



BLUE MOUNTAINS YOUTH MENTAL HEALTH STUDY

SUMMARY OF KEY FINDINGS

Lead agency

Mountains Youth Services Team (MYST)

Reference Group

Blue Mountains Youth Mental Illness and Substance Abuse Reference Group (YMISA)

The final report document can be accessed at
<http://www.bmcc.nsw.gov.au/yourcommunity/communityservices/youthservices>

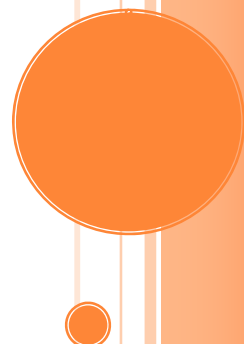
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BLUE MOUNTAINS YOUTH MENTAL HEALTH STUDY

The study was commissioned by the Mountains Youth Services Team (MYST), the largest provider of youth services in the Blue Mountains. The study was funded through the Mental Health Council of Australia, and the reference group was the Blue Mountains Youth Mental Illness and Substance Abuse Group (YMISA). YMISA is a group of service providers in the mountains with an interest in youth mental health issues. The aim of the study is to provide an evidence base for mental health service use and need by young people in the Blue Mountains. The findings will provide local service providers with valuable information for future service delivery, and is the only focused study of youth mental health services in the region.

The study used a combination of research methods including secondary data analysis from national data sources; a mapping of youth health services in the mountains; a collation of referral data from services including a *snapshot* of mental health referrals for a 4 week period; an on-line questionnaire survey of 58 service providers of youth, health, education and welfare services; a street intercept survey of 87 young people and interview consultations with 20 key service providers. The majority of services in the study are from public and community sector.

MENTAL HEALTH CONDITIONS AND YOUNG PEOPLE

Mental health conditions are a major issue in Australia, with estimates of more than one million people suffering a mental health condition. The study uses the term mental health conditions as coverage for the full range of mental health issues and disorders. Using International Disease Classification (ICD-10) criteria, these include generalised anxiety disorder, mood affective disorder (eg. depression) and substance

use disorder. There is estimated to be a large number of people receiving no treatment for mental disorders, and a large unmet need for services. The Australian Institute of Health and Welfare report 20% of Australians having a mental health condition in the last 12 months. When extrapolated to the Blue Mountains population, this approximates to 15,200 residents. The *National Survey of Mental Health and Wellbeing 2004* further estimated that 1.2% Australian adults have an affective and/or anxiety and coexisting substance use disorder. This is also known as dual diagnosis or comorbidity, and the study has included specific questions relating to the incidence among young people.

Mental health is assessed in several ways including a self report measure based on ICD-10. Using this measure, some 7% of young people in Australia aged 0-17 yrs have long-term mental health conditions, and 10% of those aged 18-24 years. There are no figures available for Blue Mountains residents using this measure, nor figures on coexisting substance use and mental health conditions.

The other measure is the K-10 which identifies levels of *psychological distress* based on self perceived mental health in the last four weeks. Table 1 shows that 16.2% of young people in the Blue Mountains aged 16-24 years have high to very high levels of psychological distress – and that these are higher than the NSW average. Some 18.6% of Blue Mountains young females have high to very high psychological distress – this figure being *slightly* higher than for NSW. The level of psychological distress is lower for young males at 13.1%, however it is *considerably* higher than for NSW. Furthermore, young people report higher levels of high and very high

psychological distress than the overall Blue Mountains population.

Table 1 Levels of high and very high psychological distress 2005-2007

	High and very high level of psychological distress (K10 scale)	
	NSW	Blue Mountains
Males 16-24 yrs	8.7%	13.1%
Females 16-24 yrs	17.1%	18.6%
Total	12.9%	16.2%

Source: NSW Population Health Survey 2005-2007

Youth suicide in the Blue Mountains

Consistent with national trends there has been a decrease in youth suicide rates in the Blue Mountains. National coronial data show some 13 youth suicides for 12-24 yr olds from 2002-2007. Of these there were more males than females, a relatively higher number aged 21-24 years and 5 non-residents. As shown in Figure 1 the youth suicide levels are lower than for NSW.

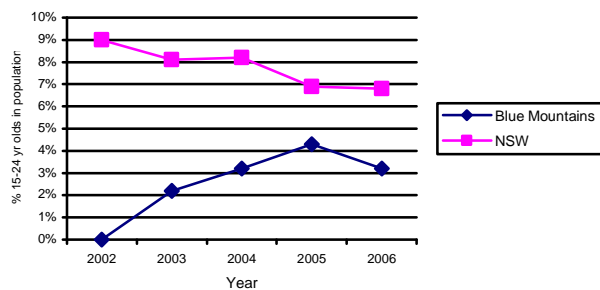


Figure 1 Youth suicide as a percentage of 15-24 year olds in population for NSW and Blue Mountains 2002-2006 (Source: National Coronial Information System, 2008)

Intentional self-harm hospitalizations for Blue Mountains young people

These include suicide as well as purposely inflicted poisoning and attempted suicide. There are very high levels of intentional self-harm for Blue Mountains young people, especially for young females. Infact, the differences between the hospitalization rate in residents of the Blue Mountains LGA and total NSW are considerable in the latest years of data. This suggests a

definite need for Blue Mountains service providers to target self harm in young people.

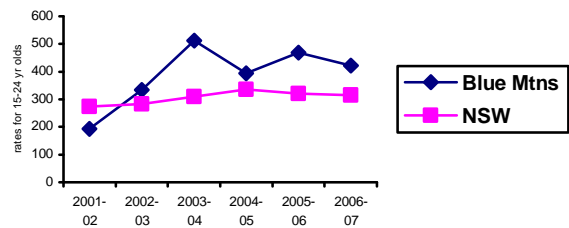


Figure 2 Intentional self harm hospitalisation rates for 15-24 yr olds from 2002 – 2007 NSW and Blue Mountains (Source: NSW Department of Health, 2009)

What are the levels of domestic violence related assault in the Blue Mountains?

Bureau of Crime Research and Statistics data show that Katoomba is the largest DV hotspot in the mountains, and that the incidence of DV related assault is increasing. Almost half of non DV related assault in the mountains is alcohol related. It is also notable that 50% of victims of DV related assault are aged 0-29 years. The mountains records a relatively higher number of female 0-19 yr old victims of domestic violence related assault than for Penrith and Hawkesbury.

What are the levels of substance use for Blue Mountains young people?

The overall levels of alcohol consumption are similar to NSW. However as shown in Table 2 the levels of *risk* and *high risk* alcohol consumption are certainly higher for Blue Mountains young people than for NSW. This is due to the higher levels of risk and high risk alcohol consumption reported for young males. There is little data on the levels of drug use for the Blue Mountains. A non random survey of mountains young people found that 19% had used cannabis monthly or more often. Similarly, service providers report high levels of cannabis use in the mountains and a normalization of usage. The anecdotal data is also reflected in relatively high levels of cannabis convictions for the Blue Mountains.

Table 2 Levels of high risk and risk alcohol consumption for young people in NSW and Blue Mountains 2005-07

	High risk alcohol consumption		Risk alcohol consumption	
	NSW	Blue Mountains	NSW	Blue Mountains
Males 16-24 yrs	24.2%	51.1%	45.9%	66.1%
Females 16-24 yrs	15%	15.5%	39.4%	38.3%
Total	19.6%	28.4%	42.7%	48.3%

Source: NSW Population Health Survey 2005-2007

PRIMARY CARE MENTAL HEALTH SERVICE USE & PROVISION

The geographical isolation of the Blue Mountains dominates the issue of access to services. In fact for over half the population the closest referral and attended hospital is Nepean. The Blue Mountains hospital is well served for mental health referrals with a 15 bed acute ward, and a Mental Health Access team. Still, the proportion of mountains youth that report difficulty in accessing health care when needed are higher than for NSW. It is interesting then to consider the use of primary health services for mental health care in the Blue Mountains population.

Ambulance NSW emergency mental health

The data for a 12 month period shows that two young people were admitted to hospital in the Blue Mountains using ambulance services under mental health with overdose, and a further seven young people admitted for overdose cases with mental health protocols.

Hospitalisations for mental health conditions (day and overnight)

The overall rate of hospitalisations for mental health conditions in NSW and the Blue Mountains for 2006-07 as shown in table 3 reveal higher hospitalisations rates for the Blue Mountains for organic mental disease; neurotic stress related disease and unspecified mental illness for all ages.

Table 3 Mental disease hospitalisations by category of cause, percent of hospitalisations, NSW and Blue Mountains 2006-07

Cause of hospitalisation	NSW All ages rate of hospitalisations	Blue Mtns All Ages
Organic mental disease	3.8	4.1
Due to psychoactive substances	23.8	17.5
Schizophrenia	14.9	14.6
Mood disorders	29.9	27.8
Neurotic, stress-related	17.3	29.5
Behavioural associated with physical factors	2.8	1.4
Adult personality disorders	3.7	1.9
Retardation	0.2	n/a
Psychological development disorders	0.5	n/a
Behavioural with onset in childhood	2.9	2.7
Mental unspecified	0.3	0.7
Total	100.0	100.0

Source: NSW Admitted Patient Data Collection, NSW Department of Health 2009

GP Referrals for Mental Health Care

Better Access to Mental Health Care Initiative:

There are 65 GPs in the Blue Mountains working in 23 practices. Medicare data from the Department of Health and Ageing show the number of GP claims for Medicare group A20 focused psychological strategies which covers mental health care plan items 2710, 2712 and 2713. While data is not available specifically for young people in the Blue Mountains, the rate of GP claims for A20 focused psychological strategies is significantly higher for Blue Mountains residents than for NSW. This could suggest a higher prevalence of mental health issues for Blue Mountains residents (for example older dementia patients), and/or a higher number of GPs recommending mental health plans.

Access to Allied Psychological Services (ATAPS)

Data from the Department of Health and Ageing for 2007/2008 shows that 445 patients were referred by Blue Mountains GPs to counselors under the Better Outcome in Mental Health Care (BOiMHC) ATAPS Support. Some 77.6% of referrals were female, and 9.6% of referrals are for 13-23 yrs olds. For all ages, about 50% are on medication when referred for counselling. Of interest is that one in three patients referred had not had previous mental health care. The principal diagnosis are depression which is the most common mental health condition for two out

of three patients, followed by anxiety disorders for one in two patients and AOD use for one in ten.

SERVICE USE BY BLUE MOUNTAINS YOUNG PEOPLE

AOD services There are three known AOD counselors in the mountains, an outreach service and two male only residential facilities. The AOD counselors see small numbers of young people as many are referred to Nepean AOD services. AOD services see higher numbers of male young people and – though still varying – more diagnosis of coexisting mental health and substance use than for generalist services.

Community health and primary care facilities The numbers of counseling referrals from young people in community health coordinated care – based on data from two teams – appear to be low. There were slightly more females than males and more adolescents aged 12-17 years. The women’s health centre has more robust numbers with 82 young females attending for individual and group counseling over a six month period. About one in four of these presented for mental health issues the most common being depression, anxiety and self harm. There is no AOD or dual diagnosis recorded.

Counseling services: Referral data for three counselors is reported, including snapshot data for one month in January. There were over 85 counselling contacts between the services, with slightly more females than males (65% vs 45% approx.). At least 80% of clients are aged 12-17 years. The most common mental health conditions are depression (38% of referrals), anxiety (23.5%), ADHD (18.8%), self harm (11%), suicide ideation and behavioural issues. Although numbers are not significant, depression and anxiety and self harm are relatively more common in females for one service. Overall, there is low reporting of AOD or coexisting mental health and substance use – none reported in one service. This suggests there are actually very low levels especially for the 12-17 year olds age group;

and/or it is not identified as an issue by counsellors.

Support groups None of the support groups for AOD or mental health reported attendance by young people.

Youth health services in Western Sydney Several services provided data showing that up to 25% of their overall clients are from Blue Mountains. There were relatively high numbers with mental health conditions in these services, especially depression, AOD and dual diagnosis. Similar high numbers of young people referred to the Nepean youth accommodation services as for Blue Mountains youth accommodation.

Telephone help lines The Kids Helpline is under used by Blue Mountains young people, with only 272 contacts in a five year period. When they have used it, there are relatively higher calls for counseling contact, and these are more likely to be of a crisis nature. For example, self harm was reported in a high 11% of counseling contact and suicide ideation in 5% of contacts. The graph below shows the main topics for counseling are family relationships, emotional/behavioral management, peer relationships and mental health. There were relatively more mental health contacts than for NSW. Some 86% of calls were from young females although young males were more likely to call about AOD issues.

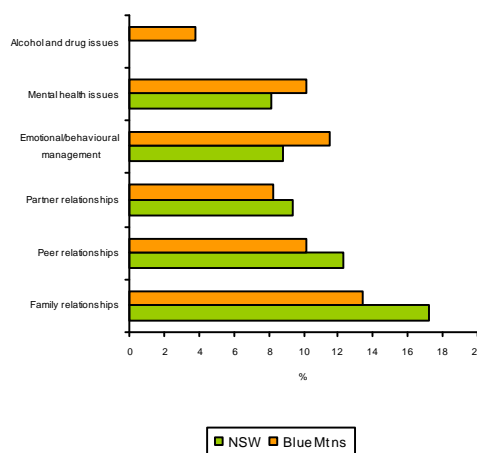


Figure 3 The most common counselling topics for Kids Helpline counsellors for NSW and Blue Mountains

Youth services All the youth services in the mountains participated in a snapshot data collection over a 4 week period in 2009. The results of this are given below – and should be read as indicative of *the snapshot* period only:

- 97 young people were referred to the seven participating projects in the four week period
- Some 57% of service clients were males, and 43% female in this period (the services report that this balance changes periodically)
- Some 65% of clients are aged 12-17 years and 35% aged 18-24 years
- Some 60% with a mental health condition recorded, the most common being depression (30%), anxiety (14%) and AOD dependence (10%).
- Coexisting mental health and substance use recorded for 5% of referrals and relatively more males with AOD and coexisting mental health and substance use, also for self harm, suicide ideation, ADHD and acute disorders. Relatively more females report with depression, anxiety and PTSD.
- Clients are usually retained by the service, and occasionally referred to local NGOs or health professional.

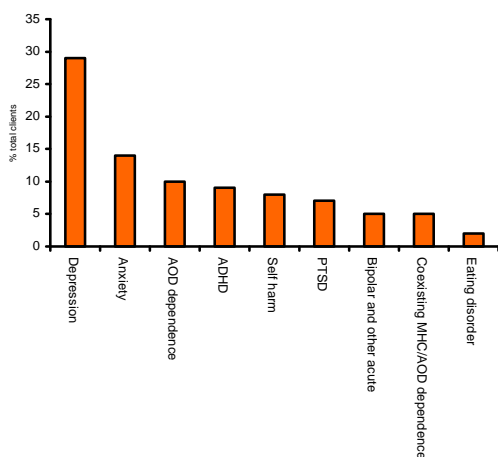


Figure 4 Most common mental health conditions for young people in Blue Mtns. youth services

RESULTS OF A SURVEY OF BLUE MTNS SERVICE PROVIDERS

The key findings from a survey of 58 service providers to Blue Mountains based young people show:

- A relatively high service use by 12-17 year olds and young males
- The most common mental health conditions (as shown in Figure 5) are depression, followed by anxiety, drug dependence, self harm and coexisting mental health and substance use
- The most commonly perceived needs for youth mental health services in the mountains are early intervention programs, education/information, specialised youth mental health counseling, AOD treatment services and peer support programs
- Encouragingly half the service providers have had mental health training in the last 12 months.

“...some of the young people ... may be depressed, anxious, survivors of abuse. I understand that in these situations substance use may be an attempt to self medicate...”

- The majority of service report coexisting mental health and substance use disorders, although at varying levels. Service providers are divided as to whether mental health conditions lead to substance use or vice versa. Service providers often refer to ‘self medication’ by young people

for their mental health conditions.

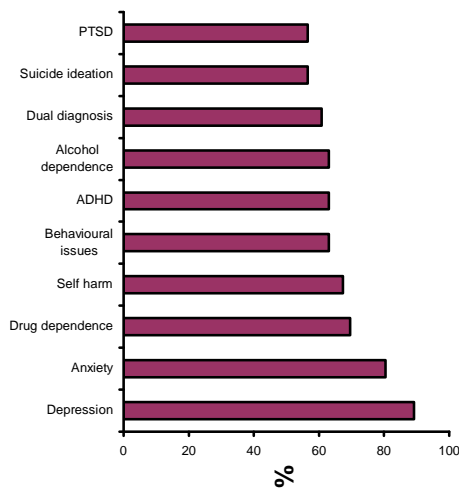


Figure 5 Mental health conditions in young people in last 12 months

SURVEY OF MENTAL HEALTH

SERVICE NEEDS BY YOUNG PEOPLE

This presents the results of a survey of mental health service use and needs for 87 Blue Mountains young people. For young people in the sample, around four out of five have had concerns in the last 12 months which create negative feelings or behaviour.

Where do young people seek help for their concerns?

- The most commonly used source of help/advise for these concerns are friends - used by 87% of young people that have had these concerns. Family and relative are the next most common source of help/advise. The Internet is used as a source of help/advise by one in three young people that have had these concerns. The findings are consistent from the Mission Australia National Youth Survey 2007.
- A GP or psychiatrist has been used as a source of help/advise by one in three young people that have had these concerns. This represents the highest level of use for a health professional or service provider.
- A youth worker is used by one in four that has had these concerns for help/advise.

Service use and awareness the services with the highest awareness are Kids Helpline, followed by neighbourhood centre, community health centre and MYST. The services with the highest use are MYST and other youth services, women's health centre, followed by Internet based health services.

What has stopped young people from seeking help or advice with these sorts of concerns? The most common reasons are: I felt I could handle the concern myself; afraid of what people think and had a bad previous experience when seeking help or advise.

What does mental health mean to young people? 24% of responses related to positive, holistic concept of health as wellness; 42% of responses related it to one's mental state of mind and maintaining a balanced state; and 24% of responses related to a negative concept of mental health as mental illness, craziness or depression.