3,026
Average annual change (%)	1.6	5.6	0.8	0.9	4.2	7.7	10.9	5.7	3.2
FTE^(e) psychiatrists^(c)									
Clinicians									
1999	586	583	286	141	162	49	26	23	1,858
2000	582	578	288	154	184	35	30	18	1,870
2001	495	621	277	143	185	40	23	12	1,797
2002	638	635	302	139	179	41	39	13	1,989
2003	596	625	305	149	192	47	34	17	1,964
Average annual change (%)	0.4	1.8	1.6	1.4	4.3	-1.0	6.9	-7.3	1.4
Non-clinicians									
1999	50	37	9	15	13	0	0	0	123
2000	51	48	21	28	17	0	3	0	168
2001	62	42	25	17	13	0	2	0	161
2002	74	60	19	12	15	6	4	0	190
2003	68	73	24	16	17	7	3	0	208
Average annual change (%)	8.0	18.5	27.8	1.6	6.9	414.4	316.2	-100.0	14.0

(continued)

Table 7.4 (continued): Psychiatrists and psychiatrists-in-training^(a), states and territories, 1999 to 2003

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
	FTE^(e) psychiatrists-in-training^(d)								
1999	197	127	98	68	52	2	13	9	566
2000	196	135	76	78	62	7	14	9	576
2001	223	173	67	74	70	8	12	5	632
2002	212	189	45	46	60	6	4	11	574
2003	235	189	62	65	60	6	5	13	637
Average annual change (%)	4.5	10.4	-10.8	-1.1	3.6	31.6	-21.2	9.6	3.0
	FTE^(e) total psychiatrists and psychiatrists-in-training								
1999	834	745	393	224	228	51	39	31	2,543
2000	828	762	386	260	263	42	47	27	2,613
2001	779	837	369	235	269	48	38	17	2,592
2002	924	884	367	197	255	54	48	24	2,750
2003	898	886	391	229	270	60	42	30	2,810
Average annual change (%)	1.9	4.4	-0.1	0.6	4.3	4.1	1.9	-0.8	2.5
	FTE^(e) total psychiatrists and psychiatrists-in-training per 100,000 population^(f)								
1999	12.9	15.8	11.1	12	15.1	10.9	12.5	16.2	13.4
2000	12.7	16	10.7	13.8	17.4	8.8	14.9	13.9	13.6
2001	11.8	17.3	10.1	12.3	17.7	10.2	11.8	8.6	13.3
2002	13.9	18.1	9.8	10.2	16.7	11.3	14.8	12.3	13.9
2003	13.4	17.9	10.2	11.7	17.6	12.5	13.1	15.1	14.1
Average annual change (%)	1.0	3.2	-2.1	-0.6	3.9	3.5	1.2	-1.7	1.3

(a) These medical practitioner numbers were estimated using Medical Labour Force Survey data, which have been weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Figures may not add to totals due to rounding.

(c) Psychiatrists identified themselves as being a specialist—that is, a person who holds a qualification awarded by a specialist college; for example, the Royal Australian and New Zealand College of Psychiatrists—and whose main speciality of practice is psychiatry. Excludes medical practitioners practising psychiatry as a second or third speciality.

(d) A medical practitioner who has been accepted by the RANZCP into a training position supervised by a member of the college.

(e) Full-time equivalent is based on a typical working week for specialists of 45 hours.

(f) Rates are crude rates based on the estimated resident population of Australia at 31 December of the reference year.

Source: AIHW Medical Labour Force Survey.

Table 7.5: Medicare-funded full-time-equivalent private psychiatrists, by Remoteness Area, states and territories, 2004–05

	NSW	Vic	Qld	WA	Tas	ACT	SA and NT ^(a)	Total
Remoteness Area	Number							
Major cities	297.9	331	139.9	55.8	..	11.9	103.2	939.7
Inner regional	33.7	13.8	25.1	3.9	21.0	..	1.3	98.8
Outer regional	7.7	2.1	8.5	0.0	0.0	..	2.6	20.9
Remote	0.0	0.9	1.7	0.0	0.0	..	0.4	3.0
Very remote	0.0	..	0.2	0.0	0.0	..	0.1	0.5
<i>Total all regions</i>	<i>339.3</i>	<i>347.8</i>	<i>175.4</i>	<i>59.7</i>	<i>21.0</i>	<i>11.9</i>	<i>107.6</i>	<i>1,062.90</i>
	Per 100,000 population^(b)							
Major cities	6.2	9.2	7.0	4.1	..	3.7	9.4	7.1
Inner regional	2.4	1.3	2.5	1.6	13.0	..	0.7	2.4
Outer regional	1.6	0.8	1.3	0.0	0.0	..	0.9	1.0
Remote	0.0	15.4	1.8	0.0	0.0	..	0.5	0.9
Very remote	0.0	..	0.4	0.0	0.0	..	0.2	0.3
<i>Total all regions</i>	<i>5.1</i>	<i>7.1</i>	<i>4.6</i>	<i>3.1</i>	<i>4.4</i>	<i>3.7</i>	<i>6.2</i>	<i>5.3</i>

(a) Figures for South Australia and the Northern Territory have been combined for confidentiality reasons.

(b) The rate per 100,000 population is a crude rate based on the estimated resident population at 30 June 2003. Figures for 2004 were not available at time of publication.

.. Not applicable.

Source: Medicare data from DHA.

Mental health nurses

The following information is based on the AIHW national nursing labour force biennial collections for the period 1999 to 2003, the latest years for which there are data. Additional information on this collection is presented in Appendix 1 and further details on the national nursing labour force are available in the *Nursing and Midwifery Labour force 2003* report (AIHW 2005g).

Mental health nurses are defined as nurses who indicate that their main area of nursing is in the psychiatric or mental health field. To enable meaningful comparisons of the size of the nursing labour force, a measure that takes into account the effect of movements between part-time and full-time hours of work, the full-time-equivalent measure, is used. This measure is based on the total hours worked by all nurses, divided by 35 hours (35 hours being consistent with the Australian Bureau of Statistics cut-off for part-time work). This provides an indication of how many 35-hour-week workloads are being worked by nurses, regardless of the numbers working full time or part time.

In 2003 there were 12,354 mental health nurses and 12,883 FTE mental health nurses, representing a rate of 64.8 FTE nurses per 100,000 population (Table 7.6).

Between 1999 and 2003 the number of mental health nurses declined from 13,416 to 12,354, with an average annual decrease of 2.0%. The number of FTE mental health nurses for this period showed a smaller decrease (from 12,995 FTEs to 12,883 FTEs, or a 0.2% decrease each year on average). This reflected an increase in average working hours – from 33.9 hours in 1999 to 36.5 hours in 2003. FTEs per 100,000 population also declined, from 68.7 in 1999 to 64.8 in 2003, reflecting both the decrease in FTE and the grown in population. This represented an average annual decrease of 1.4%.

The main place of work for the majority of mental health nurses was in a major city (8,663 FTE), followed by inner regional areas (2,867 FTE).

The decline in FTE rates per 100,000 population was not consistent across all geographic areas. While the FTE rate in major cities remained relatively stable (66.0 in 1999 and 65.7 in 2003), the FTE rates for most other areas declined during this time – for example, from 38.6 in

Table 7.6: Mental health nurses^{(a)(b)}, by Remoteness Area of main place of work, Australia, 1999 to 2003

	1999	2001	2003	Average annual change (%)
Number				
Major city	8,439	7,663	8,262	-0.5
Inner regional	2,679	2,583	2,795	1.1
Outer regional	812	558	583	-7.9
Remote and Very remote	139	113	58	-19.6
Not reported	1,348	1,176	656	-16.5
Total	13,416	12,094	12,354	-2.0
FTE^(c)				
Major city	8,270	7,641	8,663	1.2
Inner regional	2,595	2,502	2,867	2.5
Outer regional	768	553	632	-4.8
Remote and Very remote	133	108	64	-16.7
Not reported	1,228	1,139	647	-14.8
Total	12,995	11,956	12,883	-0.2
FTE^(c) per 100,000 population^(d)				
Major city	66.0	59.4	65.7	-0.1
Inner regional	66.4	62.2	69.0	1
Outer regional	38.6	27.5	31.0	-5.3
Remote and Very remote	26.6	21.5	12.7	-16.9
Not reported	..	..	..	..
Total	68.7	61.6	64.8	-1.4

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Includes registered and enrolled nurses.

(c) Full-time equivalent is based on a typical working week of 35 hours.

(d) Rates are crude rates based on the estimated resident population of Australia at 30 June of the reference year.

.. Not applicable.

Source: AIHW Nursing Labour Force Survey, 1997 and 2001; AIHW Nursing and Midwifery Labour Force Survey, 2003.

1999 to 31.0 in 2003 in outer regional areas (an average annual decrease of 5.3%). Rates for remote and very remote areas appear to show a decrease, but as the numbers these rates are based on are quite small, these figures should be used with caution.

Information on the number of mental health nurses by age and sex is presented in Table 7.7. In 2003 just over two-thirds (68.0%) of mental health nurses were female. The majority of mental health nurses were in the 45–54 years and 35–44 years age groups (37.8% and 28.9%, respectively). Just under two-thirds of FTE mental health nurses were female (65.9%), slightly lower than the number of female mental health nurses, reflecting the difference in average weekly hours worked by male and female mental health nurses (38.9 hours and 35.4 hours, respectively).

Between 1999 and 2003 there was an ageing of the mental health nursing workforce, with declines in the number of mental health nurses aged between 25 years and 44 years (for example, 8.1% average annual decrease for those aged between 35 and 44 years) and increases in those aged 45 years or more (for example, an average annual increase of 8.7% for mental health nurses aged between 55 and 64 years).

The changes in numbers of mental health nurses between 1999 and 2003 was different for males and females. The number of female mental health nurses decreased during this period for all age groups below 55 years, particularly for those aged between 35 and 44 years (9.1% average annual decrease). In contrast, for males there were decreases only for those aged between 25 and 44 years.

Table 7.8 provides information on the number of mental health nurses and FTE mental health nurses by state and territory between 1999 and 2003. Most states and territories showed a decrease in the number of mental health nurses during this time. Although there are apparently large decreases in the number of mental health nurses in Western Australia and the Northern Territory between 1999 and 2003, response rates for the 2003 Nursing and Midwifery Labour Force survey from these jurisdictions were very low, so these data need to be used with caution. In New South Wales and Victoria the number of male mental health nurses increased during this time (by 3.8% and 7.2% respectively).

During the same period there were decreases in the number of female FTE mental health nurses for all states and territories except New South Wales. In contrast, the number of male FTE mental health nurses increased in all states and territories except Western Australia, Tasmania and the Northern Territory.

Table 7.7: Mental health nurses^{(a)(b)} by age and sex, Australia, 1999 to 2003

	1999	2001	2003	Average annual change (%)
	Number			
Males				
15–24	64	52	72	3
25–34	580	576	488	–4.2
35–44	1,385	1,251	1,094	–5.7
45–54	1,296	1,543	1,639	6
55–64	357	453	603	14
65 and over	38	43	61	12.6
<i>Total</i>	3,721	3,918	3,957	1.5
Females				
15–24	279	218	278	–0.1
25–34	1,790	1,452	1,361	–6.6
35–44	3,630	2,727	2,480	–9.1
45–54	3,034	2,802	3,028	0
55–64	862	883	1,101	6.3
65 and over	101	95	149	10.2
<i>Total</i>	9,696	8,176	8,397	–3.5
Persons				
15–24	343	270	349	0.4
25–34	2,370	2,028	1,849	–6.0
35–44	5,015	3,977	3,574	–8.1
45–54	4,330	4,345	4,667	1.9
55–64	1,219	1,336	1,704	8.7
65 and over	140	137	211	10.8
Total	13,416	12,094	12,354	–2.0
	FTE^(c)			
Males				
15–24	71	54	77	2
25–34	610	617	557	–2.2
35–44	1,468	1,333	1,232	–4.3
45–54	1,388	1,640	1,835	7.2
55–64	365	466	638	15
65 and over	35	37	58	13.5
<i>Total</i>	3,944	4,153	4,398	2.8
Females				
15–24	298	222	306	0.7
25–34	1,708	1,415	1,384	–5.1
35–44	3,236	2,477	2,381	–7.4
45–54	2,913	2,746	3,166	2.1
55–64	808	851	1,117	8.4
65 and over	87	76	124	9.3
<i>Total</i>	9,059	7,802	8,493	–1.6
Persons				
15–24	369	276	383	0.9
25–34	2,323	2,034	1,944	–4.4
35–44	4,714	3,818	3,615	–6.4
45–54	4,305	4,394	5,000	3.8
55–64	1,174	1,317	1,758	10.6
65 and over	122	113	182	10.5
Total	12,995	11,956	12,883	–0.2

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Includes registered and enrolled nurses.

(c) Full-time equivalent is based on a typical working week of 35 hours.

Source: AIHW Nursing Labour Force Survey, 1997 and 2001; AIHW Nursing and Midwifery Labour Force Survey, 2003.

Table 7.8: Mental health nurses^{(a)(b)}, by sex, state and territory, 1999 to 2003

	NSW	Vic	Qld	WA ^(c)	SA	Tas	ACT	NT ^(c)	Total
	Number								
Males									
1999	1,103	928	765	382	407	74	31	30	3,721
2001	1,150	1,195	650	290	451	113	45	22	3,918
2003	1,279	1,228	754	210	372	48	44	22	3,957
Average annual change (%)	3.8	7.2	-0.4	-13.9	-2.2	-10.2	9.1	-7.5	1.6
Females									
1999	3,147	2,460	1,680	939	1,035	196	148	91	9,696
2001	2,860	2,251	1,199	675	757	198	168	70	8,176
2003	3,158	2,210	1,425	655	719	92	120	19	8,397
Average annual change (%)	0.1	-2.6	-4.0	-8.6	-8.7	-17.3	-5.1	-32.4	-3.5
Persons									
1999	4,250	3,388	2,445	1,321	1,442	270	179	122	13,416
2001	4,010	3,446	1,848	965	1,208	311	213	92	12,094
2003	4,437	3,438	2,179	866	1,091	140	163	40	12,354
Average annual change (%)	1.1	0.4	-2.8	-10.0	-6.7	-15.2	-2.3	-24.3	-2.0
	FTE^(d)								
Males									
1999	1,178	981	822	411	396	77	36	33	3,944
2001	1,239	1,284	698	298	445	114	45	26	4,153
2003	1,404	1,393	834	231	404	53	47	28	4,398
Average annual change (%)	4.5	9.2	0.4	-13.4	0.5	-8.9	6.9	-4.0	2.8
Females									
1999	3,012	2,277	1,613	909	840	187	130	83	9,059
2001	2,770	2,154	1,144	640	664	179	164	70	7,802
2003	3,167	2,254	1,441	672	715	100	121	21	8,493
Average annual change (%)	1.3	-0.3	-2.8	-7.3	-3.9	-14.5	-1.8	-29.1	-1.6
Persons									
1999	4,189	3,263	2,438	1,324	1,231	265	166	116	12,995
2001	4,010	3,436	1,843	938	1,108	293	209	95	11,956
2003	4,564	3,644	2,273	903	1,119	153	169	50	12,883
Average annual change (%)	2.2	2.8	-1.7	-9.1	-2.4	-12.8	0.4	-19.0	-0.2

(a) Mental health nurse numbers were estimated using Nursing Labour Force Survey data weighted to match the available registration data by assuming that the characteristics of non-respondents and respondents were the same.

(b) Includes registered and enrolled nurses.

(c) Western Australian and Northern Territory responses to the 2003 Nursing and Midwifery Labour Force survey were very low, so these data need to be treated with caution.

(d) Full-time equivalent is based on a typical working week of 35 hours.

Source: AIHW Nursing Labour Force Survey, 1997 and 2001; AIHW Nursing and Midwifery Labour Force Survey, 2003.

7.2 Government-operated community and residential mental health services

This section describes government-operated community and residential mental health services in terms of the number of services, availability of beds, staff employed and expenditure. The data relate only to government-operated residential mental health services that are staffed 24 hours per day: data on non-government-operated residential mental health services and government operated services staffed less than 24 hours are not available.

The National Community Mental Health Establishments Database (NCMHED) collates available bed, separation, staff and expenditure data for each public community and residential mental health care establishment in Australia from routine administrative collections. Further information on the NCMHED can be found in Appendix 1. The National Survey of Mental Health Services also collects data on these services, presented in the *National Mental Health Report* series (DHA 2004). The similarities and differences between the data collated by the survey and NCMHED are outlined in Appendix 5.

Table 7.9 presents a summary of services, number of available beds, staffing and expenditure from NCMHED since 1999–00. Information from the NCMHED on the number of services by state and territory in 2003–04 is presented in Table 7.10. A list of the services that are reported to NCMHED can be found in the Internet-only tables at <www.aihw.gov.au>.

Note that the definitions of the services varied between jurisdictions. In some jurisdictions, such as Tasmania and Queensland, the services were equivalent to individual service units, which can include hospital-based mental health outpatient and outreach services. In other jurisdictions, such as New South Wales and Western Australia, entire health regions or areas were defined as services. For these reasons, the number of services reported does not necessarily reflect the number of physical buildings or service outlets from which mental health care was provided.

Between 1999–00 and 2003–04 the number of FTE staff increased from 8,570 to 10,783, or an average rate of 5.9% annually. Salaries and wages expenditure over the same period increased each year by 14.5% on average, from \$407.9 million to \$702.1 million (in constant prices), and non-salary expenditure (including depreciation) increased 8.3% annually on average, from \$160.0 million to \$258.8 million (in constant prices).

There were 1,246 available beds reported to the NCMHED for 2003–04, representing 6.2 beds per 100,000 population (Table 7.10). Tasmania had the highest number of available beds per 100,000 (29.2), followed by Victoria (18.1).

Data on the number of full-time equivalent (FTE) staff employed in community and residential mental health services by state and territory are presented in Table 7.11. The FTE staff data presented are the average available staff for the year. Note that data collection by staff category is not consistent across all states and territories, with some jurisdictions providing best estimates. A total of 10,783 FTE staff were employed in government-operated community and residential mental health services for 2003–04.

FTE staffing data by staff category were able to be supplied to the NCMHED by New South Wales, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For these jurisdictions the majority of the FTE staff were *Nurses* (20.8%, or 2,248 FTE staff) and *Diagnostic and allied health professionals* (18.7%, or 2,020 FTE staff). The community and residential mental health care workforce also included *Administrative and clerical staff* (9.9%, or 1,071 FTE staff), *Salaried medical officers* (4.2%, or 456 FTE staff), *Domestic and other staff* (2.7%, or 292 FTE staff) and *Other personal care staff*.

The salary category made up 73.3% (\$675.8 million) of total expenditure (Tables 7.12 and 7.13). Salary payments include salaries and wages, payments to staff on paid leave, workers compensation, and salaries paid to contract staff for supply of labour. Non-salary expenditure includes expenses for medical supplies (excluding equipment purchases), administrative expenses, drug and food supplies, patient transport, and repairs and maintenance. Recurrent expenditure by community mental health services in 2003–04 was \$922.1 million (Table 7.13).

New South Wales, Queensland, Tasmania, the Australia Capital Territory and the Northern Territory were able to supply their salary and wage data by staffing category. The proportion of salary and wage expenditure paid by the five jurisdictions to *Total nurses* and *Diagnostic and allied health professionals* were 37.6% (\$124.7 million) and 30.8% (\$102.2 million) respectively. *Administrative and clerical staff* payments and *Salaried medical officers* payments accounted for 14.3% (\$47.5 million) and 13.5% (\$44.9 million) of the salary expenditure.

Table 7.9: Summary of public and private psychiatric hospitals^(a) and government-operated community and residential mental health services^(b), Australia, 1999–00 to 2003–04

	1999–00	2000–01	2001–02	2002–03	2003–04	Average annual change (%)
Public psychiatric hospitals						
Number of hospitals	22	23	22	19	19	–3.6
Available beds ^(c)	2,759	2,478	2,457	2,523	2,561	–1.8
Full-time-equivalent staff	6,274	5,601	5,545	5,458	5,600	–2.8
<i>Current prices^(d)</i>						
Salaries and wages expenditure (\$'000)	303,812	281,494	303,693	309,931	346,079	3.3
Non-salary expenditure ^(e) (\$'000)	113,516	115,295	119,576	137,156	122,408	1.9
Depreciation (\$'000)	19,562	19,899	21,955	21,957	19,869	0.4
Total recurrent expenditure (\$'000)	436,890	416,688	445,224	469,044	488,356	2.8
Revenue (\$'000)	19,769	21,978	19,260	19,419	23,874	4.8
<i>Constant prices^(d)</i>						
Salaries and wages expenditure (\$'000)	275,254	263,478	293,367	309,931	358,884	7.1
Non-salary expenditure ^(e) (\$'000)	102,845	107,916	115,510	137,156	126,937	5.4
Depreciation (\$'000)	17,723	18,625	21,209	21,957	20,604	4.1
Total recurrent expenditure (\$'000)	395,822	390,020	430,086	469,044	506,425	6.5
Revenue (\$'000)	17,911	20,571	18,605	19,419	24,757	9.3
Public acute hospitals						
Number of hospitals with a specialised psychiatric unit or ward	107	111	108	128	124	4.1
Available beds in psychiatric units or wards	n.a.	n.a.	2,985	3,286	3,463	3.9
Private psychiatric hospitals^(f)						
Number of hospitals	24	24	24	25	25	1.0
Available beds ^(c)	1,369	1,369	1,387	1,463	1,441	1.3
Full-time-equivalent staff	1,572	1,566	1,707	1,704	1,672	1.6
<i>Current prices^(d)</i>						
Total recurrent expenditure (\$'000)	122,498	133,491	143,653	158,529	162,066	7.3
<i>Constant prices^(d)</i>						
Total recurrent expenditure (\$'000)	110,983	124,948	138,769	158,529	168,062	11.0
Government-operated community and residential mental health services						
Number of services ^(b)	232	233	246	242	246	1.5
Available beds ^(c)	1,171	1,306	1,249	1,241	1,246	1.8
Full-time-equivalent staff	8,570	8,933	9,759	10,420	10,783	5.9
<i>Current prices^(d)</i>						
Salaries and wages expenditure (\$'000)	453,492	505,310	563,495	624,680	675,809	10.5
Non-salary expenditure ^(g) (\$'000)	177,865	187,887	214,636	247,052	249,149	5.8
Total recurrent expenditure (\$'000)	631,358	695,709	778,131	871,751	922,079	10.0
<i>Constant prices^(d)</i>						
Salaries and wages expenditure (\$'000)	407,927	475,174	546,160	624,680	702,131	14.5
Non-salary expenditure ^(g) (\$'000)	159,994	176,682	208,033	247,052	258,840	8.3
Total recurrent expenditure (\$'000)	567,921	654,218	754,193	871,751	957,993	14.0

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. Some data for 2002–03 have been updated since previously published.

(b) The count of government-operated community and residential mental health services can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets.

(c) Average available beds.

(d) Expenditure and revenue data are listed in both current and constant prices. Constant price values are referenced to 2002–03 and are adjusted for inflation and expressed in terms of prices for the reference year.

(e) Excludes depreciation.

(f) ABS defined private psychiatric hospitals as those that are licensed/approved by each state or territory health authority and for which 50% or more of the total patient days were for psychiatric patients.

(g) Includes depreciation.

n.a. Not available.

Source: National Public Hospital Establishments Database, Private Health Establishments Collection, National Community Mental Health Establishments Database.

Table 7.10: Government-operated community and residential mental health services, services providing residential care, available beds and available beds per 100,000 population, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Services ^(a)	19	39	97	18	35	30	2	6	246
Services providing residential care	7	31	0	2	2	9	1	0	52
Available beds ^(b)	137	893	0	21	27	140	28	0	1,246
Available beds per 100,000 population ^(c)	2	18.1	0.0	1.1	1.8	29.2	8.7	0.0	6.2

(a) The number of services reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of service outlets. For details on the services reported to NCMHED, see <www.aihw.gov.au>.

(b) Average available beds.

(c) Rates are crude rates based on the estimated resident population at 31 December 2003.

Source: National Community Mental Health Establishments Database.

Table 7.11: Full-time-equivalent staff^(a), government-operated community and residential mental health services^(b), states and territories, 2003–04

Staffing category	NSW^(c)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	218	n.a.	120	n.a.	78	15	15	10	456
Nurses									
Registered nurses	n.a.	n.a.	442	n.a.	273	137	67	30	n.p.
Enrolled nurses	n.a.	n.a.	7	n.a.	11	37	14	0	n.p.
<i>Total nurses</i>	<i>1,231</i>	<i>n.a.</i>	<i>448</i>	<i>n.a.</i>	<i>284</i>	<i>174</i>	<i>81</i>	<i>30</i>	<i>2,248</i>
Other personal care staff	n.a.	n.a.	24	n.a.	10	59	0	0	n.p.
Diagnostic and allied health professionals	958	n.a.	623	n.a.	268	61	91	19	2,020
Administrative and clerical staff	664	n.a.	216	n.a.	111	33	26	21	1,071
Domestic and other staff	237	n.a.	10	n.a.	5	33	7	0	292
Total staff^(d)	3,304	3,522	1,443	1,083	756	375	220	80	10,783

(a) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2004 were used.

(b) For details on the services reporting to the NCMHED, see <www.aihw.gov.au>.

(c) New South Wales *Other personal care staff* are not available separately and are included in total.

(d) Includes total for services which were not able to provide data by staffing category.

n.a. Not available.

n.p. Not published.

Source: National Community Mental Health Establishments Database.

Table 7.12: Salaries and wages expenditure (\$'000), government-operated community and residential mental health services ^(a), states and territories, 2003–04

Staffing category	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Salaried medical officers	26,285	n.a.	13,621	n.a.	n.a.	1,570	2,031	1,379	n.p.
Nurses									
Registered nurses	n.a.	n.a.	25,209	n.a.	n.a.	6,892	4,978	2,106	n.p.
Enrolled nurses	n.a.	n.a.	284	n.a.	n.a.	1,270	653	0	n.p.
<i>Total nurses</i>	<i>83,317</i>	<i>n.a.</i>	<i>25,494</i>	<i>n.a.</i>	<i>n.a.</i>	<i>8,162</i>	<i>5,631</i>	<i>2,106</i>	<i>n.p.</i>
Other personal care staff	n.a.	n.a.	954	n.a.	n.a.	1,816	0	0	n.p.
Diagnostic and allied health professionals	58,656	n.a.	33,256	n.a.	n.a.	3,415	5,642	1,251	n.p.
Administrative and clerical staff	34,798	n.a.	8,977	n.a.	n.a.	1,237	1,367	1,110	n.p.
Domestic and other staff	7,197	n.a.	402	n.a.	n.a.	1,009	258	0	n.p.
Total salaries and wages^(c)	211,409	225,722	82,703	73,457	44,534	17,209	14,929	5,846	675,809

(a) For details on the services reporting to NCMHED, see <www.aihw.gov.au>.

(b) Expenditure data for this collection are not regarded as reliable by NSW Health. It is recommended that data from the National Survey of Mental Health Services, as published in the National Mental Health Report be used in preference. New South Wales *Other personal care staff* are not available separately and are included in the total.

(c) Includes total for services that were not able to provide salaries and wages data by staffing category.

n.a. Not available.

n.p. Not published.

Source: National Community Mental Health Establishments Database.

Table 7.13: Non-salary and total recurrent expenditure (\$'000), government-operated community and residential mental health services^(a), states and territories, 2003–04

Recurrent expenditure category	NSW^(b)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Payments to visiting medical officers	10,854	n.a.	5,050	n.a.	n.a.	5	705	13	16,627
Superannuation	19,172	n.a.	9,120	n.a.	n.a.	1,905	1,576	514	32,287
Drug supplies	5,747	n.a.	2,001	n.a.	n.a.	637	35	59	8,479
Medical and surgical supplies	1,918	n.a.	226	n.a.	n.a.	37	12	5	2,198
Food supplies	1,051	n.a.	156	n.a.	n.a.	565	141	4	1,917
Domestic services	4,044	n.a.	1,416	n.a.	n.a.	586	166	100	6,312
Repairs and maintenance	6,757	n.a.	1011	n.a.	n.a.	75	92	92	8,027
Patient transport	906	n.a.	15	n.a.	n.a.	10	12	1	944
Administrative expenses	28,550	n.a.	9,950	n.a.	n.a.	5,958	2,092	1,010	47,560
Interest payments	14	n.a.	1	n.a.	n.a.	0	0	n.a.	15
Other recurrent expenditure	15,660	n.a.	1,608	n.a.	n.a.	606	1,693	1,462	21,029
<i>Total non-salary expenditure excluding depreciation^(c)</i>	<i>94,673</i>	<i>n.a.</i>	<i>30,556</i>	<i>n.a.</i>	<i>n.a.</i>	<i>10,395</i>	<i>6,524</i>	<i>3,260</i>	<i>n.p.</i>
Depreciation	8,646	n.a.	691	n.a.	n.a.	0	82	8	n.p.
<i>Total non-salary expenditure including depreciation^(c)</i>	<i>103,319</i>	<i>56,258</i>	<i>31,247</i>	<i>23,808</i>	<i>11,369</i>	<i>10,395</i>	<i>6,606</i>	<i>3,268</i>	<i>246,270</i>
Total recurrent expenditure^(c)	314,728	281,980	113,950	97,265	55,903	27,604	21,535	9,114	922,079

(a) For details on the services reporting to the NCMHED, see <www.aihw.gov.au>.

(b) Expenditure data for this collection are not regarded as reliable by NSW Health. It is recommended that data from the National Survey of Mental Health Services, as published in the National Mental Health Report be used in preference.

(c) Includes total for services that were not able to provide data by recurrent expenditure category.

n.a. Not available.

Source: National Community Mental Health Establishments Database.

7.3 Psychiatric and acute care hospitals

Public and private sector psychiatric and acute care hospitals provide admitted patient and non-admitted patient mental health care. For a complete picture of hospital-based mental health care, data from both psychiatric and public acute care hospitals are presented in this section. In order to present data on the different hospital types, this chapter draws on data from the National Public Hospital Establishments Database (NPHEd) and the ABS's Private Health Establishments Collection (PHEC). Details on each collection are presented in Appendix 1. Although there are currently more mental health-specific data available on psychiatric hospitals than on acute care hospitals, this does not necessarily indicate the relative importance or contribution of the two hospital types.

The NPHEd is not the only source of mental health-related staffing, resource and expenditure data on Australia's public hospitals. The National Survey of Mental Health Services also collects data on these hospitals; these data are presented in the *National Mental Health Report* series (DHA 2004). The similarities and differences between the data collated by the survey and by the NPHEd are outlined in Appendix 5.

Public psychiatric hospitals

This section describes public psychiatric hospitals in terms of number of hospitals, availability of beds, staff employed, expenditure and revenue. The public psychiatric hospital data were obtained from the NPHEd, which holds a record for each public hospital in Australia and is collated from routine administrative collections.

In 2003–04 there were 20 public psychiatric hospitals in Australia, providing 12.9% of the separations with specialised psychiatric care and 30.3% of the specialised psychiatric care days (Tables 4.2 and 4.3). The number of separate services reported was similar to that reported for the previous four years (Table 7.9).

When comparing jurisdictions, note that the hospital reported by Victoria is a specialist forensic service, whereas the hospitals reported by other jurisdictions provide a broader range of services. A list of the public psychiatric hospitals that were reported to NPHEd is on the AIHW web site <www.aihw.gov.au>.

A useful indicator of public psychiatric hospital service delivery is the number of available beds. The number of available beds for 2003–04 was 2,561, compared with 2,523 available beds for 2002–03 and 2,457 for 2001–02 (Table 7.9). This represents a continuation of the increase in available bed numbers occurring since 2001–02, after previous declines.

The majority of public psychiatric hospital beds were located in major cities (72.0%). There were no public psychiatric hospitals in remote and very remote areas (Table 7.14).

Data on the number of staff employed in public psychiatric hospitals by state and territory are presented in Table 7.15. The data on FTE staff refer to the average available staff for the year. Note that data collection by staff category was not consistent across all states and territories, with some jurisdictions providing best estimates. FTE staff employed in Australian public psychiatric hospitals remained relatively stable between 2000–01 and 2003–04, with an average of 5,600 FTE staff reported for 2003–04 compared with 5,601 reported for 2000–01 (Table 7.9). However, due to a drop in average FTE staff between 1999–00 and 2000–01 there was an average annual decrease of 2.7% between 1999–00 and 2003–04.

The majority of the FTE staff in 2003–04 were *Nursing staff* (53.8% or 3,011 FTE staff), followed by *Domestic and other staff* (18.7% or 1,045 FTE staff). *Salaried medical officers* and

Diagnostic and allied health professionals made up 5.5% (308 FTE staff) and 9.5% (531 FTE staff) of the public psychiatric hospital workforce respectively.

Box 7.1 Expenditure and staffing data for public psychiatric hospital services provided to non-admitted patients

The expenditure and staffing data for public psychiatric hospital-based services provided to non-admitted patients and some community-based services (for example, psychiatric outpatient services and community outreach services) are included in both the public hospital data and the government-operated community and residential mental health services data. Public hospitals report expenditure and staffing data for specialised mental health community, outpatient and outreach services under their management to NPHED. Many of these mental health community, outpatient and outreach services also report these data separately to NCMHED. For this reason, the expenditure and staffing totals for public psychiatric hospitals and government-operated community and residential mental health services should not be added together. Available on the AIHW web site <www.aihw.gov.au> is a list of the public psychiatric hospitals contributing to NPHED and the government-operated community and residential mental health services contributing to NCMHED. Dual listing of some services provides evidence of overlap.

Tables 7.16 and 7.17 present information on recurrent expenditure in current prices by public psychiatric hospitals, including salary and non-salary categories. Salary payments include salaries and wages, payments to staff on paid leave, workers compensation, and amounts paid to contract staff for supply of labour. Non-salary expenditure includes payments for medical/surgical supplies (excluding equipment purchases), administrative expenses and drug supplies.

Recurrent expenditure by public psychiatric hospitals in 2003–04 was \$488.4 million (Table 7.17). Between 1999–00 and 2003–04 recurrent expenditure increased on average by 6.5% annually, from \$395.8 million to \$506.4 million (constant prices) (Table 7.9).

The salary category made up 70.9% (\$346.1 million) of the recurrent expenditure of public psychiatric hospitals. In jurisdictions other than Victoria and South Australia (for which detailed data were not available), salary and wage payments to *Nursing staff* made up 55.5% (\$147.5 million) of the expenditure on salary and wages. Salary and wages payments for *Domestic and other staff* and *Salaried medical officers* made up 11.9% (\$31.6 million) and 11.8% (\$31.4 million) respectively.

Data on public psychiatric hospital revenue, excluding general revenue payments received from state or territory governments, are presented in Table 7.18. The revenue received by Australian public psychiatric hospitals was \$23.7 million for 2003–04, compared with \$19.4 million for 2002–03. This amount is equivalent to 4.9% of the total recurrent expenditure. A relatively large proportion of the total revenue for public psychiatric hospitals was collected as patient revenue (73.3% or \$17.4 million).

Table 7.14: Public psychiatric hospitals^(a) and available beds^(b), by Remoteness Area, states, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	Total
Public psychiatric hospitals							
Major cities	7	1	1	1	1	..	11
Inner regional	3	0	1	0	0	3	7
Outer regional	0	0	2	0	0	0	2
Remote and very remote	0	0	0	0	0	0	0
Total all regions	10	1	4	1	1	3	20
Available beds^(b)							
Major cities	874	115	192	203	461	..	1,845
Inner regional	363	0	204	0	0	69	636
Outer regional	0	0	80	0	0	0	80
Remote and very remote	0	0	0	0	0	0	0
Total all regions	1,237	115	476	203	461	69	2,561
Available beds per 100,000 population^(c)							
Major cities	18.3	3.2	9.6	14.8	42.1	..	14
Inner regional	26.4	0	20.7	0	0	22.7	15.3
Outer regional	0	0	12	0	0	0	3.9
Remote and very remote	0	0	0	0	0	0	0
Total all regions	18.5	2.3	12.5	10.4	30.2	14.5	12.9

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHEd, see <www.aihw.gov.au>.

(b) Average available beds where possible; otherwise available beds at 30 June 2004.

(c) Rates are crude rates based on the estimated resident population at 30 June 2003.

.. Not applicable.

Source: National Public Hospital Establishments Database.

Table 7.15: Full-time-equivalent staff^(a), public psychiatric hospitals^(b), states, 2003–04

Staffing category	NSW^(c)	Vic^(d)	Qld	WA^(e)	SA^(f)	Tas^(f)	Total
Salaried medical officers	165	21	28	38	56	0	308
Nurses							
Registered nurses	n.a.	137	477	262	465	31	n.a.
Enrolled nurses	n.a.	19	109	50	97	3	n.a.
<i>Total nurses</i>	<i>1,361</i>	<i>156</i>	<i>586</i>	<i>312</i>	<i>562</i>	<i>34</i>	<i>3,011</i>
Other personal care staff	n.a.	n.a.	26	n.a.	5	n.a.	n.a.
Diagnostic and allied health professionals	289	19	104	63	56	0	531
Administrative and clerical staff	356	38	117	71	91	2	675
Domestic and other staff	523	11	220	107	169	15	1,045
Total staff	2,693	245	1,081	591	940	50	5,600

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements; for example, the inclusion of data for community-based services managed by hospitals. There are no public psychiatric hospitals in the Australian Capital Territory or the Northern Territory. For details on the hospitals reporting to NPHEd, see <www.aihw.gov.au>.

(b) Where average full-time-equivalent staff numbers were not available, staff numbers at 30 June 2004 were used. Staff contracted to provide products (rather than labour) are not included.

(c) *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(d) Full-time-equivalent staff numbers may be slightly understated. *Other personal care staff* are included in *Domestic and other staff*.

(e) *Other personal care staff* excludes staff on retention who do not work regular hours and are included in *Domestic and other staff*. Many hospitals were unable to provide a split between nurse categories and these have been reported as *Registered nurses*.

(f) *Other personal care staff* are included in *Domestic and other staff*.

n.a. Not available.

Source: National Public Hospital Establishments Database.

Table 7.16: Salaries and wages expenditure (\$'000), public psychiatric hospitals^(a), states, 2003–04

Staffing category	NSW^(b)	Vic^(c)	Qld	WA^(d)	SA^(e)	Tas^(f)	Total^(g)
Salaried medical officers	22,131	n.a.	3,315	5,951	n.a.	0	31,397
Nurses							
Registered nurses	n.a.	n.a.	30,281	17,345	n.a.	1,908	n.a.
Enrolled nurses	n.a.	n.a.	5,024	2,362	n.a.	129	n.a.
<i>Total nurses</i>	<i>90,494</i>	<i>n.a.</i>	<i>35,305</i>	<i>19,707</i>	<i>n.a.</i>	<i>2,038</i>	<i>147,544</i>
Other personal care staff	0	n.a.	1099	0	n.a.	0	1,099
Diagnostic and allied health professionals	15,889	n.a.	5,885	3,256	n.a.	0	25,030
Administrative and clerical staff	20,500	n.a.	5,459	3,351	n.a.	36	29,346
Domestic and other staff	18,081	n.a.	8,756	4,174	n.a.	614	31,625
Total salaries and wages^(h)	167,095	23,218	59,819	36,439	56,820	2,688	346,079

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements; for example, the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHEd, see <www.aihw.gov.au>.

(b) Expenditure recorded against special purposes and trust funds is not included. *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(c) Reporting arrangements do not allow for the breakdown of recurrent expenditure for the single public psychiatric hospital.

(d) *Other personal care staff* are included in *Domestic and other staff*.

(e) For 2003–04, reporting arrangements do not allow for the breakdown of recurrent expenditure for the single public psychiatric hospital.

(f) *Other personal care staff* are included in *Diagnostic and allied health professionals*.

(g) Components do not add to the total as some data not available as subcategories.

(h) Includes recurrent salaries and wages expenditure not allocatable to a salaries and wages expenditure category.

n.a. Not available.

Source: National Public Hospital Establishments Database.

Table 7.17: Non-salary expenditure and total recurrent expenditure (\$'000), public psychiatric hospitals^(a), states, 2003–04

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(c)	Tas	Total
Payments to visiting medical officers	1,795	n.a.	988	0	n.a.	0	2,783
Superannuation	16,413	n.a.	5,959	3,150	n.a.	557	26,079
Drug supplies	5,978	n.a.	1,650	1,469	n.a.	165	9,262
Medical and surgical supplies	1,847	n.a.	594	486	n.a.	26	2,953
Food supplies	4,734	n.a.	1,398	1,087	n.a.	279	7,498
Domestic services	5,904	n.a.	3,458	1,386	n.a.	225	10,973
Repairs and maintenance	5,721	n.a.	1,088	1,237	n.a.	14	8,060
Patient transport	120	n.a.	6	26	n.a.	6	158
Administrative expenses	17,917	n.a.	6,554	2,298	n.a.	2,362	29,131
Interest payments	10	n.a.	0	0	n.a.	0	10
Other recurrent expenditure	3,015	n.a.	52	254	n.a.	106	3,427
Total non-salary expenditure^(f)	63,456	6,225	21,747	11,393	15,847	3,740	122,408
Depreciation	10,696	1,243	6,805	1,125	n.a.	n.a.	19,869
Total non-salary expenditure	74,152	7,468	28,552	12,518	15,847	3,740	142,277
Total recurrent expenditure^(g)	241,246	30,686	88,371	48,957	72,667	6,428	488,356

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements; for example, the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHED, see <www.aihw.gov.au>.

(b) Expenditure recorded against special purposes and trust funds is not included.

(c) Reporting arrangements do not allow for the breakdown of recurrent expenditure for the single public psychiatric hospital.

(d) *Interest payments* are included in *Administrative expenses*.

(e) For 2003–04, reporting arrangements do not allow for the breakdown of recurrent expenditure for the single public psychiatric hospital.

(f) Excludes depreciation.

(g) Includes depreciation and total salaries and wages.

n.a. Not available.

Source: National Public Hospital Establishments Database.

Table 7.18: Revenue (\$'000), public psychiatric hospitals^(a), states, 2003-04

	NSW	Vic	Qld	WA	SA	Tas	Total
Patient revenue ^(b)	10,115	0	3,387	964	2,365	545	17,376
Recoveries	1,431	897	34	324	0	5	2,691
Other revenue ^(c)	1,588	488	1,389	86	46	45	3,642
Total revenue	13,134	1,385	4,810	1,374	2,411	595	23,709

(a) The data on public psychiatric hospitals can be affected by administrative and/or reporting arrangements; for example, the inclusion of data for community-based services managed by hospitals. For details on the hospitals reporting to NPHEd, see <www.aihw.gov.au>.

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

(c) Includes investment income, income from charities, bequests and accommodation provided to visitors.

Source: National Public Hospital Establishments Database.

Public acute hospitals

In 2003–04 public acute hospitals provided 64.6% of the separations with specialised psychiatric care and 50.3% of the specialised psychiatric care days (Table 5.9). In 2003–04 there were 124 public acute hospitals with specialised psychiatric units or wards in Australia (Table 7.19).

New South Wales and Victoria had the largest number of public acute hospitals with specialised psychiatric units or wards (44 and 31 respectively). The majority of public acute hospitals with specialised psychiatric units or wards were located in major cities (68.5%).

In 2003–04 public acute hospitals reported an average of 17.4 available beds in psychiatric units and wards per 100,000 population. Of these beds, 76.0% were in hospitals in major cities. The largest number of these beds per 100,000 population was also in major cities (20.0 beds per 100,000 population).

Private psychiatric hospitals

In 2003–04 private hospitals provided 22.5% of the separations with specialised psychiatric care and 19.3% of the specialised psychiatric care days (Tables 4.2 and 4.3). Private hospitals are designated by the ABS as psychiatric where they are licensed or approved as a private hospital by the relevant state or territory health authority and for which 50% or more of the total patient days were for psychiatric patients.

There were 25 private hospitals designated as psychiatric during 2003–04, with an average of 1,441 available beds (Table 7.20). Between 1999–00 and 2003–04, there was an increase in available private psychiatric hospital beds of 1.3% each year on average.

In 2003–04 the average number of FTE staff employed by private sector psychiatric hospitals was 1,672 (Table 7.21). There was an average annual increase of 1.6% between 1999–00 and 2003–04 (Table 7.9).

In 2003–04 recurrent expenditure in current prices for private psychiatric hospitals in Australia was \$162.1 million (Table 7.23). There was an annual increase in constant prices of 11.0% on average between 1999–00 and 2003–04 (from \$111.0 million to \$168.1 million) (Tables 7.9). The total revenue for private psychiatric hospitals for 2003–04 exceeded total expenditure, at \$190.4 million (Table 7.24).

Table 7.19: Public acute hospitals with psychiatric units or wards^(a), by Remoteness Area, states and territories, 2003–04

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Public acute hospitals with psychiatric units or wards									
Major cities of Australia	29	24	9	13	8	..	2	..	85
Inner regional	14	6	6	1	0	2	..	..	29
Outer regional	1	1	3	2	0	1	..	1	9
Remote and very remote	0	0	0	0	0	0	..	1	1
Total all regions	44	31	18	16	8	3	2	2	124
Available psychiatric beds									
Major cities of Australia	740	745	563	362	177	..	45	..	2,632
Inner regional	169	159	230	15	0	62	..	..	635
Outer regional	2	12	111	16	0	24	..	25	190
Remote and very remote	0	0	0	0	0	..	..	6	6
Total all regions	911	916	904	393	177	86	45	31	3,463
Available beds per 100,000 population									
Major cities of Australia	15.5	20.7	28.1	26.3	16.1	..	13.9	..	20
Inner regional	12.3	15.2	23.3	6.1	0	20.4	..	..	15.3
Outer regional	0.4	4.7	16.7	8.6	0	14.8	..	23.1	9.3
Remote and very remote	0	0	0	0	0	0	..	6.6	1.2
Total all regions	13.6	18.7	23.8	20.2	11.6	18	13.9	15.6	17.4

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. For example, in 2003–04 New South Wales increased the number of reporting public hospital units without changing the number of actual facilities. For details on the hospitals reporting to NPHED, see <www.aihw.gov.au>.

(b) The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.

(c) Rates are crude rates based on the estimated resident population at 30 June 2003.

.. Not applicable.

Source: National Public Hospital Establishments Database.

Table 7.20: Private psychiatric hospitals, available beds and available beds per 100,000 population, states^(a), 2003–04

	NSW	Vic	Qld	SA	WA	Tas	Total ^(b)
Private psychiatric hospitals	9	6	4	n.a.	n.a.	n.a.	25
Available beds ^(c)	316	378	288	n.a.	n.a.	n.a.	1,441
Available beds per 100,000 population ^(d)	9	6	4	n.a.	n.a.	n.a.	25

(a) There were no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Total includes figures not available.

(c) Average available beds.

(d) Rates are crude rates based on the estimated resident population at 31 December 2003.

n.a. Not available.

Source: Private Health Establishments Collection.

Table 7.21: Full-time-equivalent staff^(a), private psychiatric hospitals, states^(b), 2003–04

	NSW	Vic	Qld	SA	WA	Tas	Total ^(c)
Salaried medical officers	12	n.a.	n.a.	n.a.	n.a.	n.a.	24
Total nurses ^(d)	291	256	171	n.a.	n.a.	n.a.	861
Diagnostic and allied health professionals	49	56	29	n.a.	n.a.	n.a.	151
Administrative and clerical staff	130	87	51	n.a.	n.a.	n.a.	314
Domestic and other staff ^(e)	109	n.a.	n.a.	n.a.	n.a.	n.a.	322
Total staff^(c)	592	508	303	n.a.	n.a.	n.a.	1,672

(a) Average full-time-equivalent staff.

(b) There were no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(c) Includes totals for services that were not able to provide data by staffing category.

(d) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses, Other nursing staff* and *Other personal care staff* categories.

(e) Includes *Catering and kitchen, Domestic, Engineering and maintenance* and *Other* categories.

n.a. Not available.

Source: Private Health Establishments Collection.

Table 7.22: Salaries and wages expenditure (\$'000), private psychiatric hospitals, states^(a), 2003–04

	NSW	Vic	Qld	SA	WA	Tas	Total^(b)
Salaried medical officers	1,136	n.a.	n.a.	n.a.	n.a.	n.a.	2,290
Total nurses ^(c)	18,399	14,290	11,086	n.a.	n.a.	n.a.	52,828
Diagnostic and allied health professionals	2,736	3,472	1,708	n.a.	n.a.	n.a.	8,954
Administrative and clerical staff	5,768	4,521	2,572	n.a.	n.a.	n.a.	15,526
Domestic and other staff ^(d)	3,735	n.a.	n.a.	n.a.	n.a.	n.a.	11,983
Total salaries and wages^(b)	31,773	27,072	17,480	n.a.	n.a.	n.a.	91,581

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Includes total for services that were not able to provide salaries and wages data by staffing category.

(c) Includes *Nursing administrators, Nurse educators, Other registered nurses, Enrolled nurses, Student nurses, Trainee nurses, Other nursing staff and Other personal care staff* categories.

(d) Includes *Catering and kitchen, Domestic, Engineering and maintenance and Other* categories.

n.a. Not available.

Source: Private Health Establishments Collection.

Table 7.23: Non-salary expenditure (\$'000), and total recurrent expenditure (\$'000), private psychiatric hospitals, states^(a), 2003–04

	NSW	Vic	Qld	SA	WA	Tas	Total
Superannuation	2,587	2,350	1,349	n.a.	n.a.	n.a.	7,814
Payroll tax	909	1,415	902	n.a.	n.a.	n.a.	3,970
On-costs excluding superannuation and payroll tax ^(c)	2,777	1,346	269	n.a.	n.a.	n.a.	5,357
Drug supplies	1,274	463	357	n.a.	n.a.	n.a.	2,263
Medical and surgical supplies	157	154	144	n.a.	n.a.	n.a.	512
Surgically implanted prostheses and homograft items	0	0	0	n.a.	n.a.	n.a.	0
Food supplies	1,742	1,401	787	n.a.	n.a.	n.a.	4,807
Domestic services	844	792	622	n.a.	n.a.	n.a.	2,971
Repairs and maintenance	930	533	475	n.a.	n.a.	n.a.	2,439
Patient transport	n.p.	n.p.	n.p.	n.a.	n.a.	n.a.	106
Administrative expenses	9,070	7,894	3,603	n.a.	n.a.	n.a.	24,417
Interest payments	192	0	9	n.a.	n.a.	n.a.	380
Contract services (excluding medical practitioners)	3,471	2,012	3,206	n.a.	n.a.	n.a.	10,107
Other recruitment expenditure	n.a.	0	n.a.	n.a.	n.a.	n.a.	312
Total non-salary expenditure^(d)	24,046	18,364	11,956	n.a.	n.a.	n.a.	65,455
Depreciation	1,699	1,595	795	n.a.	n.a.	n.a.	5,030
<i>Total non-salary expenditure including depreciation^(d)</i>	<i>25,745</i>	<i>19,959</i>	<i>12,751</i>	<i>n.a.</i>	<i>n.a.</i>	<i>n.a.</i>	<i>70,485</i>
Total recurrent expenditure^(b)	57,518	47,031	30,231	n.a.	n.a.	n.a.	162,066

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Includes total for services which were not able to provide data by recurrent expenditure category.

(c) Includes workers compensation premiums, uniforms and personal costs.

(d) Excludes depreciation.

n.a. Not available.

Source: Private Health Establishments Collection.

Table 7.24: Revenue (\$'000), private psychiatric hospitals, states^(a), 2003–04

Revenue	NSW	Vic	Qld	SA	WA	Tas	Total^(b)
Patient revenue ^(c)	65,119	50,949	35,193	n.a.	n.a.	n.a.	184,291
Recoveries	1,523	n.a.	n.a.	n.a.	n.a.	n.a.	5,437
Other ^(d)	517	n.a.	n.a.	n.a.	n.a.	n.a.	1,535
Total revenue	66,322	53,941	35,926	n.p.	n.p.	n.p.	190,426

(a) There are no private psychiatric hospitals in the Australian Capital Territory or the Northern Territory.

(b) Total includes figures not available.

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

(d) Other revenue includes investment income, income from charities, bequests, visitors' meals and accommodation, and kiosk sales.

n.a. Not available.

Source: Private Health Establishments Collection.

Appendix 1: Data sources and technical notes

Data sources

In order to present a broad picture of mental health-related care in Australia, this report uses data drawn from a variety of AIHW and other sources. These data sources include AIHW databases such as the National Hospital Morbidity Database (NHMD) and the National Community Mental Health Establishments Database (NCMHED), which were supplied data under the National Health Information Agreement and specified as the National Minimum Data Sets (NMDSs) for Mental Health Care in the *National Health Data Dictionary*, Version 12 (NHDC 2003).

The range of the mental health-related care services provided in Australia is broader and more diverse than is currently included in the scope of the NMDSs for Mental Health Care. Therefore, this report presents data from other AIHW data collections such as the National Public Hospital Establishments Database (NPHEd), the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity, the Supported Accommodation Assistance Program (SAAP) National Data Collection (see Appendix 4) and the Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set collection. Data from collections external to the AIHW were also used, including the Australian Bureau of Statistics Private Health Establishments Collection (PHEC) and the Department of Health and Ageing's Medicare, Pharmaceutical and Repatriation Pharmaceutical Benefits Scheme (MBS, PBS and RPBS) data collections. Each of these data sources has different characteristics that need to be considered when interpreting the data, as reviewed below.

Overall, there is potential for inconsistency when collections rely on data extracted from the information systems of different state and territory health authorities and private providers. In these situations NMDSs based on agreed data definitions as specified in the *National Health Data Dictionary* are often used to enhance the consistency of the data obtained. However, the quality of NMDS reporting by state and territory health authorities and private providers may be affected by deviations from the *National Health Data Dictionary* definitions and differences in scope. The definitions used for originally recording the data may have varied among the data providers and from one year to another. In addition, fine details of the scope of the data collections may vary. Comparisons between different state and territory health authorities, reporting years and sectors should therefore be made with reference to the accompanying text and footnotes.

Service utilisation data can reflect an aspect of the burden of disease in the community, but they are not a measure of the incidence or prevalence of specific disease conditions. This is because not all persons with an illness receive the same treatment, and the number and pattern of services received can reflect admission or registration practices, regional differences in service provision, and repeat service provision for some chronic conditions. Each state and territory has a demographic structure that differs from that of other jurisdictions. Factors such as the geographic spread of the population and the proportion of Aboriginal and Torres Strait Islander peoples in the population can have substantial effects on the delivery of health care.

Data collections

National Hospital Morbidity Database

The NHMD is a compilation of electronic summary records from admitted patient morbidity data collections in Australian hospitals. It includes demographic, administrative and length of stay data and data on the diagnoses of patients, the procedures they underwent in hospital, external causes of injury and poisoning, and the AR-DRG for each hospital separation (see Glossary).

Records for 2003–04 are for hospital separations between 1 July 2003 and 30 June 2004. Data on patients admitted before 1 July 2003 are included, provided they separated between 1 July 2003 and 30 June 2004. A record is included for each separation, not for each patient; thus, patients who separated more than once in the year have more than one record in the database.

Data relating to admitted patients in almost all hospitals are included. The coverage is described in greater detail in *Australian Hospital Statistics 2003–04* (AIHW 2005a).

This report contains data specified under the NMDS for Admitted Patient Mental Health Care, which represents a subset of the data collated in the NHMD for patients receiving specialised mental health care.

This care is identified through recording the fact they had one or more psychiatric care days – that is, care received in a specialised psychiatric hospital, unit or ward. In acute care hospitals, a ‘specialised’ episode of care or separation may comprise some psychiatric care days and some days in general care or psychiatric care days only. An episode of care from a public psychiatric hospital is deemed to comprise psychiatric care days only and to be ‘specialised’, unless some care was given in a unit other than a psychiatric unit, such as a drug and alcohol unit.

States and territories have confirmed that all public hospitals with specialised psychiatric facilities reported psychiatric care days to the NHMD for 2003–04, with estimates that between 95% and 100% of psychiatric care days were reported.

The majority of data elements were reported for at least 95% of all separations that received specialised psychiatric care. However, *Employment status – public psychiatric hospital admissions* was not recorded for public acute hospitals and private hospitals in Victoria, Queensland, Western Australia, South Australia and New South Wales, while *Employment status – acute hospital and private psychiatric hospital admissions* was not reported by New South Wales, Victoria, Tasmania, the Northern Territory and the Australian Capital Territory. *Type of accommodation* was not provided for any separations. *Type of usual accommodation* was not recorded for public acute and private hospitals in Victoria and for private hospitals in South Australia, and was not reported for 25.6% of public psychiatric hospital separations nationally. *Referral to further care (psychiatric patient)* was not recorded for 65.4% of separations with care in a specialised psychiatric unit or hospital nationally. *Previous specialised treatment* was not recorded for public acute hospitals in Victoria, for private hospitals in New South Wales and Victoria, and was ‘Not reported’ for 41% of mental health-related separations that received specialised psychiatric care nationally. Data quality was deemed to be too poor for publication due to the high numbers not reported for the data elements *Type of usual accommodation*, *Employment status (and Employment status acute)*, *Referral to further care (psychiatric patient)* and *Previous specialised treatment*.

Source of referral to public psychiatric hospital was not reported for 9.0% of public psychiatric hospital separations. Data for 2003–04 presenting the number of separations with specialised

psychiatric care by source of referral to public psychiatric hospitals are on the Internet at <www.aihw.gov.au>.

Unless otherwise specified, the state and territory of the hospital is reported, rather than the state or territory of the patient's usual residence. Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NHMD, see *Australian Hospital Statistics 2003–04* (AIHW 2005a). Lists of the public psychiatric hospitals and public acute hospitals with specialised psychiatric units contributing to this report can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

National Community Mental Health Establishments Database

The NCMHED includes data on government-operated community mental health establishments and their expenditure and staffing. For residential facilities, data on beds and 'separations' are also collected. Within this database, the term 'separation' refers to episodes of non-admitted patient residential care in residential services. The data collated in the NCMHED are specified by the NMDS for Community Mental Health Establishments.

For this NMDS, 'community mental health care' refers to all specialised government-operated mental health services dedicated to the assessment, treatment, rehabilitation or care of non-admitted patients. The scope is both residential and ambulatory public community mental health care establishments, including adult, aged, and adolescent and child community mental health services, and non-admitted services in hospitals such as specialised psychiatric outpatient services. The scope excludes admitted patient mental health care services, support services that are not specialised mental health care services (e.g. accommodation support services) and services provided by non-government organisations. Only residential services that were staffed 24 hours a day were included.

For more information on the NMDS for Community Mental Health Establishments, see *Mental Health Services in Australia 2000–01* (AIHW 2003). A list of the public community mental health establishments contributing to this report can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

National Community Mental Health Care Database

The NCMHCD includes data on ambulatory service contacts provided by government-operated community mental health services. The data collated in the NCMHCD are specified by the NMDS for Community Mental Health Care. The NCMHCD contains data on the date of service contact and on the characteristics of the patient, including demographic information such as age and sex and clinically relevant information such as principal diagnosis and mental health legal status.

The scope for this collection is all ambulatory mental health service contacts provided by the government-operated community mental health services that are included in the NMDS for Community Mental Health Establishments. A list of the government-operated community mental health services contributing this patient-level data to NCMHCD can be found on the Internet (under Internet-only tables) at <www.aihw.gov.au>.

In 2003–04 a small number of mental health care facilities that provided ambulatory care services did not contribute data to the NCMHCD (see Section 3.4 for more details).

A mental health service contact for the purposes of this collection was defined as the provision of a clinically significant service by a specialised mental health service provider(s)

for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.

It should be noted that there is some variation across jurisdictions as to what they class as a service contact. For example, New South Wales, Queensland, Victoria, South Australia, the Australian Capital Territory and the Northern Territory consider telephone correspondence to be service contacts. Western Australia and Tasmania state that they only class telephone correspondence as service contacts if it includes significant clinical content. New South Wales, Queensland and South Australia may include written correspondence, while others do not. There is also variation as to the reporting of service contacts for unregistered clients – that is, clients for whom personal details are unknown. For example, Queensland registers clients only if a surname or given name is obtained and create a separate record for each unknown client; Victoria and Western Australia do not provide data for unregistered clients to the NCMHCD; New South Wales, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory supply data for service contacts with clients whose personal details are unknown if they are recognised as registered clients.

Table A1.1 provides an indication of the quality of NCMHCD data from 2000–01 to 2003–04 in relation to the number of service contacts reported and the number of person identifier-establishment identifier combinations.

There was an increase in the number of service contacts for each state and territory during this period, probably mainly reflecting improvements in coverage.

The number of person identifier-establishment identifier combinations could be interpreted as an estimate of the number of clients. However, the accuracy is dependent on the facilities' use of unique patient identifiers. The changing numbers of person identifier-establishment identifier combinations over time and the varying ratios between the counts of combinations and the counts of service contacts may indicate that not all facilities have used, or currently use, unique identifiers for each individual patient. If unique patient identifiers are not used, and more than one person identifier is allocated to a client, overestimation of the actual number of clients results. The patient identifier-establishment identifier count also does not take into account clients registered with more than one facility.

Further discussion of the estimation process is included in *Community Mental Health Care 2000–01: review of the data collected under the National Minimum Data Set for Community Mental Health Care* (AIHW 2004a).

National Public Hospital Establishments Database

The AIHW is the custodian of the NPHEd, which holds a record for each public hospital in Australia. The data are collected by state and territory health authorities from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories.

The collection covers only hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (e.g. some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and summary information on services to admitted and non-admitted patients. Limitations have been identified in the financial data reported to

the NPHEd. In particular, some states and territories have not yet fully implemented accrual accounting procedures and systems, which means the expenditure and revenue data are a mixture of expenditure/payments and revenue/receipts, respectively. A need for further development has been identified in the areas of capital expenditure, expenditure at the area health service administration level and group services expenditure (e.g. central laundry and pathology services).

The NPHEd includes the data for *Full-time-equivalent staff, Salaries and wages* and the *Non-salary operating costs* subcategory data elements (types of staff and types of non-salary expenditure). The public acute hospital establishments that contain one or more specialised psychiatric units or wards are flagged in NPHEd. However, no financial or staffing data are available for these specialised psychiatric wards, as these data are not provided for separate units or wards.

Additional notes are provided in the descriptive commentary throughout this report highlighting data quality and interpretation issues in specific instances. For greater detail on the scope, definitions and quality of data obtained from the NPHEd, see *Australian Hospital Statistics 2003–04* (AIHW 2005a).

A list of the public psychiatric hospitals contributing to this report can be found on the Internet at <www.aihw.gov.au>.

Private Health Establishments Collection

The ABS conducts an annual census of all private hospitals and licensed by state and territory health authorities and all freestanding day hospital facilities approved by the DHA. The collection contains data on the staffing, finances and activity of these establishments. Differences in accounting policy and practices and the administration of property and fixed asset accounts by parent organisations may have resulted in some inconsistencies in the financial data (ABS 2005).

The data definitions used in the PHEC are largely based on definitions in the *National Health Data Dictionary, Version 12* (NHDC 2003). The ABS definition for private psychiatric hospitals is 'those establishments that are licensed/approved by each state or territory health authority and cater primarily for admitted patients with psychiatric or behavioural disorders'. The term 'cater primarily' applies when 50% or more of total patient days are for psychiatric patients.

Additional information on the PHEC can be obtained from the annual ABS publication on private hospitals (ABS 2005).

Bettering the Evaluation and Care of Health

The BEACH survey of general practice activity is a collaborative study between the AIHW and the University of Sydney. For each year's data collection, a random sample of about 1,000 general practitioners report details of 100 consecutive general practice encounters of all types on structured encounter forms. Each form collects information about the consultation (e.g. date, type of consultation), the patient (e.g. date of birth, sex, reasons for encounter), the problems managed and the management of each problem (e.g. treatment provided, prescriptions, referrals). Data on patient risk factors and health status and on general practitioner characteristics are also collected. BEACH data for 2003–04 are used in Tables 3.2 and 3.4 to 3.13 and for Figures 1.7, 1.15 and 3.1 to 3.4. Table 3.5 present BEACH data for the years 1999–00 to 2003–04. Figure 1.1 and Table 3.1 present BEACH data for the year 1999–00 to 2004–05.

At least one diagnosis or problem is identified for each encounter, although up to four problems can be reported for each. Problems are classified according to the International Classification of Primary Care, 2nd edition (ICPC-2), a product of the World Organization of Family Doctors (Wonca), and coded more specifically according to ICPC-2 Plus, an extended terminology. Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 2004–05* (Britt et al. 2005).

Commonwealth State/Territory Disability Agreement National Minimum Data Set collection

The CSTDA allocates the responsibility for specific types of disability support services between Australian, state and territory governments. The AIHW manages the CSTDA NMDS to collate nationally consistent data on services funded under the CSTDA and their clients.

The collection covers disability support services receiving funding under the CSTDA but does not include services that do not receive CSTDA funding. Included are psychiatric-specific disability services and disability services that are not specific for psychiatric disability but may provide services to persons with a psychiatric disability. Not every psychiatric-specific disability support service is included in the CSTDA NMDS collection as some are not funded through the CSTDA:

- In New South Wales psychiatric-specific disability services are provided by the New South Wales Department of Health and are not included in the CSTDA NMDS collection.
- In Victoria psychiatric-specific services are included in the CSTDA NMDS collection.
- In Queensland psychiatric-specific disability services receiving CSTDA funding through Disability Services Queensland are included in the CSTDA NMDS collection.
- In Western Australia only some psychiatric disability services are included in the CSTDA NMDS collection. The Health Department is the main provider of services for people with a psychiatric disability and these services are not included.
- There are no CSTDA funded psychiatric-specific disability services in South Australia, Tasmania, the Australian Capital Territory and Northern Territory. However, Tasmania, the Australian Capital Territory and the Northern Territory do include some CSTDA-funded services that are reported as mental health services rather than as psychiatric-specific disability services.

However, even in those states where specific psychiatric services are not CSTDA funded, people with a psychiatric disability do receive various CSTDA disability support services. Prior to 2003 data were available from the CSTDA NMDS collection on these services and their clients on a snapshot day each year. From 2003 unit record data on all clients (known as 'service users') and all the disability support services they receive were collected on an ongoing basis. Data for 2002–03 were available for the period from 1 January to 30 June 2003. From 1 July 2003 service user data have been collected on a full financial year basis; the 2003–04 collection is therefore the first time full financial year data have been available. No detailed data on the volume of services provided are available.

In this report data are presented for service users with a psychiatric disability recorded as their 'primary disability' or where the service user has indicated that they have a psychiatric disability as an other significant disability. 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.

Given that the 2003–04 collection is the first full year the ongoing collection was conducted and there were the limitations listed above with respect to the coverage of psychiatric disability support services in the CSTDA NMDS, these data need to be interpreted with caution and data quality considerations need to be taken into account. Additional information on the data from the CSTDA NMDS collection can be obtained from the publication *Disability Support Services 2003–04: national data on services provided under the Commonwealth State/Territory Disability Agreement* (AIHW 2005b).

National Medical Labour Force Survey and National Nursing Labour Force Survey data

The AIHW conducts the National Medical Labour Force Survey and the National Nursing Labour Force Survey in conjunction with the annual registration renewal of these practitioners with the relevant registration boards in each state and territory. The AIHW has conducted the medical practitioner survey annually since 1993 and the nursing survey since 1995. The National Nursing Labour Force Survey is collected biennially.

The figures produced from these surveys are estimates only. Not all medical practitioners or nurses who were sent a questionnaire responded to the survey, and estimates of the whole medical practitioner and nursing populations are based on survey data weighted to match available registration information. Coverage in some jurisdictions may exclude some practitioners who registered for the first time during the survey year and practitioners with conditional registration.

The latest information on these surveys is provided in *Medical Labour Force 2003* (AIHW 2005d) and *Nursing and Midwifery Labour Force 2003* (AIHW 2005f).

Medicare data

The Health Insurance Commission (HIC) collects data on all medical services funded through Medicare and provides these data to the DHA. Information collected includes the type of service provided (Medicare item number) and the benefit paid by Medicare for the service. The figures presented in this report on services provided by private psychiatrists include only those services performed by a registered provider that qualifies for Medicare benefit and for which a claim has been processed by the HIC. They do not include services provided to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account.

The state or territory is determined according to the patient's mailing address postcode at the time of making the claim. In some cases this will not be the same as the patient's residential address postcode. The year is determined from the date the service was processed by the HIC, not the date the service was provided.

Repatriation Pharmaceutical Benefits Scheme and Pharmaceutical Benefits Scheme data

The HIC collects data on prescriptions funded through the RPBS and PBS and provides the data to the DHA. Details are collected on the medication prescribed (e.g. type and cost), the

prescribing practitioner (e.g. specialty) and the supplying pharmacy (e.g. location). The figures reported in this publication relate to the prescription costs funded by the PBS and the number of prescriptions processed by the HIC. They refer only to paid services processed from claims presented by approved pharmacies. They do not include any adjustments made against pharmacists' claims, any manually paid claims, or any benefits paid as a result of retrospective entitlement or refund of patient contributions. Items supplied to general patients that cost less than \$23.70 from 1 January 2004 or \$28.60 from 1 January 2005 do not receive an RPBS or PBS benefit and are therefore not included and nor are private prescriptions, not claimable through the PBS and RPBS.

The state or territory is determined as the address of the pharmacy supplying the item. The year is determined from the date the service was processed by the HIC, not the date of prescribing or the date of supply by the pharmacy. The data presented in this report also include medications provided to war veterans through the RPBS.

Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2003–04 definitions in the National Health Data Dictionary version 12.0 (NHDC 2003) (summarised in the Glossary).

Data presented by state or territory refer to the state or territory of the provider facility, not to the state or territory of usual residence of the client or patient, unless otherwise specified.

Data presentation

Except as noted, where totals are provided in the tables, they include data only for those states and territories for which data were available, as indicated in the tables. The exceptions relate to tables in which private hospitals data for some jurisdictions were not published, for confidentiality reasons. Hospital separations data on length of stay and average length of stay have been suppressed if there were fewer than 10 separations in the category being presented. The abbreviation 'n.p.' has been used in these tables to denote these suppressions.

Population rates

Population rates are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 31 December 2003 were used for the observed rates where 2003–04 data are presented and estimates for 31 December 2004 were used where 2004–05 data are presented. The exceptions were tables 3.28, 3.31, 3.32, 3.38, 5.5, 5.6, 6.2 and 6.3, for which the 30 June 2003 population estimates (by Indigenous status, selected countries of birth, and Remoteness Areas) were used for the observed rates. Crude population rates were calculated using the population estimates for 31 December 2003.

Table A1.1: Service contacts and estimated numbers of clients, states and territories, 2000-01 to 2003-04

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Service contacts									
2000-01	620,469	1,491,600	619,068	393,312	241,080	44,715	137,529	36,696	3,635,873
2001-02	942,307	1,645,974	705,895	395,513	280,056	48,246	156,108	29,952	4,203,731
2002-03	1,301,233	1,610,674	779,527	414,183	314,085	51,314	178,751	22,656	4,672,423
2003-04	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735
Number of person identifier-establishment identifier combinations^{(a)(b)}									
2000-01	59,527	52,620	55,482	26,914	19,290	4,964	5,751	3,520	224,773
2001-02	64,035	63,480	64,176	30,456	13,713	5,804	6,031	3,379	251,074
2002-03	23,031	62,609	74,142	33,827	21,520	4,316	6,040	3,279	228,764
2003-04	94,233	63,354	80,089	36,764	20,693	4,872	6,322	3,575	309,902
Ratio^(c)									
2000-01	10.4	28.3	11.2	14.6	12.5	9.0	23.9	10.4	16.2
2001-02	14.7	25.9	11.0	13.0	20.4	8.3	25.9	8.9	16.7
2002-03	56.5	25.7	10.5	12.2	14.6	11.9	29.6	6.9	20.4
2003-04	15.2	25.3	11.1	11.4	15.1	13.9	26.5	7.3	15.8

(a) NSW has identified problems with patient identifiers and is implementing a revised statewide unique patient identifier process to rectify them.

(b) The patient identifier-establishment identifier combination count is likely to over-estimate the number of clients, as it does not take into account clients registered with more than one facility nor clients with more than one person identifier at one facility.

(c) The ratio of the number of service contacts to the number of person identifier-establishment identifier combinations.

Appendix 2: Definitions of mental health-related care and medications and of ambulatory-equivalent separations

With the exception of NCMHED and NCMHCD, the health care data collections used in this report contain data on more than just mental health care, so a mental health-related subset of the data needed to be defined. For some data collections this was relatively straightforward. For NPHEd and PHEC data, mental health-related care was defined by hospital type (psychiatric hospital) or specialised unit flag (e.g. specialised psychiatric unit in acute care hospital). Medicare and National Medical Labour Force Survey data were defined as mental health related based on the profession of the medical practitioner (e.g. psychiatrist).

For other data collections it was necessary to use the classifications in the collections for diagnoses, problems or disabilities to define mental health-related care. The principal and additional diagnosis data in the NHMD are classified using the ICD-10-AM classification, and the BEACH data set uses ICPC-2 for coding reasons for encounters (RFEs) and problems. Details are provided below for each classification for which codes were used to define mental health-related principal and additional diagnoses and mental health-related problems or RFEs.

The definition of mental health-related medications was based on mental health-related codes in the Anatomical Therapeutic Chemical (ATC) classification for PBS data. Details are provided in Table A2.1.

The CSTDA MDS collection uses a simple customised classification to classify disabilities.

National Hospital Morbidity Database

The definition of a mental health-related diagnosis includes all ICD-10-AM 3rd edition codes that were either clinically or statistically relevant to mental health. This definition was developed in consultation with the National Mental Health Working Group Information Strategy Committee and the Clinical Casemix Committee of Australia. The list of codes and further information can be found in *Mental Health Services in Australia 2000-01* (AIHW 2003). This list of codes was compiled using ICD-10-AM 2nd edition codes. For the ICD-10-AM 3rd edition a number of the disease codes were expanded at the fourth or fifth character level to provide more detail. These changes are not likely to have affected the statistics included in this report.

Same day separations that could be considered equivalent to ambulatory mental health care

Mental Health Services in Australia reports up to 2000-01 presented all same day mental health-related hospital separation data in the chapters on admitted patient care. However, it was considered that some of these data could be more appropriately placed in the chapter on

ambulatory care. For *Mental Health Services in Australia 2001–02*, a definition of same day mental health-related separations that could be considered to be equivalent to ambulatory mental health care (termed ‘ambulatory-equivalent mental health-related separations’) was developed. Data for these ambulatory-equivalent mental health-related separations were included in the chapter on ambulatory care in the 2001–02 report, the 2002–03 report and this report (AIHW 2004c, 2005f).

Ambulatory-equivalent mental health-related separations were defined by excluding those same day separations unlikely to involve the type of activity to be undertaken in ambulatory mental health care. Excluded were separations for which the following were reported:

- electroconvulsive therapy and/or general anaesthesia procedures
- other procedures that would not be expected to be undertaken in ambulatory mental health care
- a mode of admission of care type change or transfer
- a mode of separation of transfer, care type change, left against medical advice or death.

Procedures used to exclude separations

In general, separations were excluded from the ambulatory-equivalent category if they were reported with procedures that were considered unlikely to be undertaken in ambulatory mental health care. The procedures used as the basis for excluding separations were mainly electroconvulsive therapy and general anaesthesia. A smaller number of separations were excluded on the basis that they had other procedures, other than selected non-invasive interventions (as listed below), that were also unlikely to be undertaken in ambulatory mental health care.

Procedures not used to exclude separations

A small number of procedures were identified as probably equivalent to ambulatory mental health care provided by specialised community mental health services. Separations for which the only procedures reported were from the following list were included in the ambulatory-equivalent category (unless they were excluded for another reason such as mode of separation or mode of admission).

The procedures were mostly psychosocial interventions, located in the ICD-10-AM 3rd edition procedure chapter *Non-invasive, cognitive and interventions, not elsewhere classified* (Chapter 19). They are as follows:

- 1822 Assessment of personal care and other activities of daily/independent living
- 1823 Mental, behavioural or psychosocial assessment
- 1867 Counselling or education relating to personal care and other activities of daily/independent living
- 1868 Psychosocial counselling
- 1869 Other counselling or education
- 1872 Alcohol and drug rehabilitation
- 1873 Psychological or psychosocial therapies
- 1875 Skills training in relation to learning, knowledge and cognition
- 1878 Skills training for personal care and other activities of daily/independent living
- 1879 Other skills training

- 1916 Generalised allied health interventions as follows:
- 95550-01 Allied health intervention, social work
 - 95550-02 Allied health intervention, occupational therapy
 - 95550-10 Allied health intervention, psychology.

For more information on the definition of ambulatory-equivalent mental health-related separations and on data quality concerns to be considered when interpreting the data, see *Mental Health Services in Australia 2001–02* (AIHW 2004c).

Bettering the Evaluation and Care of Health

For the purposes of this report, mental health-related reasons for encounters and problems managed were defined as those included in the ICPC-2 *Psychological* chapter. The same set of codes was used for both RFEs and problems. For the list of the codes used, see *Mental Health Services in Australia 2000–01* (AIHW 2003). Additional information on the BEACH survey can be obtained from *General Practice Activity in Australia 2004–05* (Britt et al. 2005).

Commonwealth State/Territory Disability Agreement National Minimum Data Set

The CSTDA NMDS questionnaire has an item that asks users of a service or their carer: ‘What is the service user’s primary disability group?’ The survey form also asks respondents to tick all applicable other significant disability groups. For both questions, the 12 disability categories are listed in tick-a-box format. The list of categories can be found in *Mental Health Services in Australia 2000–01* (AIHW 2003).

Data are presented in this report on those service users with a psychiatric primary disability or a psychiatric disability as one of their other significant disabilities.

The CSTDA NMDS disability groups are a broad categorisation of disabilities in terms of the underlying impairment, health condition, cause or activity limitation and reflect those disabilities identified as significant in the CSTDA. The specification of the CSTDA NMDS disability groups arose from terminology commonly used by service providers and was formulated specifically for the CSTDA collection. See the *National Community Services Data Dictionary* for additional detail on the CSTDA NMDS disability groups (AIHW 2004d).

Repatriation Pharmaceutical Benefits Scheme and Pharmaceutical Benefits Scheme

Prescription data from the RPBS and PBS are coded using the ATC classification. Table A2.1 contains the list of the codes used to define mental health-related medications prescribed by general practitioners and non-psychiatrist medical specialists for this report. Not all medications included in each code group are used solely for mental health-related conditions. For example, prochlorperazine (N05AB04) is classified under the ATC as an antipsychotic but is frequently prescribed as an anti-nausea medication. This medication is not included in the RPBS or PBS data for this report.

Table A2.1: Anatomical Therapeutic Chemical codes used to define mental health-related medication prescribed by general practitioners and non-psychiatrist medical specialists in RPBS and PBS data

ATC code	Description
N05	Psycholeptics
N05A	Antipsychotics ^(a)
N05B	Anxiolytics
N05C	Hypnotics and sedatives
N06	Psychoanaleptics
N06A	Antidepressants

(a) Excluding NO5AB04, prochlorperazine.

Appendix 3: State and territory ambulatory and admitted patient mental health care data

This appendix presents state and territory data on ambulatory (community mental health services) mental health care, ambulatory-equivalent mental health-related hospital separations and admitted-patient mental health care.

Ambulatory and ambulatory-equivalent mental health care

Tables A3.1 to A3.5 present information on ambulatory-equivalent mental health-related hospital separations (see Appendix 2) with and without specialised psychiatric care by state and territory and principal diagnosis. See Chapter 3 for the national data on these separations.

Table A3.6 provides information by state and territory for public community mental health service contacts by principal diagnosis. See Chapter 3 for the national data on these service contacts.

Admitted patient mental health care

The remaining tables in this appendix provide more detailed state and territory information on admitted-patient mental health care that was not considered to be ambulatory-equivalent. Tables A3.7 to A3.18 provide information by state and territory for mental health-related separations with specialised psychiatric care which were not considered ambulatory-equivalent. These tables include counts of separations, patient days and psychiatric care days by principal diagnosis, AR-DRGs and procedures. See Chapter 5 for the national data on these separations.

Tables A3.19 to A3.29 provide information by state and territory for mental health-related separations without specialised psychiatric care which were not considered ambulatory-equivalent. These tables include counts of separations and patient days by principal diagnosis, AR-DRG and procedure. See Chapter 6 for the national data on these separations.

Table A3.1: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	2	1	3	0	0	0	0	0	6
F04–F09 Other organic mental disorders	25	1	10	0	0	1	1	0	38
F10 Mental and behavioural disorders due to use of alcohol	306	12	229	7	13	6	0	4	577
F11–F19 Mental and behav disorders due to other psychoactive substance use	22	10	222	5	18	1	0	2	280
F20 Schizophrenia	180	59	491	16	17	5	0	5	773
F21, F24, F28–F29 Schizotypal and other delusional disorders	76	8	27	1	4	0	0	0	116
F22 Persistent delusional disorders	61	4	6	0	1	0	0	1	73
F23 Acute and transient psychotic disorders	5	3	31	1	0	1	0	1	42
F25 Schizoaffective disorders	266	3	191	3	7	1	0	1	472
F30 Manic episode	5	1	13	0	1	0	0	1	21
F31 Bipolar affective disorders	111	7	131	2	3	4	0	0	258
F32 Depressive episode	1,905	34	490	12	33	13	0	1	2,488
F33 Recurrent depressive disorders	310	2	33	1	5	3	0	0	354
F34 Persistent mood (affective) disorders	68	6	119	1	4	0	0	0	198
F38, F39 Other and unspecified mood (affective) disorders	76	1	3	0	0	0	0	0	80
F40 Phobic anxiety disorders	88	1	5	0	0	0	0	0	94
F41 Other anxiety disorders	814	3	134	1	12	4	0	0	968
F42 Obsessive-compulsive disorders	74	0	11	0	3	0	0	0	88
F43 Reaction to severe stress and adjustment disorders	331	61	831	46	76	11	0	5	1,361
F44 Dissociative (conversion) disorders	2	0	13	0	0	0	0	0	15
F45, F48 Somatoform and other neurotic disorders	120	0	11	8	0	0	1	0	140
F50 Eating disorders	80	362	54	0	0	0	0	0	496
F51–F59 Other behav syndromes associated with phys dist and phys factors	1	3	4	0	2	0	0	0	10
F60 Specific personality disorders	97	18	260	7	20	10	0	0	412
F61–F69 Disorders of adult personality and behaviour	5	1	4	1	0	0	1	0	12
F70–F79 Mental retardation	3	0	18	0	0	0	0	0	21
F80–F89 Disorders of psychological development	189	0	8	0	0	0	0	0	197
F90 Hyperkinetic disorders	330	0	6	0	0	0	0	0	336
F91 Conduct disorders	1,860	4	20	0	2	0	0	0	1,886
F92–F98 Other & unspecified disorders with onset childhood adolescence	554	0	13	0	1	0	0	0	568
F99 Mental disorder not otherwise specified	2	2	10	0	0	0	0	0	14
G30 Alzheimer's disease	0	0	2	1	0	0	0	0	3
S00–T14 Injuries to specified body regions	8	1	58	2	9	0	1	0	79
T36–T50 Poisoning by drugs, medicaments and biological substances	11	0	137	0	30	4	0	4	186
T51–T65 Toxic effects of substances chiefly nonmedicinal as to source	0	1	4	1	1	1	0	0	8
Z74, Z75 Problems related to care availability	0	0	3	0	1	0	0	0	4
Other factors related to mental and behav disorders and subst use ^(c)	132	6	48	0	0	0	0	2	188
Care involving use of rehabilitation services ^(d)	0	0	0	0	2	0	0	0	2
Other specified mental health-related principal diagnosis ^(e)	1	2	14	0	1	0	0	0	18
Other ^(f)	190	7	263	5	2	0	0	0	467
Total	8,310	624	3,930	121	268	65	4	27	13,349
Age-standardised same day separation rate^(f)	1.22	0.13	1.03	0.06	0.18	0.12	0.01	0.12	0.67

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47, O99.3, R44, R45, R48.

(f) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(g) The rates were directly age-standardised as detailed in Appendix 1.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.2: Ambulatory-equivalent mental health-related separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	2	298	1	0	0	n.p.	n.p.	n.p.	301
F04–F09 Other organic mental disorders	2	135	34	54	0	n.p.	n.p.	n.p.	226
F10 Mental and behavioural disorders due to use of alcohol	2,973	2,153	1,040	148	1	n.p.	n.p.	n.p.	6,416
F11–F19 Mental and behav disorders due to other psychoactive substance use	967	423	54	157	0	n.p.	n.p.	n.p.	1,619
F20 Schizophrenia	368	1,434	622	40	26	n.p.	n.p.	n.p.	2,503
F21, F24, F28–F29 Schizotypal and other delusional disorders	25	107	8	16	0	n.p.	n.p.	n.p.	164
F22 Persistent delusional disorders	16	53	20	3	0	n.p.	n.p.	n.p.	98
F23 Acute and transient psychotic disorders	40	40	111	17	0	n.p.	n.p.	n.p.	223
F25 Schizoaffective disorders	453	1,429	457	19	9	n.p.	n.p.	n.p.	2,387
F30 Manic episode	0	37	18	0	0	n.p.	n.p.	n.p.	57
F31 Bipolar affective disorders	774	2,089	667	287	77	n.p.	n.p.	n.p.	3,975
F32 Depressive episode	3,512	8,510	3,557	1,476	92	n.p.	n.p.	n.p.	17,496
F33 Recurrent depressive disorders	2,059	7,491	2,116	1,450	129	n.p.	n.p.	n.p.	13,544
F34 Persistent mood (affective) disorders	266	482	554	80	0	n.p.	n.p.	n.p.	1,463
F38, F39 Other and unspecified mood (affective) disorders	8	19	31	5	0	n.p.	n.p.	n.p.	63
F40 Phobic anxiety disorders	166	394	96	154	0	n.p.	n.p.	n.p.	819
F41 Other anxiety disorders	980	2,159	1,862	637	81	n.p.	n.p.	n.p.	5,925
F42 Obsessive-compulsive disorders	67	358	80	194	0	n.p.	n.p.	n.p.	729
F43 Reaction to severe stress and adjustment disorders	1,960	1,969	3,133	610	6	n.p.	n.p.	n.p.	8,074
F44 Dissociative (conversion) disorders	25	62	582	29	0	n.p.	n.p.	n.p.	707
F45, F48 Somatoform and other neurotic disorders	110	20	84	7	0	n.p.	n.p.	n.p.	248
F50 Eating disorders	1,994	618	50	43	0	n.p.	n.p.	n.p.	2,705
F51–F59 Other behav syndromes associated with phys dist & phys factors	14	28	2	0	0	n.p.	n.p.	n.p.	44
F60 Specific personality disorders	1,369	908	65	19	0	n.p.	n.p.	n.p.	2,421
F61–F69 Disorders of adult personality and behaviour	287	94	25	62	0	n.p.	n.p.	n.p.	474
F70–F79 Mental retardation	0	0	9	0	0	n.p.	n.p.	n.p.	9
F80–F89 Disorders of psychological development	0	23	5	1	0	n.p.	n.p.	n.p.	50
F90 Hyperkinetic disorders	0	20	0	7	0	n.p.	n.p.	n.p.	27
F91 Conduct disorders	5	228	0	19	0	n.p.	n.p.	n.p.	252
F92–F98 Other & unspecified disorders with onset childhood adolescence	0	229	0	2	0	n.p.	n.p.	n.p.	231
F99 Mental disorder not otherwise specified	0	1	0	2	0	n.p.	n.p.	n.p.	3
G30 Alzheimer's disease	0	91	8	0	0	n.p.	n.p.	n.p.	99
T36–T50 Poisoning by drugs, medicaments and biological substances	0	0	1	0	0	n.p.	n.p.	n.p.	1
Other factors related to mental and behav disorders and subst use ^(c)	0	1	2	0	0	n.p.	n.p.	n.p.	3
Other specified mental health-related principal diagnosis ^(d)	0	2	0	0	0	n.p.	n.p.	n.p.	2
Other ^(e)	0	39	9	0	0	n.p.	n.p.	n.p.	58
Total	18,442	31,944	15,303	5,538	421	n.p.	n.p.	n.p.	73,416
Age-standardised same day separation rate^(f)	2.72	6.39	3.92	2.77	0.27	n.p.	n.p.	n.p.	3.63

(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.

(c) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(e) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(f) The rates were directly age-standardised as detailed in Appendix 1.

n.p. Not published.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.3: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	42	32	9	4	5	2	1	0	95
F04–F09 Other organic mental disorders	26	19	18	6	2	5	0	0	76
F10 Mental and behavioural disorders due to use of alcohol	1,282	1,035	531	385	363	73	42	40	3,751
F11–F19 Mental and behav disorders due to other psychoactive substance use	302	230	100	97	59	12	10	5	815
F20 Schizophrenia	165	124	42	25	56	8	7	3	430
F21, F24, F28–F29 Schizotypal and other delusional disorders	40	57	8	9	9	4	1	1	129
F22 Persistent delusional disorders	32	24	3	4	2	3	1	0	69
F23 Acute and transient psychotic disorders	60	43	6	11	5	1	1	1	128
F25 Schizoaffective disorders	23	24	6	4	20	0	0	1	78
F30 Manic episode	15	19	2	1	3	1	0	0	41
F31 Bipolar affective disorders	50	40	17	11	21	4	4	0	147
F32 Depressive episode	385	364	113	58	96	23	7	2	1,048
F33 Recurrent depressive disorders	34	19	8	6	21	8	0	1	97
F34 Persistent mood (affective) disorders	13	14	3	3	3	0	1	0	37
F38, F39 Other and unspecified mood (affective) disorders	4	7	2	0	0	0	0	0	13
F40 Phobic anxiety disorders	0	1	0	0	1	1	0	0	3
F41 Other anxiety disorders	613	493	156	71	120	19	7	3	1,482
F42 Obsessive-compulsive disorders	6	5	0	1	6	2	0	0	20
F43 Reaction to severe stress and adjustment disorders	207	647	92	114	154	24	3	1	1,242
F44 Dissociative (conversion) disorders	40	28	24	10	15	4	1	2	124
F45, F48 Somatoform and other neurotic disorders	33	21	13	1	6	2	1	0	77
F50 Eating disorders	22	254	4	1	1	2	1	0	285
F51–F59 Other behav syndromes associated with phys dist and phys factors	9	86	9	1	2	0	0	0	107
F60 Specific personality disorders	88	56	28	5	29	15	6	0	227
F61–F69 Disorders of adult personality and behaviour	4	8	1	0	0	0	0	0	13
F70–F79 Mental retardation	4	6	5	0	1	1	0	0	17
F80–F89 Disorders of psychological development	9	2	4	3	6	1	3	3	31
F90 Hyperkinetic disorders	15	1	1	2	0	0	0	0	19
F91 Conduct disorders	28	37	11	1	4	3	0	1	85
F92–F98 Other & unspecified disorders with onset childhood adolescence	33	47	3	0	2	0	0	0	85
F99 Mental disorder not otherwise specified	20	12	1	1	1	1	0	0	36
G30 Alzheimer's disease	14	11	4	3	3	1	0	0	36
Other factors related to mental and behavioural disorders and substance abuse ^(c)	52	42	14	5	2	6	1	3	125
Other specified mental health related principal diagnosis ^(d)	160	1,950	107	19	30	7	4	4	2,281
Total	3,830	5,758	1,345	862	1,048	233	102	71	13,249
Age-standardised same day separation rate^(e)	0.57	1.19	0.35	0.44	0.70	0.48	0.30	0.34	0.67

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

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

Note: Abbreviations: phys—physical, dist—disturbances.

Table A3.4: Ambulatory-equivalent mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	1	3	2	1	0	n.p.	n.p.	n.p.	17
F04–F09 Other organic mental disorders	0	0	0	1	0	n.p.	n.p.	n.p.	2
F10 Mental and behavioural disorders due to use of alcohol	43	1,807	2,290	38	3	n.p.	n.p.	n.p.	4,376
F11–F19 Mental and behav disorders due to other psychoactive substance use	1	46	253	8	1	n.p.	n.p.	n.p.	311
F20 Schizophrenia	96	61	0	2	0	n.p.	n.p.	n.p.	279
F21, F24, F28–F29 Schizotypal and other delusional disorders	6	0	0	3	0	n.p.	n.p.	n.p.	38
F22 Persistent delusional disorders	0	0	0	1	0	n.p.	n.p.	n.p.	2
F23 Acute and transient psychotic disorders	0	0	0	2	0	n.p.	n.p.	n.p.	9
F25 Schizoaffective disorders	15	2	1	0	0	n.p.	n.p.	n.p.	90
F30 Manic episode	0	0	0	1	0	n.p.	n.p.	n.p.	18
F31 Bipolar affective disorders	25	131	20	0	0	n.p.	n.p.	n.p.	297
F32 Depressive episode	114	403	318	12	0	n.p.	n.p.	n.p.	1,605
F33 Recurrent depressive disorders	389	35	211	0	0	n.p.	n.p.	n.p.	952
F34 Persistent mood (affective) disorders	0	0	15	0	0	n.p.	n.p.	n.p.	108
F38, F39 Other and unspecified mood (affective) disorders	0	0	24	0	0	n.p.	n.p.	n.p.	39
F40 Phobic anxiety disorders	0	0	0	0	0	n.p.	n.p.	n.p.	24
F41 Other anxiety disorders	182	29	12	6	4	n.p.	n.p.	n.p.	977
F42 Obsessive-compulsive disorders	0	0	1	1	0	n.p.	n.p.	n.p.	44
F43 Reaction to severe stress and adjustment disorders	551	22	79	47	0	n.p.	n.p.	n.p.	994
F44 Dissociative (conversion) disorders	1	1	0	0	0	n.p.	n.p.	n.p.	2
F45, F48 Somatoform and other neurotic disorders	0	0	0	2	0	n.p.	n.p.	n.p.	10
F50 Eating disorders	8	1	3	0	0	n.p.	n.p.	n.p.	148
F51–F59 Other behav syndromes associated with phys dist and phys factors	0	16	0	9	0	n.p.	n.p.	n.p.	25
F60 Specific personality disorders	4	1	1	2	0	n.p.	n.p.	n.p.	19
F80–F89 Disorders of psychological development	0	0	0	0	0	n.p.	n.p.	n.p.	1
F92–F98 Other & unspecified disorders with onset childhood adolescence	0	0	0	1	0	n.p.	n.p.	n.p.	1
F99 Mental disorder not otherwise specified	0	0	0	0	0	n.p.	n.p.	n.p.	5
G30 Alzheimer's disease	0	1	1	0	1	n.p.	n.p.	n.p.	3
Other factors related to mental and behavioural disorders and substance abuse ^(c)	1	0	1	5	0	n.p.	n.p.	n.p.	17
Other specified mental health related principal diagnosis ^(d)	7	365	3	774	3	n.p.	n.p.	n.p.	1,154
Total	1,444	2,924	3,235	916	12	n.p.	n.p.	n.p.	11,567
Age-standardised same day separation rate^(e)	0.21	0.59	0.83	0.48	0.01	n.p.	n.p.	n.p.	0.57

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z76.0.

(d) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

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

n.p. Not published.

Note: Abbreviations: phys—physical, dist—disturbances.

Table A3.5: Ambulatory-equivalent mental health-related separations^(a), with and without specialised psychiatric care, all hospitals, by state and territory^(b), 2003–04

Procedure block number and procedure ^(c)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
With specialised psychiatric care									
1822 <i>Assessment of personal care and other activities of daily/independent living</i>	459	2	37	0	0	0	0	0	498
96027–00 Prescribed/self-selected medication assessment	459	2	0	0	0	0	0	0	461
96022–00 Health maintenance or recovery assessment	0	0	37	0	0	0	0	0	37
1823 <i>Mental, behavioural or psychosocial assessment</i>	6	0	228	3	31	0	0	1	269
96175–00 Mental/behavioural assessment	4	0	228	3	31	0	0	1	267
96032–00 Psychosocial assessment	2	0	0	0	0	0	0	0	2
1867 <i>Counselling or education relating to personal care and other activities of daily/independent living</i>	1,922	25	497	0	0	0	0	0	2,444
96073–00 Substance addiction counselling or education	1,804	25	404	0	0	0	0	0	2,233
96066–00 Preventative counselling or education	252	0	0	0	0	0	0	0	252
96072–00 Prescribed/self-selected medication counselling or education	0	0	68	0	0	0	0	0	68
96074–00 Gambling or betting addiction counselling or education	12	0	23	0	0	0	0	0	35
96079–00 Situational/occupational/environmental counselling or education	0	0	28	0	0	0	0	0	28
96067–00 Nutritional/dietary counselling or education	16	0	0	0	0	0	0	0	16
96075–00 Self-care/self-maintenance counselling or education	6	0	0	0	0	0	0	0	6
1869 <i>Other counselling or education</i>									
96090–00 Other counselling or education	3,678	0	0	0	0	0	0	0	3,678
1872 <i>Alcohol and drug rehabilitation and detoxification</i>	511	5	190	1	1	0	0	0	708
92002–00 Alcohol rehabilitation	246	0	160	0	0	0	0	0	406
92004–00 Alcohol rehabilitation and detoxification	236	3	0	0	0	0	0	0	239
92005–00 Drug rehabilitation	25	0	28	0	0	0	0	0	53
92003–00 Alcohol detoxification	2	1	0	1	1	0	0	0	5
92007–00 Drug rehabilitation and detoxification	1	1	0	0	0	0	0	0	2
1873 <i>Psychological/psychosocial therapies</i>	9,062	625	10,629	2,613	0	0	0	0	22,929
96101–00 Cognitive behaviour therapy	1,752	75	8,009	2,587	0	0	0	0	12,423
96001–00 Psychological skills training	4,016	74	2,226	0	0	0	0	0	6,316
96180–00 Other psychotherapies or psychosocial therapies	3,797	0	0	0	0	0	0	0	3,797
96177–00 Interpersonal psychotherapy	388	1	394	0	0	0	0	0	783
96185–00 Supportive psychotherapy, not elsewhere classified	782	0	0	0	0	0	0	0	782
96181–00 Art therapy	7	475	0	0	0	0	0	0	482
96100–00 Psychodynamic therapy	34	0	0	0	0	0	0	0	34
96178–00 Couples therapy	1	0	0	26	0	0	0	0	27
96176–00 Behaviour therapy	18	0	0	0	0	0	0	0	18
1916 <i>Generalised allied health interventions</i>	336	1,521	477	2,274	31	0	1	1	4,641
95550–10 Allied health intervention, psychology	217	1,335	241	1,333	8	0	0	1	3,135
95550–02 Allied health intervention, occupational therapy	107	184	202	940	0	0	0	0	1,433
95550–01 Allied health intervention, social work	12	2	34	1	23	0	1	0	73
No procedure or not reported	11,597	30,399	7,937	768	632	1,833	3	26	53,195
Total^(c)	26,752	32,568	19,233	5,659	689	1,833	4	27	86,765

(continued)

Table A3.5 (continued): Ambulatory-equivalent mental health-related separations^(a), with and without specialised psychiatric care, all hospitals, by state and territory^(b), 2003–04

Procedure block number and procedure ^(c)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Without specialised psychiatric care									
1822 <i>Assessment of personal care and other activities of daily/independent living</i>	7	0	0	1	0	0	0	0	8
96022–00 Health maintenance or recovery assessment	5	0	0	0	0	0	0	0	5
1823 <i>Mental, behavioural or psychosocial assessment</i>	26	50	27	100	169	0	1	0	373
96175–00 Mental/behavioural assessment	19	50	10	100	169	0	1	0	349
96034–00 Alcohol and other drug assessment	1	0	14	0	0	0	0	0	15
96032–00 Psychosocial assessment	6	0	3	0	0	0	0	0	9
1867 <i>Counselling or education relating to personal care and other activities of daily/independent living</i>	6	404	246	190	0	0	0	0	846
96073–00 Substance addiction counselling or education	5	400	245	0	0	0	0	0	650
96075–00 Self-care/self-maintenance counselling or education	0	0	0	179	0	0	0	0	179
96080–00 Counsel/educate for parenthood, parenting skills or family planning	0	4	0	33	0	0	0	0	37
96067–00 Nutritional/dietary counselling or education	0	0	0	23	0	0	0	0	23
1868 <i>Psychosocial counselling</i>	1	0	3	17	0	0	0	0	21
96081–00 Relationship counselling	0	0	1	17	0	0	0	0	18
96085–00 Grief/bereavement counselling	0	0	1	2	0	0	0	0	3
96082–00 Crisis situation/event counselling	0	0	2	0	0	0	0	0	2
1869 <i>Other counselling or education</i>	8	0	0	32	0	0	0	0	40
96089–00 Resource education	0	0	0	27	0	0	0	0	27
96090–00 Other counselling or education	8	0	0	14	0	0	0	0	22
1872 <i>Alcohol and drug rehabilitation and detoxification</i>	112	674	2,180	0	0	2	1	0	2,969
92002–00 Alcohol rehabilitation	26	672	1,836	0	0	0	0	0	2,534
92005–00 Drug rehabilitation	0	0	187	0	0	0	0	0	187
92008–00 Combined alcohol and drug rehabilitation	0	0	122	0	0	1	0	0	123
92006–00 Drug detoxification	72	1	5	0	0	0	0	0	78
92004–00 Alcohol rehabilitation and detoxification	2	0	17	0	0	0	0	0	19
92003–00 Alcohol detoxification	6	1	4	0	0	1	1	0	13
92007–00 Drug rehabilitation and detoxification	4	0	5	0	0	0	0	0	9
92010–00 Combined alcohol and drug rehabilitation and detoxification	1	0	4	0	0	0	0	0	5
1873 <i>Psychological/psychosocial therapies</i>	1,147	935	1,006	17	0	0	0	0	3,105
96180–00 Other psychotherapies or psychosocial therapies	871	0	0	0	0	0	0	0	871
96101–00 Cognitive behaviour therapy	26	317	261	0	0	0	0	0	604
96185–00 Supportive psychotherapy, not elsewhere classified	0	583	0	0	0	0	0	0	583
96176–00 Behaviour therapy	7	0	516	1	0	0	0	0	524
96001–00 Psychological skills training	247	0	172	16	0	0	0	0	435
96177–00 Interpersonal psychotherapy	0	0	57	0	0	0	0	0	57
96181–00 Art therapy	0	35	0	0	0	0	0	0	35
96102–00 Systems therapy	2	0	0	0	0	0	0	0	2
1916 <i>Generalised allied health interventions</i>	252	628	44	114	27	10	701	1	1,777
95550–10 Allied health intervention, psychology	76	464	5	3	7	1	694	1	1,251
95550–01 Allied health intervention, social work	175	82	39	111	20	9	7	0	443
95550–02 Allied health intervention, occupational therapy	1	82	0	0	0	0	0	0	83
No procedure or not reported	3,722	6,008	1,341	1,398	865	2,324	329	73	16,060
Total^(c)	5,274	8,682	4,580	1,778	1,060	2,336	1,032	74	24,816

(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 total of the rows is not necessarily equivalent to the total as multiple procedures can be reported for each separation. Blocks and procedures which were only reported for one separation are not shown, but are included in the totals.

(c) 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.

Table A3.6: Community mental health service contacts, by principal diagnosis, states and territories, 2003–04^{(a)(b)}

Principal diagnosis		NSW	VIC	QLD	WA	SA	TAS	ACT ^(b)	NT ^(b)	Australia
F00–F03	Dementia	20,398	42,985	3,302	11,551	8,245	14,699	1,560	36	102,776
F04–F09	Other organic mental disorders	4,270	9,251	2,024	8,014	1,724	78	2,094	115	27,570
F10	Mental and behavioural disorders due to use of alcohol	6,880	12,967	1,079	3,050	1,441	218	984	459	27,078
F11–F19	Mental and behavioural disorders due to other psychoactive substance use	3,420	26,959	3,607	8,207	2,139	235	3,697	493	48,757
F20	Schizophrenia	256,560	528,104	104,822	102,849	93,530	12,876	47,565	2,464	1,148,770
F21, F24, F28–F29	Schizotypal and other delusional disorders	97,701	27,976	1,271	8,640	7,369	32	3,667	91	146,747
F22	Persistent delusional disorders	1,251	17,609	2,191	4,628	3,223	8	3,109	82	32,101
F23	Acute and transient psychotic disorders	46,509	14,818	1,552	5,854	5,585	1,364	2,346	274	78,302
F25	Schizoaffective disorders	22,579	123,944	15,446	11,508	21,287	3,265	8,523	297	206,849
F30	Manic episode	3,141	6,751	521	4,127	1,849	100	1,494	88	18,071
F31	Bipolar affective disorders	55,587	114,268	21,193	28,990	24,024	3,207	11,538	538	259,345
F32	Depressive episode	155,688	148,599	20,767	42,294	35,782	5,759	8,726	2,435	420,050
F33	Recurrent depressive disorders	2,468	36,827	11,458	14,423	4,958	197	3,276	436	74,043
F34	Persistent mood (affective) disorders	664	14,865	3,998	6,175	1,821	118	2,173	142	29,956
F38, F39	Other and unspecified mood (affective) disorders	355	2,062	506	1,098	395	15	1,104	173	5,708
F40	Phobic anxiety disorders	7,732	3,578	2,044	2,805	2,455	174	624	42	19,454
F41	Other anxiety disorders	28,543	25,853	9,977	19,317	9,147	2,714	2,723	444	98,718
F42	Obsessive-compulsive disorders	6,114	7,264	2,137	4,170	2,130	422	1,587	95	23,919
F43	Reaction to severe stress and adjustment disorders	24,941	75,151	12,105	28,994	16,054	1,264	3,146	1,707	163,362
F44	Dissociative (conversion) disorders	1,834	819	533	438	130	106	74	0	3,934
F45, F48	Somatoform and other neurotic disorders	895	1,603	649	1,367	857	11	207	4	5,593
F50	Eating disorders	3,650	8,858	2,890	4,508	304	345	977	8	21,540
F51–F59	Other behavioural syndromes associated with phys disturbances & phys factors	302	2,692	334	1,544	234	98	797	16	6,017
F60	Specific personality disorders	18,634	54,575	8,748	14,326	7,237	1,234	7,941	473	113,168
F61–F69	Disorders of adult personality and behaviour	7,520	3,704	718	1,384	990	38	1,603	69	16,026
F70–F79	Mental retardation	2,425	4,418	1,548	1,542	296	200	1,324	28	11,781
F80–F89	Disorders of psychological development	4,015	12,188	3,917	1,930	1,214	186	855	219	24,524
F90	Hyperkinetic disorders	3,758	7,609	4,242	3,293	1,348	376	208	180	21,014
F91	Conduct disorders	4,733	16,699	4,090	2,823	4,234	276	611	158	33,624
F92–F98	Other & unspecified disorders with onset childhood adolescence	3,591	21,052	6,528	9,195	4,447	410	2,745	223	48,191
G30	Alzheimer's disease	4	4,816	1	0	58	0	0	0	4,879
S00–T14	Injuries to specified body regions	24	0	50	0	0	266	0	0	340
Z74, Z75	Problems related to care availability	0	0	0	53	5	47	0	0	105
	Other factors related to mental and behavioural disorders and substance use ^(c)	2,331	14,925	4,536	11,550	1,166	402	0	0	34,910
	Care involving use of rehabilitation services ^(d)	0	0	0	131	996	0	0	0	1,127
	Other specified mental health-related principal diagnosis ^(e)	3,487	3,965	334	267	10	612	0	0	8,675
	Other ^(f)	5,456	3,367	2,152	2,991	1,723	1,026	0	0	16,715
	<i>Total with specified principal diagnosis</i>	<i>807,460</i>	<i>1,401,121</i>	<i>261,270</i>	<i>374,036</i>	<i>268,407</i>	<i>52,378</i>	<i>127,278</i>	<i>11,789</i>	<i>3,303,739</i>
F99	Mental disorder not otherwise specified	417,343	198,679	517	44,448	43,128	1	40,263	43	744,422
	Not reported	206,926	0	627,224	0	0	15,202	0	14,222	863,574
	Total	1,431,729	1,599,800	889,011	418,484	311,535	67,581	167,541	26,054	4,911,735

(a) These data should be interpreted with caution due to incomplete coverage and inconsistencies in the definitions of service contacts used across jurisdictions. For more information refer to Appendix 1 and Chapter 3. There may also be variation in whether the reported principal diagnosis relates to the service contact or to a longer period of care.

(b) The Australian Capital Territory and Northern Territory reported principal diagnosis using the 'Mental and behavioural disorders' chapter of the ICD-10-AM classification only.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0, G47.1, G47.2, G47.8, G47.9, O99.3, R44, R45.0, R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

Note: Abbreviations: behav—behavioural, phys—physical.

Table A3.7: Same day separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, states and territories,^(a) 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	4	7	4	1	2	0	0	0	18
F04–F09 Other organic mental disorders	16	6	2	4	1	0	0	0	29
F10 Mental and behavioural disorders due to use of alcohol	74	21	17	7	6	0	0	3	128
F11–F19 Mental and behavioural disorders due to other psychoactive substances use	22	7	19	13	5	1	0	1	68
F20 Schizophrenia	118	109	279	19	84	31	0	1	641
F21, F24, F28–F29 Schizotypal and other delusional disorders	21	6	6	4	8	1	0	1	47
F22 Persistent delusional disorders	15	16	12	1	2	0	0	1	47
F23 Acute and transient psychotic disorders	73	4	18	3	3	0	0	1	102
F25 Schizoaffective disorders	119	81	269	8	125	1	2	1	606
F30 Manic episode	4	17	0	0	4	0	0	0	25
F31 Bipolar affective disorders	252	118	398	34	86	110	2	0	1,000
F32 Depressive episode	1,288	535	1,570	206	240	283	3	1	4,126
F33 Recurrent depressive disorders	388	402	711	159	414	45	1	0	2,120
F34 Persistent mood (affective) disorders	50	1	8	2	2	0	0	0	63
F38, F39 Other and unspecified mood (affective) disorders	7	2	8	0	0	4	0	0	21
F40 Phobic anxiety disorders	17	0	0	0	0	0	0	0	17
F41 Other anxiety disorders	47	64	26	3	2	4	0	0	146
F42 Obsessive-compulsive disorders	17	32	5	0	0	0	0	0	54
F43 Reaction to severe stress and adjustment disorders	74	37	181	59	41	3	0	0	395
F44 Dissociative (conversion) disorders	2	1	3	0	0	0	0	0	6
F45, F48 Somatoform and other neurotic disorders	33	0	0	0	0	0	0	0	33
F50 Eating disorders	39	45	4	0	1	0	0	0	89
F51–F59 Other behavioural syndromes associated with phys dist and phys factors	1	3	2	1	0	0	0	0	7
F60 Specific personality disorders	31	28	26	13	10	4	0	1	113
F61–F69 Disorders of adult personality and behaviour	110	2	0	0	1	0	0	0	113
F70–F79 Mental retardation	0	1	0	0	0	0	0	1	2
F80–F89 Disorders of psychological development	76	0	2	0	0	0	0	0	78
F90 Hyperkinetic disorders	1	0	0	0	0	0	0	0	1
F91 Conduct disorders	48	0	1	1	2	0	0	1	53
F92–F98 Other and unspecified disorders with onset childhood adolescence	41	0	0	0	0	0	0	0	41
F99 Mental disorder not otherwise specified	4	3	7	0	1	0	0	0	15
G30 Alzheimers disease	0	0	10	0	0	0	0	0	10
S00–T14 Injuries to specified body regions	8	1	22	1	3	1	0	2	38
T36–T50 Poisoning by drugs, medicaments and biological substances	6	3	9	2	10	2	1	4	37
T51–T65 Toxic effects of substances chiefly nonmedicinal as to source	0	0	1	1	0	0	0	1	3
Z74, Z75 Problems related to care availability	1	0	3	0	0	0	0	0	4
Other factors related to mental and behav disorders and substance use ^(c)	1	1	2	2	1	0	0	0	7
Care involving use of rehabilitation services ^(d)	1	0	0	0	224	0	0	0	225
Other specified mental health-related principal diagnosis ^(e)	5	3	2	2	0	0	0	0	12
Other ^(f)	37	10	29	2	0	1	0	4	83
Total	3,051	1,566	3,656	548	1,278	491	9	24	10,623
Age-standardised same-day separation rate^(g)	0.46	0.31	0.96	0.28	0.78	0.88	0.03	0.11	0.53

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(g) The rates were directly age-standardised as detailed in Appendix 1.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.8: Overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	261	303	90	127	73	17	3	1	875
F04–F09	Other organic mental disorders	252	146	112	164	56	15	9	8	762
F10	Mental and behavioural disorders due to use of alcohol	1,055	273	368	156	166	42	12	41	2,113
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	1,580	619	907	524	273	108	53	83	4,147
F20	Schizophrenia	6,235	5,171	4,540	1,785	1,669	591	213	185	20,389
F21, F24, F28–F29	Schizotypal and other delusional disorders	543	558	252	259	113	36	18	26	1,805
F22	Persistent delusional disorders	318	270	206	100	80	14	20	13	1,021
F23	Acute and transient psychotic disorders	836	269	336	130	94	35	26	18	1,744
F25	Schizoaffective disorders	1,703	1,359	1,128	377	713	71	64	77	5,492
F30	Manic episode	258	154	93	43	55	23	10	14	650
F31	Bipolar affective disorders	2,470	1,755	1,467	787	801	251	131	62	7,724
F32	Depressive episode	2,818	2,629	2,322	831	1,048	252	87	112	10,099
F33	Recurrent depressive disorders	732	420	387	266	397	99	64	31	2,396
F34	Persistent mood (affective) disorders	339	242	353	72	112	15	31	8	1,172
F38, F39	Other and unspecified mood (affective) disorders	50	29	24	9	9	8	2	0	131
F40	Phobic anxiety disorders	25	19	8	4	13	1	1	1	72
F41	Other anxiety disorders	287	160	225	111	102	45	19	9	958
F42	Obsessive-compulsive disorders	83	36	40	15	23	11	3	0	211
F43	Reaction to severe stress and adjustment disorders	2,213	1,396	1,729	1,282	1,034	447	85	100	8,286
F44	Dissociative (conversion) disorders	53	24	61	12	7	4	2	2	165
F45, F48	Somatoform and other neurotic disorders	25	23	23	11	7	0	0	0	89
F50	Eating disorders	89	173	144	39	94	28	5	3	575
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	37	98	27	20	19	2	8	1	212
F60	Specific personality disorders	1,368	603	813	567	312	226	158	14	4,061
F61–F69	Disorders of adult personality and behaviour	84	22	36	38	22	10	3	1	216
F70–F79	Mental retardation	88	16	71	15	9	12	2	1	214
F80–F89	Disorders of psychological development	60	18	63	12	13	2	0	0	168
F90	Hyperkinetic disorders	47	17	28	15	0	1	0	0	108
F91	Conduct disorders	155	73	124	33	11	6	5	5	412
F92–F98	Other and unspecified disorders with onset childhood adolescence	61	34	99	18	20	0	0	0	232
F99	Mental disorder not otherwise specified	48	151	10	3	0	2	0	0	214
G30	Alzheimer's disease	121	213	56	211	104	7	1	0	713
S00–T14	Injuries to specified body regions	218	12	186	24	35	8	15	10	508
T36–T50	Poisoning by drugs, medicaments and biological substances	636	78	645	55	184	48	48	25	1,719
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	39	6	60	2	20	2	2	2	133
Z74, Z75	Problems related to care availability	15	4	409	83	78	5	2	3	599
	Other factors related to mental and behav disorders and substance use ^(c)	471	50	23	8	0	3	0	4	559
	Care involving use of rehabilitation services ^(d)	97	0	7	5	179	0	0	0	288
	Other specified mental health-related principal diagnosis ^(e)	69	55	37	17	6	6	2	4	196
	Other ^(f)	1,007	195	343	69	60	35	23	38	1,770
	Total	26,846	17,673	17,852	8,299	8,011	2,488	1,127	902	83,198
	Age-standardised overnight separation rate^(g)	4.03	3.54	4.67	4.24	5.29	4.86	3.34	4.28	4.17

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(g) The rates were directly age-standardised as detailed in Appendix 1.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.9: Overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	14	92	20	6	1	n.p.	n.p.	n.p.	133
F04–F09	Other organic mental disorders	35	48	32	39	15	n.p.	n.p.	n.p.	171
F10	Mental and behavioural disorders due to use of alcohol	980	497	216	192	153	n.p.	n.p.	n.p.	2,089
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	515	172	98	120	42	n.p.	n.p.	n.p.	961
F20	Schizophrenia	251	268	385	126	66	n.p.	n.p.	n.p.	1,122
F21, F24, F28–F29	Schizotypal and other delusional disorders	15	21	9	33	7	n.p.	n.p.	n.p.	87
F22	Persistent delusional disorders	24	38	25	15	11	n.p.	n.p.	n.p.	115
F23	Acute and transient psychotic disorders	13	27	37	14	3	n.p.	n.p.	n.p.	105
F25	Schizoaffective disorders	275	248	208	83	140	n.p.	n.p.	n.p.	965
F30	Manic episode	23	21	13	15	5	n.p.	n.p.	n.p.	78
F31	Bipolar affective disorders	507	642	433	272	168	n.p.	n.p.	n.p.	2,080
F32	Depressive episode	1,421	1,212	1,640	566	193	n.p.	n.p.	n.p.	5,151
F33	Recurrent depressive disorders	695	1,433	608	748	480	n.p.	n.p.	n.p.	4,137
F34	Persistent mood (affective) disorders	81	59	133	25	62	n.p.	n.p.	n.p.	392
F38, F39	Other and unspecified mood (affective) disorders	8	4	14	2	4	n.p.	n.p.	n.p.	36
F40	Phobic anxiety disorders	25	23	13	16	6	n.p.	n.p.	n.p.	83
F41	Other anxiety disorders	297	244	200	134	48	n.p.	n.p.	n.p.	950
F42	Obsessive-compulsive disorders	27	56	41	13	8	n.p.	n.p.	n.p.	150
F43	Reaction to severe stress and adjustment disorders	444	389	732	395	155	n.p.	n.p.	n.p.	2,283
F44	Dissociative (conversion) disorders	8	44	208	11	8	n.p.	n.p.	n.p.	282
F45, F48	Somatoform and other neurotic disorders	24	15	13	9	3	n.p.	n.p.	n.p.	67
F50	Eating disorders	225	95	88	89	25	n.p.	n.p.	n.p.	524
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	67	12	4	2	4	n.p.	n.p.	n.p.	92
F60	Specific personality disorders	118	126	59	50	27	n.p.	n.p.	n.p.	393
F61–F69	Disorders of adult personality and behaviour	34	1	6	8	10	n.p.	n.p.	n.p.	59
F70–F79	Mental retardation	0	0	6	1	0	n.p.	n.p.	n.p.	7
F80–F89	Disorders of psychological development	1	1	9	1	0	n.p.	n.p.	n.p.	12
F90	Hyperkinetic disorders	3	0	1	1	4	n.p.	n.p.	n.p.	9
F91	Conduct disorders	0	2	2	2	1	n.p.	n.p.	n.p.	7
F92–F98	Other and unspecified disorders with onset childhood adolescence	1	0	1	1	0	n.p.	n.p.	n.p.	5
G30	Alzheimers disease	4	34	42	30	0	n.p.	n.p.	n.p.	110
S00–T14	Injuries to specified body regions	2	1	14	2	2	n.p.	n.p.	n.p.	28
T36–T50	Poisoning by drugs, medicaments and biological substances	0	0	1	1	0	n.p.	n.p.	n.p.	3
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	4	0	4	2	0	n.p.	n.p.	n.p.	10
Z74, Z75	Problems related to care availability	0	1	0	8	0	n.p.	n.p.	n.p.	9
	Other factors related to mental and behav disorders and substance use ^(c)	1	0	0	0	1	n.p.	n.p.	n.p.	2
	Care involving use of rehabilitation services ^(c)	0	0	0	1	0	n.p.	n.p.	n.p.	1
	Other specified mental health-related principal diagnosis ^(e)	0	3	34	4	0	n.p.	n.p.	n.p.	41
	Other ^(f)	31	29	65	17	4	n.p.	n.p.	n.p.	155
	Total	6,173	5,858	5,414	3,054	1,656	n.p.	n.p.	n.p.	22,904
	Age-standardised overnight separation rate^(g)	0.91	1.16	1.40	1.54	1.05	n.p.	n.p.	n.p.	1.13

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(g) The rates were directly age-standardised as detailed in Appendix 1.

n.p. Not published.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.10: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	40,299	10,416	4,207	7,352	5,442	3,002	81	4	70,803
F04–F09	Other organic mental disorders	15,154	5,430	4,711	4,423	1,224	708	199	55	31,904
F10	Mental and behavioural disorders due to use of alcohol	9,426	3,257	10,849	2,013	2,068	1,392	91	165	29,261
F11–F19	Mental and behav disorders due to other psychoactive substances use	15,057	5,766	6,970	4,552	1,647	573	439	745	35,749
F20	Schizophrenia	234,922	124,585	123,555	56,936	35,188	14,575	3,907	2,893	596,561
F21, F24, F28–F29	Schizotypal and other delusional disorders	9,502	9,112	2,742	4,884	1,474	394	248	322	28,678
F22	Persistent delusional disorders	7,182	5,009	3,061	2,167	1,440	218	258	180	19,515
F23	Acute and transient psychotic disorders	12,133	3,339	3,837	2,009	1,072	396	350	145	23,281
F25	Schizoaffective disorders	48,789	27,381	26,948	10,248	14,631	4,665	909	1,444	135,015
F30	Manic episode	3,876	2,383	1,266	763	842	343	125	251	9,849
F31	Bipolar affective disorders	58,740	31,735	27,100	17,507	14,032	4,112	2,154	801	156,181
F32	Depressive episode	43,490	35,931	28,255	13,172	16,077	4,105	938	1,070	143,038
F33	Recurrent depressive disorders	13,718	8,755	5,741	6,165	5,852	1,004	1,171	335	42,741
F34	Persistent mood (affective) disorders	2,840	1,736	2,310	717	797	135	216	62	8,813
F38, F39	Other and unspecified mood (affective) disorders	516	321	197	149	140	54	50	0	1,427
F40	Phobic anxiety disorders	218	234	48	27	256	11	6	18	818
F41	Other anxiety disorders	2,797	2,227	2,505	2,052	1,261	463	133	44	11,482
F42	Obsessive-compulsive disorders	1,874	639	1,274	284	505	161	19	0	4,756
F43	Reaction to severe stress and adjustment disorders	12,016	9,830	9,327	8,467	6,725	2,031	536	491	49,423
F44	Dissociative (conversion) disorders	535	300	592	110	60	21	17	20	1,655
F45, F48	Somatoform and other neurotic disorders	407	283	290	129	94	0	0	0	1,203
F50	Eating disorders	2,786	4,242	4,154	767	2,274	578	54	50	14,905
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	407	1,595	269	295	261	41	149	2	3,019
F60	Specific personality disorders	10,025	3,756	5,321	5,470	1,462	1,595	870	36	28,535
F61–F69	Disorders of adult personality and behaviour	489	162	4,934	252	342	390	3	5	6,577
F70–F79	Mental retardation	21,961	295	8,363	191	396	122	2	10	31,340
F80–F89	Disorders of psychological development	1,322	228	697	163	108	7	0	0	2,525
F90	Hyperkinetic disorders	411	174	457	224	0	7	0	0	1,273
F91	Conduct disorders	2,755	857	1,345	312	46	18	56	16	5,405
F92–F98	Other and unspecified disorders with onset childhood adolescence	567	442	1,219	298	77	0	0	0	2,603
F99	Mental disorder not otherwise specified	487	6,305	42	74	0	11	0	0	6,919
G30	Alzheimer's disease	13,192	8,624	1,337	11,842	4,967	1,813	5	0	41,780
S00–T14	Injuries to specified body regions	2,437	134	1,339	230	385	22	114	109	4,770
T36–T50	Poisoning by drugs, medicaments and biological substances	5,129	411	4,568	332	1,552	230	231	165	12,618
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	293	16	657	10	181	10	14	6	1,187
Z74, Z75	Problems related to care availability	11,680	10	51,039	6,273	26,004	358	82	28	95,474
	Other factors related to mental and behav disorders and substance use ^(d)	2,028	1,358	159	70	0	6	0	24	3,645
	Care involving use of rehabilitation services ^(c)	13,757	0	257	18,346	38,622	0	0	0	70,982
	Other specified mental health-related principal diagnosis ^(d)	726	741	296	157	45	124	13	20	2,122
	Other ^(e)	18,101	4,307	10,927	2,397	1,283	2,234	299	375	39,923
	Total	642,044	322,326	363,165	191,829	188,832	45,929	13,739	9,891	1,777,755
	Age-standardised overnight patient day rate^(f)	95.2	64.1	94.4	99.2	119.8	85.0	41.9	47.4	88.4

(a) 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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(e) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(f) Separation rates are directly age-standardised as detailed in Appendix 1.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.11: Patient days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03 Dementia	463	2,505	359	145	26	n.p.	n.p.	n.p.	3,498
F04–F09 Other organic mental disorders	557	918	598	702	209	n.p.	n.p.	n.p.	2,992
F10 Mental and behavioural disorders due to use of alcohol	15,707	6,570	3,239	2,572	1,799	n.p.	n.p.	n.p.	30,750
F11–F19 Mental and behav disorders due to other psychoactive substances use	8,131	1,677	1,392	1,691	556	n.p.	n.p.	n.p.	13,632
F20 Schizophrenia	4,917	5,737	9,182	3,229	1,165	n.p.	n.p.	n.p.	24,582
F21, F24, F28–F29 Schizotypal and other delusional disorders	410	490	178	587	127	n.p.	n.p.	n.p.	1,846
F22 Persistent delusional disorders	407	541	606	288	152	n.p.	n.p.	n.p.	2,068
F23 Acute and transient psychotic disorders	163	473	412	406	22	n.p.	n.p.	n.p.	1,634
F25 Schizoaffective disorders	5,310	4,243	4,775	1,150	2,454	n.p.	n.p.	n.p.	18,061
F30 Manic episode	366	278	260	315	56	n.p.	n.p.	n.p.	1,284
F31 Bipolar affective disorders	10,454	11,118	8,033	5,166	2,926	n.p.	n.p.	n.p.	38,589
F32 Depressive episode	30,222	23,873	31,599	10,024	3,315	n.p.	n.p.	n.p.	101,239
F33 Recurrent depressive disorders	14,283	26,779	10,086	12,311	9,658	n.p.	n.p.	n.p.	76,145
F34 Persistent mood (affective) disorders	1,632	913	2,435	313	866	n.p.	n.p.	n.p.	6,548
F38, F39 Other and unspecified mood (affective) disorders	155	43	236	23	66	n.p.	n.p.	n.p.	575
F40 Phobic anxiety disorders	420	473	214	222	122	n.p.	n.p.	n.p.	1,451
F41 Other anxiety disorders	6,215	4,118	3,522	2,245	802	n.p.	n.p.	n.p.	17,352
F42 Obsessive-compulsive disorders	576	1,199	957	134	85	n.p.	n.p.	n.p.	3,057
F43 Reaction to severe stress and adjustment disorders	9,006	5,538	12,718	5,855	2,038	n.p.	n.p.	n.p.	37,452
F44 Dissociative (conversion) disorders	450	670	2,943	228	261	n.p.	n.p.	n.p.	4,656
F45, F48 Somatoform and other neurotic disorders	265	272	228	204	27	n.p.	n.p.	n.p.	1,090
F50 Eating disorders	7,234	2,794	3,318	2,058	334	n.p.	n.p.	n.p.	15,779
F51–F59 Other behavioural syndromes associated with phys dist and phys factors	1,502	153	61	28	24	n.p.	n.p.	n.p.	1,793
F60 Specific personality disorders	1,833	1,583	853	793	413	n.p.	n.p.	n.p.	5,706
F61–F69 Disorders of adult personality and behaviour	631	12	144	83	114	n.p.	n.p.	n.p.	984
F70–F79 Mental retardation	0	0	39	8	0	n.p.	n.p.	n.p.	47
F80–F89 Disorders of psychological development	3	17	320	18	0	n.p.	n.p.	n.p.	358
F90 Hyperkinetic disorders	64	0	1	6	73	n.p.	n.p.	n.p.	144
F91 Conduct disorders	0	110	20	9	4	n.p.	n.p.	n.p.	143
F92–F98 Other and unspecified disorders with onset childhood adolescence	19	0	9	3	0	n.p.	n.p.	n.p.	58
G30 Alzheimer's disease	110	988	943	1,555	0	n.p.	n.p.	n.p.	3,596
S00–T14 Injuries to specified body regions	34	0	89	8	0	n.p.	n.p.	n.p.	131
T36–T50 Poisoning by drugs, medicaments and biological substances	44	2	291	10	37	n.p.	n.p.	n.p.	484
T51–T65 Toxic effects of substances chiefly nonmedicinal as to source	0	0	13	41	0	n.p.	n.p.	n.p.	65
Z74, Z75 Problems related to care availability	0	6	0	648	0	n.p.	n.p.	n.p.	654
Other factors related to mental and behav disorders and substance use ^(b)	13	0	0	0	19	n.p.	n.p.	n.p.	32
Care involving use of rehabilitation services ^(c)	0	0	0	28	0	n.p.	n.p.	n.p.	28
Other specified mental health-related principal diagnosis ^(d)	0	49	44	60	0	n.p.	n.p.	n.p.	153
Other ^(e)	489	421	1,001	436	30	n.p.	n.p.	n.p.	2,540
Total	122,085	104,563	101,118	53,602	27,780	n.p.	n.p.	n.p.	421,196
Age-standardised overnight patient day rate^(f)	18.0	20.7	26.2	27.2	17.5	n.p.	n.p.	n.p.	20.8

(a) 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.

(b) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(c) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(e) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(f) Separation rates are directly age-standardised using the estimated resident population as at 30 June 2001.

Note: Abbreviations: behav—behavioural, subst—substances, phys—physical, dist—disturbances.

Table A3.12: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	39,909	10,416	4,157	7,339	5,442	3,002	63	3	70,331
F04–F09	Other organic mental disorders	14,883	5,430	4,627	4,253	1,224	708	198	55	31,378
F10	Mental and behavioural disorders due to use of alcohol	8,963	3,257	10,706	1,963	2,068	1,392	91	143	28,583
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	14,747	5,766	6,918	4,464	1,647	573	437	744	35,296
F20	Schizophrenia	232,006	124,585	123,316	56,760	35,188	14,575	3,903	2,867	593,200
F21, F24, F28–F29	Schizotypal and other delusional disorders	9,310	9,112	2,731	4,844	1,474	394	233	320	28,418
F22	Persistent delusional disorders	6,975	5,009	3,048	2,142	1,440	218	238	180	19,250
F23	Acute and transient psychotic disorders	11,822	3,339	3,821	1,991	1,072	396	349	144	22,934
F25	Schizoaffective disorders	47,958	27,381	26,906	10,204	14,631	4,665	902	1,394	134,041
F30	Manic episode	3,792	2,383	1,263	747	842	343	125	251	9,746
F31	Bipolar affective disorders	57,883	31,735	26,921	17,355	14,032	4,112	2,143	800	154,981
F32	Depressive episode	41,291	35,931	27,854	12,777	16,077	4,105	923	1,066	140,024
F33	Recurrent depressive disorders	13,228	8,755	5,638	6,055	5,852	1,004	1,164	335	42,031
F34	Persistent mood (affective) disorders	2,755	1,736	2,281	707	797	135	211	61	8,683
F38, F39	Other and unspecified mood (affective) disorders	507	321	179	149	140	54	50	0	1,400
F40	Phobic anxiety disorders	204	234	48	26	256	11	1	18	798
F41	Other anxiety disorders	2,708	2,227	2,494	2,007	1,261	463	132	44	11,336
F42	Obsessive-compulsive disorders	1,466	639	1,274	283	505	161	18	0	4,346
F43	Reaction to severe stress and adjustment disorders	11,225	9,830	9,260	8,312	6,725	2,031	530	483	48,396
F44	Dissociative (conversion) disorders	512	300	566	109	60	21	17	20	1,605
F45, F48	Somatoform and other neurotic disorders	390	283	229	95	94	0	0	0	1,091
F50	Eating disorders	2,496	4,242	4,052	737	2,274	578	54	50	14,483
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	397	1,595	266	275	261	41	148	2	2,985
F60	Specific personality disorders	9,642	3,756	5,252	5,396	1,462	1,595	863	36	28,002
F61–F69	Disorders of adult personality and behaviour	481	162	4,931	233	342	390	3	5	6,547
F70–F79	Mental retardation	21,952	295	8,359	189	396	122	2	10	31,325
F80–F89	Disorders of psychological development	1,317	228	697	163	108	7	0	0	2,520
F90	Hyperkinetic disorders	404	174	456	224	0	7	0	0	1,265
F91	Conduct disorders	2,741	857	1,344	312	46	18	56	16	5,390
F92–F98	Other and unspecified disorders with onset childhood adolescence	537	442	1,217	297	77	0	0	0	2,570
F99	Mental disorder not otherwise specified	471	6,305	39	52	0	11	0	0	6,878
G30	Alzheimer's disease	13,155	8,624	1,260	11,715	4,967	1,813	5	0	41,539
S00–T14	Injuries to specified body regions	1,891	134	1,092	149	385	22	70	104	3,847
T36–T50	Poisoning by drugs, medicaments and biological substances	4,127	411	3,940	279	1,552	230	208	154	10,901
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	235	16	608	10	181	10	13	6	1,079
Z74, Z75	Problems related to care availability	11,680	10	50,888	6,191	26,004	358	82	20	95,233
	Other factors related to mental and behavior disorders and substance use ^(c)	2,022	1,358	159	70	0	6	0	24	3,639
	Care involving use of rehabilitation services ^(d)	13,610	0	174	18,346	38,622	0	0	0	70,752
	Other specified mental health-related principal diagnosis ^(e)	674	741	279	141	45	124	13	20	2,037
	Other ^(f)	16,252	4,307	10,364	2,166	1,283	2,234	228	261	37,095
	Total	626,618	322,326	359,614	189,527	188,832	45,929	13,473	9,636	1,755,955
	Age-standardised overnight psychiatric care day rate^(g)	92.9	64.1	93.5	98.0	119.8	85.0	41.0	46.1	87.4

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(g) The rates were directly age-standardised as detailed in Appendix 1.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.13: Psychiatric care days for overnight separations with specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	463	2,505	359	138	26	n.p.	n.p.	n.p.	3,491
F04–F09	Other organic mental disorders	557	918	598	702	209	n.p.	n.p.	n.p.	2,992
F10	Mental and behavioural disorders due to use of alcohol	15,634	6,570	3,239	2,559	1,799	n.p.	n.p.	n.p.	30,664
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	8,129	1,677	1,392	1,691	556	n.p.	n.p.	n.p.	13,630
F20	Schizophrenia	4,878	5,737	9,180	3,198	1,165	n.p.	n.p.	n.p.	24,510
F21, F24, F28–F29	Schizotypal and other delusional disorders	410	490	178	587	127	n.p.	n.p.	n.p.	1,846
F22	Persistent delusional disorders	407	541	606	288	152	n.p.	n.p.	n.p.	2,068
F23	Acute and transient psychotic disorders	162	473	412	395	22	n.p.	n.p.	n.p.	1,622
F25	Schizoaffective disorders	5,269	4,243	4,775	1,150	2,454	n.p.	n.p.	n.p.	18,020
F30	Manic episode	366	278	260	315	56	n.p.	n.p.	n.p.	1,284
F31	Bipolar affective disorders	10,413	11,118	8,033	5,150	2,926	n.p.	n.p.	n.p.	38,528
F32	Depressive episode	30,001	23,873	31,598	9,920	3,315	n.p.	n.p.	n.p.	100,910
F33	Recurrent depressive disorders	14,234	26,779	10,023	12,302	9,658	n.p.	n.p.	n.p.	76,017
F34	Persistent mood (affective) disorders	1,618	913	2,435	313	866	n.p.	n.p.	n.p.	6,534
F38, F39	Other and unspecified mood (affective) disorders	155	43	236	23	66	n.p.	n.p.	n.p.	575
F40	Phobic anxiety disorders	420	473	214	222	122	n.p.	n.p.	n.p.	1,451
F41	Other anxiety disorders	6,198	4,118	3,509	2,229	802	n.p.	n.p.	n.p.	17,306
F42	Obsessive-compulsive disorders	576	1,199	957	134	85	n.p.	n.p.	n.p.	3,057
F43	Reaction to severe stress and adjustment disorders	8,979	5,538	12,718	5,848	2,038	n.p.	n.p.	n.p.	37,418
F44	Dissociative (conversion) disorders	448	670	2,943	228	261	n.p.	n.p.	n.p.	4,654
F45, F48	Somatoform and other neurotic disorders	265	272	228	204	27	n.p.	n.p.	n.p.	1,090
F50	Eating disorders	7,220	2,794	3,318	2,056	334	n.p.	n.p.	n.p.	15,763
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	1,482	153	61	28	24	n.p.	n.p.	n.p.	1,773
F60	Specific personality disorders	1,831	1,583	853	793	413	n.p.	n.p.	n.p.	5,704
F61–F69	Disorders of adult personality and behaviour	631	12	144	83	114	n.p.	n.p.	n.p.	984
F70–F79	Mental retardation	0	0	39	8	0	n.p.	n.p.	n.p.	47
F80–F89	Disorders of psychological development	3	17	320	18	0	n.p.	n.p.	n.p.	358
F90	Hyperkinetic disorders	61	0	1	6	73	n.p.	n.p.	n.p.	141
F91	Conduct disorders	0	110	20	9	4	n.p.	n.p.	n.p.	143
F92–F98	Other and unspecified disorders with onset childhood adolescence	19	0	9	3	0	n.p.	n.p.	n.p.	58
G30	Alzheimers disease	110	988	943	1,554	0	n.p.	n.p.	n.p.	3,595
S00–T14	Injuries to specified body regions	27	0	81	8	0	n.p.	n.p.	n.p.	116
T36–T50	Poisoning by drugs, medicaments and biological substances	44	2	168	10	37	n.p.	n.p.	n.p.	361
T51–T65	Toxic effects of substances chiefly nonmedicinal as to source	0	0	13	41	0	n.p.	n.p.	n.p.	65
Z74, Z75	Problems related to care availability	0	6	0	648	0	n.p.	n.p.	n.p.	654
	Other factors related to mental and behav disorders and substance use ^(c)	13	0	0	0	19	n.p.	n.p.	n.p.	32
	Care involving use of rehabilitation services ^(d)	0	0	0	18	0	n.p.	n.p.	n.p.	18
	Other specified mental health-related principal diagnosis ^(e)	0	49	44	57	0	n.p.	n.p.	n.p.	150
	Other ^(f)	436	421	981	266	30	n.p.	n.p.	n.p.	2,287
	Total	121,459	104,563	100,888	53,202	27,780	n.p.	n.p.	n.p.	419,916
	Age-standardised overnight psychiatric care day rate^(g)	18	21	26	27	18	n.p.	n.p.	n.p.	21

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes Z50.0, Z50.1, Z50.4, Z50.5, Z50.6, Z50.7, Z50.8, Z50.9.

(e) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

(f) All other codes not included in the mental health principal diagnosis as listed in Appendix 3 of *Mental Health Services in Australia 2000–01*.

(g) The rates were directly age-standardised as detailed in Appendix 1.

n.p. Not published.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.14: Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG Description	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	3,301	3,238	2,936	1,095	1,108	362	226	164	12,430
U61A Schizophrenia Disorders W Mental Health Legal Status	2,065	3,641	3,460	721	774	259	177	61	11,158
U67Z Personality Disorders and Acute Reactions	2,475	2,037	2,716	1,679	1,065	666	252	123	11,013
U61B Schizophrenia Disorders W/O Mental Health Legal Status	3,566	2,346	1,906	751	651	326	105	203	9,854
U64Z Other Affective and Somatoform Disorders	1,100	988	1,159	355	253	157	71	57	4,140
V61Z V61Z Drug Intoxication and Withdrawal	852	463	710	314	158	77	39	72	2,685
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	428	540	435	180	71	25	33	19	1,731
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	461	106	459	92	414	113	31	9	1,685
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	618	379	256	128	78	40	25	36	1,560
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	316	52	354	38	99	37	33	10	939
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	344	28	343	16	103	13	17	17	881
V60B Alcohol Intoxication and Withdrawal W/O CC	294	100	200	46	41	16	6	34	737
U65Z Anxiety Disorders	209	123	210	67	71	24	19	9	732
U66Z Eating and Obsessive-Compulsive Disorders	131	209	177	47	117	39	8	3	731
V64Z Other Drug Use Disorder and Dependence	204	126	168	73	24	28	11	11	645
Private hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,353	2,446	2,148	1,247	705	n.p.	n.p.	n.p.	8,145
U67Z Personality Disorders and Acute Reactions	318	496	650	451	194	n.p.	n.p.	n.p.	2,291
U61B Schizophrenia Disorders W/O Mental Health Legal Status	316	474	575	168	202	n.p.	n.p.	n.p.	1,773
V62A Alcohol Use Disorder and Dependence	488	436	64	147	115	n.p.	n.p.	n.p.	1,278
U64Z Other Affective and Somatoform Disorders	227	186	264	266	85	n.p.	n.p.	n.p.	1,140
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	260	65	376	157	139	n.p.	n.p.	n.p.	1,030
U65Z Anxiety Disorders	169	230	367	120	47	n.p.	n.p.	n.p.	961
U66Z Eating and Obsessive-Compulsive Disorders	129	149	132	103	33	n.p.	n.p.	n.p.	553
V64Z Other Drug Use Disorder and Dependence	180	59	34	63	34	n.p.	n.p.	n.p.	380
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	30	65	53	42	19	n.p.	n.p.	n.p.	223
V63A Opioid Use Disorder and Dependence	63	84	8	15	3	n.p.	n.p.	n.p.	175
V60B Alcohol Intoxication and Withdrawal W/O CC	20	16	29	33	23	n.p.	n.p.	n.p.	144
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	18	5	52	30	12	n.p.	n.p.	n.p.	117
V61Z Drug Intoxication and Withdrawal	17	26	23	41	5	n.p.	n.p.	n.p.	114
O61Z Postpartum and Post Abortion W/O O.R. Procedure	64	14	3	2	3	n.p.	n.p.	n.p.	89

(continued)

Table A3.14 (continued): Overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG Description	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric									
U61A Schizophrenia Disorders W Mental Health Legal Status	841	192	1	531	802	3	..	..	2,370
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,171	40	0	266	385	39	..	..	1,901
U67Z Personality Disorders and Acute Reactions	1,330	25	0	236	286	24	..	..	1,901
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,405	55	1	110	90	92	..	..	1,753
Z64A Other Factors Influencing Health Status	469	3	0	6	2	0	..	..	480
V61Z Drug Intoxication and Withdrawal	304	13	0	97	56	0	..	..	470
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	134	27	0	130	89	1	..	..	381
U64Z Other Affective and Somatoform Disorders	274	4	1	35	54	2	..	..	370
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	164	2	2	17	113	24	..	..	322
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	251	14	1	14	10	1	..	..	291
V60B Alcohol Intoxication and Withdrawal W/O CC	239	0	0	25	10	0	..	..	274
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	126	0	0	3	119	5	..	..	253
V64Z Other Drug Use Disorder and Dependence	150	2	0	31	26	1	..	..	210
V62A Alcohol Use Disorder and Dependence	135	1	0	7	11	1	..	..	155
U65Z Anxiety Disorders	60	5	0	6	20	0	..	..	91
All hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	5,825	5,724	5,084	2,608	2,198	n.p.	n.p.	n.p.	22,476
U67Z Personality Disorders and Acute Reactions	4,123	2,558	3,366	2,366	1,545	n.p.	n.p.	n.p.	15,205
U61A Schizophrenia Disorders W Mental Health Legal Status	2,906	3,833	3,482	1,285	1,578	n.p.	n.p.	n.p.	13,584
U61B Schizophrenia Disorders W/O Mental Health Legal Status	5,287	2,875	2,482	1,029	943	n.p.	n.p.	n.p.	13,380
U64Z Other Affective and Somatoform Disorders	1,601	1,178	1,424	656	392	n.p.	n.p.	n.p.	5,650
V61Z Drug Intoxication and Withdrawal	1,173	502	733	452	219	n.p.	n.p.	n.p.	3,269
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	847	171	835	252	672	n.p.	n.p.	n.p.	2,968
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	563	571	435	327	162	n.p.	n.p.	n.p.	2,136
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	899	458	310	184	107	n.p.	n.p.	n.p.	2,074
V62A Alcohol Use Disorder and Dependence	854	553	171	195	206	n.p.	n.p.	n.p.	2,036
U65Z Anxiety Disorders	438	358	577	193	138	n.p.	n.p.	n.p.	1,784
U66Z Eating and Obsessive-Compulsive Disorders	290	358	309	157	156	n.p.	n.p.	n.p.	1,328
V64Z Other Drug Use Disorder and Dependence	534	187	202	167	84	n.p.	n.p.	n.p.	1,235
V60B Alcohol Intoxication and Withdrawal W/O CC	553	116	229	104	74	n.p.	n.p.	n.p.	1,155
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	317	95	243	139	215	n.p.	n.p.	n.p.	1,059

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(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.

(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.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

.. Not applicable.

n.p. Not published.

Table A3.15: Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003-04

AR-DRG Description	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	15.5	13.6	12.5	17.1	13.8	13.5	14.5	11.7	14.2
U61A Schizophrenia Disorders W Mental Health Legal Status	23.5	20.7	20.8	25.7	19.7	17.7	20.6	15.5	21.4
U67Z Personality Disorders and Acute Reactions	5.6	6.7	5.1	6.6	6.0	5.2	5.9	4.6	5.8
U61B Schizophrenia Disorders W/O Mental Health Legal Status	20.4	16.6	10.9	17.1	14.0	14.4	12.5	16.8	16.6
U64Z Other Affective and Somatoform Disorders	8.6	10.4	7.3	10.9	8.1	9.3	7.2	7.8	8.8
V61Z Drug Intoxication and Withdrawal	7.3	9.7	8.2	9.0	6.3	5.9	7.0	9.9	8.1
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	16.5	14.4	12.3	17.6	11.5	12.1	17.0	13.5	14.6
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	29.2	18.8	26.5	25.8	16.9	7.2	28.1	n.p.	23.0
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	15.5	13.3	7.9	12.8	11.3	10.0	5.8	10.5	12.9
X62B Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	4.9	3.8	4.4	3.9	5.5	4.5	4.6	2.2	4.6
X62A Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	10.0	5.3	10.0	8.4	11.3	5.5	5.5	8.8	9.8
V60B Alcohol Intoxication and Withdrawal W/O CC	4.4	6.7	3.4	8.3	8.9	4.1	n.p.	3.2	4.9
U65Z Anxiety Disorders	7.7	11.3	7.5	11.9	11.6	9.9	7.6	n.p.	9.1
U66Z Eating and Obsessive-Compulsive Disorders	26.8	23.3	23.8	16.9	23.7	16.8	n.p.	n.p.	23.2
V64Z Other Drug Use Disorder and Dependence	5.2	6.9	5.3	5.2	4.0	3.6	11.1	3.1	5.5
All AR-DRGs	14.5	14.6	12.2	14.1	13.0	10.3	12.1	11.0	13.5
Private hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	19.9	18.3	17.4	16.7	17.9	n.p.	n.p.	n.p.	18.0
U67Z Personality Disorders and Acute Reactions	17.2	13.9	14.8	14.7	13.3	n.p.	n.p.	n.p.	14.7
U61B Schizophrenia Disorders W/O Mental Health Legal Status	19.4	18.9	22.1	16.2	17.6	n.p.	n.p.	n.p.	19.5
V62A Alcohol Use Disorder and Dependence	16.3	13.2	13.8	13.7	12.5	n.p.	n.p.	n.p.	14.5
U64Z Other Affective and Somatoform Disorders	19.8	16.0	19.4	17.5	14.7	n.p.	n.p.	n.p.	17.8
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	28.6	20.0	20.7	20.3	24.0	n.p.	n.p.	n.p.	22.9
U65Z Anxiety Disorders	19.4	15.9	15.1	15.3	18.9	n.p.	n.p.	n.p.	16.4
U66Z Eating and Obsessive-Compulsive Disorders	28.0	26.4	32.8	22.0	12.7	n.p.	n.p.	n.p.	26.6
V64Z Other Drug Use Disorder and Dependence	17.3	13.0	16.6	15.4	12.3	n.p.	n.p.	n.p.	15.7
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	15.9	16.4	18.3	16.8	14.5	n.p.	n.p.	n.p.	16.9
V63A Opioid Use Disorder and Dependence	15.9	6.8	n.p.	15.5	n.p.	n.p.	n.p.	n.p.	11.5
V60B Alcohol Intoxication and Withdrawal W/O CC	11.0	8.9	20.9	10.9	9.4	n.p.	n.p.	n.p.	13.5
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	36.1	n.p.	17.6	20.8	13.7	n.p.	n.p.	n.p.	21.0
V61Z Drug Intoxication and Withdrawal	11.8	12.2	14.3	11.7	n.p.	n.p.	n.p.	n.p.	12.4
O61Z Postpartum and Post Abortion W/O O.R. Procedure	23.3	11.9	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	20.1
All AR-DRGs	19.8	17.1	18.1	16.8	16.8	n.p.	n.p.	n.p.	17.8

(continued)

Table A3.15 (continued): Average length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG Description	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric hospitals									
U61A Schizophrenia Disorders W Mental Health Legal Status	28.3	69.9	n.p.	42.4	24.6	n.p.	..	..	33.5
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	17.4	47.5	..	24.9	16.3	40.8	..	..	19.4
U67Z Personality Disorders and Acute Reactions	5.8	20.4	..	13.1	6.8	28.2	..	..	7.3
U61B Schizophrenia Disorders W/O Mental Health Legal Status	25.7	25.9	n.p.	24.1	18.4	56.8	..	..	26.8
Z64A Other Factors Influencing Health Status	4.2	n.p.	..	n.p.	n.p.	..	..	..	4.3
V61Z Drug Intoxication and Withdrawal	9.1	15.2	..	9.9	6.7	..	..	..	9.1
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	12.7	51.0	..	25.6	16.5	n.p.	..	..	20.7
U64Z Other Affective and Somatoform Disorders	9.9	n.p.	n.p.	9.1	10.3	n.p.	..	..	10.0
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	63.0	n.p.	n.p.	45.2	65.8	93.5	..	..	64.8
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	17.0	15.3	n.p.	17.4	18.7	n.p.	..	..	17.0
V60B Alcohol Intoxication and Withdrawal W/O CC	6.6	..	..	5.3	16.3	..	..	..	6.8
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	24.6	..	..	n.p.	47.7	n.p.	..	..	36.7
V64Z Other Drug Use Disorder and Dependence	6.2	n.p.	..	6.3	5.0	n.p.	..	..	6.2
V62A Alcohol Use Disorder and Dependence	9.2	n.p.	..	n.p.	4.7	n.p.	..	..	9.0
U65Z Anxiety Disorders	12.6	n.p.	..	n.p.	25.8	..	..	..	16.2
All AR-DRGs	17.0	48.8	14.6	27.1	22.2	53.3	..	..	21.0
All hospitals									
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	16.9	15.8	14.6	17.7	15.5	n.p.	n.p.	n.p.	16.0
U67Z Personality Disorders and Acute Reactions	6.6	8.2	7.0	8.8	7.1	n.p.	n.p.	n.p.	7.4
U61A Schizophrenia Disorders W Mental Health Legal Status	24.9	23.0	20.9	32.8	22.1	n.p.	n.p.	n.p.	23.5
U61B Schizophrenia Disorders W/O Mental Health Legal Status	21.7	17.2	13.5	17.7	15.2	n.p.	n.p.	n.p.	18.3
U64Z Other Affective and Somatoform Disorders	10.4	11.2	9.6	13.5	9.9	n.p.	n.p.	n.p.	10.7
V61Z Drug Intoxication and Withdrawal	7.8	10.0	8.4	9.4	6.6	n.p.	n.p.	n.p.	8.4
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	28.3	19.2	23.9	23.0	23.8	n.p.	n.p.	n.p.	24.1
U62A Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	15.7	16.2	12.3	21.5	14.2	n.p.	n.p.	n.p.	15.9
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	15.9	13.8	9.8	14.0	12.6	n.p.	n.p.	n.p.	13.9
V62A Alcohol Use Disorder and Dependence	12.4	12.2	7.8	12.5	12.7	n.p.	n.p.	n.p.	12.0
U65Z Anxiety Disorders	12.9	14.5	12.3	14.0	16.1	n.p.	n.p.	n.p.	13.4
U66Z Eating and Obsessive-Compulsive Disorders	26.3	24.6	27.7	21.1	21.0	n.p.	n.p.	n.p.	24.5
V64Z Other Drug Use Disorder and Dependence	9.6	8.9	7.2	9.2	7.7	n.p.	n.p.	n.p.	8.8
V60B Alcohol Intoxication and Withdrawal W/O CC	5.6	7.0	5.6	8.4	10.1	n.p.	n.p.	n.p.	6.4
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	41.5	30.7	21.6	30.0	45.9	n.p.	n.p.	n.p.	35.7
All AR-DRGs	15.8	15.9	13.5	16.8	15.8	n.p.	n.p.	n.p.	15.3

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported* and the length of stay was less than 366 days.

(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. Please refer to Box 4.2 for information.

(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.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

.. Not applicable.

n.p. Not published.

Table A3.16: Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals										
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	10.0	10.0	7.0	13.0	10.0	9.0	10.0	8.0	9.0
U61A	Schizophrenia Disorders W Mental Health Legal Status	16.0	13.0	12.0	18.0	15.0	11.0	10.0	13.0	14.0
U67Z	Personality Disorders and Acute Reactions	3.0	4.0	3.0	4.0	4.0	3.0	3.0	3.0	3.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	12.0	10.0	6.0	11.0	9.0	8.0	8.0	6.0	9.0
U64Z	Other Affective and Somatoform Disorders	5.0	5.0	4.0	7.0	5.0	7.0	4.0	6.0	5.0
V61Z	Drug Intoxication and Withdrawal	4.0	6.0	5.0	6.0	4.0	4.0	5.0	7.0	5.0
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	10.0	9.0	8.0	13.0	7.0	8.0	14.0	14.0	10.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	21.0	11.0	21.0	21.0	5.0	2.0	27.0	n.p.	15.0
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9.0	9.0	4.0	8.0	5.0	7.0	4.0	7.0	7.0
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age <60 W/O CC	3.0	2.0	3.0	2.0	3.0	3.0	3.0	2.0	3.0
X62A	Poisoning/Toxic Effects of Drugs & Other Substances Age >59 or W CC	6.0	3.5	5.0	3.0	7.0	5.0	6.0	4.0	6.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	2.0	3.0	2.0	3.0	5.0	3.5	n.p.	2.0	2.0
U65Z	Anxiety Disorders	4.0	7.0	4.0	6.0	7.0	7.5	5.0	n.p.	5.0
U66Z	Eating and Obsessive-Compulsive Disorders	15.0	17.0	14.0	7.0	14.0	4.0	n.p.	n.p.	14.0
V64Z	Other Drug Use Disorder and Dependence	3.0	3.0	2.0	3.0	3.0	2.0	3.0	3.0	3.0
All AR-DRGs		8.0	8.0	6.0	8.0	7.0	6.0	6.0	6.0	7.0
Private hospitals										
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	16.0	15.0	12.0	14.0	15.0	n.p.	n.p.	n.p.	14.0
U67Z	Personality Disorders and Acute Reactions	12.5	10.0	10.5	10.0	8.0	n.p.	n.p.	n.p.	10.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	14.5	14.0	13.0	14.0	14.0	n.p.	n.p.	n.p.	14.0
V62A	Alcohol Use Disorder and Dependence	15.0	10.0	8.0	12.0	11.0	n.p.	n.p.	n.p.	12.0
U64Z	Other Affective and Somatoform Disorders	15.0	13.5	13.0	14.0	12.0	n.p.	n.p.	n.p.	14.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	26.5	15.0	15.0	14.0	23.0	n.p.	n.p.	n.p.	19.0
U65Z	Anxiety Disorders	16.0	12.0	11.0	12.0	14.0	n.p.	n.p.	n.p.	12.0
U66Z	Eating and Obsessive-Compulsive Disorders	24.0	19.0	25.5	17.0	11.0	n.p.	n.p.	n.p.	20.0
V64Z	Other Drug Use Disorder and Dependence	14.0	9.0	10.0	11.0	10.0	n.p.	n.p.	n.p.	11.5
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	12.0	15.0	12.0	12.5	8.0	n.p.	n.p.	n.p.	13.0
V63A	Opioid Use Disorder and Dependence	11.0	2.0	n.p.	15.0	n.p.	n.p.	n.p.	n.p.	9.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	7.0	6.0	11.0	9.0	8.0	n.p.	n.p.	n.p.	9.0
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	22.5	n.p.	12.0	7.5	15.0	n.p.	n.p.	n.p.	14.0
V61Z	Drug Intoxication and Withdrawal	11.0	10.0	9.0	8.0	n.p.	n.p.	n.p.	n.p.	9.0
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	21.0	8.0	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	20.0
All AR-DRGs		16.0	13.0	12.0	13.0	13.0	n.p.	n.p.	n.p.	13.0

(continued)

Table A3.16 (continued): Median length of stay (days) for overnight separations^(a) with specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public psychiatric hospitals										
U61A	Schizophrenia Disorders W Mental Health Legal Status	15.0	35.0	n.p.	31.0	15.0	n.p.	..	..	20.0
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	10.0	29.5	..	19.5	12.0	5.0	..	..	12.0
U67Z	Personality Disorders and Acute Reactions	3.0	11.0	..	7.0	4.0	10.5	..	..	4.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	14.0	22.0	n.p.	14.5	13.0	30.0	..	..	14.0
Z64A	Other Factors Influencing Health Status	4.0	n.p.	..	n.p.	n.p.	..	..	..	4.0
V61Z	Drug Intoxication and Withdrawal	5.0	8.0	..	7.0	5.0	..	..	..	5.0
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	9.0	38.0	..	17.0	7.0	n.p.	..	..	11.0
U64Z	Other Affective and Somatoform Disorders	5.0	n.p.	n.p.	7.0	6.5	n.p.	..	..	5.5
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	36.5	n.p.	n.p.	27.0	45.0	93.5	..	..	42.0
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	8.0	11.0	n.p.	16.0	11.0	n.p.	..	..	9.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	2.0	..	..	4.0	3.5	..	..	..	2.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	15.0	..	..	n.p.	31.0	n.p.	..	..	23.0
V64Z	Other Drug Use Disorder and Dependence	5.0	n.p.	..	6.0	2.5	n.p.	..	..	5.0
V62A	Alcohol Use Disorder and Dependence	6.0	n.p.	..	n.p.	3.0	n.p.	..	..	6.0
U65Z	Anxiety Disorders	6.0	n.p.	..	n.p.	14.0	..	..	..	7.0
All AR-DRGs		6.0	25.0	7.0	16.0	11.0	25.0	..	..	8.0
All hospitals										
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	12.0	12.0	9.0	14.0	12.0	n.p.	n.p.	n.p.	11.0
U67Z	Personality Disorders and Acute Reactions	3.0	5.0	3.0	5.0	4.0	n.p.	n.p.	n.p.	4.0
U61A	Schizophrenia Disorders W Mental Health Legal Status	16.0	14.0	12.0	22.0	15.0	n.p.	n.p.	n.p.	15.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	13.0	11.0	7.0	12.0	10.0	n.p.	n.p.	n.p.	11.0
U64Z	Other Affective and Somatoform Disorders	6.0	6.0	5.0	9.0	7.0	n.p.	n.p.	n.p.	6.0
V61Z	Drug Intoxication and Withdrawal	5.0	7.0	5.0	6.0	4.0	n.p.	n.p.	n.p.	5.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	21.0	13.0	18.0	17.0	14.0	n.p.	n.p.	n.p.	17.0
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	10.0	10.0	8.0	15.0	7.0	n.p.	n.p.	n.p.	10.0
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	9.0	9.0	5.0	10.0	7.0	n.p.	n.p.	n.p.	8.0
V62A	Alcohol Use Disorder and Dependence	7.0	9.0	4.0	10.0	11.0	n.p.	n.p.	n.p.	8.0
U65Z	Anxiety Disorders	7.0	11.0	8.0	10.0	12.0	n.p.	n.p.	n.p.	9.0
U66Z	Eating and Obsessive-Compulsive Disorders	18.0	18.0	20.0	15.0	14.0	n.p.	n.p.	n.p.	16.0
V64Z	Other Drug Use Disorder and Dependence	5.0	6.0	3.0	5.0	4.5	n.p.	n.p.	n.p.	5.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	2.0	4.0	2.0	5.0	6.0	n.p.	n.p.	n.p.	2.0
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	20.0	17.0	15.0	16.0	28.0	n.p.	n.p.	n.p.	20.0
All AR-DRGs		8.0	10.0	7.0	10.0	9.0	n.p.	n.p.	n.p.	8.0

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(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.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—psychotic.

.. Not applicable.

n.p. Not published.

Table A3.17: The 15 most frequently reported procedures for same day non-ambulatory-equivalent separations with specialised psychiatric care, states and territories,^(a) 2003–04

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy <=8 treatments	1,306	1,106	3,204	361	1,077	435	5	0	7,494
92514–99 General anaesthesia, ASA 99	889	1,035	2,933	279	439	433	5	0	6,013
95550–01 Allied health intervention, social work	920	12	10	1	7	0	0	0	950
96090–00 Other counselling or education	928	0	0	0	0	0	0	0	928
95550–10 Allied health intervention, psychology	911	3	2	1	3	0	0	0	920
92514–29 General anaesthesia, ASA 29	138	28	170	61	461	1	0	1	860
92514–19 General anaesthesia, ASA 19	213	6	100	23	60	0	0	0	402
96175–00 Mental/behavioural assessment	49	0	2	3	245	0	0	0	299
93340–01 Electroconvulsive therapy > 8 treatments	84	17	73	11	1	7	0	0	193
92514–39 General anaesthesia, ASA 39	30	22	5	8	97	5	0	0	167
92515–99 Sedation, ASA 99	92	3	6	1	0	0	0	0	102
95550–02 Allied health intervention, occupational therapy	47	14	3	1	0	0	0	0	65
96101–00 Cognitive behaviour therapy	58	0	5	0	0	0	0	0	63
95550–00 Allied health intervention, dietetics	8	22	29	1	0	0	0	0	60
95550–13 Allied health intervention, music therapy	44	5	0	0	0	0	0	0	49

(a) 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.

Note: Abbreviations: ASA—American Society of Anaesthesiologists (ASA) Physical Status Classification scores; for further information see ICD-10-AM, 3rd edition (NCCH 2002).

Table A3.18: The 15 most frequently reported procedures for overnight separations with specialised psychiatric care, states and territories,^(a) 2003–04

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	7,578	3,790	2,016	2,829	2,941	72	363	8	19,597
92514–99 General anaesthesia, ASA 99	5,407	3,810	5,032	1,062	576	556	481	14	16,938
95550–02 Allied health intervention, occupational therapy	5,350	3,434	987	2,582	1,130	8	133	3	13,627
95550–10 Allied health intervention, psychology	2,539	1,777	645	615	645	1	114	32	6,368
93340–00 Electroconvulsive therapy <=8 treatments	988	1,106	1,540	404	247	115	91	9	4,500
92514–29 General anaesthesia, ASA 29	1,243	138	910	634	1,523	1	22	13	4,484
56001–00 Computerised tomography of brain	1,409	616	1,067	598	571	42	89	41	4,433
95550–03 Allied health intervention, physiotherapy	973	606	624	722	608	7	47	6	3,593
96175–00 Mental/behavioural assessment	625	54	447	30	2,318	0	0	30	3,504
95550–00 Allied health intervention, dietetics	917	679	762	579	356	5	147	11	3,456
92514–19 General anaesthesia, ASA 19	1,425	204	364	236	287	6	6	1	2,529
95550–11 Allied health intervention, other	390	639	36	1,281	43	2	13	2	2,406
92514–39 General anaesthesia, ASA 39	376	1,004	140	245	386	7	22	2	2,182
96180–00 Other psychotherapies or psychosocial therapies	1,572	331	28	0	4	0	0	0	1,935
96101–00 Cognitive behaviour therapy	915	219	647	41	2	0	0	0	1,824

(a) 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.

Note: Abbreviations: ASA—American Society of Anaesthesiologists (ASA) Physical Status Classification scores; for further information see ICD-10-AM, 3rd edition (NCCH 2002).

Table A3.19: Same day mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	64	38	14	9	2	1	1	0	129
F04–F09	Other organic mental disorders	70	55	21	10	16	2	0	0	174
F10	Mental and behavioural disorders due to use of alcohol	305	159	157	103	77	10	5	7	823
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	209	80	51	44	54	7	2	4	451
F20	Schizophrenia	423	746	88	51	154	8	5	5	1,480
F21, F24, F28–F29	Schizotypal and other delusional disorders	111	136	43	16	35	3	0	7	351
F22	Persistent delusional disorders	56	55	12	5	16	0	0	2	146
F23	Acute and transient psychotic disorders	203	112	35	13	55	3	3	5	429
F25	Schizoaffective disorders	78	409	11	24	51	0	5	1	579
F30	Manic episode	30	64	6	2	9	0	4	0	115
F31	Bipolar affective disorders	207	654	38	80	64	4	3	2	1,052
F32	Depressive episode	614	1,848	108	140	101	46	9	5	2,871
F33	Recurrent depressive disorders	278	1,375	8	129	130	6	13	1	1,940
F34	Persistent mood (affective) disorders	9	7	5	1	2	0	0	0	24
F38, F39	Other and unspecified mood (affective) disorders	3	5	1	0	1	0	0	0	10
F40	Phobic anxiety disorders	1	0	0	1	0	1	0	0	3
F41	Other anxiety disorders	91	57	23	9	17	2	0	1	200
F42	Obsessive-compulsive disorders	1	0	1	0	3	0	0	0	5
F43	Reaction to severe stress and adjustment disorders	91	185	32	42	51	5	2	3	411
F44	Dissociative (conversion) disorders	18	22	14	0	5	0	1	2	62
F45, F48	Somatoform and other neurotic disorders	21	16	13	8	11	3	1	0	73
F50	Eating disorders	9	18	0	1	2	1	0	0	31
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	6	8	5	0	1	1	1	1	23
F60	Specific personality disorders	63	45	19	15	25	0	3	1	171
F61–F69	Disorders of adult personality and behaviour	4	1	1	2	1	0	0	0	9
F70–F79	Mental retardation	22	7	9	2	8	0	5	2	55
F80–F89	Disorders of psychological development	144	19	53	16	41	2	4	11	290
F90	Hyperkinetic disorders	5	1	6	1	1	0	0	0	14
F91	Conduct disorders	14	17	15	1	4	0	0	1	52
F92–F98	Other and unspecified disorders with onset childhood adolescence	7	4	3	1	2	0	0	2	19
F99	Mental disorder not otherwise specified	28	26	15	3	1	1	0	2	76
G30	Alzheimer's disease	18	13	8	5	4	0	0	0	48
	Other factors related to mental and behav disorders and substance use ^(c)	12	64	6	1	0	0	0	1	84
	Other specified mental health-related principal diagnosis ^(d)	67	107	34	15	16	1	0	3	243
	Total	3,282	6,353	855	750	960	107	67	69	12,443
	Age-standardised same day separation rate^(e)	0.49	1.26	0.22	0.38	0.65	0.22	0.21	0.31	0.62

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

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

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.20: Same day mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	1	0	0	1	1	n.p.	n.p.	n.p.	3
F04–F09	Other organic mental disorders	1	4	2	1	0	n.p.	n.p.	n.p.	8
F10	Mental and behavioural disorders due to use of alcohol	3	6	5	9	0	n.p.	n.p.	n.p.	29
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	0	2	0	2	0	n.p.	n.p.	n.p.	5
F20	Schizophrenia	0	0	0	0	0	n.p.	n.p.	n.p.	1
F21, F24, F28–F29	Schizotypal and other delusional disorders	2	0	0	0	0	n.p.	n.p.	n.p.	2
F23	Persistent delusional disorders	0	0	0	1	1	n.p.	n.p.	n.p.	3
F25	Schizoaffective disorders	0	2	0	0	0	n.p.	n.p.	n.p.	2
F30	Manic episode	0	0	0	1	0	n.p.	n.p.	n.p.	1
F31	Bipolar affective disorders	0	18	2	1	0	n.p.	n.p.	n.p.	27
F32	Depressive episode	12	25	4	2	0	n.p.	n.p.	n.p.	89
F33	Recurrent depressive disorders	30	4	3	0	0	n.p.	n.p.	n.p.	55
F34	Persistent mood (affective) disorders	0	1	0	0	0	n.p.	n.p.	n.p.	1
F38, F39	Other and unspecified mood (affective) disorders	0	0	1	0	0	n.p.	n.p.	n.p.	1
F40	Phobic anxiety disorders	2	1	0	0	1	n.p.	n.p.	n.p.	4
F41	Other anxiety disorders	21	1	1	1	2	n.p.	n.p.	n.p.	28
F43	Reaction to severe stress and adjustment disorders	16	0	2	609	0	n.p.	n.p.	n.p.	627
F44	Dissociative (conversion) disorders	0	0	0	1	0	n.p.	n.p.	n.p.	2
F45, F48	Somatoform and other neurotic disorders	14	95	15	15	17	n.p.	n.p.	n.p.	160
F50	Eating disorders	2	0	0	1	1	n.p.	n.p.	n.p.	4
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	0	0	2	31	2	n.p.	n.p.	n.p.	35
F60	Specific personality disorders	0	0	0	0	0	n.p.	n.p.	n.p.	1
F61–F69	Disorders of adult personality and behaviour	1	0	1	1	0	n.p.	n.p.	n.p.	3
F70–F79	Mental retardation	0	0	1	0	0	n.p.	n.p.	n.p.	1
F80–F89	Disorders of psychological development	59	0	3	1	2	n.p.	n.p.	n.p.	67
F91	Conduct disorders	0	0	0	0	0	n.p.	n.p.	n.p.	1
F92–F98	Other and unspecified disorders with onset childhood adolescence	0	0	1	0	0	n.p.	n.p.	n.p.	1
F99	Mental disorder not otherwise specified	0	0	0	0	0	n.p.	n.p.	n.p.	1
G30	Alzheimer's disease	0	0	2	1	0	n.p.	n.p.	n.p.	3
	Other factors related to mental and behav disorders and substance use ^(c)	29	0	0	0	0	n.p.	n.p.	n.p.	29
	Other specified mental health-related principal diagnosis ^(d)	125	4	3	3	0	n.p.	n.p.	n.p.	138
	Total	318	163	48	682	27	n.p.	n.p.	n.p.	1,332
	Age-standardised same day separation rate^(e)	0.05	0.03	0.01	0.35	0.02	n.p.	n.p.	n.p.	0.07

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

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

n.p. Not published.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.21: Overnight mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	1,709	1,065	574	317	434	98	12	28	4,237
F04–F09	Other organic mental disorders	1,134	1,122	268	183	248	31	31	10	3,027
F10	Mental and behavioural disorders due to use of alcohol	5,075	1,883	1,978	1,280	924	338	60	120	11,658
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	3,236	477	660	520	289	164	16	11	5,373
F20	Schizophrenia	842	588	221	241	495	80	5	6	2,478
F21, F24, F28–F29	Schizotypal and other delusional disorders	186	226	47	48	84	22	1	2	616
F22	Persistent delusional disorders	136	107	27	23	56	5	2	0	356
F23	Acute and transient psychotic disorders	249	175	59	57	116	8	2	3	669
F25	Schizoaffective disorders	127	82	21	23	140	9	1	2	405
F30	Manic episode	72	76	15	13	28	5	1	1	211
F31	Bipolar affective disorders	319	246	116	123	276	38	4	1	1,123
F32	Depressive episode	2,416	1,547	761	898	1,176	108	19	13	6,938
F33	Recurrent depressive disorders	198	167	44	151	333	5	9	0	907
F34	Persistent mood (affective) disorders	41	30	11	20	25	3	3	1	134
F38, F39	Other and unspecified mood (affective) disorders	23	9	8	6	5	3	0	0	54
F40	Phobic anxiety disorders	13	8	3	1	5	0	0	0	30
F41	Other anxiety disorders	1,232	935	443	450	599	63	22	8	3,752
F42	Obsessive-compulsive disorders	16	12	1	4	12	3	0	0	48
F43	Reaction to severe stress and adjustment disorders	630	1,148	217	435	586	94	10	9	3,129
F44	Dissociative (conversion) disorders	242	188	151	57	96	22	9	4	769
F45, F48	Somatoform and other neurotic disorders	103	57	67	38	50	1	1	0	317
F50	Eating disorders	291	217	78	65	52	8	10	0	721
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	339	141	93	28	47	1	5	2	656
F60	Specific personality disorders	245	156	71	89	155	45	8	0	769
F61–F69	Disorders of adult personality and behaviour	27	15	7	11	6	1	0	0	67
F70–F79	Mental retardation	35	13	19	7	14	6	0	0	94
F80–F89	Disorders of psychological development	52	11	18	9	3	2	4	2	101
F90	Hyperkinetic disorders	13	2	4	7	8	4	0	0	38
F91	Conduct disorders	110	118	32	8	18	6	0	3	295
F92–F98	Other and unspecified disorders with onset childhood adolescence	74	84	55	5	8	0	0	0	226
F99	Mental disorder not otherwise specified	44	18	6	1	4	1	0	1	75
G30	Alzheimer's disease	540	459	242	187	240	19	7	2	1,696
	Other factors related to mental and behav disorders and substance use ^(c)	420	177	32	26	6	11	1	7	680
	Other specified mental health-related principal diagnosis ^(d)	834	2,574	879	218	451	40	31	16	5,043
	Total	21,023	14,133	7,228	5,549	6,989	1,244	274	252	56,692
	Age-standardised overnight separation rate^(e)	3.1	2.8	1.9	2.9	4.5	2.4	0.9	1.6	2.8

(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) 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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

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

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.22: Overnight mental health-related separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	139	179	243	110	100	n.p.	n.p.	n.p.	804
F04–F09	Other organic mental disorders	107	231	95	32	76	n.p.	n.p.	n.p.	570
F10	Mental and behavioural disorders due to use of alcohol	134	411	644	105	94	n.p.	n.p.	n.p.	1,467
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	45	157	154	35	36	n.p.	n.p.	n.p.	441
F20	Schizophrenia	58	4	22	7	5	n.p.	n.p.	n.p.	121
F21, F24, F28–F29	Schizotypal and other delusional disorders	5	4	12	5	5	n.p.	n.p.	n.p.	35
F22	Persistent delusional disorders	7	6	15	8	2	n.p.	n.p.	n.p.	42
F23	Schizoaffective disorders	4	7	5	5	2	n.p.	n.p.	n.p.	26
F25	Schizotypal and other delusional disorders	55	0	6	4	2	n.p.	n.p.	n.p.	76
F30	Manic episode	3	3	4	2	1	n.p.	n.p.	n.p.	15
F31	Bipolar affective disorders	98	25	33	11	8	n.p.	n.p.	n.p.	221
F32	Depressive episode	236	198	347	174	114	n.p.	n.p.	n.p.	1,275
F33	Recurrent depressive disorders	247	24	48	19	23	n.p.	n.p.	n.p.	424
F34	Persistent mood (affective) disorders	21	0	7	2	1	n.p.	n.p.	n.p.	43
F38, F39	Other and unspecified mood (affective) disorders	2	0	3	1	0	n.p.	n.p.	n.p.	9
F40	Phobic anxiety disorders	0	2	3	0	3	n.p.	n.p.	n.p.	9
F41	Other anxiety disorders	147	185	276	117	122	n.p.	n.p.	n.p.	930
F42	Obsessive-compulsive disorders	1	3	3	1	0	n.p.	n.p.	n.p.	11
F43	Reaction to severe stress and adjustment disorders	394	38	111	176	21	n.p.	n.p.	n.p.	829
F44	Dissociative (conversion) disorders	11	10	33	11	5	n.p.	n.p.	n.p.	94
F45, F48	Somatoform and other neurotic disorders	2	14	27	9	8	n.p.	n.p.	n.p.	68
F50	Eating disorders	9	10	10	9	10	n.p.	n.p.	n.p.	74
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	26	129	23	30	14	n.p.	n.p.	n.p.	348
F60	Specific personality disorders	15	3	6	1	0	n.p.	n.p.	n.p.	36
F61–F69	Disorders of adult personality and behaviour	21	35	7	3	0	n.p.	n.p.	n.p.	66
F70–F79	Mental retardation	0	0	1	0	0	n.p.	n.p.	n.p.	1
F80–F89	Disorders of psychological development	172	0	0	0	0	n.p.	n.p.	n.p.	174
F90	Hyperkinetic disorders	0	0	0	1	0	n.p.	n.p.	n.p.	1
F91	Conduct disorders	0	1	5	0	0	n.p.	n.p.	n.p.	6
F92–F98	Other and unspecified disorders with onset childhood adolescence	0	0	1	1	0	n.p.	n.p.	n.p.	4
F99	Mental disorder not otherwise specified	0	0	1	0	0	n.p.	n.p.	n.p.	1
G30	Alzheimer's disease	55	73	138	70	53	n.p.	n.p.	n.p.	408
	Other factors related to mental and behav disorders and substance use ^(c)	0	0	6	20	0	n.p.	n.p.	n.p.	26
	Other specified mental health-related principal diagnosis ^(d)	157	1,060	161	256	90	n.p.	n.p.	n.p.	1,865
	Total	2,171	2,812	2,450	1,225	795	n.p.	n.p.	n.p.	10,520
	Age-standardised overnight separation rate^(e)	0.31	0.56	0.64	0.64	0.46	n.p.	n.p.	n.p.	0.52

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

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

n.p. Not published.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.23: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, public hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	36,588	23,662	11,385	6,945	7,154	2,064	249	603	88,650
F04–F09	Other organic mental disorders	16,456	15,236	2,352	1,831	2,794	366	443	184	39,662
F10	Mental and behavioural disorders due to use of alcohol	21,711	7,269	7,888	4,733	3,614	2,125	174	510	48,024
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	16,889	1,705	2,587	2,411	969	1,049	52	52	25,714
F20	Schizophrenia	6,595	3,165	1,024	1,021	1,660	1,284	67	12	14,828
F21, F24, F28–F29	Schizotypal and other delusional disorders	1,004	749	186	191	437	226	10	2	2,805
F22	Persistent delusional disorders	1,035	564	164	152	365	26	38	0	2,344
F23	Acute and transient psychotic disorders	926	546	296	188	453	39	47	15	2,510
F25	Schizoaffective disorders	1,194	233	86	166	517	203	6	4	2,409
F30	Manic episode	486	229	60	80	106	33	35	1	1,030
F31	Bipolar affective disorders	2,434	1,505	531	689	1,176	368	28	1	6,732
F32	Depressive episode	16,835	7,381	3,568	5,035	6,592	1,061	213	52	40,737
F33	Recurrent depressive disorders	1,556	769	195	887	1,673	46	85	0	5,211
F34	Persistent mood (affective) disorders	128	116	27	68	81	12	28	5	465
F38, F39	Other and unspecified mood (affective) disorders	80	25	23	88	24	27	0	0	267
F40	Phobic anxiety disorders	64	61	81	1	13	0	0	0	220
F41	Other anxiety disorders	4,560	3,993	1,516	1,985	2,395	309	81	21	14,860
F42	Obsessive-compulsive disorders	134	91	1	8	34	197	0	0	465
F43	Reaction to severe stress and adjustment disorders	2,093	3,006	574	1,355	1,528	360	63	13	8,992
F44	Dissociative (conversion) disorders	1,462	815	628	190	438	151	34	12	3,730
F45, F48	Somatoform and other neurotic disorders	383	208	348	287	206	7	7	0	1,446
F50	Eating disorders	5,691	3,038	1,455	1,541	548	280	480	0	13,033
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	1,504	552	322	104	197	1	32	4	2,716
F60	Specific personality disorders	776	418	263	2,184	417	181	46	0	4,285
F61–F69	Disorders of adult personality and behaviour	175	89	26	117	20	6	0	0	433
F70–F79	Mental retardation	290	228	107	54	32	118	0	0	829
F80–F89	Disorders of psychological development	853	37	57	47	6	3	7	3	1,013
F90	Hyperkinetic disorders	427	4	11	44	15	11	0	0	512
F91	Conduct disorders	618	594	79	59	67	16	0	5	1,438
F92–F98	Other and unspecified disorders with onset childhood adolescence	299	273	212	18	33	0	0	0	835
F99	Mental disorder not otherwise specified	87	32	19	1	7	15	0	1	162
G30	Alzheimer's disease	10,290	12,755	5,509	2,775	3,755	244	140	10	35,478
	Other factors related to mental and behav disorders and substance use ^(c)	4,942	1,282	74	49	11	42	1	19	6,420
	Other specified mental health-related principal diagnosis ^(d)	3,598	7,993	2,925	641	1,488	175	98	67	16,985
	Total	162,163	98,623	44,579	35,945	38,825	11,045	2,464	1,596	395,240
	Age-standardised overnight patient day rate^(e)	23.22	18.98	11.83	19.05	23.05	20.32	9.01	14.74	19.31

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

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

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.24: Patient days for mental health-related overnight separations without specialised psychiatric care, by principal diagnosis in ICD-10-AM groupings, private hospitals, states and territories,^(a) 2003–04

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
F00–F03	Dementia	2,755	3,168	4,373	1,873	1,080	n.p.	n.p.	n.p.	14,008
F04–F09	Other organic mental disorders	1,990	3,411	1,520	454	866	n.p.	n.p.	n.p.	8,644
F10	Mental and behavioural disorders due to use of alcohol	1,877	6,637	8,282	418	635	n.p.	n.p.	n.p.	18,575
F11–F19	Mental and behavioural disorders due to other psychoactive substances use	480	2,414	2,209	84	245	n.p.	n.p.	n.p.	5,609
F20	Schizophrenia	1,290	36	204	28	27	n.p.	n.p.	n.p.	1,916
F21, F24, F28–F29	Schizotypal and other delusional disorders	119	53	162	5	62	n.p.	n.p.	n.p.	432
F22	Persistent delusional disorders	106	54	180	39	21	n.p.	n.p.	n.p.	426
F23	Acute and transient psychotic disorders	20	62	12	42	15	n.p.	n.p.	n.p.	183
F25	Schizoaffective disorders	1,405	0	90	15	46	n.p.	n.p.	n.p.	1,664
F30	Manic episode	26	34	47	12	6	n.p.	n.p.	n.p.	158
F31	Bipolar affective disorders	1,704	355	437	134	83	n.p.	n.p.	n.p.	3,405
F32	Depressive episode	3,633	2,226	4,756	1,753	1,179	n.p.	n.p.	n.p.	16,421
F33	Recurrent depressive disorders	5,327	217	684	174	220	n.p.	n.p.	n.p.	7,595
F34	Persistent mood (affective) disorders	270	0	116	17	8	n.p.	n.p.	n.p.	654
F38, F39	Other and unspecified mood (affective) disorders	43	0	60	2	0	n.p.	n.p.	n.p.	168
F40	Phobic anxiety disorders	0	15	42	0	11	n.p.	n.p.	n.p.	70
F41	Other anxiety disorders	1,716	1,094	1,973	815	786	n.p.	n.p.	n.p.	7,195
F42	Obsessive-compulsive disorders	25	34	37	15	0	n.p.	n.p.	n.p.	231
F43	Reaction to severe stress and adjustment disorders	7,342	302	1,277	720	107	n.p.	n.p.	n.p.	10,733
F44	Dissociative (conversion) disorders	63	48	326	147	39	n.p.	n.p.	n.p.	820
F45, F48	Somatoform and other neurotic disorders	10	51	192	47	32	n.p.	n.p.	n.p.	369
F50	Eating disorders	181	158	193	189	443	n.p.	n.p.	n.p.	1,714
F51–F59	Other behavioural syndromes associated with phys dist and phys factors	122	723	105	105	50	n.p.	n.p.	n.p.	2,001
F60	Specific personality disorders	376	19	76	1	0	n.p.	n.p.	n.p.	606
F61–F69	Disorders of adult personality and behaviour	95	405	46	13	0	n.p.	n.p.	n.p.	559
F70–F79	Mental retardation	0	0	4	0	0	n.p.	n.p.	n.p.	4
F80–F89	Disorders of psychological development	819	0	0	0	0	n.p.	n.p.	n.p.	829
F90	Hyperkinetic disorders	0	0	0	4	0	n.p.	n.p.	n.p.	4
F91	Conduct disorders	0	4	28	0	0	n.p.	n.p.	n.p.	32
F92–F98	Other and unspecified disorders with onset childhood adolescence	0	0	3	4	0	n.p.	n.p.	n.p.	21
F99	Mental disorder not otherwise specified	0	0	22	0	0	n.p.	n.p.	n.p.	22
G30	Alzheimer's disease	964	1,373	2,354	1,159	646	n.p.	n.p.	n.p.	6,876
	Other factors related to mental and behav disorders and substance use ^(c)	0	0	31	77	0	n.p.	n.p.	n.p.	108
	Other specified mental health-related principal diagnosis ^(d)	502	4,407	416	942	239	n.p.	n.p.	n.p.	6,802
	Total	33,260	27,300	30,257	9,288	6,846	n.p.	n.p.	n.p.	118,854
	Age-standardised overnight patient day rate^(e)	4.76	5.37	7.96	4.98	3.86	n.p.	n.p.	n.p.	5.79

(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.

(c) Includes Z00.4, Z03.2, Z04.6, Z09.3, Z13.3, Z50.2, Z50.3, Z54.3, Z61.9, Z63.1, Z63.8, Z63.9, Z65.8, Z65.9, Z71.4, Z71.5, Z76.0.

(d) Includes G47.0–G47.2, G47.8–G47.9, O99.3, R44, R45.0–R45.1, R45.4, R48.

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

n.p. Not published.

Note: Abbreviations: behav—behavioural, subst—substance, phys—physical, dist—disturbances.

Table A3.25: Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003-04

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
U65Z Anxiety Disorders	1,605	2,956	1,166	397	704	74	33	8	6,943
U64Z Other Affective and Somatoform Disorders	2,035	1,255	667	814	955	111	16	16	5,869
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,226	1,258	681	548	775	113	19	25	5,645
V60B Alcohol Intoxication and Withdrawal W/O CC	1,981	1,105	704	655	517	223	40	59	5,284
U67Z Personality Disorders and Acute Reactions	1,071	1,504	371	571	793	150	23	14	4,497
V62A Alcohol Use Disorder and Dependence	1,895	479	996	423	218	44	5	1	4,061
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	989	777	301	503	976	55	16	5	3,622
U61B Schizophrenia Disorders W/O Mental Health Legal Status	951	663	243	270	655	90	5	8	2,885
V64Z Other Drug Use Disorder and Dependence	816	151	292	226	84	22	5	3	1,599
V60A Alcohol Intoxication and Withdrawal W CC	610	251	235	192	172	67	13	48	1,588
V61Z Drug Intoxication and Withdrawal	663	219	120	180	178	118	8	8	1,494
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	501	445	114	115	215	27	4	5	1,426
B64B Delirium W/O Catastrophic CC	508	463	135	73	100	12	20	2	1,313
V63A Opioid Use Disorder and Dependence	735	95	152	84	25	22	2	0	1,115
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	288	311	67	82	137	13	5	0	903
Private hospitals									
U65Z Anxiety Disorders	171	1,236	338	292	162	n.p.	n.p.	n.p.	2,493
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	206	322	399	188	173	n.p.	n.p.	n.p.	1,342
V62A Alcohol Use Disorder and Dependence	87	333	569	23	69	n.p.	n.p.	n.p.	1,131
U64Z Other Affective and Somatoform Disorders	176	150	226	171	124	n.p.	n.p.	n.p.	968
U67Z Personality Disorders and Acute Reactions	407	89	145	184	26	n.p.	n.p.	n.p.	951
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	329	105	204	67	41	n.p.	n.p.	n.p.	926
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	88	43	99	28	28	n.p.	n.p.	n.p.	334
B64B Delirium W/O Catastrophic CC	55	113	36	15	38	n.p.	n.p.	n.p.	271
V60B Alcohol Intoxication and Withdrawal W/O CC	19	61	44	70	20	n.p.	n.p.	n.p.	234
V64Z Other Drug Use Disorder and Dependence	17	95	89	10	17	n.p.	n.p.	n.p.	231
U61B Schizophrenia Disorders W/O Mental Health Legal Status	111	4	29	11	7	n.p.	n.p.	n.p.	196
U68Z Childhood Mental Disorders	172	2	0	2	0	n.p.	n.p.	n.p.	178
O61Z Postpartum and Post Abortion W/O O.R. Procedure	12	42	16	27	11	n.p.	n.p.	n.p.	138
V63A Opioid Use Disorder and Dependence	9	53	48	5	7	n.p.	n.p.	n.p.	127
B64A Delirium W Catastrophic CC	23	28	14	2	17	n.p.	n.p.	n.p.	87

(continued)

Table A3.25 (continued): Overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
U65Z Anxiety Disorders	1,777	4,192	1,504	689	866	n.p.	n.p.	n.p.	9,437
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	2,432	1,580	1,080	736	948	n.p.	n.p.	n.p.	6,987
U64Z Other Affective and Somatoform Disorders	2,211	1,405	893	985	1,079	n.p.	n.p.	n.p.	6,837
V60B Alcohol Intoxication and Withdrawal W/O CC	2,000	1,166	748	725	537	n.p.	n.p.	n.p.	5,518
V62A Alcohol Use Disorder and Dependence	2,258	812	1,565	446	287	n.p.	n.p.	n.p.	5,468
U67Z Personality Disorders and Acute Reactions	1,480	1,593	516	755	819	n.p.	n.p.	n.p.	5,450
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,318	882	505	570	1,017	n.p.	n.p.	n.p.	4,548
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1,063	667	272	281	662	n.p.	n.p.	n.p.	3,082
V64Z Other Drug Use Disorder and Dependence	888	246	381	236	101	n.p.	n.p.	n.p.	1,885
V60A Alcohol Intoxication and Withdrawal W CC	624	268	263	202	177	n.p.	n.p.	n.p.	1,671
V63A Opioid Use Disorder and Dependence	1,119	148	200	89	32	n.p.	n.p.	n.p.	1,617
B64B Delirium W/O Catastrophic CC	563	576	171	88	138	n.p.	n.p.	n.p.	1,584
V61Z Drug Intoxication and Withdrawal	684	223	135	198	189	n.p.	n.p.	n.p.	1,568
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	509	458	137	131	223	n.p.	n.p.	n.p.	1,503
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	377	354	166	110	165	n.p.	n.p.	n.p.	1,238

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(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.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—Psychotic.

n.p. Not published.

Table A3.26: Average length of stay (days) for overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003-04

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute hospitals									
U65Z Anxiety Disorders	3.6	3.0	3.4	3.7	3.5	4.6	2.6	n.p.	3.3
U64Z Other Affective and Somatoform Disorders	4.4	4.4	3.8	5.4	5.0	8.6	7.4	3.8	4.7
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.0	12.6	12.6	12.7	15.8	18.6	17.7	20.1	13.8
V60B Alcohol Intoxication and Withdrawal W/O CC	2.1	1.7	2.4	2.3	2.5	5.9	1.5	2.3	2.3
U67Z Personality Disorders and Acute Reactions	3.4	2.7	2.8	3.5	2.7	3.8	5.0	1.8	3.0
V62A Alcohol Use Disorder and Dependence	5.1	5.5	4.7	5.5	5.7	5.0	n.p.	n.p.	5.1
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	5.5	2.9	3.7	5.5	4.0	8.2	9.6	n.p.	4.4
U61B Schizophrenia Disorders W/O Mental Health Legal Status	6.5	2.4	4.4	4.5	3.4	12.9	n.p.	n.p.	4.7
V64Z Other Drug Use Disorder and Dependence	5.8	3.6	4.1	4.5	4.2	5.0	n.p.	n.p.	5.0
V60A Alcohol Intoxication and Withdrawal W CC	4.7	4.8	3.9	3.9	4.3	8.0	5.2	4.7	4.6
V61Z Drug Intoxication and Withdrawal	3.0	2.7	2.4	2.7	2.8	6.3	n.p.	n.p.	3.1
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	4.4	2.4	3.5	3.8	4.2	7.6	n.p.	n.p.	3.7
B64B Delirium W/O Catastrophic CC	9.5	7.9	7.5	6.5	8.2	10.8	11.7	n.p.	8.5
V63A Opioid Use Disorder and Dependence	6.0	4.5	5.2	5.8	4.5	6.1	n.p.	n.p.	5.7
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	15.6	5.8	9.7	8.5	14.7	18.3	n.p.	n.p.	11.1
All AR-DRGs	6.2	4.7	4.9	5.5	5.5	8.4	8.6	5.1	5.6
Private hospitals									
U65Z Anxiety Disorders	4.4	4.3	5.4	4.3	3.5	n.p.	n.p.	n.p.	4.5
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	18.6	15.0	15.5	17.3	11.0	n.p.	n.p.	n.p.	15.8
V62A Alcohol Use Disorder and Dependence	16.3	17.2	13.5	7.3	7.4	n.p.	n.p.	n.p.	14.1
U64Z Other Affective and Somatoform Disorders	13.6	9.3	9.8	8.9	9.6	n.p.	n.p.	n.p.	10.6
U67Z Personality Disorders and Acute Reactions	18.3	8.6	10.4	4.0	4.7	n.p.	n.p.	n.p.	12.2
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	19.4	11.5	14.5	8.8	7.9	n.p.	n.p.	n.p.	15.0
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	24.4	15.2	16.8	16.4	13.1	n.p.	n.p.	n.p.	18.9
B64B Delirium W/O Catastrophic CC	15.0	12.3	10.5	11.3	9.2	n.p.	n.p.	n.p.	12.0
V60B Alcohol Intoxication and Withdrawal W/O CC	5.5	11.7	6.7	1.8	5.0	n.p.	n.p.	n.p.	6.1
V64Z Other Drug Use Disorder and Dependence	12.5	17.1	14.3	1.0	9.4	n.p.	n.p.	n.p.	14.3
U61B Schizophrenia Disorders W/O Mental Health Legal Status	23.8	n.p.	10.4	3.9	n.p.	n.p.	n.p.	n.p.	18.0
U68Z Childhood Mental Disorders	4.8	n.p.	..	n.p.	..	n.p.	n.p.	n.p.	4.9
O61Z Postpartum and Post Abortion W/O O.R. Procedure	5.1	7.4	4.4	3.4	4.2	n.p.	n.p.	n.p.	6.1
V63A Opioid Use Disorder and Dependence	n.p.	14.0	14.5	n.p.	n.p.	n.p.	n.p.	n.p.	12.8
B64A Delirium W Catastrophic CC	20.1	14.8	17.7	n.p.	44.3	n.p.	n.p.	n.p.	22.9
All AR-DRGs	15.4	9.4	12.0	7.5	8.6	n.p.	n.p.	n.p.	11.1

(continued)

Table A3.26 (continued): Average length of stay (days) for overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	All hospitals								
U65Z Anxiety Disorders	3.7	3.4	3.9	3.9	3.5	n.p.	n.p.	n.p.	3.6
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	14.4	13.1	13.7	13.9	14.9	n.p.	n.p.	n.p.	14.2
U64Z Other Affective and Somatoform Disorders	5.2	4.9	5.3	6.0	5.5	n.p.	n.p.	n.p.	5.5
V60B Alcohol Intoxication and Withdrawal W/O CC	2.2	2.2	2.7	2.3	2.6	n.p.	n.p.	n.p.	2.5
V62A Alcohol Use Disorder and Dependence	7.5	3.0	4.9	3.6	2.7	n.p.	n.p.	n.p.	4.6
U67Z Personality Disorders and Acute Reactions	5.9	10.3	7.9	5.6	6.1	n.p.	n.p.	n.p.	7.1
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	8.9	3.9	8.1	5.9	4.1	n.p.	n.p.	n.p.	6.6
U61B Schizophrenia Disorders W/O Mental Health Legal Status	8.3	2.4	5.1	4.5	3.5	n.p.	n.p.	n.p.	5.5
V64Z Other Drug Use Disorder and Dependence	6.0	8.8	6.5	4.4	5.1	n.p.	n.p.	n.p.	6.2
V60A Alcohol Intoxication and Withdrawal W CC	4.8	5.3	4.5	4.0	4.4	n.p.	n.p.	n.p.	4.9
V63A Opioid Use Disorder and Dependence	10.0	8.8	8.1	7.3	8.5	n.p.	n.p.	n.p.	9.1
B64B Delirium W/O Catastrophic CC	3.2	2.7	3.8	2.7	2.9	n.p.	n.p.	n.p.	3.4
V61Z Drug Intoxication and Withdrawal	4.5	2.5	4.1	3.9	4.5	n.p.	n.p.	n.p.	3.9
U62B Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	6.1	7.9	7.4	5.7	4.4	n.p.	n.p.	n.p.	6.4
U63A Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	17.6	7.0	13.9	10.5	14.4	n.p.	n.p.	n.p.	13.2
All AR-DRGs	7.1	5.5	6.7	5.9	5.9	n.p.	n.p.	n.p.	6.5

(a) Separations for which the care type was reported as Acute, or Newborn with qualified patient days, or was Not reported and the length of stay was less than 366 days.

(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.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—Psychotic.

n.p. Not published.

Table A3.27: Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003-04

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public acute										
U65Z	Anxiety Disorders	2.0	3.0	3.0	2.0	3.0	3.0	1.0	n.p.	3.0
U64Z	Other Affective and Somatoform Disorders	3.0	3.0	2.0	3.0	3.0	4.0	3.0	3.5	3.0
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	10.0	9.0	8.0	10.0	11.0	12.0	13.0	13.0	10.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	1.0	1.0	1.0	1.0	1.0	4.0	1.0	2.0	1.0
U67Z	Personality Disorders and Acute Reactions	2.0	2.0	1.0	2.0	1.0	2.5	2.0	1.0	2.0
V62A	Alcohol Use Disorder and Dependence	5.0	5.0	4.0	5.0	4.0	4.0	n.p.	n.p.	5.0
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	3.0	1.0	2.0	3.0	2.0	5.0	9.5	n.p.	2.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	2.0	1.0	2.0	2.0	1.0	7.0	n.p.	n.p.	1.0
V64Z	Other Drug Use Disorder and Dependence	4.0	2.0	3.0	4.0	2.0	3.0	n.p.	n.p.	4.0
V60A	Alcohol Intoxication and Withdrawal W CC	2.0	3.0	2.0	2.0	2.0	4.0	2.0	2.0	2.0
V61Z	Drug Intoxication and Withdrawal	2.0	1.0	1.0	1.0	2.0	6.0	n.p.	n.p.	2.0
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	1.0	1.0	2.0	2.0	2.0	4.0	n.p.	n.p.	1.0
B64B	Delirium W/O Catastrophic CC	7.0	6.0	5.0	4.0	5.0	4.5	10.5	n.p.	6.0
V63A	Opioid Use Disorder and Dependence	5.0	4.0	5.0	6.0	2.0	6.0	n.p.	n.p.	5.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	9.0	1.0	5.0	5.0	8.0	14.0	n.p.	n.p.	6.0
All AR-DRGs		3.0	2.0	3.0	3.0	3.0	4.0	2.0	2.0	3.0
Private										
U65Z	Anxiety Disorders	1.0	5.0	3.0	4.0	1.0	n.p.	n.p.	n.p.	4.0
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	15.0	10.5	11.0	13.5	10.0	n.p.	n.p.	n.p.	12.0
V62A	Alcohol Use Disorder and Dependence	18.0	17.0	11.0	4.0	7.0	n.p.	n.p.	n.p.	12.0
U64Z	Other Affective and Somatoform Disorders	10.0	7.0	7.0	5.0	7.0	n.p.	n.p.	n.p.	7.0
U67Z	Personality Disorders and Acute Reactions	17.0	7.0	6.0	4.0	4.0	n.p.	n.p.	n.p.	8.0
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	18.0	9.0	10.0	6.0	6.0	n.p.	n.p.	n.p.	11.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	19.5	13.0	13.0	12.5	8.5	n.p.	n.p.	n.p.	15.0
B64B	Delirium W/O Catastrophic CC	12.0	9.0	7.5	10.0	8.5	n.p.	n.p.	n.p.	9.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	3.0	8.0	3.0	1.0	4.0	n.p.	n.p.	n.p.	3.0
V64Z	Other Drug Use Disorder and Dependence	11.0	15.0	12.0	1.0	8.0	n.p.	n.p.	n.p.	11.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	19.0	n.p.	7.0	1.0	n.p.	n.p.	n.p.	n.p.	13.5
U68Z	Childhood Mental Disorders	1.0	n.p.	.	n.p.	.	n.p.	n.p.	n.p.	1.0
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	5.0	7.0	4.0	4.0	3.0	n.p.	n.p.	n.p.	5.0
V63A	Opioid Use Disorder and Dependence	n.p.	10.0	12.5	n.p.	n.p.	n.p.	n.p.	n.p.	9.0
U66Z	Delirium W Catastrophic CC	10.0	13.0	14.0	n.p.	38.5	n.p.	n.p.	n.p.	13.0
All AR-DRGs		12.0	5.0	8.0	4.0	7.0	n.p.	n.p.	n.p.	6.0

(continued)

Table A3.27 (continued): Median length of stay (days) of overnight mental health-related separations^(a) without specialised psychiatric care for the 15 most frequently reported AR-DRGs, by hospital type, states and territories,^(b) 2003–04

AR-DRG	Description	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
All hospitals										
U65Z	Anxiety Disorders	2.0	3.0	3.0	3.0	3.0	n.p.	n.p.	n.p.	3.0
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	11.0	9.0	9.0	10.0	11.0	n.p.	n.p.	n.p.	10.0
U64Z	Other Affective and Somatoform Disorders	3.0	3.0	3.0	4.0	4.0	n.p.	n.p.	n.p.	3.0
V60B	Alcohol Intoxication and Withdrawal W/O CC	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.	1.0
U67Z	Alcohol Use Disorder and Dependence	3.0	2.0	2.0	2.0	1.0	n.p.	n.p.	n.p.	2.0
V62A	Personality Disorders and Acute Reactions	5.0	7.0	5.0	5.0	5.0	n.p.	n.p.	n.p.	5.0
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	4.0	2.0	4.0	3.0	3.0	n.p.	n.p.	n.p.	3.0
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	2.0	1.0	2.0	2.0	1.0	n.p.	n.p.	n.p.	2.0
V64Z	Other Drug Use Disorder and Dependence	4.0	4.0	4.0	4.0	3.0	n.p.	n.p.	n.p.	4.0
V60A	Alcohol Intoxication and Withdrawal W CC	3.0	3.0	3.0	2.0	2.0	n.p.	n.p.	n.p.	2.0
B64B	Opioid Use Disorder and Dependence	8.0	6.0	5.0	5.0	6.0	n.p.	n.p.	n.p.	7.0
V61Z	Delirium W/O Catastrophic CC	2.0	1.0	2.0	1.0	2.0	n.p.	n.p.	n.p.	2.0
U62B	Drug Intoxication and Withdrawal	1.0	1.0	2.0	2.0	2.0	n.p.	n.p.	n.p.	1.0
V63A	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	6.0	5.0	6.0	6.0	3.0	n.p.	n.p.	n.p.	6.0
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	12.0	1.0	9.0	7.5	8.0	n.p.	n.p.	n.p.	8.0
All AR-DRGs		4.0	3.0	4.0	3.0	3.0	n.p.	n.p.	n.p.	3.0

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified patient days, or was *Not reported*.

(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.

Note: Abbreviations: W—with, W/O—without, CC—complications and comorbidities, ECT—Electroconvulsive therapy, Cat/Sev—catastrophic or severe, O.R.—operating room Psych—Psychotic.

.. Not applicable.

n.p. Not published: based on less than 10 separations. Data for private hospitals in the Northern Territory, Australian Capital Territory and Tasmania are also not published for confidentiality reasons.

Table A3.28: The 15 most frequently reported procedures for same day mental health-related separations without specialised psychiatric care, states and territories,^(a) 2003–04

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
93340–00 Electroconvulsive therapy <=8 treatments	679	4,459	6	286	114	107	42	0	5,693
92514–99 General anaesthesia, ASA 99	638	4,133	10	39	134	76	44	5	5,079
96169–00 Assistance with activities related to parenting	119	164	0	636	0	0	0	0	919
96089–00 Resource education	0	0	1	606	0	0	0	0	607
96080–00 Counselling or education on preparing for parenthood, parenting skills or family planning	0	127	0	464	0	0	0	0	591
56001–00 Computerised tomography of brain	147	205	107	28	33	5	3	6	534
95550–01 Allied health intervention, social work	57	18	23	302	7	0	1	0	408
96075–00 Self care/self maintenance counselling or education	0	0	0	386	0	0	0	0	386
92514–29 General anaesthesia, ASA 29	96	107	21	130	13	11	4	2	384
96067–00 Nutritional/dietary counselling or education	0	0	0	340	0	0	0	0	340
96175–00 Mental/behavioural assessment	7	19	3	33	241	0	0	0	303
92515–99 Sedation, ASA 99	54	102	23	18	14	19	2	2	234
92514–39 General anaesthesia, ASA 39	32	55	3	128	7	4	0	0	229
90901–00 Magnetic resonance imaging of brain	81	25	38	7	37	4	8	11	211
96081–00 Relationship counselling	0	0	0	203	0	0	0	0	203

(a) 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.

Note: Abbreviations: ASA—American Society of Anaesthesiologists (ASA) Physical Status Classification scores. For further information see ICD-10-AM, 3rd edition (NCCH 2002).

Table A3.29: The 15 most frequently reported procedures for overnight mental health-related separations without specialised psychiatric care, states and territories,^(a) 2003–04

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
95550–01 Allied health intervention, social work	3,880	2,722	1,214	1,092	1,110	149	84	38	10,289
95550–03 Allied health intervention, physiotherapy	2,681	2,626	926	790	876	147	62	12	8,120
95550–02 Allied health intervention, occupational therapy	2,024	1,820	496	537	449	86	25	26	5,463
56001–00 Computerised tomography of brain	1,725	1,473	602	383	579	109	53	38	4,962
95550–00 Allied health intervention, dietetics	1,219	1,289	339	217	233	48	50	25	3,420
92003–00 Alcohol detoxification	1,239	461	942	326	204	168	0	5	3,345
92006–00 Drug detoxification	1,297	169	426	222	57	106	1	1	2,279
95550–10 Allied health intervention, psychology	684	482	295	146	120	163	20	4	1,914
95550–05 Allied health intervention, speech pathology	621	703	254	131	143	22	16	6	1,896
96175–00 Mental/behavioural assessment	253	153	111	326	978	1	0	3	1,825
95550–11 Allied health intervention, other	751	75	102	119	103	10	5	9	1,174
95550–09 Allied health intervention, pharmacy	360	335	38	141	199	54	3	0	1,130
92004–00 Alcohol rehabilitation and detoxification	445	229	353	2	8	1	0	0	1,038
96073–00 Substance addiction counselling or education	261	114	181	306	6	0	0	0	868
92515–99 Sedation, ASA 99	272	106	112	58	35	220	4	3	810

(a) 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.

Note: Abbreviations: ASA—American Society of Anaesthesiologists (ASA) Physical Status Classification scores. For further information see ICD-10-AM, 3rd edition (NCCH 2002).

Appendix 4: Mental health-related data from the Supported Accommodation Assistance Program National Data Collection

Introduction

This appendix provides an overview of mental-health related data from the Supported Accommodation Assistance Program (SAAP) National Data Collection Agency at the AIHW. SAAP is the major response by the Australian Government and state and territory governments to resolve and prevent homelessness. The primary aim of SAAP is to assist people who are homeless or at risk of becoming homeless to achieve the maximum possible degree of self-reliance and independence. The agencies that are funded through SAAP provide a range of accommodation services and non-accommodation support services. In 2003–04 an estimated 152,900 people were supported by SAAP agencies, 100,200 adults and unaccompanied children, and 52,700 children accompanying parents (AIHW 2004b). There were 187,200 occasions of support provided to adults and unaccompanied children and 73,200 to accompanied children.

The support periods reported for 2003–04 included completed or ‘closed’ support periods, that is, periods of support that ended between July 2003 and June 2004. There were an estimated 168,300 closed support periods provided to an estimated 89,940 adults and unaccompanied children and an estimated 63,975 closed support periods provided to 46,218 accompanied children.

The SAAP National Data Collection

The scope of the SAAP National Data Collection is all agencies that provide supported accommodation services, including those funded by the national SAAP agreement, and those funded by additional state and territory SAAP funds. The coverage of the collection is not complete, so it underestimates the number of support periods provided overall. About 93% of agencies participated in the collection in 2003–04, with participation rates ranging from over 97% in Tasmania and South Australia to 72% in the Australian Capital Territory. In addition, some agencies may not have provided data for all support periods.

The data collection includes data collected for each client for each support period of more than one hour’s duration. Data for each support period include:

- date of commencement and completion of the support period
- client sex, year of birth and Indigenous status
- client ‘group’ (person alone or with children, for example)
- source of referral
- presenting reasons for seeking assistance
- type of housing/accommodation before and after the support period

- who the client was living with before and after the support period
- type of accommodation support provided
- types of other support required, provided and for which referrals were arranged.

Some letters of the clients' names are also collected (with client consent) and are used, with information such as the sex and year of birth of the client, to estimate numbers of clients using the services.

Data in this appendix relate only to closed support periods of more than one hour's duration. The SAAP National Data Collection does, however, also include data on support periods that are yet to be completed at 30 June each year and data on 'casual' clients, for whom short-term of one-off assistance is provided; those data are not included in this appendix.

The summary data on SAAP services in the Introduction above, and in other reports from the SAAP National Data Collection, are weighted to account for incomplete coverage of service provider agencies described above and also for incomplete data collection for some support periods. Data are not collected if, for example, the client did not consent to providing the information (11.0% of closed support periods, unweighted), or the services were provided by 'high volume' agencies, which are not required to collect as much detail as other agencies (12.3% of closed support periods, unweighted) or the clients were children accompanying a parent (27.6% of closed support periods, unweighted).

For this appendix, weighting has not been applied to the data, because the weights were considered to be not necessarily applicable to the mental-health related subset of support periods. Hence, the data will not be exactly comparable with other data published from the SAAP National Data Collection.

Unweighted, there were 157,302 closed support periods reported for 2003–04, for an estimated 79,559 adults and unaccompanied children.

Further information on the data collection, and definitions used for it, is available in the 2003–04 annual report of the data collection (AIHW 2004b).

Definition of 'mental health-related' support periods

A number of the data elements included in the data collection can be used to indicate that the support period was 'mental health related'. They are:

- source of referral, for which 'psychiatric unit' is a category that can be selected
- main and other presenting reasons for seeking assistance, for which 'psychiatric illness' can be selected
- type of support required, provided or referred, for which 'psychological services' and 'psychiatric services' can be selected.

For this appendix, 'mental health-related support periods' were defined as support periods for which one or more of these categories was reported.

Source of referral information is provided by the service provider, with advice from the client, as applicable, and is not collected by high-volume agencies. Presenting reasons for seeking assistance are collected only for clients who give consent to having the data collected (and are not collected by high-volume agencies) and are based on information provided by the client. Information on the type of support required, provided or referred is collected for all clients. 'Referrals' are defined as occasions on which an organisation is contacted by a SAAP agency and accepts a client for an appointment or interview.

Because source of referral data and presenting reasons data are not collected for high-volume agencies, and because presenting reasons are not collected for clients who do not consent, the number of support periods that were mental health related will have been underestimated. Underestimation may also have resulted if 'psychiatric illness' was not reported as a presenting reason; this may occur if clients with mental disorders report other presenting reasons, for example relating to the particular support period (such as 'usual accommodation unavailable'). This underestimation is in addition to the underestimation that results from the incomplete coverage of the collection, as just described.

Mental health-related support periods, 2003–04

In 2003–04, 12,024 mental health-related closed support periods were reported for adults and unaccompanied children (Table A4.1) – 7,002 for which accommodation services were provided and 5,021 for which other support services were provided. The highest number of accommodation support periods was reported for New South Wales and the highest number of other support periods was reported for Victoria.

These mental health-related closed support periods represented approximately 7.6% of the support periods reported by SAAP agencies for adults and unaccompanied children in 2003–04.

Table A4.1: SAAP mental health-related closed support periods, state and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Accommodated	2,521	1,872	909	468	445	160	481	146	7,002
Supported	755	3,199	328	122	385	157	42	33	5,021
Total	3,276	5,071	1,238	590	830	317	523	179	12,024

Source: SAAP Client Collection.

Client characteristics

This section presents information on clients who were provided with mental health-related closed support periods in 2003–04.

As noted, the data collection includes some letters of the client name and other data that are used to estimate the number of clients using SAAP services. The number of clients is likely to be underestimated: because letters of the client's name are only provided by consenting clients. There would, however, be some offsetting overestimation, because the recording of the letters of the client names and other details of the clients may vary because, for example, the client changes their name. In addition, the estimation process assumes that clients do not move from one state to another, but such movement may occur.

Age group and sex

In 2003–04 an estimated 8,570 adults and unaccompanied children were provided with mental health-related closed support periods (Table A4.2). This represents approximately 10.8% of adults and unaccompanied children for which closed support periods were provided by SAAP agencies in 2003–04.

There were more female clients (4,390) than male clients (4,180). Most male and female clients were in the 25 to 44 years age group. On average, these 8,570 clients were provided with 1.29 mental health-related closed support periods each (totalling 11,018 support

periods). Male clients were provided with 1.36 support periods on average and female clients with 1.22 support periods.

More mental health-related closed support periods were provided for male clients (5,664) than for female clients (5,354). For both males and females, most support periods were provided for clients in the 25 to 44 years age group.

Table A4.2: Estimated number of clients and closed support periods by age and sex, Australia, 2003–04 (per cent)

Age and sex	Males	Females	Total
Estimated clients			
Less than 15 years	1.1	1.6	1.4
15–17 years	5.4	8.3	6.9
18–19 years	5.3	6.4	6.5
20–24 years	13.6	15.4	14.9
25–44 years	55.9	52.9	53.0
45–64 years	17.2	14.1	15.9
65 years and over	1.3	1.5	1.4
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Total number	4,180	4,390	8,570
Support periods			
Less than 15 years	9.0	1.5	1.2
15–17 years	4.5	7.7	6.1
18–19 years	4.9	6.4	5.6
20–24 years	13.6	16.7	15.1
25–44 years	57.3	52.8	55.1
45–64 years	17.2	13.7	15.5
65 years and over	1.6	1.3	1.5
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Total number^(a)	5,664	5,354	11,018

(a) 1,006 support periods have been excluded from the total due to sex and/or age being unknown.

Source: SAAP Client Collection.

Indigenous status

An estimated 706 adults and unaccompanied children for whom mental health-related closed support periods were provided were reported as Indigenous (Table A4.3). Of these, 293 were Indigenous males and 413 were Indigenous females. Most Indigenous clients were in the 25 to 44 years age group.

Table A4.3: Estimated number of client by Indigenous status, age and sex, Australia, 2003-04 (per cent)

Age and sex	Indigenous	Non-Indigenous	Total	Total number
Males				
Less than 15 years	1.7	1.2	1.2	47
15-17 years	7.8	5.6	5.4	219
18-19 years	7.5	5.4	5.3	214
20-24 years	13.7	14.5	13.7	552
25-44 years	61.1	55.6	55.8	2,244
45-64 years	7.5	16.6	17.3	695
65 years and over	7.0	1.1	1.3	52
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
Total number males^(a)	293	3,187	..	4,023
Females				
Less than 15 years	3.1	1.7	1.6	68
15-17 years	10.9	9.2	8.2	353
18-19 years	6.3	7.4	6.4	276
20-24 years	14.0	16.7	15.5	664
25-44 years	57.9	51.3	52.8	2,267
45-64 years	7.0	12.5	14.1	606
65 years and over	7.0	1.2	1.4	62
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
Total number females^(a)	413	3,152	..	4,296
Total persons				
Less than 15 years	2.5	1.4	1.4	115
15-17 years	9.6	7.4	6.9	572
18-19 years	6.8	6.4	5.9	490
20-24 years	13.9	15.6	14.6	1,216
25-44 years	59.2	53.5	54.2	4,511
45-64 years	7.2	14.6	15.6	1,301
65 years and over	7.0	1.2	1.4	114
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
Total number persons^(a)	706	6,339	..	8,319

(a) 279 clients (173 males and 106 females) have been excluded from the total due to age being unknown.

.. Not applicable.

Source: SAAP Client Collection.

Client groups and accompanying children

For each client, the 'client group' is reported as a person seeking assistance with or without children and alone or as a couple. These data are combined with data on age group to create 'client groups', as detailed in Table A4.4.

In 2003–04 the most commonly reported client group for adults and unaccompanied children who had received mental health-related closed support periods was males aged 25 years and over presenting alone (an estimated 2,890 clients), followed by females aged 25 years and over presenting alone (an estimated 1,706 clients).

There was an estimated 2,474 children accompanying clients who had received mental health-related closed support periods in 2003–04 (Table A4.5). More accompanying children were males (1,268) than females (1,206). Most were in the age group 5 to 12 years.

Table A4.4: Estimated number of clients by client group, Australia, 2003–04

Client group	Total	Total (%)
Male alone, under 25	1,018	11.8
Male alone, 25+	2,890	33.6
Female alone, under 25	1,064	12.4
Female alone, 25+	1,706	19.8
Couple, no children	156	1.8
Couple with children	157	1.8
Male with children	105	1.2
Female with children	1,436	16.7
Other	80	9.0
Total	8,598	100.0

Source: SAAP Client Collection.

Table A4.5: Estimated number of children accompanying clients^(a), by age and sex of child, Australia, 2003–04 (per cent)

Age	Males	Females	Total	Total number
0–4 years	39.6	36.3	38.0	940
5–12 years	45.8	48.1	46.9	1,161
13–15 years	10.3	12.0	11.2	276
16–17 years	4.3	3.6	3.9	97.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
Total number^(b)	1,268	1,206	..	2,474

(a) Does not include high-volume agencies.

(b) Nine children have been excluded from the total due to age and/or sex being unknown.

Source: SAAP Client Collection.

Support period characteristics

This section presents information on mental health-related closed support periods for adults and unaccompanied children in 2003–04. The counts represent support periods, rather than

clients, so clients who were provided with more than one support period during the year are counted more than once.

States and territories

As noted, the highest number of mental health-related closed support periods was reported for Victoria. The client group for which the highest number of support periods was reported nationally was males aged over 25 years and presenting alone (36.2% of the total) (Table A4.6). This was also the group with the highest number of support periods in all states and territories except South Australia, for which the most support periods were reported for females aged over 25 years and presenting alone (30.2% of the total). Other client groups for which relatively high numbers of support periods were reported nationally and for most states and territories were females aged under and over 25 years and presenting alone and males aged less than 25 years and presenting alone.

Living situation and type of accommodation immediately before and after support periods

Information is collected on the 'living situation' immediately before and after each support period. The most common living situation reported for both immediately before and immediately after mental health-related closed support periods was 'alone' and 'with other unrelated persons' (Table A4.7). The living situation was more commonly reported as 'with spouse/partner with/out child(ren)' before support periods (15.5%) than after (9.5%). Similarly, 'with relatives/friends short-term' was more commonly reported for before support periods (11.6%) than for after support periods (8.5%).

The type of accommodation was also collected for immediately before and after the support period. Immediately before mental health-related closed support periods the most commonly reported types of accommodation were SAAP or other emergency housing (19.8%), car/tent/park/street/squat (12.7%) and institutional (including psychiatric institutions) (12.1%) (Table A4.8). After the support periods the most commonly reported types of accommodation were SAAP or other emergency housing (19.0%), public or community housing (15.0%) and private rental (12.8%).

Length of support

The length of mental health-related closed support periods varied from less than one day to over 52 weeks (Table A4.9), with four to 13 weeks being the most commonly reported (2,374 support periods). Support periods of less than one day were the most commonly reported for males and females aged 25 years and over and presenting alone (20.6% and 22.6% respectively), whereas support periods of four to 13 weeks were the most commonly reported for males and females aged less than 25 years and presenting alone (21.7% and 22.4% respectively).

Reasons for seeking assistance

Table A4.10 presents information on the main presenting reason for seeking assistance reported for each mental health-related closed support period. The most commonly reported main reasons were psychiatric illness and domestic violence. Overall, psychiatric illness was reported as the main presenting reason for 17.2% of support periods. It was reported for 24.6% of support periods for males aged 25 years and over and presenting alone and 18.5% for females aged 25 years and over and presenting alone.

Data are also collected on presenting reasons other than the main presenting reason. Overall, psychiatric illness was reported as the main or other presenting reason for 56.9% of mental health-related closed support periods (data not shown). It was reported for 70.3% of support periods for males aged 25 years and over and presenting alone and 66.5% for couples with no children.

Sources of referral

The sources of referral for mental health-related closed support periods included self-referral (40.8%) and another SAAP agency (11.1%) (Table A4.11). Self-referral was the most commonly reported for all client groups.

Services needed, provided and referred

More than one type of service could be reported as needed by clients and, for each service reported as needed, the SAAP agencies reported whether they provided the service and/or arranged a referral for the client to access the service. Multiple types of services could be reported for each support period.

Services most commonly provided were general support/advocacy (83.7% of support periods) and housing/accommodation (71.9%) (Table A4.12). Of services requested by clients the most commonly provided were general support/advocacy (95.6% of these requested services were provided when requested) and basic support and services not elsewhere specified (95.3%) (Table A4.13). Services most commonly referred were specialist services (31.8% of these requested services were referred on when requested) and financial/employment (13.1%). Services most commonly neither provided nor referred were specialist services (11.0% of these requested services were neither provided nor referred on) and financial/employment (6.9%).

Table A4.6: SAAP mental health-related closed support periods, by client group and state and territory, Australia, 2003–04 (per cent)

Client group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Total number
Male alone, under 25	13.7	9.3	12.8	11.8	12.2	17.4	16.7	4.8	11.6	1,289
Male alone, 25+	43.4	31.6	37.6	28.3	21.1	43.0	51.9	53.6	36.2	4,022
Female alone, under 25	11.3	10.9	17.7	16.9	15.8	6.5	11.9	7.2	12.2	1,352
Female alone, 25+	16.2	22.6	15.0	20.5	30.2	14.0	7.5	14.5	19.4	2,161
Couple, no children	7.0	2.8	8.0	1.1	9.0	4.1	6.0	2.4	1.8	196
Couple with children	1.1	1.6	1.2	1.3	2.0	2.0	2.5	5.4	1.7	184
Male with children	4.0	1.6	2.0	4.0	9.0	1.4	1.9	1.2	1.0	113
Female with children	12.3	18.2	14.3	19.4	16.4	10.9	7.1	9.6	15.3	1,705
Other	8.0	1.2	4.0	4.0	3.0	7.0	0.0	1.2	9.0	96
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	..
Total per cent	27.3	43.2	10.3	5.0	5.8	2.6	4.3	1.5	100.0	..
Total number^(a)	3,034	4,805	1,144	551	645	293	480	166	..	11,118

(a) 906 support periods have been excluded from the total due to client group being unknown.

.. Not applicable.

Source: SAAP Client Collection.

Table A4.7: SAAP mental health-related closed support periods^(a), by living situation immediately before and immediately after the support period, Australia, 2003–04

Living situation	Immediately before support period		Immediately after support period	
	Number	Per cent	Number	Per cent
With parent(s)	780	8.8	545	7.3
With foster family	30	3.0	21	3.0
With relatives/friends short-term	1,026	11.6	632	8.5
With relatives/friends long-term	236	2.7	301	4.1
With spouse/partner with/out child(ren)	1,373	15.5	703	9.5
Alone with child(ren)	663	7.5	1,014	13.7
Alone	2,585	29.1	2,576	34.7
With other unrelated persons	2,070	23.3	1,534	20.7
Other	106	1.2	93	1.3
Total^(b)	8,869	100.0	7,419	100.0

(a) Does not include high-volume agencies.

(b) 2,458 support periods have been excluded due to living situation immediately before the support period being unknown; 3,908 have been excluded due to living situation immediately after the support period being unknown.

Source: SAAP Client Collection.

Table A4.8: SAAP mental health-related closed support periods, by type of accommodation immediately before and immediately after the support period, Australia, 2003–04

Accommodation	Immediately before support period		Immediately after support period	
	Total number	Per cent	Total number	Per cent
SAAP or other emergency housing	2,056	19.8	1,541	19.0
Living rent-free in house or flat	1,120	10.8	724	8.9
Private rental	1,134	10.9	1,041	12.8
Public or community housing	869	8.4	1,221	15.0
Rooming house/hostel/hotel/caravan	1,058	10.2	918	11.3
Boarding in a private home	972	9.3	744	9.2
Own home	401	3.9	287	3.5
Living in a car/tent/park/street/squat	1,324	12.7	691	8.5
Institutional	1,259	12.1	741	9.1
Other	206	2.0	208	2.6
Total^(a)	10,399	100.0	8,116	100.0

(a) 1,625 support periods have been excluded due to accommodation type immediately before the support period being unknown; 3,908 have been excluded due to accommodation type immediately after the support period being unknown.

Source: SAAP Client Collection.

Table A4.9: SAAP mental health-related closed support periods, by length of support and client group, Australia, 2003-04 (per cent)

Length of support	Male alone, under 25	Male alone, 25+	Female alone, under 25	Female alone, 25+	Couple, no children	Couple with children	Male with children	Female with children	Other	Total	Total number
Less than 1 day	12.9	20.6	13.7	22.6	24.5	12.0	18.6	10.7	22.9	17.7	1,963
1 day	6.1	9.1	4.5	5.5	2.6	0.0	9.0	2.4	1.0	6.1	673
2 days	4.0	3.7	2.7	2.8	2.0	1.1	2.7	1.7	0.0	3.0	336
3 days	2.7	3.4	1.7	1.9	2.6	0.0	9.0	1.6	0.0	2.4	268
4 days	2.6	2.8	1.9	2.2	5.0	5.0	9.0	1.2	3.1	2.2	247
5 days	2.4	2.4	1.4	2.1	5.0	5.0	9.0	1.3	0.0	1.9	216
6 days	1.4	2.4	1.8	2.1	5.0	1.6	0.0	1.1	0.0	1.8	205
7 days	1.9	2.7	1.5	2.0	2.6	1.1	0.0	1.5	3.1	2.1	232
>1-2 weeks	10.2	11.3	7.3	8.1	6.6	3.3	7.1	6.3	3.1	9.0	997
>2-4 weeks	13.5	10.6	14.6	10.6	8.7	8.2	7.1	9.9	10.4	11.2	1,244
>4-13 weeks	21.7	17.3	22.4	22.1	29.1	24.0	23.9	27.3	27.1	21.4	2,374
>13-26 weeks	8.2	6.9	12.3	8.7	10.2	21.9	16.8	14.7	14.6	9.7	1,079
>26-52 weeks	7.3	3.8	8.0	5.7	7.7	14.2	14.2	12.4	8.3	6.8	757
>52 weeks	5.0	3.0	6.4	3.7	2.0	11.5	6.2	7.8	6.3	4.7	522
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	..
Total per cent	11.6	36.2	12.2	19.4	1.8	1.6	1.0	15.3	9.0	100.0	..
Total number^(a)	1,287	4,022	1,351	2,160	196	183	113	1,705	96.0	..	11,113

(a) 911 support periods have been excluded due to length of support and/or client group being unknown.

.. Not applicable.

Source: SAAP Client Collection.

Table A4.10: SAAP mental health-related closed support periods^(a), by main reason for seeking assistance and client group, Australia, 2003-04 (per cent)

Main reason for seeking assistance	Male alone, under 25	Male alone, 25+	Female alone, under 25	Female alone, 25+	Couple, no children	Couple with children	Male with children	Female with children	Other	Total	Total number
Usual accommodation unavailable	11.0	10.0	7.7	5.3	6.8	6.2	9.7	3.0	3.6	7.6	763
Time out from family/ other situation	6.0	3.1	7.0	3.4	2.8	5.6	0.0	1.9	3.6	3.8	380
Relationship/ family breakdown	15.7	4.9	16.4	5.0	5.6	4.3	20.4	5.3	7.2	7.9	786
Interpersonal conflicts	3.4	1.1	4.4	2.3	2.8	6.2	1.9	2.9	9.6	2.5	246
Physical /emotional abuse	1.2	7.0	3.6	4.0	1.7	6.0	1.9	3.1	8.4	2.2	222
Domestic violence	9.0	9.0	9.9	26.5	3.4	5.6	3.9	57.0	15.7	15.9	1,590
Sexual abuse	4.0	3.0	4.1	1.5	1.7	2.5	1.0	1.7	1.2	1.3	131
Financial difficulty	5.8	9.7	2.9	6.4	14.7	19.9	5.8	4.6	12.0	7.2	716
Gambling	4.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	25
Eviction /previous accommodation ended	11.7	7.6	12.3	6.5	17.5	25.5	17.5	6.9	9.6	8.9	892
Drug /alcohol /substance abuse	6.6	9.9	4.3	4.5	7.9	5.6	1.0	1.3	6.0	6.2	618
Emergency accommodation ended	3.7	3.4	3.5	3.2	4.5	6.0	1.9	1.3	1.2	3.0	303
Recently left institution	5.1	5.0	3.9	2.6	2.3	6.0	2.9	5	1.2	3.5	354
Psychiatric illness	15.8	24.6	12.9	18.5	11.9	7.5	14.6	5.0	10.8	17.2	1,715
Recent arrival to area with no means of support	4.3	5.5	1.5	2.3	6.2	5.0	7.8	1.3	3.6	3.6	358
Itinerant	3.3	4.2	3.2	4.2	3.4	2.5	3.9	1.3	1.2	3.5	348
Other	4.5	8.6	2.3	3.8	6.8	1.9	5.8	2.9	4.8	5.3	529
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
Total per cent	11.8	35.1	12.4	20.5	1.8	1.6	1.0	15.0	8.0	100.0	..
Total number^(b)	1,176	3,498	1,240	2,044	177	161	103	1,494	83	..	9,976

(a) Does not include high-volume agencies.

(b) 510 support periods have been excluded due to main reason for assistance and/or client group being unknown; 841 have been excluded due to client non-consent.

Source: SAAP Client Collection.

Table A4.11: SAAP mental health-related closed support periods^(a), by source of referral and client group, Australia, 2003–04 (per cent)

Source of referral	Male alone, under 25	Male alone, 25+	Female alone, under 25	Female alone, 25+	Couple no children	Couple with children	Male with children	Female with children	Other	Total	Total number
School/other educational institution	1.3	1.0	2.1	2.0	0.0	0.0	0.0	6.0	0.0	6.0	56
Community services department	5.2	1.7	5.6	2.2	2.2	4.0	2.8	6.1	5.6	3.5	351
Police/legal unit	2.7	2.9	1.9	4.1	0.0	1.1	9.0	5.3	0.0	3.3	330
Prison/correction institution	2.3	1.8	5.0	7.0	6.0	6.0	2.8	1.0	0.0	1.2	118
Hospital/health/medical services	4.6	6.6	6.1	6.9	3.9	8.0	5.6	4.6	3.4	6.0	602
Psychiatric unit	10.0	7.8	8.4	10.6	5.1	4.5	6.5	4.9	18.0	8.2	826
Telephone/crisis referral agency	7.0	4.0	7.5	12.0	3.4	7.4	6.5	14.3	9.0	8.2	823
Other SAAP agency	13.4	9.7	15.6	9.4	6.2	8.5	10.3	12.3	7.9	11.1	1,121
Other government department	3.5	2.8	4.3	3.3	4.5	5.1	4.7	5.6	4.5	3.7	377
Other non-government organisation	7.3	4.8	8.1	5.7	11.2	12.5	9.3	9.7	11.2	6.8	686
Self	33.8	52.9	31.1	39.7	52.2	36.4	47.7	28.6	24.7	40.8	4,118
Family	4.9	1.2	3.9	1.5	4.5	3.4	9.0	3.2	12.4	2.5	257
Friends	2.8	1.6	3.1	2.1	3.4	6.3	9.0	3.3	2.2	2.4	241
Other	1.4	2.0	1.9	1.5	2.8	2.3	9.0	1.6	1.1	1.8	177
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>..</i>
Total per cent	11.7	34.4	12.2	20.2	1.8	1.7	1.1	16.0	9.0	100.0	..
Total number^(b)	1,183	3,464	1,233	2,037	178	176	107	1,616	89.0	..	10,083

(a) Does not include high-volume agencies.

(b) 1,244 support periods have been excluded due to source of referral and/or client group being unknown.

.. Not applicable.

Source: SAAP Client Collection.

Table A4.12: SAAP mental health-related closed support periods, by services provided to clients and client group, Australia, 2003–04 (per cent)

Support services provided	Male alone, under 25	Male alone, 25+	Female alone, under 25	Female alone, 25+	Couple no children	Couple with children	Male with children	Female with children	Other	Total
Housing/accommodation	78.7	77.3	72.5	64.3	69.8	65.0	72.1	65.3	58.3	71.9
SAAP/CAP accommodation	66.9	68.7	58.9	51.4	33.9	46.4	40.5	49.7	43.8	59.5
Assistance to obtain/maintain short-term accommodation	25.0	19.6	25.7	20.5	38.0	19.1	32.4	21.2	18.8	21.8
Assistance to obtain/maintain independent housing	24.8	22.0	30.8	26.7	41.1	47.5	50.5	37.8	29.2	27.9
Financial/employment	47.7	40.7	52.3	50.8	49.0	61.2	52.3	57.0	59.4	48.2
Assistance to obtain/maintain government payment	17.0	12.1	21.8	13.9	12.0	19.7	18.0	25.3	19.8	16.5
Employment/training assistance	12.9	4.6	13.4	2.6	5.7	9.8	9.0	5.5	12.5	6.6
Financial assistance/material aid	37.4	34.8	39.3	43.8	43.2	53.0	50.5	45.5	49.0	39.8
Financial counselling	15.9	11.3	18.8	10.1	16.7	29.5	21.6	19.6	25.0	14.4
Counselling	57.8	51.5	74.5	71.7	60.9	73.8	70.3	87.6	75.0	65.4
Incest/sexual abuse counselling	1.9	6.0	10.2	6.2	5.2	4.4	9.0	9.4	1.0	4.5
Domestic violence counselling	4.9	3.7	16.1	28.5	12.5	13.7	11.7	56.4	20.8	18.8
Family/relationship counselling and support	22.6	12.9	33.7	17.8	24.5	36.1	32.4	38.3	37.5	22.4
Emotional support/other counselling	55.2	50.0	70.6	67.7	58.9	71.6	67.6	79.8	70.8	62.0
Assistance with problem gambling	1.3	1.4	4.0	7.0	1.0	5.0	1.8	9.0	1.0	1.0
General support/advocacy	82.5	79.0	85.4	84.4	90.1	86.9	92.8	91.5	83.3	83.7
Living skills/personal development	36.8	18.0	44.9	22.2	19.8	26.8	28.8	21.7	30.2	25.2
Assistance with legal issues/court support	13.5	8.2	12.9	16.2	10.9	24.0	25.2	37.5	12.5	16.0
Advice/information	70.1	64.8	75.6	75.7	83.3	78.7	83.8	80.8	72.9	72.1
Retrieval/storage/removal of personal belongings	30.6	34.8	31.9	24.2	21.4	16.4	18.9	21.2	27.1	29.0
Advocacy/liaison on behalf of the client	49.1	39.4	54.4	53.9	63.0	60.7	75.7	68.0	50.0	50.8
Brokerage services	8.8	4.6	11.0	7.3	10.9	17.5	13.5	12.4	13.5	8.1

(continued)

Table A4.12 (continued): SAAP mental health-related closed support periods, by services provided to clients and client group, Australia, 2003–04 (per cent)

Support services provided	Male alone, under 25	Male alone, 25+	Female alone, under 25	Female alone, 25+	Couple no children	Couple with children	Male with children	Female with children	Other	Total
Specialist services	47.1	52.1	55.3	44.8	40.1	42.1	45.9	52.4	43.8	50.0
Psychological services	13.6	9.3	22.1	13.1	13.5	12.0	16.2	21.1	10.4	14.1
Psychiatric services	18.3	21.7	15.6	16.6	13.0	14.8	15.3	13.1	17.7	17.9
Pregnancy support	2.0	0.0	5.3	9.0	1.6	8.2	9.0	4.8	7.3	1.8
Family planning support	9.0	1.0	6.8	5.0	4.7	6.6	9.0	4.2	5.2	1.9
Drug/alcohol support	22.6	23.0	21.0	10.9	12.5	15.3	26.1	11.1	11.5	18.1
Physical disability services	3.0	8.0	4.0	1.2	1.0	1.1	2.7	1.1	0.0	8.0
Intellectual disability services	1.1	8.0	1.2	1.1	1.6	1.6	2.7	1.4	5.2	1.1
Culturally appropriate support	4.2	4.2	6.2	9.2	2.6	8.7	3.6	13.7	6.3	6.9
Interpreter services	3.0	7.0	7.0	1.8	1.6	1.6	1.8	4.2	0.0	1.4
Assistance with migration issues	4.0	2.0	8.0	2.4	0.0	5.0	0.0	2.8	0.0	1.1
Health/medical services	23.7	27.1	27.6	20.6	20.3	22.4	22.5	24.1	22.9	24.8
Basic support and services, not elsewhere specified	73.6	75.6	74.0	62.9	53.6	47.5	52.3	58.5	50.0	68.8
Meals	59.3	61.7	54.2	42.0	25.5	21.3	25.2	33.5	24.0	50.3
Laundry/shower facilities	54.2	58.9	47.0	41.1	24.0	12.6	15.3	31.2	24.0	47.1
Recreation	42.7	33.8	42.8	28.4	14.6	16.9	17.1	27.1	24.0	33.0
Transport	43.7	26.5	52.0	34.8	31.8	36.6	34.2	48.0	37.5	36.9
Other	22.3	18.1	19.7	12.7	16.1	14.2	15.3	11.2	12.5	16.5
No services provided directly by agency	2.0	1.2	2.2	1.3	0.0	2.7	0.0	8.0	2.1	1.4
Total number^(a)	1,276	3,983	1,332	2,146	192	183	111	1,698	96.0	11,017

(a) 898 support periods have been excluded due to service provided and/or client group being unknown.
n.e.s. Not elsewhere specified.

Source: SAAP Client Collection.

Table A4.13: SAAP services requested by clients in mental health-related closed support periods, by provision, Australia, 2003-04 (per cent)

	Neither provided nor referred	Referred on	Subtotal	Provided only	Provided and referred on	Subtotal	Total	Closed support periods
Housing/accommodation	3.5	8.1	11.6	77.1	11.3	88.4	100.0	9,293
SAAP/CAP accommodation	2.6	5.7	8.3	82.5	9.1	91.6	100.0	7,638
Assistance to obtain/maintain short-term accommodation	10.4	15.2	25.6	52.0	22.4	74.4	100.0	3,315
Assistance to obtain/maintain independent housing	12.4	15.9	28.3	46.8	24.9	71.7	100.0	4,356
Financial/employment	6.9	13.1	20.0	61.9	18.2	80.1	100.0	6,292
Assistance to obtain/maintain government payment	5.6	15.1	20.7	51.9	27.4	79.3	100.0	2,274
Employment/training assistance	19.8	25.6	45.4	33.6	21.0	54.6	100.0	1,322
Financial assistance/material aid	3.4	8.0	11.4	71.8	16.8	88.6	100.0	5,044
Financial counselling	11.9	14.3	26.2	58.0	15.8	73.8	100.0	2,131
Counselling	4.5	3.9	8.4	77.0	14.6	91.6	100.0	8,018
Incest/sexual abuse counselling	13.9	29.3	43.2	33.1	23.7	56.8	100.0	873
Domestic violence counselling	6.5	8.9	15.4	60.7	23.9	84.6	100.0	2,461
Family/relationship counselling and support	11.3	9.9	21.2	56.1	22.6	78.7	100.0	3,179
Emotional support/other counselling	3.2	2.7	5.9	79.7	14.3	94.0	100.0	7,504
Assistance with problem gambling	25.6	21.2	46.8	30.5	22.7	53.2	100.0	203
General support/advocacy	2.6	1.8	4.4	82.4	13.2	95.6	100.0	9,844
Living skills/personal development	10.7	5.4	16.1	72.8	11.2	84.0	100.0	3,323
Assistance with legal issues/court support	9.2	18.4	27.6	40.4	32.0	72.4	100.0	2,394
Advice/information	1.2	0.6	1.8	84.8	13.4	98.2	100.0	8,374
Retrieval/storage/removal of personal belongings	2.7	2.1	4.8	89.5	5.7	95.2	100.0	3,358
Advocacy/liaison on behalf of the client	1.9	1.6	3.5	82.0	14.5	96.5	100.0	6,015
Brokerage services	5.8	7.5	13.3	68.0	18.8	86.8	100.0	1,005
Specialist services	11.0	31.8	42.8	35.9	21.3	57.2	100.0	8,680
Psychological services	19.2	42.4	61.6	20.9	17.5	38.4	100.0	4,053
Psychiatric services	14.6	41.9	56.5	22.2	21.3	43.5	100.0	4,729
Pregnancy support	9.6	15.2	24.8	40.0	35.2	75.2	100.0	270
Family planning support	20.6	19.2	39.8	40.7	19.5	60.2	100.0	344
Drug/alcohol support	16.2	18.9	35.1	38.5	26.5	65.0	100.0	3,149
Physical disability services	14.6	32.2	46.8	25.7	27.5	53.2	100.0	171
Intellectual disability services	23.9	31.1	55.0	26.9	18.2	45.1	100.0	264
Culturally appropriate support	4.8	8.9	13.7	67.6	18.8	86.4	100.0	900
Interpreter services	8.5	20.3	28.8	51.4	19.8	71.2	100.0	212
Assistance with migration issues	7.4	12.1	19.5	38.3	42.3	80.6	100.0	149

(continued)

Table A4.13 (continued): SAAP services requested by clients in mental health-related closed support periods, by provision, Australia, 2003-04 (per cent)

	Neither provided nor referred	Referred on	Subtotal	Provided only	Provided and referred on	Subtotal	Total	Closed support periods
Health/medical services	6.2	31.7	37.9	36.0	26.1	62.1	100.0	4,452
Basic support and services n.e.s.	2.6	2.1	4.7	88.5	6.8	95.3	100.0	8,014
Meals	1.1	1.1	2.2	93.0	4.8	97.8	100.0	5,839
Laundry/shower facilities	0.9	0.5	1.4	96.5	2.1	98.6	100.0	5,407
Recreation	2.6	2.3	4.9	91.2	3.9	95.1	100.0	3,713
Transport	2.6	1.6	4.2	91.8	4.1	95.9	100.0	4,314
Other	3.7	3.4	7.1	76.9	16.1	93.0	100.0	2,031
Total number	6,696	11,373	18,069	70,671	16,025	..	104,766	11,802

(a) 109 support periods were excluded due to service requested being unknown.

.. Not applicable.

n.e.s. Not elsewhere specified.

Source: SAAP Client Collection.

Appendix 5: National Survey of Mental Health Services

The National Survey of Mental Health Services (NSMHS) is an annual collection of establishment-level data from publicly funded hospital and community mental health care services in all states and territories.

The survey, first conducted in 1993, was designed to fulfil reporting requirements under the previous Medicare Agreements and to enable progress to be monitored against the 38 objectives of the National Mental Health Policy. It required the states and territories to collect information about expenditure, staffing, service types and activity levels relating to public mental health services within their jurisdiction. The survey continued until 2004–05. From 2005–06 onwards it will be replaced by the Mental Health Establishments National Minimum Data Set, details of which are available in METeOR on the AIHW web site <www.aihw.gov.au>.

Summary data from the NSMHS for the years 1993–94 to 2001–02 are reported in the *National Mental Health Report* (DHA 2004). Future *National Mental Health Report* series will include data from the NSMHS for 2002–03 to 2004–05.

Some basic differences exist between data from the NSMHS and data from the NPHED, NMHD and NCMHED. These differences are discussed in the following paragraphs.

Comparison with NCMHED data

There is alignment in the scope of the NCMHED and the NSMHS data collection, with the exception of New South Wales. In New South Wales the NSMHS data collection includes all services described by area health services as providing specialist mental health services. For NCMHED, only those specialist mental health services that are part of the mental health financial program are included. For one Area health service this has had the effect of excluding most non-admitted child and adolescent services. NCMHED data provided by New South Wales also exclude all 'confused and disturbed elderly' (CADE) services, with the exception of the New England CADE (New South Wales' only mental health program-financed CADE). For the NSMHS, however, New South Wales reports data for all CADEs. This difference in scope affects the comparability of New South Wales full-time-equivalent staffing and recurrent expenditure data between the NCMHED and the NSMHS. A list of public community mental health establishments that report to NCMHED is available on the AIHW's web site.

Comparison with NCMHCD data

The National Survey of Mental Health Services (NSMHS) collects service contact data for community mental health services. The estimate of 4.87 million service contacts from NCMHCD in 2001–02 is lower than the 5.28 million service contacts reported to the NSMHS in 2001–02 (DHA 2004). The NSMHS counts of service contacts were greater than those for NCMHCD for all jurisdictions except Queensland, where the figures were the same in both collections.

Variation between the two collections can be expected because of differences in their scope and coverage, and definitional differences. The *National Mental Health Report 2004* indicated that there were data quality concerns with ambulatory care services data for 2001–02 (see DHA 2004, app. 6). The concept of a service contact in the NCMHCD collection differs from the service contact definition in the NSMHS in that only same day services that are non-admitted are considered part of the scope of NCMHCD. The NSMHS includes same day admitted services as service contacts. It is possible that there were 14,620 ambulatory-equivalent and 5,585 non-ambulatory equivalent same day admissions with specialised psychiatric care included in the NSMHS collection for 2001–02 that were not in the NCMHCD for 2001–02 (from AIHW 2004c, tables 3.21 and 4.1). Similarly, for 2003–04 there may be 13,349 ambulatory-equivalent and 7,032 non-ambulatory equivalent same day admissions with specialised psychiatric care that would be included in the NSMHS collection for 2003–04 that were not in the NCMHCD for 2003–04 (Tables 3.34 and 4.1 here). NCMHCD coverage for 2003–04 is incomplete, as evidenced by the estimates of coverage from the states and territories (see Section 3.4).

These factors may indicate that the coverage in the NCMHCD was not as complete as that in the NSMHS, which, together with the undercounting due to the same day admission issue just noted, may account for the lower number of service contacts in the NCMHCD compared with the NSMHS.

Comparison with NPHEd data

The fundamental difference between the hospital data reported to the NSMHS and those reported to NPHEd is the different manner in which hospital establishments are classified in the two collections. This makes comparison problematic.

In 2001–02, for the NSMHS, four Victorian establishments were classified as separate 'stand-alone' psychiatric hospitals, that is, hospitals that were not co-located with public acute care hospitals. For NPHEd, one of these establishments was classified as a separate public psychiatric hospital and the rest were classified as campuses of acute care hospitals and not reported as separate hospitals. A list of public hospitals establishments that report to NPHEd is available on the AIHW's web site <www.aihw.gov.au>. The definition of 'co-location' in the NMDS for Mental Health Establishments is based on the definition used in the NSMHS, and is available in METeOR on the AIHW web site.

Hospitals reported to NPHEd can also include community-based, non-admitted patient services that are managed by the hospital but are located elsewhere. Within the NSMHS these services are classified as distinct service units and data on them are reported as community-based services.

Glossary

For further information on the terms used in this report, see the definitions in use in 2003–04 in the *National Health Data Dictionary, Version 12*. Where applicable, definitions contain an identification number from the METeOR Metadata Online Registry. METeOR is Australia’s central repository for health, community services and housing assistance metadata. It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets such as those that form the basis of this report. METeOR can be viewed on the AIHW web site <www.aihw.gov.au>.

<i>Aboriginal and Torres Strait Islander status</i>	Status of a person according to the following definition: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. METeOR Identifier: see <i>Indigenous status</i>
<i>Acute</i>	Having a short and relatively severe course.
<i>Acute care hospitals</i>	Establishments that provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care and provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the state or territory health department or be controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short. Public acute hospitals are funded by the state or territory health authority. Private acute care hospitals are not controlled by the state or territory health authority.
<i>Additional diagnosis</i>	Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care, or attendance at a health care establishment. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources. They are used for casemix analyses relating to severity of illness and classification of patients into Australian Refined Diagnosis Related Groups. METeOR Identifier: 270189
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included. METeOR Identifier: 269877

<i>Administrative expenditure</i>	<p>The expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance (including workers compensation), for a financial year.</p> <p>METeOR Identifier: 270107</p>
<i>Admitted patient</i>	<p>A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).</p> <p>METeOR Identifier: 268957</p>
<i>Ambulatory care</i>	<p>Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.</p>
<i>Ambulatory-equivalent separation</i>	<p>A separation that could be considered equivalent to ambulatory (non-admitted) mental health care. Defined by excluding those separations that involved electroconvulsive therapy, general anaesthesia or other procedures unlikely to be undertaken by ambulatory mental health care services and those separations that had a mode of separation or admission of death, care type change, left against medical advice or transfer. See Appendix 3 for further information.</p>
<i>Area of usual residence</i>	<p>Geographic location of usual residence of the person.</p> <p>The location is included in the National Hospital Morbidity Database in statistical local area format but aggregated to Remoteness Areas for this report.</p> <p>METeOR Identifier: 270070</p>
<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	<p>An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospitals. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.</p> <p>METeOR Identifier: 270195</p>
<i>Available beds</i>	<p>Beds immediately available for use by admitted patients or residents as required. Includes occupied and unoccupied beds.</p> <p>METeOR Identifier: 270133</p>
<i>Average length of stay</i>	<p>The average number of patient days for admitted patient overnight separations.</p>
<i>Care type</i>	<p>The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care) or the type of service provided by the hospitals for boarders or posthumous organ procurement (other care).</p>

Admitted patient care consists of the following categories:

- acute care
- rehabilitation care
- palliative care
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care.

Other care is where the principal clinical intent does not meet the criteria for any of the foregoing. It can be one of the following:

- organ procurement – posthumous
- hospital boarder.

METeOR Identifier: 270174

Closed support period

A Supported Accommodation Assistance Program (SAAP) support period that had finished on or before the end of the reporting period – in this case, 30 June 2004.

See also *Support period*.

Community mental health care

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

Community mental health service or facility

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

Comorbidity

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

Country of birth

The country in which the person was born.

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

Diagnostic and allied health professionals

Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). Includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.

METeOR Identifier: 269876

<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. Includes domestic staff, such as food services managers, engaged mainly in administrative duties. Also includes all staff not elsewhere included (mainly maintenance staff, tradespersons and gardening staff). METeOR Identifier: 269874
<i>Domestic services expenditure</i>	The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs. METeOR Identifier: 270283
<i>Drug supplies expenditure</i>	The cost of all drugs, including the cost of their containers. METeOR Identifier: 270282
<i>Encounter</i>	Any professional interchange between a patient and a general practitioner.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all states and territories except Victoria, where they are registered by the state registration board to practise in this capacity. The category includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some states and territories). METeOR Identifier: 269871
<i>Episode of admitted patient care</i>	The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type. METeOR Identifier: 268956
<i>Establishment type</i>	Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Includes: <ul style="list-style-type: none"> • acute care hospitals • psychiatric hospitals • alcohol and drug treatment centres • hospices. METeOR Identifier: 269971
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and other adverse effect. METeOR Identifier: 268945
<i>Food supplies expenditure</i>	The cost of all food and beverages excluding kitchen expenses such as utensils, cleaning materials, cutlery and crockery. METeOR Identifier: 269728

<i>Full-time-equivalent staff</i>	<p>Full-time-equivalent units are on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary-time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable). Hours of unpaid leave are excluded. Staffing categories include:</p> <ul style="list-style-type: none"> • salaried medical officers • registered nurses • enrolled nurses • student nurses • other personal care staff • diagnostic and allied health professionals • administrative and clerical staff • domestic and other staff. <p>METeOR Identifier: 270543</p>
<i>Hospital type</i>	<p>Distinguishes public acute hospitals, public psychiatric hospitals, and private hospitals.</p>
<i>ICD-10-AM</i>	<p>See <i>International Classification of Diseases</i>.</p>
<i>Indigenous status</i>	<p>Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the following Commonwealth definition:</p> <p style="padding-left: 40px;">An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.</p> <p>METeOR Identifier: 270157</p>
<i>International Classification of Diseases</i>	<p>The World Health Organization's internationally accepted classification of diseases and related health problems. The 10th Revision, Australian Modification (ICD-10-AM), is currently in use in Australian hospitals for admitted patients.</p>
<i>Involuntary mental health legal status</i>	<p>Involuntary patients are persons detained in hospital or compulsorily treated in the community under mental health legislation for the purpose of assessment or provision of treatment or care.</p> <p>METeOR Identifier: 270857</p>
<i>Length of stay</i>	<p>The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same day patient is allocated a length of stay of one day.</p> <p>METeOR Identifier: 269982</p>
<i>Marital status</i>	<p>Current marital status of the person.</p> <p>METeOR Identifier: 291045</p>

<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature, excluding drug supplies and expenditure on equipment repairs. METeOR Identifier: 270358
<i>Medical officer</i>	Medical officers employed by the hospital on a full-time or part-time salaried basis. Excludes visiting medical officers engaged on an honorary, sessional or fee-for-service basis. Includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement – for example, clinical superintendent and medical superintendent.
<i>Mental disorder</i>	Disturbance of mood or thought that can affect behaviour and distress the person and those around them, so the person cannot function normally.
<i>Mental health legal status</i>	Whether a person is treated on an involuntary basis under the relevant state or territory mental health legislation at any time during an episode of care for an admitted patient or treatment of a patient/client by a community-based service during a reporting period. METeOR Identifier: 270351
<i>Mental health nurses</i>	Nurses who report that their main area of nursing is psychiatric or mental health.
<i>Mental health-related (principal) diagnosis</i>	A separation is defined as having a mental health-related (principal) diagnosis if the principal diagnosis falls within the range of ICD-10-AM diagnosis codes listed in Appendix 3 of <i>Mental Health Services in Australia 2000–01</i> .
<i>Mental health service contact</i>	The provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. METeOR Identifier: 286670
<i>Mode of admission</i>	Describes the mechanism by which a person begins an episode of admitted patient care in a hospital. METeOR Identifier: 269976
<i>Mode of separation</i>	Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable) following an episode of admitted patient care. METeOR Identifier: 270094
<i>National Mental Health Strategy</i>	See Box 2.1.

<i>Non-admitted patient</i>	A hospital patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient; outpatient; other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services). METeOR Identifier: 268973
<i>Non-ambulatory equivalent separation</i>	A separation not considered to be equivalent to ambulatory care. See <i>Ambulatory-equivalent separation</i> .
<i>Non-salary expenditure</i>	Total expenditure related to non-salary operating items. METeOR Identifier: 270297
<i>Not published</i>	Not available for separate publication but included in the totals where applicable. Most of the data that are not published relate to private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory. These data have not been published for confidentiality reasons.
<i>Other personal care staff</i>	Includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wardspersons, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents and who are not formally qualified or undergoing training in nursing or allied health professions. METeOR Identifier: 270171
<i>Other recurrent expenditure</i>	All other recurrent expenditure not included elsewhere in any of the recurrent expenditure categories for a financial year. METeOR Identifier: 270126
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including payments received from state or territory governments). Includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR Identifier: 270128
<i>Overnight separation</i>	The term used to refer to separations where the patient separates from hospital one or more nights after admission (i.e. is admitted to and separated from the hospital on different dates).
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. The number of patient days is calculated by subtracting the date the patient is admitted from the date of the separation and deducting total leave days. A patient who is admitted and separated on the same day is allocated one patient day. See <i>Box 4.1</i> . METeOR Identifier: 270045
<i>Patient transport expenditure</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR Identifier: 270048

<i>Payments to visiting medical officers</i>	<p>All payments made by a public hospital establishment to visiting medical officers for medical services provided to hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. A visiting medical officer is a medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. Includes the same Australian Standard Classification of Occupations codes as the salaried medical officers category.</p> <p>METeOR Identifier: 270049</p>
<i>Pharmaceutical Benefits Scheme</i>	<p>A national government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs and covers all Australians to help them afford standard medications.</p>
<i>Previous specialised treatment</i>	<p>Whether the patient has had a previous admission or service contact for treatment in the speciality area within which treatment is now being provided.</p> <p>For this report, the speciality area referred to is specialised psychiatric care.</p> <p>METeOR Identifier: 270374</p>
<i>Primary disability</i>	<p>The disability category identified by service users or carers in the Commonwealth State/Territory Disability Agreement National Minimum Data Set as the disability most affecting their everyday life.</p>
<i>Principal diagnosis</i>	<p>The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment.</p> <p>METeOR Identifier: 270187</p>
<i>Private hospital</i>	<p>Privately owned and operated hospital catering for patients who are treated by a doctor of their choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute and psychiatric hospitals are included.</p>
<i>Private psychiatric hospital</i>	<p>Establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. These hospitals are licensed/approved by a state or territory health authority and cater primarily for patients with psychiatric or behavioural disorders.</p>
<i>Procedure</i>	<p>A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment only available in the acute care setting.</p> <p>METeOR Identifier: 269932</p>
<i>Psychiatric care days</i>	<p>The sum of the number of days or part-days of stay the person received care as an admitted patient or resident in a designated psychiatric unit minus the sum of leave days occurring during the stay in the designated unit.</p> <p>METeOR Identifier: 270300</p>

<i>Psychiatric disability</i>	Clinically recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity. Impairments of global or specific mental functions may be experienced. Psychiatric disability may be associated with schizophrenias, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders.
<i>Psychiatric hospitals</i>	Establishments devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders.
<i>Psychiatrist</i>	A medical practitioner who has been accepted as a member of the Royal Australian and New Zealand College of Psychiatrists.
<i>Public hospitals</i>	Hospital controlled by a state or territory health authority and offering free diagnostic services, treatment, care and accommodation to all eligible patients.
<i>Public acute care hospital</i>	See <i>Acute care hospitals</i> .
<i>Reason for encounter</i>	The subjective reason/s given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.
<i>Recoveries</i>	<p>All revenue received that is in the nature of a recovery of expenditure incurred. This includes:</p> <ul style="list-style-type: none"> • income received from the provision of meals and accommodation to members of staff of the hospital (assuming it is possible to separate this from income from the provision of meals and accommodation to visitors) • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost. <p>METeOR Identifier: 269974</p>
<i>Recurrent expenditure</i>	<p>Expenditure that does not result in the acquisition or enhancement of an asset – for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers.</p> <p>METeOR Identifier: 269132</p>
<i>Registered nurses</i>	<p>Nurses with at least a three-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a state or territory registration board.</p> <p>METeOR Identifier: 270500</p>

<i>Remoteness Area</i>	<p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure, based on the Accessibility/Remoteness Index of Australia, which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The classification is:</p> <ul style="list-style-type: none"> • major cities • inner regional • outer regional • remote • very remote • migratory.
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings, and minor additional works. Expenditure of a capital nature is not included; nor are salaries and wages of repair and maintenance staff.</p> <p>METeOR Identifier: 269970</p>
<i>Repatriation Pharmaceutical Benefits Scheme</i>	<p>A national government-funded scheme that subsidises the cost of a wide range of pharmaceuticals for the treatment of eligible veterans, war widows and widowers and dependants.</p>
<i>Residential mental health service</i>	<p>A residential mental health service is a specialised mental health service with the following characteristics:</p> <ul style="list-style-type: none"> • It employs mental health-trained staff on site. • It provides rehabilitation, treatment or extended care to residents, with care intended to be on an overnight basis, in a domestic-type environment. • It encourages the resident to take responsibility for their daily living activities. <p>Includes services that employ mental health-trained staff on site 24 hours a day and other services with less intensive staffing. However, all these services employ on-site mental health trained staff for some part of each day.</p>
<i>Salaried medical officers</i>	<p>Medical officers engaged by the hospital on a full-time or part-time salaried basis.</p> <p>METeOR Identifier: 270494</p>
<i>Salaries and wages expenditure</i>	<p>Salary and wage payments for all employees of the establishment (including contract staff employed by an agency, provided staffing data are available). Includes all paid leave (recreation, sick and long service) and salary and wage payments relating to workers compensation.</p> <p>METeOR Identifier: 269717</p>
<i>Same day patient</i>	<p>A patient who is admitted and who separates on the same date.</p>

<i>Same day separation</i>	Refers to separations where the patient separates from hospital on the same day as being admitted (i.e. who is admitted to hospital and who separates from the hospital on the same date).
<i>Separation</i>	<p>The process by which an episode of care for an admitted patient ceases. The treatment and/or care provided to a patient prior to separation occurs over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). A separation may be formal or statistical.</p> <p><i>Formal separation</i> is the administrative process by which a hospital records the cessation of treatment and/or care and/or accommodation of a patient.</p> <p><i>Statistical separation</i> is the administrative process by which the hospital records the cessation of an episode of care for a patient within a single hospital stay.</p> <p>METeOR Identifier: 270407</p>
<i>Source of referral to public psychiatric hospital</i>	<p>Source from which the person was transferred or referred to a public psychiatric hospital.</p> <p>METeOR Identifier: 269947</p>
<i>Specialised psychiatric care</i>	Care provided by a facility or unit dedicated to the treatment or care of patients with psychiatric conditions.
<i>Superannuation payments</i>	<p>Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees, either by the establishment or a central administration such as a state health authority, to by a superannuation fund providing retirement and related benefits to establishment employees.</p> <p>METeOR Identifier: 270371</p>
<i>Support period</i>	<p>A support period commences when a client begins to receive support and/or supported accommodation from a SAAP agency. The support period is considered to finish in either of two circumstances:</p> <ul style="list-style-type: none"> • The client ends the relationship with the agency. • The agency ends the relationship with the client. <p>If it is not clear whether the agency or the client has ended the relationship, the support period is assumed to have ended if no assistance has been provided to the client for one month. In such a case the date the support period ended is one month after the last contact with the client.</p>
<i>Visiting medical officer</i>	<p>A medical practitioner appointed by a hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis.</p> <p>METeOR Identifier: 270049</p>

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