

17 Mental disorders

Characteristics

Mental disorders are disturbances of mood or thought that can affect behaviour and distress the person suffering the disorders or those around them, so that the person cannot function normally (AIHW 2000a). The major groups of mental disorders include schizophrenia, depression, anxiety disorders, dementia (not including Alzheimer's disease) and substance use disorders.

Episodes of mental disorder can be acute or chronic and vary widely in severity, with many sufferers experiencing successive periods of mental illness throughout life. In 1997, the National Survey of Mental Health and Wellbeing found that almost one in five (18%) of adults surveyed reported having a mental disorder within the 12-month period before the survey (DHAC & AIHW 1998b). Mental health care takes place in many settings, from schools to general practitioner's surgeries, to the acute healthcare settings and psychiatric institutions. The care can be administered in many different ways. The treatments used for mental disorders are varied and range from drug therapy to psychological counselling to behavioural strategies, and combinations of these. Depression is the leading cause of non-fatal disease burden in the community (Mathers et al. 1999).

A National Mental Health Strategy has been in place since 1992 and mental health has been identified as one of the six National Health Priority Areas.

Mental retardation is also included with mental disorders. Mentally retarded individuals can experience the full range of mental disorders at rates three to four times those of the general population (WHO 1992).

It is estimated that, in 1998, 33,000 Person Years of Life Lost (PYLL) for males, and about 9,000 PYLL for females were due to mental disorders (ranked fifth for males and ninth for females on this measure).

Of the 3,903 deaths in 1998 from a mental disorder, 29% (1,119) died from a mental disorder associated with dementia, and 24% (922) died from a mental disorder related to drug abuse (alcoholic psychoses, drug psychoses, alcoholic dependence syndrome, drug dependence and non-dependent abuse of drugs). The remaining deaths were attributed to psychoses (not associated with drug abuse or dementia), neurotic disorders, personality disorders and other nonpsychotic mental disorders, and mental retardation (from which there were only 10 deaths in 1998).

It is important to note that about a third of deaths counted in the Dementia and related disorders profile are also included here as deaths due to mental disorders; see Chapter 18.

Age–sex distribution

In 1998, 2.5% of all deaths were due to mental disorders. Of these 3,903 deaths, 1,855 were male and 2,048 were female (Table 17.1; Figure 17.2).

- Deaths from mental disorders increased as age increased.
- In 1998, 58% of the male deaths occurred from the age of 60 years and 45% occurred from age 75.

- For females, 90% of deaths occurred from age 60 years and 82% occurred from age 75.
- While there is a general increase with age in risk of death from mental disorders, the risk is greatest for males between the ages of 20 and 44, and females from age 70.
- In 1998, the mortality rate for mental disorders for males was 214 deaths per million population and for females 145 deaths.

Twelve-year trends 1987–1998

Over the 12-year period, mortality rates attributed to mental disorders increased significantly for males (6.5% per year) and females (7.0%). There were significant increases in age-specific mortality rates for males aged 15–49 years and 65 years and over, and for females aged 30–44, and 60 years and over.

During the 1987–1998 period there was an increase in the absolute numbers of deaths due to mental disorders. The increase was due mostly to senile and pre-senile psychosis, with increases mostly for those aged 75 years and older. While no explanation can be offered at this stage, it is possible that more reliable diagnoses and varying practices in death certification have contributed to this increase (DHAC & AIHW 1998b); as well as increased survival to these ages (Table 17.1; Figure 17.1). The use of illegal drugs has also contributed to the increase in deaths due to mental disorders over the 1987–1998 period.

Geographic differences in mortality

As discussed in Chapter 4, geographic differences are a complex interplay of many factors including socioeconomic status, occupational and environmental risk, migrant population, Aboriginal and Torres Strait Islander population, and proportion of the population living in rural and remote areas. Areas with a higher proportion of Aboriginal and Torres Strait Islander people will have higher mortality rates because of the higher mortality rates experienced by the Aboriginal and Torres Strait Islander population. Some of these factors are discussed separately below.

State and Territory comparison

The mortality rates due to mental disorders increased significantly between the two periods 1987–1991 and 1994–1998 for males in New South Wales, Victoria, Western Australia and South Australia, and for females in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Australian Capital Territory. There were increases in all States and Territories, except in Tasmania where the rate for males decreased. The mortality rates for mental disorders also showed some variation among the States and Territories (Table 17.2).

During the 1987–1991 period, compared with the national mortality rate for mental disorders:

- The mortality rate for males in Victoria was significantly higher.
- Mortality rates for males in Western Australia, South Australia and the Australian Capital Territory were significantly lower.
- Mortality rates for females in Victoria and Tasmania were significantly higher.
- Mortality rates for females in Western Australia and the Australian Capital Territory were significantly lower.

During the 1994–1998 period:

- Mortality rates for males in New South Wales and Victoria were significantly higher.
- Mortality rates for males in Queensland, Tasmania and the Australian Capital Territory were significantly lower.
- Mortality rates for females in Victoria and South Australia were significantly higher.
- The mortality rate for females in Queensland was significantly lower.

Geographic category (by metropolitan, rural and remote area)

During 1995–1997, mortality rates due to mental disorders for those living in metropolitan areas were 27% higher for males and 11% for females than for those living in rural areas, with the difference being statistically significant. While not statistically significant, mortality rates for remote areas were higher than for rural areas (19% higher for males and 28% for females) (Table 17.3).

Country of birth

For the period 1992–1994, the world-standardised mortality rate for mental disorders for Australian males and females born in Australia was 97 deaths per million population for males and 68 deaths per million population for females (Table 17.6).

- Of the 25 countries of birth analysed for Australian males and females, none had significantly higher mortality rates for mental disorders than Australian males and females born in Australia.

Socioeconomic status

Of the five population quintiles of socioeconomic status, measured using the SEIFA Index of Relative Socioeconomic Disadvantage, males and females in the third quintile group had the greatest risk of death from mental disorders (216 deaths per million population and 157 respectively) during 1995–1997.

In comparison, males in the highest socioeconomic group had a significantly lower risk of death (153 deaths per million population).

The converse was true for females, with risk of death significantly lower for the lowest socioeconomic groups than for females in the third quintile (131 and 138 deaths per million population for females in the fourth and fifth quintiles respectively) (see Appendix D) (Table 17.4).

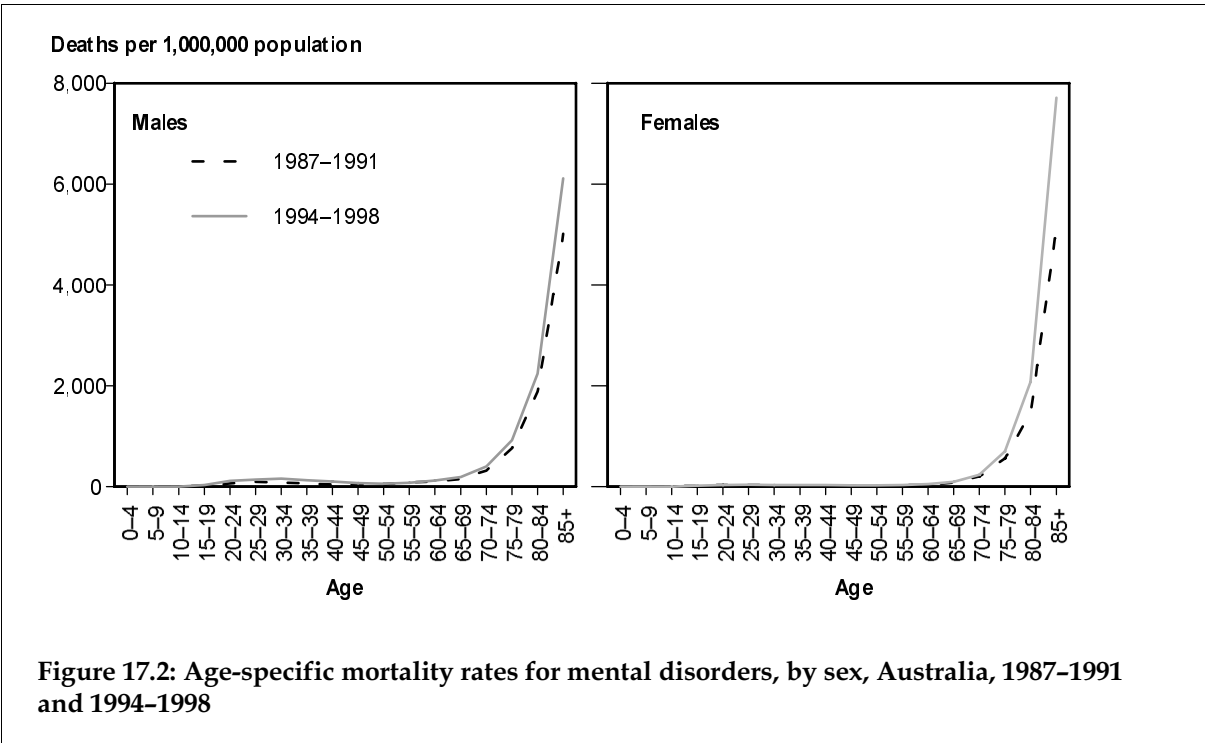
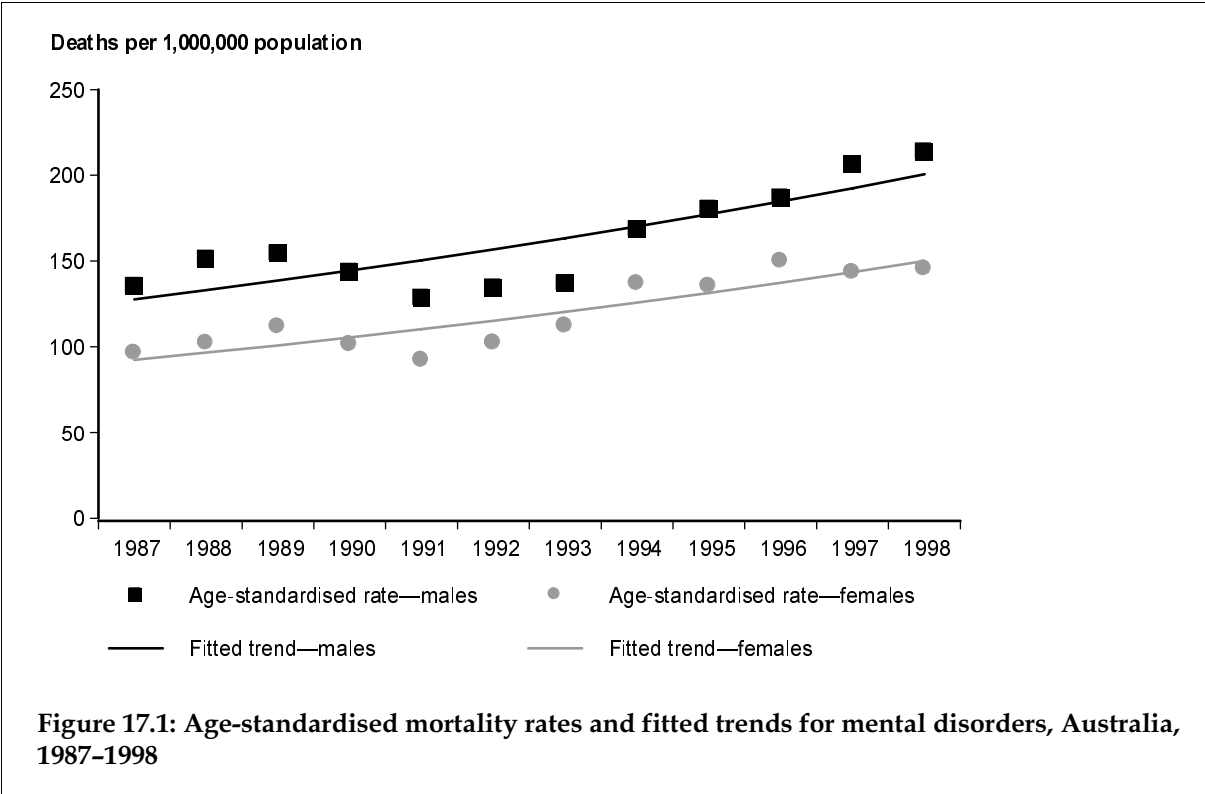


Table 17.1: Age-specific and age-standardised mortality rates for mental disorders per million population, Australia, 1987-1998

Year	Age																	ASMR Aust 1991		
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84		85+	Crude rate
	Males																			
1987	0	0	0	17	67	78	62	43	27	43	39	74	98	140	390	734	1,762	4,882	100	135
1988	0	0	2	18	74	109	93	73	65	20	56	75	97	144	301	775	2,074	5,174	115	151
1989	0	0	0	15	59	106	87	89	21	44	69	65	123	166	335	888	2,141	5,128	119	154
1990	0	0	0	24	54	103	97	69	39	42	48	93	109	156	312	705	1,758	5,052	113	144
1991	0	2	0	9	55	70	66	44	46	44	37	79	93	131	254	686	1,694	4,839	101	128
1992	0	0	0	6	61	85	95	61	54	36	49	72	85	178	284	673	1,698	4,647	110	134
1993	0	0	0	2	59	83	86	79	37	42	64	44	89	173	239	716	1,996	4,687	114	137
1994	0	2	2	21	75	84	97	92	62	39	27	71	124	183	360	906	2,263	6,043	142	168
1995	0	0	0	28	73	123	159	110	74	82	52	59	99	170	337	861	2,290	6,148	157	180
1996	2	0	1	31	100	121	111	92	80	58	41	64	93	133	340	986	2,447	6,982	164	187
1997	0	0	2	48	143	183	181	173	123	82	79	88	142	223	551	865	1,931	5,619	191	206
1998	2	0	0	34	179	170	223	156	153	69	68	80	132	231	400	950	2,271	5,839	199	214
	Females																			
1987	0	0	0	12	26	40	17	8	11	24	22	25	30	76	180	528	1,381	4,939	115	96
1988	0	0	0	17	46	37	20	14	14	11	21	19	38	58	224	631	1,402	4,989	123	102
1989	2	0	0	16	30	27	30	19	17	15	13	28	32	93	211	591	1,719	5,668	137	112
1990	2	0	0	16	24	25	27	14	13	17	17	25	24	77	192	517	1,507	5,322	126	101
1991	0	0	0	8	17	30	21	17	13	20	15	25	32	63	188	510	1,348	4,735	117	92
1992	0	0	0	6	20	32	22	10	5	9	24	19	36	48	161	550	1,618	5,630	135	102
1993	2	0	5	11	15	18	26	23	12	10	16	19	53	87	198	596	1,813	5,843	151	112
1994	0	0	0	10	13	34	26	26	20	18	11	18	42	93	217	716	2,100	7,694	192	137
1995	2	0	0	13	37	28	37	25	24	16	15	35	36	79	198	656	2,001	7,556	194	135
1996	0	0	0	13	22	25	23	22	25	20	20	17	50	62	226	767	2,231	8,821	224	150
1997	0	0	0	23	51	57	33	35	22	41	38	31	56	115	276	563	1,996	7,401	212	143
1998	4	0	0	28	38	41	42	45	37	20	33	33	48	126	263	764	2,044	7,150	218	145

Note: ASMR = age-standardised mortality rate.

Table 17.2: Number of deaths and age-standardised mortality rates for mental disorders per million population, States and Territories, 1987–1991 and 1994–1998

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Males									
Deaths									
1987–1991	1,659	1,396	690	351	280	145	21	50	4,591
1994–1998	2,972	2,074	1,069	713	663	162	56	74	7,783
Deaths per million population									
1987–1991	144	170	134	119	105	173	69	215	142
1994–1998	210	207	152	200	183	151	122	242	191
Confidence intervals (95%)									
1987–1991	137–151	161–180	123–144	107–132	93–118	144–201	35–103	128–301	138–147
1994–1998	202–217	198–216	143–162	185–215	169–197	128–175	87–157	167–317	187–195
Females									
Deaths									
1987–1991	1,718	1,754	780	340	397	180	29	15	5,213
1994–1998	3,167	2,824	1,411	863	940	244	86	39	9,571
Deaths per million population									
1987–1991	95	127	94	68	94	124	70	125	101
1994–1998	137	162	124	138	163	132	135	228	142
Confidence intervals (95%)									
1987–1991	91–100	121–133	88–101	61–75	85–103	106–142	44–96	51–198	98–103
1994–1998	132–142	156–169	118–131	128–147	152–173	115–149	106–164	145–311	139–145

Table 17.3: Age-standardised mortality rates for mental disorders per million population, by geographic area, 1995–1997

Geographic area	Males		Females	
	ASMR	95% confidence interval	ASMR	95% confidence interval
Metropolitan	202	195–208	146	142–151
Rural	159	150–169	131	124–137
Remote	189	152–225	168	135–202

Note: ASMR = age-standardised mortality rate.

Source: AIHW Mortality Database, based on *Statistical Local Area* resident population estimates compiled by the ABS.

Table 17.4: Age-standardised mortality rates for mental disorders per million population, by socioeconomic status, 1995–1997

SEIFA quintile	Males		Females	
	ASMR	95% confidence interval	ASMR	95% confidence interval
1 High SES	153	142–164	141	133–149
2	195	182–208	147	138–155
3	216	203–229	157	148–165
4	185	173–197	131	123–140
5 Low SES	201	188–213	138	129–146

Notes

1. ASMR = age-standardised mortality rate; SES = socioeconomic status.

2. A description of the SEIFA Index of Relative Socioeconomic Disadvantage may be found in Appendix D.

Source: AIHW Mortality Database, based on *Statistical Local Area* resident population estimates compiled by the ABS.

Table 17.5: Age-standardised mortality rates per million population for mental disorders, Australians by birthplace, 1992–1994

Males			Females		
Country of birth	ASMR (world)	95% CI	Country of birth	ASMR (world)	95% CI
Israel	206	0–466	Israel	317	59–574
France	156	13–300	Switzerland	150	14–287
Finland	154	3–306	Poland	82	49–114
Switzerland	145	0–311	Finland	72	0–214
Japan	139	0–411	Australia	68	66–71
Hungary	138	67–208	Netherlands	63	39–88
Mauritius	121	0–263	United Kingdom and Ireland	63	57–69
Germany	121	65–177	Canada	60	0–121
Canada	105	0–214	Portugal	59	0–174
Australia	97	93–101	Hungary	56	21–91
USA	87	16–158	Germany	49	22–76
Singapore	86	0–255	Italy	44	34–55
New Zealand	85	57–112	Austria	44	11–78
United Kingdom and Ireland	83	73–92	France	38	0–91
Poland	77	47–108	New Zealand	38	22–54
Malta	64	17–112	Greece	37	21–54
Italy	58	41–75	USA	37	0–73
China	51	16–85	Korea	31	0–92
Netherlands	47	24–69	China	31	13–48
Greece	44	17–71	Mauritius	22	0–64
Austria	35	0–76	Hong Kong and Macau	19	0–56
Portugal	19	0–55	Chile	18	0–52
Chile	—	—	Malta	17	0–36
Hong Kong and Macau	—	—	Japan	—	—
Korea	—	—	Singapore	—	—

Notes

1. ASMR = age-standardised mortality rate; CI = confidence interval.
2. Age-standardised mortality rates have been standardised to the World Standard Population.