

Ambulatory-equivalent mental health-related admitted patient care—public hospitals

Ambulatory-equivalent mental health-related care is provided to patients in hospital and is broadly comparable to that which could be provided by community mental health care services. These hospitalisations do not involve an overnight stay and, if any mental health-related procedure is recorded, it is one that could have been provided in an ambulatory setting. This type of care may occur with or without specialised psychiatric care. The care can be provided in a public acute, public psychiatric or private hospital (see Mental health care facilities key concepts section for hospital types).

The data presented in this section are from the National Hospital Morbidity Database (NHMD) and cover ambulatory-equivalent hospital separations reported from public acute and public psychiatric hospitals in Australia. Private hospital activity is presented separately in the section titled 'Ambulatory-equivalent mental health-related admitted patient care—private hospitals'. More detailed information on public data sources and private hospital data sources are available at the end of respective sections.

Due to the small number of reported ambulatory-equivalent separations from public psychiatric hospitals, these separations have been combined with public acute hospitals for reporting in this section. Where possible, a distinction is made between separations with and without specialised psychiatric care.

Data for the ACT were not available for the 2014–15 reporting period. See the footnotes in each of the tables for details about the calculation of national rates.

Key points

- In 2014–15, there were about 28,500 ambulatory-equivalent mental health-related separations in public acute and public psychiatric hospitals, accounting for 1 in 200 (0.5%) public hospital separations.
- Specialised psychiatric care was provided for about one-third (31.4%) of ambulatory-equivalent separations in public hospitals; the majority (68.6%) were separations without specialised psychiatric care.
- The largest number and highest rate of ambulatory-equivalent separations with specialised care were for patients aged 65 years and older.
- Aboriginal and Torres Strait Islander people accounted for 1 in 9 (11.6%) ambulatory-equivalent separations without specialised mental healthcare, at a rate of 5 times that of other Australians.
- Other anxiety disorders was the most common principal diagnoses recorded for ambulatory-equivalent separations with specialised care (17.9%) followed by Depressive episode (14.5%).
- Mental and behavioural disorders due to use of alcohol was the most common diagnosis for ambulatory-equivalent separations without specialised care (36.7%) followed by Other anxiety disorders (12.0%).

Data in this section were last updated in October 2016

In 2014–15, there were approximately 6.0 million separations reported from Australian public hospitals (AIHW 2016) of which 28,489 were ambulatory-equivalent mental health-related separations in public acute and public psychiatric hospitals (0.5%). Specialised psychiatric care was provided for about one-third

(31.4%) of ambulatory-equivalent separations in public hospitals; the majority (68.6%) were separations without specialised psychiatric care.

Nationally, the rate of ambulatory-equivalent mental health-related separations in public hospitals was 12.2 per 10,000 population. The Northern Territory had the highest rate (30.1 per 10,000 population) and Tasmania the lowest (4.7) (Table AMB.1).

Reference

AIHW 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW.

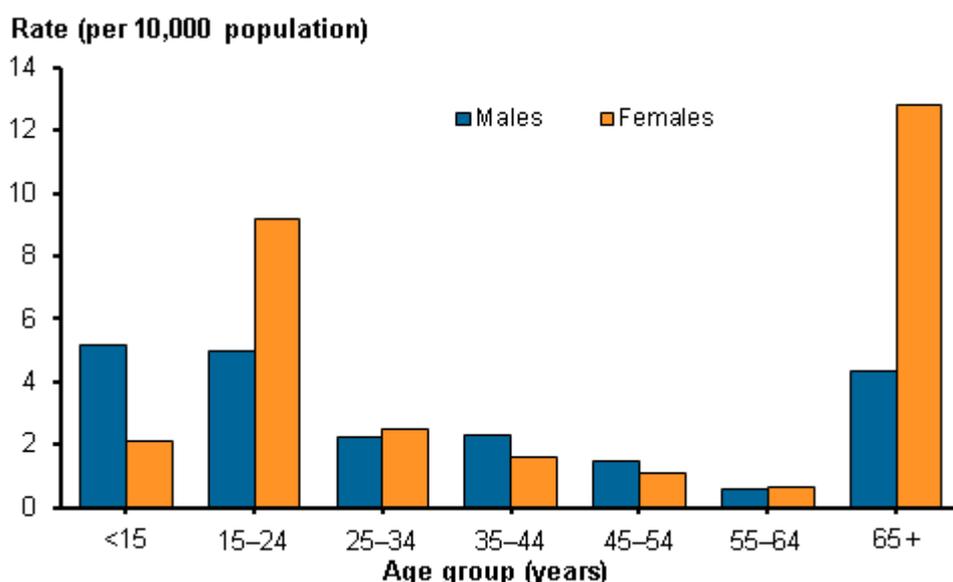
Patient characteristics

Demographics

Separations with specialised care

In 2014–15, the rate of ambulatory-equivalent mental health-related separations with specialised care was highest for patients aged 65 and over and lowest for those aged 55–64 (8.9 and 0.6 per 10,000 population respectively) (Figure AMB.1). Overall, females accounted for 58.1% of ambulatory-equivalent separations, and the rate was higher for females than males (4.4 and 3.2 per 10,000 population respectively) (Table AMB.3). The most marked differences in rates between males and females were seen for patients aged 15–24 and 65 years and over, with female rates higher than male rates for these age groups.

Figure AMB.1: Ambulatory-equivalent mental health-related separation rates for public hospitals, with specialised care, by sex and age, 2014–15



Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.5 (415KB XLS).

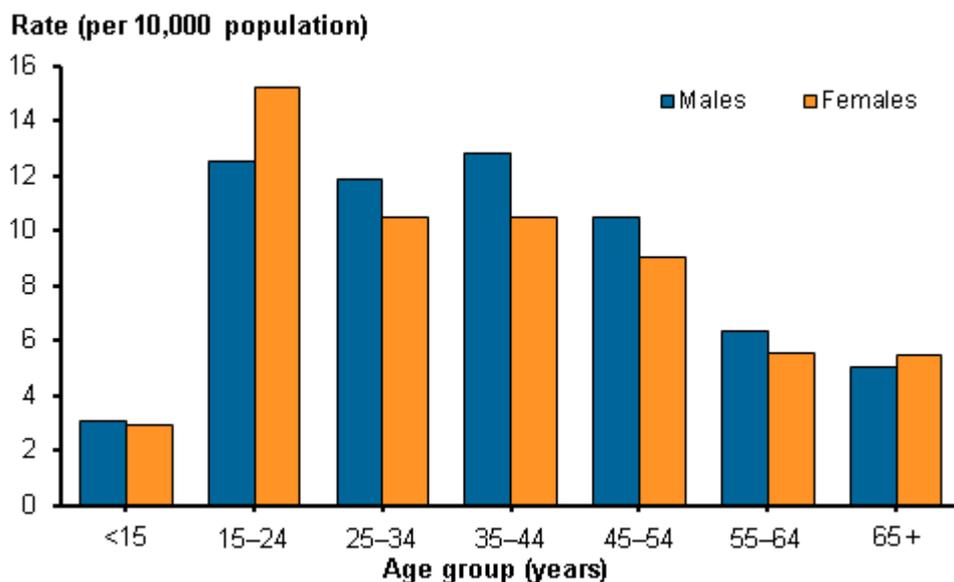
Aboriginal and Torres Strait Islander people accounted for 5.8% of ambulatory-equivalent separations with specialised care. The rates of ambulatory-equivalent separations for Indigenous Australians and other Australians were 5.6 and 3.5 per 10,000 population respectively. The rate of separations of Australian-born

patients was almost 3 times that of those born overseas (4.6 and 1.7 per 10,000 population respectively). The majority of people who had an ambulatory-equivalent separation with specialised care lived in *Major cities* (82.4%), with 4.4 separations per 10,000 population (Table AMB.3).

Separations without specialised care

Overall, males and females had similar rates of ambulatory-equivalent separations without specialised care (8.5 and 8.0 respectively). The highest rate of ambulatory-equivalent mental health-related separations without specialised care was for patients aged 15–24 (13.6 per 10,000 population) and the lowest was for those aged under 15 (3.0) (Figure AMB.2).

Figure AMB.2: Ambulatory-equivalent mental health-related separation rates for public hospitals, without specialised care, by sex and age, 2014–15



Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.6 (415KB XLS).

Indigenous Australians represented 11.6% of ambulatory-equivalent separations without specialised care. The rate of ambulatory-equivalent separations without specialised care among Indigenous Australians was 5 times higher than that of other Australians (37.6 and 7.5 per 10,000 population respectively) (Table AMB.4).

Those living in *Remote* and *Very remote* areas had the highest rate of separations without specialised care (18.2 and 28.1 per 10,000 population respectively) compared with a national rate of 8.3 per 10,000 population.

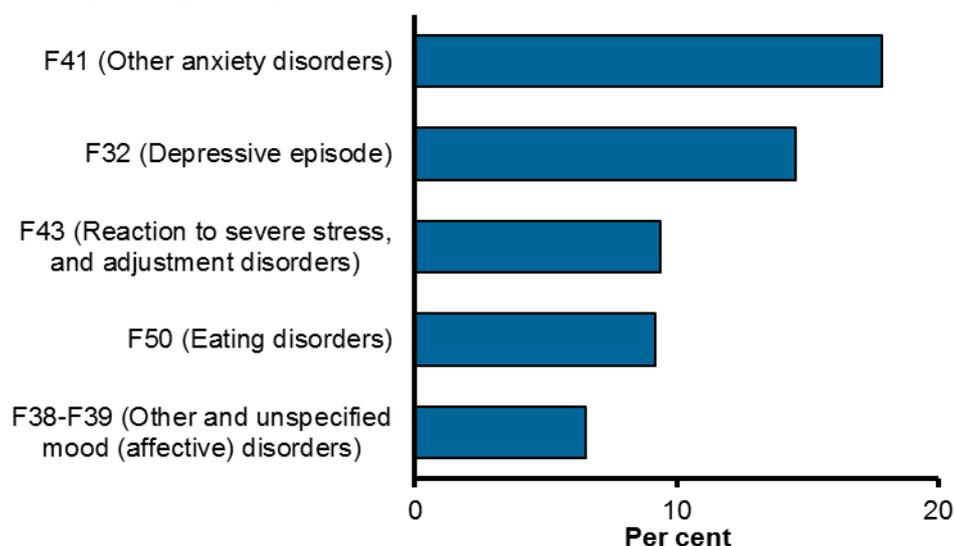
Principal diagnosis

With specialised care

In 2014–15, the most common principal diagnosis for ambulatory-equivalent separations with specialised care was Other anxiety disorders (ICD-10-AM code F41, which includes panic disorder, generalised anxiety disorder, mixed anxiety and depressive disorder, other mixed anxiety disorders, other specified anxiety disorders and anxiety disorder unspecified) (1,596 or 17.9%), followed by Depressive Episode (F32)(14.5%) and Reaction to severe stress and adjustment disorders (F43) (9.4%) (Figure AMB.3).

Figure AMB.3: Ambulatory-equivalent mental health-related separations in public hospitals, for the 5 most commonly reported principal diagnoses, with specialised care, 2014–15

Principal diagnosis (ICD-10-AM code)

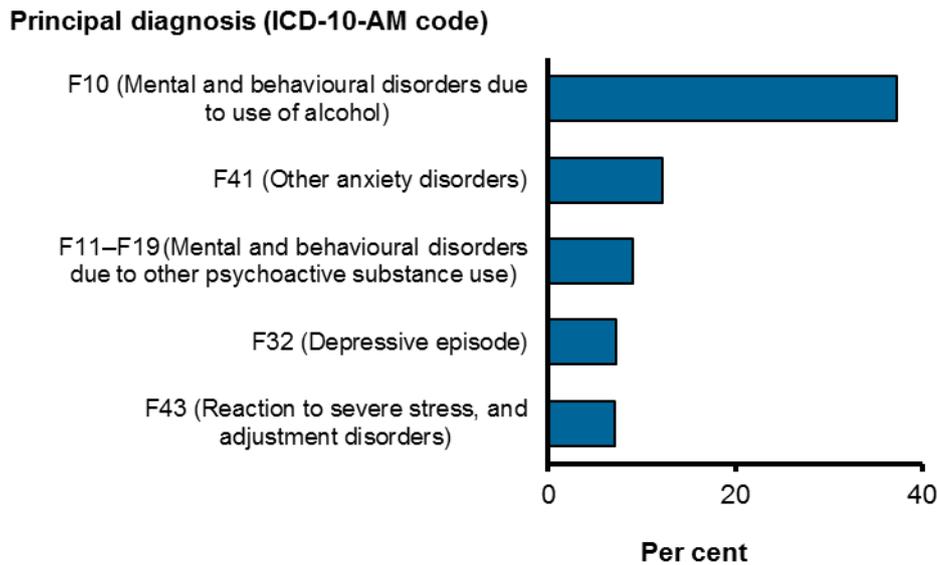


Source: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.7 (415KB XLS).

Without specialised care

The most common principal diagnoses for ambulatory-equivalent separations without specialised care was Mental and behavioural disorders due to use of alcohol (F10) (7,267 or 36.7%), Other anxiety disorders (F41) (12.0%) and Mental and behavioural disorders due to other psychoactive substance use (F11–F19) (1,749 or 8.8%). (Figure AMB.4).

Figure AMB.4: Ambulatory-equivalent mental health-related separations in public hospitals, for the 5 most commonly reported principal diagnoses, without specialised care, 2014–15

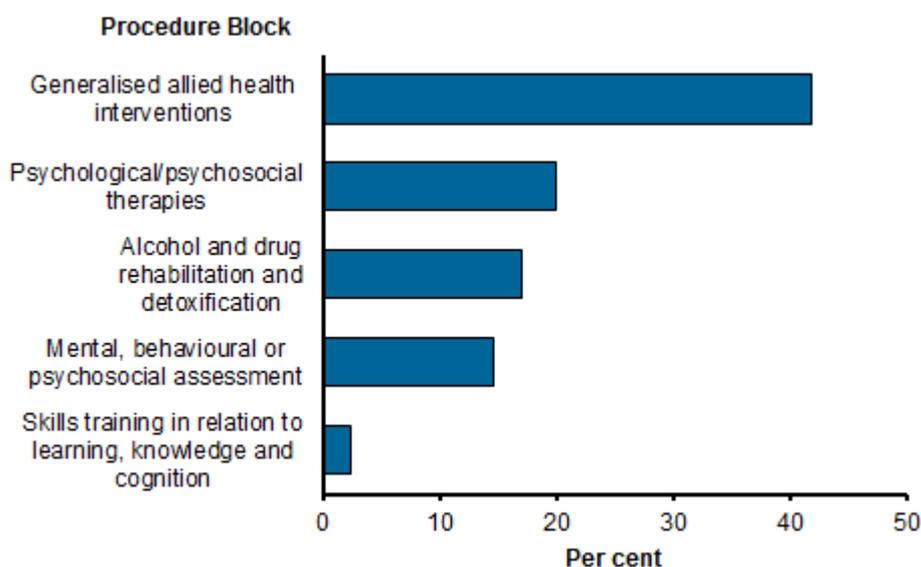


Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.8 (415KB XLS).

Procedures

In 2014–15, 11.6% of all public hospital ambulatory-equivalent mental health-related separations included at least 1 procedure. In total, 3,591 procedures were recorded for separations with and without specialised psychiatric care. The most frequently recorded procedure was for Generalised allied health interventions, accounting for 41.7% of all recorded procedures (Figure AMB.5).

Figure AMB.5: Procedures for the 5 most commonly reported procedure blocks, ambulatory-equivalent mental health-related separations in public hospitals, with and without specialised care, 2014–15



Sources: National Hospital Morbidity Database (NHMD). Source data Ambulatory-equivalent mental health-related admitted patient care Table AMB.9 (415KB XLS)

Data sources

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of electronic summary separation records from admitted patient morbidity data collections in Australian hospitals. The NHMD is compiled from data supplied by each of the eight state and territory health authorities. It includes demographic, administrative and length of stay data for each hospital separation. Clinical information such as diagnoses, procedures undergone and external causes of injury and poisoning are also recorded.

The 2014–15 collection contains data for hospital separations that occurred between 1 July 2014 and 30 June 2015. Admitted patient stays that began before 1 July 2014 are included if the separation date fell within the collection period (2014–15). A record is generated for each separation rather than each patient. Therefore, patients who separated more than once in the reference 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 *Admitted patient care 2014–15: Australian hospital statistics* (AIHW 2016).

Specialised mental health care is identified as the patient having one or more psychiatric care days recorded—that is, care was received in a specialised psychiatric 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. 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.

Although there are national standards for data on admitted patient care, the results presented here may be affected by variations in admission and reporting practices across states and territories. Interpretation of the differences between states and territories therefore needs to be made with care. The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. In 2014–15 diagnoses were recorded using the 8th edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification* (ICD-10-AM). Further information on this is provided in the online [technical information](#) section.

Procedures are classified according to the *Australian Classification of Health Interventions (ACHI), 8th edition*. Further information on this classification is included in the online [technical information](#) section. More than one procedure can be reported for a separation and not all separations have a procedure reported.

Reference

AIHW 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW.

Key Concepts

Ambulatory-equivalent mental health-related admitted patient care—public hospitals

Key Concept	Description
Ambulatory-equivalent	<p>A separation is classified as ambulatory-equivalent for this report if each of the following applies:</p> <ul style="list-style-type: none">• the separation was a same day separation (that is, admission and separation occurred on the same day)• no procedure or other intervention was recorded, or any procedure recorded was identified as probably able to be provided in ambulatory mental health care (see the Classification Codes section for a list of procedures identified in this way)• 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, the patient leaving against medical advice or death.
Mental health-related	<p>A separation is classified as mental health-related if:</p> <ul style="list-style-type: none">• it had a mental health-related principal diagnosis which, for admitted patient care, is defined as a principal diagnosis that is either a diagnosis that falls within the section on Mental and behavioural disorders (Chapter 5) in the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM) classification (codes F00–F99) or a number of other selected diagnoses (see the Classification Codes section for the full list of applicable diagnoses), or• it included any specialised psychiatric care.
Procedure	<p>Procedure refers to a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures, such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.</p>
Separation	<p>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 care 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. Each record includes information on patient length of stay. A same-day separation occurs when a patient is admitted and separated from the hospital on the same date. An overnight</p>

separation occurs when a patient is admitted to and separated from the hospital on different dates.

**Specialised
psychiatric care**

A separation is classified as having **specialised psychiatric care** if the patient was reported as having spent 1 or more days in a specialised psychiatric unit or ward.