Australian Private Hospitals Association

Private Psychiatric Hospitals Data Reporting and Analysis Service **(PPHDRAS)**

Private Hospital-based Psychiatric Services

1 July 2015 to 30 June 2016

Annual Statistical Report
from the APHA's PPHDRAS
regarding the services provided by participating
Private Hospitals with Psychiatric Beds and
Private Psychiatric Day Hospitals.

Report prepared 28 August 2017

Preface

The development, preparation and distribution of this report has been undertaken by the Australian Private Hospitals Association's (APHA) Private Psychiatric Hospitals Data Reporting and Analysis Service (PPHDRAS) as part of its obligations to stakeholders participating in the PPHDRAS.

The PPHDRAS is managed by the APHA. The service collects data from and provides reports to participating private hospitals. The service also produces national reports at an aggregate level. The Service is funded by participating private hospitals and the Commonwealth of Australia through the Department of Health.

Further information about the APHA's PPHDRAS can be obtained by contacting the APHA's Director of Policy and Research, Ms Lucy Cheetham. Lucy can be contacted by email to lucy.cheetham@apha.org.au or by telephone on 02 6273 9000.

The Director of the APHA's PPHDRAS, Mr Allen Morris-Yates, is responsible for the development and preparation of this report. If you have any questions, concerns or comments to make regarding this report, please direct them to Allen, who can be contacted by email to allen.yates@pphdras.com.au or by telephone on 0417 268 386.

Disclaimer

The APHA's PPHDRAS has made every reasonable effort to ensure that the information contained in this report is free from errors and omissions, and that all the data and information drawn upon to compile it have been provided in good faith. However, the APHA's PPHDRAS does not warrant the accuracy of this report and does not warrant its suitability for use for any management or commercial purpose. This report is provided by way of information only to aid initiatives to improve the quality, effectiveness and efficiency of private sector, hospital-based psychiatric services.

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Executive summary

Collection and analysis of data on outcomes by private hospitals

Hospitals need an effective information infrastructure that enables questions about quality, effectiveness and efficiency to be addressed. That infrastructure has three essential components — data collection, data analysis and reporting, and people who have the tools and skills needed to use that information in service management and clinical quality improvement. It also has a number of critical attributes, including that it uses a common language, enables comparison of like with like, has adequate reliability and validity, and protects the privacy and confidentiality of patients and where appropriate also of providers and payers. It must also operate alongside the existing clinical information infrastructure that supports the day–to–day provision of care without compromising the quality of care or imposing undue additional burden on clinicians or costs on hospitals.

Private hospitals with psychiatric beds have addressed their need for that infrastructure through the development and implementation of a 'National Model for the Collection and Analysis of a Minimum Data with Outcome Measures'. In its current form, the National Model consists of guidelines that cover the specific data to be collected, the timing and procedures for the collection and submission of data by Hospitals for analysis, the reports to be derived from that data, and restrictions on access to data and information at all stages and at all levels of aggregation.

The agreed guidelines that specify how episodes of care are defined for the purposes of outcomes assessment, what clinical measures are to be collected, and at what points during the episode those measures should be collected are collectively referred to under the National Model as the Outcome Measures Protocol (OMP). The linkage of data collected under the OMP with the data Hospitals already must collect under the Hospitals Casemix Protocol (HCP) enables a comprehensive description of psychiatric patients' needs for and responses to care.

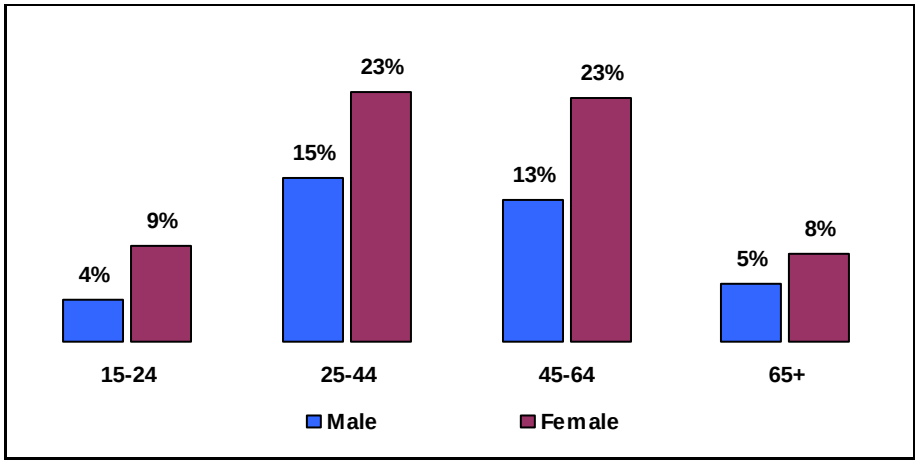
Who received care?

During the 2015-2016 Financial Year there were 32 stand–alone private psychiatric hospitals and 31 psychiatric units located within private general hospitals in operation in Australia. Together these Hospitals had approximately 3,020 psychiatric beds. The hospitals that participated in the Service during that financial year accounted for approximately 100% of all private psychiatric beds.

During the financial year the 63 private Hospitals participating in the Service admitted 37,764 patients for psychiatric care. Of those patients, 28,520 had a total of 42,395 separations from overnight inpatient care (excluding brief overnight admissions for sameday procedures) with an average length of stay of 19 days. The demographic and diagnostic profiles of those patients are shown below in Figures A and B. For the 21,160 patients who received any care on a sameday or outreach basis (referred to under the National Model as Ambulatory care) the average number of Days of care per patient was 13. Of those patients seen in the Ambulatory Care service setting 10,746 also had at least one overnight inpatient admission.

Figure A:

Demographic profile (Age Group by Sex) for Episodes of Overnight Inpatient Care during the Financial Year.



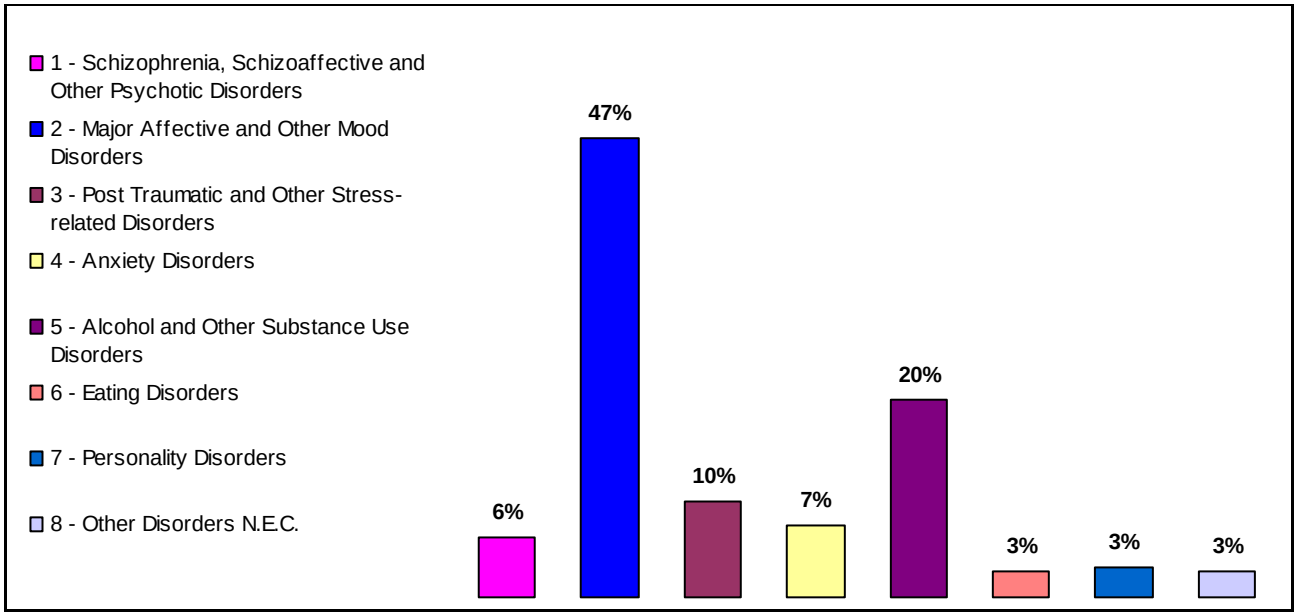


Figure B: Diagnostic profile for Episodes of Overnight Inpatient Care during the Financial Year.

What were the outcomes of that care?

Under the OMP, Hospitals collect two measures of patients' clinical status, the HoNOS and MHQ-14, at key points in the clinical path — at Admission and Discharge from episodes of care, and where episodes are of extended duration, at Review every 91 days.

The HoNOS (Health of the Nation Outcome Scales) is a clinician–rated measure developed by the Royal College of Psychiatrists. Its' twelve scales provide a comprehensive yet brief summary of the clinician's assessment of the patient's clinical status over the preceding period (two weeks at admission, three days at discharge). Scales 1 to 10 address behavioural, symptomatic and social problems; scales 11 and 12 are about the patient's domestic and occupational environment, particularly the extent to which it may help or hinder their recovery.

The MHQ–14 (Mental Health Questionnaire, 14 item version) is a patient self–report measure consisting of items that address symptoms of fatigue, anxiety and depression and the impact of those symptoms on social and role functioning. The items were

derived from the Medical Outcomes Study questionnaire used in the Rand Health Insurance Experiment. A single Total Score and four summary scores, traditionally referred to as Mental Health, Vitality, Social Functioning and Role Functioning, are derived from patients' responses to the 14 items.

During the period covered by this report the completed measure collection rates for the HoNOS were 86% at admission and 85% discharge whilst for the MHQ-14 they were 74% and 75% respectively. These rates are very good, particularly given that this is a routine collection.

Under the National Model, the outcomes of care are principally evaluated through comparisons of patients' clinical status at admission with their clinical status at discharge. The comparisons are reported as effect sizes (standardised change scores). Generally an effect size of around 0.2 is described as small, around 0.5 as moderate, and around 0.8 as large.

When looked at from the clinicians' perspective using the HoNOS Total Score (a composite indicator of the severity and complexity of patients' clinical presentation), the average effect size for episodes of overnight inpatient care is 1.32 — a very large effect. When looked at from the patients' perspective using the MHQ–14, the average effect sizes for episodes of overnight inpatient care ranges from 1.18 on Mental Health, 1.22 on Social Functioning, to 1.34 on Role Functioning.

To give further context to these results, Figure C provides a comparison of patients MHQ–14 summary scores at Admission and Discharge with scores on the measure derived from the Australian Bureau of Statistics' National Health Survey conducted in 1995. As can be seen, Patients reported mental health, social and role functioning at Admission are very much worse than that of the general population. By discharge they have improved greatly, but are still not as well on average as the general population.

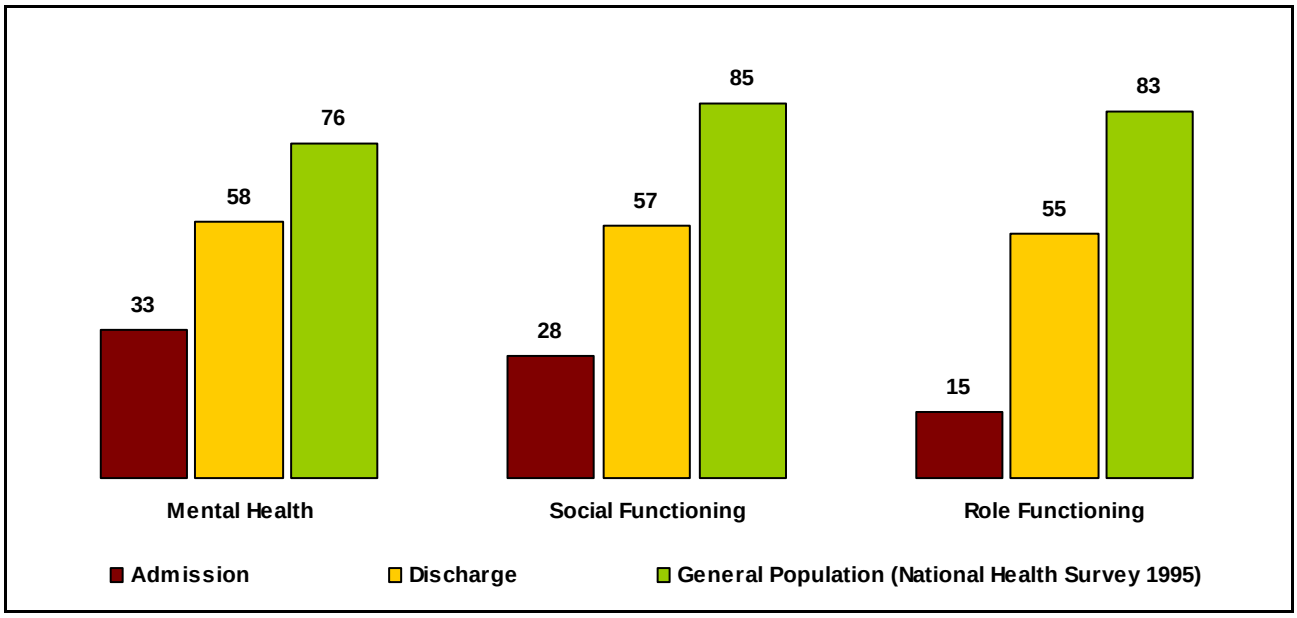


Figure C: Comparison of patients' self–reported clinical status at Admission and Discharge with that of the General Population.

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Private Hospital-based Psychiatric Services
1 July 2015 to 30 June 2016

Introduction

This Report is based on data collected by private hospital-based psychiatric services that now participate in the services provided by the Australian Private Hospitals Association's (APHA) Private Psychiatric Hospitals Data Reporting and Analysis Service (PPHDRAS).

Section 1 of the report identifies all known private hospitals that provided specialist psychiatric services during the year. The number of hospitals enrolled and actively participating in the services provided by the PPHDRAS is also identified.

Section 2 of the report provides information about the data collected and submitted by participating hospitals. It primarily documents the completion rates of both the required standardised measures of patients' clinical status (HoNOS and MHQ-14) at admission to and discharge from episodes of Overnight Inpatient Care and at the beginning and end of periods of Ambulatory Care. The reported results include detailed statistics regarding the overall collection of that data, together with summary information regarding the variability observed between participating hospitals in their adherence to National Model's data collection requirements.

Section 3 of the report provides summary information about the provision of hospital-based psychiatric services. The statistics provided are based principally on counts of patients and on days of care provided to those patients.

Section 4 of the report provides detailed information about the provision and outcomes of care provided in the Overnight Inpatient service setting. It includes information regarding who receives services, in terms of their demographic and diagnostic profiles; information about service utilisation; and information about the outcomes of care. The reported results include detailed statistics based on the data aggregated across all hospitals, together with summary information regarding the variability observed between hospitals.

When interpreting the results presented in Sections 3 and 4 it is important to bear in mind that the statistics presented are based on Episodes of Care defined in accordance with the Outcome Measures Protocol (OMP) specified under the National Model. Under the OMP, Sameday separations and some brief episodes of Overnight inpatient care for procedures normally performed on a sameday basis are treated as Occasions of Service within Episodes of Ambulatory care. This means that the Service Utilisation statistics reported in Sections 3 and 4 will differ, although usually only to a small degree, from service provision statistics that might be reported elsewhere.

Due to the fact that at the time this report was being prepared the analysis and reporting framework for Ambulatory Care employed by the PPHDRAS was being revised, this version of the Annual Statistical Report does not include detailed statistics regarding the provision and outcomes of care provided in the Ambulatory Care service setting.

Overview of the National Model

In its current form, the National Model consists of guidelines that cover the specific data to be collected, the timing and procedures for the collection and submission of data by Hospitals for analysis, the reports to be derived from that data, and restrictions on access to data and information at all stages and at all levels of aggregation. The latter is particularly important as, whilst the need for the protection of personally identified information is well understood, issues related to the use and access to information regarding identified providers and payers also must be addressed if Clinicians, Hospitals and Health Funds are to retain confidence in the probity of the processes of analysis and reporting.

The agreed guidelines that specify how episodes of care are defined for the purposes of outcomes assessment, what clinical measures are to be collected, and at what points during the episode those

measures should be collected are collectively referred to under the National Model as the Outcome Measures Protocol (OMP). The linkage of data collected under the OMP with the data Hospitals already must collect under the Hospitals Casemix Protocol (HCP) enables a comprehensive description of psychiatric patients' needs for and responses to care.

The PPHDRAS is managed by the APHA and is funded by participating private hospitals and the Commonwealth of Australia through the Department of Health. The PPHDRAS performs two main roles. First, the PPHDRAS assists participating Hospitals with the implementation of their National Model. Second, the PPHDRAS provides Hospitals and the Australian Government with a data management service that routinely prepares and distributes standard reports regarding the quality, effectiveness and efficiency of private hospital–based psychiatric services.

The analysis and reporting framework employed by the PPHDRAS operates under the Guidelines specified in the National Model to ensure that the privacy and confidentiality of the participating Hospitals and Payers is protected. Essentially, the guidelines require that aggregate statistics be partitioned on the basis of the identity of the responsible Hospital and Payer, with each participating Hospital or Payer then only being provided with identified statistical information about their patients' or members' care. Aggregate statistics about other Hospitals or Payers may only be provided in a format that ensures the responsible Hospitals or Payers cannot be identified. For example, each Hospital's report is individualised so that they can identify themselves within charts and tables, but are unable to identify any other hospital.

Under the National Model, Hospitals collect two measures of patients' clinical status, the HoNOS and MHQ-14, at key points in the clinical path — at Admission and Discharge from episodes of care, and where episodes are of extended duration, at Review every 91 days. That information is linked with administrative and clinical data already recorded by Hospitals under the Hospitals' Casemix Protocol (HCP), and submitted on a quarterly basis to the PPHDRAS in a personally de–identified format for analysis. On the basis of that data, the PPHDRAS prepares and distributes Standard Quarterly Reports to participating Hospitals and Payers.

The HoNOS (Health of the Nation Outcome Scales) is a clinician–rated measure developed by the Royal College of Psychiatrists. Its' twelve scales provide a comprehensive yet brief summary of the clinician's assessment of the patient's clinical status over the preceding period (two weeks at admission, three days at discharge). Ratings on each scale may range from 0 to 4: a rating of 0 indicates the problem was not present; ratings of 1 to 4 indicate increasingly severe problems during the period. Each scale is supported by a detailed glossary. Scales 1 to 10 address behavioural, symptomatic and social problems; scales 11 and 12 are about the patient's domestic and occupational environment, particularly the extent to which it may help or hinder their recovery. Four summary scores and a Total Score are derived from the 12 items.

The MHQ–14 (Mental Health Questionnaire, 14 item version) is a patient self–report measure consisting of items that address symptoms of fatigue, anxiety and depression and the impact of those symptoms on social and role functioning. The items were derived from the Medical Outcomes Study questionnaire used in the Rand Health Insurance Experiment. The 14 items also constitute the mental health component of the SF–36, the most widely used patient–completed outcome measure in the general health sector. Four summary scores are derived from patients' responses to the 14 items: these are traditionally referred to as Mental Health, Vitality, Social Functioning and Role Functioning. A Total Score based on all 14 items is also derived.

Collection of data in accordance with the requirements of the National Model, participation by Hospitals in the services offered by the PPHDRAS, and submission of their data to the PPHDRAS is voluntary. At the time this report was prepared, all private hospital-based psychiatric services in Australia participated in the PPHDRAS.

1. Private Hospitals with Psychiatric Beds

The listing beginning below on this page identifies all Private Hospital-based Psychiatric Services that were known to be in operation during the Financial Year that is the subject of this report. For each Hospital the class of facility (stand-alone psychiatric hospital or psychiatric unit located within a general private hospital) and its location is identified.

Following the listing, Table 1 identifies the number of open Private Hospital-based Psychiatric Services, the number that were enrolled in the PPHDRAS, and the number of Hospitals that submitted their data to the PPHDRAS during all or part of the financial year. Figure 1 illustrates the historical trend in the number of actively participating hospitals during the preceding few years.

New South Wales and the Australian Capital Territory

Albury Wodonga Private Hospital	General Hospital with Psychiatric Unit located in West Albury
Baringa Private Hospital	General Hospital with Psychiatric Unit located in Coffs Harbour
Berkeley Vale Private Hospital	General Hospital with Psychiatric Unit located in Berkeley Vale
Brisbane Waters Private Hospital	General Hospital with Psychiatric Unit located in Woy Woy
Calvary Bruce Private Hospital	General Hospital with Psychiatric Unit located in Bruce
Dudley Private Hospital	General Hospital with Psychiatric Unit located in Orange
The Hills Private Hospital	General Hospital with Psychiatric Unit located in Baulkham Hills
The Hills Clinic Kellyville	Stand-alone Psychiatric Hospital located in Kellyville
Maitland Private Hospital	General Hospital with Psychiatric Unit located in East Maitland
Mayo Private Hospital	General Hospital with Psychiatric Unit located in Taree
Mosman Private Hospital	General Hospital with Psychiatric Unit located in Mosman
Northside Cremorne Clinic	Stand-alone Psychiatric Hospital located in Cremorne
The Northside Clinic	Stand-alone Psychiatric Hospital located in Greenwich
Northside Macarthur Clinic	Stand-alone Psychiatric Hospital located in Campbelltown
Northside West Clinic	Stand-alone Psychiatric Hospital located in Wentworthville
St John of God Hospital Burwood	Stand-alone Psychiatric Hospital located in Burwood

St John of God Hospital Richmond	Stand-alone Psychiatric Hospital located in North Richmond
South Coast Private	Stand-alone Psychiatric Hospital located in Wollongong
South Pacific Private	Stand-alone Psychiatric Hospital located in Curl Curl
St Vincent's Private	General Hospital with Psychiatric Unit located in Darlinghurst
The Sydney Clinic	Stand-alone Psychiatric Hospital located in Bronte
Sydney Southwest Private Hospital	General Hospital with Psychiatric Unit located in Liverpool
Toronto Private Hospital	General Hospital with Psychiatric Unit located in Toronto
Warners Bay Private Hospital	General Hospital with Psychiatric Unit located in Warners Bay
Wesley Hospital Ashfield	Stand-alone Psychiatric Hospital located in Ashfield
Wesley Hospital Kogarah	Stand-alone Psychiatric Hospital located in Kogarah

Victoria

The Albert Road Clinic	Stand-alone Psychiatric Hospital located in South Melbourne
Beleura Private Hospital	General Hospital with Psychiatric Unit located in Mornington
Delmont Private Hospital	Stand-alone Psychiatric Hospital located in Glen Iris
Epworth Rehabilitation Camberwell	General Hospital with Psychiatric Unit located in Camberwell
The Geelong Clinic	Stand-alone Psychiatric Hospital located in St Albans Park
Malvern Private Hospital	Stand-alone Psychiatric Hospital located in Malvern East
The Melbourne Clinic	Stand-alone Psychiatric Hospital located in Richmond
Mitcham Private Hospital	General Hospital with Psychiatric Unit located in Mitcham
Northpark Private Hospital	General Hospital with Psychiatric Unit located in Bundoora
Shepparton Private Hospital	General Hospital with Psychiatric Unit located in Shepparton
St John of God Pinelodge Clinic	Stand-alone Psychiatric Hospital located in Dandenong
St John of God Warrnambool Hospital	General Hospital with Psychiatric Unit located in Warrnambool

The Victoria Clinic	Stand-alone Psychiatric Hospital located in Prahan
Wyndham Clinic	Psychiatric Hospital with Medical Services located in Werribee

Queensland

Belmont Private Hospital	Stand-alone Psychiatric Hospital located in Carina
Brisbane Private Hospital	General Hospital with Psychiatric Unit located in Brisbane
The Cairns Clinic	Stand-alone Psychiatric Hospital located in Cairns
Caloundra Private Clinic	Psychiatric Hospital with Medical Services located in Caloundra
Currumbin Clinic	Stand-alone Psychiatric Hospital located in Currumbin
Greenslopes Private Hospital	General Hospital with Psychiatric Unit located in Greenslopes
Hillcrest Rockhampton Private Hospital	General Hospital with Psychiatric Unit located in Rockhampton
New Farm Clinic	Stand-alone Psychiatric Hospital located in New Farm
Pine Rivers Private Hospital	Stand-alone Psychiatric Hospital located in Strathpine
St Andrews Private Hospital Toowoomba	General Hospital with Psychiatric Unit located in Toowoomba
The Sunshine Coast Private Hospital	General Hospital with Psychiatric Unit located in Buderim
Toowong Private Hospital	Stand-alone Psychiatric Hospital located in Toowong
Townsville Private Clinic	Stand-alone Psychiatric Hospital located in Townsville City

Western Australia, South Australia, Northern Territory and Tasmania

Abbotsford Private Hospital	Stand-alone Psychiatric Hospital located in West Leederville
The Adelaide Clinic	Stand-alone Psychiatric Hospital located in Gilberton
Calvary Healthcare Launceston	General Hospital with Psychiatric Unit located in Launceston
Fullarton Private Hospital	Stand-alone Psychiatric Hospital located in Parkside
The Hobart Clinic	Stand-alone Psychiatric Hospital located in Rokeby
Hollywood Private Hospital	General Hospital with Psychiatric Unit located in Nedlands

The Marian Centre	Stand-alone Psychiatric Hospital located in Wembley
North West Private Hospital	General Hospital with Psychiatric Unit located in Burnie
Perth Clinic	Stand-alone Psychiatric Hospital located in West Perth
St Helens Private Hospital	General Hospital with Psychiatric Unit located in Hobart

Table 1: The number of Hospitals with psychiatric beds, number enrolled in the Service and the numbers actively participating by submitting their data to the Service during the financial year.

Number of Private Hospitals with Psychiatric Beds and Private Psychiatric Day Hospitals that were open during the identified Financial Year	**63**
Number of open hospitals that were enrolled in the Service during the yea	**63**
Number of enrolled hospitals that actively participated in the Service throughout the whole year	**60**
Number that only began their active participation during the year (their data for the year may be incomplete)	**3**

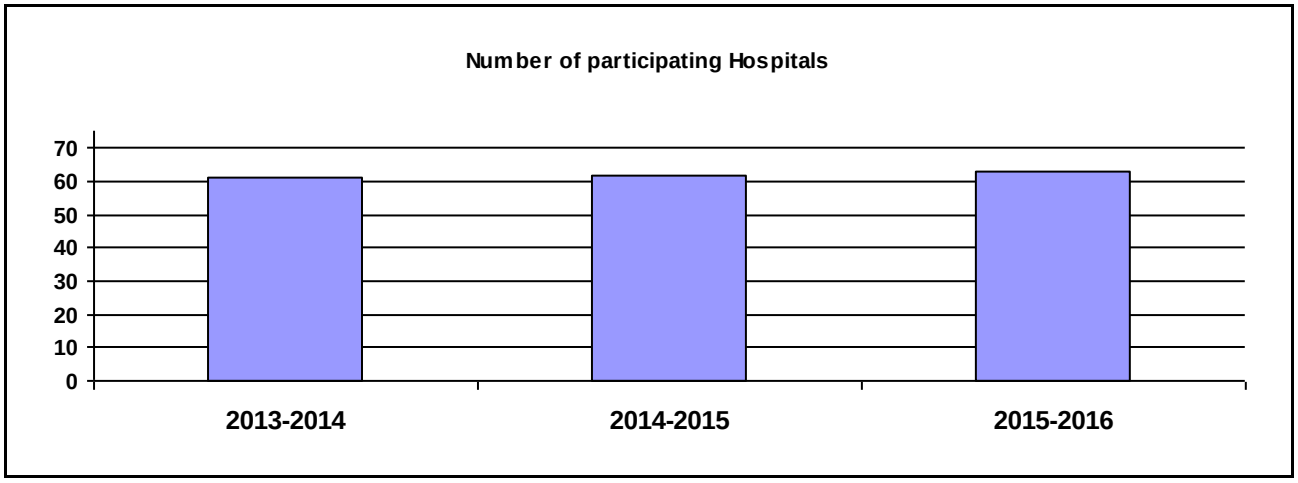

Figure 1: Historical trend in active participation in the data collection by private hospitals with psychiatric beds.

2. Indices of data completeness

This second section of the report provides information about the data collected by participating hospitals. The information in the tables and figures provide an indication of the extent to which hospitals have been able to collect the required data in accordance with the agreed protocols defined in the National Model. The completeness of the data is an important factor in determining the degree to which the results presented in later sections of the report can be relied upon.

The first table in this section, Table 2 on the following page, identifies the completeness of the collection of the two standardised measures of patients' clinical status, the HoNOS and MHQ-14, required for collection under the National Model.

For the purposes of outcomes evaluation, the key indicators are the proportion of episodes or periods of care where the measure in question was collected at both the beginning and end of the interval. The usual expected overall completion rate is 70% for both measures. To achieve this rate, an hospital must obtain clinician ratings (HoNOS) and patient self-assessments (MHQ-14) at 9 out every 10 occasions when they are required (i.e., admission, review and discharge in both Overnight Inpatient and Ambulatory care). On the basis of review of the collection practices of those hospitals with the best collection rates, benchmark completion rates of 90% for the HoNOS and 80% for the MHQ-14 have been recommended by the PPHDRAS. Completion rates of less than 50% are defined as 'poor adherence'.

Table 3 provides information regarding the variability between participating hospitals in these key indicators.

Figures 2 and 3 on the following page then illustrate the historical trends in these key indicators during the preceding four years.

Table 2: Data collection statistics for measures of patients' clinical status collected in accordance with the Outcome Measures Protocol during the Financial Year.

Overnight Inpatient Care	Admission	Discharge	Both Admission & Discharge
Clinician ratings (HoNOS)	86%	85%	80%
Patient self-assessments (MHQ-14)	74%	75%	62%

Ambulatory Care	Admission	Review	Discharge
Clinician ratings (HoNOS)	58%	89%	46%
Patient self-assessments (MHQ-14)	55%	79%	37%

Table 3: Variability in participating Hospitals adherence to the National Model's collection requirements for measures of patients' clinical status during the Financial Year.

Overnight Inpatient Care	Had poor adherence	Met expectation	Attained benchmark
Clinician ratings (HoNOS)	2%	94%	62%
Patient self-assessments (MHQ-14)	3%	78%	48%

Ambulatory Care	Had poor adherence	Met expectation	Attained benchmark
Clinician ratings (HoNOS)	48%	17%	0%
Patient self-assessments (MHQ-14)	60%	9%	3%

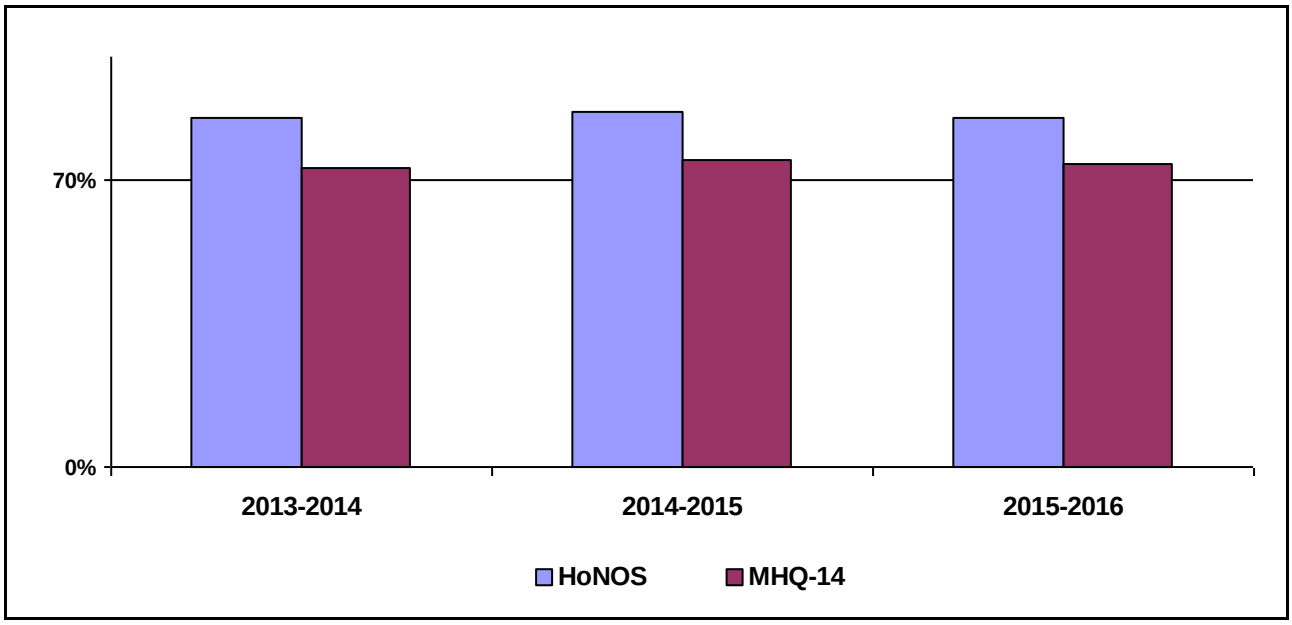

Figure 2: Historical trends in the overall (admission & discharge) completion rates for Clinician ratings (HoNOS) and Patient self-reports (MHQ-14) in Overnight Inpatient Care during the identified Financial Years.

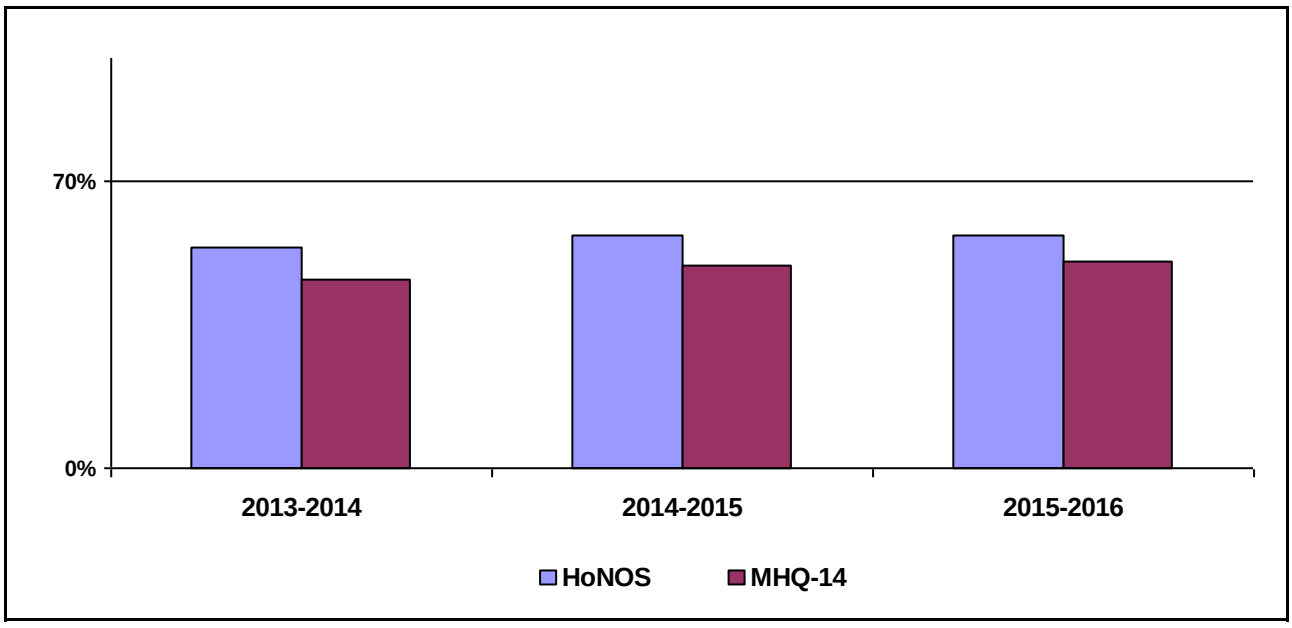

Figure 3: Historical trends in the overall (admissions, reviews and discharges) completion rates for Clinician ratings (HoNOS) and Patient self-reports (MHQ-14) in Ambulatory Care during the identified Financial Years.

3. Provision of Hospital-based Care

This third section of the report provides summary information about the provision of hospital-based psychiatric services by those hospitals that participated in the services provided by the PPHDRAS.

The statistics are based principally on counts of patients and on days of care provided to those patients. For the purposes of this report, regardless of whether a person is admitted to a hospital on just one occasion or on several occasions, they will be counted as just one patient. However, if they are admitted to more than one participating hospital during any given year, they will be counted as a patient at each hospital to which they were admitted. This means that as a count of persons who receive any care from participating private hospital-based psychiatric services, the count of patients is inflated to the extent that patients receive care from more than just one hospital. In fact, in any given year less than 5% of consumers receive care in more than one hospital, so the count of patients can be treated as a reasonable estimate of the count of persons.

Note also that due to the fact that a small proportion of participating hospitals are sometimes unable to submit HCP data to the PPHDRAS, the statistics regarding the number of patients in receipt of Ambulatory Care and the number of Days of Care those patients receive are an estimate based on the available data. The estimate is based on the assumption that the relative proportion of Ambulatory Care provided by the hospitals that are unable to submit HCP data is the same as the average proportion derived from all the hospitals that do submit HCP data. Advice provided by those hospitals unable to submit HCP data indicates that this is a reasonable assumption.

Table 4 provides basic statistics about the provision of services during the financial year. The statistics shown in this table were calculated across all patients at all hospitals.

In this section of the report where the focus is just on the provision of services, the key indicator statistics are the Average Total Days of Care per Patient provided within each of the two major service settings as defined under the National Mode: Overnight Inpatient Care and Ambulatory Care.

Table 5 provides information regarding the variability between participating hospitals in those two indicators. The minimum value, 25th percentile, the 50th percentile or median, and the 75th percentile, and maximum values are obtained from the analysis of the hospitals reported data. A percentile is a value at or below which a given percentage or fraction of the indicator values lie. For hospitals arranged in order of magnitude on the given indicator value, the p-th percentile is the value that has p% of the hospitals below it and (100-p)% above it. (Note that due to the fact that there may not be a value with exactly the required fraction of hospitals less than or equal to it, the reported percentiles may in some cases be an approximation obtained by interpolation between the values of the two hospitals that lie either side of the required fraction. (Readers interested in the details of the method of calculation used (SAS Method 5) should contact the Director of the PPHDRAS.) So, for example, the 25th percentile is the value such that one quarter of the hospitals lie below it. It is higher than 25% of the data values and lower than 75% of the data values. Given those values, the reader may assign a known hospital to the first, second, third or fourth quartile within the range of all hospitals. For example, a hospital whose average Total Days of Care fell somewhere between the 25th and 50th percentile value would then be said to lie in the 2nd quartile of hospitals with respect to that indicator.

Figure 4 illustrates the historical trend in the two key indicator statistics reported in Table 4, Average Total Days of Overnight Inpatient Care per Patient and Average Total Days of Ambulatory Care per Patient, during the preceding four years.

Table 4: Service provision statistics for patients in receipt of Hospital-based Care provided by participating Hospitals during the Financial Year.

For all Patients at all Hospitals				Total Days of Care per Patient	
Patients		Episodes	Days of Care	Mean	S.D.
Patients in receipt of Hospital-based Care (either Overnight Inpatient or Ambulatory)					
37,764			**1,104,694**	**29.3**	31.6
Patients in receipt of any Overnight Inpatient Care					
28,520	**76%**	**42,395**	**871,354**	**30.6**	31.6
Patients in receipt of any Ambulatory Care					
21,160	**56%**	**23,758**	**249,166**	**13.3**	15.2

Table 5: Range of variation between participating Hospitals with respect to the Average Total Days of Care per Patient provided by each Hospital during the Financial Year.

Average Total Days of	Min	Percentiles			Max
		25th	50th	75th	
Overnight Inpatient Care	7.6	26.3	**30.7**	33.8	56.5
Ambulatory Care	3.0	8.7	**11.8**	14.7	21.0

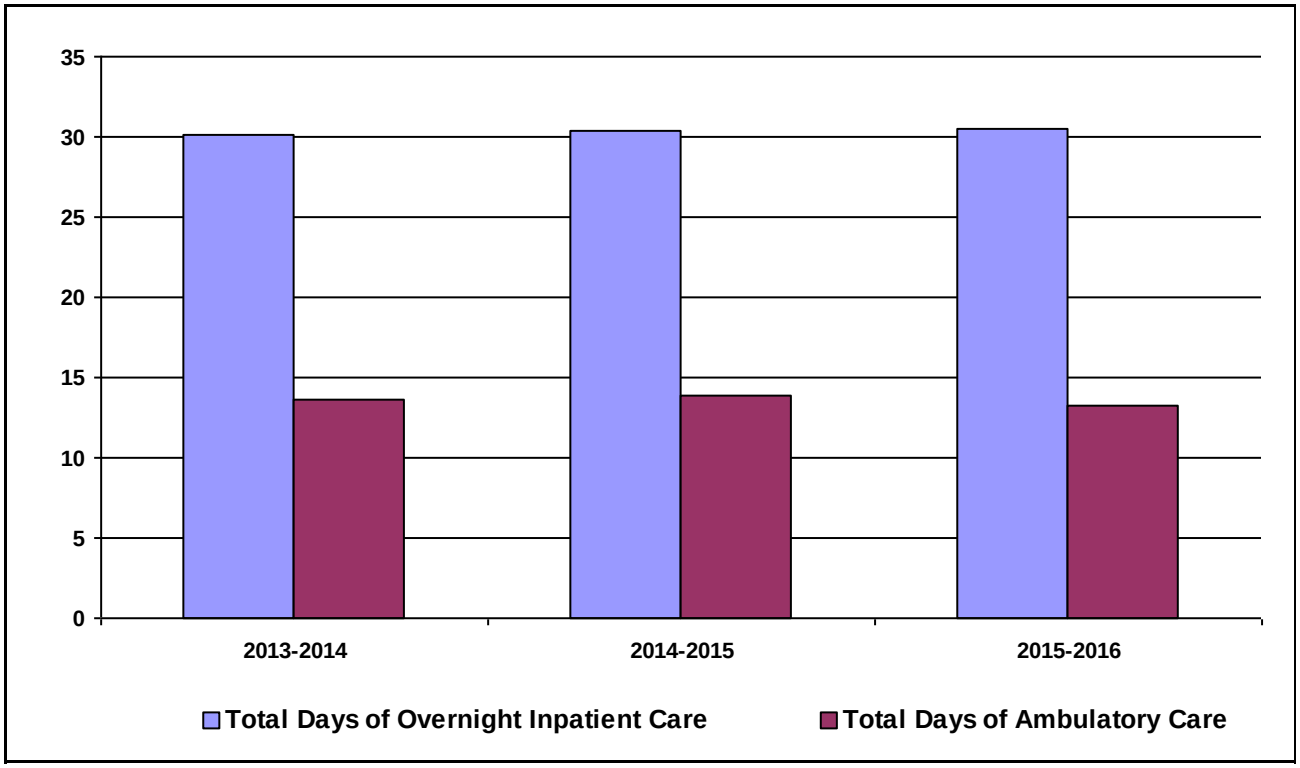

Figure 4: Historical trends in the average number of Total Days of Care per Patient within the Overnight Inpatient Care and Ambulatory Care service settings during the identified Financial Years.

4. Overnight Inpatient Care

The information provided in this fourth section of the report addresses the questions 'Who is receiving care', 'What care is being provided' and 'What are the outcomes of the care provided' for patients who receive care in the Overnight Inpatient service setting. The subjects of the analyses reported here are 'episodes of care' rather than 'patients' as defined in Section 3 of this report. For example, a patient who had three episodes of overnight inpatient care during the year would be represented by three records in the data on which the statistics reported in this section are based.

This section is broken into two major parts. The first part provides figures and tables that summarise the key statistics for the current financial year, summarise the variability between hospitals and illustrate historical trends during the preceding four years. The second part provides detailed statistics based primarily on the HoNOS and MHQ-14 results for the current financial year, stratified by the major Diagnostic Groups. The tables provided in the second part are preceded by detailed Explanatory notes.

The demographic profile of patients, in terms of the proportion of males and females in each major age group (15 to 24 years, 25 to 44 years, 45 to 64 years, and 65 years and older) is identified in Figure 5. Their diagnostic profile, in terms of the proportion of patients with a principal diagnosis in one of eight major Diagnostic Groups is identified in Figure 6. The classification into Diagnostic Groups is based on the Principal Diagnosis assigned to the episode of care at discharge. A summary of the mapping from ICD-10-AM diagnoses to (Mental Health) Diagnostic Groups is provided in the Explanatory notes.

Table 6 gives a summary of the key statistics for episodes of Overnight Inpatient Care for patients aggregated across all hospitals, stratified by Diagnostic Groups. The statistics presented are: Overall number of episodes of care provided, Proportion of episodes in each group, HoNOS Total Score at Admission, MHQ-14 Total Score at Admission, average Length of Stay, Effects sizes of Change in Total Score from admission to discharge for both HoNOS and MHQ-14, and the rate of subsequent Re-Admission to Overnight Inpatient Care within 28 Days. Information regarding the calculation and interpretation of HoNOS and MHQ-14 Total and Summary scores and Effect Sizes is provided in the Explanatory notes.

Table 7 provides information regarding the variability between participating hospitals in those key indicators presented in Table 6. The minimum value, 25th percentile, the 50th percentile or median, and the 75th percentile, and maximum values are obtained from the analysis of the hospitals reported data. A percentile is a value at or below which a given percentage or fraction of the indicator values lie. For hospitals arranged in order of magnitude on the given indicator value, the p-th percentile is the value that has p% of the hospitals below it and (100-p)% above it. So, for example, the 25th percentile is the value such that one quarter of the hospitals lie below it. It is higher than 25% of the data values and lower than 75% of the data values. Given those values, the reader may assign a known hospital to the first, second, third or fourth quartile within the range of all hospitals. For example, a hospital whose average HoNOS Total Score at Admission fell somewehere between the 25th and 50th percentile value would then be said to lie in the 2nd quartile of hospitals with respect to that indicator.

Figure 7 illustrates historical trends in the average number of episodes of Overnight Inpatient Care per Hospital during the five years preceding the current financial year.

Figures 8, 9, 10 and 11 illustrate the historical trends in the key statistics reported in Table 6.

The summary figures and tables are followed by detailed Explanatory notes regarding the information provided in this section.

The set of tables in the second part of this section provide the basis for an evaluation of the provision and outcomes of care through a comparison of patients' demographic profiles, HoNOS and MHQ-14 Summary Score profiles at admission to and discharge, and their utilisation of services during episodes of Overnight Inpatient Care. Table 8 presents statistics for all separations, regardless of patients' assignment to any specific Mental Health Diagnostic Group. Subsequent tables, 9.1 to 9.7, present statistics for separations regarding patients in the specified Diagnostic Groups.

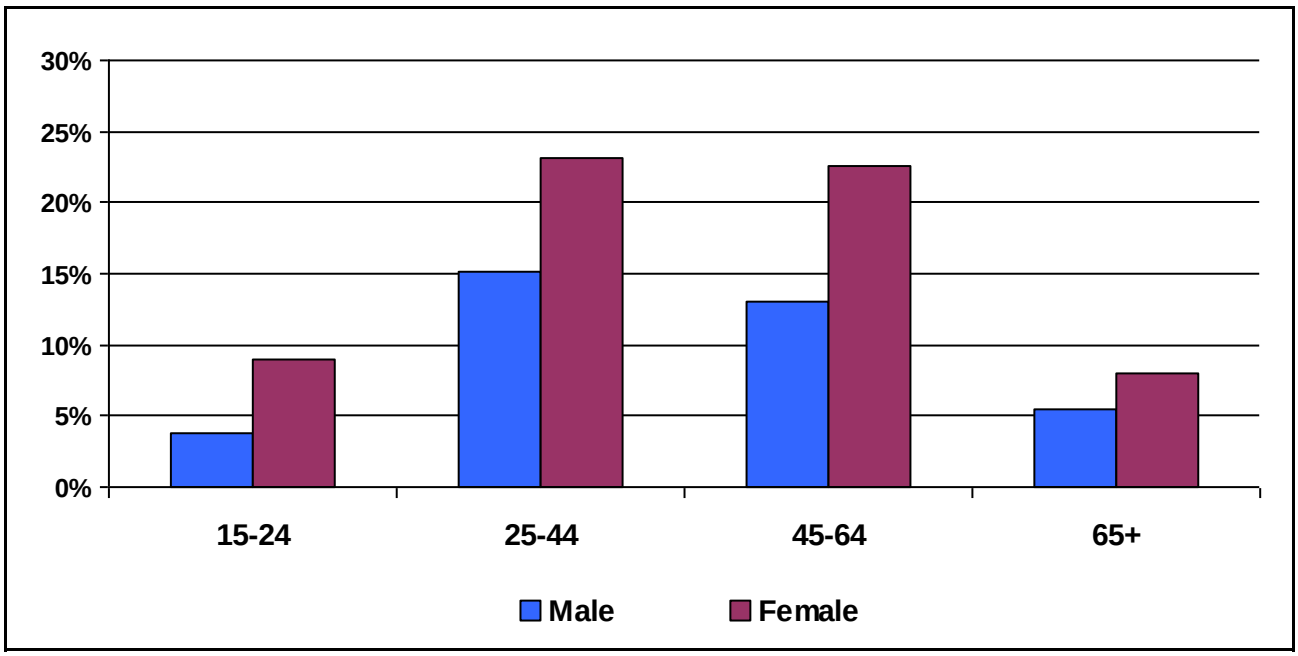

Figure 5: Demographic profile (Age Group by Sex) for Episodes of Overnight Inpatient Care during the Financial Year.

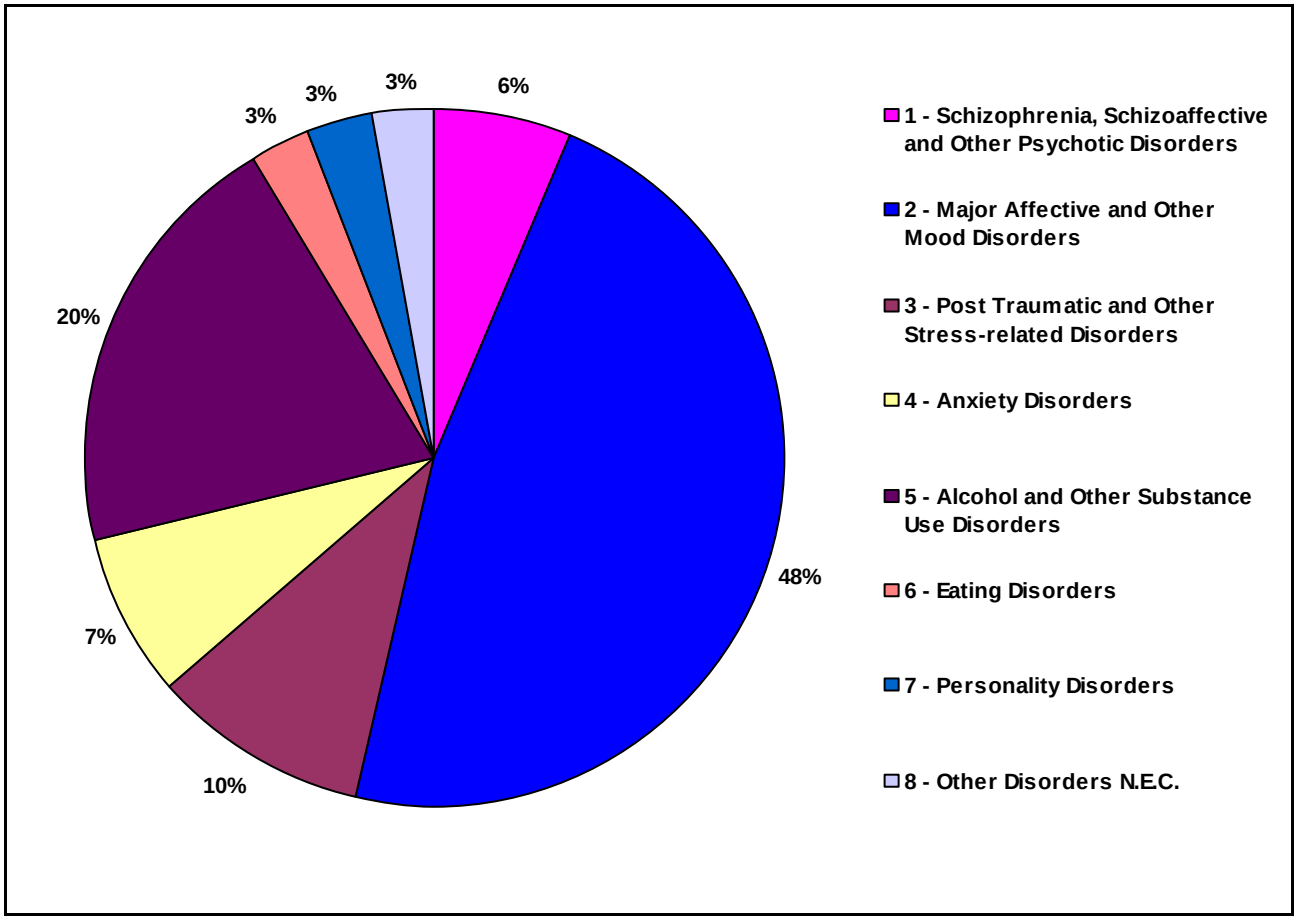

Figure 6: Diagnostic profile (proportion in each of the eight major MHDGs) for Episodes of Overnight Inpatient Care during the Financial Year.

Table 6: Summary of key statistics for Episodes of Overnight Inpatient Care, stratified by principal Mental Health Diagnostic Groups.

	Total Score at Admission		Average Length of Stay (days)	Effect Size of Change from Admission to Discharge		Re-admission within 28 Days
	HoNOS	MHQ-14		HoNOS	MHQ-14	
0 - All episodes regardless of Principal Diagnosis						
N = 42,333	12.2	27	19.3	1.32	1.46	14.4%
1 - Schizophrenia, Schizoaffective and Other Psychotic Disorders						
6.3%	12.9	32	19.8	1.30	1.29	16.9%
2 - Major Affective and Other Mood Disorders						
47.4%	11.8	24	20.3	1.33	1.51	15.3%
3 - Post Traumatic and Other Stress-related Disorders						
10.0%	12.5	24	19.2	1.34	1.38	13.2%
4 - Anxiety Disorders						
7.4%	11.9	25	18.8	1.30	1.46	11.4%
5 - Alcohol and Other Substance Use Disorders						
20.4%	12.8	34	16.0	1.37	1.60	12.9%
6 - Eating Disorders						
2.7%	13.3	26	28.8	1.13	0.82	18.4%
7 - Personality Disorders						
3.0%	13.2	20	17.1	1.33	1.25	17.7%

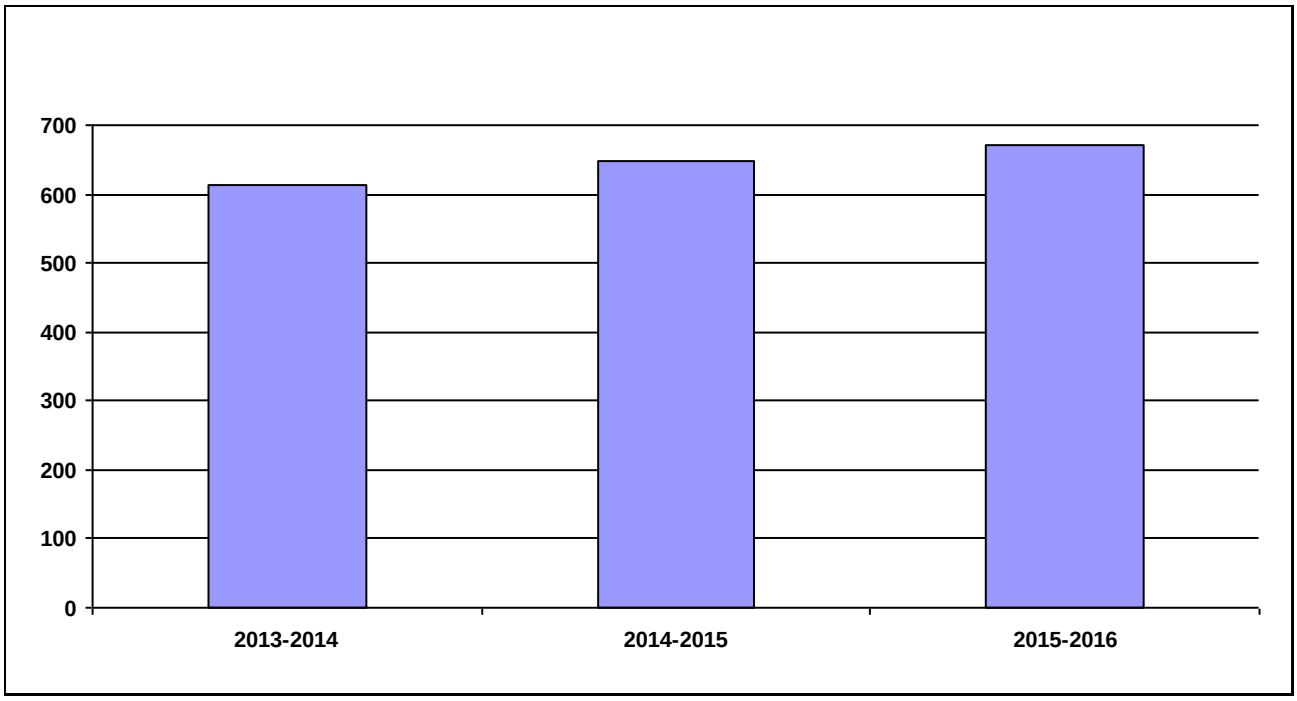

Figure 7: Historical trend in the average number of Separations from Episodes of Overnight Inpatient Care per Hospital during the identified Financial Years.

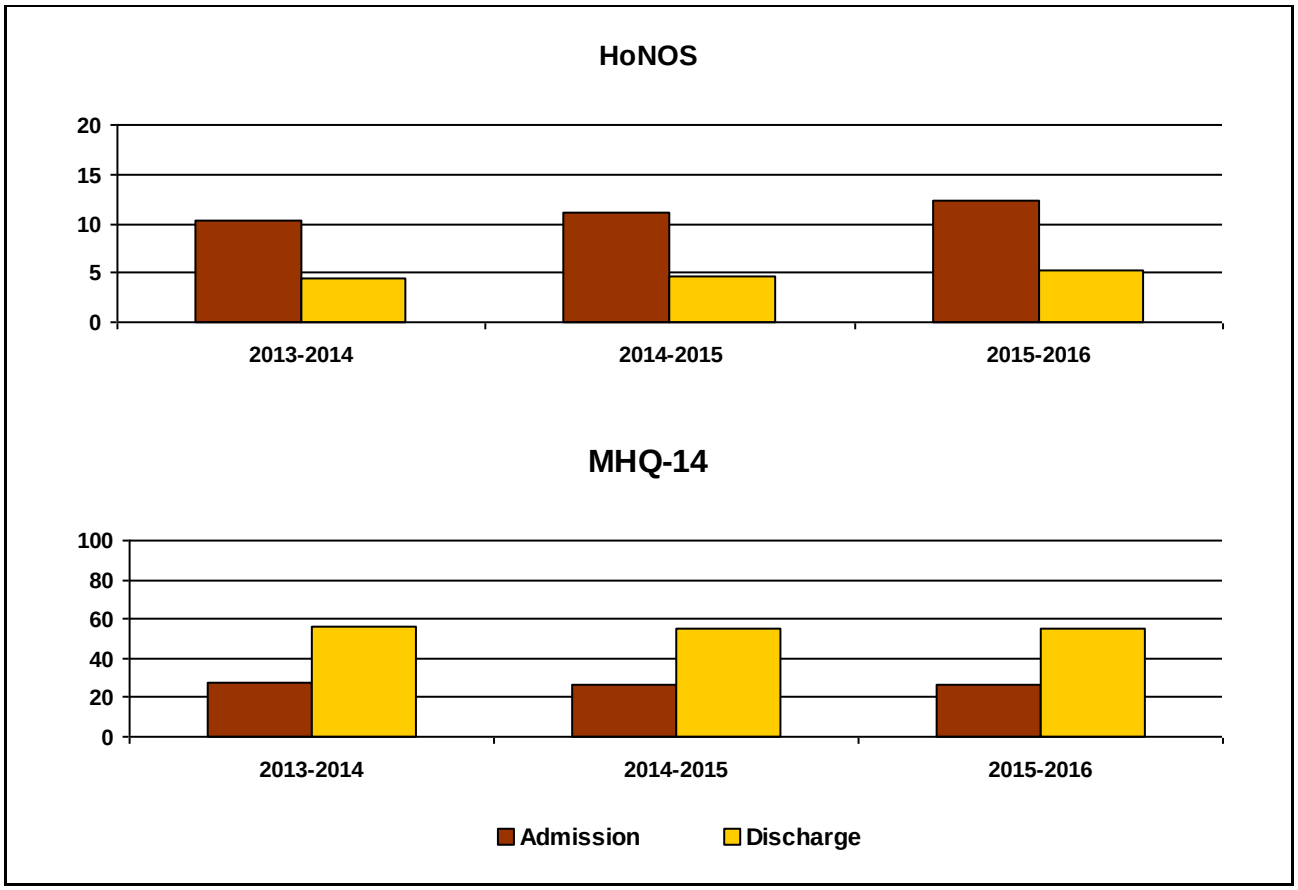

Figure 8: Historical trends in overall average HoNOS Total Scores and MHQ-14 Total Scores at Admission to and Discharge from Episodes of Overnight Inpatient Care during the identified Financial Years.

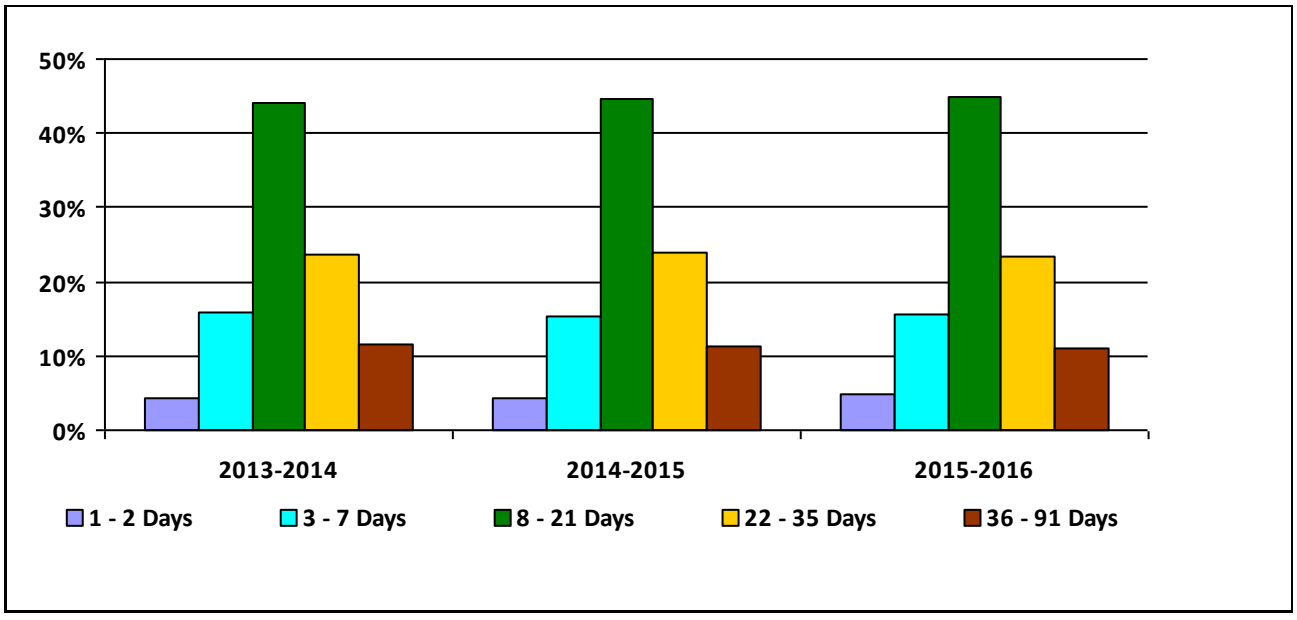

Figure 9: Historical trends in the frequency distribution of Length of Stay for Episodes of Overnight Inpatient Care during the identified Financial Years.

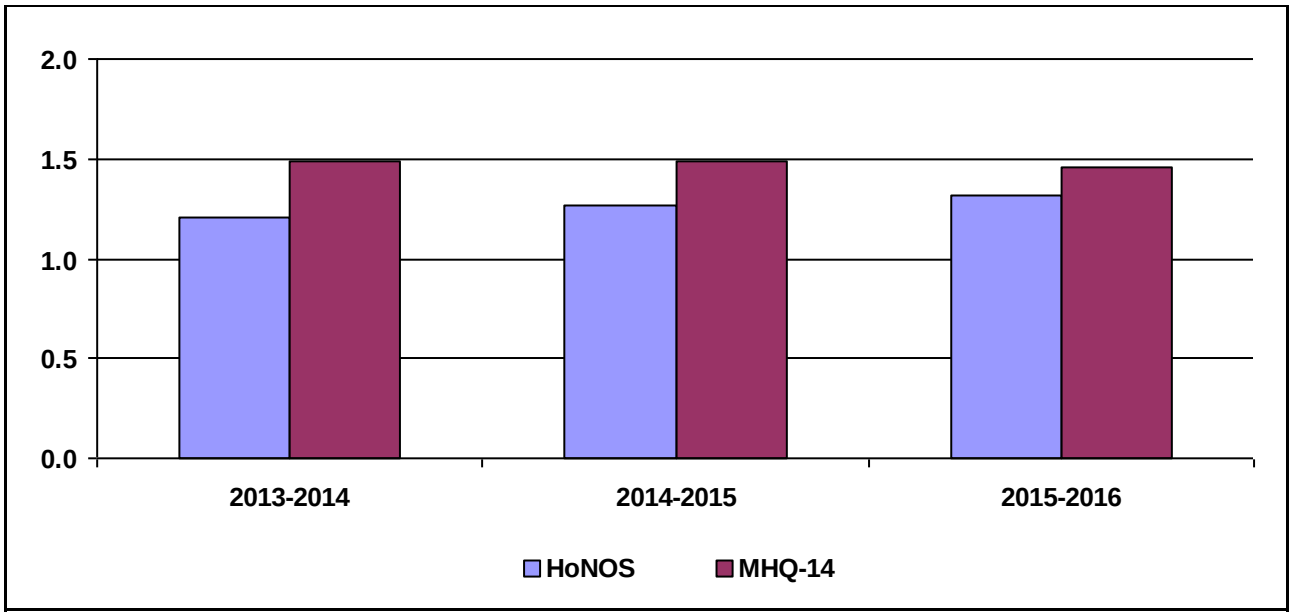

Figure 10: Historical trends in the overall Effect Size of the change in HoNOS and MHQ-14 Total Scores from Admission to Discharge for Episodes of Overnight Inpatient Care during the identified Financial Years.

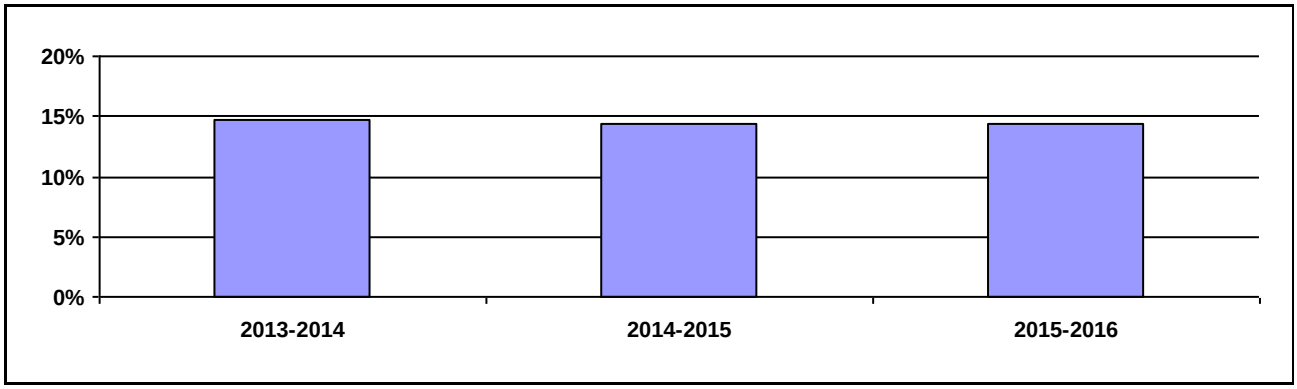

Figure 11: Historical trends in the 28 Day Readmission Rate for Episodes of Overnight Inpatient Care during the identified Financial Years.

Explanatory notes regarding the statistics

The detailed statistics presented in Tables 8 and 9.1 to 9.7 are organised in four major groups. First is demographic profile for the group in question. Second and third are Clinical Profiles and Outcomes based on the HoNOS and MHQ-14 respectively. Fourth are Service Utilisation statistics. Information regarding the statistics reported in each of these four groups is given below. Finally, the grouping of ICD-10-AM diagnoses in Diagnostic Groups is described.

1. DEMOGRAPHIC PROFILE

The demographic profile is based on patients Age in years at admission and their Sex. (To help ensure patients' confidentiality, data submitted to the PPHDRAS does not include patients full Date of Birth, but rather just their Year of Birth.) In private hospital-based psychiatric services persons younger than 15 years of age are rarely admitted for overnight inpatient care.

2. and 3. CLINICAL PROFILES and OUTCOMES (see also 2. and 3. following)

The information provided under the second and third sets of statistics provide the basis for an evaluation of the outcomes of care through a comparison of patients' HoNOS and MHQ-14 Summary Score profiles at admission and discharge.

The clinical profile at admission provides information about the nature and severity of the problems which have given rise to the need for admission to overnight inpatient care. Differences between Hospitals in this profile provide information about the average complexity and severity of the problems of the Hospitals' Patients.

The clinical profile at discharge provides information about clinical status of Patients when they are discharged from Hospital.

The change from admission to discharge is presented in terms of the 'Effect Size' (E.S.) of the change. The E.S. is a standardised measure of the degree of change. It expresses the change score as a proportion of the baseline (i.e., admission) standard deviation and is calculated in the following way: E.S. = ((individual's score at admission - individual's score at discharge) / standard deviation at admission). The standard deviation used in the calculation is that for All Patients at All Hospitals. As higher MHQ-14 scores indicate better health, the MHQ-14 effect size score is then multiplied by -1 to ensure that it can be interpreted in the same way as the HoNOS effect size score. Thus, for both the HoNOS and MHQ-14, positive values indicate that the patient's condition improved. Since it is a standardised indicator, the E.S. of each of the summary scores can be directly compared. In clinical terms, an E.S. of 0.5 represents a moderate change, whilst an E.S. of 0.8 represents a large change.

When evaluating the results, first consider the HoNOS and MHQ-14 summary score profiles at Admission. These give an indication of the reasons for patients initial admission into overnight inpatient care. Within each diagnostic group, the HoNOS and MHQ-14 profiles should be consistent with what you might expect for that group.

Next, compare the clinical profiles at admission and discharge. If it is assumed that Hospitals generally do not discharge patients until they are sufficiently well to cope in their usual home environment, then relatively larger effect sizes will be found for diagnostic groups with more severe admission profiles.

The following two sub-sections of these notes provide more detailed information about the two standardised measures.

2. HoNOS (clinician-rated) Clinical Profile and Outcomes

The second set of statistics presents information derived from the HoNOS, a clinician-rated measure of clinical status, about the clinical profile of patients at admission, their clinical profile at discharge and the overall degree of change in those clinical profiles from admission to discharge.

The HoNOS is a 12-item multidimensional rating scale covering the person's symptoms, disability and their

environment. It was developed by the Royal College of Psychiatrists (UK) specifically to measure outcomes in mental health services. It is comprehensive and clinically relevant, yet brief. Each of the items is rated on a scale ranging from 0 to 4. A score of 0 indicates that the identified problems are not present. A score of 1 indicates that they are present but are not clinically significant. A score of 2 indicates that the problems are clinically significant but may not be of sufficient severity to warrant explicit clinical attention at present. Scores of 3 and 4 indicate problems of moderate to severe intensity that should be a focus of clinical attention.

To facilitate interpretation, the 12 items are grouped into a number of summary scores, as follows. The 'Behavioural problems' summary score is the sum of ratings on items 1, 2 and 3 (Overactive, aggressive, disruptive or agitated behaviour, Non-accidental self-injury, and Problem drinking or drug-taking). Behavioural problems summary scores may range from 0 to 12, with high scores indicating more severe problems. The 'Impairment' summary score is the sum of ratings on items 4 and 5 (Cognitive problems and Physical illness or disability problems). Impairment summary scores may range from 0 to 8, with high scores indicating more severe problems. The 'Symptomatic problems' summary score is the sum of ratings on items 6, 7 and 8 (Problems associated with hallucinations and delusions, Problems with depressed mood, and Other mental and behavioural problems). Symptomatic problems summary scores may range from 0 to 12, with high scores indicating more severe problems. The 'Social problems' summary score is the sum of ratings on the remaining four items, 9, 10, 11 and 12 (Problems with relationships, Problems with activities of daily living, Problems with living conditions, and Problems with occupation and activities). Social problems summary scores may range from 0 to 16, with high scores indicating more severe problems. Finally, the 'Total Score' is the sum of ratings on items 1 through 10 only. Items 11 and 12 are excluded from the Total Score because they refer to the person's usual environment, not to the person. Total scores may range from 0 to 40, with high scores indicating more complex and severe problems.

Inspection of the results for all patients indicate that, overall, there is a large reduction in the severity of patients problems from admission to discharge and that the HoNOS change score profile is consistent with that expected following the provision of acute psychiatric inpatient care. For example, the largest improvement is found for Symptomatic problems, whilst the smallest is found for Impairment.

3. MHQ-14 (self-reported) Clinical Profile and Outcomes

The MHQ-14 is a 14 item patient self-report measure. It addresses both the disability and distress associated with mental and behavioural problems and disorders. The following guidelines should be used in the interpretation of the MHQ-14 summary scores. 'Vitality' refers to feeling energetic and full of pep versus feeling tired and worn out. 'Social Functioning' refers to the extent to which physical health or emotional problems interfere with normal social activities. 'Role Functioning - Emotional' refers to the extent to which emotional problems interfere with work or other daily activities, including decreased time spent on activities, accomplishing less, and not working as carefully as usual. 'Mental Health' refers to general mental health, including depression, anxiety, behavioural-emotional control, and general positive affect. Finally, the 'Total Score' is the sum of ratings on all 14 items.

Summary scores and the Total Score may range in value from 0 to 100. Low scores mean low Vitality, poor Functioning, or poor Health, depending on the scale. A low Total Score would indicate that the person felt very fatigued, anxious and depressed and that they felt those symptoms were markedly interfering with their social and role functioning. Like the HoNOS Total Score, the MHQ-14 Total Score may therefore be used as an overall indicator of the severity and complexity of patients' problems with their mental health.

As well as presenting patients' profiles at Admission and Discharge, to facilitate interpretation of the summary score values, the profile in the General Population is presented at the foot of this section. The profile is based on data from the ABS publication 'National Health Survey: SF-36 Population Norms, Australia', published in 1995 (ABS Catalogue No. 4399.0) (page 13).

Inspection of the results for All Patients indicate that, overall, there is a large reduction in the severity of Patients self-report problems from admission to discharge. There is also a very marked difference between the profile for Patients at Admission and that of the General Population, with Patients reporting levels of disability and distress that are generally in excess of two standard deviations greater than those reported in the General Population. For example, the effect size of the difference between the Mental Health of the General Population compared to that of all patients at admission is approximately -2.5.

4. SERVICE UTILISATION (Length of Stay and Re-admission)

The fourth set of statistics identifies the Total number of separations and presents information about service utilisation and rates of re-admission within 28 days. For separations from overnight inpatient care two sets of information about Length of Stay (LoS) are provided. The first group of LoS statistics presented are the Average (avg) and its 95% confidence interval, the Standard Deviation (s.d.) and Coefficient of Variation (c.v.). The coefficient of variation, being less strongly associated with the average than is the standard deviation, provides a convenient way for comparing the degree of variation in Length of Stay across DGs where the average Length of Stay is markedly different. The second group of LoS statistics presented are percentages of episodes falling within certain specified durations, that is, episodes ranging from 1 to 2 days in length (1-2), episodes ranging from 3 to 7 days in length (3-7) episodes ranging from 8 to 21 days in length (8-21), episodes ranging from 22 to 35 days in length (22-35) and episodes ranging from 36 to 91 days in length (36-91). This second group of statistics is included so that the very positively skewed distribution of LoS can be more fully summarised.

In these tables, the calculation of Length of Stay is based on the standard definition provided in the National Health Data Dictionary. Information regarding Leave days, which is derived from the HCP records, is taken into account. Episodes having a calculated Length of Stay of less than 1 day or greater than 91 days are regarded as outliers and have been excluded from the calculation of the LoS statistics. The exact number of outliers is identified in the table under the heading 'outliers (n)'. (Note that in cases where an episode of Outreach Care has been recorded as an episode of Overnight Inpatient Care without any actual overnight stay component the calculated Length of Stay will be zero days. Hence episodes with a Length of Stay of zero are explicitly treated as outliers.)

Re-admission within 28 days is calculated for each episode of Overnight Inpatient Care by looking forward from the episode. The statistic presented identifies the proportion of episodes that were followed by a subsequent re-admission to Overnight Inpatient Care in the same hospital within 28 days. Due to the fact that brief episodes of either 1 or two nights duration are often planned overnight admissions for procedures normally performed on a sameday basis, episodes of 1 or 2 nights duration are excluded from the analysis.

(MENTAL HEALTH) DIAGNOSTIC GROUPS

The classification of patients into Diagnostic Groups (DG) is based on their principal diagnosis, as recorded in the HCP episode record. These clinical groupings of the ICD-10 diagnoses relating to mental and behavioural disorders were initially developed by the clinical reference group of the Mental Health Classification and Service Costs Project (MH-CASC; Buckingham, et al, 1998) in consultation with the National Centre for Classification and Coding in Health. Originally seventeen distinct Mental Health Diagnostic Groups applicable across all sectors and service settings were defined. For the purposes of this report, those seventeen have been further refined to provide a clinically meaningful and relatively parsimonious patient classification. Statistics in this report are provided only for those groups for which a significant volume of care is provided.

1 - Schizophrenia, Schizoaffective and Other Psychotic Disorders
This group includes ICD-10 diagnoses of: Psychotic disorders due to psychoactive substance us (F1x.5 and F1x.7), Schizophrenia (F20), Schizotypal disorders (F21), Delusional disorders (F22 and F24), Acute and transient psychotic disorders (F23), Schizoaffective disorders (F25), and Other nonorganic psychotic disorders (F28 and F29).

2 - Major Affective and Other Mood Disorders
This group includes ICD-10 diagnoses of Manic episodes and bipolar affective disorders with current episode manic (F30, F31.0, F31.1 and F31.2), Depressive episodes, bipolar disorders with current episode depressed or mixed, and recurrent depressive disorders (F31.3, F31.4, F31.5, F31.6, F31.7, F31.8, F31.9, F32 and F33), and Persistent mood disorders including cyclothymia and dysthymia, and other mood disorders (F34, F38 and F39).

3 - Post Traumatic and Other Stress-related Disorders
This group includes ICD-10 diagnoses of Reactions to severe stress including acute stress reactions (F43.0, F43.8 and F43.9), Adjustment disorders with brief depressive reactions (F43.20), Adjustment disorders with prolonged depressive reactions (F43.21), Other adjustment disorders (F43.22 and F43.28) and Post-traumatic stress disorders (F43.1).

4 - Anxiety Disorders
This group includes ICD-10 diagnoses of Anxiety disorders including phobic anxiety, panic disorder, generalised anxiety disorder and other neurotic disorders (F40, F41 and F48), and Dissociative disorders

(F44). It does not include Obsessive Compulsive Disorders (F42) or Somatoform Disorders (F45) which are classified elsewhere.

5 - Alcohol and Other Substance Use Disorders
This group includes ICD-10 diagnoses of Alcohol and Other psychoactive substance intoxication, harmful, use, dependence and withdrawal (F1x.0, F1x.1, F1x.2, F1x.3, F1x.4, F1x.8 and F1x.9).

6 - Eating Disorders
This group includes ICD-10 diagnoses of Anorexia nervosa and atypical anorexia nervosa (F50.0 and F50.1), and Eating disorders other than anorexia nervosa (F50.2, F50.3, F50.4- and F50.9).

7 - Personality Disorders
This group includes ICD-10 diagnoses of Paranoid and schizoid personality disorders (F60.0 and F60.1), Dissocial personality disorders including antisocial personality disorder (F60.2), Emotionally unstable personality disorders (includes borderline and impulsive) (F60.3), Histrionic, anankastic (obsessive-compulsive), anxious, and dependent personality disorders (F60.4, F60.5, F60.6 and F60.7), and Other personality disorders (F60.8, F60.9, F61.0, F61.1, F62, F63, F68 and F69).

8 - Other Disorders, Not Elsewhere Classified
This group includes all remaining psychiatric and other diagnoses including: Organic Disorders (F00 through F09 and F1x.6); Obsessive Compulsive Disorders (F42); Somatoform disorders (F45); Behavioural Syndromes Associated with Physiological Disturbances and Physical Factors (F51, F53, F54, and F59); Sexual Disorders (F52, F64, F65 and F66); Mental Retardation (F70, F71, F72, F73, F78 and F79); Disorders of Psychological Development (F80, F81, F82, F83, F84, F88 and F89); Disorders of Childhood and Adolescence (F90, F91, F92, F93, F94, F95 and F98.0); Other Disorders, including ICD-10 diagnoses of Mental disorders, not otherwise specified (F99) and all other valid non-psychiatric diagnoses (i.e., diagnoses not grouped under either MDC 19 or MDC 20 in AR-DRG 4).

All episodes regardless of Principal Diagnosis

Table 8: Statistics for all Episodes of Overnight Inpatient Care regardless of Principal Diagnosis.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	Male	37%	4%	15%	13%	5%
	Female	63%	9%	23%	23%	8%
	Total within Age Group		13%	38%	36%	13%

HoNOS (Clinician rating) Summary Scores

		Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
	available observations	mean s.d. 95% C.I.	mean s.d. 95% C.I.	mean s.d. 95% C.I.	mean s.d. 95% C.I.	mean s.d. 95% C.I.
Admission		**2.83** 2.33 2.80 2.85	**1.52** 1.66 1.51 1.54	**5.53** 2.25 5.51 5.55	**3.97** 3.30 3.94 4.00	**12.23** 5.20 12.18 12.28
Discharge		**0.97** 1.51 0.96 0.99	**0.81** 1.24 0.80 0.82	**2.42** 1.87 2.40 2.44	**1.91** 2.36 1.88 1.93	**5.33** 4.24 5.29 5.38
Change (E.S.)	82%	**0.79** 0.97 0.78 0.80	**0.42** 0.91 0.41 0.43	**1.38** 1.12 1.37 1.39	**0.62** 0.97 0.61 0.63	**1.32** 1.06 1.31 1.33

MHQ-14 (Patient self-assessment) Summary Scores

		Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
	N of available observations	mean s.d. 95% C.I.	mean s.d. 95% C.I.	mean s.d. 95% C.I.	mean s.d. 95% C.I.	mean s.d. 95% C.I.
Admission		**26.2** 21.0 26.0 26.4	**27.6** 24.1 27.4 27.8	**15.2** 29.8 14.9 15.5	**33.5** 20.9 33.7 33.7	**26.8** 19.2 26.9 26.9
Discharge		**49.1** 23.7 48.9 49.4	**57.2** 28.0 56.9 57.4	**55.3** 43.1 54.9 55.7	**58.0** 22.4 57.8 58.2	**54.8** 24.1 54.6 55.0
Change (E.S.)	61%	**1.09** 1.18 1.08 1.11	**1.22** 1.28 1.21 1.24	**1.34** 1.57 1.32 1.36	**1.18** 1.15 1.17 1.19	**1.46** 1.28 1.45 1.48
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **42,333** Outliers 0.53%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	19.3 14.0 0.72 19.2 19.5	5%	15%	45%	23%	11%

Subsequent Re-Admission to Overnight Care within 28 days **14.4%**
14.1% 14.7%

N.B. Brief episodes (less than 3 days duration) are excluded.

Schizophrenia, Schizoaffective and Other Psychotic Disorders

Table 9.1: Statistics for Episodes of Overnight Inpatient Care in the Schizophrenia, Schizoaffective and Other Psychotic Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	41%	6%	23%	10%	2%
	Female	59%	6%	26%	20%	6%
	Total within Age Group		13%	49%	30%	8%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**2.31** 2.17	**1.69** 1.69	**6.60** 2.69	**3.99** 3.32	**12.93** 5.49
		2.23 2.40	1.63 1.76	6.50 6.71	3.86 4.12	12.72 13.14
Discharge		**0.86** 1.46	**1.03** 1.35	**2.97** 2.25	**2.16** 2.63	**6.11** 4.75
		0.81 0.92	0.97 1.08	2.89 3.06	2.06 2.26	5.93 6.30
Change (E.S.)	82%	**0.61** 0.92	**0.41** 0.98	**1.61** 1.38	**0.55** 1.03	**1.30** 1.18
		0.57 0.65	0.37 0.45	1.55 1.67	0.51 0.60	1.25 1.35

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**32.4** 22.2	**32.6** 25.8	**21.7** 35.1	**38.4** 22.3	**32.4** 21.0
		31.6 33.3	31.6 33.6	20.3 23.0	39.3 39.3	33.2 33.2
Discharge		**51.8** 22.1	**59.2** 26.4	**57.4** 42.1	**60.0** 21.0	**57.1** 22.1
		51.0 52.7	58.1 60.2	55.8 59.1	59.2 60.8	56.2 57.9
Change (E.S.)	55%	**0.94** 1.18	**1.10** 1.30	**1.20** 1.64	**1.04** 1.15	**1.29** 1.29
		0.88 1.00	1.04 1.17	1.12 1.29	0.98 1.10	1.22 1.35
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **2,583** Outliers 0.97%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	19.8 15.1 0.76	6%	14%	45%	22%	13%
	19.2 20.4					

Subsequent Re-Admission to Overnight Care within 28 days **16.9%**

N.B. Brief episodes (less than 3 days duration) are excluded. 15.5% 18.4%

Major Affective and Other Mood Disorders

Table 9.2: Statistics for Episodes of Overnight Inpatient Care in the Major Affective and Other Mood Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	32%	3%	10%	13%	6%
	Female	68%	8%	22%	27%	11%
	Total within Age Group		11%	33%	40%	17%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**2.29** 2.19	**1.54** 1.65	**5.71** 2.10	**3.84** 3.18	**11.84** 5.04
		2.26 2.32	1.52 1.56	5.68 5.74	3.80 3.89	11.77 11.91
Discharge		**0.68** 1.24	**0.83** 1.24	**2.37** 1.78	**1.77** 2.21	**4.92** 3.96
		0.66 0.69	0.81 0.84	2.34 2.39	1.74 1.80	4.87 4.98
Change (E.S.)	83%	**0.69** 0.92	**0.42** 0.89	**1.48** 1.07	**0.62** 0.93	**1.33** 1.01
		0.68 0.71	0.41 0.44	1.47 1.50	0.61 0.64	1.31 1.34

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**23.5** 20.4	**25.8** 23.3	**13.1** 27.5	**31.0** 20.4	**24.4** 18.2
		23.3 23.8	25.4 26.1	12.8 13.5	31.3 31.3	24.7 24.7
Discharge		**47.8** 23.6	**56.2** 27.6	**52.7** 43.2	**57.6** 22.3	**53.6** 24.0
		47.5 48.2	55.9 56.6	52.1 53.3	57.3 57.9	53.3 53.9
Change (E.S.)	64%	**1.15** 1.20	**1.25** 1.27	**1.31** 1.54	**1.27** 1.16	**1.51** 1.29
		1.13 1.17	1.23 1.27	1.29 1.34	1.25 1.29	1.49 1.53
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **19,482** Outliers 0.48%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	20.3 14.5 0.71	4%	14%	43%	25%	13%
	20.1 20.6					

Subsequent Re-Admission to Overnight Care within 28 days **15.3%**

N.B. Brief episodes (less than 3 days duration) are excluded. 14.8% 15.8%

Post Traumatic and Other Stress-related Disorders

Table 9.3: Statistics for Episodes of Overnight Inpatient Care in the Post Traumatic and Other Stress-related Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	46%	2%	16%	18%	10%
	Female	54%	8%	23%	19%	4%
	Total within Age Group		10%	39%	37%	14%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**2.83** 2.34	**1.55** 1.63	**5.67** 2.13	**4.07** 3.25	**12.49** 5.22
		2.76 2.90	1.50 1.60	5.60 5.73	3.97 4.17	12.34 12.65
Discharge		**0.89** 1.45	**0.85** 1.23	**2.56** 1.87	**1.98** 2.29	**5.50** 4.15
		0.85 0.94	0.81 0.89	2.50 2.61	1.91 2.05	5.37 5.63
Change (E.S.)	83%	**0.82** 1.01	**0.42** 0.89	**1.39** 1.10	**0.63** 0.95	**1.34** 1.08
		0.79 0.86	0.39 0.45	1.35 1.42	0.60 0.66	1.31 1.38

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**22.7** 19.2	**24.0** 22.7	**13.0** 27.6	**30.1** 19.3	**23.5** 17.3
		22.1 23.3	23.3 24.7	12.1 13.8	30.7 30.7	24.1 24.1
Discharge		**44.8** 24.3	**51.6** 28.0	**50.2** 43.3	**53.8** 22.9	**50.1** 24.7
		44.0 45.5	50.7 52.5	48.9 51.6	53.1 54.5	49.4 50.9
Change (E.S.)	63%	**1.05** 1.18	**1.13** 1.25	**1.25** 1.56	**1.13** 1.15	**1.38** 1.28
		1.01 1.10	1.08 1.18	1.19 1.31	1.09 1.18	1.33 1.43
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **4,105** Outliers 0.54%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	19.2 14.1 0.73	4%	17%	46%	22%	11%
	18.8 19.7					

Subsequent Re-Admission to Overnight Care within 28 days **13.2%**

N.B. Brief episodes (less than 3 days duration) are excluded. 12.1% 14.2%

Anxiety Disorders

Table 9.4: Statistics for Episodes of Overnight Inpatient Care in the Anxiety Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	28%	5%	12%	8%	4%
	Female	72%	10%	25%	24%	13%
	Total within Age Group		15%	37%	32%	16%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**2.40** 2.20	**1.44** 1.62	**5.77** 2.05	**3.84** 3.19	**11.89** 4.96
		2.33 2.48	1.38 1.49	5.69 5.84	3.73 3.96	11.72 12.07
Discharge		**0.76** 1.27	**0.76** 1.21	**2.52** 1.82	**1.78** 2.27	**5.09** 3.96
		0.71 0.80	0.71 0.80	2.46 2.58	1.70 1.87	4.95 5.23
Change (E.S.)	83%	**0.70** 0.93	**0.41** 0.87	**1.44** 1.08	**0.63** 0.97	**1.30** 1.01
		0.67 0.74	0.38 0.44	1.40 1.48	0.59 0.66	1.26 1.34

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**24.4** 19.4	**25.3** 22.3	**13.5** 27.6	**31.2** 19.3	**24.7** 17.1
		23.8 25.1	24.5 26.1	12.6 14.5	31.9 31.9	25.3 25.3
Discharge		**47.2** 23.1	**55.7** 27.7	**54.2** 42.2	**55.7** 21.7	**53.0** 23.4
		46.4 48.0	54.7 56.7	52.7 55.7	54.9 56.4	52.2 53.8
Change (E.S.)	64%	**1.08** 1.16	**1.23** 1.24	**1.36** 1.54	**1.16** 1.10	**1.46** 1.25
		1.03 1.13	1.18 1.29	1.29 1.42	1.12 1.21	1.40 1.51
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **3,056** Outliers 0.29%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	18.8 12.8 0.68	4%	13%	50%	23%	9%
	18.4 19.3					

Subsequent Re-Admission to Overnight Care within 28 days **11.4%**

N.B. Brief episodes (less than 3 days duration) are excluded. 10.2% 12.5%

Alcohol and Other Substance Use Disorders

Table 9.5: Statistics for Episodes of Overnight Inpatient Care in the Alcohol and Other Substance Use Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	55%	5%	27%	17%	5%
	Female	45%	3%	19%	19%	3%
	Total within Age Group		8%	47%	37%	8%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**4.48** 1.93	**1.35** 1.55	**4.52** 2.28	**4.19** 3.56	**12.79** 5.30
		4.43 4.52	1.32 1.39	4.47 4.57	4.12 4.27	12.68 12.90
Discharge		**1.79** 1.83	**0.69** 1.12	**1.98** 1.75	**2.06** 2.55	**5.65** 4.50
		1.75 1.83	0.66 0.71	1.95 2.02	2.01 2.11	5.56 5.75
Change (E.S.)	79%	**1.15** 1.00	**0.39** 0.87	**1.13** 1.08	**0.64** 1.03	**1.37** 1.09
		1.13 1.18	0.37 0.41	1.10 1.15	0.62 0.67	1.34 1.39

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**34.4** 21.4	**33.9** 25.8	**20.4** 34.6	**41.7** 21.2	**34.1** 20.6
		33.9 34.9	33.3 34.4	19.7 21.2	42.2 42.2	34.5 34.5
Discharge		**58.4** 21.6	**66.6** 26.9	**69.0** 40.3	**65.9** 20.3	**64.5** 22.0
		57.9 58.8	66.0 67.2	68.1 69.8	65.5 66.4	64.1 65.0
Change (E.S.)	55%	**1.15** 1.16	**1.38** 1.31	**1.64** 1.61	**1.17** 1.10	**1.60** 1.27
		1.12 1.19	1.34 1.42	1.59 1.68	1.14 1.20	1.56 1.64
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **8,405** Outliers 0.04%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	16.0 10.6 0.66	6%	19%	50%	21%	4%
	15.8 16.2					

Subsequent Re-Admission to Overnight Care within 28 days **12.9%**

N.B. Brief episodes (less than 3 days duration) are excluded. 12.1% 13.6%

Eating Disorders

Table 9.6: Statistics for Episodes of Overnight Inpatient Care in the Eating Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	4%	2%	2%	0%	0%
	Female	96%	48%	40%	8%	0%
	Total within Age Group		50%	42%	8%	0%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**2.33** 2.18	**2.16** 2.12	**6.32** 1.95	**4.13** 3.28	**13.28** 5.60
		2.21 2.46	2.04 2.28	6.21 6.43	3.94 4.32	12.95 13.61
Discharge		**1.07** 1.53	**1.00** 1.39	**3.86** 2.08	**2.03** 2.38	**7.20** 4.78
		0.98 1.16	0.92 1.08	3.74 3.98	1.89 2.17	6.92 7.48
Change (E.S.)	76%	**0.52** 0.94	**0.67** 1.25	**1.06** 1.12	**0.61** 1.00	**1.13** 1.16
		0.46 0.58	0.59 0.76	0.99 1.14	0.54 0.68	1.05 1.21

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**24.8** 20.7	**28.2** 23.0	**16.9** 31.4	**32.5** 20.2	**26.4** 19.0
		23.6 26.0	26.9 29.6	15.1 18.8	33.7 33.7	27.5 27.5
Discharge		**40.3** 23.9	**43.8** 27.7	**42.1** 42.2	**45.2** 22.8	**43.0** 23.8
		38.9 41.7	42.2 45.4	39.6 44.6	43.8 46.5	41.6 44.4
Change (E.S.)	59%	**0.70** 1.07	**0.59** 1.20	**0.83** 1.52	**0.58** 1.00	**0.82** 1.15
		0.62 0.78	0.50 0.68	0.72 0.95	0.51 0.66	0.74 0.91
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **1,122** Outliers 1.25%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	28.8 18.8 0.65	3%	9%	29%	26%	32%
	27.7 29.9					

Subsequent Re-Admission to Overnight Care within 28 days **18.4%**

N.B. Brief episodes (less than 3 days duration) are excluded. 16.2% 20.7%

Personality Disorders

Table 9.7: Statistics for Episodes of Overnight Inpatient Care in the Personality Disorders diagnostic group.

Demographic Profile

		Age Group:	15 - 24 yrs	25 - 44 yrs	45-65 yrs	65+ yrs
Sex:	**Male**	13%	3%	8%	2%	0%
	Female	87%	30%	36%	19%	2%
	Total within Age Group		33%	44%	20%	3%

HoNOS (Clinician rating) Summary Scores

	available observations	Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**3.44** 2.51	**1.25** 1.55	**5.80** 2.24	**4.50** 3.51	**13.17** 5.45
		3.30 3.58	1.16 1.33	5.67 5.92	4.30 4.69	12.87 13.48
Discharge		**1.38** 1.81	**0.61** 1.06	**2.85** 1.93	**2.36** 2.71	**6.28** 4.75
		1.28 1.48	0.55 0.67	2.74 2.95	2.21 2.51	6.02 6.55
Change (E.S.)	84%	**0.87** 1.13	**0.40** 0.85	**1.31** 1.16	**0.65** 1.09	**1.33** 1.17
		0.80 0.94	0.35 0.45	1.24 1.38	0.59 0.72	1.25 1.40

MHQ-14 (Patient self-assessment) Summary Scores

	N of available observations	Vitality	Social Functioning	Role Functioning	Mental Health	Total Score
		mean s.d.	mean s.d.	mean s.d.	mean s.d.	mean s.d.
		95% C.I.	95% C.I.	95% C.I.	95% C.I.	95% C.I.
Admission		**19.6** 17.6	**22.6** 21.3	**8.7** 22.0	**25.7** 16.9	**19.9** 14.6
		18.6 20.6	21.4 23.7	7.4 9.9	26.6 26.6	20.7 20.7
Discharge		**38.5** 24.0	**47.8** 27.9	**43.7** 42.3	**47.0** 22.5	**44.0** 23.9
		37.2 39.9	46.2 49.4	41.3 46.1	45.8 48.3	42.6 45.3
Change (E.S.)	59%	**0.90** 1.14	**1.03** 1.24	**1.18** 1.48	**1.02** 1.13	**1.25** 1.24
		0.82 0.99	0.93 1.12	1.08 1.29	0.94 1.10	1.16 1.34
General Population		**65** 20	**85** 23	**83** 32	**76** 17	

Service Utilisation

Number of Separations **1,234** Outliers 0.08%

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% C.I.	1 - 2	3 - 7	8 - 21	22 - 35	35 - 91
	17.1 11.6 0.68	3%	19%	50%	20%	7%
	16.5 17.7					

Subsequent Re-Admission to Overnight Care within 28 days **17.7%**

N.B. Brief episodes (less than 3 days duration) are excluded. 15.5% 19.8%

end of this report