

Chapter 11. Mental Health

Introduction

Mental illness is a major cause of disability. It is the third most common cause of disability in industrialised countries rating after cancer and heart disease, but above respiratory disease in terms of disability adjusted life years (see section on Health Status). Its main contribution is to disability rather than to premature death. In 1998/9 government spending on mental health totalled approximately \$302 million, of which \$172 million was institutional expenditure and \$130 million was community expenditure. This represents 6.7% of total personal health services funding (source: Ministry of Health).

Services in Counties Manukau

Tiaho Mai provides a 45 bed acute adult in-patient unit at Middlemore Hospital. This is comprised of three wards - Tui Huia (35 Open Beds) & Kuaka (10 High Intensity Secure beds). Tamaki Oranga provides a 20 bed in-patient long-stay rehabilitation unit. The community teams manage entry into Tiaho Mai. The Crisis Assessment Treatment Team (CATT) provides a mobile crisis service. This is available to consumers who require urgent mental health assessment eg. patients who require assessment that same day. This includes new presentation, re-occurrence of mental illness and/or consumers currently under the care of the local Community Mental Health Centres whose mental state has deteriorated. CATT covers all age groups who require urgent assessment and treatment.

Community mental health teams (Clinical outpatient, & home visits) provide care for patients in a community setting. Five multi-disciplinary teams are spread across two locations. Service entry criteria include adults aged 20-65 years who live in Counties Manukau. Some flexibility exists to accept people outside these age limits where needs are deemed appropriate or when suitable alternatives are not available. Consumers are seriously mentally ill with an identifiable or suspected psychiatric disorder.

The intensive community team is a multi-disciplinary team (nurse/support worker/doctor) that has access to psychology and occupational therapy. Together these teams provide assertive treatment for consumers with high needs living in the community. Service entry criteria are that the consumer has an Axis 1 diagnosis, is residing in the Counties Manukau area and between the ages of 16-65yrs. In addition, consumers who have failed standard community care and/or have had episodes of risk to self/others, are included.

The Early Psychosis Intervention Team addresses the needs of young people (aged between 16 and 25 years) with emerging or manifest psychotic disorder who reside within the Counties Manukau catchment area. It normally operates for those who have their first presentation to mental health services where psychosis is the primary diagnosis.

Psychiatric liaison provides psychiatric assistance and advice to the general hospital. It is a 24hour service based at Middlemore Hospital. Entry is via referral to ED or other Middlemore departments. Maternal mental health provide community mental health services targeted at supporting women who require specialist mental health intervention during pregnancy and up to 12 months post-natal. Faleola Services provides Pacific

clinical community mental health services from Hartford House, Papatoetoe. Psycho-geriatrics is managed under rehabilitation at Middlemore hospital so the data for these patients is shown in the section on rehabilitation.

Mental health and deprivation

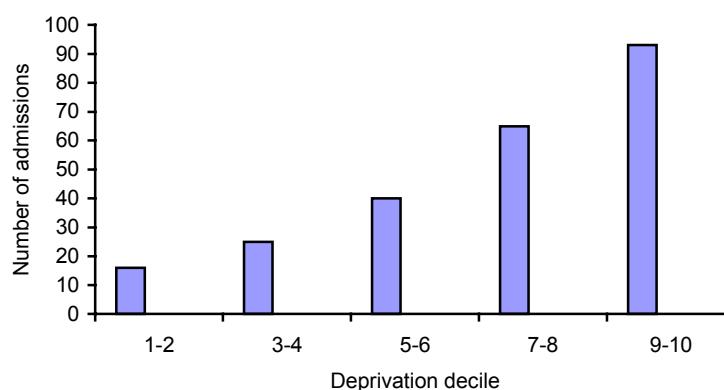
One of the biggest challenges faced by mental health providers in Counties Manukau is to supply adequate services with inadequate resources in a region with significant deprivation. A report on the links between mental health and deprivation and the requirements of mental health services in Counties Manukau was published in 1999¹. Here we summarise some of the findings of this report.

Counties Manukau has the largest number of people living in areas of significant relative deprivation in New Zealand (see Chapter 4). There is a significant body of evidence that clearly indicates deprivation impacts on the mental health status of the population. The average mental health score on the SF- 36 in Counties Manukau was 75.7 compared with a national average of 78.0. The demand for mental health services in Counties Manukau due to the specific characteristics of the population will be greater than in other areas with less deprivation.

The following data support the links between deprivation and mental health:-

- Mental health clients are over-represented as percentage of population in Otago, Mangere/ Papatoetoe, Manukau/ Manurewa and Takanini/ Papakura. These areas contain the largest percentage of people in the 9th and 10th percentile of the deprivation index.
- Mental health clients are under-represented as percentage of population in Howick/ Pakuranga, Beachlands/ Maraetai and South rural. These areas have the smallest percentage of people in the 9th and 10th percentile of the deprivation index.
- There are 1771 mental health clients registered with the service, this represents only 0.87% of population between 20 and 65 years of age as at the 1996 census. The HFA has estimated that at any point in time 1.5% of the adult population are accessing mental health services, and aim to increase this to 2.2% by 2002. South Auckland Health is not reaching the number of people that it should.

Figure 212. Hospitalisations for mental illness by level of deprivation (NZDep96) of area of domicile, 1997/8.



Source: SAH. NZDEP96 decile, 1 = least deprived, 10 = most deprived.

¹ South Auckland Health. Adult Mental Health Services. *A report on deprivation and purchasing inequities: implications and recommendations to improve mental health service delivery in South Auckland.* 1999

Figure 212 shows admission by level of deprivation. Those living in the most deprived areas were more likely to be admitted. The median duration of stay was 22 days. As discussed in earlier chapters, socio-economic status is enmeshed with ethnicity in exploring health need. The next section discusses ethnicity.

People with severe psychiatric disabilities

Maori and Pacific clients represent a higher proportion of those needing high support services in Counties Manukau compared to Auckland and Waitemata (Table 102) even after accounting for their higher numbers.

Table 100. Percentage of mental health clients requiring high support services, in the Auckland region, by ethnicity, 1999

	% Maori	% Pacific
Auckland Central	14.5	12.9
Waitemata	18.4	8.8
Counties Manukau	29.0	17.9

Source SAH¹

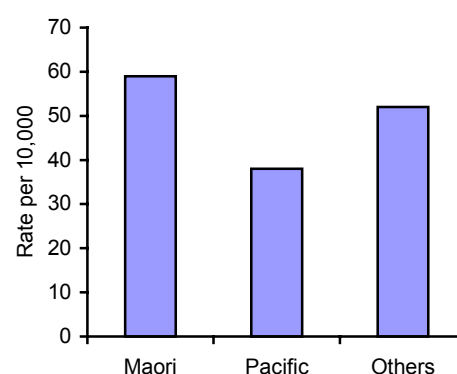
- Pacific people represent 12% of the client base of mental health services in Counties Manukau, but make up 17.9% of the clients with high support needs.
- Maori people represent 21% of the client base of mental health services in Counties Manukau, but represent 29% of the users with high support needs.

This data would support the view that Maori and Pacific clients within Mental Health services require more intensive follow-up due to the complexity of needs. The number of people with chronic mental illness with high support needs would appear to be significantly higher than the national average, and therefore require additional funding. Equitable funding per population base creates inequity for mental health clients in Counties Manukau.

Service Utilisation

The total number of clients under treatment with an open referral to adult psychiatry is currently 2 089. The ethnic profile of these patients is shown in Figure 213.

Figure 213. Prevalence of current adult clients with an open referral to psychiatric services, by ethnicity, 2000



Hospitalisations

This section analyses psychiatric hospitalisations for selected psychiatric disorders by DRG². All data is from the NMDS (National minimum data set) and refers to public hospitals only. Not all institutions in New Zealand submit mental health data to the NMDS - New Zealand figures quoted here for hospitalisation are likely to be erroneously low. All SAH-provided services are included.

The rate of psychiatric hospitalisation in Counties Manukau is similar to New Zealand (Figure 214) although gender distribution differs (Figure 215).

Figure 214. Rate of psychiatric hospitalisation 1999

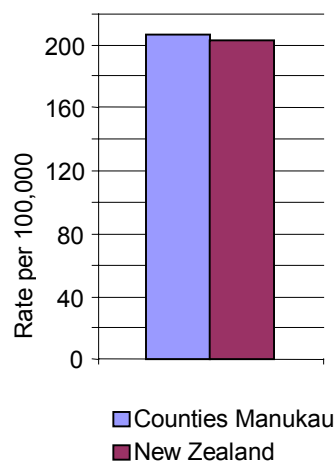
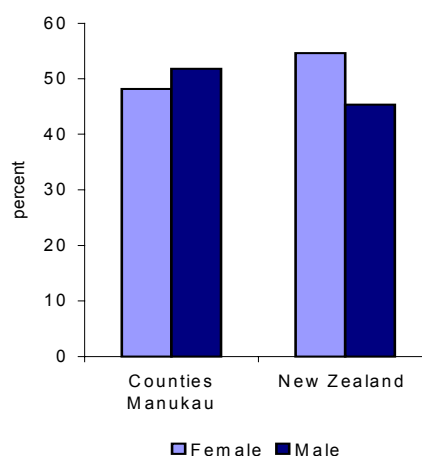
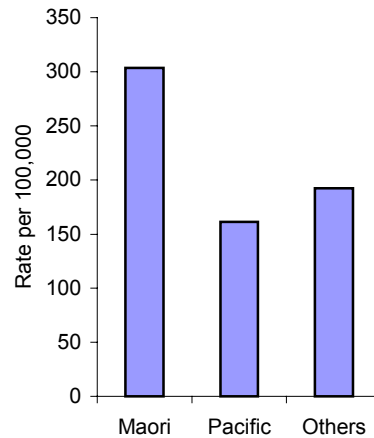


Figure 215. Gender percentage of psychiatric hospitalisations, 1999

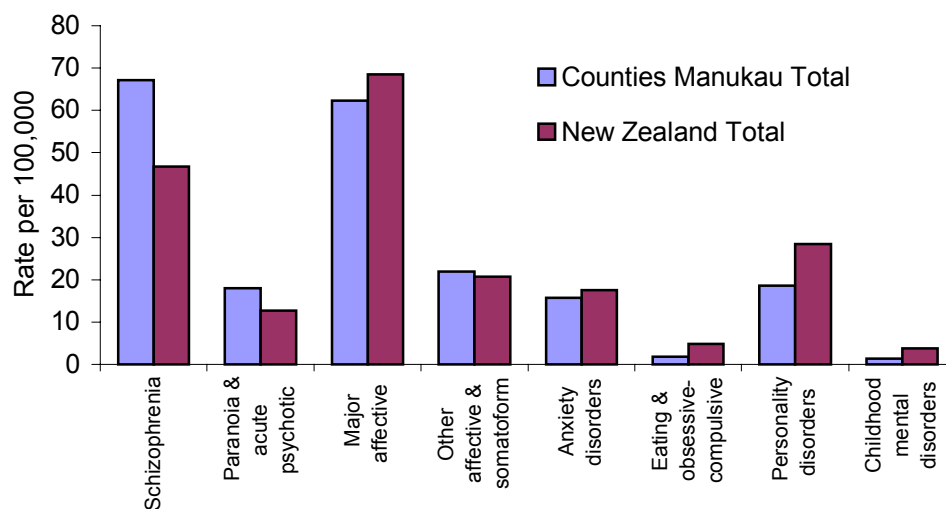


Maori have the highest rate of hospitalisation for mental health problems in Counties Manukau (Figure 216).

² 841 Schizophrenia disorders, 842 Paranoia and acute psychotic disorders, 843 Major affective disorders, 844 Other affective and somatoform disorders, 845 Anxiety disorders, 846 Eating and obsessive-compulsive disorders, 847 Personality disorders and acute reactions, and 848 Childhood mental disorders

Figure 216. Psychiatric hospitalisation by ethnicity for Counties Manukau, 1999

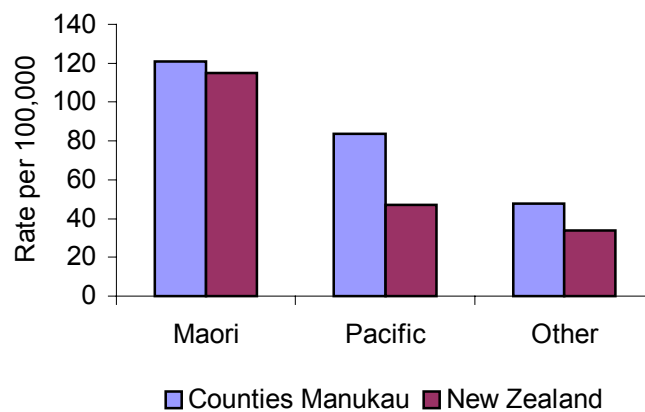
Schizophrenia and major affective disorders are the most common mental health problems requiring hospitalisation in Counties Manukau. The rate of hospitalisation for paranoia and psychosis among Counties Manukau residents is higher than for residents of New Zealand.

Figure 217. Rate of hospitalisations for selected psychiatric conditions 1999

Selected psychiatric disorders

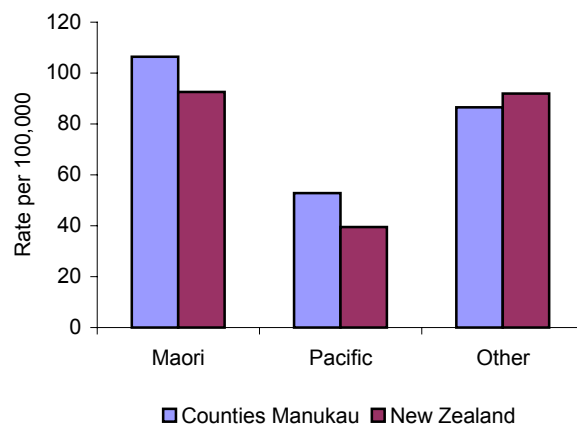
Schizophrenia disorders (DRG 841)

More people are hospitalised for schizophrenia across all ethnic groups in Counties Manukau compared to national figures (Figure 218). The rates among Maori and Pacific people were considerably higher than the "other" rate.

Figure 218. Hospitalisation rate for schizophrenia, 1999

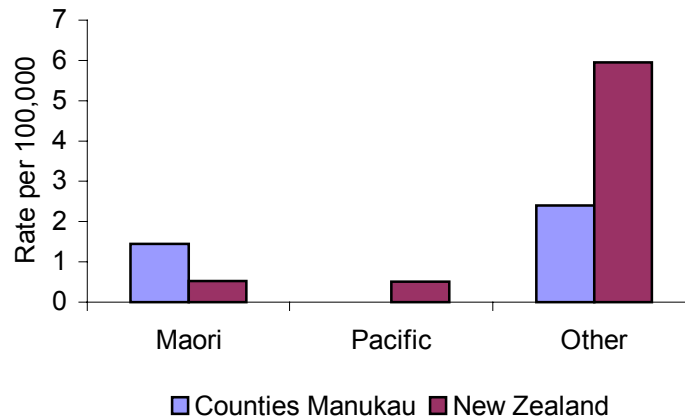
Major affective disorders (DRG 843), Other affective and somatoform disorders (DRG 844)

The highest hospitalisation rates of major and other affective disorders are seen in Maori and Others (Figure 219). The Maori rate exceeds the national rate for these disorders.

Figure 219. Hospitalisation rates for major and other affective disorders including somatoform disorders, 1999

Eating and obsessive-compulsive disorders (DRG 846)

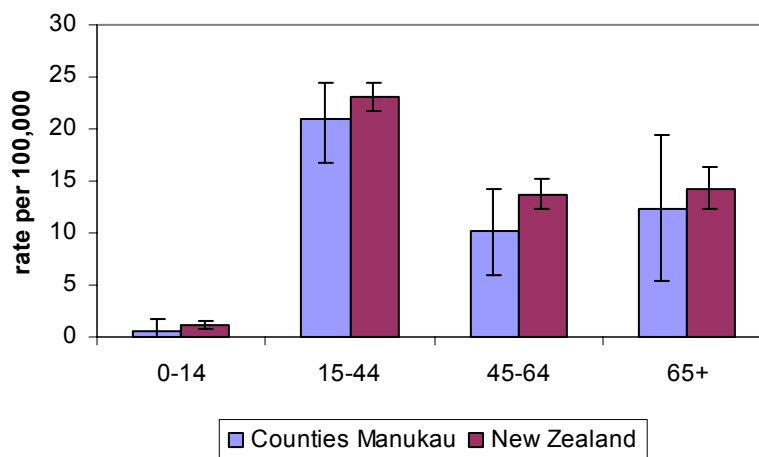
Others had the highest rate of eating and obsessive compulsive disorders, compared with Maori and Pacific people (Figure 220). However, this rate is considerably lower than the national rate. It is unclear what an appropriate rate should, as the emphasis in treatment for all but the most severe of cases is outpatient or primary care based.

Figure 220. Eating and obsessive-compulsive disorders, 1999

Suicide and attempted suicide

Suicide in young people is an important health issue. In Counties Manukau, 31% of the discharges for attempted suicide were for residents in this age group. A New Zealand youth suicide prevention strategy³ has recently been developed to promote a coordinated, multi-sectoral approach to youth suicide prevention.

A number of risk factors for youth suicide have been identified in the New Zealand literature, including psychiatric disorder, childhood adversity, socio-economic disadvantage, previous suicide attempt and being male. Beautrais et al 1996 found that current socio-economic disadvantage was an independent contributor to the risk of suicide.⁴

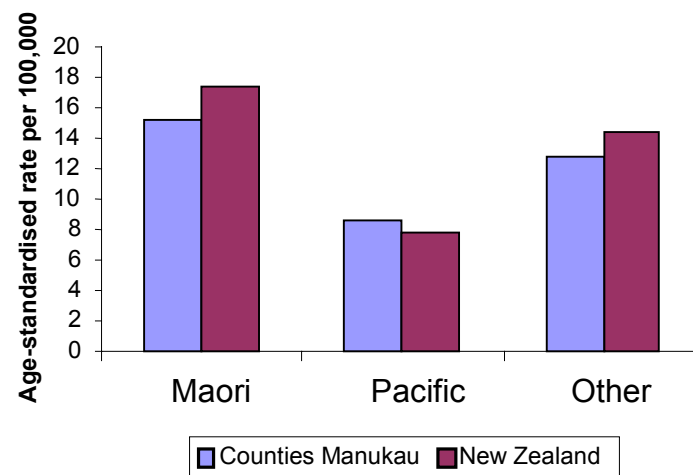
Figure 221. Age-standardised suicide mortality rates 1996-8, Counties Manukau and New Zealand

³ *In Our hands: New Zealand youth suicide prevention strategy.* Ministry of Youth Affairs, Ministry of health, Te Puni Kokiri. Wellington. Ministry of health, 1998.

⁴ Beautrais et al. Risk factors for serious suicide attempts among youths aged 13 through 24 years. *J Am Acad Child Adolesc Psychiatry.* 1996 Sep;35(9):1174-82.

Suicide mortality rates do not appear to be higher in Counties Manukau but this may be due to the fact that the small numbers are not allowing the rate to be calculated precisely and significant differences to be highlighted (Figure 221). The most common age-group for mortality from suicide is 15-44 years. Mortality in this age-group for Counties Manukau residents is significantly higher than in both the 0-14 year olds and the 45-64 year olds. Pacific people have a lower suicide mortality rate than either Maori or "other" groups (Figure 222).

Figure 222. Age-standardised suicide mortality rates by ethnic group 1996-8, Counties Manukau and New Zealand



In 1999, 359 Counties Manukau residents were discharged for attempted suicide (ICD-9-CM codes E950-959, 980-989), a rate of 93 per 100,000. This is higher than the New Zealand rate of 83 per 100,000. The majority of these discharges (78%) were for those aged between 15-44 years (Figure 223). Counties Manukau rates are slightly higher than the national rates for all age groups.

Figure 223. Attempted suicide: age-specific discharge rates by age group, 1999.

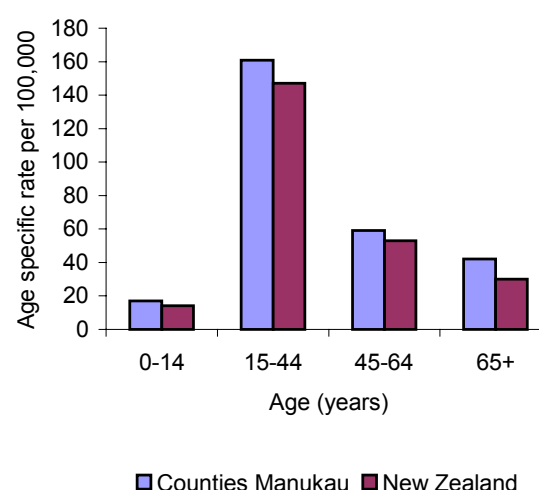


Figure 224 show the discharge rate for attempted suicide by gender. Gender differences in Counties Manukau are similar to those nationally. Studies have found that hospitalisation rates are higher in females than males, but mortality rates are higher in

males ie. suicide is more common in males, but non-fatal self-inflicted injury is more common in females.

Figure 224. Discharge rates for attempted suicide by gender, 1999.

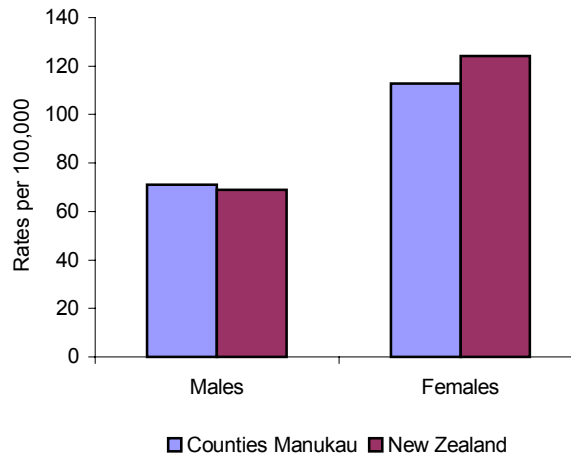


Figure 225 shows the discharge rate for attempted suicide by ethnicity for Counties Manukau and New Zealand in 1999. In both the Maori and other ethnic groups, the Counties Manukau rate is higher than that found nationally. The Pacific rate is similar to that found nationally. The Pacific population have significantly lower suicide hospitalisation rates than Maori or "other" groups.

Figure 225. Discharge rates for attempted suicide by ethnicity, 1999.

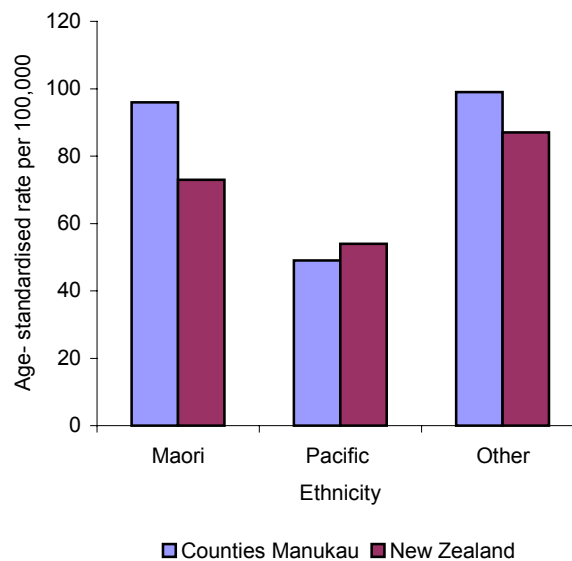
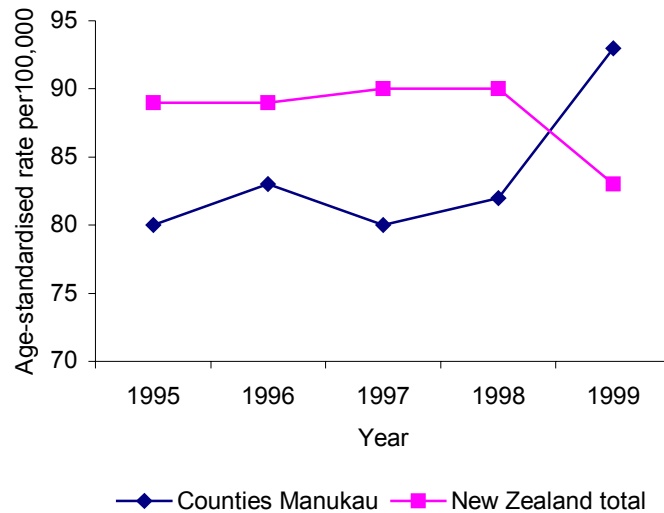


Figure 226 shows the attempted suicide discharge rates from 1995 to 1999 for the Counties Manukau and New Zealand populations. This graph shows that prior to 1999, the Counties Manukau rate was actually lower than the national rate, but in 1999, the

Counties Manukau rate increased whereas the New Zealand rate dropped significantly. The reasons behind this are unclear.

Figure 226. Age-standardised discharge rates for attempted suicide, 1995-1999.



Summary

Data in this section is heavily dominated by hospitalisation rates which hides much outpatient and community contacts that occur with people with mental illness. This data is not readily available but is necessary to build an accurate picture of need. The rate of hospitalisations with mental illness is high among Maori. Males have a higher rate of hospitalisation than females in Counties Manukau - the reverse is true for New Zealand national figures. 15-44 year olds are more at risk of both hospitalisation from attempted suicide as well as death by suicide.