



Ambulatory mental health occasions of service among people from culturally and linguistically diverse backgrounds, Western Australia, 2007 - 2016

Summary

In Western Australia (WA), in the decade between 2007 and 2016,

- Rates of all-cause ambulatory mental health occasions of service (OOS) were 34% to 50% lower among those born overseas compared to the Australian-born population.
- For those born in Australia, the rates increased between 2007 and 2016. However, for those born in non-English-speaking countries the rates show an overall decreasing trend in recent years.
- Compared with the Australian-born population, the overseas-born population experienced significantly lower rates of mental health OOS.
- People born in non-English-speaking countries had lower rates of OOS than those born in main English-speaking countries, except for schizophrenia, schizotypal and delusional disorders, and organic disorders where those born in non-English-speaking countries had higher rates than those born in main English-speaking countries.
- Analysis by country of birth (COB) region found that selected regions experienced higher rates of all-cause mental health OOS and OOS due to selected conditions. Specifically, compared with their Australian-born counterparts,
 - Males born in Other Oceania and Antarctica and North Africa experienced significantly higher rates of all-cause OOS whereas those born in other regions had similar or lower rates.
 - Males born in North Africa and Other Oceania and Antarctica experienced significantly higher rates of schizophrenia, schizotypal and delusional disorder OOS.
 - Males born in North Africa and Other Oceania and Antarctica experienced significantly higher rates of mood disorder OOS.
 - Males born in Other Americas and females born in the Middle East experienced significantly higher rates of neurotic, stress-related and somatoform disorder OOS.
 - Females born in Other Americas, Southern and Eastern Europe and Other North-West Europe and males born in Other North-West Europe experienced significantly higher rates of OOS due to behavioural syndromes associated with physiological disturbances.

Background

Western Australia is culturally diverse with nearly one third (32.2%) of residents born overseas and with around 18% of residents speaking a language other than English at home (OMI 2017). Generally, people from culturally and linguistically diverse (CALD) backgrounds experienced lower rates of all-cause hospitalisations compared to those born in Australia although there were higher rates among selected COB regions (ABS 2017; Endo et al 2011). Despite this 'healthy migrant effect', past research in Australia has found poorer health outcomes for selected diseases and conditions among selected CALD population groups.

The specific needs of CALD communities are not adequately met by mental health services, and values, attitudes and beliefs that characterise the Western approach to mental health issues are not always shared by people from CALD backgrounds (Cross and Singh 2012). Migration has been found to be a risk factor for schizophrenia in several high-income countries (Nielssen et al. 2013). In particular, people from refugee backgrounds are known to have a dual vulnerability to developing mental health conditions and to suicide – firstly, because of their pre-migration experiences and secondly, due to the difficulties associated with relocating from their homeland to an often different place and culture (Colucci et al. 2014).

Aims

This paper aims to describe the rates of all-cause ambulatory mental health OOS and OOS due to four selected conditions (schizophrenia, schizotypal and delusional disorder; mood disorder; neurotic, stress-related and somatoform disorder; and behavioural syndromes associated with physiological disturbance) among people from CALD backgrounds in WA and whether the rates differed by broad COB group, COB region, gender and year. These four conditions were the most common causes of mental health OOS across the state. Details on the definitions of OOS due to all causes and the four selected conditions, broad COB groups and COB regions are provided in the overview, aims and methods paper for this series of CALD information papers (Koh et al. 2019).

All-cause ambulatory mental health OOS by broad COB group

Compared with Australian-born people, those born in main English-speaking and in non-English-speaking countries had 34.3% and 49.7% lower rates, respectively, for all-cause ambulatory mental health OOS (Figure 1). For all three groups, female rates were significantly higher than male rates.

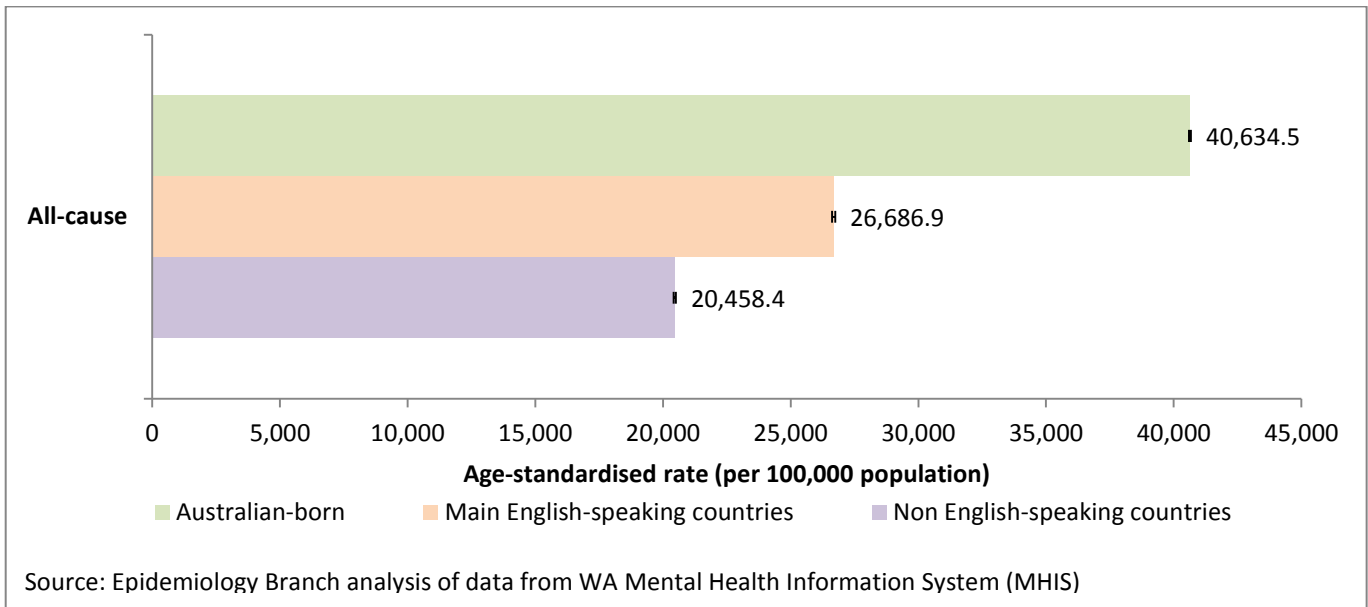


Figure 1. Rates and 95% confidence intervals of all-cause ambulatory mental health OOS by broad COB group OOS, WA, 2007-2016

All-cause mental health OOS by broad COB group and year

For all three broad COB groups, rates of all-cause mental health OOS increased between 2007 and 2010. For those born in Australia the rates continued to increase up to 2016. However, for those born in non-English-speaking countries the rates show an overall decreasing trend in recent years (Figure 2).

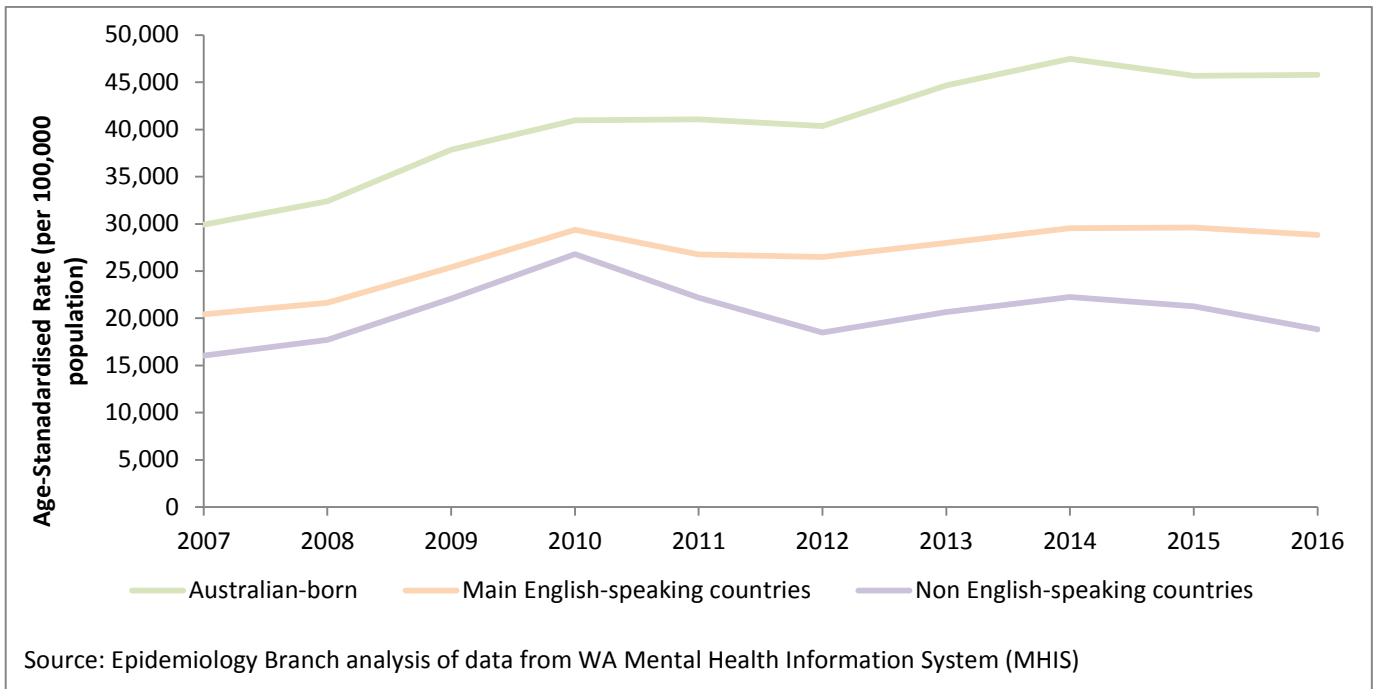


Figure 2. Rates of mental health OOS by broad COB group and year, WA, 2007-2016

Condition-specific mental health OOS by broad COB group

The broad COB groups had the same top three mental health disorders requiring an OOS, namely, schizophrenia, schizotypal and delusional disorder; mood disorders; and neurotic, stress-related and somatoform disorders.

People born in non-English-speaking or main English-speaking countries experienced significantly lower rates of mental health OOS compared with their Australian-born counterparts. Overall those born in non-English-speaking countries had lower rates than those born in main English-speaking countries except for schizophrenia, schizotypal and delusional disorders, and organic disorders, where those born in non-English-speaking countries had higher rates than main English-speaking countries (Table 1).

Table 1. Age standardised rates (/100,000 persons per year) and 95% confidence intervals of mental health related OOS by broad COB group and condition, WA, 2007-2016

Broad country of birth category	Disease categories	ASR	LCL	UCL	Ranking
Australian-born	Schizophrenia, schizotypal and delusional disorders	10,568.7	10,551.0	10,586.5	1
	Mood [Affective] Disorders	6,052.3	6,038.9	6,065.7	2
	Neurotic, stress-related and somatoform disorders	3,414.9	3,405.3	3,424.6	3
	Disorders of adult personality and behaviour	1,480.1	1,473.6	1,486.6	4
	Behavioural/emotional disorders of childhood/adolescence	965.2	960.5	969.9	5
	Behavioural syndromes associated with physiological disturbances	871.8	867.1	876.5	6
	Substance Abuse Disorders	668.1	663.7	672.5	7
	Organic Disorders	595.1	590.8	599.5	8
	Disorders of psychological development	100.1	98.5	101.7	9
	Mental retardation	49.3	48.1	50.5	10
Main English-speaking countries	Schizophrenia, schizotypal and delusional disorders	5,266.7	5,241.2	5,292.2	1
	Mood [Affective] Disorders	5,232.6	5,208.3	5,256.9	2
	Neurotic, stress-related and somatoform disorders	2,441.4	2,420.9	2,461.8	3
	Disorders of adult personality and behaviour	1,135.2	1,123.4	1,147.0	4
	Behavioural/emotional disorders of childhood/adolescence	653.9	639.6	668.1	5
	Behavioural syndromes associated with physiological disturbances	639.5	627.6	651.3	6
	Organic Disorders	420.7	414.6	426.8	7
	Substance Abuse Disorders	357.9	350.6	365.1	8
	Disorders of psychological development	44.4	41.1	47.7	9
	Mental retardation	10.4	8.9	11.9	10
Non English-speaking countries	Schizophrenia, schizotypal and delusional disorders	5,481.6	5,459.3	5,504.0	1
	Mood [Affective] Disorders	3,788.9	3,770.0	3,807.8	2
	Neurotic, stress-related and somatoform disorders	1,530.7	1,517.2	1,544.2	3
	Behavioural syndromes associated with physiological disturbances	543.2	534.0	552.5	4
	Organic Disorders	509.4	502.6	516.2	5
	Disorders of adult personality and behaviour	315.4	309.8	320.9	6
	Behavioural/emotional disorders of childhood/adolescence	203.8	196.5	211.1	7
	Substance Abuse Disorders	163.1	159.0	167.2	8
	Disorders of psychological development	22.7	20.9	24.5	9
	Mental retardation	11.6	9.9	13.3	10

Source: Epidemiology Branch analysis of data from WA Mental Health Information System (MHIS).

All-cause mental health OOS by COB region and gender

Compared with their Australian-born counterparts, males born in Other Oceania and Antarctica and North Africa experienced significantly higher rates of all-cause OOS whereas those born in other regions had similar or lower rates (Figure 3).



Figure 3. Rates and 95% confidence intervals of all-cause mental health OOS by COB region and gender, WA, 2007-2016

Mental health OOS due to schizophrenia, schizotypal and delusional disorders by COB region and gender

Compared with their Australian-born counterparts, males born in North Africa and Other Oceania and Antarctica experienced significantly higher rates of OOS due to schizophrenia, schizotypal and delusional disorders whereas those born in other regions had similar or lower rates; and females born in North Africa had significantly higher rates of OOS whereas those born in other regions had significantly lower rates. Rates for males were significantly higher than females except for those born in North-East Asia, Other North-West Europe and North America where the male rate was significantly lower than or similar to that for females (Figure 4).

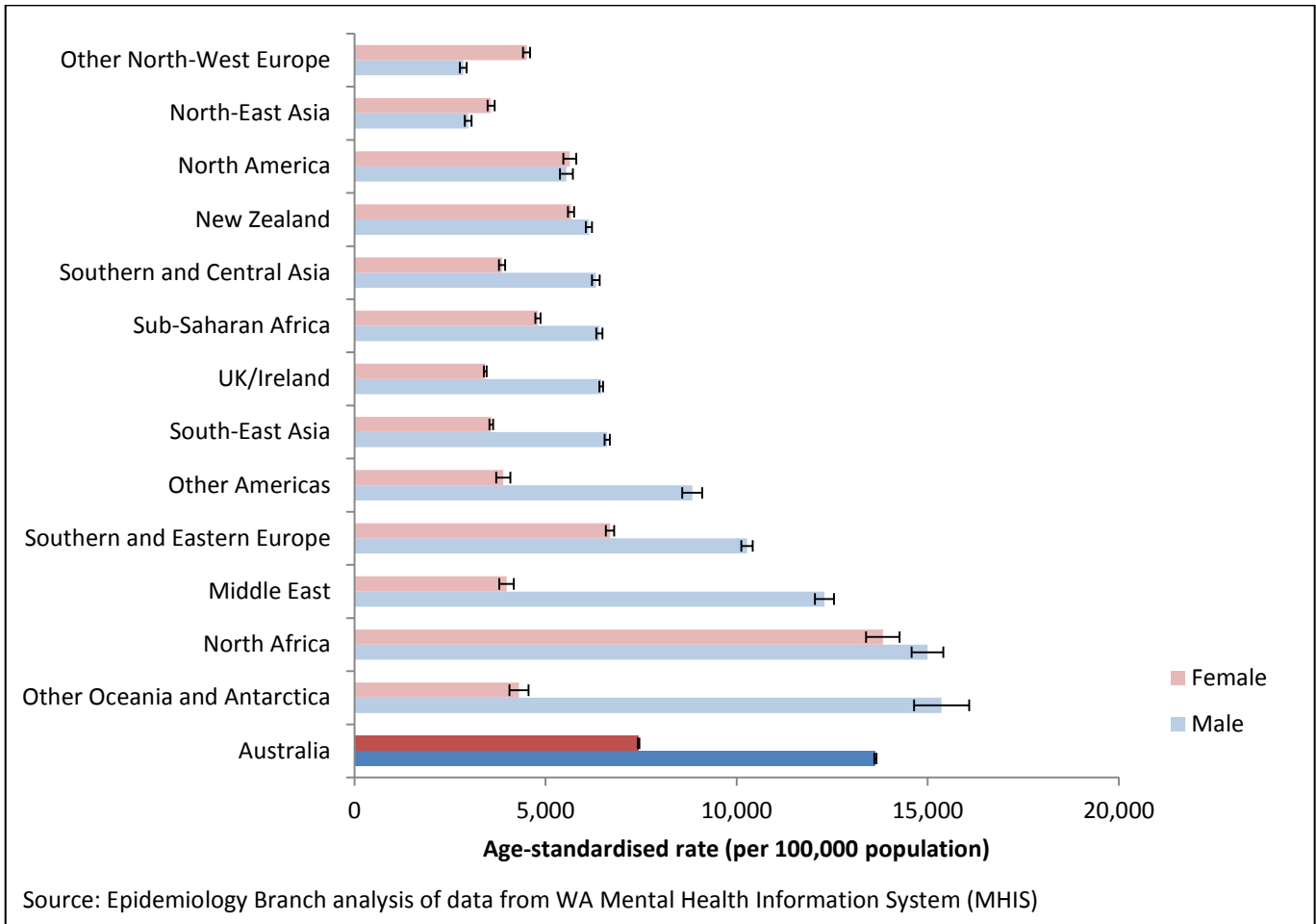


Figure 4. Rates and 95% confidence intervals of OOS due to schizophrenia, schizotypal and delusional disorders by COB region and gender, WA, 2007-2016

Mental health OOS due to mood disorders by COB region and gender

Compared with their Australian-born counterparts, males born in North Africa and Other Oceania and Antarctica experienced significantly higher rates of mood disorder OOS whereas those born in other regions had similar or lower rates; and females born in all other regions had significantly higher rates of mood disorder OOS. Rates for females were significantly higher than males for most regions of birth, except Other Oceania and Antarctica and North Africa where male rates were higher than or similar to female rates (Figure 5).

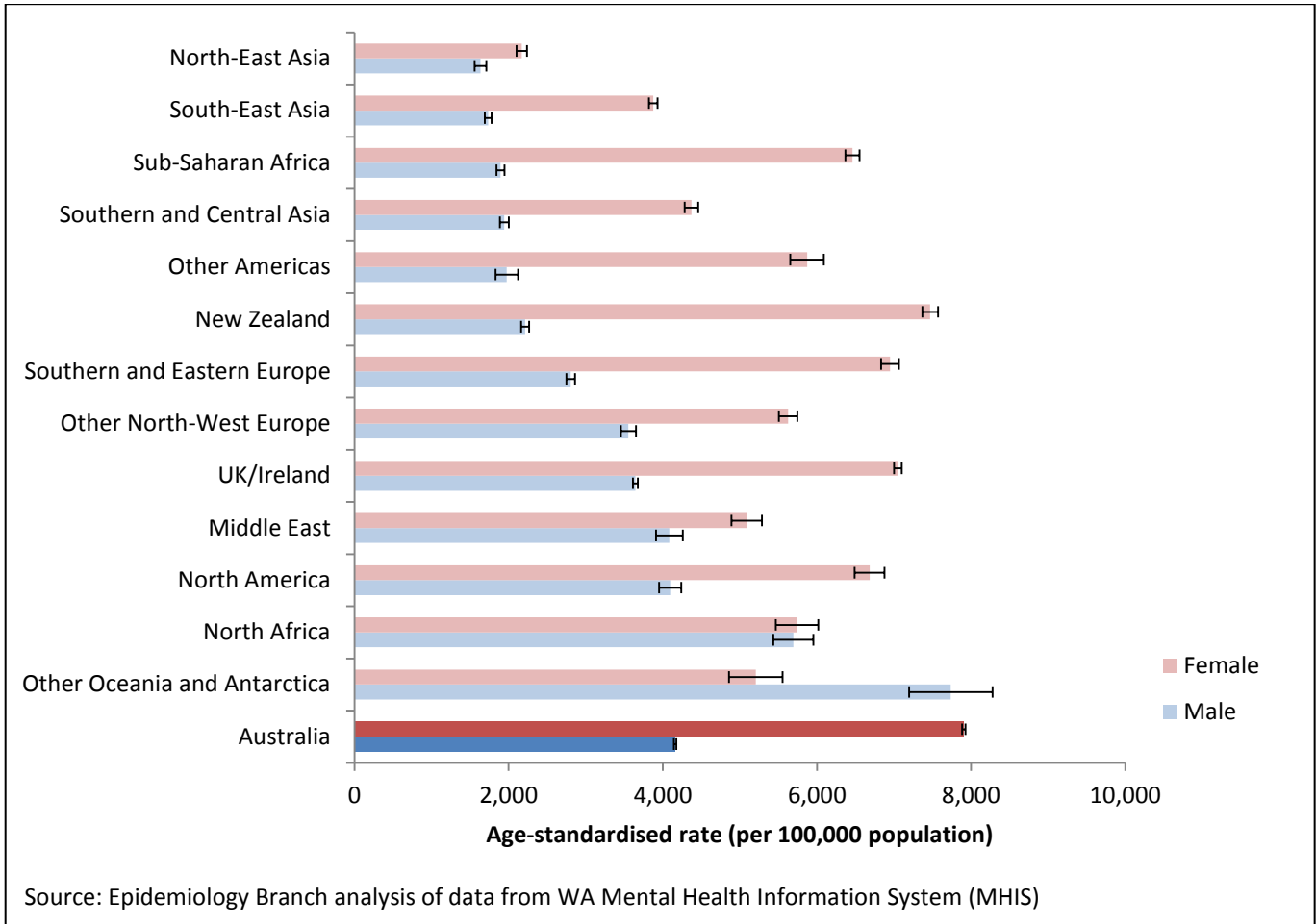


Figure 5. Rates and 95% confidence intervals of OOS due to mood disorders by COB region and gender, WA, 2007-2016

Mental health OOS due to neurotic, stress-related and somatoform disorders by COB region and gender

Compared with their Australian-born counterparts, males born in Other Americas experienced significantly higher rates of OOS due to neurotic, stress-related and somatoform disorders whereas those born in other regions had similar or lower rates; and females born in the Middle East had significantly higher rates of OOS whereas those born in other regions had similar or lower rates. Rates for males were significantly lower than or similar to females except for those born in Other Americas where the male rate was significantly higher than that for females (Figure 6).

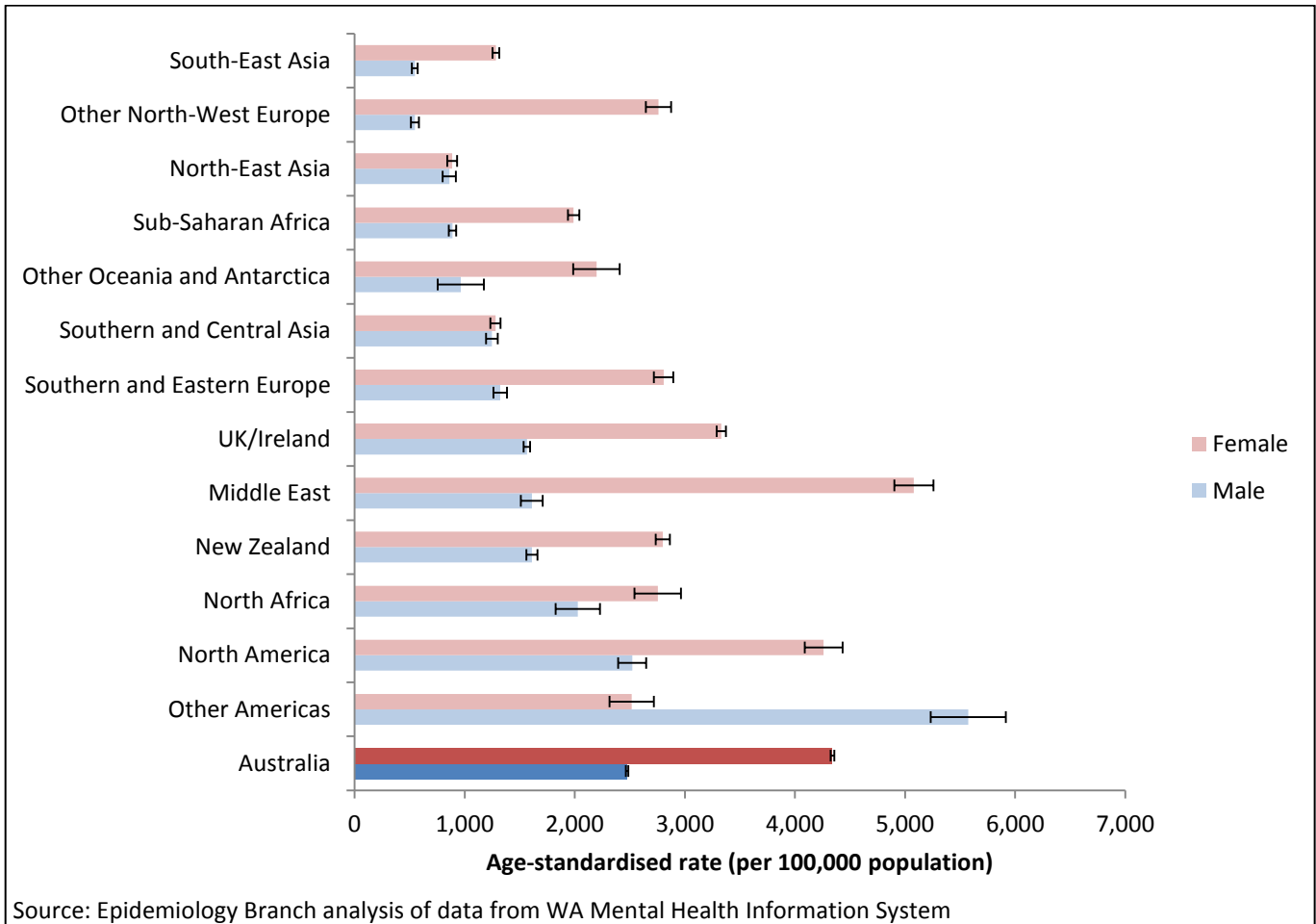


Figure 6. Rates and 95% confidence intervals of OOS due to neurotic, stress-related and somatoform disorders by COB region and gender, WA, 2007-2016

Mental health OOS due to behavioural syndromes associated with physiological disturbances by COB region and gender

Compared with their Australian-born counterparts, females born in Other Americas, Southern and Eastern Europe and Other North-West Europe experienced significantly higher rates of OOS due to behavioural syndromes associated with physiological disturbances, whereas those born in other regions had similar or lower rates. Males born in Other North-West Europe experienced significantly higher rates of OOS due to behavioural syndromes associated with physiological disturbances whereas those born in other regions had similar or lower rates than their Australian-born counterparts. For all COB regions, rates for males were significantly lower than for females (Figure 7).

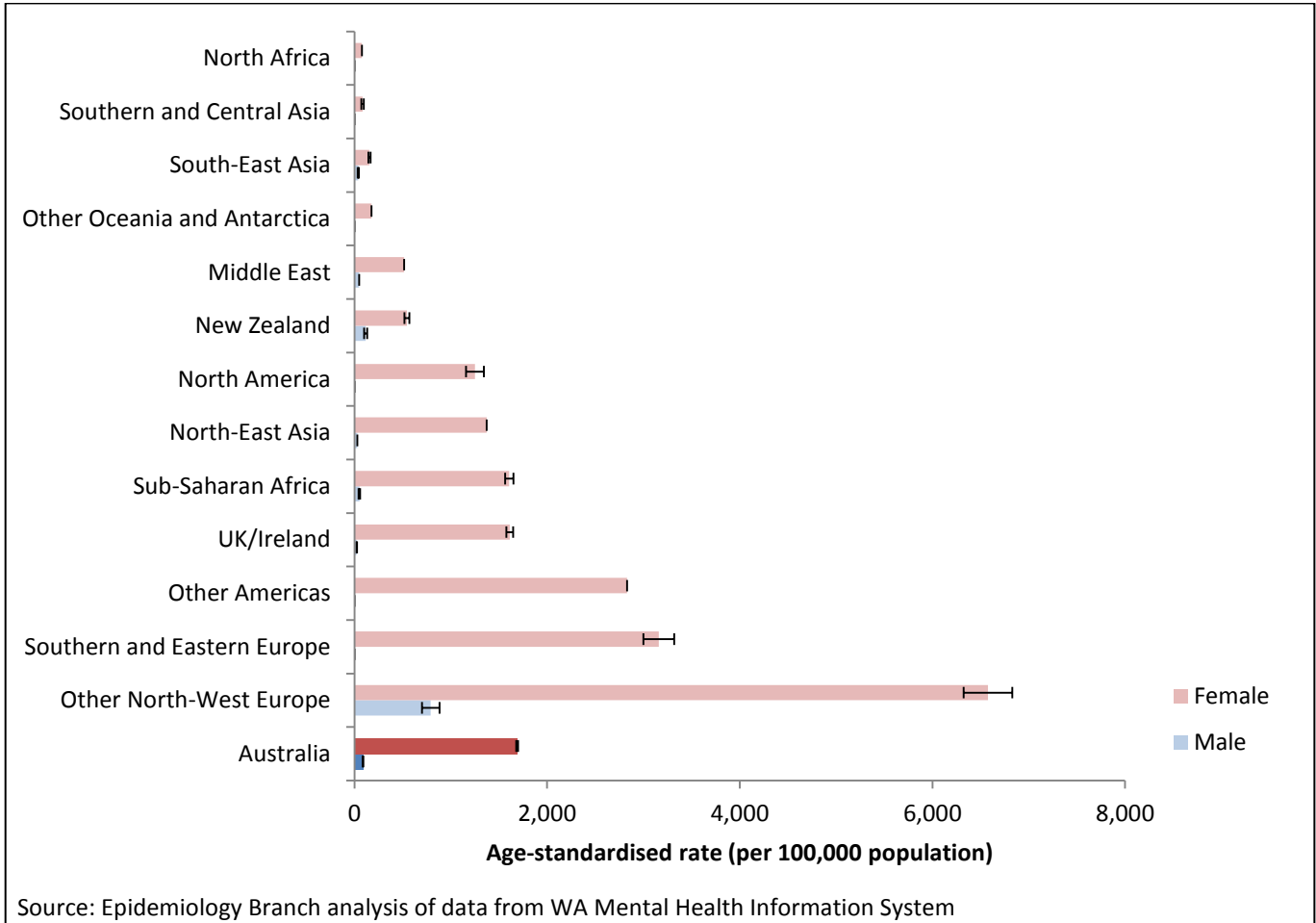


Figure 7. Rates and 95% confidence intervals of OOS due to behavioural syndromes associated with physiological disturbances by COB region and gender, WA, 2007-2016

References

- ABS (Australian Bureau of Statistics) (2017). 4364.0.55.002 - Health Service Usage and Health Related Actions, Australia, 2014-15. Available from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0022014-15?OpenDocument>
- Colucci, E., Szwarc, J., Minas, H., Paxton, G., & Guerra, C. (2014). The utilisation of mental health services by children and young people from a refugee background: a systematic literature review. *International Journal of Culture and Mental Health*, 7(1), 1-23. doi:10.1080/17542863.2012.713371
- Cross, W. & Singh, C. (2012). Dual vulnerabilities: Mental illness in a culturally and linguistically diverse society. *Contemporary Nursing*, 42(2), 156-166. doi: 10.5172/conu.2012.42.2.156
- Endo, T., Watson, M., Jardine, A., Bright, M., & Macleod, S. (2011). Death and hospitalisation rates by country of birth in Queensland #2: All-causes. Country of Birth Data Analysis Report, Queensland Health. Available from https://www.health.qld.gov.au/_data/assets/pdf_file/0028/354583/report2.pdf
- Koh, C., Liu, Y., Xiao, J., & Jian, L. (2019). Health service utilisation and health outcomes among people from culturally and linguistically diverse backgrounds: Overview, aims and methods. Epidemiology Branch, Public and Aboriginal Health Division, Department of Health Western Australia.
- Niessen, O., Sara, G., Lim, Y., & Large, M. (2013). Country of birth and hospital treatment for psychosis in New South Wales. *Social Psychiatry and Psychiatric Epidemiology*, 48(4), 613-620. doi: 10.1007/s00127-012-0577-7
- OMI (Office of Multicultural Interests) (2017). Cultural and Linguistic Diversity in Western Australia (WA) - 2016 Census. Available from [https://www.omi.wa.gov.au/StatsInfoGuides/Documents/Cultural%20and%20Linguistic%20Diversity%20in%20Western%20Australia%20\(WA\)%202016%20Census.pdf](https://www.omi.wa.gov.au/StatsInfoGuides/Documents/Cultural%20and%20Linguistic%20Diversity%20in%20Western%20Australia%20(WA)%202016%20Census.pdf)

For more information

Please contact Epidemiology Branch, Public and Aboriginal Health Division, Western Australia Department of Health @ EPI@health.wa.gov.au

Suggested citation

Xiao, J., Koh, C., Liu, Y., Jian, L., Koh, J., Shirangi, A., & Ruitenga, E. (2019). Ambulatory mental health occasions of service among people from culturally and linguistically diverse backgrounds, Western Australia, 2007-2016. Public and Aboriginal Health Division, Western Australia Department of Health.

Acknowledgements

Cultural Diversity Unit, Public and Aboriginal Health Division, Western Australia Department of Health.

This document can be made available in alternative formats on request for a person with disability.

© Department of Health 2019

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

healthywa.wa.gov.au