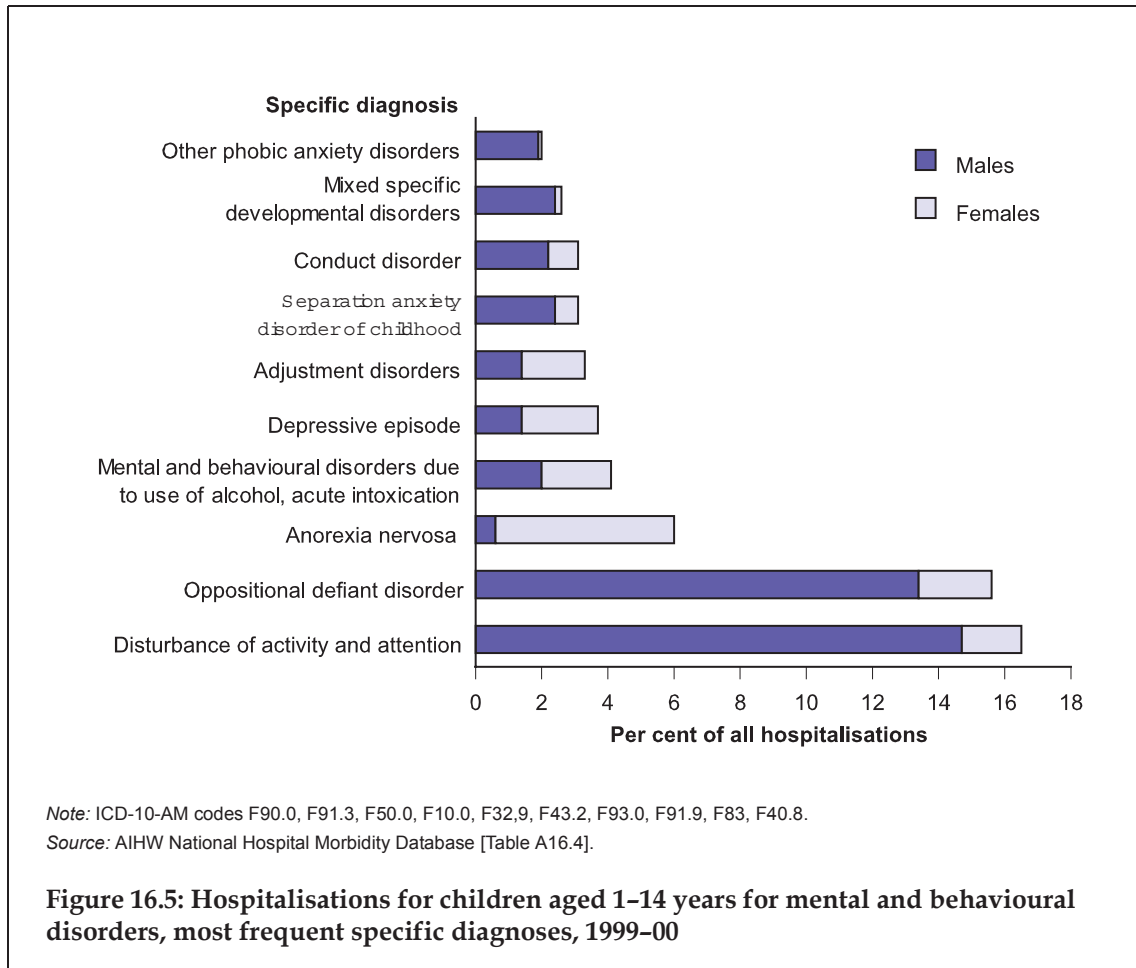


The indicator for hospitalisations for specific mental and behavioural disorders is the number of children aged 1–14 years hospitalised due to a specific mental and behavioural disorder in a given year as a percentage of the number of hospitalisations of children aged 1–14 years for all mental and behavioural disorders.⁴

In 1999–00, the 10 most frequent specific diagnoses accounted for 60% of all hospitalisations for mental and behavioural disorders among children aged 1–14 years (Figure 16.5).



- For children aged 1–14 years in 1999–00, the most frequent specific diagnoses resulting in hospitalisation for mental and behavioural disorders were disturbance of activity and attention (17%), oppositional defiant disorder (16%) and anorexia nervosa (6%).
- For boys aged 1–14 years, the most frequent specific diagnoses resulting in hospitalisation in 1999–00 were disturbance of activity and attention and oppositional defiant disorder (15% and 13% of all hospitalisations for mental and behavioural disorders, respectively).
- For girls aged 1–14 years, the most frequent specific diagnoses were anorexia nervosa (5%), depressive disorder and oppositional defiant disorder (2% each).

4. This indicator also needs further development. See note for indicator for hospitalisations for mental and behavioural disorder groups.

Aboriginal and Torres Strait Islander children

Table 16.4: Hospitalisations of Aboriginal and Torres Strait Islander children aged 1–14 years with mental and behavioural disorders, most frequent diagnosis groups, 1999–00

Diagnosis group	Number	Per cent of all hospitalisations for mental and behavioural disorders
Hyperkinetic disorders	167	41.5
Conduct disorders	72	17.9
Mental and behavioural disorders due to use of alcohol	29	7.2
Mental and behavioural disorders due to use of volatile solvents	25	6.2
Reaction to severe stress, and adjustment disorders	20	5.0
All hospitalisations for mental and behavioural disorders	402	100.0

Note: Hospitalisations for boys and girls have been combined due to small numbers of hospitalisations for some of these disorders.

Source: AIHW National Hospital Morbidity Database.

- Five diagnosis groups (Table 16.4) accounted for 78% of hospitalisations of Aboriginal and Torres Strait Islander children for mental and behavioural disorders in 1999–00.
- Hyperkinetic disorders were responsible for the highest proportion of hospitalisations, accounting for 41.5%.
- Conduct disorders accounted for 17.9% of hospitalisations, and mental and behavioural disorders due to use of alcohol accounted for 7.2%.

Table 16.5: Hospitalisations of Aboriginal and Torres Strait Islander children aged 1–14 years for mental and behavioural disorders, most frequent specific diagnoses, 1999–00

Diagnosis	Number	Per cent of all hospitalisations for mental and behavioural disorders
Disturbance of activity and attention	164	40.8
Oppositional defiant disorder	60	14.9
Mental and behavioural disorders due to use of alcohol, acute intoxication	22	5.5
Adjustment disorders	15	3.7
Unspecified non-organic psychosis	12	3.0
All hospitalisations for mental and behavioural disorders	402	100.0

Note: Hospitalisations for boys and girls have been combined due to small numbers of hospitalisations for some of these disorders.

Source: AIHW National Hospital Morbidity Database.

- The specific diagnoses in Table 16.5 accounted for 68% of hospitalisations of Aboriginal and Torres Strait Islander children for mental and behavioural disorders in 1999–00.
- The most frequent specific diagnosis was disturbance of activity and attention, which accounted for 40.8% of all hospitalisations for mental and behavioural disorders.
- The next most frequent specific diagnosis among Indigenous children was oppositional defiant disorder, which accounted for 14.9% of all hospitalisations for mental and behavioural disorders.

Children in metropolitan, rural and remote areas

Table 16.6: Hospitalisations of children aged 1–14 years for mental and behavioural disorders, most frequent diagnosis groups, by area of residence, 1999–00

Diagnosis group	Number		Per cent of all hospitalisations for mental and behavioural disorders	
	Metropolitan	Non-metropolitan	Metropolitan	Non-metropolitan
Conduct disorders	1,631	126	22.1	10.8
Hyperkinetic disorders	1,493	59	20.2	5.0
Depressive episode	510	99	6.9	8.5
Eating disorders	482	74	6.5	6.3
Reaction to severe stress, and adjustment disorders	348	125	4.7	10.7
Emotional disorders with onset specific to childhood	456	17	6.2	1.5
Mental and behavioural disorders due to use of alcohol	218	153	3.0	13.1
Phobic anxiety disorders	277	5	3.8	0.4
Pervasive developmental disorders	193	47	2.6	4.0
Other anxiety disorders	190	45	2.6	3.8
All hospitalisations for all mental disorders	7,385	1,171	100.0	100.0

Note: Hospitalisations for boys and girls and for children in rural and remote areas have been combined due to small numbers of hospitalisations for some of these disorder groups.

Source: AIHW National Hospital Morbidity Database

- In 1999–00, conduct disorders and hyperkinetic disorders were responsible for a greater proportion of hospitalisations of children for mental and behavioural disorders in metropolitan areas.
- Reaction to severe stress, adjustment disorders, and mental and behavioural disorders due to use of alcohol were responsible for a greater proportion of hospitalisations in non-metropolitan areas.

Table 16.7: Hospitalisations of children aged 1–14 years for mental and behavioural disorders, most frequent specific diagnoses, by area of residence, 1999–00

Diagnosis	Number		Per cent of all hospitalisations for mental and behavioural disorders	
	Metropolitan	Non-metropolitan	Metropolitan	Non-metropolitan
Disturbance of activity and attention	1,369	47	18.5	4.0
Oppositional defiant disorder	1,308	31	17.7	2.6
Anorexia nervosa	453	60	6.1	5.1
Mental and behavioural disorders due to use of alcohol, acute intoxication	211	141	2.9	12.0
Depressive episode, unspecified	261	59	3.5	5.0
Adjustment disorders	190	88	2.6	7.5
Separation anxiety disorder of childhood	259	7	3.5	0.6
Conduct disorder, unspecified	199	60	2.7	5.1
Mixed specific developmental disorders	210	15	2.8	1.3
Other phobic anxiety disorders	171	1	2.3	0.1
All hospitalisations for all mental disorders	7,385	1,171	100.0	100.0

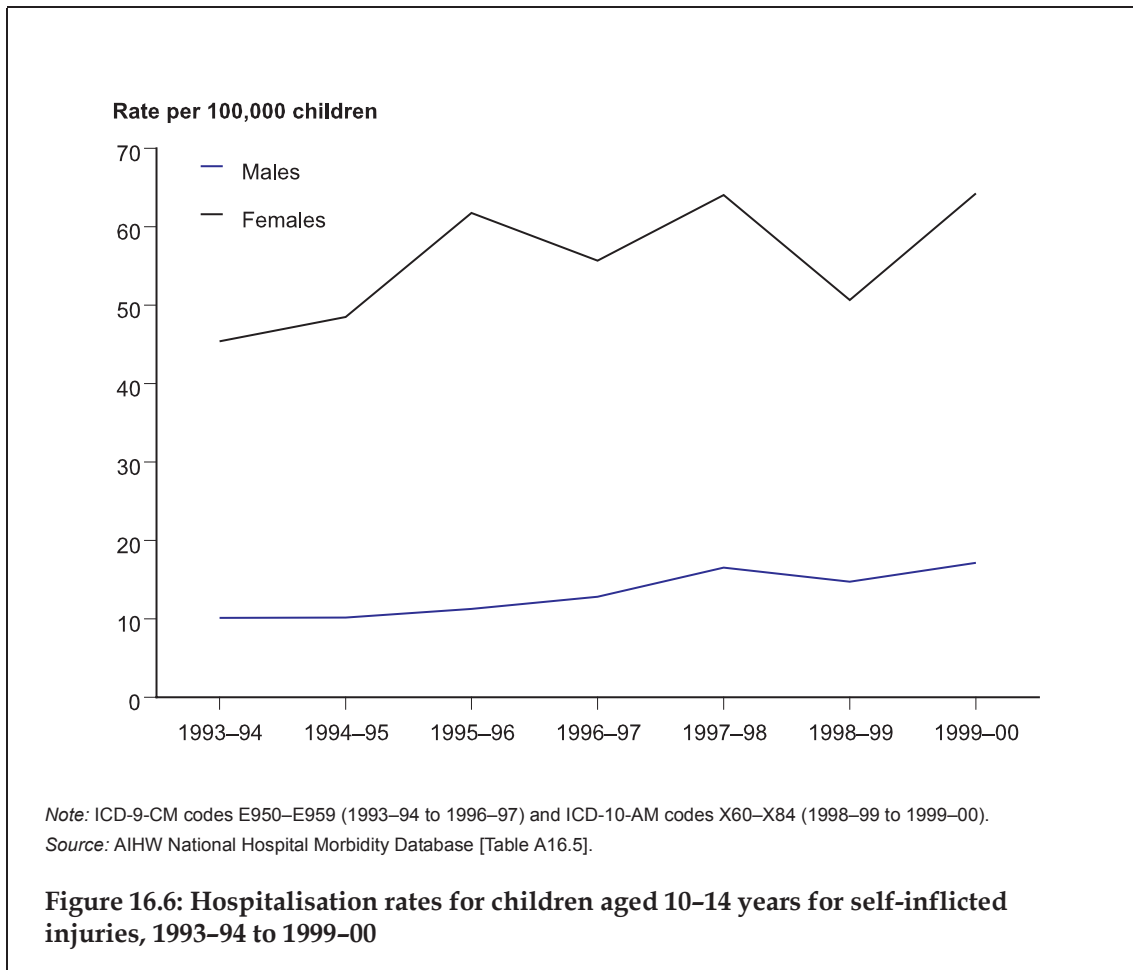
Note: Hospitalisations for boys and girls and for children in rural and remote areas have been combined due to small numbers of hospitalisations for some of these disorders.

Source: AIHW National Hospital Morbidity Database.

- In 1999–00, there was a higher proportion of hospitalisations of children for disturbance of activity and attention and oppositional defiant disorder in metropolitan areas.
- The proportion of hospitalisations for alcohol use (acute intoxication) was higher among children in non-metropolitan areas.

Intentional self-inflicted injuries

Intentional self-inflicted injuries are often associated with mental health problems and disorders, such as depression (Groholt et al. 2000). In 1999–00, 547 children aged 0–14 years were hospitalised for intentional self-inflicted injuries, with the vast majority (97%) aged between 10–14 years. For this reason, the remainder of this section will deal with hospitalisations for intentional self-inflicted injuries of children in this age group only.



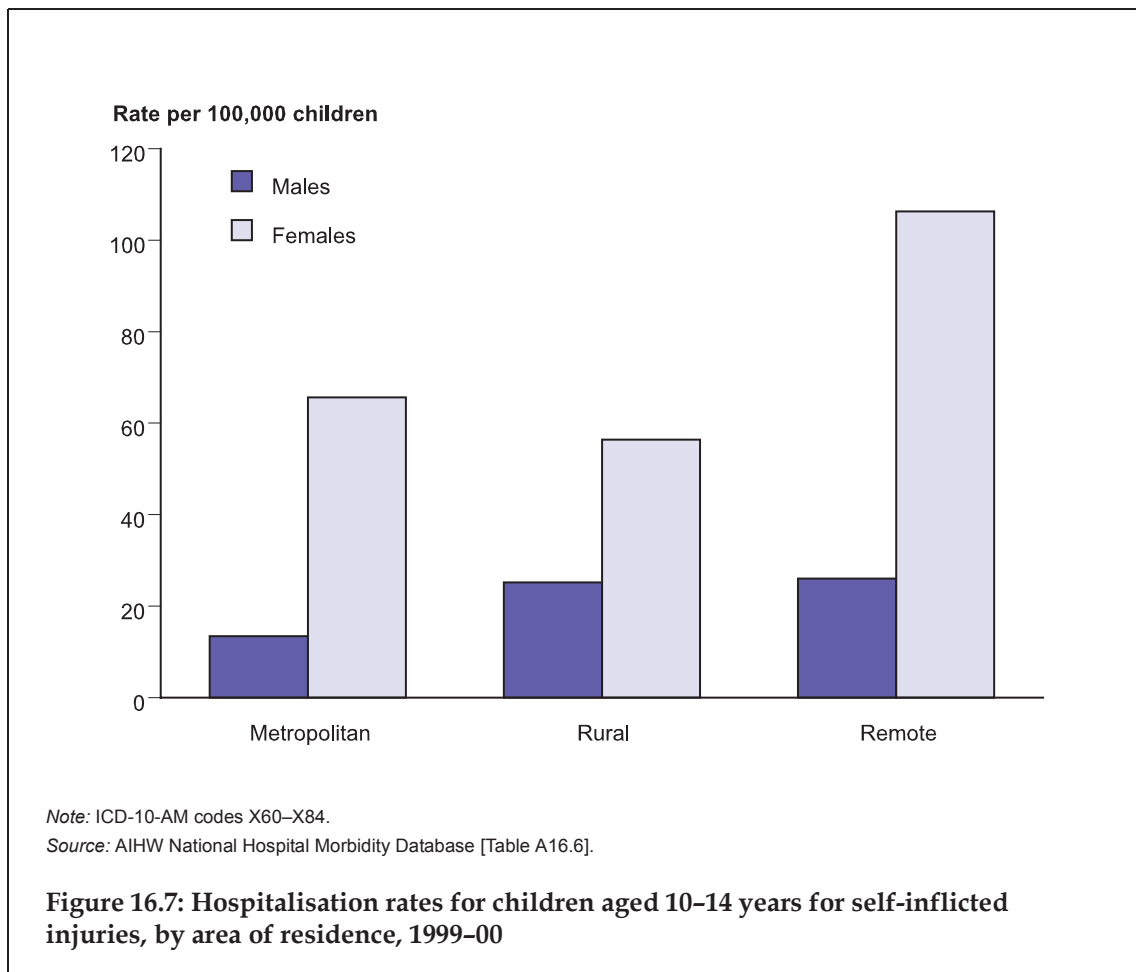
- In 1999–00, 414 girls and 116 boys were hospitalised for self-inflicted injuries.
- Between 1993–94 and 1999–00, hospitalisation rates for self-inflicted injuries were between 3 and 6 times higher for girls than for boys. However, the sex difference has been decreasing since 1995–96, with the rate for girls 3.7 times that for boys in 1999–00, compared with 5.5 times in 1995–96, the year in which the difference was greatest.
- Rates have been increasing since 1993–94. For both girls and boys, hospitalisations for self-inflicted injuries were at their highest point in 1999–00 (64.2 and 17.1 per 100,000, respectively).

For both boys and girls, poisoning was the most common reason for hospitalisation: 331 girls (80%) and 88 boys (76%). Using a sharp object was the next most common reason for hospitalisation.

Aboriginal and Torres Strait Islander children

In 1999–00, 37 Aboriginal and Torres Strait Islander children were hospitalised for self-inflicted injuries, compared with 484 other Australian children. Indigenous children were hospitalised at a rate twice that of other Australian children (77.0 compared with 38.3 per 100,000 children). Most Indigenous children (29, or 78%) were hospitalised for poisoning.

Children in metropolitan, rural and remote areas



- In 1999–00, 347 children in metropolitan areas, 153 in rural areas and 29 in remote areas were hospitalised for self-inflicted injuries.
- The highest rates of hospitalisation were for girls who lived in remote areas, and lowest for those in rural areas. Rates for girls in remote areas were approximately twice those for girls in rural areas, and 1.6 times those for girls in metropolitan areas.
- Hospitalisation rates for boys were lowest in metropolitan areas. Boys in both remote and rural areas were hospitalised for self-inflicted injuries at a very similar rate, which was twice that for boys in metropolitan areas.

For both boys and girls in all locations, poisoning was responsible for the highest proportion of hospitalisations for self-inflicted injury.

Deaths

Deaths attributable to mental and behavioural disorders among children under the age of 15 are very low. In 2000, only 3 deaths were classified as being caused by mental and behavioural disorders, two of which were drug or alcohol related. These data do not include death by suicide, which is generally associated with some form of mental disorder.

Suicide

The indicator for suicide is the number of deaths attributed to suicide for children aged 10–14 years in a given year as a rate per 100,000 children aged 10–14 years. Data on suicide are derived from the AIHW Mortality Database.

Table 16.8: Suicide deaths in children aged 10–14 years, 1991–00

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Number										
Males	6	5	4	3	5	7	8	6	10	6
Females	2	2	1	3	—	7	7	1	7	1
Persons	8	7	5	6	5	14	15	7	17	7
Rate per 100,000 children										
Persons	0.6	0.6	0.4	0.5	0.4	1.1	1.1	0.5	1.3	0.5

Note: ICD-9 codes E950–E959 (1991 to 1996) and ICD-10 codes X60–X84 (1997 to 2000).

Source: AIHW Mortality Database.

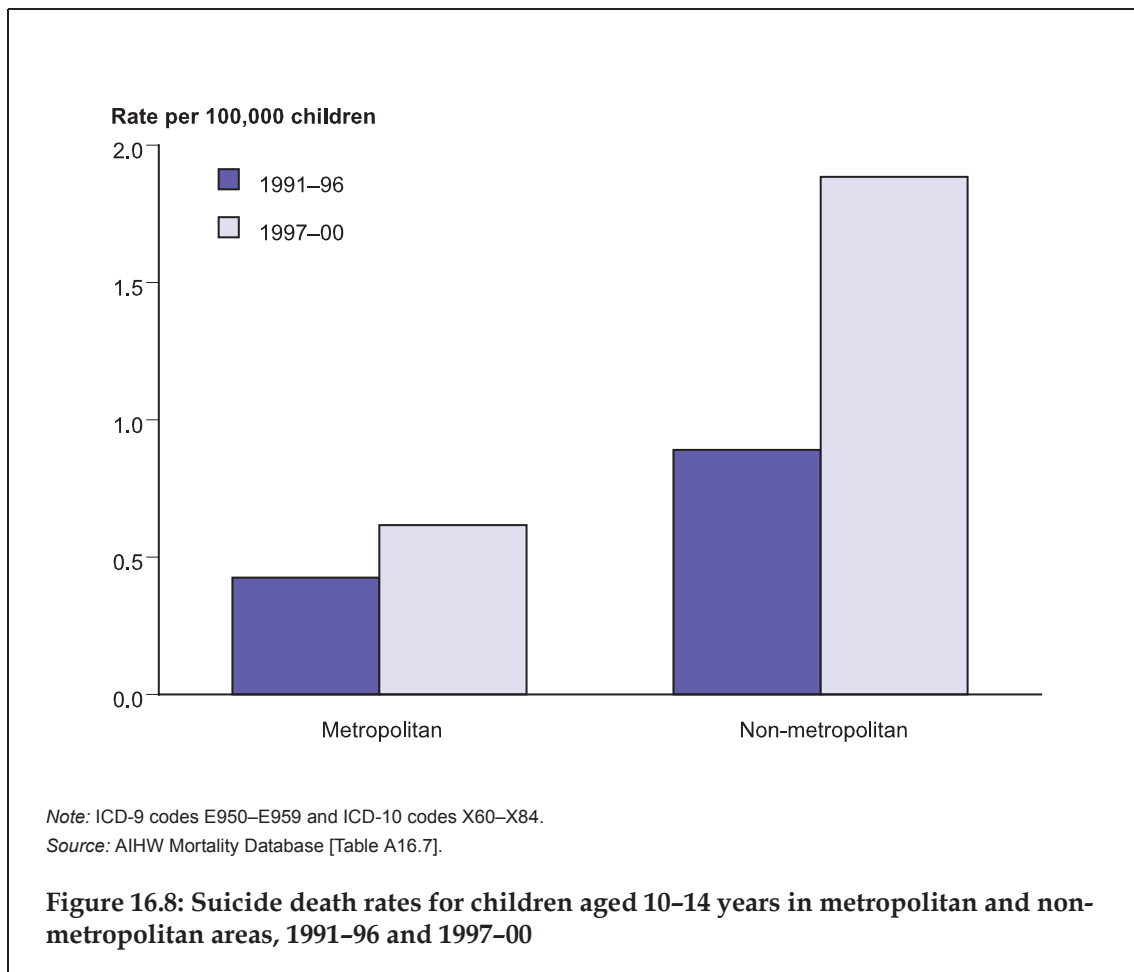
- In 2000, there were 7 deaths from suicide of children aged 10–14 years. Over the decade, there were 91 suicides, with two-thirds of these males.

Most suicides in this age group are a result of hanging. For boys, firearms were the second most common method of suicide over the period. However, fewer shooting deaths occurred between 1996 and 2000 than between 1991 and 1995 (4, compared with 11).

Aboriginal and Torres Strait Islander children

In Queensland, Western Australia, South Australia and the Northern Territory from 1991 to 2000, 4 Aboriginal and Torres Strait Islander boys and 6 Aboriginal and Torres Strait Islander girls committed suicide. Of these 10 suicides, 9 took place between 1996 and 2000.

Children in metropolitan and non-metropolitan areas

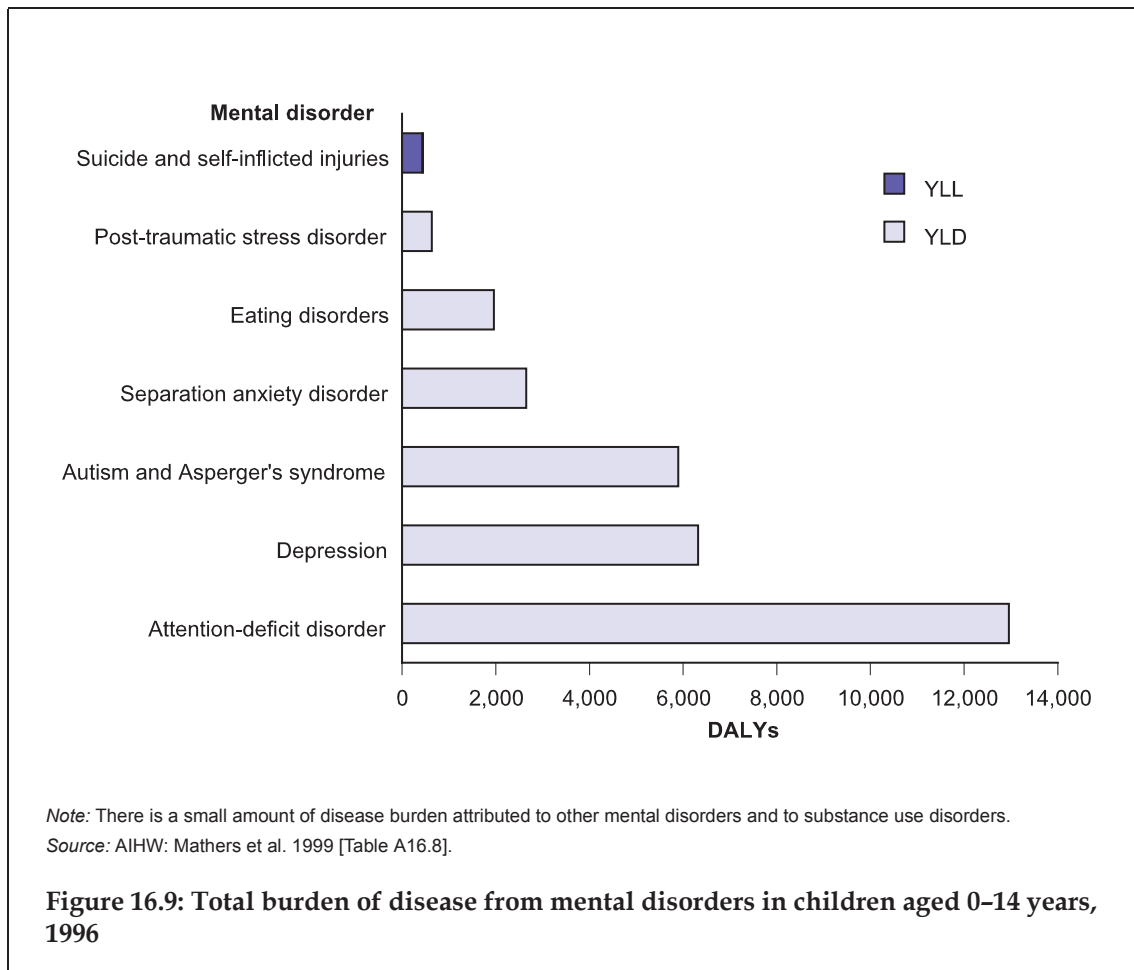


- From 1991 to 2000, there were 44 deaths of children aged 10–14 years from suicide in metropolitan areas and 46 in non-metropolitan areas.
- In both time periods, suicide rates were higher in non-metropolitan areas than in metropolitan areas.
- In non-metropolitan areas, rates in 1997–00 were 2.1 times higher than in 1991–96. In metropolitan areas, rates were 1.4 times higher in 1997–00 than in 1991–96.

The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing also examined thoughts of suicide and suicidal behaviour among children and adolescents aged 13–17 years. It was found that 12.0% had experienced thoughts of suicide, and 4.2% had made a suicide attempt, with 0.9% requiring treatment by a doctor or nurse. Children and adolescents aged 13–17 years with more emotional and behavioural problems reported considerably higher levels of suicidal thoughts and behaviour. Of those with a very high level of problems, 42% reported they had had serious thoughts about suicide, whereas only 2% of those with a low level of problems had considered suicide (Sawyer et al. 2000).

Burden of disease attributable to mental disorders

In 1996, mental disorders (excluding mental retardation) were estimated to account for 14.3% of the total burden of disease in children aged 0–14 years (30,476 DALYs). The total burden of disease was higher in boys (62% of total) than in girls (38%). Almost all of the total burden of mental health disorders was due to the burden of disability (30,416 YLD; 99.8% of total), with the mortality burden accounting for only 0.2% (59 YLL). The total burden of disease for different disorders is shown in Figure 16.9.



- Attention-deficit disorder and depression were the disorders responsible for the greatest burden of disease from mental disorders among children aged 0–14 years in 1996.
- The main disorders for which a mortality burden existed were suicide and substance use disorders.

Service use

A small proportion of children with mental health problems and disorders attend mental health services. The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing found that 25% of children who scored in the clinical range of the *Total Problems* scale on the Child Behaviour Checklist had attended one or more types of mental health service in the 6 months prior to the survey (Sawyer et al. 2000). Of children whose parents reported that they needed professional help for emotional or behavioural problems, 45% had attended a mental health service in the previous 6 months. Barriers to obtaining help included the cost of the services, lack of knowledge of where to get help, and the belief that parents could handle the problem.

Of children with ADHD, depressive disorder or conduct disorder, 29% had attended a mental health service during the 6 months prior to the survey (Sawyer et al. 2000).

Services most often attended included counselling in school, those provided by a family doctor, paediatrician, private psychologist/social worker, and other community health services. Of those children with ADHD, depressive disorder or conduct disorder, 3% had attended a mental health clinic and 2% a hospital-based department of psychiatry.