

# 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 and other service providers. It also presents some data on the characteristics of the admitted patients and residents in residential disability support services funded by the Commonwealth, State/Territory Disability Agreement (CSTDA).

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 is provided by public and private hospitals and by public residential mental health care 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) presents 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 Chapter 3 and Appendix 2. Briefly, for the purpose of this report a separation was considered to be ambulatory-equivalent if:

- it was a same-day separation (that is, admission and separation were on the same date), and
- 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), and
- the mode of admission did not include care type change or transfer, or the mode of separation did not include transfer (from another facility), care type change, left against medical advice or death.

This is the second 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 reports in this series prior to 2001-02 (AIHW 2001b, 2002a, 2003a). 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 in this publication is defined as any separation which has 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 *Mental Health Services in Australia 2000–01* (AIHW 2003a)).

The ICD-10-AM 3rd edition codes are used to define a mental health-related principal diagnosis. These have not changed from those presented in ICD-10-AM 2nd edition in the 2000–01 report, other than to allow a finer level of detail. The codes are now available at a 5-digit level instead of a 4-digit level. However, in order to provide a more comprehensive description of mental health-related care, the codes were changed slightly compared with the 1999–2000 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 2001b, 2002a). Those publications include details on the codes used to define mental health-related principal diagnoses for 1998–99 and 1999–2000.

In addition, for 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the National Hospital Morbidity Database (NHMD) using ICD-9-CM diagnosis and procedure codes, and these data were mapped to ICD-10-AM for Table 4.1. Further information on this mapping is available in *Australian Hospital Statistics 1998–99* (AIHW 2000).

## 4.2 National overview

Table 4.1 summarises mental health-related separations and patient-days for 1998–99 to 2002–03, 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 2002–03.

- There were 193,822 mental health-related residential and admitted-patient separations in 2002–03, of which 21,894 were same-day separations and 171,928 were overnight (which means a residential stay or a hospital stay of one night or more) (Table 4.2).
- Public community residential mental health care establishments reported a relatively low number of separations in comparison to hospitals. In 2002–03, the number of community residential mental health care separations reported for Australia was 1,653 (Table 4.2).
- There were 192,169 mental health-related hospital separations during 2002–03 (Table 4.1), of which 21,894 were same-day separations which were not categorised as ‘ambulatory-equivalent’. Nearly 3 million patient-days (2,946,670) were associated with these separations which accounted for 2.9% of total hospital separations during 2002–03 and 12.5% of total hospital patient-days. Psychiatric care days accounted for 79.6% (2,346,002 days) of all patient-days for mental health-related separations, and 10.0% of total hospital patient-days.
- Of the 192,169 mental health-related hospital separations, 113,045 or 58.8% reported some specialised psychiatric care (Tables 4.1 and 4.2). The proportion of same-day separations

that included specialised psychiatric care was 40.9%, and for overnight separations, 61.1%. The proportion of all mental health-related overnight patient-days that were psychiatric care days was 79.6%.

- Separations with specialised psychiatric care accounted for 52.6% of mental health-related separations in public acute hospitals, and 69.2% of those in private hospitals.
- Public hospital separations accounted for 80.7% of all mental health-related separations and 81.5% of all mental health-related patient-days in 2002–03.
- In comparison with other hospital types, public psychiatric hospitals reported the smallest numbers of separations (7.6% of all mental health-related separations) and separations with specialised psychiatric care (12.0%) and public acute hospitals reported the largest numbers (73.1% and 65.3%, respectively) (Table 4.1).
- Public psychiatric hospitals reported a relatively large proportion of patient-days (31.1% of the total), especially for separations with specialised psychiatric care (38.0%). However, it is estimated that a relatively large proportion of these patient-days occurred prior to the 2002–03 financial year. Of patient-days for separations from public psychiatric hospitals, an estimated 35.8% occurred during 2002–03 compared with estimates of 89.3% for public acute hospitals and 94.5% for private hospitals (Table 4.3). For information on how these estimates were calculated, refer to *Mental Health Services in Australia 1999–00* (AIHW 2002a).

The next section presents data from Table 4.1 on the changes from 1998–99 to 2002–03. Figures 1.5, 1.6 and 1.7 also present time series information on the number of separations, patient-days and average and median lengths of stay by hospital type.

- The number of mental health-related separations for 2002–03 (192,169) was 5.0% more than the 182,981 reported for 1998–99. There was an increase of 2.1% for overnight separations (166,802 to 170,275 separations) and an increase of 35.3% for same-day separations (16,179 to 21,894 separations).
- The 113,045 separations with specialised psychiatric care for 2002–03 represent a 6.8% increase from 1998–99 (105,837 separations) and a 1.9% increase from 2001–02 (110,969 separations).
- Between 1998–99 and 2002–03, the number of mental health-related non-ambulatory-equivalent same-day separations in private hospitals increased by 44.2%.
- The majority of mental health-related hospital separations continued to be reported in the public sector. In 2002–03, 80.7% of mental health-related hospital separations were reported by public hospitals. In 1998–99, this figure was 79.5%.
- Compared with 1998–99, the patient-days reported for 2002–03 decreased by 5.0% for separations with specialised psychiatric care (2,508,412 to 2,384,159 days) and by 14.4% for separations without specialised psychiatric care (from 657,080 to 562,511 days). The corresponding comparisons between 2001–02 and 2002–03 show a decrease of 3.0% in patient-days for separations with specialised psychiatric care and a decrease of 9.1% in those without specialised psychiatric care.
- Patient-days for mental health separations in public hospitals accounted for 81.5% of all mental health patient-days in 2002–03, compared with 83.6% in 1998–99.
- Patient-days for mental health-related separations decreased by 6.9% between 1998–99 and 2002–03 and by 4.3% between 2001–02 and 2002–03. The relatively large decrease in patient-days from 1999–00 to 2000–01 was largely attributable to public sector hospitals where patient-days decreased by 16.5% between 1999–00 and 2000–01 (see Figure 1.6). This reduction in patient-days was marked for Queensland and was largely the result of

the statistical discharge and readmission 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 of 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 5.4%, from 517,963 in 1998–99 to 545,934 in 2002–03.

#### **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 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 time 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 2002, provided that the separation from hospital occurred during 2002–03. 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 2002–03. Table 4.3 presents information on the estimated proportion of patient-days that occurred within the 2002–03 financial year for 2002–03 separations. For public psychiatric hospitals the proportion of mental health-related patient days that occurred in the year was 35.8%. In comparison, the figures for public acute and private hospitals were 89.3% and 94.5% 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 2002–03 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 2002–03.*

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 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 the proportion 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 separations for 2002–03 (Figure 4.1). There were 192,169 mental health-related separations in 2002–03, with 113,045 of these separations including specialised psychiatric care. The total number of patient-days was 2,946,670, which included 2,346,002 days with specialised psychiatric care (Table 4.1). The average length of stay was 15.3 days with a median of 6 days (Figure 4.1). Nationally, there were 9.9 hospital separations and 151.9 patient-days for mental health-related separations and 120.9 psychiatric care days per 1,000 population (see Tables 4.2 and 4.3 respectively).

The mental health legal status of most separations was either *Voluntary* or *Not reported*, with 19.6% reporting *Involuntary* status. Over three-quarters of the separations (76.5%) reported a funding source of *Public patient* (includes Australian Health Care Agreements and reciprocal health care agreements) and 17.3% reported a funding source of *Private health insurance*. Over half (52.5%) the separations were for female patients, and 41.0% of patients were in the 25–44 age group. The majority of separations were in the public sector (80.7%) and most patients (93.8%) had a care type of *Acute care*. A large proportion of patients (79.4%) 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).

### **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 public residential mental health care establishments 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, the majority of patients are formally admitted for this care and therefore this care is reported as same-day separations. For example, psychotherapy (and other allied health psychology interventions) tends to be provided on an admitted-patient basis in New South Wales, Victoria, Queensland, Western Australia and South Australia (see Tables A3.12 and A3.20), but not in 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 5.25, 5.26, 6.20 and 6.21. 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.*

For Australia as a whole, there were 9.9 mental health-related hospital separations per 1,000 population. South Australia had the highest rate (12.6 separations per 1,000 population).

Nationally, there were 8.8 overnight mental health-related separations per 1,000 population. South Australia had the highest rate at 11.3 overnight mental health-related separations per 1,000 population. Victoria had the highest rate for same-day mental health related separations (1.7 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 2002–03. Of the 2,946,670 patient-days for mental health-related separations, 2,924,776 were overnight separations.

Queensland reported the highest number of patient-days for mental health-related separations per 1,000 population (210.6 patient-days) and also had the highest number of psychiatric care days per 1,000 population (185.4). South Australia had the second highest population rate for patient-days (160.9 patient-days per 1,000 population) and for psychiatric care days (128.2 per 1,000 population).

These state and territory differences may reflect differences in the provision of admitted-patient 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 5.24 and 6.19). Further, Queensland does not classify any of its extended treatment services as residential. Although many of these services are included in admitted-patient data, some psychogeriatric beds are co-located within residential aged care facilities and not covered in this report.

## Principal and additional diagnoses

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

- There were 449,524 separations that either received specialised psychiatric care and/or reported a mental health-related diagnosis.
- Of these, 41.2% reported a mental health-related principal diagnosis, and 76.7% reported a mental health-related additional diagnosis.
- Approximately 57.3% of separations that reported a mental health-related principal diagnosis and 24.7% of separations that reported a mental health-related principal and/or additional diagnosis received specialised psychiatric care
- In 2002–03, 94.0% of separations with specialised psychiatric care had a mental health-related principal diagnosis and 49.5% of those with a mental health-related principal diagnosis 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 (59.3%) (statistics for these separations are presented in Chapter 5).
- There were 79,124 separations with a mental health-related principal diagnosis that did not receive specialised psychiatric care (statistics for these separations are presented in Chapter 6); 39.2% of these also reported a mental health-related additional diagnosis. For separations 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 257,355 separations.

Data on the principal diagnosis groups presented in Table 4.5 indicate the number of separations and patient-days (with and without specialised psychiatric care) by principal diagnosis chapters. Overall, 90.4% of all mental health-related separations reported a

principal diagnosis in *Mental and behavioural disorders* (F00–F99), and 4.0% reported a principal diagnosis in *Diseases of the nervous system* (G00–G99).

Of the separations with specialised psychiatric care in 2002–03, 104,799 or 92.7% were reported as having a principal diagnosis in the chapter *Mental and behavioural disorders* (F00–F99). Almost 58% of the remaining separations had principal diagnoses of *Injury, poisoning and certain other consequences of external causes* (S00–T98) or *Factors influencing health status and contact with health services* (Z00–Z99).

Of the separations without specialised psychiatric care, 87.1% reported a principal diagnosis in *Mental and behavioural disorders* (F00–F99) and 8.3% in *Diseases of the nervous system* (G00–G99). For more detail on patient characteristics and principal diagnoses, refer to Chapters 5 and 6.

## **4.4 Residential care provided by public residential mental health care establishments**

In 2002–03, there were 1,653 residential mental health care separations reported for Australia (see Table 4.2) compared with 1,559 separations for 2001–02. The available data for 2002–03 represent an increase in separations reported for Tasmania and Western Australia of 51.6% and 32.5% respectively. 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 public residential mental health care establishments.

There are no national data available on the characteristics of residents of residential mental health establishments, nor on the length of time that residents spend in the establishments. 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 provided by disability support services**

The disability support services data presented in this section were sourced from the CSTDA NMDS collection. This data collection contains data on the characteristics of persons using a CSTDA-funded disability support service between 1 January and 30 June 2003 (see section 3.5 in Chapter 3 for information on changes to this collection since 2002). The data presented below are on clients with a psychiatric disability who received residential 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.

Figure 4.2 illustrates the profile of residential service users in terms of CSTDA NMDS data items. Between 1 January and 30 June, there were 2,408 users, of CSTDA-funded residential disability support services who had *Psychiatric disability* reported as either a primary or other significant disability. *Psychiatric disability* was more commonly reported by service users as an 'other significant disability' rather than as a primary disability. The most common primary disability was *Intellectual disability* (72.9%) compared with 13.6% for *Psychiatric*



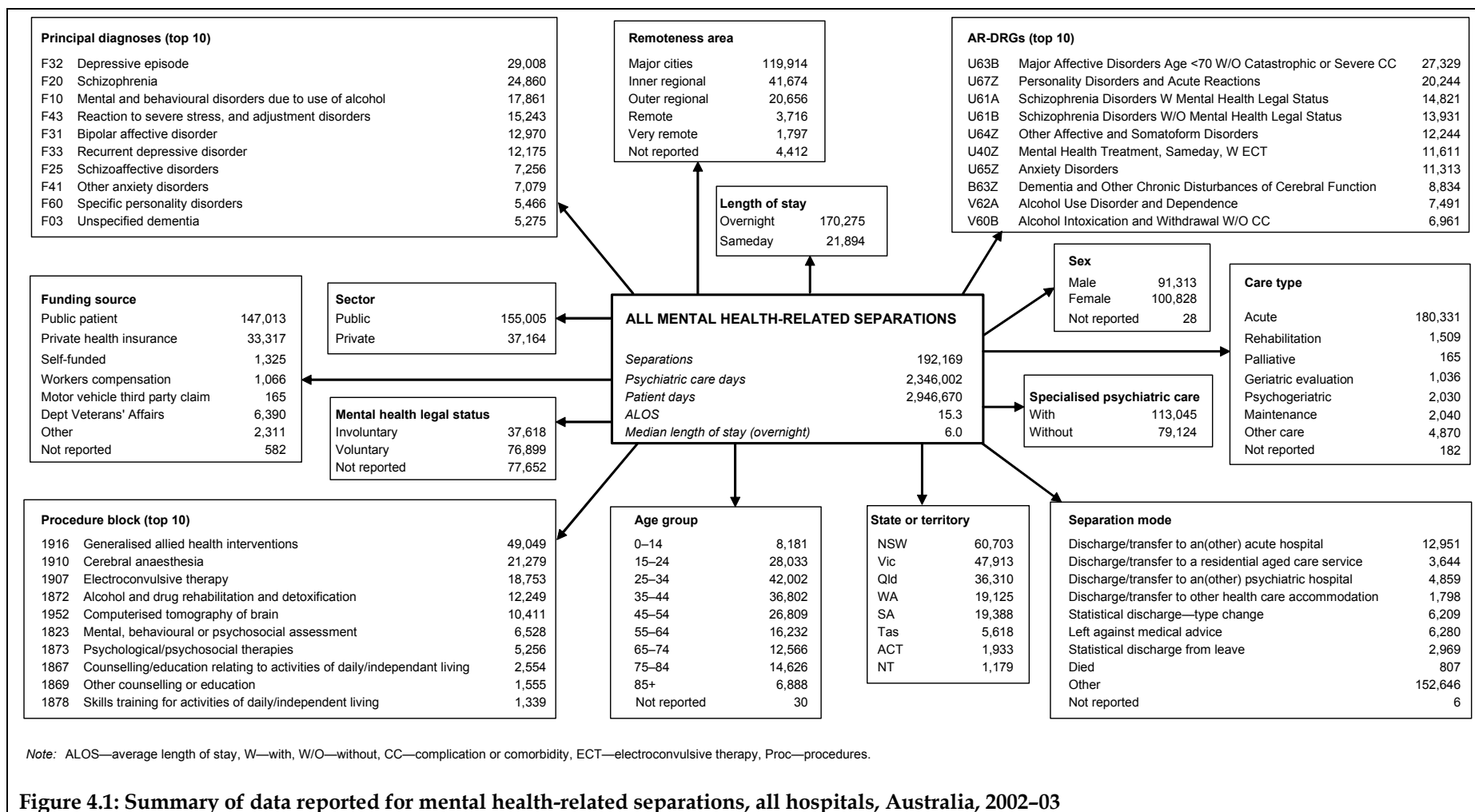
*disability*. Males represented 55.4% of residential service users with *Psychiatric disability* reported as either a primary or other significant disability. The number of residential service users was greatest in the 35–44 age group. New South Wales had the largest number of residential care service users.

The majority of residential service users were Australian-born (93.4%). Residents born in English-speaking countries other than Australia and non-English-speaking countries made up 5.5% of service users. For residential care provided to clients with *Psychiatric disability* reported as either a primary or other significant disability, 3.5% of service users were identified as being Aboriginal or Torres Strait Islander peoples.

The main source of income for a majority of service users aged 16 years and over (72.6%) was *Disability Support Pension*. For 25.5% income was not known or not stated. For clients aged less than 16 years, 43.6% of the clients' parents or guardians received the Carer Allowance, and for 48.7% the provision of the Carer Allowance was not known or not stated.

The most common type of residential service received was for *Group homes* (58.5%). The most commonly reported living arrangement was *Lives with others* (85.5%) and the most common accommodation type was *Domestic-scale supported living facility* (51.4%) followed by *Supported accommodation facility* (32.9%).

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 – 63.1% of services were received by residents in major cities.



**Figure 4.1: Summary of data reported for mental health-related separations, all hospitals, Australia, 2002-03**

**Table 4.1: Mental health-related separations and patient-days, Australia, 1998-99 to 2002-03**

	1998-99 <sup>(a)</sup>	1999-00	2000-01	2001-02	2002-03		% of all mental health-related
	Number	Number	Number	Number	Number	% change since 1998-99	
<b>Separations</b>							
<b>Same-day separations with specialised psychiatric care</b>							
Public acute	5,182	4,780	4,796	4,954	4,962	-4.2	2.6
Public psychiatric	1,281	534	1,178	631	648	-49.4	0.3
Private	2,309	2,198	2,370	2,951	3,355	45.3	1.7
<i>Total</i>	8,772	7,512	8,344	8,536	8,965	2.2	4.7
<b>Same-day separations without specialised psychiatric care</b>							
Public acute	6,807	7,232	8,593	11,090	11,946	75.5	6.2
Public psychiatric	0	0	29	93	142	..	0.1
Private	600	884	634	93	841	40.2	0.4
<i>Total</i>	7,407	8,116	9,256	11,276	12,929	74.6	6.7
<b>All same-day mental health-related separations</b>							
Public acute	11,989	12,012	13,389	16,044	16,908	41.0	8.8
Public psychiatric	1,281	534	1,207	724	790	-38.3	0.4
Private	2,909	3,082	3,004	3,615	4,196	44.2	2.2
<i>Total same-day separations</i>	16,179	15,628	17,600	20,383	21,894	35.3	11.4
<b>Overnight separations with specialised psychiatric care</b>							
Public acute	59,252	63,635	63,279	66,937	68,866	16.2	35.8
Public psychiatric	17,982	15,568	13,965	13,246	12,867	-28.4	6.7
Private	19,831	20,126	22,464	22,250	22,347	12.7	11.6
<i>Total<sup>(b)</sup></i>	97,065	99,329	99,708	102,433	104,080	7.2	54.2
<b>Overnight separations without specialised psychiatric care</b>							
Public acute	54,894	53,036	54,402	52,665	54,661	-0.4	28.4
Public psychiatric	0	3	584	694	913	..	0.5
Private	14,843	13,474	12,297	10,868	10,621	-28.4	5.5
<i>Total<sup>(b)</sup></i>	69,737	66,513	67,283	64,227	66,195	-5.1	34.4
<b>All overnight mental health-related separations</b>							
Public acute	114,146	116,671	117,681	119,602	123,527	8.2	64.3
Public psychiatric	17,982	15,571	14,549	13,940	13,780	-23.4	7.2
Private	34,674	33,600	34,761	33,118	32,968	-4.9	17.2
<i>Total overnight separations<sup>(b)</sup></i>	166,802	165,842	166,991	166,660	170,275	2.1	88.6
<b>Separations with specialised psychiatric care</b>							
Public acute	64,434	68,415	68,075	71,891	73,828	14.6	38.4
Public psychiatric	19,263	16,102	15,143	13,877	13,515	-29.8	7.0
Private	22,140	22,324	24,834	25,201	25,702	16.1	13.4
<i>Total<sup>(b)</sup></i>	105,837	106,841	108,052	110,969	113,045	6.8	58.8
<b>Separations without specialised psychiatric care</b>							
Public acute	61,701	60,268	62,995	63,755	66,607	8.0	34.7
Public psychiatric	0	3	613	787	1,055	..	0.5
Private	15,443	14,358	12,931	10,961	11,462	-25.8	6.0
<i>Total<sup>(b)</sup></i>	77,144	74,629	76,539	75,503	79,124	2.6	41.2
<b>Total mental health-related separations</b>							
Public acute	126,135	128,683	131,070	135,646	140,435	11.3	73.1
Public psychiatric	19,263	16,105	15,756	14,664	14,570	-24.4	7.6
Private	37,583	36,682	37,765	36,733	37,164	-1.1	19.3
<b>Total<sup>(b)</sup></b>	<b>182,981</b>	<b>181,470</b>	<b>184,591</b>	<b>187,043</b>	<b>192,169</b>	<b>5.0</b>	<b>100.0</b>

(continued)

**Table 4.1 (continued): Mental health-related separations and patient-days, Australia, 1998–99 to 2002–03**

	1998–99 <sup>(a)</sup>	1999–00	2000–01	2001–02	2002–03		
	Number	Number	Number	Number	Number	% change since 1998–99	% of all mental health-related
<b>Patient-days</b>							
<b>Patient-days for overnight separations with specialised psychiatric care<sup>(c)</sup></b>							
Public acute	873,842	927,332	964,695	1,016,394	1,052,562	20.5	35.7
Public psychiatric	1,283,108	1,153,859	706,900	1,005,287	905,491	-29.4	30.7
Private	342,690	341,265	395,879	428,266	417,141	21.7	14.2
<i>Total<sup>(b)(d)</sup></i>	<i>2,499,640</i>	<i>2,422,456</i>	<i>2,067,474</i>	<i>2,449,947</i>	<i>2,375,194</i>	<i>-5</i>	<i>80.6</i>
<b>Patient-days for overnight separations without specialised psychiatric care</b>							
Public acute	477,309	470,616	452,710	469,497	415,369	-13	14.1
Public psychiatric	0	12	3,075	4,767	9,616	..	0.3
Private	172,364	181,943	142,827	133,357	124,597	-27.7	4.2
<i>Total<sup>(b)(d)</sup></i>	<i>649,673</i>	<i>652,571</i>	<i>598,612</i>	<i>607,621</i>	<i>549,582</i>	<i>-15.4</i>	<i>18.7</i>
<b>Patient-days for all overnight mental health-related separations</b>							
Public acute	1,351,151	1,397,948	1,417,405	1,485,891	1,467,931	8.6	49.8
Public psychiatric	1,283,108	1,153,871	709,975	1,010,054	915,107	-28.7	31.1
Private	515,054	523,208	538,706	561,623	541,738	5.2	18.4
<i>Total overnight patient-days<sup>(b)(d)</sup></i>	<i>3,149,313</i>	<i>3,075,027</i>	<i>2,666,086</i>	<i>3,057,568</i>	<i>2,924,776</i>	<i>-7.1</i>	<i>99.3</i>
<b>Total patient-days for all mental health-related separations</b>							
Public acute	1,363,140	1,409,960	1,430,794	1,501,935	1,484,839	8.9	50.4
Public psychiatric	1,284,389	1,154,405	711,182	1,010,778	915,897	-28.7	31.1
Private	517,963	526,290	541,710	565,238	545,934	5.4	18.5
<b>Total<sup>(b)(d)</sup></b>	<b>3,165,492</b>	<b>3,090,655</b>	<b>2,683,686</b>	<b>3,077,951</b>	<b>2,946,670</b>	<b>-6.9</b>	<b>100.0</b>
<b>Psychiatric care days<sup>(e)</sup></b>							
						% change since 1999–00	
<b>Overnight separations</b>							
Public acute	n.p.	912,599	945,134	998,773	1,036,121	13.5	35.2
Public psychiatric	n.p.	1,117,453	706,146	988,918	886,711	-20.6	30.1
Private	n.p.	338,203	395,879	425,281	414,205	22.5	14.1
<i>Total overnight psychiatric care days<sup>(b)(d)</sup></i>	<i>n.p.</i>	<i>2,368,255</i>	<i>2,047,159</i>	<i>2,412,972</i>	<i>2,337,037</i>	<i>-1.3</i>	<i>79.3</i>
<b>Total psychiatric care days for all mental health-related separations</b>							
Public acute	n.p.	917,379	949,930	1,003,727	1,041,083	13.5	35.3
Public psychiatric	n.p.	1,117,987	707,324	989,549	887,359	-20.6	30.1
Private	n.p.	340,401	398,249	428,232	417,560	22.7	14.2
<b>Total<sup>(b)(d)</sup></b>	<b>n.p.</b>	<b>2,375,767</b>	<b>2,055,503</b>	<b>2,421,508</b>	<b>2,346,002</b>	<b>-1.3</b>	<b>79.6</b>

(a) For 1998–99, Queensland, Western Australia, South Australia and Tasmania reported data to the NHMD using ICD-9-CM. The data were mapped to ICD-10-AM for this analysis, as mental health-related principal diagnoses were defined using ICD-10-AM (see Appendix 3).

(b) 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.

(c) 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.

(d) Statistical discharge and readmission 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.

(e) Psychiatric care days represent a portion of all mental health-related patient-days. Data for 1998–99 were not reported for Western Australian hospitals, Tasmanian private hospitals or national data and are not comparable with the national data for 1999–00 or 2000–01.

.. Not applicable.

n.p. Not published.

**Table 4.2: Summary of separations for residential and admitted patient mental health care, states and territories,(a) 2002–03**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Same-day separations</b>									
<b>Same-day separations with specialised psychiatric care</b>									
Public acute hospitals	1,197	343	1,929	241	553	604	78	17	4,962
Public psychiatric hospitals	372	2	3	19	248	4	..	..	648
<i>Public hospitals</i>	<i>1,569</i>	<i>345</i>	<i>1,932</i>	<i>260</i>	<i>801</i>	<i>608</i>	<i>78</i>	<i>17</i>	<i>5,610</i>
Private hospitals	737	833	1,147	292	346	n.p.	n.p.	n.p.	3,355
All hospitals	2,306	1,178	3,079	552	1,147	n.p.	n.p.	n.p.	8,965
<b>Same-day separations without specialised psychiatric care</b>									
Public acute hospitals	2,777	6,679	830	616	911	77	15	41	11,946
Public psychiatric hospitals	142	0	0	0	0	0	..	..	142
<i>Public hospitals</i>	<i>2,919</i>	<i>6,679</i>	<i>830</i>	<i>616</i>	<i>911</i>	<i>77</i>	<i>15</i>	<i>41</i>	<i>12,088</i>
Private hospitals	133	486	85	36	20	n.p.	n.p.	n.p.	841
All hospitals	3,052	7,165	915	652	931	n.p.	n.p.	n.p.	12,929
<b>All mental health-related same-day separations</b>									
Public acute hospitals	3,974	7,022	2,759	857	1,464	681	93	58	16,908
Public psychiatric hospitals	514	2	3	19	248	4	..	..	790
<i>Public hospitals</i>	<i>4,488</i>	<i>7,024</i>	<i>2,762</i>	<i>876</i>	<i>1,712</i>	<i>685</i>	<i>93</i>	<i>58</i>	<i>17,698</i>
Private hospitals	870	1,319	1,232	328	366	n.p.	n.p.	n.p.	4,196
All hospitals	5,358	8,343	3,994	1,204	2,078	n.p.	n.p.	n.p.	21,894
<b>% of same-day separations with specialised psychiatric care</b>									
Public acute hospitals	30.1	4.9	69.9	28.1	37.8	88.7	83.9	29.3	29.3
Public psychiatric hospitals	72.4	0.0	100.0	100.0	100.0	100.0	..	..	82.0
<i>Public hospitals</i>	<i>35.0</i>	<i>4.9</i>	<i>69.9</i>	<i>29.7</i>	<i>46.8</i>	<i>88.8</i>	<i>83.9</i>	<i>29.3</i>	<i>31.7</i>
Private hospitals	84.7	63.2	93.1	89.0	94.5	n.p.	n.p.	n.p.	80.0
All hospitals	43.0	14.1	77.1	45.8	55.2	n.p.	n.p.	n.p.	40.9
<b>Same-day separations per 1,000 population<sup>(c)</sup></b>									
Public acute hospitals	0.60	1.45	0.77	0.46	0.94	1.44	0.30	0.34	0.87
Public psychiatric hospitals	0.08	0.00	0.00	0.01	0.16	0.01	..	..	0.04
<i>Public hospitals</i>	<i>0.68</i>	<i>1.45</i>	<i>0.77</i>	<i>0.47</i>	<i>1.10</i>	<i>1.45</i>	<i>0.30</i>	<i>0.33</i>	<i>0.91</i>
Private hospitals	0.13	0.27	0.34	0.17	0.24	n.p.	n.p.	n.p.	0.22
All hospitals	0.81	1.72	1.12	0.65	1.34	n.p.	n.p.	n.p.	1.13
95% confidence intervals	0.79 – 0.83	1.68 – 1.76	1.08 – 1.15	0.61 – 0.68	1.28 – 1.39	1.5 – 1.73	0.24 – 0.36	0.25 – 0.43	1.11 – 1.14

(continued)

**Table 4.2 (continued): Summary of separations for residential and admitted patient mental health care, states and territories,<sup>(a)</sup> 2002–03**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Overnight separations</b>									
<b>Overnight separations with specialised psychiatric care</b>									
Public acute hospitals	18,930	16,935	17,224	6,381	5,133	2,218	1,236	809	68,866
Public psychiatric hospitals	7,316	432	462	1,920	2,459	278	..	..	12,867
Private hospitals	6,396	5,796	4,832	2,694	1,878	n.p.	n.p.	n.p.	22,347
All hospitals	32,642	23,163	22,518	10,995	9,470	n.p.	n.p.	n.p.	104,080
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	26,505	18,010	17,686	8,521	7,592	3,004	1,259	809	83,386
All hospitals and public residential establishments	32,901	23,806	22,518	11,215	9,470	3,378	1,636	809	105,733
<b>Overnight separations without specialised psychiatric care</b>									
Public acute hospitals	19,333	13,366	7,194	6,005	7,047	1,238	207	271	54,661
Public psychiatric hospitals	913	0	0	0	0	0	..	..	913
<i>Public hospitals</i>	20,246	13,366	7,194	6,005	7,047	1,238	207	271	55,574
Private hospitals	2,457	3,041	2,604	921	793	n.p.	n.p.	n.p.	10,621
All hospitals	22,703	16,407	9,798	6,926	7,840	n.p.	n.p.	n.p.	66,195
<b>All mental health-related overnight separations</b>									
Public acute hospitals	38,263	30,301	24,418	12,386	12,180	3,456	1,443	1,080	123,527
Public psychiatric hospitals	8,229	432	462	1,920	2,459	278	..	..	13,780
Private hospitals	8,853	8,837	7,436	3,615	2,671	n.p.	n.p.	n.p.	32,968
All hospitals	55,345	39,570	32,316	17,921	17,310	n.p.	n.p.	n.p.	170,275
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	46,751	31,376	24,880	14,526	14,639	4,242	1,466	1,080	138,960
All hospitals and public residential establishments	55,604	40,213	32,316	18,141	17,310	5,361	1,863	1,120	171,928
<b>% of overnight separations with specialised psychiatric care</b>									
Public acute hospitals	49.5	55.9	70.5	51.5	42.1	64.2	85.7	74.9	55.7
Public psychiatric hospitals	88.9	100.0	100.0	100.0	100.0	100.0	..	..	93.4
Private hospitals	72.2	65.6	65.0	74.5	70.3	n.p.	n.p.	n.p.	67.8
All hospitals	59.0	58.5	69.7	61.4	54.7	n.p.	n.p.	n.p.	61.1
Public residential establishments	100.0	100.0	..	100.0	n.a.	100.0	100.0	..	100.0
Public hospitals and public residential establishments	56.7	57.4	71.1	58.7	51.9	70.8	85.9	74.9	60.0
All hospitals and public residential establishments	59.2	59.2	69.7	61.8	54.7	63.0	87.8	72.2	61.5

(continued)

**Table 4.2 (continued): Summary of separations for residential and admitted patient mental health care, states and territories,<sup>(a)</sup> 2002–03**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Overnight separations per 1,000 population<sup>(c)</sup></b>									
Public acute hospitals	5.8	6.2	6.8	6.6	8.0	7.5	4.5	5.7	6.4
Public psychiatric hospitals	1.3	0.1	0.1	1.0	1.6	0.6	..	..	0.7
Public hospitals	7.1	6.3	6.9	7.6	9.6	8.1	4.5	5.6	7.1
Private hospitals	1.3	1.8	2.1	1.9	1.7	n.p.	n.p.	n.p.	1.7
All hospitals	8.4	8.2	9.0	9.5	11.3	n.p.	n.p.	n.p.	8.8
95% confidence intervals	8.3 – 8.5	8.1 – 8.2	8.9 – 9.1	9.4 – 9.7	11.1 – 11.5	10.1 – 10.7	5.5 – 6.1	5.6 – 6.3	8.7 – 8.8
Public residential establishments	0.0	0.1	..	0.1	n.a.	1.1	0.1	..	0.1
Public hospitals and public residential establishments	7.1	6.5	6.9	7.7	9.6	9.2	4.6	5.6	7.2
All hospitals and public residential establishments	8.4	8.3	9.0	9.6	11.3	11.5	5.9	5.9	8.9
<b>Total separations</b>									
<b>Separations with specialised psychiatric care</b>									
Public acute hospitals	20,127	17,278	19,153	6,622	5,686	2,822	1,314	826	73,828
Public psychiatric hospitals	7,688	434	465	1,939	2,707	282	..	..	13,515
Private hospitals	7,133	6,629	5,979	2,986	2,224	n.p.	n.p.	n.p.	25,702
All hospitals	34,948	24,341	25,597	11,547	10,617	n.p.	n.p.	n.p.	113,045
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	28,074	18,355	19,618	8,781	8,393	3,612	1,337	826	88,996
All hospitals and public residential establishments	35,207	24,984	25,597	11,767	10,617	3,986	1,714	826	114,698
<b>Separations with specialised psychiatric care per 1,000 population<sup>(c)</sup></b>									
Public acute hospitals	3.1	3.6	5.3	3.5	3.8	6.1	4.0	4.2	3.8
Public psychiatric hospitals	1.2	0.1	0.1	1.0	1.8	0.6	..	..	0.7
Public hospitals	4.2	3.7	5.4	4.5	5.6	6.8	4.0	4.2	4.5
Private hospitals	1.1	1.4	1.7	1.6	1.4	n.p.	n.p.	n.p.	1.3
All hospitals	5.3	5.0	7.1	6.1	7.0	n.p.	n.p.	n.p.	5.8
95% confidence intervals	5.3 – 5.4	5 – 5.1	7 – 7.2	6 – 6.2	6.9 – 7.1	7.3 – 7.8	4.9 – 5.4	3.9 – 4.5	5.8 – 5.9
Public residential establishments	0.0	0.1	..	0.1	n.a.	1.1	0.1	..	0.1
Public hospitals and public residential establishments	4.3	3.8	5.4	4.6	5.6	7.8	4.1	4.2	4.6
All hospitals and public residential establishments	5.4	5.2	7.1	6.2	7.0	8.6	5.3	4.2	5.9
<b>Separations without specialised psychiatric care</b>									
Public acute hospitals	22,110	20,045	8,024	6,621	7,958	1,315	222	312	66,607
Public psychiatric hospitals	1,055	0	0	0	0	0	..	..	1,055
<i>Public hospitals</i>	23,165	20,045	8,024	6,621	7,958	1,315	222	312	67,662
Private hospitals	2,590	3,527	2,689	957	813	n.p.	n.p.	n.p.	11,462
All hospitals	25,755	23,572	10,713	7,578	8,771	n.p.	n.p.	n.p.	79,124

(continued)

**Table 4.2 (continued): Summary of separations for residential and admitted patient mental health care, states and territories,<sup>(a)</sup> 2002–03**

	NSW	Vic <sup>(b)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Separations without specialised psychiatric care per 1,000 population<sup>(c)</sup></b>									
Public acute hospitals	3.3	4.1	2.2	3.6	5.1	2.8	0.7	1.8	3.4
Private hospitals	0.4	0.7	0.8	0.5	0.5	n.p.	n.p.	n.p.	0.6
All hospitals <sup>(d)</sup>	3.9	4.9	3.0	4.1	5.6	n.p.	n.p.	n.p.	4.1
95% confidence intervals	3.8 – 3.9	4.8 – 4.9	2.9 – 3.1	4 – 4.2	5.5 – 5.7	4.3 – 4.7	0.7 – 0.9	1.8 – 2.2	4 – 4.1
<b>% of separations with specialised psychiatric care</b>									
Public acute hospitals	47.7	46.3	70.5	50.0	41.7	68.2	85.5	72.6	52.6
Public psychiatric hospitals	87.9	100.0	100.0	100.0	100.0	100.0	..	..	92.8
Private hospitals	73.4	65.3	69.0	75.7	73.2	n.p.	n.p.	n.p.	69.2
All hospitals	57.6	50.8	70.5	60.4	54.8	n.p.	n.p.	n.p.	58.8
Public residential establishments	100.0	100.0	..	100.0	n.a.	100.0	100.0	..	100.0
Public hospitals and public residential establishments	54.8	47.8	71.0	57.0	51.3	73.3	85.8	72.6	56.8
All hospitals and public residential establishments	57.8	51.5	70.5	60.8	54.8	65.1	87.6	70.1	59.2
<b>Total separations</b>									
Public acute hospitals	42,237	37,323	27,177	13,243	13,644	4,137	1,536	1,138	140,435
Public psychiatric hospitals	8,743	434	465	1,939	2,707	282	..	..	14,570
Private hospitals	9,723	10,156	8,668	3,943	3,037	n.p.	n.p.	n.p.	37,164
All hospitals	60,703	47,913	36,310	19,125	19,388	n.p.	n.p.	n.p.	192,169
Public residential establishments	259	643	..	220	n.a.	508	23	..	1,653
Public hospitals and public residential establishments	51,239	38,400	27,642	15,402	16,351	4,927	1,559	1,138	156,658
All hospitals and public residential establishments	60,962	48,556	36,310	19,345	19,388	6,126	1,956	1,179	193,822
<b>Total separations per 1,000 population<sup>(c)</sup></b>									
Public acute hospitals	6.4	7.7	7.6	7.0	8.9	8.9	4.8	6.0	7.2
Public psychiatric hospitals	1.3	0.1	0.1	1.0	1.8	0.6	..	..	0.8
Public hospitals	7.7	7.8	7.7	8.1	10.7	9.5	4.8	6.0	8.0
Private hospitals	1.5	2.1	2.4	2.1	1.9	n.p.	n.p.	n.p.	1.9
All hospitals	9.2	9.9	10.1	10.2	12.6	n.p.	n.p.	n.p.	9.9
95% confidence intervals	9.1 – 9.3	9.8 – 10	10 – 10.2	10 – 10.3	12.5 – 12.8	11.7 – 12.4	5.8 – 6.4	5.9 – 6.7	9.9 – 9.9
Public residential establishments	0.0	0.1	..	0.1	n.a.	1.1	0.1	..	0.1
Public hospitals and public residential establishments	7.8	7.9	7.7	8.2	10.7	10.6	4.9	6.0	8.1
All hospitals and public residential establishments	9.2	10.0	10.1	10.3	12.6	13.1	6.2	6.3	10.0

(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. Ambulatory-equivalent hospital separations are excluded.

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

(c) All rates except for those for public community mental health care establishments are directly age-standardised to the estimated resident population of Australia on 30 June 2001. Rates for public community mental health care establishments are crude rates based on the estimated resident population of 31 December 2002.

(d) Includes separations without specialised psychiatric care for NSW public psychiatric hospitals.

n.p. Not published.

n.a. Not available.

.. Not applicable.



**Table 4.3: Summary of patient-days for admitted patient mental health care,<sup>(a)</sup> states and territories,<sup>(b)</sup> 2002–03**

	NSW	Vic <sup>(c)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Overnight separations</b>									
<b>Patient days for overnight separations with specialised psychiatric care</b>									
Public acute hospitals	298,044	298,266	234,381	104,623	68,985	25,495	13,939	8,829	1,052,562
Public psychiatric hospitals	349,157	33,909	335,521	75,351	94,188	17,365	..	..	905,491
<i>Public hospitals</i>	<i>647,201</i>	<i>332,175</i>	<i>569,902</i>	<i>179,974</i>	<i>163,173</i>	<i>42,860</i>	<i>13,939</i>	<i>8,829</i>	<i>1,958,053</i>
Private hospitals	123,746	105,881	95,711	48,491	31,562	n.p.	n.p.	n.p.	417,141
All hospitals	770,947	438,056	665,613	228,465	194,735	n.p.	n.p.	n.p.	2,375,194
<b>Estimated proportion of patient days for overnight separations with specialised psychiatric care occurring within 2002–03<sup>(d)</sup></b>									
Public acute hospitals	87.1	89.8	90.7	90.7	96.2	85.4	95.9	96.4	89.8
Public psychiatric hospitals	40.8	50.2	10.8	68.4	66.2	56.7	..	..	35.3
Private hospitals	94.7	94.6	92.2	94.5	95.5	n.p.	n.p.	n.p.	94.1
All hospitals	67.3	87.9	50.7	84.1	81.6	n.p.	n.p.	n.p.	69.8
<b>Psychiatric care days for overnight separations with specialised psychiatric care</b>									
Public acute hospitals	288,706	298,266	231,047	101,259	68,985	25,495	13,697	8,666	1,036,121
Public psychiatric hospitals	346,156	18,130	335,521	75,351	94,188	17,365	..	..	886,711
<i>Public hospitals</i>	<i>634,862</i>	<i>316,396</i>	<i>566,568</i>	<i>176,610</i>	<i>163,173</i>	<i>42,860</i>	<i>13,697</i>	<i>8,666</i>	<i>1,922,832</i>
Private hospitals	121,927	105,881	95,245	48,025	31,562	n.p.	n.p.	n.p.	414,205
All hospitals	756,789	422,277	661,813	224,635	194,735	n.p.	n.p.	n.p.	2,337,037
<b>% psychiatric care days per overnight mental health-related patient day</b>									
Public acute hospitals	96.9	100.0	98.6	96.8	100.0	100.0	98.3	98.2	98.4
Public psychiatric hospitals	99.1	53.5	100.0	100.0	100.0	100.0	..	..	97.9
Private hospitals	98.5	100.0	99.5	99.0	100.0	n.p.	n.p.	n.p.	99.3
All hospitals	98.2	96.4	99.4	98.3	100.0	n.p.	n.p.	n.p.	98.4
<b>Patient days for overnight separations without specialised psychiatric care</b>									
Public acute hospitals	160,401	102,150	48,123	42,233	45,588	13,595	2,082	1,197	415,369
Public psychiatric hospitals	9,616	0	0	0	0	0	..	..	9,616
<i>Public hospitals</i>	<i>170,017</i>	<i>102,150</i>	<i>48,123</i>	<i>42,233</i>	<i>45,588</i>	<i>13,595</i>	<i>2,082</i>	<i>1,197</i>	<i>424,985</i>
Private hospitals	34,890	30,968	33,354	8,722	7,291	n.p.	n.p.	n.p.	124,597
All hospitals	204,907	133,118	81,477	50,955	52,879	n.p.	n.p.	n.p.	549,582
<b>Estimated proportion of patient days for overnight separations without specialised psychiatric care occurring within 2002–03<sup>(d)</sup></b>									
Public acute hospitals	84.2	91.9	88.3	83.8	96.7	71.8	93.6	99.3	87.6
Private hospitals	95.7	94.8	94.6	98.3	98.7	n.p.	n.p.	n.p.	95.4
All hospitals	85.9	92.6	90.9	86.3	97.0	n.p.	n.p.	n.p.	89.2

(continued)

**Table 4.3 (continued): Summary of patient-days for admitted patient mental health care,<sup>(a)</sup> states and territories,<sup>(b)</sup> 2002-03**

	NSW	Vic <sup>(c)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Total patient days for all mental health-related overnight separations</b>									
Public acute hospitals	458,445	400,416	282,504	146,856	114,573	39,090	16,021	10,026	1,467,931
Public psychiatric hospitals	358,773	33,909	335,521	75,351	94,188	17,365	..	..	915,107
<i>Public hospitals</i>	<i>817,218</i>	<i>434,325</i>	<i>618,025</i>	<i>222,207</i>	<i>208,761</i>	<i>56,455</i>	<i>16,021</i>	<i>10,026</i>	<i>2,383,038</i>
Private hospitals	158,636	136,849	129,065	57,213	38,853	n.p.	n.p.	n.p.	541,738
All hospitals	975,854	571,174	747,090	279,420	247,614	n.p.	n.p.	n.p.	2,924,776
<b>Estimated proportion of patient days for all mental health-related overnight separations occurring within 2002-03<sup>(d)</sup></b>									
Public acute hospitals	86.1	90.4	90.3	88.7	96.4	80.7	95.6	96.7	89.2
Public psychiatric hospitals	41.7	50.2	10.8	68.4	66.2	56.7	..	..	35.7
Private hospitals	94.9	94.7	92.8	95.1	96.1	n.p.	n.p.	n.p.	94.4
All hospitals	71.2	89.0	55.0	84.5	84.9	n.p.	n.p.	n.p.	73.4
<b>% of overnight mental health-related patient days for all mental health-related separations that were psychiatric care days</b>									
Public acute hospitals	63.0	74.5	81.8	69.0	60.2	65.2	85.5	86.4	70.6
Public psychiatric hospitals	96.5	53.5	100.0	100.0	100.0	100.0	..	..	96.9
<i>Public hospitals</i>	<i>77.7</i>	<i>72.8</i>	<i>91.7</i>	<i>79.5</i>	<i>78.2</i>	<i>75.9</i>	<i>85.5</i>	<i>86.4</i>	<i>80.7</i>
Private hospitals	76.9	77.4	73.8	83.9	81.2	n.p.	n.p.	n.p.	76.5
All hospitals	77.6	73.9	88.6	80.4	78.6	n.p.	n.p.	n.p.	79.9
<b>Patient days for all mental health-related overnight separations per 1,000 population<sup>(e)</sup></b>									
Public acute hospitals	69.2	82.2	79.6	79.5	72.9	82.7	53.0	59.9	75.6
Public psychiatric hospitals	54.6	7.0	93.5	39.9	62.4	38.0	..	..	48.5
<i>Public hospitals</i>	<i>123.7</i>	<i>89.3</i>	<i>173.4</i>	<i>119.3</i>	<i>134.9</i>	<i>121.0</i>	<i>51.5</i>	<i>56.3</i>	<i>122.8</i>
Private hospitals	24.0	28.2	36.1	30.7	24.7	n.p.	n.p.	n.p.	27.9
All hospitals	147.7	117.5	209.5	150.1	159.5	n.p.	n.p.	n.p.	150.7
95% confidence intervals	147.4 – 148.0	117.2 – 117.9	209.0 – 210.0	149.5 – 150.6	158.9 – 160.2	151.1 – 153.3	69.6 – 71.5	57.8 – 60.1	150.6 – 150.9
<b>Total separations</b>									
<b>Patient days for separations with specialised psychiatric care</b>									
Public acute hospitals	299,241	298,609	236,310	104,864	69,538	26,099	14,017	8,846	1,057,524
Public psychiatric hospitals	349,529	33,911	335,524	75,370	94,436	17,369	..	..	906,139
<i>Public hospitals</i>	<i>648,770</i>	<i>332,520</i>	<i>571,834</i>	<i>180,234</i>	<i>163,974</i>	<i>43,468</i>	<i>14,017</i>	<i>8,846</i>	<i>1,963,663</i>
Private hospitals	124,483	106,714	96,858	48,783	31,908	n.p.	n.p.	n.p.	420,496
All hospitals	773,253	439,234	668,692	229,017	195,882	n.p.	n.p.	n.p.	2,384,159

(continued)

**Table 4.3 (continued): Summary of patient-days for admitted patient mental health care,<sup>(a)</sup> states and territories,<sup>(b)</sup> 2002–03**

	NSW	Vic <sup>(c)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Total separations</b>									
<b>Patient days for separations with specialised psychiatric care per 1,000 population<sup>(e)</sup></b>									
Public acute hospitals	45.4	61.5	66.0	55.9	45.4	56.2	44.1	47.6	54.5
Public psychiatric hospitals	53.2	7.0	93.5	39.9	62.5	38.0	..	..	48.0
<i>Public hospitals</i>	98.5	68.6	159.5	95.8	107.7	94.3	43.7	46.5	101.2
Private hospitals	18.9	22.1	27.0	26.0	20.6	n.p.	n.p.	n.p.	21.7
All hospitals	117.4	90.6	186.5	121.7	128.2	n.p.	n.p.	n.p.	122.9
95% confidence intervals	117.2 – 117.7	90.3 – 90.9	186 – 186.9	121.2 – 122.2	127.6 – 128.8	106 – 107.9	60.6 – 62.3	46.1 – 48	122.7 – 123
<b>Estimated proportion of patient days for separations with specialised psychiatric care occurring within 2002–03<sup>(d)</sup></b>									
Public acute hospitals	86.8	89.8	90.1	90.5	95.5	83.8	95.4	96.2	89.4
Public psychiatric hospitals	40.8	50.2	10.8	68.4	66.1	56.7	..	..	35.3
Private hospitals	94.2	93.9	91.2	93.9	94.5	n.p.	n.p.	n.p.	93.4
All hospitals	67.2	87.7	50.6	84.0	81.2	n.p.	n.p.	n.p.	69.6
<b>Psychiatric care days for all mental health-related separations</b>									
Public acute hospitals	289,903	298,609	232,976	101,500	69,538	26,099	13,775	8,683	1,041,083
Public psychiatric hospitals	346,528	18,132	335,524	75,370	94,436	17,369	..	..	887,359
<i>Public hospitals</i>	636,431	316,741	568,500	176,870	163,974	43,468	13,775	8,683	1,928,442
Private hospitals	122,664	106,714	96,392	48,317	31,908	n.p.	n.p.	n.p.	417,560
All hospitals	759,095	423,455	664,892	225,187	195,882	n.p.	n.p.	n.p.	2,346,002
<b>Psychiatric care days for all mental health-related separations per 1,000 population<sup>(e)</sup></b>									
Public acute hospitals	44.0	61.5	65.1	54.1	45.4	56.2	43.3	46.7	53.6
Public psychiatric hospitals	52.7	3.7	93.5	39.9	62.5	38.0	..	..	47.0
<i>Public hospitals</i>	96.4	65.3	158.5	93.9	107.6	94.2	42.9	45.6	99.3
Private hospitals	18.6	22.1	26.8	25.7	20.6	n.p.	n.p.	n.p.	21.5
All hospitals	115.3	87.4	185.4	119.7	128.2	n.p.	n.p.	n.p.	120.9
95% confidence intervals	115 – 115.5	87.1 – 87.6	185 – 185.9	119.2 – 120.2	127.7 – 128.8	106.1 – 108	59.2 – 60.9	45.2 – 47.1	120.8 – 121.1
<b>Patient days for all mental health-related separations without specialised psychiatric care</b>									
Public acute hospitals	163,178	108,829	48,953	42,849	46,499	13,672	2,097	1,238	427,315
Private hospitals	35,023	31,454	33,439	8,758	7,311	n.p.	n.p.	n.p.	125,438
All hospitals <sup>(f)</sup>	207,959	140,283	82,392	51,607	53,810	n.p.	n.p.	n.p.	562,511
<b>Patient days for all mental health-related separations without specialised psychiatric care per 1,000 population<sup>(e)</sup></b>									
Public acute hospitals	24.3	22.1	14.1	24.2	27.9	27.7	8.0	10.1	22.0
Private hospitals	5.3	6.4	9.5	4.9	4.5	n.p.	n.p.	n.p.	6.5
All hospitals <sup>(f)</sup>	31.0	28.6	23.7	29.0	32.5	n.p.	n.p.	n.p.	29.0
95% confidence intervals	30.9 – 31.2	28.4 – 28.7	23.5 – 23.8	28.7 – 29.2	32.2 – 32.8	45.3 – 46.5	8.3 – 9	12.1 – 13.3	28.9 – 29.0

(continued)

**Table 4.3 (continued): Summary of patient-days for admitted patient mental health care,<sup>(a)</sup> states and territories,<sup>(b)</sup> 2002–03**

	NSW	Vic <sup>(c)</sup>	Qld	WA	SA	Tas	ACT	NT	Total
<b>Estimated proportion of patient days for separations without specialised psychiatric care occurring within 2002–03<sup>(d)</sup></b>									
Public acute hospitals	83.1	87.1	87.1	82.8	94.9	71.6	93.0	96.2	85.6
Private hospitals	95.4	93.4	94.4	97.9	98.5	n.p.	n.p.	n.p.	94.8
All hospitals <sup>(f)</sup>	84.8	88.5	90.0	85.4	95.4	n.p.	n.p.	n.p.	87.4
<b>Patient days for all mental health-related separations</b>									
Public acute hospitals	462,419	407,438	285,263	147,713	116,037	39,771	16,114	10,084	1,484,839
Public psychiatric hospitals	359,287	33,911	335,524	75,370	94,436	17,369	..	..	915,897
<i>Public hospitals</i>	<i>821,706</i>	<i>441,349</i>	<i>620,787</i>	<i>223,083</i>	<i>210,473</i>	<i>57,140</i>	<i>16,114</i>	<i>10,084</i>	<i>2,400,736</i>
Private hospitals	159,506	138,168	130,297	57,541	39,219	n.p.	n.p.	n.p.	545,934
All hospitals	981,212	579,517	751,084	280,624	249,692	n.p.	n.p.	n.p.	2,946,670
<b>% of patient days for all mental health-related separations that were psychiatric care days</b>									
Public acute hospitals	62.7	73.3	81.7	68.7	59.9	65.6	85.5	86.1	70.1
Public psychiatric hospitals	96.4	53.5	100.0	100.0	100.0	100.0	..	..	96.9
<i>Public hospitals</i>	<i>77.5</i>	<i>71.8</i>	<i>91.6</i>	<i>79.3</i>	<i>77.9</i>	<i>76.1</i>	<i>85.5</i>	<i>86.1</i>	<i>80.3</i>
Private hospitals	76.9	77.2	74.0	84.0	81.4	n.p.	n.p.	n.p.	76.5
All hospitals	77.4	73.1	88.5	80.2	78.4	n.p.	n.p.	n.p.	79.6
<b>Patient days per 1,000 population<sup>(e)</sup></b>									
Public acute hospitals	69.8	83.6	80.4	80.0	73.8	84.2	53.3	60.3	76.5
Public psychiatric hospitals	54.6	7.0	93.5	39.9	62.5	38.0	0.0	0.0	48.5
<i>Public hospitals</i>	<i>124.4</i>	<i>90.8</i>	<i>174.2</i>	<i>119.8</i>	<i>136.0</i>	<i>122.4</i>	<i>51.8</i>	<i>56.6</i>	<i>123.7</i>
Private hospitals	24.1	28.5	36.5	30.9	25.0	n.p.	n.p.	n.p.	28.1
All hospitals	148.5	119.3	210.6	150.7	160.9	n.p.	n.p.	n.p.	151.9
95% confidence intervals	148.2 – 148.8	119.0 – 119.6	210.2 – 211.1	150.1 – 151.3	160.2 – 161.5	152.7 – 155.0	69.9 – 71.8	58.2 – 60.5	151.7 – 152.0
<b>Estimated proportion of patient days for all mental health-related separations occurring within 2002–03<sup>(d)</sup></b>									
Public acute hospitals	86.2	90.5	90.4	88.8	96.5	81.0	95.6	96.8	89.3
Public psychiatric hospitals	41.8	50.2	10.8	68.4	66.3	56.7	..	..	35.8
Private hospitals	95.0	94.7	92.9	95.1	96.2	n.p.	n.p.	n.p.	94.5
All hospitals	71.4	89.2	55.3	84.6	85.0	n.p.	n.p.	n.p.	73.6

(a) Patient day data were unavailable for community residential mental health care 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 2002a).

(e) All rates are directly age-standardised to the Estimated Resident Population of Australia on 30 June 2001.

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

n.p. Not published.

n.a. Not available.

.. Not applicable.

**Table 4.4: Separations, patient-days and psychiatric care days for separations with specialised psychiatric care or any mental health-related diagnosis, Australia, 2002-03**

			Separations			Patient-days	ALOS (overnight)	Psychiatric care days
			Same-day	Overnight	Total			
With specialised psychiatric care								
with mental health-related principal diagnosis	with mental health-related additional diagnosis		1,754	50,841	52,595	1,010,407	19.8	1,002,268
	without mental health-related additional diagnosis		6,836	46,864	53,700	1,187,580	25.2	1,164,877
without mental health-related principal diagnosis	with mental health-related additional diagnosis		295	3,706	4,001	147,569	39.7	142,404
	without mental health-related additional diagnosis		80	2,669	2,749	38,603	14.4	36,453
<i>Total with specialised care</i>			<i>8,965</i>	<i>104,080</i>	<i>113,045</i>	<i>2,384,159</i>	<i>22.8</i>	<i>2,346,002</i>
Without specialised psychiatric care								
with mental health-related principal diagnosis	with mental health-related additional diagnosis		2,611	28,421	31,032	249,164	8.7	..
	without mental health-related additional diagnosis		10,318	37,774	48,092	313,347	8.0	..
without mental health-related principal diagnosis	with mental health-related additional diagnosis <sup>(a)</sup>		46,133	211,222	257,355	2,565,260	11.9	..
<i>Total without specialised care</i>			<i>59,062</i>	<i>277,417</i>	<i>336,479</i>	<i>3,127,771</i>	<i>11.1</i>	<i>..</i>
Total								
with mental health-related principal diagnosis	with mental health-related additional diagnosis		4,365	79,262	83,627	1,259,571	15.8	1,002,268
	without mental health-related additional diagnosis		17,154	84,638	101,792	1,500,927	17.5	1,164,877
without mental health-related principal diagnosis	with mental health-related additional diagnosis		46,428	214,928	261,356	2,712,829	12.4	142,404
	without mental health-related additional diagnosis		80	2,669	2,749	38,603	14.4	36,453
<b>Total</b>			<b>68,027</b>	<b>381,497</b>	<b>449,524</b>	<b>5,511,930</b>	<b>14.3</b>	<b>2,346,002</b>

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

.. Not applicable.

**Table 4.5: Separations, patient days and psychiatric care days for mental health-related separations by, principal diagnosis in ICD-10-AM chapter groupings, Australia, 2002-03**

Principal diagnosis	Separations			Seps per 1,000 pop'n <sup>(a)</sup>	Patient-days	Psychiatric care days	Average length of stay (o'night)	Psychiatric care days per sep (o'night)	Patient-days per 1,000 population <sup>(a)</sup>	Psychiatric care days per 1,000 population <sup>(a)</sup>	
	Same-day	Overnight	Total								
<b>With specialised psychiatric care</b>											
A00–B99	Certain infectious and parasitic diseases	0	38	38	<0.01	433	412	11.4	10.8	0.02	0.02
C00–D48	Neoplasms	5	130	135	<0.01	1,425	1,082	10.9	8.3	0.07	0.06
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0	40	40	<0.01	206	191	5.2	4.8	0.01	<0.01
E00–E90	Endocrine nutritional and metabolic diseases	1	101	102	<0.01	1,568	1,200	15.5	11.9	0.08	0.06
F00–F99	Mental and behavioural disorders	8,566	96,233	104,799	5.40	2,138,246	2,107,923	22.1	21.8	110.14	108.58
G00–G99	Diseases of the nervous system	4	1,120	1,124	0.06	66,025	65,307	58.9	58.3	3.40	3.36
H00–H59	Diseases of the eye and adnexa	0	4	4	<0.01	22	22	5.5	5.5	<0.01	<0.01
H60–H95	Diseases of the ear and mastoid process	0	12	12	<0.01	44	41	3.7	3.4	<0.01	<0.01
I00–I99	Diseases of the circulatory system	2	271	273	0.01	3,328	2,503	12.3	9.2	0.17	0.13
J00–J99	Diseases of the respiratory system	1	332	333	0.02	5,503	4,946	16.6	14.9	0.28	0.25
K00–K93	Diseases of the digestive system	11	417	428	0.02	2,100	1,714	5.0	4.1	0.11	0.09
L00–L99	Diseases of the skin and subcutaneous tissue	1	94	95	<0.01	878	801	9.3	8.5	0.05	0.04
M00–M99	Diseases of the musculoskeletal system and connective tissue	0	191	191	<0.01	1,620	1,243	8.5	6.5	0.08	0.06
N00–N99	Diseases of the genitourinary system	1	140	141	<0.01	1,218	1,011	8.7	7.2	0.06	0.05
O00–O99	Pregnancy, childbirth and the puerperium	5	103	108	<0.01	1,402	1,247	13.6	12.1	0.07	0.06
P00–P96	Certain conditions originating in the perinatal period	0	1	1	<0.01	19	19	19.0	19.0	<0.01	<0.01
Q00–Q99	Congenital malformations, deformations and chromosomal	0	10	10	<0.01	1,147	1,147	114.7	114.7	0.06	0.06
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	14	373	387	0.02	4,638	4,473	12.4	12.0	0.24	0.23
S00–T98	Injury, poisoning and certain other consequences of external causes	64	2,605	2,669	0.14	22,172	19,670	8.5	7.5	1.14	1.01
Z00–Z99	Factors influencing health status and contact with health services	290	1,789	2,079	0.11	127,595	126,740	71.2	70.7	6.57	6.53
	Not reported	0	76	76	<0.01	4,570	4,310	60.1	56.7	0.24	0.22
<b>Total with specialised psychiatric care</b>		<b>8,965</b>	<b>104,080</b>	<b>113,045</b>	<b>5.82</b>	<b>2,384,159</b>	<b>2,346,002</b>	<b>22.8</b>	<b>22.5</b>	<b>122.81</b>	<b>120.85</b>
<b>Without specialised psychiatric care</b>											
F00–F99	Mental and behavioural disorders	12,591	56,315	68,906	3.55	475,567	..	8.2	..	24.50	..
G00–G99	Diseases of the nervous system	78	6,504	6,582	0.34	70,108	..	10.8	..	3.61	..
O00–O99	Pregnancy, childbirth and the puerperium	111	1,788	1,899	0.10	7,127	..	3.9	..	0.37	..
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	78	472	550	0.03	2,454	..	5.0	..	0.13	..
Z00–Z99	Factors influencing health status and contact with health services	71	1,116	1,187	0.06	7,255	..	6.4	..	0.37	..
<b>Total without specialised psychiatric care</b>		<b>12,929</b>	<b>66,195</b>	<b>79,124</b>	<b>4.08</b>	<b>562,511</b>	<b>..</b>	<b>8.3</b>	<b>..</b>	<b>28.98</b>	<b>..</b>
<b>Total</b>		<b>21,894</b>	<b>170,275</b>	<b>192,169</b>	<b>9.90</b>	<b>2,946,670</b>	<b>..</b>	<b>17.2</b>	<b>..</b>	<b>151.79</b>	<b>..</b>

(a) Rates are crude rates based on the estimated resident population of Australia as at 31 December 2002.  
.. Not applicable.

